



**FALKIRK COUNCIL**

**Policy and Procedure  
for the Management of  
Occupational Health  
Monitoring and  
Surveillance**



December 2014

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## **1. INTRODUCTION**

The Health & Safety at Work etc Act 1974 requires employers to, so far as is reasonably practicable, ensure the health and safety of their employees whilst at work. The Management of Health and Safety at Work Regulations 1999, regulation 6 requires every employer to undertake risk assessments and ensure that employees are provided with health monitoring and surveillance where the risk assessment has identified this to be appropriate. The Control of Substances Hazardous to Health 2002(COSHH) Regulations, Noise at Work Regulations 2005 and The Control of Vibration at Work Regulations 2005 define the requirements for specific occupational health monitoring and surveillance.

## **2. POLICY STATEMENT**

Falkirk Council is committed to ensuring best practice with regard to Occupational Health Monitoring & Surveillance. All work activities that present a potential hazard to employees will be identified, risk assessed and where appropriate, Occupational Health Surveillance Management systems will be implemented to protect and monitor the ongoing health of employees.

## **3. SCOPE**

This policy and procedure applies to Falkirk Council work activities where employees work with or could possibly be exposed to hazards that are known to be linked to workplace ill health. Further details on types of workplace hazards and working environments of this nature are provided in Appendix 1.

This policy and procedure complements the Health, Safety & Care Policy and the Risk Management by Risk Assessment Policy.

## **4. THE PURPOSE OF OCCUPATIONAL HEALTH MONITORING AND SURVEILLANCE**

Occupational health surveillance is a term used to describe any activity in which the employer routinely seeks information about an employee's state of health in relation to their work activities and occupational health hazards. The purpose of health surveillance is to:

- Prevent damage to the health of employees;
- Detect any adverse health conditions at early stage;
- Monitor the effectiveness of the control measures that are in place;
- Provide feedback on the accuracy of risk assessments;
- Identify and protect employees at risk.

There are various means of determining the health of an employee in accordance with prescribed occupational health hazards. This ranges from completion of medical questionnaires for Hand Arm Vibration Syndrome (HAVS), audiometric testing for measuring exposure to noise, to the provision of body fluid samples to measure the exposure to lead. The risk assessment process will identify if health surveillance is necessary and if so, this must be identified and recorded as a health monitoring and

surveillance system. The health surveillance regime also involves reviewing the health of new employees at commencement of employment for possible susceptibility to health problems, screening for early signs of ill health during an employee's working life and where required, acting on results of medical tests to ensure that an employee's health is appropriately managed and monitored whilst at work. Occupational health surveillance does not reduce the duty to eliminate or manage the health risks posed by workplace hazards.

Occupational health surveillance is only necessary when an employee's work activities could potentially damage their health and the following three factors apply:

- It is reasonably likely that damage to health will occur as a result of the particular conditions at work;
- There is a valid way to detect a disease or condition; and
- Health surveillance is likely to benefit the employee.

## 5. OCCUPATIONAL HEALTH HAZARDS

Falkirk Council workplaces present a limited range of workplace hazards that could potentially cause serious long term health or medical problems for employees exposed to these hazards over a period of time and which may require occupational health monitoring and surveillance. These types of hazards include:

- Physical agents e.g. vibration or noise;
- Metals or minerals e.g. lead, silica, asbestos or arsenic;
- Chemicals e.g. isocyanates, solvents or mineral oils;
- Biological agents e.g. Leptospirosis (Weil's disease), Hepatitis or Bioaerosols.

All these hazards are required to be risk assessed to determine the level of risk to employees in the operational practices undertaken and the level of risk from these Health Hazards. These risk assessments should use the COSHH Risk Assessment proforma. The risk assessment will identify the known Occupational Exposure Standards, published risk identified from the supplier if applicable Material Safety Data Sheet, or HSE information. This COSHH risk assessment should consider the need for health monitoring. See Appendix 1 for basic information on the requirements for Health Monitoring.

## 6. LIKELY AREAS REQUIRING OCCUPATIONAL HEALTH MONITORING AND SURVEILLANCE

Where employees are exposed to levels greater than limits set by the HSE, health surveillance systems must be implemented. Appendix 1 provides details of areas where the requirement for health surveillance may be required, defining the hazards and health effects to be managed. All new employees will receive baseline health screening at pre-employment specific for the health effects identified in the Appendix. In addition those employees who work in the areas where it has been identified that health surveillance is to be undertaken the following schedule of health screening is required:

- Noise: Hearing must be checked through audiometric testing every 3 years, or as advised by the Occupational Health Provider;

- Vibration: a questionnaire must be issued annually to employees and, where appropriate, an appointment arranged with the Occupational Health nurse/doctor depending on stage of disease and response provided by the employees. A detailed procedure is attached as Appendix 2;
- Respiratory sensitisers: lung function test or other test as defined by the Occupational Health Provider. The frequency of tests is also determined by the Occupational Health Provider. Sensitisation may result from exposure to chemicals, minerals or bioaerosols;
- Dermal sensitisers: Managers must ensure that employees undertake regular self-examination to look for any changes to the skin on their hands and arms. Any soreness, itching or rashes should be reported to their line manager and the employee referred to the Occupational Health Provider for further examination. In areas where there may be dermal sensitisers in the workplace, or where skin may lose natural oils as a result of workplace activities there may be a requirement to introduce a Skin Management programme in conjunction with the Occupational Health Provider.

## 7. MANAGEMENT OF OCCUPATIONAL HEALTH MONITORING AND SURVEILLANCE

In order to have an effective management system for Occupational Health Monitoring and Surveillance, Services will require to ensure that they undertake the following:

- Identify hazards in a workplace(s);
- Determine individual employee(s) level of exposure to these hazards;
- Refer employee/s for health surveillance if required;
- Control exposure levels where necessary;
- Monitor progress of employee(s) health;
- Ensure there is effective communication between employees and managers.

The table in Appendix 1 identifies the hazards likely to be found in Falkirk Council workplaces. The Health and Safety Executive (HSE) has identified levels of exposure that are to be used as limits of work exposure. Line managers must review work activities and identify all areas where the hazards identified in Appendix 1 may be present and establish if exposure is/or is near the HSE limit.

Where the manager cannot easily determine the level of exposure to an employee(s), the levels of personal exposure over the range of work activities will require to be measured. This may require specialist resources such as an Occupational Hygienist for occupational health hazards such as chemical, metal or mineral, or in the case of physical hazards an acoustic specialist for noise exposure. Advice on how to access these facilities can be obtained from the Health, Safety & Care Team, Tel: 01324506245. If the result of the measurement/calculation of personal exposure indicates a potential health risk, e.g. at or above the HSE's Exposure Action Value (EAV) or Workplace Exposure Limits (WEL), then a programme of occupational health surveillance must be established for all employees identified at risk from these hazards and the monitoring process will require to be continued until exposure is well below legislative limits or the employee(s) change(s) their job.

Where the exposure of an employee(s) is approaching or above the level specified by the appropriate legislation e.g. the EAV or a WEL, then the manager must implement a management plan to reduce exposure to as low a level as is practicable. This may be carried out by a variety of methods and may include:

- The use of alternative equipment;
- Modifications to equipment e.g. dust extract or use of acoustic panels;
- Use of appropriate Personal Protective Equipment (PPE) may be required;
- Use of Skin Management Programmes.

Where used, appropriate PPE must be selected and wearing of this must be enforced by line managers. Where Respiratory Protective Equipment (RPE) is to be used, Face Fit testing is to be carried out on all employees to demonstrate effective protection is provided to each employee. Advice on the use of this equipment can be obtained from the Corporate Health, Safety & Care team, Tel: 01324506245.

