The Newcastle upon Tyne Hospitals NHS Foundation Trust

Hand Arm Vibration Policy

<table>
<thead>
<tr>
<th>Version Number:</th>
<th>1</th>
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<tbody>
<tr>
<td>Effective From:</td>
<td>05 May 2017</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>05 May 2020</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>28 March 2017</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>Clinical Policy Group</td>
</tr>
</tbody>
</table>

1 Introduction

Exposure to excessive Vibration can cause hand-arm vibration syndrome (HAVS) or carpal tunnel syndrome (CTS). Vibration can also cause significant ill health (painful and disabling disorders of the blood vessels, nerves and joints). Damage from HAVS can include the inability to do fine work and cold can trigger painful finger blanching attacks.

This policy is produced to effectively manage Vibration at Newcastle Hospitals Foundation Trust. The Control of Vibration at Work Regulations 2005 requires employers to assess the risks associated with the use of vibrating equipment and power tools such drills, grinders, saws and breakers. The employer has a general duty under Section 2(1) of the Health and Safety at Work Act 1974 to ensure so far as is reasonably practicable the health, safety and welfare at work of employees. The risk assessment needs to consider options to eliminate or control a hazard in order to decrease the degree of risk to as low as is reasonably practicable.

2 Scope

This policy includes all workers, whether they are working or acting directly or indirectly for or on behalf of the Trust. For convenience this policy will refer to all these groups as staff. Because individuals are affected by Vibration differently, it is difficult to specify what level of Vibration is absolutely safe.

3 Aims

The aim of this policy is to ensure Managers and employees are aware of the legal requirements regarding Vibration at work and to provide practical guidance on risk assessment and controls associated with Vibration and risk reduction.

4 Duties (Roles and Responsibilities)

4.1 The Trust

The Trust’s overall responsibility is to provide a safe working environment for all its employees, patients and visitors.
4.2 **Trust Board**

The Trust Board is ultimately responsible for fulfilling all Health and Safety duties as an employer, including all statute Health and Safety Law requirements.

4.3 **Chief Executive**

The Chief Executive has overall responsibility to the Trust Board for ensuring that appropriate and effective health and safety management systems are in place including the management of Vibration at work.

4.4 **Executive Director**

The Chief Executive delegates responsibility for health and safety to the Director of Quality and Effectiveness. In practice the Director of Quality and Effectiveness deals with matters of health and safety in close association with Executive Directors, Clinical Directors, Senior Managers and the Trust Health and Safety Lead.

4.5 **Directorate Managers, Directorate Directors**

Directorate Directors are responsible for ensuring that day to day activities of the Directorate are conducted in a safe and suitable manner and this policy is effectively and correctly employed within their own Directorate.

Directorate Managers have the ultimate responsibility for all health and safety issues within their Directorate. They must ensure that there is a sound local health and safety function as well as develop health and safety awareness and culture within their remit including the provision of appropriate management of noise at work.

4.6 **Heads of Department/Managers**

Managers should establish local procedural guidelines specific to their own departments. Managers should ensure that risk assessments are in place to protect at risk employees. Managers are responsible for appointing Departmental Risk Assessors and must ensure that they undergo appropriate training. Managers are responsible for carrying out actions and assessing the outcomes of risk assessments including training, cost and maintenance where necessary to improve the protection of staff. This should be included as part of the Directorate budget setting when compiling budget plans for approval. Risk assessments should be reviewed on an annual basis or as a result in changes to working practices, changes in staff, departmental changes or other arrangements. Managers may need to engage an Occupational Hygienist where assessments are unable to be completed by the Health and Safety Advisors, however this would have to be outsourced by a third party.
4.7 Estates Department

The Estates Department has a duty to ensure that control measures are provided for vibration reduction and that these controls are maintained, tested and inspected in accordance with the relevant British or European Standard.

The Estates Department will ensure that any Trust plant with control measures that comes under the control of the Estates Department is tested and maintained in accordance with the relevant planned preventative maintenance schedule.

The Estates Department will also ensure that all new equipment and machinery purchased shall require a check on vibration (information from the supplier) and be considered within the procurement decision.

