

FALKIRK COUNCIL

Subject: REFERRAL FROM JOINT CONSULTATIVE COMMITTEE
Meeting: EXECUTIVE
Date: 2ND DECEMBER 2014
Author: DIRECTOR OF CORPORATE & NEIGHBOURHOOD SERVICES

1. INTRODUCTION

- 1.1 The purpose of this report is to seek approval of the policies which were referred to the Executive, by the Joint Consultative Committee on 12th November 2014.

2. POLICIES FOR APPROVAL

- 2.1 At its meeting on 12th November 2014, the Joint Consultative Committee agreed to refer the following to the Executive for approval.

2.2 Risk Management by Risk Assessment Policy

The policy has been reviewed to take account of changes to risk assessment procedures and the improved risk assessment proformas used by Services. The policy was submitted to JCC in August for approval and it was agreed that further work was required in relation to the risk assessment process within the Property Services team of Corporate & Neighbourhood Services. This work has now been completed and the findings of the audit contained in Appendix 1.

2.3 Policy & Procedure for the Management of Occupational Health Monitoring & Surveillance

The policy has been reviewed to ensure that it continues to meet current legislative requirements and respond to guidance from HSE. A new Appendix has also been added providing a procedure for the Health Surveillance required for Skin Management.

3. RECOMMENDATION

- 3.1 It is recommended that the Executive approves the immediate implementation of the policies as noted in section 2 above.

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DIRECTOR OF CORPORATE & NEIGHBOURHOOD SERVICES

Author: T Gillespie, ext 6239, K Algie, ext 6223
Date: 12/11/14

BACKGROUND PAPERS

FALKIRK COUNCIL

Subject: RISK MANAGEMENT BY RISK ASSESSMENT
Meeting: JOINT CONSULTATIVE COMMITTEE
Date: 12TH NOVEMBER 2014
Author: DIRECTOR OF CORPORATE & NEIGHBOURHOOD SERVICES

1. INTRODUCTION

- 1.1 Members will recall that the revised Risk Management by Risk Assessment Policy was submitted to the Joint Consultative Committee in August 2014 for approval. At that meeting a question was raised regarding the risk assessment process within the Property Services team of Corporate & Neighbourhood Services and it was agreed that further work would be undertaken to examine this prior to approval of the policy. This work is now complete and the purpose of this report is to advise of the findings of the audit of the risk assessment process within Property Services and to seek approval to refer the revised Risk Management by Risk Assessment policy to the Executive Committee for approval.

2. AUDIT OF RISK ASSESSMENT PROCESS WITHIN PROPERTY SERVICES

- 2.1 A report on the findings of the audit of the risk assessment process within Property Services is contained at Appendix 1. This shows that the process is robust and actions are currently being progressed to further improve the process and to address each of the recommendations. The audit report, findings and recommendations have been discussed and agreed with the Trades Union Conveners within Property Services.

3. RISK MANAGEMENT BY RISK ASSESSMENT POLICY

- 3.1 The original report summarising the key changes to the Risk Management by Risk Assessment Policy and the revised policy are attached as Appendix 2 and 3 respectively.

4. RECOMMENDATION

- 4.1 Members of the Joint Consultative Committee are invited to:
- Note the findings of the audit of the risk assessment process within Property Services;
 - Note the updates to the Risk Management by Risk Assessment Policy and refer the policy to Executive for Approval.

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DIRECTOR OF CORPORATE & NEIGHBOURHOOD SERVICES

Date: 14th October 2014

Contact Name: Anne-Marie Johnstone, Ext 6218

LIST OF BACKGROUND PAPERS

None.

**Audit of Risk Assessment/ Control Measures in
Neighbourhood Services, Property Services**

Health, Safety and Care Team

September 2014

1. Introduction

At a meeting of the Joint Consultative Committee in August 2014 a Trade Union Representative suggested that the risk assessments which led to agreed control measures for jobs in Corporate & Neighbourhood Services, Property Services were not available to employees, therefore employees were unable to confirm that the control measures were sufficient for specific jobs.

As a result an Audit was carried out in Corporate and Neighbourhood Services, Property Services to determine whether the risk assessment process was robust and fit for purpose. The Audit examined the process used in the review of the Control Measures booklet and the quality and effectiveness of the risk assessments and control measures in managing the risks across Neighbourhood Services.

2. Risk Assessment Process within Property Services

2.1 Introduction.

In 2005 it was agreed that, in order to protect the health & safety of employees, Property Services would introduce booklets to be issued to all employees that would provide relevant safety information to employees and the risk assessments that were in place at that time were used as the basis for this information. As the risk assessments were very detailed, it was considered that this may be too much information to provide to employees to ensure they were safe at work therefore it was agreed that only the Control Measures identified in each risk assessment were to be issued. All Trade Unions were involved in the development of the “Control Measures Booklet” and agreed the content of the safety measures identified in the Control Measures. It was agreed that this would be printed as a booklet for ease of use by employees. It would then be reviewed annually.

2.2 Control Measures Review Process.

The Control Measures booklet is reviewed in the following ways:

- Discussion at Divisional Health & Safety meetings which are held quarterly;
- Formal approval of any revisions/additions at the Health & Safety Committee;
- Formal reviews of the booklet and Control Measures.

At each quarterly Divisional Health and Safety meeting there is the opportunity to discuss any changes proposed to the Control Measures by the Trade Unions, Property Services and Health and Safety Officers. The revisions are agreed at the Health and Safety Committee and Health and Safety officers revise the Control measures. The revisions are issued to the H & S Committee members for agreement prior to then being issued to Printworks for the Booklets to be printed for distribution to employees.

Formal reviews have been undertaken regularly since 2005 and the most recent formal review was in September 2013. As with all of the formal reviews, all Trade Union Convenors were written to by Property Services informing them that the review was being carried out and were provided access to the electronic version of the Booklets. Each Trade Union arranged for members to review the contents and were asked to provide any changes they believed needed to be added to the Control Measures or any additions to the information to be provided in the

booklets. These comments were provided to Property Services for this to be discussed formally at the Divisional Health and Safety Committee. Good safety practice, changes in work equipment and information from accident investigations are part of the information available in the review process.

At no point within the Divisional Health & Safety meetings or as part of the formal review processes did Trade Union members suggest there is a requirement to include the Risk Assessments with the Control Measures issued to employees.

2.3 Issue of the Booklets

Sufficient revised booklets are printed and provided to each Depot to issue each employee with their own personal copy and to have sufficient booklets available for any new employees in the coming year. The depot management team distribute the booklets to all employees, ensuring that they sign to acknowledge receipt of the Booklet.

3. Audit Methodology

The audit was conducted by;

- Examining the annual Control Measures review process over the last 2 years and the outcomes from these reviews. Trade Union members and managers were interviewed to determine the facts and supporting documentation was examined;
- Interviewing managers and supervisors within Property Services for all 3 Depots, including co-ordinators, supervisors and chargehands from each depot. Those interviewed included Property Asst manager, Property Co-ordinators, Multi Trade supervisors and chargehands. The purpose was to determine how the Generic Control Measures booklets are issued, how managers and supervisors are involved in the use and review of the Control Measures Booklet and to identify how changes in risk assessments may be identified in risk assessment procedures during the use of these booklets;
- Employees across all the Trades and in each depot were interviewed to determine the effectiveness of the process of the issue of the booklets. A range of employees were interviewed including electricians, joiners, stores employees. Care was taken to ensure that different teams such as Voids Team, Kitchen assembly Team, and general repairs team were involved in the audit. The employees were questioned on their use of the booklets and to find out what they understood regarding the safety information in the booklet and how they made use this information. Those interviewed included trade union members.
- The Health and Safety Officer conducting the audit has been involved in the production of the Control Measures since the introduction of the Control Measures booklet and in the implementation of changes over the years.

4. Findings

The management systems for controlling the risks in Property Services are robust, the findings of the audit are summarised as follows:

- The review of the Control Measures process is a robust effective process carried out with the active involvement of all Trade Unions;

- The Control Measures specified in the Generic Control Measures are robust and the information provided to all employees is a good example of providing health and safety information to all employees;
- Whilst the Control Measures are robust the original risk assessments from which the Control Measures were originally based are not available. In the light of increasing litigious nature of claims the addition of these risk assessments will have a positive impact on the Council's ability to defend/mitigate any claim in the event of an accident;
- Although a number of employees questioned showed an understanding of the use of the Control Measures Booklets, there were a smaller number of employees who did not fully understand the purpose and use of the information contained in the booklets;
- The issue of the Control Measures Booklets to all employees is well controlled and documentation is available to demonstrate the effectiveness of the process. The process of the issue of the Booklets to employees would be enhanced with the provision of information to employees to define changes made to the booklet and how they should use the Control Measures Booklets to ensure their safety by the use of the Booklet;
- Job specific risk assessments are defined for 2 different activities. For a number of work activities where there is a change in task or a new maintenance programme is to be undertaken a job specific risk assessment is carried out, these are in place and are effective. There are a number of activities identified in the Control Measures where there is a requirement for a specific risk assessment to be developed. The process on how these are carried out requires to be clarified in the next review.

5. Recommendations

The recommendations, as detailed are as follows:

- In order to strengthen the existing risk control methods identified in the Control Measures Booklet, Risk Assessments should be written for the activities identified in the Control Measures Booklet. This will support the review of the Control Measure;
- The Risk Assessments are to be made available to all employees;
- At the next issue of the Control Measures Booklet the process should be enhanced by accompanying the issue with a briefing provided by a Depot manager/ Supervisor at the time the Control Measures booklet is issued. This content of this briefing should include:
 - The purpose and importance of the booklet;
 - Details of any significant changes or updates to the booklet;
 - The way in which the booklet should be used by employees to minimise the risk of injury;
 - Actions to take when a job specific risk assessment is to be undertaken e.g. "Take 5".
- The use of Job Specific Risk Assessments for major changes is carried out. Those as specified in the Control Measures should be reviewed to clarify what is required. A system similar to the "Take 5" used for "Work at Height tasks should be considered to ensure that employees are required to sign off that Control measures are suitable;
- Supervisors should inspect non routine job lines prior to issue to ensure the suitability of control measures and avoid reliance solely on identification by the employee;
- Employees should:

- Read any changes to the booklet and ensure that they understand these;
- Actively participate in the tool box talks and advise Depot managers of any risk assessments or control measures that they are unclear about.
- Refer to the relevant risk assessments and control measures when undertaking tasks and bring it to the Supervisors' attention where they consider that the risk assessment and/or control measures are insufficient for that particular task.