It should be noted that PPE is an additional measure of protection and every effort must be made to reduce the level of exposure to as low a level as is practicable by other means.

Records of all results from workplace monitoring and health surveillance checks must be kept. Employees will be required to attend all occupational health appointments to enable their health condition to be monitored. New employees will require to undergo an initial health check to provide a base line health status for future reference.

Services must ensure that all managers and employees are provided with information regarding the management of exposure to hazards at work and the potential risks to health.

Services must develop suitable training programmes to ensure all managers and employees are fully trained to be aware of the:

- Potential health risks from exposure to hazards at work,
- Service specific control measures that are to be implemented;
- Occupational health surveillance requirements that have been established to minimise risk and monitor the health of employees;
- Requirement to ensure that they must alert their manager to any changes in their health.

All new working practices, work equipment and work materials are required to be risk assessed by managers prior to work commencing. Consequently, all materials and equipment purchased either Central Purchasing or by a Service must be provided with safety information regarding any potential health risks/hazards associated with its use and any details of additional control measures that may be necessary, e.g. dust extraction, sound enclosures etc. The involvement of the Purchasing Manager or a competent person should be considered to obtain adequate information/specification for any new equipment, materials or chemicals before being used.

Where health monitoring and surveillance has been identified as a requirement to protect the health of specific employees the Service must develop and implement a management system to ensure that:

- All posts requiring health surveillance are identified on Resource Link. This should be done in liaison with the Corporate Health, Safety & Care Team;
- All new applicants for such posts are screened by the Occupational Health Provider for any pre-existing medical conditions that may be exacerbated by occupational health risks;
- All new employees undergo an initial health check to determine current health status;
- A record system is established to manage information from the Occupational Health Provider, manage the appointments of employees and ensure information is provided to employees and their manager that is appropriate to managing the health risk at work;
- The procedure and arrangements are reviewed on a regular basis to ensure the workplace monitoring regime e.g. measurement of the exposure of employees to the hazard, is appropriate to the current risk level;
- All employees who are subject to audiometric testing will require to undergo an exit test prior to leaving Falkirk Council;
- Any employee experiencing or exhibiting any health concerns related to the surveillance programme is aware of the requirement to bring this to the attention of their line manager who in turn will refer the employee to Occupational Health as soon as possible;
- Where Occupational Health identify the condition as an Occupational Health disease, the HSE are notified of this as soon as possible, within 10 days of the diagnosis. The Corporate Health, Safety and Care Team should be notified who will assist in the notification requirements. The Health, Safety and Care Team will provide guidance to the manager on the investigation on the cause of the Occupational Health disease and support the manager in the reporting requirements.

## **8. INFORMATION HELD BY THE OCCUPATIONAL HEALTH PROVIDER**

Clinical data from surveillance programmes is used to make decisions on fitness to work and this information is held by the Occupational Health Provider. The information will be treated as confidential medical information and requires to be kept for 40 years in accordance with legislation as this represents the expected working life of the average person.

This medical information can only be accessed by the employee, either by approaching the Occupational Health Provider under the Access to Health Records Act 1990, or by giving written consent for their details to be released to a representative on their behalf.

However, management information relating to health conditions of employees involving an occupational health condition (as defined by legislation e.g. Control of Substances Hazardous to Health (2002) can be released by the Occupational Health Provider to a manager to assist with the development of suitable management arrangements, along with any recommended actions or work restrictions as advised by the Occupational Health Provider.

## **9. ROLES AND RESPONSIBILITIES**

### **THE CHIEF EXECUTIVE**

The Chief Executive is responsible for the effective operation of this Policy and Procedure and for ensuring development of effective management systems to implement the policy within Services. The Chief Executive is also responsible for ensuring that adequate resources are available to implement appropriate procedures, train key personnel and ensure appropriate protective measures are taken as identified in the policy.

### **DIRECTOR RESPONSIBLE FOR HEALTH, SAFETY & CARE**

The Director responsible for health, safety & care is responsible for supporting the Chief Executive in the implementation of the duties required by this policy and procedure, which includes ensuring the provision of support in the development and implementation of occupational health procedures in all Services to reduce and/or control risk of exposure to workplace hazards.

### **SERVICE DIRECTORS, HEADS OF SERVICE/CHIEF OFFICERS AND HEAD TEACHERS**

Service Directors, Heads of Service, Head Teachers and Chief Officers are responsible for, so far as is reasonably practicable, assisting the Chief Executive in ensuring the requirements of the policy and procedure are adhered to. Service Directors, Heads of Service/Chief Officers and Head Teachers must:

- Develop, implement and regularly review specific risk assessments for these hazards and their working environments to include risks to health from the occupational health hazards identified in Appendix 1;
- Ensure that all work environments with potential health risks requiring health surveillance are monitored to determine exposure levels and to take appropriate action to control these risks.
- Implement a monitoring programme to ensure that control measures are effective and to continue with this programme until exposure levels to these hazards are found to be at a level that will no longer present a health risk;
- Ensure that where plant and equipment is critical to controlling exposure to employees that appropriate maintenance programmes are in place;
- Ensure all relevant employees are aware of Service specific occupational health surveillance and monitoring procedures;
- Determine the management arrangements, within their Service, through which the surveillance programme will be implemented and communicated;
- Plan for and establish appropriate processes, procedures and monitoring arrangements for health surveillance and acting on changes to employee health;
- Ensure that managers and supervisors are competent to undertake their delegated duties in terms of the management and supervision of health surveillance;
- Enable the provision of appropriate training and guidance to managers, supervisors and key employees to ensure that they can undertake the functions of monitoring health surveillance competently;



- Ensure that adequate resources are made available within their Services to enable Service based health surveillance strategies to be implemented.

### **SERVICE UNIT MANAGERS**

Service Unit Managers are responsible for ensuring that First Line Managers, team leaders, supervisors & charge-hands have procedures in place to:

- Review their operational activities to identify where employees are exposed to occupational health hazards that may require occupational health monitoring and surveillance. The use of materials or equipment that expose employees to these risks is widespread and a detailed survey will be required to identify all work activities where there is a potential occupational health risk;
- Ensure that resources are made available to monitor workplace exposure to the occupational health risks that have been identified and identify if that exposure is at or above legal limits for the hazard in question. Where necessary a regular monitoring programme must be established to ensure legal compliance e.g. HAVS equipment measurement or Local Exhaust Ventilation dust measurement;
- Ensure that where plant and equipment is critical to controlling exposure to employees that appropriate maintenance programmes are in place;
- Ensure that procedures are in place to identify and record all posts where occupational health surveillance is required and ensure employees attend surveillance monitoring checks as specified by the Occupational Health Provider;
- Review all new materials and equipment to identify any occupational health hazards that may arise out of their use and carry out appropriate risk assessments.

### **FIRST LINE MANAGERS, TEAM LEADERS, SUPERVISORS**

These employees have responsibility for identifying, implementing, monitoring & reviewing operational risks to achieve the aims of this policy and procedure. First Line Managers, Team Leaders and Supervisors are responsible for:

- Assist Service Unit Managers to identify occupational health risks in the workplace;
- Undertaking risk assessments as determined by the Service Unit Manager to determine where occupational health risks are present;
- Ensuring that monitoring of workplace controls is carried out to ensure effectiveness of the controls is maintained e.g. LEV systems, maintenance of work equipment;
- Ensure that where plant and equipment is critical to controlling exposure to employees that appropriate maintenance programmes are in place;
- Ensure requirements for the health surveillance of employees are carried out;
- Identify all employees who may require health surveillance;
- Ensuring that where employees are required to have health surveillance are aware of legislation, health risks and control measures to minimise the risks;

- Ensuring that all new employees undergo appropriate induction training which may include base line health checks and review of relevant risk assessments;
- Liaising with Service Unit Managers to identify training requirements or to address any issues of concern relevant to health surveillance.

