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## Vibration White Finger Policy



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## **1. INTRODUCTION**

- 1.1 Staff who use equipment producing high levels of vibration may suffer permanent symptoms to their hands and arms.
- 1.2 This Policy has been produced to codify the advice previously provided to managers, and to ensure that a consistent approach is adopted across the Council in controlling the risks staff are exposed to as a result of hand–arm vibration syndrome (HAVS), the most common symptoms of this being vibration white finger (VWF).

## **2. POLICY STATEMENT**

- 2.1 All reasonable steps will be taken by the Council to ensure the health and safety of its staff who work with high vibration equipment.
- 2.2 The Council recognises health and safety hazards may arise from using such equipment, and will, so far as is reasonably practicable, ensure that any risks are reduced to a minimum, particularly those associated with VWF. Guidance on managing the risks from VWF are attached to this Policy Statement.
- 2.3 The Council will ensure that staff who use high vibration equipment receive adequate information and training on the precautions to be taken.
- 2.4 The Council is committed to introducing a 'Health Surveillance Programme' for staff who are at risk from using high vibration equipment.
- 2.5 Attached to this policy document are guidance notes for managing risks from vibration white finger (VWF), together with Appendix 'A' which is a 'Health Surveillance Questionnaire', and shall be used to ensure that any member of staff showing symptoms of VWF can be medically assessed and advised about continuing to work with high vibration equipment.
- 2.6 The responsibility for implementing the requirements of this Policy, and the preparation of an implementation strategy, rests with each Service Director or Head of Service.
- 2.7 Advice on the implementation of this Policy can be obtained from the Health and Safety Team, Human Resources, Tel. No. 01443 424173.

## **GUIDELINES FOR MANAGING RISKS FROM VWF**

### **1. RISK ASSESSMENT**

- 1.1 In accordance with the Management of Health and Safety at Work Regulations 1999, and the Health and Safety at Work etc Act 1974, managers must ensure a risk assessment is carried out in order to assess risks caused by working with high vibration equipment, and to take measures to control these risks, so far as is reasonably practicable. This will ensure that the control measures adopted are relevant to the risks involved and will allow for the prioritising of resources. In practice, assessments are likely to be undertaken by external consultants, and managers will need to be satisfied that any such person engaged is competent to do this effectively.
- 1.2 Where the risk assessment indicates that an employee's daily vibration exposure regularly exceeds  $2.8\text{m/s}^2 \text{ A}(8)$ , and the risks from HAVS are not adequately controlled, then a programme of preventative measures and health surveillance must be introduced.
- 1.3 Detailed below is information on this syndrome, and on the action managers can consider taking, bearing in mind that appropriate measures must also be taken to protect the health and safety of a member of staff, even if the exposure is below the vibration maximum exposure level  $2.8\text{m/s}^2 \text{ A}(8)$ .

### **2. WHAT IS VWF?**

- 2.1 VWF, also known as 'dead hand' or 'dead finger,' is a condition, which could affect those staff who regularly use high vibration equipment.
- 2.2 VWF can damage blood vessels; reduce blood supply and also nerves in the fingers, causing a permanent loss of feeling. The bones and muscles may also become damaged. Staff who get VWF may lose flexibility and strength of grip and find it more difficult to work with hand held equipment, as well as to enjoy hobbies such as swimming, gardening and fishing.
- 2.3 VWF can often be aggravated by cold weather conditions.

### **3. WHAT ARE THE SYMPTOMS OF VWF?**

In the early stages, the symptoms are mild. The first sign is often an occasional attack, when the fingertips become white. If staff continue to work with vibrating equipment, the affected area can become larger. During an attack, there may also be numbness, or 'pins and needles', and an attack may finish with the whiteness changing to a deep red flush, which is often painful.

### **4. WHAT CAUSES VWF?**

4.1 Regular work with vibratory equipment is the main factor to look for, examples of which are listed below:

- Hydraulic Breakers
- Power Hammers
- Chain Saws
- Chipping Hammers
- Powered Lawnmowers
- Disc Cutters
- Hammer Drills
- Strimmers/Brush Cutters
- Hand Held Polishers and Sanders

4.2 The risk of developing VWF depends on a number of factors, for example:

- Amount of vibration
- How long the tool is used for
- The health status of the individual
- The way the tool is used
- Working conditions including posture and temperature

### **5. WHAT ACTION CAN MANAGERS TAKE?**

5.1 If the work involves hazardous vibration that may put staff at risk, managers must consider taking action to help control the risk.

5.2 The most effective course managers can take is to reduce the vibration. Some effective ways of doing this are as follows:

- Ask (manufacturers and/or suppliers) about vibration levels before deciding which equipment to purchase. Where possible, choose low-vibration equipment.
- Consider whether the job could be done without using high-vibration equipment.
- Provide equipment designed to minimise vibration.
- Maintain equipment in good condition, for example, no loose or worn out parts.
- Make sure staff use the right equipment for the job.
- Assess whether the job can be altered to reduce the grip and pressure that the individual needs to apply to each tool.