FALKIRK COUNCIL

Subject: RISK MANAGEMENT BY RISK ASSESSMENT POLICY
Meeting: JOINT CONSULTATIVE COMMITTEE
Date: 12TH AUGUST 2014
Author: DIRECTOR OF CORPORATE & NEIGHBOURHOOD SERVICES

1. INTRODUCTION

- 1.1 The Risk Management by Risk Assessment Policy has been reviewed to ensure that the Policy continues to meet legislative requirements and remains fit for purpose. The purpose of this report is to advise of updates to the policy.

2. RISK MANAGEMENT BY RISK ASSESSMENT POLICY

- 2.1 The current Risk Management by Risk Assessment Policy was approved in January 2009. The review of the policy was undertaken to take account of changes to risk assessment procedures and the improved risk assessment proformas used by Services.
- 2.2 A copy of the revised Risk Management by Risk Assessment policy is contained at Appendix 1. The key changes to the policy are as follows:
- Provision of additional information regarding Display Screen Equipment (DSE) risk assessment including a definition of a DSE user and details of the on-line DSE work station self assessment;
 - Provision of links to the on line learning module for General Risk Assessments;
 - Improvements have been made to the layout of a number of the risk assessment proformas;
 - A review section has been added to the end of all risk assessment proformas to allow the recording of reasons for any change to Risk Assessments.

3. RECOMMENDATION

- 3.1 Members of the Joint Consultative Committee are invited to note the updates to the Risk Management by Risk Assessment Policy and refer the policy to Executive Committee for Approval.



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DIRECTOR OF CORPORATE & NEIGHBOURHOOD SERVICES

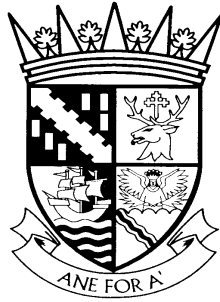
Date: 1st July 2014

Ref:

Contact Name: Anne-Marie Johnstone, Ext 6218

LIST OF BACKGROUND PAPERS

None



FALKIRK COUNCIL

**POLICY AND
PROCEDURE FOR RISK
MANAGEMENT BY
RISK ASSESSMENT**



*****2014

INDEX

PART		Page No.
1	INTRODUCTION	3
2	POLICY STATEMENT	3
3	SCOPE	3
4	DEFINITION	3
5	RISK MANAGEMENT BY RISK ASSESSMENT	4
6	THE RISK ASSESSMENT PROCESS	4
7	UNDERTAKING RISK ASSESSMENTS	5
8	ROLES & RESPONSIBILITIES	6
9	TRAINING	9
10	MONITORING & REVIEW	10
Appendix 1	Procedure on the use of Standard Risk Assessment documents	
Appendix 2	Copies of Risk Management Documents	

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 requires employers to carry out risk assessments to identify potential risks and take necessary measures to remove or reduce and control risk. Risk assessments are a universally acknowledged method of challenging existing methods of work, for assessing risks associated with tasks and for ensuring that best practice is achieved. It is therefore essential that all Services ensure that appropriate risk assessments are in place, in line with this policy, and that actions are implemented to eliminate or reduce risks in the workplace.

This policy and guidance supports legislation relating to the management of risk and provides a corporate framework to assist Services with the development and implementation of risk management by risk assessment.

2. POLICY STATEMENT

Falkirk Council is committed to ensuring best practice in all its activities. The Council aims to set an exemplary standard of health, safety & care to ensure that minimum risk is presented to employees and all those affected by the Council's activities which includes those in the Council's care, contractors and members of the public. Falkirk Council will ensure that hazards and risks associated with each work activity and work location are assessed, that suitable and sufficient risk assessment are undertaken to identify the level of risk and that appropriate measures are implemented to reduce or eliminate the risk. The Council will also ensure that those undertaking risk assessments are competent to do so and that the significant findings of any risk assessments are communicated to those affected.

3. SCOPE

This policy and guidance applies to all Falkirk Council work activities and workplaces. Each Service's procedures should take account of their management arrangements, the inherent risks associated with their Service's activities and their culture. This policy and guidance directly links with other Health, Safety & Care documents including the Health, Safety & Care Policy and the Premises Manager's Handbook.

4. DEFINITION

Risk Management by Risk Assessment, is the process of identifying risks, evaluating their potential consequences and determining the most effective methods of controlling them or responding to them.

The aim is to reduce the frequency and level of exposure to risk and implement safe working practices to prevent accidents/incidents.

5. RISK MANAGEMENT BY RISK ASSESSMENT

Services must have in place their own Risk Management by Risk Assessment Action Plans which link with the broader aims and objectives of the Corporate Risk Management Plan for Falkirk Council, and which also address the specific risks associated with the Service's working environment.

A range of suitable and sufficient risk assessments must be in place to control risks associated with the following:

- Areas of work that the Service operates within;
- Work activities undertaken by employees;
- Risks associated with workplace premises which consider those who work at or visit the premises.

There is also a requirement to ensure that risk assessments are:

- Reviewed at least annually or where there has been a change, e.g. alteration in working practices or an increase in accidents/incidents;
- Monitored and regularly reviewed to ensure fit for purpose;
- Conducted when new tasks, new machinery/technology or working methods are being introduced prior to the start of an activity/task;
- Recorded in a Risk Register which is monitored and kept up to date.

Revised risk assessments should be retained for 3 years either electronically or in hard copy.

6. THE RISK ASSESSMENT PROCESS

Line Managers are responsible for undertaking risk assessments. Employees involved in tasks and activities to be risk assessed should be involved and consulted with throughout the risk assessment process as they can provide a valuable contribution. As employees will have a working knowledge of the tasks, and will require to work to any work methods identified as a result of risk assessment. They should be actively encouraged to participate in the risk assessment process and in any review of risk assessments by Line Managers.

The risk assessment process involves:

- Identifying hazards;
- Deciding who may be harmed and how;
- Assessing the risk, including probability, frequency and scale;
- Considering any existing relevant information on previous accidents/injuries or conditions reported in the workplace;
- Implementing procedures and safe systems of work, following the undertaking of risk assessments.

A number of Falkirk Council standard documents have been developed to assist with the risk assessment process. A list of these is contained at Appendix 1. Copies of each of these documents are contained at Appendix 2.

7. UNDERTAKING RISK ASSESSMENTS

The following 5 steps provide guidance and detail the documentation to be used at each stage:

1. CONSIDER/REVIEW RISK ASSESSMENT REQUIREMENTS

Assessment Priority Sheet Form (HR15)

This form should be used to help with the analysis/review of work activities to help identify those activities that require risk assessment. It may also be used as a record sheet to record that work activities have been reviewed, but are of low risk, and therefore do not require further assessment.

2. ENTER DETAILS OF RISK ASSESSMENTS REQUIRED ON TO A RISK REGISTER

Risk Register Form (HR 38)

Those activities that will require risk assessment should be entered in the Risk Register and the status of these risk assessments recorded e.g. live or draft along with review dates.

3. COMPLETE RISK ASSESSMENT(S)

Choose the appropriate form to record the risk being assessed, either HR 16 for complex tasks or HR16b for routine tasks.

General Risk Assessment (Complex) Tasks Form (HR16) - this should be used on occasions to assess more complex tasks where there is a need for more detailed information to be analysed in assessing risks.

General Risk Assessment (Routine) Tasks Form (HR16B) - this should be used for assessing all tasks which require the assessment of less complex risks involved in most routine work activities. (Generally you would use this form in most cases, which also includes the development of a workplace premises risk assessment).

Depending on the work activity being risk assessed, a specific task involved in the work activity may require to be analysed separately, but as part of the overall risk assessment process eg. Display Screen Equipment (DSE) To help with this, a range of corporate forms are available for use - see Standard Documents, Appendix 1.

4. CALCULATING THE RISK RATING

A risk rating for each activity is obtained by multiplying a "probable frequency rating" by a "severity rating". The risk assessor/s should use the two scales as set out below:

Probable Frequency

- 1 = Improbable
- 2 = Possible but unlikely
- 3 = Happens, infrequently
- 4 = Happens, quite frequently

5 = Happens, very frequently

Severity Rating

1 = Trivial injury

2 = Minor injury

3 = Hospital stay/Industrial illness

4 = Major injury

5 = Fatality

The probable frequency from the above is then multiplied with the severity rating e.g. 2 multiplied by 2 = 4 to determine the risk rating value.

Risk Rating values are classified as follows:

<u>Risk Rating Value</u>	<u>Risk Rating</u>
1 - 3	Written RA not required.
4 - 6	Low Risk
8 - 9	Medium Risk } Written RA required.
10 - above	High Risk

5. UPDATE RISK ASSESSMENT REGISTER

On completion of the risk assessment(s) record the date and status in the Risk Assessment Register to ensure it is kept up to date, refer to form HR38 attached.

8. ROLES & RESPONSIBILITIES

CHIEF EXECUTIVE

The Chief Executive is responsible for the effective operation of the Policy across the Council as a whole 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 guidance, which includes ensuring the provision of support in the development and implementation of risk management strategies in all Services to reduce and/or control risk.