## **EMPLOYEES**

All employees of Falkirk Council can contribute positively to the successful implementation of risk management strategies. Employees who have a concern about health, safety & care matters have responsibility for alerting their line manager to any situation or concern which is causing a potential risk to health and safety. In working environments where there are likely to be occupational health risks, employees are responsible for:

- Attending training, tool box talks etc related to specific health risks, control measures and a summary of the health surveillance programme for their team;
- Attending health surveillance checks, meetings or doctors appointments as required as part of a general health surveillance programme for the workplace, co-operate in any workplace/ personal monitoring for occupational health risks and carry out self checks where appropriate;
- Alerting line managers to unsafe practices, changes to personal medical condition, workplace conditions or incidents of concern regarding occupational health risks;
- Seeking advice and clarification from Line Managers when unsure of any health and safety requirement relevant to their working environment;
- Where relevant to their role undertake regular self examination checks to look for any changes to the skin on their hands and arms and reporting any soreness, itching or rashes to their line manager;
- Safeguarding their health and safety, and that of others by adhering to safe systems of work in accordance with Falkirk Council Corporate and Service based Risk Management by Risk Assessment strategies and policies.

## **HEAD OF HUMAN RESOURCES AND CUSTOMER FIRST**

The Head of Human Resources and Customer First will co-ordinate and monitor the implementation of this policy across all relevant Council Services, and will ensure that the policy is implemented in a consistent and timely manner. The Head of Human Resources and Customer First will provide support to Services in the identification of work activities and materials that may have the potential to provide health risks to employees. The Health Safety and Care Team will provide advice and guidance on the application of this Policy and the provision of information on measuring exposure to the hazards in the workplace.

The Head of Human Resources and Customer First will ensure that the Occupational Health Provider delivers suitable expertise and resources to carry out the requirements of the occupational health surveillance requirements.

## **PURCHASING MANAGERS OR THOSE WITH RESPONSIBILITY FOR PURCHASING PLANT, EQUIPMENT OR MATERIALS**

Employees involved in procurement or purchasing must ensure that an appropriate specification for use of plant, equipment or materials is provided to them by the supplier/manufacturer, to include Material Safety Data Sheets (COSHH Data Sheets). This information should then be forwarded to Services as appropriate.

### **10. REVIEW OF POLICY & PROCEDURE**

The Head of Human Resources and Customer First will review this policy as per the agreed Human Resources Policy Review Timetable in conjunction with Service Directors and Trade Unions taking into consideration legislative amendments and best practice advice.

This Policy has been Equality Impact Assessed and no adverse impact has been identified.

## TABLE OF OCCUPATIONAL HEALTH HAZARDS

## Physical Hazards

	Noise	Vibration
<b>Occupation</b> These posts are examples of the types of post where Occupational Health Monitoring & Surveillance may be required. This is not an exhaustive list and Services must identify all posts where Occupational Health Monitoring and Surveillance may be required.	Wood machinists, roads or ground maintenance employees, music teachers or audio technicians.	Wood machinists, roads or grounds maintenance operators.
<b>Workplace monitoring required</b>	Yes see Noise at Work Policy.	Yes see Hand Arm Vibration Procedure.
<b>Exposure limit (HSE)</b> Limits are general guidance and may vary according to the hazard and exposure. TWA = Time Weighted Average (based on 8 hour exposure)	<ul style="list-style-type: none"> <li>• Lower Exposure Action Value - a daily or weekly personal noise exposure level of 80 db (A);</li> <li>• Upper Exposure Action Value - a daily or weekly personal noise exposure level of 85 db (A);</li> <li>• Exposure Limit Value - a daily or weekly personal noise exposure Value of 87 db (A);</li> </ul>	Daily Exposure Limit Value (ELV): normalised to an 8-hour reference period is 5 m/s <sup>2</sup> . Daily Exposure Action Value (EAV): normalised to an 8-hour reference period is 2.5 m/s <sup>2</sup> .
<b>Current status of use/exposure</b>	Areas well documented with surveillance programme in place.	Areas well documented with surveillance programme in place.
<b>Medical Risk</b>	Long term exposure above 80db (A) is known to cause hearing loss.	Long term exposure to hand held vibrating tools can lead to Hand Arm Vibration Syndrome; a blanching appearance in the fingers and hands which is created by poor blood circulation which destroys blood vessels and tissue.
<b>Route of exposure</b>	Sound exposure.	Hand or body contact.
<b>Surveillance programme</b>	All employees identified as working in environments exposed to noise levels/exposure time will be required to take part in annual audiometric checks.	All employees identified as working with hand tools and is experiencing blanching of fingers or loss of feeling in fingers or in excess of the Daily Exposure Action Value (EAV): normalised to an 8-hour reference period is 2.5 m/s <sup>2</sup> must be referred to Occupational Health.
<b>Frequency of occupational health appointment</b>	Normally will be 12 monthly where hearing loss is identified or as advised by the Occupational Health Provider.	Normally will be 12 monthly. Employees in "at risk" category will be requested to take part in a paper based screening exercise "Tier 2" every 12 months.
<b>Management action</b>	Hearing protection must be worn as Noise risk assessments require.	Further limits to time allowed to work on equipment may be applied, in more serious cases further restrictions may be required, including re-deployment. <b>See Appendix 2 for detailed procedures</b>

## Level of usage of these hazards estimated in Falkirk Council

	Currently used at work
	Not routinely used or at risk but may be used in future
	Risk not thought to be current or foreseeable future risk however use should be noted.

## Chemical Hazards

<b>Occupation</b>	<b>Chemicals</b> Solvents e.g. alcohol, methylated spirits. Frequent hand washing. (The effect is dependant on chemical used. Consult Material Safety Data Sheet MSDS)		<b>Isocyanates</b>	<b>Mineral oils</b>
<b>Occupation</b> These posts are examples of the types of post where Occupational Health Monitoring & Surveillance may be required. This is not an exhaustive list and Services must identify all posts where Occupational Health Monitoring and Surveillance may be required.	Printers, metal workers, use of wood/ wood dusts.		Paint spraying activities.	Mechanics & engineers.
<b>Workplace monitoring required</b>	May require personal monitoring if long term exposure to solvents.		Yes.	Not currently.
<b>Exposure limit (HSE)</b> Limits are general guidance and may vary according to the hazard and exposure. TWA = Time Weighted Average ( based on 8 hour exposure)	Various chemicals e.g. 1000ppm alcohol 200ppm propanol 100ppm turpentine Wood dust Workplace Exposure Limit of 5 mg/m <sup>3</sup>		0.02 mg/m <sup>3</sup> (8-hour time-weighted average, (WEL) and 0.07 mg/m <sup>3</sup> (15-minute WEL).	Oil mist: TWA may vary according to composition of oil. Nominal (WEL) 5 mg/M <sup>3</sup> .
<b>Current status of use/exposure</b>	Low level use.		Not currently used therefore no surveillance required.	Low usage. Skin management programme required.
<b>Medical Risk</b>	<b>Dermal sensitisers:</b> Initial redness to skin or rash. Continued exposure may lead to more serious skin conditions.	<b>Respiratory sensitisers:</b> Short term exposure may lead to shortness of breath. Longer term exposure may lead to more chronic effects or to an asthmatic condition.	Well documented respiratory sensitisers, long term exposure will lead to industrial asthma.	Initial exposure leads to Dermal skin sensitiser long term exposure has shown this to be a carcinogen.
<b>Route of exposure</b>	Skin contact.	Inhalation of fumes or mists.	Skin contact & inhalation.	Skin contact.
<b>Surveillance programme</b>	Routine self examination is recommended. Any continuing rash or inflammation should be reported to line manager/ referral to Occupational health.	Short term exposure may lead to shortness of breath. Longer term exposure may lead to more chronic effects or to an asthmatic condition.	Regular (annual) checks by Occupational Health of Serial Peak Expiratory Flow (PEF) measurement during working hours & Monitoring of isocyanate metabolites in a urine sample.	Routine self examination is recommended. Any continuing rash or inflammation should be reported to line manager/ referral to Occupational Health Adviser.
<b>Frequency of occupational health appointment</b>	When caught early most cases will be short duration of visits with recommendation to carry on self inspection.	Lung function tests, as advised by Occupational Health nurse/doctor.	As advised by Occupational Health Adviser.	As advised by Occupational Health Adviser.
<b>Management action</b>	Improvement to gloves or barrier protection may be recommended. Identify alternative material.	Use of dust control/suppression equipment mandatory. Respiratory protection required.	Keep under review. Consider use of other materials.	Keep under review. Consider use of other materials.

