

Applies to: <b>Group SHE Standards</b>	<b>Management of Health Surveillance for HAVS</b>	
Classification: Internal	Uncontrolled if printed	

The Author/Owner of this document is:	This document has been approved for issue by:	Date of Issue:	Review Date:

## 1. Introduction

This procedure describes the activities required to conduct in-house health surveillance for Hand-Arm Vibration Syndrome (HAVS) that results from the workplace exposure to vibrating equipment. The procedure is based on, and meets, the requirements in Part 7: Guidance on health surveillance for occupational health professionals in L140 Hand-arm vibration, the Control of Vibration at Work Regulations 2005, Guidance on Regulations (HSE).

## 2. Scope

2.1 The scope of the procedure covers Tier 1 and Tier 2 health questionnaires:

- Tier 1 – Initial or baseline assessment (indicated by positive response to use of vibrating hand-tools on Pre-placement health questionnaire); and
- Tier 2 – Annual (screening) questionnaire

## 3. Scheduling of Tier 1/Tier 2 Questionnaires

3.1 An SSE HAVS T1 Recall List and an SSE HAVS T2 Recall List shall be maintained. These take the form of an Excel spreadsheet and are derived from the Occupational Health Provider's (OHP) Master Recall List. The information for each individual employee comprises of:

- Employee number;
- Date of birth;
- Employee name;
- Employee job role title;
- Details of business unit organisation (BU1, BU2, & cost centre);
- Line manager name and contact details;
- Dates of previous screenings; and
- Planned screening dates and times;

3.2 Separate worksheets with the same information as 3.1 shall be maintained for:

- Leavers from the company;
- New starters or transfers into roles with health surveillance requirements; and
- Employees removed from the Health Surveillance Programme due to no use of vibrating hand-tools

3.3 The SSE HAVS T2 Recall list shall take into account:

- OHP consultation with employees reporting no symptoms after 3-years, such that a further T2 annual questionnaire is not scheduled in the same 12-month period as the OHP consultation; and

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- Tier 4 diagnosis and requirement for health surveillance at a specified frequency by the OH Physician.

3.4 The scheduling of HAVS T1 or T2 health assessments shall be appointment based and following the principles:

- Appointments arranged through the line manager of the individual employee;
- Appointment time based on a 15-minute time slot;
- Any Did Not Attends (DNA) are recorded and appointment re-arranged with the line manager; and
- Grouping of appointments based on BU1, cost centre and line manager

#### **4. Conduct of Tier 1 and Tier 2 Questionnaires**

4.1 Standard template questionnaires in Excel have been prepared to record the Tier 1 and Tier 2 HAVS assessments. These are shown in Appendix 1 and Appendix 2.

4.2 A script shall be used when completing each questionnaire with the named employee.

4.3 The Occupational Health Team member conducting the health assessment shall use the script and record the responses provided by the employee on the appropriate spreadsheet. The result of the interview on the Excel spreadsheet is saved as a pdf document with the name of the employee in the title of the saved document.

#### **5. Output – Tier 1 and Tier 2 Questionnaires**

5.1 The output pdf file for each employee requiring HAVS Tier 1 or Tier 2 health assessments shall be stored in an appropriate folder in the secure folder structure (with restricted access)

5.2 Each output pdf file will be password protected.

5.3 A copy of the completed questionnaire shall be added to each employee's personal health record held by the OHP.

5.3 If the completed questionnaire records symptoms of HAVS then a referral of the completed form shall be sent immediately to the OHP for further review.

5.4 The date of the Tier 1 or Tier 2 completed HAVS health assessment shall be recorded in the SSE HAVS Recall list.

#### **6. Responsible person and data protection**

6.1 All SSE Occupational Health team (OH) shall have received training on the Management of HAVS in the Workplace and as a Responsible Person as identified in L140.

6.2 The employee health record is confidential and all members of the OH Team shall sign a confidentiality agreement that covers data protection.


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## 7. Dealing with 'Did Not Attend' (DNA)

- 7.1 A reasonable effort to conduct the HAVS health surveillance will be made. For the scheduled appointment an attempt to contact the employee will be made on three occasions.
- 7.2 If an employee fails to attend the telephone appointment, the employee's line manager will be contacted to arrange a subsequent telephone appointment.
- 7.3 If the employee fails to attend the subsequent telephone appointment, then the following steps will be taken:
- An email will be sent to the Line Manager (CC their Line Manager also) informing them that the employee has not attended the HAVS assessment on two occasions with a summary of the seriousness/possible consequences of non-attendance;
  - The email will ask that the employee contact the SSE Occupational Health Team via the hunt number within **10-working days**;
  - Failure to contact the SSE Occupational Health Team within 10 working days will result in the recording on the SSE HAVS T2 Recall List as a DNA; and
  - The DNA date will be used to schedule the next annual assessment.


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## Appendix 1: Standard Template Questionnaire – HAVS Tier 1

 <b>HAVS Health Surveillance Questionnaire - Tier 1</b>			
<b>Section 1 - Personal Details</b>			
<b>Employee Number:</b>			
<b>Forename(s):</b>	#N/A		
<b>Surname:</b>	#N/A		
<b>Job Title:</b>	#N/A		
<b>Date of Birth:</b>	#N/A		
<small>Data Protection Act 1998 - Health information will only be sent to SSE's Occupational Health Provider and may be used by our Occupational Health Provider to provide a medical view of your fitness for employment or specific task. Confirm Employee gives verbal consent for the SSE Occupational Health Team to process this information.</small>			
<b>Employee verbal consent given:</b>	Y/N	Yes	<b>Date:</b> 19/05/2017
<b>Section 2 - Hand Arm Vibration Syndrome (HAVS) Initial Assessment</b>			
Assessment Questions	Y/N	Details & Dates <small>(Give full information where applicable)</small>	
1. Will you be using hand-held vibrating tools in your job or have you used them in any job over the last two years?	Yes		
Frequency and Magnitude of Use	Y/N	Details & Dates <small>(Give full information where applicable)</small>	
2. Have you ever had a trigger-time use of rotary tools of more than 1 hour each working day?	No		
3. Have you ever had a trigger-time use of impact tools of more than 15 minutes each working day?	No		
4. Do you have any numbness or tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	No		
5. Do you have numbness or tingling of the fingers at any other time?	No		
6. Do you wake at night with pain, tingling or numbness in your hand or wrist?	No		
7. Do one or more of your fingers go numb more than 20 minutes after using vibrating equipment?	No		
8. Have you suffered with all or part of your fingers going white (a clear discolouration of all or part of a finger, with a sharp edge, usually followed by a red flush) on exposure to cold?	No		
9. If Yes to 6, do you have difficulty rewarming them when leaving the cold?	No		
10. Do your fingers go white at any other time?	No		
11. Are you experiencing any other problems with the muscles or joints of the hands or arms?	No		
12. Have you ever had difficulty picking up very small objects such as screws or buttons or opening tight jars?	No		
13. Have you ever had a neck, arm or hand injury or operation? If so, please give details	No		
14. Have you ever had any serious diseases of joints, skin, nerves, heart or blood vessels? If so, please give details	No		
15. Are you on any long-term medication? If so, please give details	No		

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## Appendix 2: Standard template Questionnaire – HAVS Tier 2

 <b>HAVS Health Surveillance Questionnaire - Tier 2</b>			
<b>Section 1 - Personal Details</b>			
<b>Employee Number:</b>			
<b>Forename(s):</b>	#N/A		
<b>Surname:</b>	#N/A		
<b>Job Title:</b>	#N/A		
<b>Date of Birth:</b>	#N/A		
<b>Date of Previous Screening:</b>	#N/A		
<small>Data Protection Act 1998 - Health information will only be sent to SSE's Occupational Health Provider and may be used by our Occupational Health Provider to provide a medical view of your fitness for employment or specific task. Confirm Employee gives verbal consent for the SSE Occupational Health Team to process this information.</small>			
<b>Employee verbal consent given:</b>	Y/N	Yes	Date 19/05/2017
<b>Section 2 - Hand Arm Vibration Syndrome (HAVS) Assessment</b>			
<small>This assessment is to be completed by all people who currently use hand held vibrating tools (including hand guided vibrating machines and hand-fed vibrating machines) or those people that have used them in the past two years. This information allows an initial assessment of potential health effects. At risk employees that disclose symptoms of HAVS will be referred to the Occupational Health Provider.</small>			
<b>Assessment Questions</b>	Y/N	<b>Details &amp; Dates</b> (Give full information where applicable)	
1. Have you been using hand-held vibrating tools in your current job or in any job over the past two years?	Yes		
<b>Frequency and Magnitude of Use</b>	Y/N	<b>Details &amp; Dates</b> (Give full information where applicable)	
2. Do you have a trigger-time use of rotary tools of more than 1 hour each working day?	No		
3. Do you have a trigger-time use of impact tools of more than 15 minutes each working day?	No		
4. Do you have any numbness or tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	No		
5. Do you have numbness or tingling of the fingers at any other time?	No		
6. Do you wake at night with pain, tingling or numbness in your hand or wrist?	No		
7. Have you suffered with all or part of your fingers going white (a clear discolouration of all or part of a finger, with a sharp edge, usually followed by a red flush) on exposure to cold?	No		
8. Have you noticed any change in your response to tolerance of working outdoors in the cold?	No		
9. Are you experiencing any other problems with your hands or arms?	No		
10. Have you ever had difficulty picking up very small objects such as screws or buttons, or opening tight jars?	No		
11. Has anything changed about your health which you feel may be related to working with vibrating tools?	No		
<b>Section 3 - Declaration</b>			
<small>I hereby declare that the information given to me is a true and accurate record. I have explained to the best of my belief and knowledge.</small>			
<b>Signature (SSE Occupational Health Team):</b>			
<b>Date:</b>	19/05/2017		
<b>Does Employee wish to have a copy of this questionnaire?</b>			
<b>Employee email address:</b>			