

The Somerset Strimmer Project



A partnership between your Local Parish Council
and the Somerset County Councils'
Rights of Way Team

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Safe Working Practice Guidelines for Volunteers **Using Brushcutters/Strimmers**

When using a brushcutter/trimmer on a Public Right of Way you must follow the guidelines listed below. Before using the equipment you will be delivered or have access to the following items:-

- A Stihl brushcutter/trimmer
- A fuel can and 2 stroke mix cartons
- A harness with toolkit attachment
- A pair of safety goggles/glasses
- Hearing protection with face shield and forehead protection
- 2 x Men at Work signs
- A first aid kit
- High visibility (long sleeved) jackets

You must wear the appropriate clothing/footwear:-

- Gloves – adequate to protect against flying debris
- Safety boots with steel toe caps
- Trousers– adequate to protect against flying debris

At the start of each day, after a long break and at regular intervals you must carry out the safety checks on the machine and PPE as learnt on your Lantra Brushcutters/Trimmers – Maintenance and Operation training course. These would include:-

- Checking the ear defenders, safety goggles and harness are in good working condition i.e. there are no defects and the PPE can be adjusted to fit you comfortably
- Checking the Men at Work signs are in good condition
- Checking the toolkit and first aid kit are complete
- Checking the condition of the brushcutter/trimmer i.e. that all the nuts, cutting head and safety guard are in place and correctly tightened, that the handles are adjustable and secured to suit your use, that the safety icons are in place on the shaft and are visible, that the nylon or blade head is secure and has enough nylon for the path to be cleared and that the “Dead Mans” safety cut off switch works.

Step by step guide to brushcutting/trimming:-

- Adhere to Risk Assessments:
 - ROW 012 Use of Brushcutters and Trimmers by Volunteers,
 - COSHH Assessment for Two Stroke Oil and Unleaded Petrol Risk Assessment
 - ROW 008 Manual Handling and Moving Heavy Equipment
 - ROW 014 Storing and handling fuel
 - ROW 037 PPLO and other volunteers
- Let friends or family know where you are working and how long you will be. Ideally carry a charged mobile phone with you at all times. Carry an

In Case of Emergency (ICE) number on you and take your issued first aid kit.

- Any incidents must be reported and recorded to the Volunteer and Trails Officer. A report form is included in the hand book.
- Check the weather forecast before setting off and wear appropriate clothing. If sunny, it is recommended that you apply at least factor 15 sunblock. If raining or thunder storm stop work and wait for conditions to change. It is recommended that you take with you a drink and snack. When refuelling the machine take time to have a drink and/or snack.
- Carry out all checks as listed on previous page.
- Walk and assess the Public Right of Way to be cut – particularly looking for hazards and obstacles. Make your own thoughts on how you will work on site (dynamic risk assessment). If necessary complete your own Risk assessment form included in the handbook.
- Install a 'Men at Work' sign at both ends of the path or the section to be cut. This is a requirement under road traffic regulations.
- Fill the brushcutter/trimmer with fuel and store the fuel can away from the working/starting area.
- Ensure all PPE and clothing is fitted correctly and safely.
- Start the machine and work at a speed that is comfortable to you.
- Ensure no personnel are closer than 15 metres away. If people approach, stop the machine by releasing the trigger and do not use again until 15 metres away.
- Do not work in close proximity to highways e.g. un/classified roads. Working alongside these highways present hazards to operators and road users. Adequate training is essential and a 'Chapter 8' certification under the New Road and Street Works Act is required.
- Ensure all cut material is flat on the surface in small pieces or raked up and moved off to the side of the Public Right of Way. It is important that your work doesn't leave hazards for users

When refilling the fuel can fill up to the 5 litre mark with unleaded petrol add the 2 stroke mix carton first. Replace the can lid and then shake to mix up. Keep the receipt for the petrol and fill out the Volunteer Claim Form. Send both items to the Volunteer and Trails Officer.

At the end of the day please fill in the Volunteer Activity Form/Machine Record Form – this should list who the volunteer carrying out the activity was, how many hours were worked, which paths were cut and if any maintenance was carried out on the machine.

2. Risk Assessment Scoring Matrix

The assessor can assign values for the hazard severity (a) and likelihood of occurrence (b) (taking into account the frequency and duration of exposure) on a scale of 1 to 5, then multiply them together to give the rating band:

Hazard Severity (a)	Likelihood of Occurrence (b)
1 – Nil (e.g. discomfort, slight bruising, self-help recovery) 2 – Slight (e.g. small cut, abrasion, basic first aid need) 3 – Moderate (e.g. strain, sprain, incapacitation > 3 days) 4 – High (e.g. fracture, hospitalisation >24 hrs, incapacitation >4 weeks) 5 –Very High (single or multiple)	1 – Unlikely (almost never) 2 – Possible (occurs rarely) 3 – Very Possible (could occur, but uncommon) 4 – Likely (recurrent but not frequent) 5 – Very likely (occurs frequently)

	Nil	Slight	Moderate	High	Very High
Unlikely	1	2	3	4	5
Possible	2	4	6	8	10
Very Possible	3	6	9	12	15
Likely	4	8	12	16	20
Very likely	5	10	15	20	25

The risk rating (high, medium or low) indicates the level of response required to be taken when designing the action plan.