CORPORATE RISK MANAGEMENT GROUP

Members of the Corporate Risk Management group have a key role to play in ensuring a co-ordinated approach to risk management. Members of the Corporate Risk Management Group will have collective corporate responsibility for:

- Co-ordinating a consistent approach to risk management and risk assessment for the Council;
- Monitoring compliance with the Corporate Risk Register and Corporate Risk Schedule and regularly reporting on such to the Corporate Management Team (CMT);
- Registers and Business Continuity Plans are fit for purpose;
- Tracking trends in Corporate Management, safety performance and insurance claims and initiating any remedial action.

CHIEF OFFICERS AND THEIR DEPUTIES

CHIEF OFFICERS AND THEIR DEPUTIES

Chief Officers and their Deputies are Responsible for, so far as is reasonably practicable, assisting the Chief Executive in the execution of her duties in regard to risk management by risk assessment by ensuring the requirements of the policy and guidance are adhered to. Chief Officers and their Deputies must:

- Develop, implement and regularly review Risk Management by Risk Assessment plans and risk assessments specific to their Service and their working environments (minimum annually);
- Ensure that all risk assessments are conducted/reviewed and that adequate time is made available to employees responsible for undertaking risk assessments to fulfil these tasks;
- Ensure all employees are aware of Service specific Risk Management by Risk Assessment procedures;
- Determine the management arrangements, within their Service, through which these risk assessments will be implemented and communicated;
- Plan for and establish appropriate processes, procedures and monitoring arrangements for risk assessment strategies;
- Ensure that managers and supervisors are competent to undertake their delegated duties in terms of risk management by risk assessment;
- Provide appropriate training and guidance to key employees to ensure that they can undertake the functions of risk assessment competently;
- Ensure that adequate resources are made available within their Services to enable Service based risk assessment strategies to be implemented.

SERVICE UNIT MANAGERS & HEAD TEACHERS

The majority of risks can usually be most effectively identified and directly controlled and managed by Unit/Line Managers. All managers where they have operational responsibility for other employees or for systems and procedures of work will be specifically responsible for ensuring that:

- Risk assessments are developed and effectively implemented, monitored and reviewed in the area/activities under their supervision;
- All activities carried out by employees are risk assessed appropriately, to implement controls that present as low a risk as possible that will minimise risks to other employees, to property, to customers, to visitors or the general public;
- All employees and other persons, where relevant are aware of and understand these risk assessments;
- Relevant training is provided to all employees to enable them to carry out their duties in a competent manner.

FIRST LINE MANAGERS, TEAM LEADERS, SUPERVISORS & CHARGE-HANDS

These employees will have responsibility for implementing, monitoring & reviewing risk assessments to achieve the aims of this policy and guidance and other relevant Corporate and Service based Health & Safety Policies. So far as is reasonably practicable, these individuals will lead by example within their work environment and are responsible for:

- Identifying activities to be risk assessed;
- Undertaking risk assessments;
- Ensuring that employees within their area of control are involved in the risk assessment process and are made aware of the Corporate and Service based risk assessments;
- Communicating the outcomes of risk assessment to employees;
- Ensuring that employees adhere to these risk assessments and adhere to relevant prescribed standards and legislation, are aware of legislation, both current and impending and providing basic advice to employees on this;
- Ensuring that all new employees undergo appropriate induction training which includes risk management by risk assessment;
- Liaising with Service Directors and Human Resources to identify training requirements or on any issues of concern relevant to risk management.

PREMISES MANAGERS

Those employees designated as Premises Managers are also responsible for ensuring that the general safety of employees, volunteers, contractors and visitors is maintained by ensuring that premises risk assessments are undertaken in line with guidance in the Premises Managers' Handbook.

EMPLOYEES

In order to create a positive and effective culture in regard to Health, Safety & Care, it is vital that all employees of Falkirk Council 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 requires to be resolved. Employees will be expected to:

- Safeguard their health and safety, and that of others by operating to safe systems of work in accordance with Falkirk Council Corporate and Service based Risk Management by Risk Assessment strategies and policies;
- Alert line managers to unsafe practices, conditions or incidents of concern;
- Seek advice and clarification from Line Managers when unsure of any health and safety requirement relevant to their working environment;
- Attend/take part in relevant consultations and training on risk management/risk assessment as instructed by their manager.

HUMAN RESOURCES

Human Resources, specifically the Health, Safety & Care Team, have a responsibility for administering the Council's Health, Safety & Care procedures and for supporting Services in implementing these. They will:

- Provide advice, guidance and information to Services on risk management strategies including support for individuals in undertaking the roles outlined above, to enable them to lead by example;
- Assist in monitoring, reviewing and providing feedback on risk management issues relating to Council policies, plans and procedures;
- Offer support on training issues by advising on appropriate training solutions and assisting with organising and providing suitable training where required;
- Monitor and review this policy and guidance as required.

9. TRAINING

All Services will be required to provide appropriate training for employees commensurate with their defined responsibilities for risk management by risk assessment.

Advice on identification of training needs and the provision of training can be obtained from the Health, Safety & Care Team on Telephone: 01324 506009.

EMPLOYEE DEVELOPMENT TRAINING BULLETIN

There is a variety of corporate training available on health, safety & care related matters including risk assessment advertised in the Employee Development Bulletin. In addition there are also relevant e learning courses available on the intranet at the Learning Zone site. Other relevant information can be found on the intranet at Human Resources, Health, Safety & Care section.

SERVICE BASED TRAINING

Services may wish to deliver service based training which may be in the form of cascade training, or briefing sessions and should include information on legislation and both Corporate Strategies and Service based strategies. Training should also indicate how the Service is meeting its responsibilities.

10. MONITORING & REVIEW

The Head of Human Resources and Customer First, in conjunction with Service Directors and Trade Unions, will monitor and review this policy and guidance as required.

PROCEDURE ON THE USE OF STANDARD RISK ASSESSMENT DOCUMENTS

A range of Risk Assessment documents have been developed to provide support for service risk assessors in the production and review of risk assessments for a wide range of work activities and specific legislative requirements. The following risk assessment documents are provided together with guidance in their use.

RISK MANAGEMENT BY RISK ASSESSMENT DOCUMENTS

1. Assessment Priority Sheet	Form HR15
2. General Risk Assessment (Complex Tasks)	Form HR16
3. Risk Assessment – Display Screen Equipment	Form HR16A
4. General Risk Assessment (Routine Tasks)	Form HR16B
5. First Aid Risk Assessment Requirements	Form HR16C
6. Assessment of Workstation & Home Working Arrangements	Form HR16D
7. Risk Assessment – Control of Substances Hazardous to Health	Form HR17
8. Risk Survey Table for Use of PPE	Form HR37
9. Risk Assessment Register	Form HR38

Copies of each of these documents are contained at Appendix 2. Copies of the blank risk assessment forms will be available:

http://underground.falkirk.gov.uk/employee/strategies_policies_procedures_guidance/health_safety_care.aspx

1. **Assessment Priority Sheet Form HR15**

The risk assessment priority sheet is designed to help with the analysis/review of work activities to identify those activities that require risk assessment and to prioritise these assessments.

- Task reviewed – Identifies the task/s to be reviewed;
- Hazards – Identifies the hazards associated with the task under review;
- Risk factors – Identifies the factors that affect the risk i.e. the number of persons exposed to risk, a review of accidents/incidents over a given time period, the seriousness of the accident/incident. By using the above formula risk assessors can establish if a risk assessment is required and level of priority.

2. **General Risk Assessment Form HR16 - Complex Tasks**

This form is to be used where there is a need for more detailed information to be analysed in assessing the risk of a more complex task e.g. working within a workshop environment.

The form is designed to show the basic management information first followed by the worksheet for carrying out the risk assessment itself. The findings of the risk assessment and action plan can be found at the end of the form.

Section 1 (Task Details)

- Title - Identifies the task/s to be risk assessed;
- Service/Department - Identifies the Service/Department involved;
- Location – Identifies the location where the task/s will take place;
- Reference Number – Provides an identification unique to the assessment;
- Operations Covered – Provides a brief description of the task;
- Employee/s Job Title – Identifies the job title of those persons involved with the task.

Section 2 (Task Analysis)

Having clearly identified the task, a number of other areas should be identified:

- Task Analysis - Undertake a comprehensive review of the task/s being assessed;
- Persons at Risk - Identify those persons at risk and the number involved;
- Equipment Used - Identify any equipment that contributes a particular risk to the task/s;
- Hazards Identified - Identify the hazards present within the workplace arising out of undertaking the task/s;
- Risk - Identify and describe the foreseeable risk from each hazard;

Section 3 (Availability of records and application of management systems)

Identify if records are available.

- Identify any records and systems available which can be used to demonstrate evidence of control of risks for the task/s to be undertaken.

Section 4 (Summary of previous Accidents/Incidents)

- List details of any previous accidents/incidents recorded over a significant period of time e.g. over the past three years for reference purposes.

Section 5 (Other Relevant Risk Assessments)

- Identify those other existing risk assessments which may cross reference with this General Risk Assessment e.g. Lone Working, Sharps, Transport, Operating Machinery, COSHH (Control of Substances Hazardous to Health), Violence/Assault, Manual Handling etc.

Section 6 (Other Risk Assessments Required)

- Part of the task/s may also require to be risk assessed under other regulations such as COSHH (Control of Substances Hazardous to Health), Manual Handling etc. and this should be recorded and undertaken simultaneously.

Section 7 (Overall Comments on the Activity)

- Provides an opportunity to comment on the findings of the risk assessment e.g. work practices, quality of procedures / safe systems of work, standard of equipment used, engineering safeguards, quality of training, use of Personal Protective Equipment etc.

Section 8 (Existing Control Measures)

- Defines the control measures currently being used for control of identified risks;
- Comment on the effectiveness of the existing control measures.

Section 9 (Overall Risk Rating of the Task/s to be Undertaken)

- Determine the risk rating of the hazard/s relating to the task/s to be undertaken by referring to the Probable Frequency / Severity scale shown on form HR16 i.e. Low 1 - High 5 and multiplying these figures;
- Provide reasons for coming to this conclusion e.g. potential for injury, level of control measures (good or bad), quality of training, working environment, accident rate etc.