5.3 In the event that staff need to continue using high vibration equipment, other measures that managers can consider to reduce the harmful effects are:

- Designing work breaks to avoid long periods of uninterrupted vibration exposure.
- Enabling staff to keep warm when working in the cold, for example, by providing heating or suitable clothing and gloves.
- Advising staff to exercise fingers and hands to help blood flow.
- Arranging advice and routine health checks (Please refer to Section 8).

**Note:** Wearing gloves may help, but so-called “anti-vibration” gloves are not normally effective in reducing vibration exposure. In most cases, they do little to reduce vibration reaching the hands and can even increase it. Their bulk may also impair the ability of staff to control the equipment. Gloves should therefore be chosen for their ability to keep hands warm and to protect them from accidental injury.

## 6. WHAT ACTION CAN STAFF TAKE?

Staff are able to greatly reduce their risk of contracting VWF. Some effective ways of doing this are as follows:

- Inform your manager about any equipment that produces high levels of vibration, so that the risks can be properly assessed.
- Maintain blood flow in the fingers while working by:
  - keeping warm at work, especially your hands. Wear warm gloves and extra clothing if you work in the cold
  - exercising hands and fingers to improve circulation.

- Ensure you are using the right equipment for the job. Using the wrong equipment can lead to more vibration, or cause you to grip the tools more tightly.
- Do not use any more force than is necessary.
- Try to avoid periods of using equipment without a break – short bursts are better.
- Keep tools in good working order – if necessary, ask your manager to get them repaired promptly.
- Where reasonably practicable, share high risk tasks with other staff, to reduce the time of exposure.
- Take an active part in any health and safety training courses you are required to attend.
- **Do not ignore symptoms. If you feel vibration could be affecting your fingers or hands, you must stop work and report the matter to your manager immediately. S/he will arrange for you to be referred to the Council's Occupational Health Unit for assessment.**

## 7. INFORMATION AND TRAINING FOR STAFF

Managers need to ensure that staff are aware of the hazard and of what they should do to reduce the risk. Staff need information (which can be given out on 'pocket cards') and training on, for example:

- The nature of the risks and signs of injury.
- How to report any signs of injury. This will allow the manager to arrange for injuries and hazards in the workplace to be investigated without delay.
- Action to take to minimise risk, including:
  - good working practices to reduce vibration directed to the hands
  - how to grip tools properly and safely
  - the need to maintain good blood circulation by warming up before starting work in the cold and keeping warm while working
  - exercising fingers
  - the benefits of not smoking (smoking reduces blood circulation).
  - reporting defects and problems with equipment and obtaining replacements where necessary.



## 8. HEALTH SURVEILLANCE

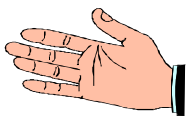
- 8.1 Even when preventative measures have been taken, some staff may remain at risk where high-vibration equipment is used for long periods and particularly when the vibration exposure level regularly exceeds  $2.8\text{m/s}^2 \text{ A}(8)$ . In these circumstances, apart from the preventative measures that must be taken, managers must also introduce a programme of routine health surveillance, so that staff showing signs of injury can be medically assessed and advised about continuing to work with high-vibration tools and equipment.
- 8.2 The health surveillance programme, to be undertaken by the Council's Occupational Health Unit (Tel No 01443 494003), will be as follows:
- (i) For new staff who have never used vibratory tools previously, **3 monthly checks during the first year of service.**
  - (ii) For new staff who have previously used vibratory tools and for all staff already in post, **6 monthly checks.** If any problems are found during the check, the Occupational Health Physician will make recommendations to the individual's Manager.
- 8.3 Medical records will be maintained on a personal file at the Occupational Health Unit, in accordance with the Confidentiality Code and the Data Protection Act.

## 9. PRE-EMPLOYMENT MEDICAL EXAMINATION

At the pre-employment stage, an assessment will be undertaken by the Occupational Health Adviser (and if necessary the Occupational Health Physician) before a decision is made to appoint i.e. the individual will need to be medically cleared before they commence employment.