Rating Bands (a x b)		
LOW RISK (1 – 8)	MEDIUM RISK (9 - 12)	HIGH RISK (15 - 25)
Continue, but review periodically to ensure controls remain effective	Continue, but implement additional reasonably practicable controls where possible and monitor regularly	-STOP THE ACTIVITY- Identify new controls. Activity must not proceed until risks are reduced to a low or medium level



Highways Maintenance

Risk Management - Assessment Report

Risk Area: Environmental Management
Assessment Framework: PCGS008 - MANUAL HANDLING AND MOVING HEAVY EQUIPMENT
Work Area or Activity: MANUAL HANDLING AND MOVING HEAVY EQUIPMENT ROW008/PCGS008
Competent Person: Tracy Sutton
Groups Affected: Contractors
 Staff
 Volunteers
 Work experience students

Notes:

This is a review of an assessment carried out on 23/05/2013 This is a review of an assessment carried out on 22/01/2015 It was marked as 'nothing had changed' by Tracy Sutton on 15/11/2016 This is a review of an assessment carried out on 15/11/2016 It was marked as 'nothing had changed' by Tracy Sutton on 30/10/2017

Assessed on:

30/10/2017

To be Reviewed on:

30/10/2020

Risk Rating: Below 9 - Low Risk
 9 to 14 - Medium Risk
 15 or above - High Risk

What are the Hazards?	What is already being done?	Is this considered satisfactory?	Risk Findings
When transporting or supporting loads by hand or using bodily force do you ensure you take all precautions?	Never lift loads heavier than you can comfortably manage with two hands. Refer to HSE guidance. Refer to risk assessment Remote and/or lone working during working hours & outside working hours/hours of darkness ROW 002/PCGS 002 and Somerset County Council Policy Manual Handling HS 026.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
When transporting or supporting loads by hand or using bodily force have you positioned your feet correctly?	? Position yourself close to the load with the heaviest side of the load next to your body. ? Feet apart giving a balanced and stable base for lifting. ? Pointing in the direction you intend to go, position the leading leg as far forward as possible.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
When transporting or supporting loads by hand or using bodily force have you adopted a good posture?	? If lifting from a low level, bend the knees being careful not to kneel or over flex. ? Keep your back straight maintaining its natural curve. ? Lean forward a little over the load if necessary to get a good grip using both hands. ? Keep the shoulders level and facing in the same direction as your hips.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2

When transporting or supporting loads by hand or using bodily force have you got a firm grip and lift?	? Try to use a hook grip rather than straight fingers. ? Keep the load close to your body. ? If you need to alter your grip do so smoothly. ? Lift smoothly through your legs keeping your back straight. ? Do not twist the body when turning to one side.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
When transporting or supporting loads by hand or using bodily force do you ensure you use mechanical aids where feasible?	Make use of wheelbarrows or sack trucks where possible.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
When transporting or supporting loads by hand or using bodily force are you aware you should only manually handle loads over the shortest distance possible?	If necessary take frequent breaks.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
When transporting or supporting loads by hand or using bodily force do you always assess the environment in which you are working?	Always assess ground conditions before manual handling loads on site.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
When transporting or supporting loads by hand or using bodily force do you ensure appropriate PPE is worn?	The minimum requires strong steel capped boots/shoes.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2

Tracy Sutton

Signed 

Dated 13/11/17

Co-ordinator

Signed 

Dated 9/11/17

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Highways Maintenance

Risk Management - Assessment Report

Risk Area: Environmental Management
Assessment Framework: ROW012 - USE OF BRUSHCUTTERS AND STRIMMERS
Work Area or Activity: USE OF BRUSHCUTTERS AND STRIMMERS ROW012
Competent Person: Tracy Sutton
Groups Affected: CONTRACTORS
 PUBLIC
 ROW STAFF
 VOLUNTEERS
Notes: Trigger time review
 Service time frame reviewed
 Vegetation removal reviewed

This is a review of an assessment carried out on 18/10/2013 This is a review of an assessment carried out on 27/01/2015

This is a review of an assessment carried out on 12/06/2015
 It was marked as 'nothing had changed' by Tracy Sutton on 15/11/2016

This is a review of an assessment carried out on 15/11/2016

Assessed on:

30/10/2017

Risk Rating: Below 9 - Low Risk
 9 to 14 - Medium Risk
 15 or above - High Risk

To be Reviewed on:

30/10/2018

What are the Hazards?	What is already being done?	Is this considered satisfactory?	Risk Findings
In relation to injury from general use of brushcutter and/or strimmer have operator(s) been trained?	Ensure all operator(s) have been suitably trained by a recognised body. Copies of all relevant certificates to be retained by ROW Maintenance and Development Team or other person(s) appointed by the ROW Maintenance and Development Team.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to injury from general use of brushcutter and/or strimmer what PPE is required?	Full Personal Protective Equipment (PPE) worn at all times while operating machinery. Steel toe capped boots, safety visor, goggles (if appropriate), ear defenders, gloves, suitable coveralls and full quick release safety harness.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3