## Metals or Minerals Hazards

	<b>Silica</b> Stone products including cement	<b>Asbestos</b>	<b>Lead</b>
<b>Occupation</b> These posts are examples of the types of post where Occupational Health Monitoring & Surveillance may be required. This is not an exhaustive list and Services must identify all posts where Occupational Health Monitoring and Surveillance may be required.	Building maintenance /construction operatives. Unlikely to reach current OEL but this requires to be based on service risk assessments.	Building maintenance /construction.	Roof workers or archaeologist. Roof activities unlikely to generate levels of airborne lead sufficient to require health surveillance, but review risk assessments.
<b>Workplace monitoring required</b>	Not routinely.	Quality control checks of asbestos enclosures are carried out.	Range of surveillance including blood/urine tests.
<b>Exposure limit (HSE)</b>  Limits are general guidance and may vary according to the hazard and exposure. TWA = Time Weighted Average (based on 8 hour exposure)	0.1 mg.m-3 WEL over 8 hr day.	Short term exposures must be strictly controlled and worker exposure should not exceed 0.6 fibres per cm <sup>3</sup> of air averaged over any continuous 10 minute period using respiratory protective equipment if exposure cannot be reduced sufficiently using other means.	Air sample not exceeded 0.10 mg/m <sup>3</sup> A urinary lead concentration of - a woman of reproductive capacity, 20 µg Pb/g creatinine, or any other employee, 40 µg Pb/g creatinine.
<b>Current status of use/exposure</b>	Regular used however evidence has shown control methods be effective in minimising health risk e.g. dust suppression techniques.	Regular work carried out by licensed contractor.	Very low level usage.
<b>Medical Risk</b>	Long term exposure may cause Silicosis of the lungs, an asthmatic type condition.	Asbestosis is the most likely risk given nature of works.	Lead poisoning.
<b>Route of exposure</b>	Inhalation of dust during cutting of stones using Stihl saw without dust suppression.	Inhalation of dust when asbestos containing material (ACM) is being removed, repaired, damaged or is in friable condition.	Inhalation, skin & ingestion.
<b>Surveillance programme</b>	Annual lung function tests.	This is not currently required as Falkirk does not have an asbestos Licence. However, exposure incidents must be recorded and sufficient details of exposure recorded on personal records.	Increase in usage will require a blood sampling programme to be initiated.
<b>Frequency of occupational health appointment</b>	As advised by Occupational Health Adviser.	As advised by Occupational Health Adviser.	As advised by Occupational Health Adviser.
<b>Management action</b>	Continuously review the management and supervision of the use of dust suppression, the use of respiratory PPE & face fit testing.	Ensure Asbestos Register is checked prior to approval for any works on any Falkirk Council premises. Consult with Asbestos Register manager prior to commissioning work on any ACM.	Ensure PPE is worn at all times. Future use where exposure of lead dust or fumes carries out detailed risk assessment prior to commencement of work.

## Metal or Other Hazards

	Wood or MDF	Heavy metals	Solder
<b>Occupation</b> These posts are examples of the types of post where Occupational Health Monitoring & Surveillance may be required. This is not an exhaustive list and Services must identify all posts where Occupational Health Monitoring and Surveillance may be required.	Wood machinists, joiners and technicians.	Blacksmith or archaeologist	Electrician or technician.
<b>Workplace monitoring required</b>	Not routinely, although for manufacturing process it is recommended.	Not routinely.	Not routinely.
<b>Exposure limit (HSE)</b> Limits are general guidance and may vary according to the hazard and exposure. TWA = Time Weighted Average (based on 8 hour exposure)	Maximum exposure limit (MEL) 5 mg.m-3 TWA.	Arsenic = 0.1 mg.m-3 Workplace Exposure Limit (8 hour time weighted average, TWA) Cadmium = 0.025 mg.m-3 TWA Chromium = 0.5 mg.m-3 TWA	Maximum exposure limit (MEL) for Rosin based solder flux fume is 0.05 mg.m-3 TWA
<b>Current status of use/exposure</b>	Areas well documented, with air monitoring of dust extract systems in place for workshops.	Not routinely used.	Not currently used.
<b>Medical Risk</b>	Respiratory or skin sensitiser from exposure with hard woods known as a likely carcinogen.	Arsenic or heavy metal cancers.	Respiratory sensitiser from long term exposure.
<b>Route of exposure</b>	Inhalation, skin contact.	Inhalation, skin & ingestion.	Inhalation.
<b>Surveillance programme</b>	Annual lung function test, skin management programme	Not routinely used.	Not routinely used.
<b>Frequency of occupational health appointment</b>	As advised by Occupational Health Adviser.	If used then as advised by Occupational Health Adviser.	If used then as advised by Occupational Health Adviser.
<b>Management action</b>	Review operational procedures and ensure use is restricted. Carry out detailed risk assessment prior to use.	Review operational procedures and ensure use is restricted. Carry out detailed risk assessment prior to use.	Review operational procedures and ensure use is restricted. Carry out detailed risk assessment prior to use.

## Other Hazards

	<b>Biological Agents</b> Hepatitis A, B or C bacterium.	<b>Bioaerosols</b>	<b>Biological Agents</b> <b>Leptospirosis:</b> in infected water, river ponds etc.	<b>Dermal Sensitisers</b> Oil, cleaning chemicals and water from hand washing.
<b>Occupation</b> These posts are examples of the types of post where Occupational Health Monitoring & Surveillance may be required. This is not an exhaustive list and Services must identify all posts where Occupational Health Monitoring and Surveillance may be required.	Social Care, Personal carers or housing employees. If exposed to high risk incident and based on the outcome of a risk assessment may require routine monitoring. Risk Assessment identify if vaccination programme may be required.	Those working with composting materials, natural processes.	Roads or grounds maintenance. If exposed to high risk incident and based on the outcome of a risk assessment may require routine monitoring.	The risks of exposure is dependant on the chemical in use and the activity or in the case of social care, numbers of hand washes.
<b>Workplace monitoring required</b>	None.	Limited exposure confined to “composting operations”	None.	Skin management programmes need to be considered.
<b>Exposure limit (HSE)</b>  Limits are general guidance and may vary according to the hazard and exposure. TWA = Time Weighted Average ( based on 8 hour exposure)	No legal limit has been established.	No Maximum exposure limit yet established.	No legal limit has been established.	No legal limit has been established.
<b>Current status of use/exposure</b>	Risk of exposure in sectors may be high often cannot be known if employees are working with infected persons.	Low level risk although one case arisen.	Very low level exposure now with equipment currently in use.	Currently limited cases of wood dust exposure. No cases of washing based dermal skin reactions
<b>Medical Risk</b>	Hepatitis B or C	Known respiratory sensitiser, may develop asthmatic symptoms.	Weil’s disease	Dermal skin conditions. Normally respond to early interventions.
<b>Route of exposure</b>	Skin puncture.	Inhalation.	Through the eyes mouth, nose or any cuts in their skin.	Through regular skin contact on the hands.
<b>Surveillance programme</b>	Vaccination programme may be required. 3 year programme.	Annual lung function test for those identified as at risk.	Keep under review, if exposure level increases take preventative action to minimise employee exposure.	Skin management programme with trained “responsible person” carrying out regular checks either skin checks or questionnaires.
<b>Frequency of occupational health appointment</b>	As advised by Occupational Health Adviser.	As advised by Occupational Health Adviser. Normally annually.	As advised by Occupational Health Adviser.	
<b>Management action</b>	Ensure Risk Assessment for work groups to identify appropriate management controls for higher risk groups.	Ensure that management systems are in place to reduce exposure to minimum.	Keep under review for possible contaminated areas.	