Section 10 (Conclusion about the Risk and Adequacy of Control Measures)

- Summarise the findings of the risk assessment e.g. comments on the task, control measures – adequacy of existing systems, degree of risk etc.

Section 11 (Recommendations for Improvement)

- Enter any recommendations which you as risk assessor feel may resolve the issues raised as a result of undertaking this risk assessment.

Section 12 (Action Plan)

- Enter any actions that require to be implemented as a result of undertaking this risk assessment;
- Identify who is responsible for completing these actions and the target date for completion;
- Enter the date of completion when the necessary actions have been completed;
- The risk assessor should print their name and sign and insert date where indicated;
- The risk assessment should be reviewed at least annually.

3. Display Screen Equipment, 1-1 Risk Assessment – Form HR16A

The Health & Safety (Display Screen Equipment) Regulations 1992 require employers to manage the risks associated with the use of Display Screen Equipment (DSE). Employees are classified as DSE users if they normally use the DSE for continuous or near-continuous spells of an hour or more at a time.

All employees who are identified as DSE users should complete the OLLE on line learning course (Display Screen Equipment) and complete a self assessment of their workstation. The DSE assessment should be passed to their line manager who should take any necessary action identified in the assessment.

Where the self assessment has identified issues that require a more detailed analysis then a further risk assessment on the use of Display Screen Equipment should be carried out by an appointed person who has received training on how to carry out a Display Screen Equipment risk assessment. This training can be arranged by contacting the Health, Safety & Care Team whose details are on the Intranet at Human Resources, Health, Safety and Care section. This DSE risk assessment supports the self assessment that is carried out by employees after completing the online training.

Where there are complex issues requiring a more detailed workstation assessment additional support can be provided by the Health, Safety and Care Team

4. General Risk Assessment Form HR 16B – Routine Tasks

This form should be used for routine tasks which assess less complex risks. The form is designed to show the basic management information first, followed by the worksheet for carrying out the risk assessment itself. An action plan is at the end of the form.

Section 1 (Task/s to be undertaken)

- Task/s – Identifies the task/s to be risk assessed;
- Reference Number – Provides an identification unique to the assessment;
- Service – Identifies the Service involved;
- Employee/s Job Title – Identifies the job title of those persons involved with the task.

Section 2 (Hazards Identified)

Review the list of hazards shown on the list and tick the relevant box if the hazard is present in the task / activity being risk assessed. For a hazard not shown on the list, complete the final box marked “other” and insert relevant details of the hazard identified.

Section 3 (Persons at Risk)

Enter the relevant numbers of persons in the relevant boxes category(ies) identified as being at risk.

Section 4 (Controls)

- Identify the reference number (i.e. 1,2 etc.) of the hazard identified in Section 2 under hazard no;
- Enter the present control method(s) e.g. Service policy / procedure, method of work, training etc.;
- State if these are considered adequate by entering Yes or No in the box.

Section 5 (Comments)

- Identify the hazards which have been assessed as having no means of control or as not being adequately controlled. Enter the reference number of the hazard identified previously in Sections 2 and 4;
- Enter any recommendations which you, as risk assessor, propose to implement to reduce / eliminate the risk e.g. additional training, maintenance of equipment, mandatory checks, additional procedures, introduction of new safer working methods, use of PPE (Personal Protective Equipment) etc.;

Section 6 (Overall Risk Rating of the Task/s to be Undertaken)

- Determine the risk rating of the hazard/s relating to the task/s to be undertaken by referring to the Probable Frequency/Severity scale shown on form HR16b i.e. Low 1 – High 5 and multiplying these figures;
- Provide reasons for coming to this conclusion e.g. potential for injury, level of control measures (good or bad), quality of training, working environment, accident rate etc.

Section 7 (Identify other risk assessments required)

The person undertaking the risk assessment should:

- Circle and or state as appropriate additional relevant risk assessment/s required that are relevant to the task;
- Should print their name and sign and date where indicated.

Section 8 (Action Plan)

The person undertaking the risk assessment should:

- Enter any actions required as a result of undertaking this assessment;
- Identify who is responsible for completing these actions and the target date for completion;
- Enter the date of completion when the necessary actions have been completed;
- Print their name and sign and date where indicated;
- Identify the date for the review of the risk assessment (NB this should be undertaken at least annually).

5. First Aid Risk Assessment Requirements – Form HR16C

The Health & Safety (First Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees if they are injured or become ill at work. To provide managers with additional support in meeting these requirements this form has been provided to identify the risk relating to this specific task involved in a work activity may require to be analysed separately but as part of the overall risk assessment process, these are as detailed below.

Guidance on completion of a First Aid risk assessment can be found by referring to the Falkirk Council Guidance Note for First Aid at Work which is available in Falkirk Council's Managers Health & Safety Policy and Procedure Handbook and also on the Intranet.

6. **Assessment of Workstation & Home-working Arrangements – Form HR16D**

The Health & Safety (Display Screen Equipment) Regulations 1992 require employers to manage the risks associated with the use of Display Screen Equipment (DSE), this includes employees who work from home. Guidance on how to carry out an assessment of workstation & home-working arrangements is available on the Intranet.

7. **Control of Substances Hazardous to Health – Form HR17**

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) requires employers to control exposure to hazardous substances to prevent ill health and to protect employees and others who may be exposed by complying with the COSHH regulations. Guidance on completion of a risk assessment for the Control of Substances Hazardous to Health (COSHH) is available by contacting the Health, Safety & Care Team whose details are on the Intranet at Human Resources, Health, Safety & Care section.

8. **Risk Survey Table Personal Protective Equipment (P.P.E.) – Form HR 37**

The Personal Protective Equipment Regulations 2002, requires employers to ensure that suitable PPE is provided to those employees who may be exposed to a risk to their health & safety at work except where the risk has been adequately controlled by other means and will not therefore require the use of PPE.

The table contained on form HR 37 should be used to establish where a number of items of Personal Protective Equipment items will be required to be issued used at one time. The form is designed to be used in conjunction with other Risk Assessments such as COSHH (Control of Substances Hazardous to Health), Asbestos, Noise, General Risk, Lead, Moving and Handling and Ionising Radiation. A number of different types of PPE may be used in one assessed work activity as a means of controlling risk. The variety of PPE used can be listed, e.g. gloves, goggles, respirator etc. Where possible the full product name of the items issued should be specified.

For each item of PPE to be issued, the following should be identified:

- The part/s of the body you are trying to protect;
- What physical, chemical or biological risks are encountered in the task under assessment;
- The appropriate box should be ticked;

The Line Manager/Risk Assessor should complete the box at the foot of the page to state whether the P.P.E. being issued is satisfactory to control risk or not. It should be borne in mind that P.P.E. is the "last resort" as it only protects the individual, whereas controlling the risk at source protects everyone in the workplace.

9. **Risk Assessment Register – Form HR 38**

All work activities and tasks which require to be risk assessed should be entered on to a Risk Assessment Register. Information to be recorded will include the risk assessment reference number, risk assessment title, the issue date, the reviewed date and details of amendments made if any required.



Falkirk Council

HR15

ASSESSMENT PRIORITY SHEET

Priority Assignment Evaluation sheet for Risk Assessments																		
TASK REVIEWED	HAZARDS								RISK FACTORS							ASSESSOR DETAILS		
	Fall & Trip	Burn & Scald	Lifting & Handling	Hand Tools Cuts	Chemicals Or Dust	Lone working	Electric shock	Traffic	No's of Staff	No's of Accidents (past 2 yrs.)	Seriousness of Injury	Severity A	Probable Frequency B	Risk Rating AxB	Assessment Required	Assessor Assigned	Date Given	Date Complete

KEY: × = NO ✓ = YES

MEMBERS OF TASK REVIEW

MANAGER

DATES OF REVIEW

SHEET NO:

GENERAL RISK ASSESSMENT (For Complex Tasks)

HR16

1. TASK DETAILS

Title:	Service / Department:	Location:	Ref No.
Operations Covered:		Employee/s Job Title	

2. TASK ANALYSIS: (Brief Description)

Task Analysis	Persons at Risk	Equipment Used	Hazards Identified	Risk

3. AVAILABILITY OF RECORDS AND APPLICATION OF MANAGEMENT SYSTEMS:				(Circle as appropriate)
Training (employees / clients / students) / Na	Yes / No / Na	Maintenance (e.g of equipment / servicing)	Yes / No	
Personal Protective Equipment (e.g. PPE issue / maintenance) No / Na	Yes / No / Na	Management Systems (e.g. procedures, controls etc)	Yes /	
Statutory Checks (e.g. gas/electricity/pressure systems/ventilation etc.)	Yes / No / Na	Hazard Data Sheet (e.g. COSHH – copy sheets to be attached)	Yes /	

4. SUMMARY OF PREVIOUS ACCIDENTS/INCIDENTS : (List any previous accidents/incidents relating to the task/s identified in this risk assessment that have been recorded over a significant time period i.e. over the past 3 years)

5. LIST OTHER EXISTING RISK ASSESSMENTS THAT ARE RELEVANT TO THE TASK/S: (i.e. identify those other existing R/A’s which may cross reference with this General R/A e.g. Lone working, Sharps, Transport, Operating machinery, COSHH, Violence/Assault, Manual Handling etc.)

Risk Assessment Ref. No.

6. IDENTIFY OTHER RISK ASSESSMENTS THAT ARE REQUIRED TO BE COMPLETED TO ACCOMPANY THIS RISK ASSESSMENT:
(e.g. part of the task/s may require to be risk assessed under other regulations such as COSHH, Manual Handling etc.) Yes / No

(Circle as appropriate)	COSHH	MANUAL HANDLING	PERSONAL PROTECTIVE EQUIPMENT
	NOISE	LEAD	ASBESTOS

Risk Assessment Ref. No.