In relation to injury from general use of brushcutter and/or strimmer what checks are made before use?	Operator(s) to carry out a full PPE safety check before works commence and at regular intervals during use. Ensure PPE satisfies all up to date safety guidelines. Full visual and operating safety checks to be carried out before work commences.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to injury from general use of brushcutter and/or strimmer what signage is required?	Ensure appropriate safety notices/signs are displayed at all times during use. Machine must have clearly visible safety icons.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to injury from general use of brushcutter and/or strimmer what maintenance system is in place?	Ensure at the very least, equipment to be independently serviced at least every six months (or twelve depending on usage). Regular minor service checks to be carried out by qualified operators. Maintenance record sheet for each machine to be kept up to date.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to injury from general use of brushcutter and/or strimmer do you follow set maintenance guidelines?	Ensure that brushcutter and/or strimmer is serviced in accordance with manufacturers recommendations.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to injury from general use of brushcutter and/or strimmer is provision made for injuries?	Ensure a suitable portable eyewash station is available on site while works being carried out if possible. First aid kit to be on site at all times.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to working in close proximity to highways what safety clothing should be worn?	All personnel to wear suitable high visibility jackets (with sleeves).	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to hand-arm vibration syndrome (HAVS) do you take necessary precautions?	Refer to manufacturers vibration emission information supplied with the tool. Refer to Health and Safety Executives guidance to controlling Hand-Arm Vibration.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to hand-arm vibration syndrome (HAVS) do you take necessary precautions with the machines?	Ensure you purchase suitable tools with the lowest vibration emission possible.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to hand-arm vibration syndrome (HAVS) if available what checks should be made on existing machines?	Ensure tools are fitted with adequate anti vibration devices/features.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to hand-arm vibration syndrome (HAVS) in order to prevent avoidable increases in vibration, is equipment regularly checked?	Equipment should be regularly maintained in accordance with manufacturers recommendations, paying particular care to ensure any anti vibration devices/features fitted to the tool are in good working order and effective. All defective tools should be repaired by a competent person or, if necessary, replaced.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3

In relation to hand-arm vibration syndrome (HAVS) what personal measures can be taken?	In order to encourage good blood circulation, ensure you keep your body, especially your hands, warm and dry. Wear suitable gloves where appropriate.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to hand-arm vibration syndrome (HAVS) do you follow a prescribed safe system of work?	Ensure you follow the Health and Safety Executive point system, which demonstrates a safe daily level of exposure to vibration. Operators should take a 10 minute break after every tank of fuel with a 30 minute break after every 3 tanks.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to hand-arm vibration syndrome (HAVS) what restrictions are put on length of use?	The daily limit is 100 points using the Health and Safety Executive point system. Based on typical tool vibration data supplied by the Health and Safety Executive, you should not expose yourself to vibration from powered hand tools over 100 points. Check your machine manual for the vibration data and do not exceed exposure limit level (ELV) time for grip the piece of machinery you are using e.g. KM 130 'combi' has 2.0m/s for the vibration measurement which hits 100 points over 12 hours of use.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to hand-arm vibration syndrome (HAVS) what ways can exposure be reduced?	Ensure you plan work to avoid being exposed to vibration for long continuous periods within the limit suggested by the Health and Safety Executive. Take regular breaks and, if possible, rotate tasks between personnel.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to hand-arm vibration syndrome (HAVS) are you aware what symptoms to look for?	If you experience a combination of the following symptoms, inform the Rights of Way Team's Health and Safety Coordinator immediately: - ? Tingling and numbness in fingers; ? Not being able to feel things properly; ? Loss of strength in hands; and ? Fingers going white and becoming red and painful on recovery.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to injury resulting from contact with blade/nylon what parts of the machine should be avoided?	Ensure you keep hands and feet clear of rotating blades/head.	Yes	Risk Findings Severity:4 Likelihood:1 Risk Rating:4
In relation to injury resulting from contact with blade/nylon do you carry out pre-use checks?	Ensure cutting head and guards are used, in good condition and are fitted correctly.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3

In relation to injury resulting from contact with blade/nylon what safe working distances should be observed?	Ensure a clear working distance of 15m is maintained between all personnel while machinery is being operated. If personnel do come within 15m the throttle should be released and the blade/head lowered to the ground until they pass.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to injury resulting from contact with blade/nylon are you aware what precautions are to be taken before inspections take place?	Machinery must be switched off before any cleaning or maintenance is carried out.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to transporting, carrying and storing brushcutter and/or strimmer are precautions taken?	Brushcutter and/or strimmer are to be carried and stored blade side down. If appropriate, blade should be suitably covered.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to transporting, carrying and storing brushcutter and /or strimmer is local environment observed before work starts?	Assess ground conditions before moving brushcutter and/or strimmer onto site. Refer to risk assessment Working near or close to steep gradients and inclines ROW 029/PCGS 029.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to injury from exhaust fumes, refueling and fire are you aware where the machine should be used?	Brushcutter and/or strimmers should not be run indoors or within enclosed spaces.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to injury from exhaust fumes, refueling and fire what precautions should personnel take?	Personnel are not to smoke or operate equipment close to naked flames. Refer to COSHH Assessment petrol (unleaded) and Two Stroke Oil. Consult SCC Health and Safety document HS-008 Hazardous Substances.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to injury from exhaust fumes, refueling and fire are you aware of the machine temperature?	Allow brushcutter and/ or strimmer to cool before refueling.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to injury from exhaust fumes, refueling and fire do you take further precautions regarding the machine temperature?	Ensure you keep body clear of hot exhaust systems.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to cutting, moving and stacking vegetation do you leave the work area in a safe condition?	Leave path in a safe and accessible condition. Do not leave large cut vegetation lying across a public/permissive right of way. Ensure you dispose/remove of this vegetation safely.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to cutting, moving and stacking vegetation is work area clearly visible?	If necessary, tape off/define area of working. Ensure all safety signs/notices are visible at both ends of the work area.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to cutting, moving and stacking vegetation what should be done with cut material?	Ensure material (particularly logs) are stacked safely and securely. Refer to risk assessment Manual handling and moving heavy equipment ROW 008/PCGS 008.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2