**HEALTH SURVEILLANCE PROCESS**

**FOR**

**SKIN MANAGEMENT**

## **1. INTRODUCTION**

This Guidance supplements regular control procedures to provide a mechanism to support a regular health surveillance for employees who have been identified as working with work materials/activities that have been risk assessed as “at risk” of dermal sensitisation or dermatitis.

## **2. BACKGROUND**

There are a number of chemicals that have the potential to cause dermatitis or dermal skin problems. These should be identified from the Material Safety Data Sheets (MSDS) and a suitable Control of Substances Hazardous to Health (COSHH) Risk Assessment should be undertaken.

Where the COSHH Assessment identifies that Health Surveillance requires to be undertaken there may be alternative methods to undertake this health surveillance e.g. skin management programme.

Within Falkirk Council it has been identified that currently, exposure to the following materials/processes have the potential to cause dermal skin problems:

- Wood dusts;
- Mineral oils e.g. engineering workshops;
- Hand washing programmes (20 hand washes/ day) or long term immersion (2 hour) in water.

This list, however, is not exhaustive and managers should be alert to any other materials or processes which may lead to dermal skin problems.

## **3. SKIN MANAGEMENT PROGRAMME**

The extent of surveillance in the skin management programme will depend on the COSHH Risk Assessment, the risk of exposure, frequency of exposure, and the severity of skin reaction.

### **3.1 Roles & Responsibilities**

The responsible manager (Premises or Team Manager) will ensure that a COSHH Risk Assessment is carried out to identify which employees are at risk and identify the control measures that require to be put in place. Where the risk assessment identifies that a skin management programme is required then appropriate training in the health risk, early symptoms of skin damage should be provided for all employees identified as at risk. The extent of skin management programme is identified in 3.2.

A Responsible Person appointed by the Premises manager will support the skin management programme. They will be provided with specific training by the Occupational Health Contractor on the identification of early signs of skin conditions, the possible progression, how to recognise early symptoms and the proper recording and referral to Occupational Health for diagnoses.

## 3.2 Skin Management programmes

### **Low Level risk from dermal skin reactions**

Low level risk may include occasional exposure to wood dusts to hands or exposure to mineral oils. Gloves are to be worn during these activities, however there may still be a risk present of an adverse skin reaction. An annual skin survey questionnaire would normally suffice to support this risk level.

Low level management is achieved by establishing a Responsible Person in the team and providing training and support for the programme of skin management. The following actions are required to be in place:

- Identify all posts where the risk of dermal sensitisation has been identified in the COSHH assessment;
- Provide training to all these employees in the health risks and record that the post is subject to health surveillance;
- Ensure that all employees are informed of the requirement for them to notify their supervisor/ manager immediately if they experience a skin reaction;
- Employees will complete an annual Skin Assessment questionnaire and return to the identified Responsible Person.

The Responsible Person will issue the Annual Skin Survey Questionnaire, ensure that all employees return the questionnaire then examine all returns to identify any adverse skin reactions.

Those employees with no skin problems will have the completed questionnaires stored in their personal records.

Those with a skin problem identified must be referred to the Occupational Health Contractor immediately.

The manager will ensure that for those employees referred to the Occupational Health Contractor all recommendations provided by Occupational Health will be followed.

### **Intermediate level risk from dermal skin reactions**

Intermediate level risk may include regular hand washing with a potential of skin damage/sensitisation. Gloves are to be worn wherever possible however risks may still be present. The programme of skin management will include a regular review of employee's skin condition as well as an annual skin survey questionnaire.

Intermediate level management is achieved by establishing a Responsible Person in the team and providing training and support for the programme of skin management. The following actions are required to be in place:

- Identify all posts where the risk of dermal sensitisation has been identified in the COSHH assessment;
- Provide training to all these employees in the health risks and identify that the post is subject to health surveillance and identify the actions that the employees will be required to co-operate with;
- Ensure that all employees are informed of the requirement for them to notify their supervisor/ manager immediately if they experience an adverse skin reaction;
- Establish a programme of reviews with all employees identified as at risk. This may be once or twice per annum, dependant on the work activities;

- Employees to complete an annual Skin Assessment questionnaire and return to the identified Responsible Person.

The Responsible person will record the outcomes of all personal reviews. The Responsible Person will issue a questionnaire annually, to all employees and then examine all returns to identify any adverse skin reactions.

Those employees with no skin problems will have the completed questionnaires stored in their personal records.

Those with a skin problem identified must be referred to the Occupational Health Contractor immediately.

The manager will ensure that for those employees referred to the Occupational Health Contractor all recommendations will be followed.

**ANNUAL SKIN SURVEY QUESTIONNAIRE**

**SKIN ASSESSMENT FORM**

<b>Section 1</b>		<b>PERSONAL DETAILS</b>			
<b>Service/Division:</b>		<b>Premises</b>			
<b>Surname:</b>		<b>Forename:</b>			
<b>Job Title:</b>		<b>Employee No:</b>			
<b>Sex: M / F</b>		<b>Date of birth</b>			
<b>Section 2</b>		<b>SKIN ASSESSMENT</b>			
			Yes	No	Comments
1. Do you currently have a skin rash (if YES, please give details)					
1. If, YES	a) How long have you had it?				
	b) Do you think it is related to work?				
	c) Is it better when you have been away from work for a period of time?				
	d) Is it worse in any part of your work or specific duties?				
2. Do you now have, or have you had in the past, any skin condition or seen a skin specialist at any time?					
3. Have you consulted your own doctor about any skin condition or seen a skin specialist at any time?					
4. Have you had at any time in the past:	An allergy to any medication?				
	Hay fever?				
	Any other allergy?				
5. At work do you come into contact with any substances which are known to be hazardous to the skin?					
6. At work;	a) Do you wear protective gloves when at work?				
	b) Do you use a hand cleanser?				
	c) Do you use a barrier cream?				
	d) Do you use a skin moisturiser?				
7. Are you currently using or have you used in the past, any skin cream or preparation prescribed by your doctor or specialist?					
<b>Section 3</b>		<b>DERMATOLOGICAL EXAMINATION</b>			
		On the body map below, indicate the site or sites where you have, or have had, any skin problem.			

<b>Section 4</b>		<b>Responsible Person Assessment</b>	
Comments from employee:			
Employee signature:		Date:	
Responsible Person:		Date:	
Decision	No skin issues identified/ minor issues none work related= No further action required.	Yes/ No	
	Skin problem considered, employee to be referred to Occupational Health for evaluation.	Yes/ No	
Copy of the Skin assessment filed in personal records:			
Name:		Signature:	

**FALKIRK COUNCIL**

**HEALTH SURVEILLANCE PROCESS**

**FOR**

**HAND-ARM VIBRATION SYNDROME**

## INTRODUCTION

This guidance note supplements The Control of Vibration at Work Procedure. Its aim is to provide additional information to managers and employees about Falkirk Council's Health Surveillance Process for Hand Arm Vibration Syndrome (HAVS).