<p>7. OVERALL COMMENTS ON THE ACTIVITY</p>	<p>8. EXISTING CONTROL MEASURES</p> <p>(Include Council and Service procedures, relevant records held including training courses employees have / are required to attend)</p>
---	--

<p>9. OVERALL RISK RATING OF THE TASK/S TO BE UNDERTAKEN (Probable Frequency X Severity)</p> <p><i>Frequency, scale : Low 1 - High 5</i> = 1 Improbable, 2 Possible but unlikely, 3 Happens infrequently, 4 Happens quite frequently, 5 Happens, very frequently</p> <p><i>Severity, scale : Low 1 - High 5</i> = 1 Trivial injury, 2 Minor injury, 3 Hospital stay/Industrial illness, 4 Major injury, 5 Fatality</p> <p>Scores; Frequency = Severity = Risk Rating =</p> <p>Reasons for this conclusion:</p>	
--	--

10. CONCLUSION ABOUT THE RISK AND ADEQUACY OF CONTROL MEASURES: (i.e. Summary of assessment findings)

11. RECOMMENDATIONS FOR IMPROVEMENT:

ASSESSOR'S NAME:

SIGNATURE:

DATE OF ASSESSMENT:

12. ACTION PLAN

ACTION REQUIRED	PERSON NOMINATED	DATE ASSIGNED	DATE COMPLETED

MANAGERS NAME:

SIGNATURE:

DATE:

Assessment Reviewed by	Signed	Date Reviewed	Comment

1. DETAILS

<p>SERVICE</p> <p>SECTION:</p> <p>LOCATION:</p> <p>NAME OF USER:</p> <p>NAME OF ASSESSOR:</p>	<p>Reason for DSE Assessment: Normal/ Support Manager/Occ. Health referral Date referred to HS&C team:</p> <p>Date assessed:</p> <p>Date completed:</p>
<p>Has Employee used or aware of OLLE module DSE self assessment on-line</p>	

2. CHAIR

<p>Prior to assessment: Was the chair adjusted to suit the user? Condition of the chair: Make/Model _____ Details of level of adjustment required. _____</p>	<p>YES / NO</p>
IS THE CHAIR STABLE?	YES/NO
CAN YOU MOVE EASILY ON THE CHAIR AND SIT COMFORTABLY?	YES/NO
CAN YOUR FEET TOUCH THE FLOOR OR A FOOTREST?	YES/NO
IS THE SEAT ADJUSTABLE FOR HEIGHT AND BACK SUPPORT?	YES/NO
COMMENTS:	
REMEDIAL ACTION TAKEN:	

3. WORK SURFACE

IS THERE ENOUGH SPACE IN FRONT OF THE KEYBOARD FOR YOU TO REST YOUR WRIST AND ARMS?	YES/NO
IS THE WORK SURFACE LARGE ENOUGH TO ALLOW YOU TO ALTER THE LAYOUT OF THE EQUIPMENT?	YES/NO
CAN YOU POSITION WORK IN A COMFORTABLE POSITION FOR HEAD/EYES?	YES/NO
IS THERE ENOUGH SPACE FOR YOU TO BE IN A COMFORTABLE POSITION?	YES/NO
ARE ALL ELECTRICAL CABLES/EQUIPMENT IN GOOD CONDITION?	YES/NO
ARE CABLES TIDY AND PREVENTED FROM TRAILING?	YES/NO
COMMENTS:	
Prior to Assessment: Was there a document holder in place if required?	YES / NO
REMEDIAL ACTION TAKEN:	

4. DISPLY SCREEN

Prior to Assessment: Was the screen height correct? Was the screen in a suitable position for posture?	YES / NO YES / NO
DO YOU FIND THE DISPLAY CHARACTERS EASY TO READ?	YES/NO
IS THE SCREEN STABLE AND FREE FROM FLICKER?	YES/NO
CAN YOU ADJUST THE BRIGHTNESS AND CONTRAST?	YES/NO
CAN YOU TILT & SWIVEL THE SCREEN?	YES/NO
IS THE HEIGHT OF THE SCREEN SUITABLE?	YES/NO
IS IT POSSIBLE TO ADJUST THE HEIGHT OF THE SCREEN?	YES/NO
IS THE SCREEN FREE FROM UNCOMFORTABLE GLARE AND REFLECTIONS?	YES/NO
COMMENTS:	
REMEDIAL ACTION TAKEN	

5. WORKING ENVIRONMENT

DO YOU HAVE ENOUGH SPACE AROUND YOUR WORKSTATION FOR YOU TO CHANGE POSITION AND VARY YOUR MOVEMENTS?	YES/NO
DO YOU FIND THE ROOM LIGHTING AND ANY PORTABLE LAMPS GIVE ADEQUATE ILLUMINATION?	YES/NO
DO WINDOWS HAVE ADJUSTABLE BLINDS OR OTHER COVERINGS?	YES/NO
IS THERE A CONSTANT ADEQUATE LEVEL OF HUMIDITY?	YES/NO
IS THE TEMPERATURE/VENTILLATION ADEQUATE?	YES/NO
COMMENTS:	
REMEDIAL ACTION TAKEN:	

6. SOFTWARE

DO YOU FIND THE SOFTWARE YOU ARE REQUIRED TO USE EASY TO USE?	YES/NO
HAVE YOU RECEIVED ADEQUATE TRAINING IN THE SOFTWARE YOU ARE REQUIRED TO USE?	YES/NO
COMMENTS:	
REMEDIAL ACTION TAKEN:	

7. OTHER ITEMS

HOW MANY HOURS PER WEEK DO YOU SPEND USING YOUR COMPUTER?	
DOES THE WORK REQUIRE EXTREME CONCENTRATION?	YES/NO
IS THE SCREEN INFORMATION COMPLEX?	YES/NO
DO YOU SUFFER FROM FATIGUE OR STRESS? (Due to DSE work)?	YES/NO
DO YOU GET ACHES, PAINS, PINS AND NEEDLES etc IN THE NECK, BACK, SHOULDERS, AND UPPER ARMS OR LEGS?	YES/NO
DO YOU SUFFER FROM RESTRICTED JOINT MOVEMENT?	YES/NO
DO YOU HAVE PROBLEMS WITH VISION, HEADACHES, and TIRED EYES etc?	YES/NO
IS THERE A RISK OF WALKING INTO OR DISLODGING EQUIPMENT? When arriving or leaving the workstation.	YES/NO
COMMENTS:	
REMEDIAL ACTION TAKEN:	

8. Occupational Health referral details (if applicable)

Identify information regarding outcome from Occupational Health referral: Telephone call/copy of letter:
Medical issue:

Issues identified	Recommended Actions
1.	1.
2.	2.
3.	3.
4.	4.

9. Overall comments

--

10. REMEDIAL ACTION TO BE TAKEN

11. WORKSTATION ASSESSMENT

ASSESSMENT WAS CARRIED OUT ON – DATE

ASSESSMENT WAS CARRIED OUT BY:

NAME:

User' Name:

REVIEW ASSESSMENT

Reasons for review assessment

a) Routine review

☐

b) Change of circumstances (details)

☐

.....

c) Other (details)

☐

Recommendations to User	Date Action undertaken:	
	By Whom:	
	Signature:	
Recommendations to Manager	Date Action undertaken:	
	By Whom:	
	Signature:	

Areas For Further Investigation:

--

This is to certify that the review assessment took place on(date)

User:

(Signature)

Manager:

(Signature)

Assessor:

(Signature)

[illegible]

Section 5 – COMMENTS	
Identify hazards which have no means of control, or are not adequately controlled. List any recommendations which you feel may resolve the hazards	
Hazard No.	Recommendations

Section 6 – OVERALL RISK RATING OF THE TASK/S TO BE UNDERTAKEN (Probable Frequency X Severity)	
Frequency, scale : Low 1 - High 5	1 Improbable, 2 Possible but unlikely, 3 Happens infrequently 4 Happens quite frequently, 5 Happens, very frequently
Severity, scale : Low 1 - High 5	1 Trivial injury, 2 Minor injury, 3 Hospital stay/Industrial illness 4 Major injury, 5 Fatality
Reasons:	

Section 7 – IDENTIFY OTHER RISK ASSESSMENTS REQUIRED / RELEVANT (Circle)
COSHH / Manual Handling / Personal Protective Equipment / Noise / Vibration / Asbestos / Lead/ Display Screen Equipment / Fire/Other (*please state)

Assessors Name: Date:	Signature:
--	-------------------------

Section 8 – ACTION PLAN (where appropriate)				
Hazard No.	<i>Action Required</i>	<i>Person nominated</i>	<i>Date Assigned</i>	<i>Date Completed</i>

Managers Name: Review at least annually	Signature: Date:
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When the RA has been reviewed and if there are no changes then confirm this by completing the required details below. When changes are required then the RA should be updated and all sections above completed.		
Assessment Reviewed by	Signature	Date Reviewed

**FALKIRK COUNCIL
FIRST AID RISK ASSESSMENT REQUIREMENTS**

**(Section A)
Premises Details**

Premises:	Service:
Manager:	Division:
Date:	

**(Section B)
First Aid Risk Assessment Requirements**

ANALYSIS OF PROVISION (Ref to information detailed on Appendix 1)	No. of Persons	No of Appointed Persons	No of First Aiders
1. Risk level of Premises (including hazards) HIGH/MEDIUM/<u>LOW</u>			
2. Risk Rating of Visitors (including hazards) HIGH/MEDIUM/<u>LOW</u>			
3. Specific Risks Involved HIGH/MEDIUM/<u>LOW</u>			
4. Shift Work/Regular out of hours work	Yes/ No		
Total Number of First Aid Persons required			
Total Number of Appointed Persons required			

5. First Aid Room Required? (Ref Guidance Note paragraph 2.8)	Yes/ No		
6. First Aid Box (Ref Guidance Note para 2.7) & 7. First Aid Room (Ref Guidance Note para 2.8)	List of Standard Contents	Quantities	
		Suggested	Actual
	Leaflet/booklet giving general guidance first aid	1	
	Individually wrapped sterile adhesive dressings & plaster assorted sizes	20	
	Sterile eye pads	2	
	Individually wrapped triangular bandages	4	
	Safety Pins	6	
	Medium size wound dressings	6	
	Large wound dressings	24	
	Disposable Gloves	Box	

	Disposable Resuscitation aids	6	
	Disposable wipes	Pack	
	Plus Defibrillator if required		
	Log Book to record incidents & treatment administered (Ref Guidance Note para 2.6)		
	<i>NB: Number of supplies will vary according to outcome of risk assessment. Headache & other medicines should not be kept in a first aid box</i>		

(Section C)

Results of Risk Assessment Process (enter details in boxes below on completion of Section B)

Appointed Person: Yes/No	First Aider required Yes/No, if yes how many?
First Aid Room required Yes/No	First Aid Room Location
First Aid box(es) required Yes/No How many?	Location(s)

(Section D)

Personal Details/Training Details

Appointed Person:			
Training provided:		Date:	
First Aiders:			
Name	Training Dates	Certificate Expiry	Training date for Refresher
1.			
2.			
3.			
4.			
5.			
6.			