In relation to cutting, moving and stacking vegetation what PPE should be worn?	Appropriate PPE to be worn when using tools. The minimum requirements include gloves, strong shoes/boots.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to cutting, moving and stacking vegetation are personnel working safely?	Appropriate and safe working distances maintained between personnel.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to cutting, moving and stacking vegetation how should the material be left?	Ensure you never leave vegetation (particularly small trees, limbs branches etc.) partially cut.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to noise what PPE should be worn?	All operators to wear ear defenders all the time when using the machine. Refer to Health and Safety Executive Noise at Work guidance and brushcutter/trimmer manufacturers guidance. All personnel working in area to wear ear defenders at all times whilst machine is running.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3

Tracy Sutton

Signed 

Dated 13/11/17

Co-ordinator

Signed 

Dated 9/11/17

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Highways Maintenance

Risk Management - Assessment Report

Risk Area: Environmental Management
Assessment Framework: ROW014 - STORING AND HANDLING FUEL FOR PETROL DRIVEN MACHINERY
Work Area or Activity: STORING & HANDLING FUEL FOR PETROL DRIVEN MACHINERY ROW014
Competent Person: Andy Stevenson
Groups Affected: CONTRACTORS
PUBLIC
ROW STAFF
VOLUNTEERS

Notes:

This is a review of an assessment carried out on 13/09/2010 This is a review of an assessment carried out on 30/05/2012 It was marked as 'nothing had changed' by Andy Stevenson on 27/08/2014 This is a review of an assessment carried out on 27/08/2014

This is a review of an assessment carried out on 08/06/2015
It was marked as 'nothing had changed' by Andy Stevenson on 14/06/2016

This is a review of an assessment carried out on 14/06/2016

Assessed on:

14/06/2016

To be Reviewed on:

14/12/2017

Risk Rating:	Below 9 - Low Risk 9 to 14 - Medium Risk 15 or above - High Risk
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What are the Hazards?	What is already being done?	Is this considered satisfactory?	Risk Findings
In relation to storing fuels at workshop/store do you monitor the quantity kept?	Ensure you only store fuel required for day to day requirements. Do not stockpile fuel on site.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to storing fuels at workshop/store how is fuel to be kept?	Fuel is to be stored at all times in approved 5 litre fuel cans that satisfy up to date British Standards and/or HSE guidance. Refer to SCC Rights of Way COSHH Assessment - Petrol (unleaded) & Two Stroke Mix.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to storing fuels at workshop/store are all fuel cans safe for use?	All fuel cans should be fitted with an overfill preventing hose.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to storing fuels at workshop/store are fuel cans fit for purpose?	Fuel should be regularly checked for leaks, damage etc. Fuel cans must be replaced as required.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2

In relation to storing fuels at workshop/store if necessary, are fuel cans correctly positioned?	Fuel cans should be stored in a suitably located, ventilated, and lockable purpose built ?Fuel Safe?. Fuel safe to meet current Health and Safety Executive guidance.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to storing fuels at workshop/store are safety signs in place?	Conspicuous notices to be displayed on fuel safe (and fuel cans if appropriate). Refer to Health and Safety Executive guidance.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to storing fuels at workshop/store when should fuel be moved?	Fuel should only be taken from the store when needed and immediately returned to the fuel safe when no longer required.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to storing fuels at workshop/store do you ensure personnel follow safe working practises?	Ensure there are no ignition sources close to the fuel. Personnel not to smoke or operate machinery (including mobile phones) within the vicinity of fuel.	Yes	Risk Findings Severity:4 Likelihood:1 Risk Rating:4
In relation to storing fuels at workshop/store are fire extinguishers available?	Fire extinguishers suitable for fuel fires must be located on site and personnel competent to use them.	Yes	Risk Findings Severity:4 Likelihood:1 Risk Rating:4
In relation to transporting fuel to work site do you ensure you small quantities are carried?	Only take fuel required for the work to be undertaken that day.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to transporting fuel to work site what fuel cans should be used?	Ensure you only transport fuel in an approved 5 litre fuel can(s) that satisfy up to date British Standards and/or HSE guidance. Refer to SCC Rights of Way COSHH Assessment - Petrol (unleaded) & Two Stroke Mix.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to transporting fuel to work site are safety checks made before setting off?	Ensure cans are securely closed before transportation.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to transporting fuel to work site is specific fuel carrying receptacle used?	Where appropriate, fuel to be transported in a purpose built and secure vehicle ?Fuel Safe?.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to transporting fuel to work site if appropriate, is signage displayed?	Conspicuous advisory/warning notices to be displayed on the vehicle. Refer to Health and Safety Executive guidance. Refer to risk assessment Driving council vehicles including 4 x 4 & staff driving their own vehicle ROW 003/PCGS 003.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to transporting fuel to work site when should fuel be away from the vehicle?	Fuel should only be taken from vehicle/fuel safe when needed and immediately returned to the vehicle/fuel safe when no longer required.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3

