Health surveillance for hand-arm vibration
Vascular component of HAVS
Hand-arm vibration syndrome (HAVS)

- numbness, tingling, reduced sense of touch/temperature (Sensorineural or SN)
- blanching (white finger) (Vascular or V)
- reduced grip strength
- may cause disability
Purpose of health surveillance

• To identify any vibration-related disease at an early stage
  – the EAV is not a safe level
• To help prevent disease progression and disability
• To check the effectiveness of the employer’s control measures
When to carry out health surveillance

- Employees likely to be regularly exposed above EAV
- Employees occasionally exposed above EAV where the risk assessment identifies that the frequency and severity may pose a risk to health
- Employees who have a diagnosis of HAVS even if exposed below EAV
The occupational health provider – what to expect

- Competent health professionals with appropriate qualifications and training
- Doctors - Diploma, Associateship or Membership of the Faculty of Occupational Medicine
- Nurses – Diploma or Degree in Occupational Health or an MSc
- Faculty of Occupational Medicine (FOM) syllabus of approved HAVS training and qualification (from 2005) or equivalent level of competence
What the employer needs to do – communication and records

- Consultation with employees and safety or employee representatives
- Agreed policy
  - What happens when fitness for work is an issue
- Training (explanation of symptoms)
- Health records (fitness outcome)
Tiered approach

- Introduces new screening tier that may help employer keep costs down
- Matches level of investigation to what is known about health status
- Specialised nurses and doctors are a limited resource
Tiered approach

- Tier 1  Pre-exposure baseline
- Tier 2  Annual screening
- Tier 3  Clinical assessment
- Tier 4  Formal diagnosis
- Tier 5  Optional standardised tests
Tier 1  Pre-exposure baseline

- Simple questionnaire to ask whether there are symptoms
- If any symptoms, refer to occupational health professional
- If employee has HAVS, are they fit for work with HAV?
Tier 2  Annual screening

• Annual self-administered short questionnaire asking about certain symptoms
• If agreed, can be non-confidential
• Option to have a Responsible Person
  – Able to gain confidence and cooperation
  – Can explain how the screening system operates and describe symptoms
  – No qualifications and must not interpret symptoms
  – Some training from an occupational health nurse
Tier 2  Annual screening

• If any symptoms, refer to occupational health nurse
• The questions include
  – Do you have tingling of the fingers? (more than 20 minutes after using vibrating equipment)
  – Have your fingers gone white on exposure to cold? (clear change in colour with sharp edge)
Tier 3  Clinical assessment

- Does the employee have HAVS?
- How severe are the symptoms?
  - Stage 1 on Stockholm Scale least severe
  - Stage 3 on Stockholm Scale most severe
- Qualified person to conduct interview and examination
  - Occupational health nurse
Tier 4 Diagnosis

- Formal diagnosis
- Fitness for work decision (optional Tier 5 SN tests can be useful)
  - Prevent loss of hand function
  - No cases to progress to Stage 3 on Stockholm Scales
  - Remove from exposure at late Stage 2
- Responsibility of the doctor
- Medical records are confidential (need consent to disclose which Stage of disease)
What should the employer receive from health surveillance results?

- Fitness status
  - Fit/unfit/fit with restrictions for work with HAV
  - Advice on compliance with restrictions
- Date of next review
- Feedback on group results in anonymised format
- If employee has agreed, details of severity (Stage on Stockholm Scale SN, V)
What should the employer do in response to the results?

• If employee no longer fit, consider alternative work without exposure to HAV

• If employee is fit but has HAVS, consider reducing exposure, taking into account any advice on restrictions

• If any employee develops HAVS or more severe symptoms appear, review risk assessment and controls. Report new cases under RIDDOR.