ASSESSMENT OF WORKSTATION & HOME WORKING ARRANGEMENTS

(To be completed by the manager with employee)

Name of Employee		Job Title		
Home Address				
Email Address		No of residents in house	Adults	Children
List of Equipment Supplied by FC where relevant				
Approximately how frequently will any computer equipment be used?		Hours per day		
		Days per week		

1.GENERAL ASSESSMENT OF HAZARDS	Yes	No	COMMENTS
Is there sufficient space for the storage of working files, stationery, and other admin equipment?			
Is there natural light?			
Is there suitable room lighting?			
Is there a need for task lighting? i.e. portable lamp			
Is the lighting likely to cause glare or reflection problems?			
Are there blinds/curtains available to control glare if necessary?			
Do these blinds or curtains operate correctly?			
Can a suitable room temperature be easily maintained?			
Is there suitable ventilation for the computer equipment?			
Is the electrical system in house suitable for additional electrical equipment to be used?			
Is there a sufficient number of electric power sockets to operate the equipment?			
Are electrical adapters used and are these fuse protected?			
Are the power sockets and other electrical equipment visibly free from damage or defects?			
Is there a need for an extension cable?			
Are any power sockets or extension cables overloaded?			
Can all power cables be routed safely?			
Has the electrical equipment supplied been added to the PAT testing programme?			
Has the employee been advised to carry out regular visual inspections of the electrical equipment (i.e. plugs, leads)?			
Has the employee been instructed to switch off all electrical equipment at the power socket when not in use?			
Is the workstation area free from distracting noise?			
Is there a smoke alarm near the work area?			
Does any of the work equipment have an impact on fire escape routes?			

Has a suitable fire escape route been identified?			
Is the employee aware of the requirement to report work related accidents that happen on the premises? (A copy of HR14 form is available to employee)			
Have communication arrangements between the home worker and line manager been established?			

2. DISPLAY SCREEN	Yes	No	COMMENTS
Is the telephone connection socket suitably positioned?			
Is an extension internet cable required?			
If so has the internet cable been routed safely?			
Is the display screen image clear?			
Are the characters readable?			
Is the screen stable and free from flicker?			
Are the brightness and contrast adjustable?			
Is the screen free from glare and reflections?			
Does the screen swivel and tilt?			

3. KEYBOARD	Yes	No	COMMENTS
For laptop users, has a separate keyboard and mouse and Laptop Stand been provided?			
Does the keyboard tilt?			
Does the user have a comfortable keying position?			
Is there enough space for the user to rest their hands in front of the keyboard?			
Is the keyboard free from glare?			
Are the characters on the keyboard easy to read?			
Are all the keys in place and in good working condition?			
Has a wrist support for the keyboard been provided?			

4. MOUSE	Yes	No	COMMENTS
Has a mouse been provided?			
Is there sufficient space alongside the keyboard for the mouse to be used comfortably?			
Is the mouse positioned close to the keyboard?			
Has a mouse mat been provided?			

5. WORKSTATION	Yes	No	COMMENTS
Is there a dedicated workstation?			
Does the furniture fit the work area and the user?			
Is the work surface large enough for the computer/laptop,			

documents, and other equipment to work comfortably?			
Is there sufficient space under the work surface for thighs, knees, and to stretch legs?			
Is the work surface free of glare and reflection?			
Does the chair provide freedom of movement?			
Is a suitable document holder required?			
Is access/egress to the workstation sufficient?			
Have suitable measures been taken to reduce the risk of a slip/trip in the area of the workstation?			

6. CHAIR	Yes	No	COMMENTS
Is the chair stable?			
Does the seat height adjust?			
Does the back adjust in height and tilt?			
Is a footrest required?			
Is the user comfortable at the workstation?			

7. LAPTOP GUIDANCE	Yes	No	COMMENTS
Is the Laptop positioned on the Laptop stand set at the correct height to suit user? i.e. (head and eyes level with the top of the screen)			
Is there a separate mouse and keyboard provided?			
Are power cables fed safely to a power source?			

7. SOFTWARE	Yes	No	COMMENTS
Is the software loaded user friendly?			
Has adequate training been provided to use the software?			

8. KNOWLEDGE & HEALTH	Yes	No	COMMENTS
Has user been provided with information on potential adverse health effects of computer use & how to prevent this?			
Has user been provided with training on how to set up & use a workstation in accordance with DSE procedures? E.g. is OLLE accessible and is used to set up the Homework activity. This shall be reported to the manager for action.			
Has user ever suffered from symptoms related to use of DSE or other musculo-skeletal illness?			
Is there a first aid kit available?			
Are there any additional factors not listed that may impact on the safety of the home worker? If yes, please detail.			

9. REMEDIAL ACTION REQUIRED

Hazard Identified	Remedial Action	Date Resolved

Overall Risk Rating of the task/s to be undertaken (probable frequency X severity)

Frequency, scale : Low 1 - High 5 1 Improbable, 2 Possible but unlikely, 3 Happens infrequently
4 Happens quite frequently, 5 Happens, very frequently

Severity, scale : Low 1 - High 5 1 Trivial injury, 2 Minor injury, 3 Hospital stay/Industrial illness
4 Major injury, 5 Fatality

Scores; Frequency = Severity = Risk Rating =

Reasons for this conclusion:

Signature of Employee:

Date:

PRINT name of line manager:

Signature of line manager

Date:

Review Date:
(at least annually

COSHH ASSESSMENT RECORD

HR 17

Assessed By :	Date Assessed :	Reviewed By :	Date Reviewed
Service:	Location Used:	Reviewed By :	Date Reviewed
Product Name			
Manufacturer of Product			
Suppliers Name			
Description of Intended use of product?			
Banned Applications, combination and other restrictions			
Emergency Procedures	Eyes: Ingestion: Inhalation: Skin: Material Safety Data Sheet: Can be obtained from Line Manager if required.		
First Aid Requirements			
Hazard Detail	<div><input type="checkbox"/> Gas</div> <div><input type="checkbox"/> Vapour</div> <div><input type="checkbox"/> Mist</div> <div><input type="checkbox"/> Fume</div> <div><input type="checkbox"/> Dust</div> <div><input type="checkbox"/> Liquid</div> <div><input type="checkbox"/> Solid</div> <div><input type="checkbox"/> Other (State)</div>		

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☐

Very Toxic

☐

Irritant

☐

Extremely Flammable

☐

Biological

☐

Toxic

☐

Sensitising

☐

Highly Flammable

☐

Oxidising

☐

Corrosive

☐

Harmful

☐

Flammable

☐

Environmental

Route of Exposure

Inhalation

☐

Skin

☐

Eyes

☐

Ingestion













☐

Other

☐

COSHH ASSESSMENT RECORD

Product Content:	
Work Exposure Limit:	
Is Health Surveillance Required?	
Fire Precautions	
Safe Storage Requirements	
Transport	
Spillage	
Waste Disposal	

Controls Measures and Personal Protective Equipment Required					
	Standard/ Comment		Standard/ Comment		Standard/ Comment
 <input style="margin-left: 10px;" type="checkbox"/> Dust mask		 <input style="margin-left: 10px;" type="checkbox"/> Footwear		 <input style="margin-left: 10px;" type="checkbox"/> Overalls	
 <input style="margin-left: 10px;" type="checkbox"/> Respirator		 <input style="margin-left: 10px;" type="checkbox"/> Visor		 <input style="margin-left: 10px;" type="checkbox"/> Apron	
 <input style="margin-left: 10px;" type="checkbox"/> Gloves		 <input style="margin-left: 10px;" type="checkbox"/> Box Goggles		 <input style="margin-left: 10px;" type="checkbox"/> Wash Hands	
 <input style="margin-left: 10px;" type="checkbox"/> LEV		 <input style="margin-left: 10px;" type="checkbox"/> Adequate Ventilation		 <input style="margin-left: 10px;" type="checkbox"/> Other	

Risk Conclusions	Tick as Appropriate
Exposure is not a risk to health now and it is not foreseeable that anything will happen in the future to change this.	
Exposure does not represent a risk to health but risks could arise in the future if the control measures were to deteriorate or break down.	
Other Comment	

RISK SURVEY TABLE FOR USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

TYPE OF ASSESSMENT: <i>(Circle)</i>	COSHH	LEAD	ASBESTOS	NOISE
		GENERAL RISK	MANUAL HANDLING	IONISING
ASSESSMENT REF. NO.				
PRESENT TYPE OF PPE PROVIDED	1.	2.	3.	4.