4.8 Occupational Health Department

When indicated by health and safety advisors or departmental managers following the appropriate risk assessment. The Occupational Health department will be responsible for undertaking the health surveillance required by the Control of Vibration at Work Regulations 2005. Those staff members highlighted to the Occupational Health department who are likely to be affected by harmful vibration in their work areas will undergo a baseline assessment prior to starting work. Control of vibration at work regulations2005, p.90 para 326 "Health surveillance programmes need to include assessments for any new or existing employees before they begin exposure to vibration”.

4.9 Health and Safety Advisors

Health and Safety Advisors will provide advice and guidance to managers and employees on legislative requirements and industry standards regarding vibration at work. The Health and Safety Advisors will undertake vibration risk assessments and identify control measures necessary reduce vibration exposure to staff. The Health and Safety Advisors will also be responsible for the identification of training needs for employees working vibrating tools or equipment. The Health and Safety Advisors will provide advice and guidance as regards control measures identified by risk assessments.

Staff Organisations

Staff organisations will ensure that Health and Safety Representatives are accredited and appropriately trained, and will provide appropriate support to staff as required.

4.11 All Employees

All employees are expected to take reasonable care to ensure the safety of themselves, their colleagues, patients and the public.
All employees must comply with legislation, Trust policies and procedures and anything else provided for their protection. All staff must attend all training identified as necessary by their manager through the risk assessment process or a training needs analysis.

5 Legislative Requirements

The Control of Vibration at Work Regulations 2005 requires employers to prevent or reduce risks to health and safety from exposure to vibration at work. Employees have duties under the regulations too.

The Regulations require the Trust as an employer to:

- Assess the risks to its employees from vibration at work
- Take action to reduce the vibration exposure that produces those risks
- The Trust must ensure that the legal limits on vibration exposure are not exceeded
- The Trust must provide its employees sufficient information, instruction and training about vibration at work
- The Trust must also carry out health surveillance where there is a risk to the health of its staff

6 Assessment

Any work equipment which is suspected of exposing staff to vibration will be subject to a formal assessment using the attached assessment form (see Appendix 1) and be carried out by a competent person.

All new equipment and machinery purchased shall require a check on vibration (information from the supplier) and be considered within the procurement decision.

7 Elimination or Control of Vibration in the workplace

The Trust shall ensure that the risk of exposure to vibration at work is eliminated, tackled at source or reduced to as low a level as is reasonably practicable.

8 Training

All staff exposed to levels at or above the Exposure Action Value (EAV) must undergo Hand Arm Vibration (HAVS) training. Regulation 8 also includes provision of training where risk assessment indicates risk to health; this may be at levels below the EAV. Training will be facilitated by the health and safety team based on the findings of the risk assessment once notified by the responsible manager.
9 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

10 Monitoring and Compliance

<table>
<thead>
<tr>
<th>Standards</th>
<th>Monitoring and audit Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of a vibration Risk Assessment</td>
<td>Health and Safety Compliance Questionnaire</td>
<td>Health and Safety Advisors</td>
<td>Health and Safety Committee</td>
<td>Annual</td>
</tr>
</tbody>
</table>

11 Consultation and Review

This policy has been circulated to:
Health and Safety
Clinical Governance and Risk
Head of Nursing
Trust Health and Safety Committee
Clinical Practice Group
Occupational Health Department

12 Implementation

Further advice and guidance will be available from the Health and Safety Advisors and the Occupational Health Department.

13 References

Health and Safety at Work Act 1974
The Management of Health and Safety at Work Regulations 1999 revised 2004
The Control of Vibration at Work Regulations 2005
Health Surveillance at Work HSG61

14 Associated Documentation

Hand-arm Vibration at Work: A brief guide (INDG175)
Hand-arm Vibration-Advice for Employees (INDG296)

Vibration Solutions: Practical ways to reduce the risk of hand-arm vibration injuries HSG 170

Author: Health and Safety Advisor
**CONCLUSION AND CONTROL MEASURES**

**POSSIBLE EFFECTS OF EXPOSURE TO HIGH VIBRATION LEVELS**

Vibration induced health conditions progress slowly. In the beginning it starts as a pain. As the vibration exposure continues, the pain may develop into an injury or disease. Pain is the first health condition that is noticed and should be addressed in order to stop the injury.