In relation to transporting fuel to work site do you ensure the area around the fuel is safe?	Ensure there are no ignition sources close to the fuel. Personnel not to smoke or operate machinery (including mobile phones) within the vicinity of fuel.	Yes	Risk Findings Severity:4 Likelihood:1 Risk Rating:4
In relation to transporting fuel to work site is a fire extinguisher available?	Ensure a suitable fire extinguisher carried with vehicle when transporting fuel.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to refueling equipment on site are all fuel cans fit for purpose?	Fuel cans to be fitted with an overfill preventing hose/nozzle.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to refueling equipment on site are all precautions taken?	Fuel stored in a designated area, away from the area of working. Refueling only to take place in the designated area. Refer to SCC Rights of Way COSHH Assessment - Petrol (unleaded) & Two Stroke Mix.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to refueling equipment on site do you ensure the area is safe?	Ensure there are no ignition sources close to the fuel. Personnel not to smoke or operate machinery (including mobile phones) within the vicinity of fuel.	Yes	Risk Findings Severity:4 Likelihood:1 Risk Rating:4
In relation to storing and handling fuel what further precautions should be taken?	Consult SCC Health and Safety document HS-008 Hazardous Substances.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2

Andy Stevenson Signed Dated

Co-ordinator Signed Dated

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Highways Maintenance

Risk Management - Assessment Report

Risk Area: Environmental Management
Assessment Framework: ROW 037 PARISH PATH LIAISON OFFICERS AND TRAILWATCHERS
Work Area or Activity: PARISH PATH LIAISON OFFICERS, TRAIL WATCHERS & OTHER VOLUNTEERS ROW037
Competent Person: Andy Stevenson
Groups Affected: LANDOWNERS
 PUBLIC
 ROW STAFF
 VOLUNTEERS

Notes:

This is a review of an assessment carried out on 18/11/2010 This is a review of an assessment carried out on 30/05/2012 This is a review of an assessment carried out on 22/01/2015 This is a review of an assessment carried out on 02/06/2015 It was marked as 'nothing had changed' by Tracy Sutton on 16/01/2018

Assessed on:	16/01/2018	Risk Rating:	Below 9 - Low Risk
To be Reviewed on:	16/01/2021		9 to 14 - Medium Risk
			15 or above - High Risk

What are the Hazards?	What is already being done?	Is this considered satisfactory?	Risk Findings
In relation to lone working, unknown whereabouts and/or loss of communication what safe practises are to be followed?	Participants advised to let a close family member or friend know where they are going, how long they will be and when they return.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to lone working, unknown whereabouts and/or loss of communication what further precautions can be taken?	Participants advised to ensure their close family member or friend are contactable while they are out surveying/ carrying out role. Close family member or friend to raise the alarm if participant does not return when expected.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to lone working, unknown whereabouts and/or loss of communication how should participants maintain contact?	Participants advised to carry a fully charged mobile phone and as far as reasonably practicable ensure they are contactable in the location they are active.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
What precautions are taken regarding the weather conditions?	Participants advised to refer to daily weather forecast for the area before setting off. If poor weather is forecast postpone activity until conditions improve.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2

In relation to the weather conditions what ongoing precautions should be taken?	Participants to continually monitor the weather conditions. If conditions worsen (cold, wet, wind speeds, heat, snow, fog etc) immediately cease activity and return home. Inform family member or friend of location and plans.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to the weather conditions what clothing should be worn and/or supplies taken?	Participants advised to wear appropriate clothing taking into account weather conditions i.e. waterproof coat, trousers and boots if raining. Participants advised if working during periods of hot sun, extreme heat and high humidity to carry plentiful supplies of water and take regular breaks. Participants also advised to wear suitable clothing to prevent sun burn i.e. long sleeved shirts with collars, hats etc. If necessary apply a UVR blocking sun cream to exposed areas of skin.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to surveying paths close to ponds, lakes, streams and rivers what precautions should be taken?	Participants advised to keep to the public/permissive right of way. Participants advised to always try to keep to the side of the path furthest away from the waters edge.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to surveying paths close to ponds, lakes, streams and rivers what further precautions should be taken?	Participants advised that if path is flooded or there are signs that a pond, lake or watercourse could burst it's banks, leave the path immediately following a suitable safe route - do not try and wade through a path where water levels are dangerously high or water fast flowing.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to surveying paths close to ponds, lakes, streams and rivers what actions should be taken if there is water across the path?	Participants advised not to cross the water unless it is safe to do so i.e. less than 250 mm deep, not flowing/very slow flowing and there is solid ground underneath. If participants choose to cross water appropriate safety equipment to be worn i.e. Buoyancy aid and wellington boots. If possible follow an alternative route at a safe distance from the waters edge. Participants to advise ROW staff of any issues encountered.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3