## APPENDIX 1

### MEDICAL IN CONFIDENCE

	<b>RHONDDA CYNON TAF OCCUPATIONAL HEALTH UNIT</b>			
	<b>HAND-ARM VIBRATION SYNDROME (HAVS) QUESTIONNAIRE</b>			
<b><u>SECTION 1 – PERSONAL DETAILS</u></b>				
Surname _____ Forename: _____				
Group: _____ Division: _____ Location: _____				
Job Title: _____ Age _____				
Home address: _____ _____				
Post Code: _____ Tel. No: _____				
<b>DATA PROTECTION ACT 1998</b> – Personal information generated by completion of this form provides a medical view of your fitness for employment or specific task. Without this information your application/assessment of fitness will not proceed further. The Occupational Health Physician may require further information about your health before coming to a view on your fitness. Your consent to further reports from your medical advisers will be sought in these circumstances before a certificate of fitness/restrictions/unfitness can be issued. All such medical information will be kept in strict medical confidence by the Occupational Health staff. Your consent will be sought for any other use of all or part of this confidential medical data.				
<b><u>SECTION 2 – MEDICAL HISTORY</u></b>				
	<b>Yes</b>	<b>No</b>	<b>Details:</b> Give full information where applicable	
1. Have you had a serious injury or operation to your neck, either arm or hand?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Have you been told you or your family suffer from Raynaud's Disease or Carpal Tunnel Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	.....	
3. Do you suffer from any medical condition or are you currently taking any medicine or tablets on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	.....	
4. Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	.....	
Are you an ex-smoker?	<input type="checkbox"/>	<input type="checkbox"/>		
How many cigarettes do or did you smoke per day?			.....	
How many years have or did you smoke?				
		0-10	10-20	20+
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		0-10 years	10-20 years	20+ years
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 3 – WORK HISTORY**

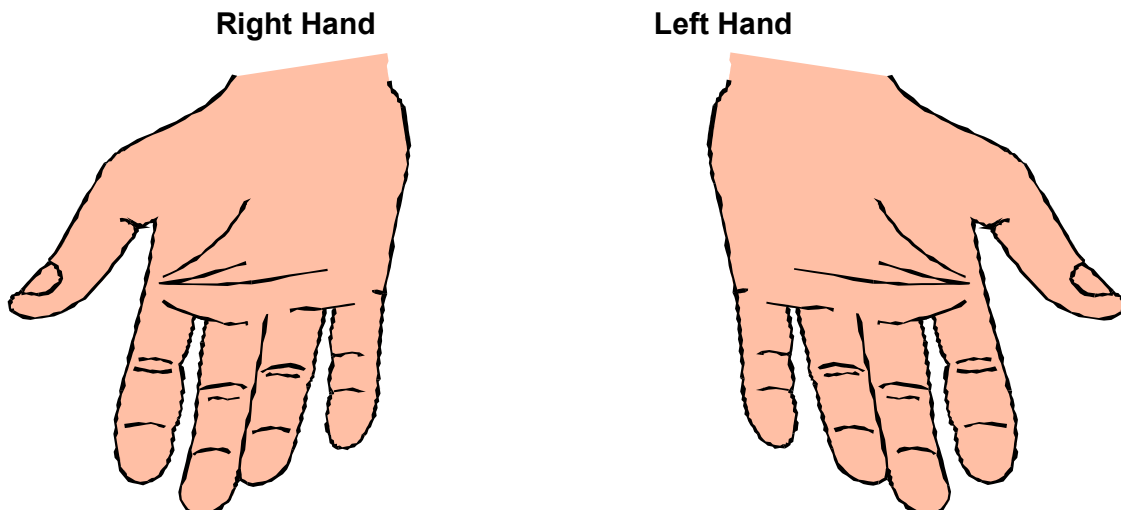
	Yes	No	Details	Give full information where applicable		
1. Do you use vibrating tools as part of your job? (If so, state what tools used)	<input type="checkbox"/>	<input type="checkbox"/>	..... .....			
2. How many years have you used vibrating tools or equipment?			0-5 years	5-10 years	10+ years	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. How many years have you worked for your present Employer (or same company under different name)?			0-5 years	5-10 years	10+ years	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. How many months in total have you used vibrating tools in the last year?	New Starter		0-4 mths	4-8 mths	8-12 mths	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. For how many hours each day would you actually use vibrating tools on average?	None Previously		0-2 hours	2-4 hours	4 + hours	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION 4 - BLANCHING** (*Please read and answer all parts carefully*)

Blanching (or whitening) occurs when the finger turns white due to loss of circulating blood and feels “dead”. It occurs intermittently in response to cold and progresses from the tip down, ending at one of the joints or at the base of the finger in severe cases. Often there is a clear line between the white area and the normal pink skin. An attack may end with whiteness changing to a deep red flush, which is often painful.

- |  | Yes   | No  |   |
|--|---|---|---|
| 1. Do your fingers blanch (go white) in response to cold? <b>If no, continue to Section 5 on next page</b> | <input type="checkbox"/>  | <input type="checkbox"/>  |   |
| 2. Does blanching occur in the summer?   | <input type="checkbox"/>  | <input type="checkbox"/>  |   |
| 3. Does blanching occur when you swallow?  | <input type="checkbox"/>  | <input type="checkbox"/>  |   |
| 4. For how many years have you had blanching?  | 0-5 yrs<br><input type="checkbox"/>   | 5-10 yrs<br><input type="checkbox"/>  | 10+ yrs<br><input type="checkbox"/>       |
| 5. How long was it between the first use of vibrating tools and the first onset of blanching?              | 0-5 yrs<br><input type="checkbox"/>   | 5-10 yrs<br><input type="checkbox"/>  | 10+ yrs<br><input type="checkbox"/>       |
| 6. Is the blanching:   | getting better<br><input type="checkbox"/>  | the same<br><input type="checkbox"/>  | getting worse<br><input type="checkbox"/> |
| 7. How often does blanching occur?   | Occasionally<br><input type="checkbox"/><br>(only when very cold)<br><input type="checkbox"/> | frequently<br><input type="checkbox"/><br>(most days)<br><input type="checkbox"/> |   |
| 8. Which fingers are affected?   |   |   |   |

***Precisely, fill in the areas affected by blanching on the hands below.***



MEDICAL IN CONFIDENCE

**SECTION 5 - TINGLING/NUMBNESS (Please read and answer all parts careful)**

		Yes	No
1.	Do you get tingling and/or numbness of the fingers?	Tingling: <input type="checkbox"/>	<input type="checkbox"/>
		Numbness: <input type="checkbox"/>	<input type="checkbox"/>
2.	Does numbness persist for more than 2 hours after using vibrating tools?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does numbness only occur with blanching of the fingers and at no other time?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the numbness depend upon the position of your arm?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you woken at night with numbness in your first two fingers and thumb?	<input type="checkbox"/>	<input type="checkbox"/>
		<i>Intermittently?</i>	<i>Persistently?</i>
6.	Does numbness occur	(some of the time) <input type="checkbox"/>	(most of the time) <input type="checkbox"/>
7.	In which hand does numbness occur?	<input type="checkbox"/> Right	<input type="checkbox"/> Left
			<input type="checkbox"/> Both
8.	How long have you had numbness?	<input type="checkbox"/> 0-5 yrs	<input type="checkbox"/> 5-10 yrs
		<input type="checkbox"/> 10+ yrs	
		<b>Yes</b>	<b>No</b>
9.	Can you feel a light touch on your warm fingers?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Can you normally feel the difference between a sharp and a dull knife edge?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Can you normally feel a light brush against your fingertips?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does a pin prick feel sharp to you?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Generally, can you recognise a small object by touch alone (e.g. a small screw)?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Do you need help to dress in the morning, e.g. with buttons or shoelaces?	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Right</b> <input type="checkbox"/>	<b>Left</b> <input type="checkbox"/>
			<b>Both</b> <input type="checkbox"/>

15. If you have answered positively to any question, which hand is affected?

**Right**  
☐

**Left**  
☐

**Both**  
☐

16. Which is your dominant hand?

**Right**  
☐

**Left**  
☐

**SECTION 6 – CONSENT *For completion by the employee***

I hereby declare that all medical information given by me to Rhondda Cynon Taf Occupational Health Unit is true and accurate to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL IN CONFIDENCE

**SECTION 7 - SCREENING, EXAMINATION & ASSESSMENT**

SCREENING: For completion by the Occupational Health Adviser

	Yes	No
HAVS information issued	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Screening Staff: \_\_\_\_\_ O.H. Adviser

Date \_\_\_\_\_

**EXAMINATION: For completion by Doctor**

	RIGHT		LEFT	
	Normal		Normal	
	Yes	No	Yes	No
Light touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinprick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two point discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grip strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	..... kg		..... kg	

**ASSESSMENT:**

	Yes	No
Symptoms of HAVS	<input type="checkbox"/>	<input type="checkbox"/>
Referred for medical assessment	<input type="checkbox"/>	<input type="checkbox"/>
HAWS Staging (Stockholm Scale)		

**Right Hand**

**Left Hand**

..... v ..... SN

..... v ..... SN

Signature of Doctor \_\_\_\_\_ Date: \_\_\_\_\_

**COMMENTS:**

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## **APPENDIX 2**

### **MANAGERS CHECKLIST**

	✓ As Appropriate		
	N/A	Yes	No
• Has a suitable and sufficient risk assessment been carried out to assess the risks caused by working with high vibration equipment?			
• Has action been taken as a result of the assessment to reduce the risk?			
• Are you aware of the action to take to reduce vibration?			
• Are staff aware of the action to take to reduce the risk of contracting VWF?			
• Are staff given appropriate information and training when using high vibration equipment?			
• Are 'Health Surveillance' procedures in place?			
• Where appropriate, are pre-employment medical examinations carried out?			
• Are there monitoring procedures in place?			

Completed by: \_\_\_\_\_

Confirmed by: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_