Vibration-induced white finger (VWF) is the most common condition among the operators of hand-held vibrating tools. Vibration can cause changes in tendons, muscles, bones and joints, and can affect the nervous system as well as leading to specific diseases such as carpal tunnel syndrome. Collectively, these effects are known as Hand-Arm Vibration Syndrome (HAVS). The symptoms of VWF are aggravated when the hands are exposed to cold.
Workers affected by HAVS commonly report:

- attacks of whitening (blanching) of one or more fingers when exposed to cold
- tingling and loss of sensation in the fingers
- loss of light touch
- pain and cold sensations between periodic white finger attacks
- loss of grip strength
- bone cysts in fingers and wrists

The development of HAVS is gradual and increases in severity over time. It may take a few months to several years for the symptoms of HAVS to become clinically noticeable. It is very important that symptoms such as those above are reported and investigated further through Occupational Health Services.

**HAND ARM VIBRATION AT WORK REGULATIONS 2005**

The Control of Vibration at Work Regulations 2005 (the Vibration Regulations), came into force on 6 July 2005 and aim to protect workers from risks to health from vibration.

The regulations introduce action and limit values for hand-arm and whole-body vibration.

The regulations introduce an:

- Exposure action value of 2.5 m/s$^2$ A ($\alpha$) at which level employers should introduce technical and organisational measures to reduce exposure.
- Exposure limit value of 5.0 m/s$^2$ A ($\alpha$) which should not be exceeded.

The regulations also allow a transitional period from the exposure limit value for hand-arm vibration until 2010 to allow work activities, where the use of older tools and machinery cannot keep exposures below the exposure limit value.
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 20/03/2017

2. **Name of policy / strategy / service:**
   - Hand Arm Vibration Policy

3. **Name and designation of Author:**
   - Ian Gaffney Health and Safety Advisor

4. **Names & designations of those involved in the impact analysis screening process:**
   - Ian Gaffney Health and Safety Advisor

5. **Is this a:**
   - Policy x
   - Strategy
   - Service

   **Is this:**
   - New x
   - Revised

   **Who is affected**
   - Employees x
   - Service Users
   - Wider Community

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
   - The aim of this policy is to ensure Managers and employees are aware of the legal requirements regarding Vibration at work and to provide practical guidance on risk assessment and controls associated with Vibration and risk reduction.

7. **Does this policy, strategy, or service have any equality implications?** Yes [ ] No x

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

See below
## 8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight any areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Health and Safety Management encompasses a duty of care recognised by the Trust Employees and others.</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Pregnant Workers Policy and associated risk assessment recognises the specific risk areas for those new and expectant mothers.</td>
<td>No</td>
<td>One to One specific risk assessment undertaken already</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Chaplaincy support role in notification and follow up to incidents of serious violence and aggression against staff. Chaplaincy support to Stress Group.</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>Incidents where particular individuals or groups are targeted are escalated to senior management for investigation</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Age</td>
<td>So that assessors are aware of the drivers for this measure and is not a local Trust imposed restriction.</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Access and Egress are common factors when undertaking risk assessment. To ensure that local risk assessor training highlights DDA requirements. Involve disabled persons in consultation over access issues where appropriate. So that assessors are more aware of this issue and can provide sound recommendations in assessments if required. Improved access to services for disabled and older persons.</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>Incidents where particular individuals or groups are targeted are escalated to senior management for investigation.</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Staff complete E&amp;D Training as part of mandatory training.</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>Health and Safety legislation places some restrictions on the risks that new and expectant mothers may be exposed to. To ensure that the reasons for this including legislative requirement are explained when conducting pregnancy related risk assessment. So that assessors are aware of the drivers for this measure and is not a local Trust imposed restriction.</td>
<td>No</td>
<td>N/A</td>
</tr>
</tbody>
</table>
9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes [ ] No [x]

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name: Ian Gaffney

Date of completion: 17/03/2017

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)