In relation to surveying paths close to ponds, lakes, streams and rivers what ongoing checks are to be made?	Participants advised that where a path follows a watercourse bank, to visually check and continue to monitor bank conditions. Do not follow a path where the bank appears unstable or is severely eroded. If possible follow an alternative route a safe distance from the waters edge.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to dilapidated/dangerous access furniture including bridge crossings what precautions are taken?	Participants advised to visually check all access furniture before use e.g. stile steps, rails etc. Do not attempt to use furniture you consider to be in a dangerous condition. Participants advised to visually assess bridge crossings and continue to do so all the way across; retrace steps if concerned about the condition of the bridge. If possible use an alternative route/crossing. Participants to advise ROW staff of any issues encountered.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to loose/dangerous dogs what precautions should be taken?	Participants advised never to approach, greet or stroke a dog (whether or not it is accompanied by its owner). Ask dog owner to restrain dog if they are nearby. If a dog without its owner approaches remain motionless with hands by your sides. Do not run or show fear. Keep the dog in sight but try to avoid eye contact. Once the dog loses interest back away slowly to a place of safety. If bitten seek medical advice immediately. Participants to advise ROW staff of any issues encountered - if an incident occurs ROW staff will complete European Education Consultants incident reporting form.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to loose livestock what precautions should be taken?	Participants advised not to approach, greet or stroke livestock. If stock becomes agitated or dangerous leave the area immediately following a safe route. If loose stock chases you or your dog it is safer to let go of the lead. If stock approaches you turn around and face them; if necessary take a couple of steps towards them while waving your arms and shouting. As livestock disperses continue on your route if it is safe to do so or follow an escape route. Participants to advise ROW staff of any issues encountered - if an incident occurs ROW staff will complete European Education Consultants incident reporting form.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3

In relation to trees and obstructions, such as barbed wire or electric fencing, what precautions should be taken?	Participants advised to visually check public/permissive paths for obstructions. Participants advised that if the path is blocked, or partially blocked by a fallen tree, assess the size and stability of the tree first from a safe distance. If appropriate, approach the obstruction and assess whether it is safe to negotiate the obstruction taking into account the size, position of the tree and the lie of the surrounding land. If the tree is considered dangerous follow an alternative route returning to the path as soon as it is safe to do so. Participants to advise ROW staff of any issues encountered.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to obstructions, such as barbed wire or electric fencing, what further precautions should be taken?	Participants advised not to attempt to climb obstructions such as fences that you cannot comfortably and safely step over. If the path is obstructed follow an alternative safe route returning to the path as soon as it is safe to do so. Participants to advise ROW staff of any issues encountered.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to ground conditions what precautions should be taken?	Participants advised to keep to the public/permissive path. Continue to visually assess ground conditions underfoot along the route. Participants advised not to attempt to negotiate a path that exceeds your capabilities in terms of distance, gradient etc. If necessary follow an alternative safe route and return to the path as soon as it is safe to do so. Participants to advise ROW staff of any issues encountered.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to ground conditions what further precautions should be taken?	Participants advised to wear appropriate footwear - stout/sturdy walking boots/shoes with suitable deep tread.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to crossing public highways e.g. roads what precautions should be taken?	Participants advised to cross roads where it is safe to do so following the "Green Cross Code". Participants advised if the need arises to walk along a public highway along the pavement. If there are no pavements, walk as close to the verge as it is safe to do so on the side of oncoming traffic. Participants advised that if a car approaches and it is safe to do so, stop until the vehicle passes. Participants advised to leave the public highway as quickly as it is safe to do so.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3

In relation to crossing public highways e.g. roads what further precautions should be taken?	Participants to wear high visibility jackets with sleeves whilst on or near public highway if they have been supplied.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to verbal and/or physical abuse what precautions are taken?	If a person(s) becomes threatening, abusive or threatens physical violence do not antagonise them or argue. Do not allow your safety to be compromised and if necessary leave the site immediately. Participants to advise ROW staff of any issues encountered - if an incident occurs ROW staff will complete European Education Consultants incident reporting form.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to Lyme disease what precautions are taken?	Participants advised to wear long sleeved shirts and tuck trousers into thick socks in high risk areas. Participants advised to wear strong/sturdy shoes/boots.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to Lyme disease what actions are taken if ticks are suspected?	Participants to carry out a thorough "Tick Check" after each activity. If a tick is found on their body participants should seek medical advice. Participants to advise ROW staff of any issues encountered - if an incident occurs ROW staff will complete European Education Consultants incident reporting form.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to poisonous/toxic plants, stings and bites what precautions should be taken?	Participants to monitor path for bee, wasp and/or hornet nests and advised not to approach nests. Participants advised to visually check the path for snakes and advised not to approach snakes. Participants advised to wear stout/sturdy walking boots/shoes. Participants advised that if they are stung or bitten they seek suitable medical advice and/or assistance. Participants advised not to pick, or touch plants they do not know to be non toxic or poisonous. Participants to advise ROW staff of any issues encountered - if an incident occurs ROW staff will complete European Education Consultants incident reporting form.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3