## BACKGROUND

The Control of Vibration at Work Regulations 2005 state that health surveillance should be provided for employees exposed to vibration who:

- Are likely to be regularly exposed above the action value of  $2.5\text{m/s}^2 A(8)$ .
- Are likely to be exposed occasionally above the action value, and where the risk assessment identifies that the frequency and severity of exposure may pose a risk to health.
- Have a diagnosis of HAVS (even when exposed below the action value).

Surveillance is required annually as a minimum.

The Control of Vibration at Work Regulations 2005 recommend the use of a tiered approach to health surveillance, to identify employees with symptoms that require further investigation by an OH professional. The tiered approach is as follows:

- Tier 1 - Initial or baseline assessment (pre-employment questionnaire)
- Tier 2 - Annual screening (questionnaire)
- Tier 3 - Assessment by qualified person (face to face with an OH professional)
- Tier 4 - Formal diagnosis (Occupational Physician)
- Tier 5 - Use of standardised tests (Optional)

The flow diagrams illustrate the process by which OH determine how an individual progresses through the tiered system, the action of OH at each step, the recommended maximum level of vibration exposure at each step, and the type of review recommended at each step.

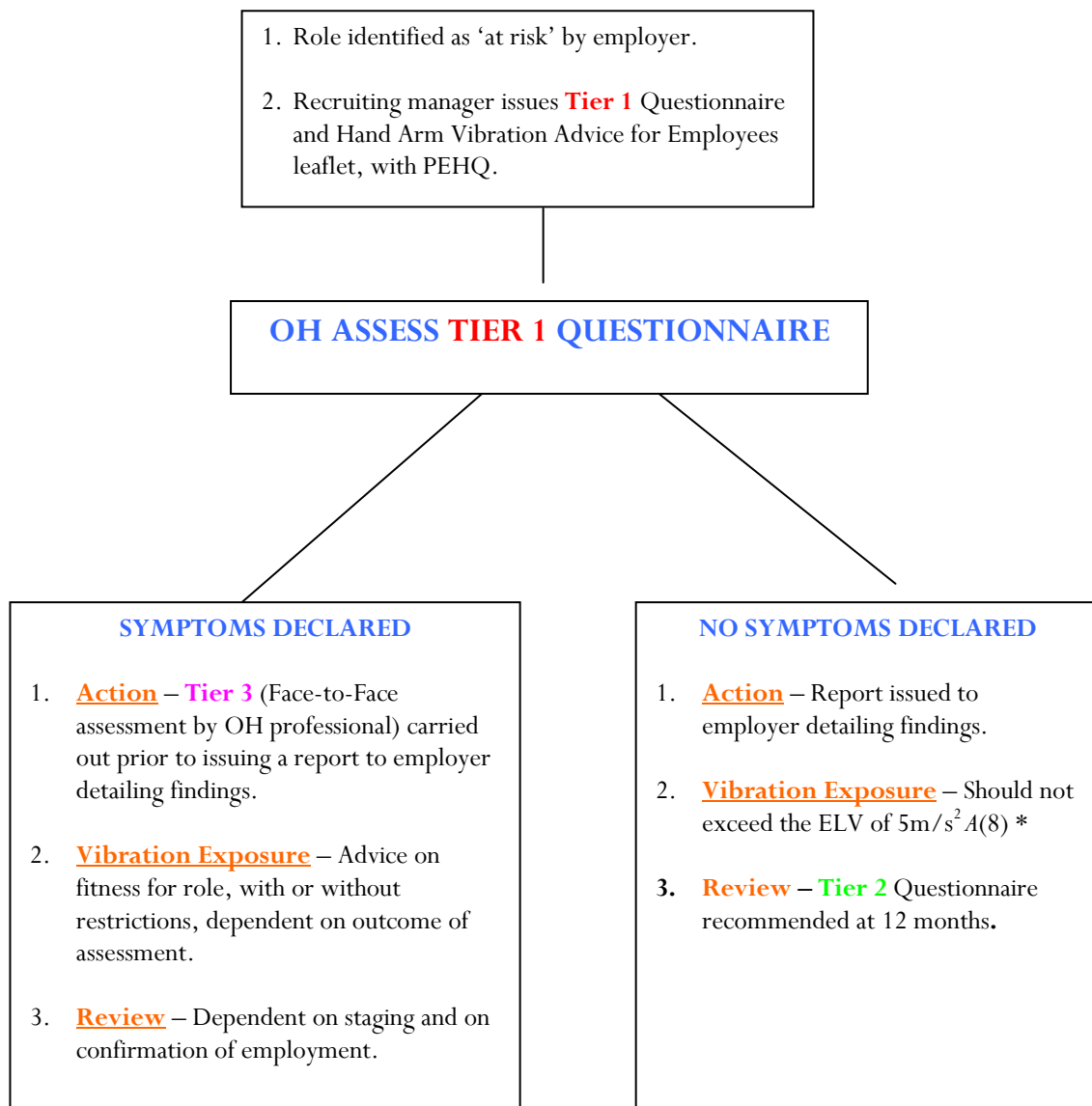
Figure 1 outlines the Pre-employment Process and Figure 2 outlines the In-employment Process.

These frameworks outline the process for the majority of cases, however, in some individual cases, particularly where there is the existence of another relevant medical condition, OH advice with regards to safe levels of vibration may vary from this guidance, and additional restrictions or workplace modifications may be recommended.

Samples of the 'Initial HAVS Health Surveillance Questionnaire (Tier 1)', 'Annual HAVS Health Questionnaire (Tier 2)' and 'Hand-Arm Vibration-Advice on vibration white finger for employees' can be found at the end of this document.