PART OF THE BODY

HEAD/SKULL				
EARS				
EYES				
RESPIRATORY SYSTEM				
FACE				
WHOLE HEAD				
HANDS				
ARMS (PART OF)				
FOOT				
LEG (PART OF)				
WHOLE BODY				
SKIN				

PHYSICAL RISKS

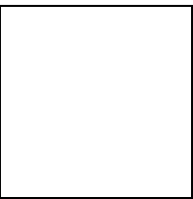
FALLS FROM HEIGHT				
BLOWS/CUTS/SCARS				
VIBRATION				
SLIPPING				
HEAT				
COLD				
ELECTRICAL				
NON IONISING				
IONISING				
NOISE				

CHEMICAL RISKS

DUST				
FLAMES				
VAPOURS				
GASES				
SPLASHES				
IMMERSION				

BIOLOGICAL RISKS

HARMFUL BACTERIA				
HARMFUL VIRUSES				
FUNGI				
ANTIGENS				
SATISFACTORY? Y/N IF NO REASSESS PPE REQUIREMENTS				



RISK ASSESSMENT REGISTER

HR 38

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FALKIRK COUNCIL

**Subject: POLICY AND PROCEDURE FOR THE MANAGEMENT OF
OCCUPATIONAL HEALTH MONITORING AND SURVEILLANCE**
Meeting: JOINT CONSULTATIVE COMMITTEE
Date: 12TH NOVEMBER 2014
Author: DIRECTOR OF CORPORATE & NEIGHBOURHOOD SERVICES

1. INTRODUCTION

- 1.1 The Policy and Procedure for The Management of Occupational Health Monitoring and Surveillance was reviewed in August 2014 to ensure that the Policy continues to meet legislative requirements and remains fit for purpose. The purpose of this report is to advise of updates to the Policy.

**2. POLICY AND PROCEDURE FOR THE MANAGEMENT OF
OCCUPATIONAL HEALTH MONITORING AND SURVEILLANCE**

- 2.1 The current Policy and Procedure for The Management of Occupational Health Monitoring and Surveillance was approved in September 2009. The following changes have been made to the policy to meet current legislative requirements and respond to guidance from HSE:
- Clarification of the requirement for employees to take part in Occupational Health Surveillance;
 - Additional guidance to ensure that, where occupational health disease is suspected, appropriate action is taken by managers;
 - Clarification of the requirement to, and procedure for, reporting Occupational Health disease to the HSE;
 - Addition of 2 new hazards to the table of hazards at Appendix 1; Bioaerosols from composting operations and water/ hand washing;
 - A new Appendix has been added providing a procedure for the Health Surveillance required for Skin Management. This supports the addition of hand washing to the list of hazards as a dermal sensitiser and provides the basis of Skin Management for a range of dermal sensitisers.

3. RECOMMENDATION

- 3.1 Members of the Joint Consultative Committee are invited to note the changes to the Policy and Procedure for The Management of Occupational Health Monitoring and Surveillance and refer the policy to Executive for approval.

Shah Ritchie

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DIRECTOR OF CORPORATE & NEIGHBOURHOOD SERVICES

Date: 3rd October 2014

Contact Name: Anne-Marie Johnstone, Ext 6218.



FALKIRK COUNCIL

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



***** 2014**

INDEX

1.	INTRODUCTION	3
2.	POLICY STATEMENT	3
3.	SCOPE	3
4.	THE PURPOSE OF OCCUPATIONAL HEALTH MONITORING AND SURVEILLANCE	3
5.	OCCUPATIONAL HEALTH HAZARDS	4
6.	LIKELY AREAS REQUIRING OCCUPATIONAL HEALTH MONITORING AND SURVEILLANCE	4
7.	MANAGEMENT OF OCCUPATIONAL HEALTH MONITORING AND SURVEILLANCE	5
8.	INFORMATION HELD BY THE OCCUPATIONAL HEALTH PROVIDER	7
9.	ROLES AND RESPONSIBILITIES	8
10.	REVIEW OF POLICY & PROCEDURES	11
Appendix 1	Table: Occupational Health Hazards	12
Appendix 2:	Health Surveillance Process For Skin Management	17
Appendix 3:	Health Surveillance Process for Hand-Arm Vibration Syndrome	23

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
Occupation 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.
Workplace monitoring required	Yes see Noise at Work Policy.	Yes see Hand Arm Vibration Procedure.
Exposure limit (HSE) 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"> • Lower Exposure Action Value - a daily or weekly personal noise exposure level of 80 db (A); • Upper Exposure Action Value - a daily or weekly personal noise exposure level of 85 db (A); • Exposure Limit Value - a daily or weekly personal noise exposure Value of 87 db (A); 	Daily Exposure Limit Value (ELV): normalised to an 8-hour reference period is 5 m/s ² . Daily Exposure Action Value (EAV): normalised to an 8-hour reference period is 2.5 m/s ² .
Current status of use/exposure	Areas well documented with surveillance programme in place.	Areas well documented with surveillance programme in place.
Medical Risk	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.
Route of exposure	Sound exposure.	Hand or body contact.
Surveillance programme	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 ² must be referred to Occupational Health.
Frequency of occupational health appointment	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.
Management action	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. See Appendix 2 for detailed procedures

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

Occupation	Chemicals Solvents e.g. alcohol, methylated spirits. Frequent hand washing. (The effect is dependant on chemical used. Consult Material Safety Data Sheet MSDS)		Isocyanates	Mineral oils
Occupation 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.
Workplace monitoring required	May require personal monitoring if long term exposure to solvents.		Yes.	Not currently.
Exposure limit (HSE) 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/m3		0.02 mg/m3 (8-hour time-weighted average, (WEL) and 0.07 mg/m3 (15-minute WEL).	Oil mist: TWA may vary according to composition of oil. Nominal (WEL) 5 mg/M3.
Current status of use/exposure	Low level use.		Not currently used therefore no surveillance required.	Low usage. Skin management programme required.
Medical Risk	Dermal sensitisers: Initial redness to skin or rash. Continued exposure may lead to more serious skin conditions.	Respiratory sensitisers: 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.
Route of exposure	Skin contact.	Inhalation of fumes or mists.	Skin contact & inhalation.	Skin contact.
Surveillance programme	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.
Frequency of occupational health appointment	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.
Management action	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

	Silica Stone products including cement	Asbestos	Lead
Occupation 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.
Workplace monitoring required	Not routinely.	Quality control checks of asbestos enclosures are carried out.	Range of surveillance including blood/urine tests.
Exposure limit (HSE) 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 ³ 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 ³ A urinary lead concentration of - a woman of reproductive capacity, 20 µg Pb/g creatinine, or any other employee, 40 µg Pb/g creatinine.
Current status of use/exposure	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.
Medical Risk	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.
Route of exposure	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.
Surveillance programme	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.
Frequency of occupational health appointment	As advised by Occupational Health Adviser.	As advised by Occupational Health Adviser.	As advised by Occupational Health Adviser.
Management action	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
Occupation 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.
Workplace monitoring required	Not routinely, although for manufacturing process it is recommended.	Not routinely.	Not routinely.
Exposure limit (HSE) 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
Current status of use/exposure	Areas well documented, with air monitoring of dust extract systems in place for workshops.	Not routinely used.	Not currently used.
Medical Risk	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.
Route of exposure	Inhalation, skin contact.	Inhalation, skin & ingestion.	Inhalation.
Surveillance programme	Annual lung function test, skin management programme	Not routinely used.	Not routinely used.
Frequency of occupational health appointment	As advised by Occupational Health Adviser.	If used then as advised by Occupational Health Adviser.	If used then as advised by Occupational Health Adviser.
Management action	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

	<u>Biological Agents</u> Hepatitis A, B or C bacterium.	<u>Bioaerosols</u>	<u>Biological Agents</u> Leptospirosis: in infected water, river ponds etc.	<u>Dermal Sensitisers</u> Oil, cleaning chemicals and water from hand washing.
Occupation 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.
Workplace monitoring required	None.	Limited exposure confined to “composting operations”	None.	Skin management programmes need to be considered.
Exposure limit (HSE) 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.
Current status of use/exposure	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
Medical Risk	Hepatitis B or C	Known respiratory sensitiser, may develop asthmatic symptoms.	Weil’s disease	Dermal skin conditions. Normally respond to early interventions.
Route of exposure	Skin puncture.	Inhalation.	Through the eyes mouth, nose or any cuts in their skin.	Through regular skin contact on the hands.
Surveillance programme	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.
Frequency of occupational health appointment	As advised by Occupational Health Adviser.	As advised by Occupational Health Adviser. Normally annually.	As advised by Occupational Health Adviser.	
Management action	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:

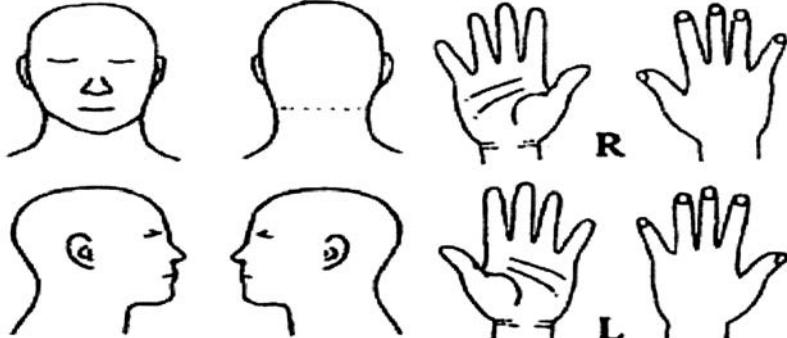
- Identify all posts where the risk of dermal sensitisation has been identified in the COSHH assessment;
- Provide training to all these employees in the health risks and identify that the post is subject to health surveillance and identify the actions that the employees will be required to co-operate 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					
Section 1		PERSONAL DETAILS			
Service/Division:		Premises			
Surname:		Forename:			
Job Title:		Employee No:			
Sex: M / F		Date of birth			
Section 2		SKIN ASSESSMENT			
			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?					
Section 3		DERMATOLOGICAL EXAMINATION			
		On the body map below, indicate the site or sites where you have, or have had, any skin problem.			
					