In relation to litter and discarded sharps what precautions should be taken?	Participants advised to continually monitor path while out surveying/walking taking particular care of sharp objects e.g. broken glass, cans etc. Participants advised not to pick up litter or sharp objects and if necessary report matter to ROW staff. Participants advised to wear stout/sturdy walking boots/shoes.	Yes	Risk Findings Severity:3 Likelihood:1 Risk Rating:3
In relation to using secateurs, loppers, handsaws or bowsaws what precautions are taken?	Participants advised to make sure the pair of secateurs, loppers, handsaws or bowsaw they are using are in good working order. They should have a sharp blade and a fully working locking mechanism. Participants advised not to use tools to cut vegetation beyond what they are capable of and to follow manufacturers recommendations. Participants advised to always wear suitable gloves when using hand tools particularly if cutting thorny vegetation.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to using secateurs, loppers, handsaws or bowsaws what further precautions are taken?	Participants advised never to over reach when using secateurs, loppers, handsaws or bowsaws and make sure they are standing on a firm and preferably level surface. Participants advised to always make sure secateurs are locked with the blade in the closed position when not in use. Do not use non-locking secateurs.	Yes	Risk Findings Severity:2 Likelihood:1 Risk Rating:2
In relation to working near highways what precautions should be taken?	Participants to always wear high visibility jackets with long sleeves when carrying out the role. No work to be carried out in the carriageway or on trunk roads and A roads. Work maybe carried out from pavements or footways beside other roads.	Yes	Risk Findings Severity:4 Likelihood:1 Risk Rating:4

TRACY SUTTON
Andy Stevenson

Signed 

Dated 16 01 18

Co-ordinator

Signed 

Dated 24 / 1 / 18

Copyright:- This Assessment is to be used for activities which are organised by, or participated in by, individuals associated with the Establishment identified in the title block or other establishments federated with it.



COSHH Assessment

You need to have the substance's Safety Data Sheet to fill out this form.
Data Sheets are available from the supplier.

Information about the substance (from the safety data sheet)

Service Area or Establishment: Rights of Way (Environmental Management)

Substance/material: Petrol - unleaded

Trade name:

What is the substance used for?

(E.g. cleaning surfaces, treating floors)

Fuel for petrol driven machinery including chainsaw, strimmer/brushcutters, hedgecutter and pole saw.

Is the substance: (look at section 3 of the data sheet)

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Highly Flammable? | <input checked="" type="checkbox"/> Toxic? | <input type="checkbox"/> Sensitising? | <input type="checkbox"/> Other? (please specify) |
| <input type="checkbox"/> Flammable? | <input type="checkbox"/> Corrosive? | <input checked="" type="checkbox"/> Irritant? | |
| <input type="checkbox"/> Oxidising? | <input checked="" type="checkbox"/> Harmful? | | |

Is the substance hazardous to health when:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> In contact with skin? | <input checked="" type="checkbox"/> Breathed in? | <input type="checkbox"/> Other (specify below) |
| <input checked="" type="checkbox"/> In contact with eyes? | <input checked="" type="checkbox"/> Swallowed? | |

How the substance is being used at your workplace

How is the substance being used?

(E.g. diluted in water, applied with a brush, sprayed)

Mixed with two stroke oil. Equipment refuelled using appropriate fuel containers

Approximately how much is used every week?

(i.e. approx amount in litres or kilos as appropriate.)

Maximum of 5 litres per machine per week

Who is exposed to the substance?

(E.g. those using it, pupils, service users, etc.)

ROW Volunteers, ROW staff, public

Does the substance present additional risks to certain groups or individuals?

(E.g. young people, expectant mothers.)

Control measures

Could a less hazardous substance be used to do the same job?

(If you don't know, please contact your supplier for further information.)

☐ Yes ☒ No

Controls (sections 7 & 15 of data sheet): What controls are required for this substance, other than Personal Protective Equipment (PPE)?

(E.g. well ventilated areas, not in spray/mist form, mechanical ventilation, authorised persons only.)

1) Ensure adequate ventilation and avoid breathing vapours. 2) Store away from all sources of heat, ignition and open flame. 3) Do not smoke, eat or drink whilst handling fuel, 4) launder contaminated clothing before re-use.

PPE (section 8 of data sheet): Is any Personal Protective Equipment required when using the substance?



☒ Eye protection? (state type required)

Use appropriate goggles if risk of eye contact



☒ Gloves? (state type required)

If risk of spillage or contact with skin impervious gloves of nitrile rubber or PVC should be worn +



☒ Overalls/clothing? (state type required)

if risk of spillage or contact with skin, coveralls should be worn +



☐ Mask/respirator? (state type required)

Unlikely to be required in normal use

Storage (section 7): **How should the substance be stored?**

(E.g. locked cupboard which is appropriately labelled signed, away from other substances, etc.)

If appropriate a suitably located, signed, ventilated and lockable fuel safe. Otherwise 5 litre fuel cans that satisfy up to date British Standards and HSE guidance.

