

## Scottish Construction Safety Group

### Minutes of the meeting of the 19<sup>th</sup> of March 2020

There were 16 members and guests present at the meeting. Robert Bradford introduced Susan Donnelly and Adele Tinkler inspectors from the HSE who assist in the management of occupational health. They were giving a presentation covering the revision to the Control of Vibration at Work guidance and some practical advice.

Susan and Adele were involved in the work to update and revise the guidance to the Control of Vibration at Work which resulted in a re-ordering of the document and a reduction in the number of pages (35 fewer). The document was released in August 2019 and it should be noted that the regulations themselves have not changed. When preparing a risk assessment the following points should be covered –

- work activity
- number of employees,
- frequency of exposure,
- multi tool use,
- make and model of equipment
- control measures and
- calculation of likely daily exposure points against the EAV/ELV

The table in Appendix 3 gives magnitudes for common tools which eliminates the need for measurement. The figures in the table are given for percentile groups. When using the figures the k value has to be considered. For manufacturer's Lab test data (not in use); add K the value (but still may not be right). When the users own data is gathered from site (i.e. in use); no K value to add (should be representative if no concerns over measurement process etc.). When the HSE data table the 10%tile to 90%tile indicate the credible range and the 75%tile is the starting point when no other data is available. The EAV likely to be reached when the risk assessment indicates exposure is **likely** to be above  $2\text{m/s}^2$ ; therefore Health Surveillance is required. The HSE will update figures in the table using the HSE website.

Health surveillance is required to identify vibration related disease at an early stage; to help prevent progression and disability and to check the effectiveness of the employer's control measures. Pre-assessment should be carried out by a competent person to identify all underlying health effects. The HSE often find companies with no competent personnel and systems are poorly managed. A lack of understanding results in these checks being carried out as part of a wellness campaign. The HSE also finds that referrals aren't being made and information is not being passed to the employees. The information provided on health surveillance isn't always reported correctly in the health record i.e. fit, unfit or fit with restrictions. **Read these reports to make sure you understand what is being said, if you are unsure ask questions many reports are confusing and / or misleading.** Make sure that the provider knows how to contact all parties including the employee and site manager. There are also significant delays when the Tiered assessments are being arranged and OH providers often can't demonstrate the competence of their employees. When companies are employing a provider they should ensure that the provider has experience of the work type (invite them to a site). Paragraph 168 of the guidance requires

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that those at particular risk must receive health surveillance even when exposure is below the EAV previously the guidance only required surveillance for those with a diagnosis of HAVS. Before carrying out surveillance the provider should have seen the risk assessment provided by the employer, this information is important as it gives the provider better detail on the work ensuring a more accurate report and reduced delays. The OH provider should provide in their general information on trends within the business to allow the business to provide better information to the workforce.

When setting up a contract with an OH provider a service level agreement should be included so that requirements are clear. Issues found include:-

- No details of service required.....
- No definition of competency to perform HS;
  - No consistent, proportionate, and transparent decision making that is auditable.
- No agreed timelines for initial, follow up, referral appointments;
- No agreed timelines for feedback;
- No agreement re quality of reports and fitness advice to manage/employee
- No system of monitoring compliance with recognised standards or review of outcomes ;
- No arrangements for transfer of Medical Records;

A top ten tips document will be produced by the HSE in the coming months.

### **Other business**

The exposure limits for wood dust have changed, therefore consider what you are using especially sheet materials which may have a mixture of hard and soft woods.

**During the Covid 19 outbreak please remember to look at the current HSE guidance for advice.**

**There will be no further meetings of the Scottish Construction Safety Group until further notice.**

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