Section 4		Responsible Person Assessment	
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)

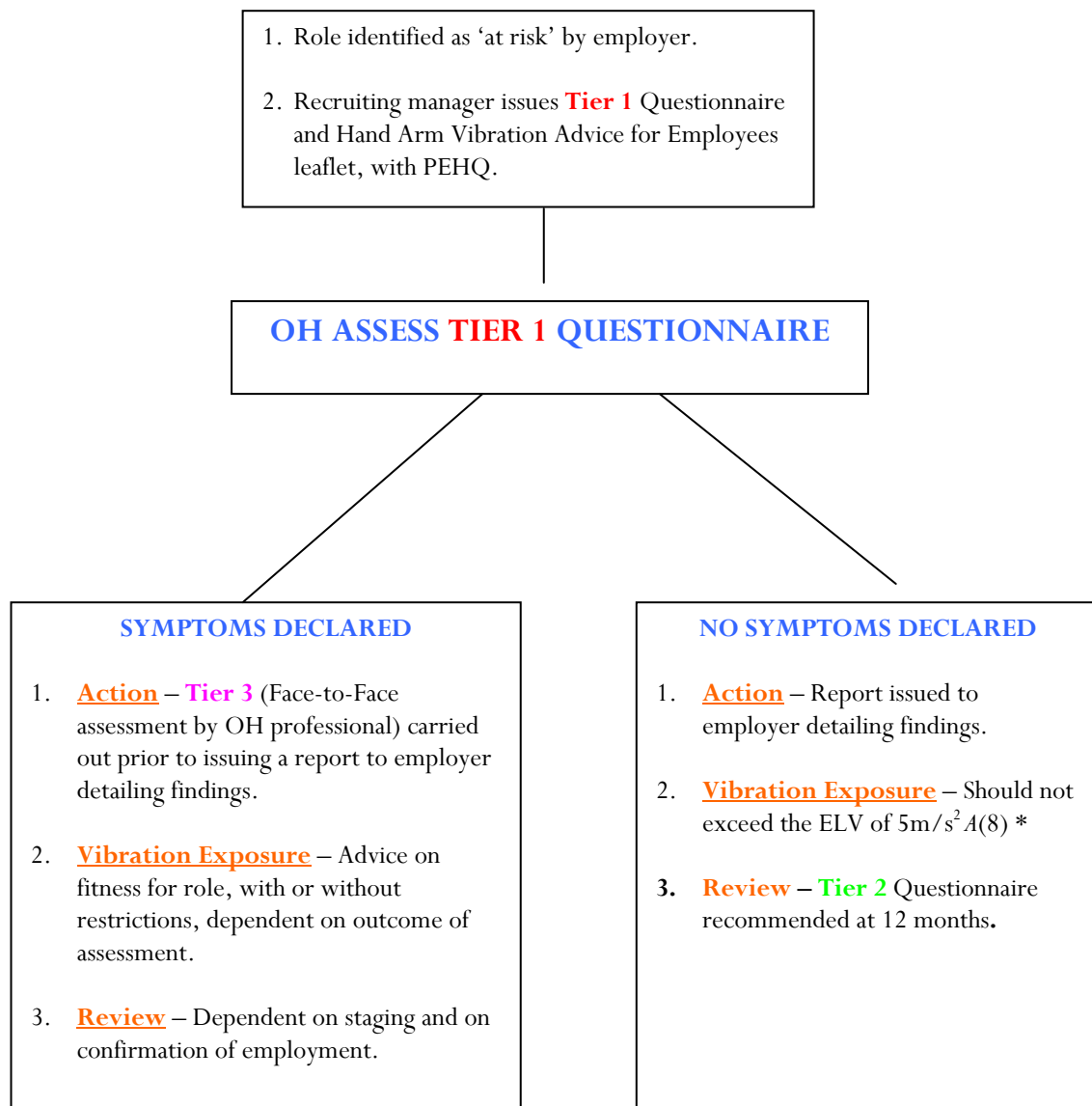
The flow diagrams illustrate the process by which OH determine how an individual progresses through the tiered system, the action of OH at each step, the recommended maximum level of vibration exposure at each step, and the type of review recommended at each step.

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.

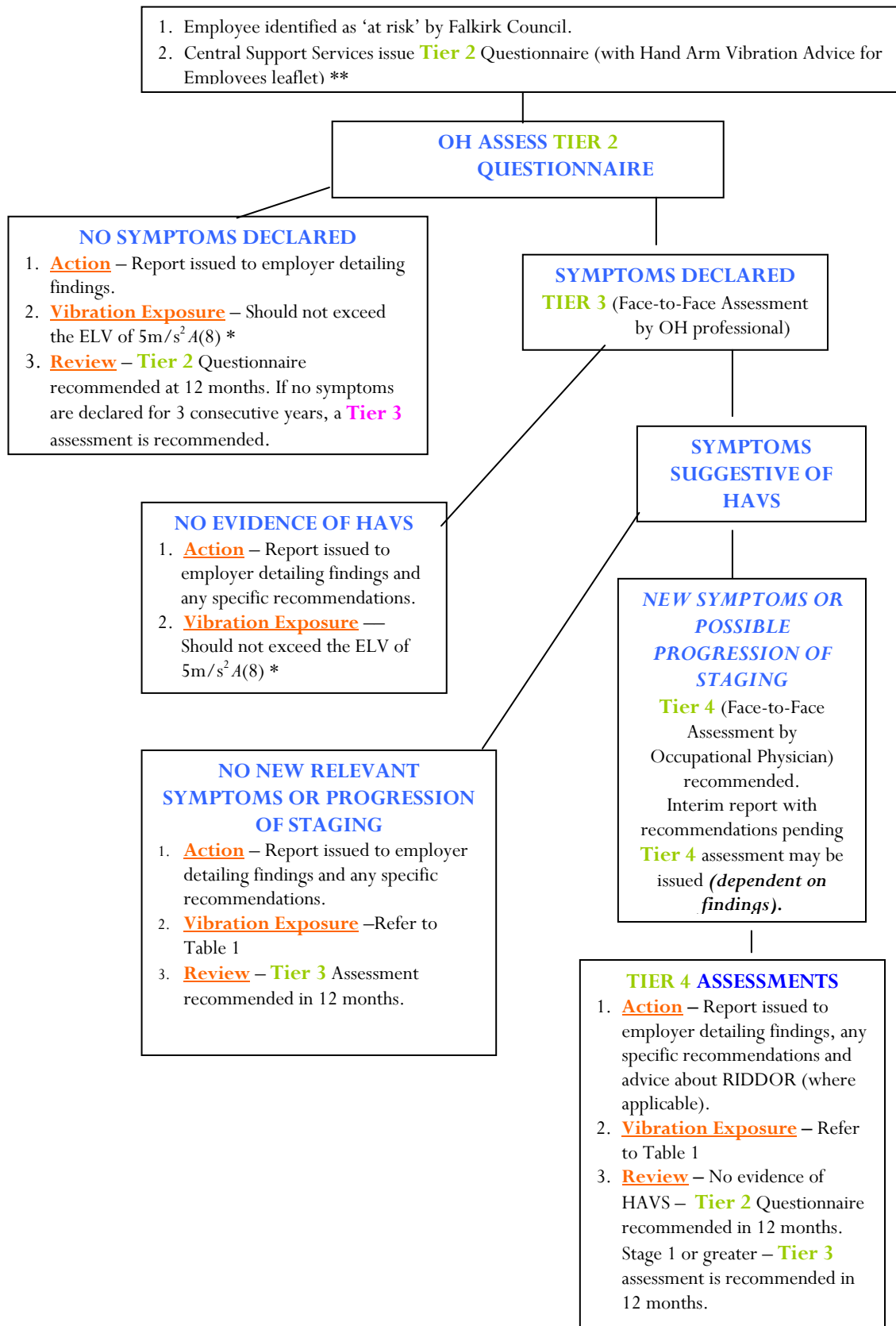
Samples of the 'Initial HAVS Health Surveillance Questionnaire (Tier 1)', 'Annual HAVS Health Questionnaire (Tier 2)' and 'Hand-Arm Vibration-Advice on vibration white finger for employees' can be found at the end of this document.

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.

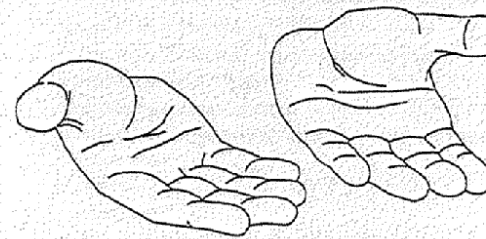
What can your employer do?

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 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:

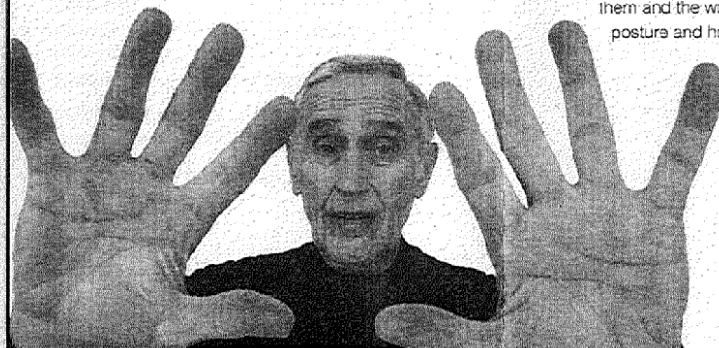
The amount of vibration is important, along with how long you use the tools, the way you use them and the working conditions, such as posture and how cold it is. A simple rule is to regard any vibrating tool as suspect if it causes tingling or numbness in your fingers after about 5 to 10 minutes of continuous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

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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 HAVS 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.

	Yes	No	Details & Dates <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:



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:

Medical in Confidence

Initial HAVS Health Surveillance Questionnaire (Tier 2)

NAME: D.O.B.:

EMPLOYER: JOB TITLE:

ADDRESS: TEL NO:

.....

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 (Give full information where applicable)
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.

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: