

## QBE HAVS Workshop

### **Session 2**

#### **1. Medico-legal challenges - Dr Roger Cooke**

- 1.1 Reynaud's phenomenon- spasms due to cold, finger goes white, can last 20 mins to 2 hours, blood returns causing pain and burning.
- 1.2 Vibration is not the only cause, can be constitutional, up to 5% in men and 15% in women.
- 1.3 Doctors rely on complainant's verbal history of task.
- 1.4 Carpal tunnel syndrome can be caused by vibration as it affects the median nerve.
- 1.5 Companies should be doing surveillance, early detection prevents deterioration.
- 1.6 Pre employment medical questionnaire need not be done by a doctor.
- 1.7 Annual screening needs a responsible person to undertake.
- 1.8 Clinical assessment- important that qualified staff do this.
- 1.9 Formal diagnosis- registered medical practitioner.
- 1.10 Thermal aesthesiometry – not worth undertaking-will not help clinical diagnosis.
- 1.11 MUST have integrated Occ. Health Surveillance- well documented, inter action with HR, H&S, Management and shop floor.
- 1.12 HSE L140 gives clear guidance on Occ Health requirements.

#### **2. Tool maintenance, client case study -David Wilson, HSS**

- 2.1 Poorly maintained and blunt tools increase vibration. Also less efficient for commercial perspective.
- 2.2 Inefficient tools take twice as long to do the job, so twice the exposure to high level vibration- double whammy.
- 2.3 Use most efficient tools, diamond tips, carbide tips and inspect and maintain regularly.
- 2.4 Have a sharpening box-encourage operators to change tools and bits.
- 2.5 Keep good stocks of replacement bits so not encouraging use of worn out tools.
- 2.6 Train operators as to when tool needs changing, maintenance.
- 2.7 Prepare, planned maintenance programme.

#### **3. When is enough, enough? - Matthew Harrington**

- 3.1 Disability Discrimination Act 1995. Duties to make "reasonable adjustments", allocate work to others, assign him to different duties, acquire and/or modify equipment.
- 3.2 £544,000 top damages award so far, not insured and company pays.
- 3.3 Prevention is better than cure. Effective communication with all stakeholders, HR, H&S, OCC Health, Management, Insurers.

### **Session 2 Question & Answer session**

#### **1. How often do we need to re check nurses assessment?**

Dr. Cooke- regular checks needed, some pick up symptoms from very small exposures, it identifies those from the normal ones.

#### **2. Should we check people who are regularly exposed below the action level?**

MH- if there is a foreseeable risk of injury must screen those even below level of exposure limit. **It is not a safe limit** so HSE says if likely to exceed, do it. As your assessment is at best likely to be within 20% accurate and more likely 50%, you should do it.

Dr. Cooke- If below level 1 unlikely there is any risk but loathe to rely on numbers.

### **3. Is a personal monitor/measurement tool available?**

HSE – those available measure time only, not vibration although these should be on the market soon.

PB – not sure how soon the timescale is for that.

RM – there is some development on timing devices fitted to tools and compressed air tools to measure vibration as well.

HSE - microchip in some electric tools to record usage over a period of time-usually very low use in 12 months. Tool refurbishment companies can download data from these.

PB - useful tool to trigger maintenance programme, refurbishment.

### **4. Can symptoms remain dormant for sometime and can battery tools cause problems?**

Dr. Cooke- vascular symptoms can come on 12 months after exposure ceased. In civil litigation it has been accepted up to 2 years after exposure.

In sensor/neural – cannot justify symptoms on set after cessation of tool use.

JA-can be an accumulative effect if exposure still ongoing but reduced.

### **5. If a 20 year exposure but only 4 years with us, who is liable?**

JA- if every company exposed him to vibration in breach of duty, all should be liable and contribute to settlement.

There is a reservoir of tolerance for individuals; they are tipped over the edge at some point. Apportionment will be decided by Insurers/solicitors.

AG - Most Insurers with long exposures have an industry agreement to deal with settlements on a time exposed basis/dose basis.

Can become complicated if an Insurer is not a signatory to the agreement

AG – Anne Gardiner.

JA- Jayne Adams.

MH- Matthew Harrington.

PB- Phil Bladon.

RM- Bob Mitchell