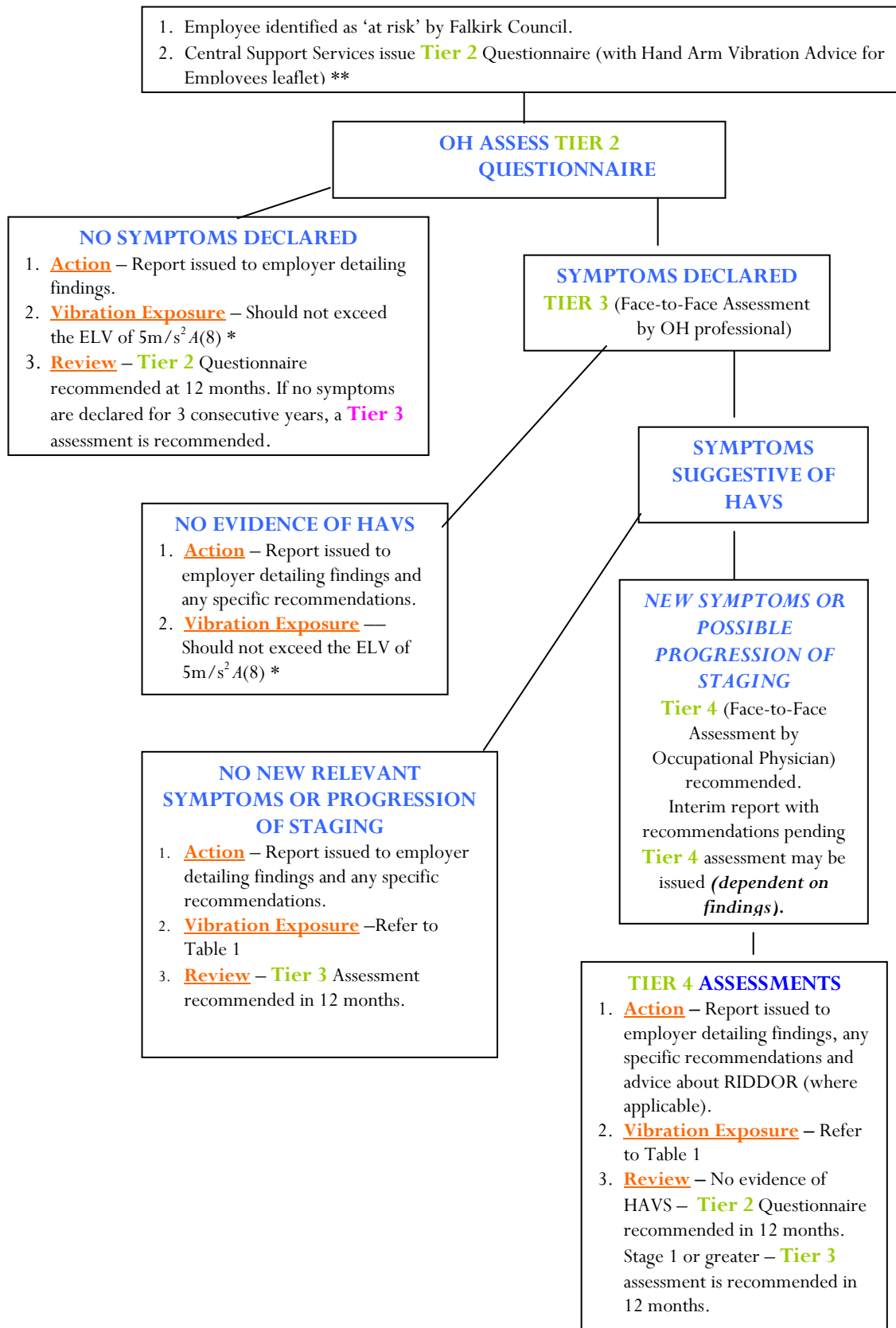


**Figure 1 - HAVS Pre-Employment Process**



- Note that vibration exposure must be reduced to the *lowest level that is reasonably practicable*, so the Exposure Limit Value (ELV) should not be used as a target, if lower exposure is reasonably practicable.

**Figure 2 – HAVS In-Employment Process**



\*Note that vibration exposure must be reduced to the *lowest level that is reasonably practicable*, so the Exposure Limit Value (ELV) should not be used as a target, if lower exposure is reasonably practicable.

\*\* Tier 2 questionnaires and leaflets are forwarded to the employee’s manager to issue, collect in

sealed envelopes and return to Central Support Services. These are then forwarded onto Occupational Health.

**Table 1**

Staging of HAVS	Maximum Vibration Exposure
No symptoms	Should not exceed the ELV of $5\text{m/s}^2 A(8)^*$
Stage 1	Should not exceed $2.5\text{m/s}^2 A(8)$
Early stage 2	Should not exceed $1.75\text{m/s}^2 A(8)$
Late stage 2	Should not exceed $1\text{m/s}^2 A(8)$ . Also based on clinical review.
Category 3 or above	Remove from exposure

\*Note that vibration exposure must be reduced to the *lowest level that is reasonably practicable*, so the Exposure Limit Value (ELV) should not be used as a target, if lower exposure is reasonably practicable.

## ADDITIONAL INFORMATION

### Tier 5 (Use of Standardised Tests)

Tier 5 is not required as part of routine health surveillance. The use of standardised testing for HAVS at a regional centre may be recommended in some cases, for example, where there is another relevant medical condition, where staging is progressing rapidly, or where further assessment is required to differentiate between early and late Stage 2 HAVS. The requirement for Tier 5 assessment will be determined on a case by case basis by the Occupational Physician.

### Vibration exposure

In cases where an employee is deemed to have evidence of HAVS, and at a later assessment declares no symptoms of HAVS, OH will recommend that the individual continues to be restricted, as per the recommendations of the previous assessment, for a further period of 12 months until another assessment is carried out. If, at that stage, no symptoms are reported, the ELV\* will be deemed to be a suitable level of vibration exposure. The individual will remain under annual review by OH.

In cases where an employee is deemed to have evidence of Stage 2 HAVS, and at a later assessment, appears to have symptoms consistent with Stage 1 HAVS, OH will recommend that the individual continues to be restricted, as per the recommendations of the previous assessment for a further period of 12 months, until another assessment is carried out. If, at that stage, the reported symptoms continue to be consistent with Stage 1, vibration exposure – as per the guidance in Table 1 will be deemed to be a suitable level of vibration exposure. The individual will remain under annual review by OH.

### Individuals no longer exposed to vibration

For those who have no symptoms of HAVS, health surveillance should continue for 2 years following the last exposure.

The Control of Vibration at Work Regulations 2005 recommends that those with a diagnosis of HAVS continue to participate in an annual health surveillance programme.

## Don't ignore symptoms!

If you think vibration could be affecting your fingers or hands, see your own doctor or discuss it at your next medical.

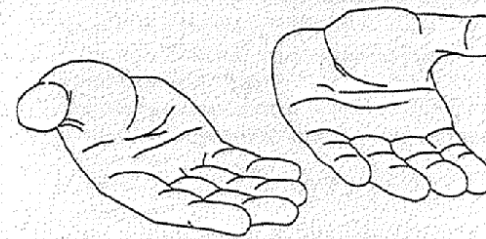
## What can your employer do?

Your employer should reduce the risk wherever this is reasonably practicable by, for example:

- seeing if the job can be done without using high-vibration tools;
- making sure the new tools have vibration control built in;
- reducing the vibration levels of the tools you use;
- training you in the correct use of tools and in recognising early symptoms of injury;
- arranging advice and routine health checks for you if you use high-vibration tools;
- enabling you to keep warm in the cold (for example by providing heating or suitable clothing and gloves).

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serco



Serco Occupational Health, Grosvenor House,  
Prospect Hill, Redditch, Worcestershire B97 4DL  
Tel: 0845 260 0061 Fax: 0845 017 9488

## Hand-Arm Vibration

Advice on vibration white finger  
for employees.

Produced by Serco Occupational Health based  
on information which has been extracted from the  
Health & Safety Executive card IND(G) 126L  
"Hand-arm vibration"

MH78 F-MD-068-2

## Hand-Arm Vibration

Advice on vibration white finger for employees.

### What is vibration white finger?

Vibration white finger (VWF) is the most common symptom of hand-arm vibration syndrome (HAVS). VWF is also known as 'dead hand' or 'dead finger' and could affect those of you who regularly use high-vibration equipment.

#### It can:

- damage blood vessels, reducing blood supply;
- damage nerves in the fingers, causing a permanent loss of feeling;
- cause damage to bones and muscles.

#### You may:

- lose flexibility and strength of grip;
- find it more difficult to work with hand-held tools;
- find it difficult to enjoy hobbies such as swimming, gardening or angling where your fingers can get cold.

### What are the signs?

The symptoms of VWF are usually set off by cold. Early on they are mild. The first sign is often an occasional attack when the fingertips become white.

If you continue to work with vibrating tools, the affected area can get larger. During an attack there may also be numbness or 'pins and needles', and an attack may end with the whiteness changing to a deep red flush which is often very painful.

### What causes the problem?

Many common tools and processes produce high levels of vibration, such as road drills, pedestal grinders, power hammers, chainsaws, and rivetting and chipping hammers.

#### The risk depends on a number of things:

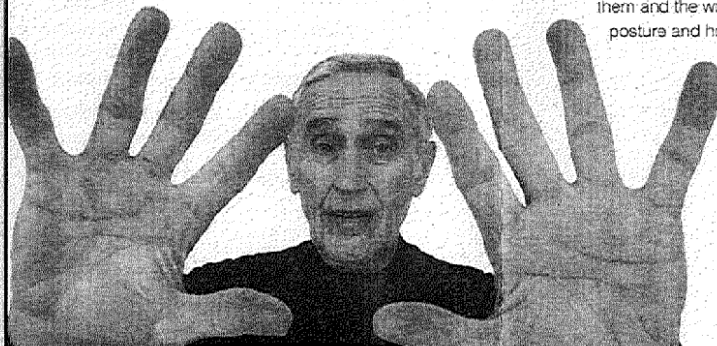
The amount of vibration is important, along with how long you use the tools, the way you use them and the working conditions, such as posture and how cold it is. A simple rule is to regard any vibrating tool as suspect if it causes tingling or numbness in your fingers after about 5 to 10 minutes of continuous use.

**serco**

### What can you do to reduce the risk?

It is your employer's job to reduce the risk of you getting VWF where this can reasonably be done, especially if you have to carry on using high-vibration tools. But you too can play a part:

- tell your supervisor about any tools or processes which produce high levels of vibration, so that the risk can be properly assessed;
- keep up blood flow while working:
  - Keep warm at work, especially your hands. Wear warm gloves and extra clothing if you work in the cold;
  - don't smoke, or at least cut down just before and while you are at work. Smoking affects blood flow;
  - exercise your hands and fingers to improve blood flow;
- use the right tool for the job. Making do with the wrong tools can mean more vibration, or that you have to grip the tools more tightly;
- do not use any more force than necessary when operating tools safely and effectively;
- try to avoid long periods of using equipment without a break - short bursts are better;
- keep tools in good working order - if they are in bad condition ask your supervisor to get them repaired;
- take an active part in your employer's health and safety training - talk to your health and safety representative;
- make sure that you attend routine health checks when requested to do so.



**Medical in Confidence**

**Initial HAHS Health Surveillance Questionnaire (Tier 1)**

NAME: ..... D.O.B.: .....

EMPLOYER: ..... JOB TITLE: .....

ADDRESS: ..... TEL NO: .....

.....

---

This form is to be completed by those individuals who will be required to use hand held vibrating tools (including hand guided vibrating machines and handfed vibrating machines) as part of their work.

Occupational Health will use this information to provide guidance to your employer on your fitness to work with hand held vibrating tools. You may need to attend for a more detailed medical assessment.

Please read the accompanying leaflet ‘Hand-Arm Vibration Advice for Employees’ before completing this form.

	<b>Yes</b>	<b>No</b>	<b>Details &amp; Dates</b> <i>(Give full information where applicable)</i>
1. Will you use handheld vibrating tools in your job?	<input type="checkbox"/>	<input type="checkbox"/>	.....
2. Do you have any tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	<input type="checkbox"/>	<input type="checkbox"/>	.....
3. Do you have tingling of the fingers at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	.....
4. Do you wake at night with pain, tingling, or numbness in your hand or wrist?	<input type="checkbox"/>	<input type="checkbox"/>	.....
5. Do one or more of your fingers go numb more than 2 minutes after using vibrating equipment?	<input type="checkbox"/>	<input type="checkbox"/>	.....
6. Have your fingers gone white* on cold exposure? (*Whiteness means a clear discoloration of the fingers with sharp edge, usually followed by red flush. See attached photograph of blanching – Figure 1).	<input type="checkbox"/>	<input type="checkbox"/>	.....
7. If YES to Question 5, do you have difficulty rewarming your fingers when leaving the cold?	<input type="checkbox"/>	<input type="checkbox"/>	.....
8. Do your fingers go white at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	.....
9. Are you experiencing other problems with the muscles or joints of your hands or arms?	<input type="checkbox"/>	<input type="checkbox"/>	.....
10. Do you have difficulty picking up very small objects e.g. screws or buttons or opening tight jars?	<input type="checkbox"/>	<input type="checkbox"/>	.....
11. Have you ever had a neck, arm or hand injury or operation?	<input type="checkbox"/>	<input type="checkbox"/>	.....
12. Have you ever had any serious disease of joints, skin nerves, heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>	.....
13. Are you taking any long-term medication?	<input type="checkbox"/>	<input type="checkbox"/>	.....

14. Have you used handheld vibrating tools in any previous employment? If yes, provide details including dates.   .....

I certify that all the answers given are true to the best of my knowledge and belief.

Signed: ..... Date: .....

**Return in the envelope marked Strictly Private & Confidential.**

---

**Figure 1:**



<i><b>Occupational Health use only</b></i> (delete as appropriate)	
<b>Outcome</b>	Fit without restrictions / Tier 3 Assessment recommended
<b>Recommended Annual Review</b>	Tier 2 / Tier 3
.....	
.....	
Name: .....	Signature: .....
Date: .....	



**Medical in Confidence**

**Initial HAVS Health Surveillance Questionnaire (Tier 2)**

NAME: ..... D.O.B.: .....

EMPLOYER: ..... JOB TITLE: .....

ADDRESS: ..... TEL NO: .....

.....

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This form is to be completed by individuals who currently use hand held vibrating tools (including hand guided vibrating machines and handfed vibrating machines) or who have used such tools in the past two years or who have been diagnosed with HAVS but no longer work with such tools.

Information supplied on this form will be used to provide guidance to your employer on your fitness to work with hand held vibrating tools. You may need to attend for a more detailed medical assessment.

Please read the accompanying leaflet 'Hand-Arm Vibration Advice for Employees' before completing this form.

	Yes	No	Details & Dates <i>(Give full information where applicable)</i>
1. Do you use handheld vibrating tools in your job?	<input type="checkbox"/>	<input type="checkbox"/>	.....
2. Do you have any tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	<input type="checkbox"/>	<input type="checkbox"/>	.....
3. Do you have tingling of the fingers at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	.....
4. Do you wake at night with pain, tingling, or numbness in your hand or wrist?	<input type="checkbox"/>	<input type="checkbox"/>	.....
5. Do one or more of your fingers go numb more than 20 minutes after using vibrating equipment?	<input type="checkbox"/>	<input type="checkbox"/>	.....
6. Have your fingers gone white* on cold exposure? (*Whiteness means a clear discoloration of the fingers with a sharp edge, usually followed by red flush. See attached photograph of blanching – Figure 1).	<input type="checkbox"/>	<input type="checkbox"/>	.....
7. If YES to Question 5, do you have difficulty rewarming your fingers when leaving the cold?	<input type="checkbox"/>	<input type="checkbox"/>	.....
8. Do your fingers go white at any other time?	<input type="checkbox"/>	<input type="checkbox"/>	.....
9. Are you experiencing other problems with the muscles or joints of your hands or arms?	<input type="checkbox"/>	<input type="checkbox"/>	.....
10. Do you have difficulty picking up very small objects e.g. screws or buttons or opening tight jars?	<input type="checkbox"/>	<input type="checkbox"/>	.....
11. Have you ever had a neck, arm or hand injury or operation?	<input type="checkbox"/>	<input type="checkbox"/>	.....
12. Have you ever had any serious disease of joints, skin, nerves, heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>	.....
13. Are you taking any long-term medication?	<input type="checkbox"/>	<input type="checkbox"/>	.....

14. Have you used handheld vibrating tools in any previous employment? If yes, provide details including dates.   .....

I certify that all the answers given are true to the best of my knowledge and belief.

Signed: ..... Date: .....

**Return in the envelope provided.**

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**Figure 1:**



***Occupational Health use only** (delete as appropriate)*

**Outcome** Fit without restrictions / Tier 3 Assessment recommended

**Recommended Annual Review** Tier 2 / Tier 3

.....  
.....

Name: ..... Signature: .....

Date: .....