Have people using the substance been provided with information / training on its use?

(As a minimum ensure a copy of this assessment is in a known and readily accessible location.)

☒ Yes ☐ No

Other precautions and emergency procedures**Spillages** (look at

section 6): How should an accidental release or spillage be dealt with?

1) Spillages or leaks should be treated as a fire/explosion risk. 2) If necessary alert fire brigade. 3) eliminate all sources of ignition. 4) If possible contain spillage soak up residual fluids using sand, sawdust or earth.

First Aid (look at

section 4): What should be done if the substance is:

Swallowed?

1) Do not induce vomiting. 2) Seek medical attention if symptoms persist.

In contact with eyes?

1) Wash with water for at least 15 minutes. 2) Obtain medical attention if pain or redness develops.

Inhaled?

1) Move to ventilated area with plenty of fresh air. 2) Seek medical attention.

In contact with skin?

1) Remove contaminated clothing. 2) Thoroughly Wash exposed skin. 3) seek medical advice

Fire precautions (look at section 5): What actions should be taken in the event of fires involving this substance?

1) Use Carbon dioxide, dry powder or foam extinguisher(s). 2) For small fires, sand or earth may be used.

Chemical reactions (look at section 10): Is there any other substance that this substance must not come into contact with?

Avoid strong oxidising materials.

Disposal (look at section 13): How should the substance be disposed of (or not disposed of)?

Dispose in accordance with local authority/national regulations relating to hazardous waste.

Health surveillance: Do staff using the substance require any health surveillance?

Only in event of prolonged or repeated exposure.

ASSESSMENT OF RISK

Are all the controls detailed above currently in place?

☒ Yes ☐ No

If these controls are not in place, or additional controls are required, state remedial actions to be taken:

Remedial actions required	Date for completion
N/A	
N/A	

Are hazards to health adequately controlled with control measures in place?

☒ Yes ☐ No

Assessor(s) name: Andy Stevenson	Assessor(s) signature:	Date: 14 Jan 2016
<i>The Line Manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required.</i>		
Line Managers name: Peter Hobley	Line Managers signature:	Date: 14 Jan 2016
Remedial actions complete: (Date) N/A	Line Managers signature:	Reviewed on: (Date)



COSHH Assessment

You need to have the substance's Safety Data Sheet to fill out this form.
Data Sheets are available from the supplier.

Information about the substance (from the safety data sheet)

Service Area or Establishment: Rights of Way (Environmental Management)

Substance/material: Two Stroke Oil

Trade name:

What is the substance used for?

(E.g. cleaning surfaces, treating floors)

Mixing with fuel for petrol driven machinery including chainsaw, strimmer/brushcutters, hedgecutter and pole saw.

Is the substance: (look at section 3 of the data sheet)

☐ Highly Flammable?

☐ Toxic?

☐ Sensitising?

☒ Other? (please specify)

☐ Flammable?

☐ Corrosive?

☒ Irritant?

Repeated contact with skin may result in skin irritation

☐ Oxidising?

☐ Harmful?

Is the substance hazardous to health when:

☒ In contact with skin?

☐ Breathed in?

☐ Other (specify below)

☐ In contact with eyes?

☐ Swallowed?

How the substance is being used at your workplace

How is the substance being used?

(E.g. diluted in water, applied with a brush, sprayed)

Premixed with unleaded fuel. Equipment refuelled using appropriate fuel containers

Approximately how much is used every week?

(i.e. approx amount in litres or kilos as appropriate.)

Maximum of 1 litre per machine per week

Who is exposed to the substance?

(E.g. those using it, pupils, service users, etc.)

ROW Volunteers, ROW staff, public

Does the substance present additional risks to certain groups or individuals?

(E.g. young people, expectant mothers.)

Control measures

Could a less hazardous substance be used to do the same job?

(If you don't know, please contact your supplier for further information.)

☐ Yes

☒ No

Controls (sections 7 & 15 of data sheet): What controls are required for this substance, other than Personal Protective Equipment (PPE)?

(E.g. well ventilated areas, not in spray/mist form, mechanical ventilation, authorised persons only.)

1) Ensure adequate ventilation and avoid breathing vapours. 2) Store away from all sources of heat & oxidising chemicals. 3) Keep containers tightly closed and store in a cool, dry well ventilated place. 3) Wash hands after handling oil.

PPE (section 8 of data sheet): Is any Personal Protective Equipment required when using the substance?



☒ Eye protection? (state type required)

Use appropriate goggles if risk of eye contact



☒ Gloves? (state type required)

If risk of spillage or contact with skin impervious gloves of nitrile rubber or PVC should be worn +



☒ Overalls/clothing? (state type required)

if risk of spillage or contact with skin, coveralls should be worn



☐ Mask/respirator? (state type required)

Unlikely to be required in normal use

Storage (section 7): How should the substance be stored?

(E.g. locked cupboard which is appropriately labelled signed, away from other substances, etc.)

1) Store away from all sources of heat & oxidising chemicals. 2) Keep containers tightly closed and store in a cool, dry well ventilated place.

Have people using the substance been provided with information / training on its use?

(As a minimum ensure a copy of this assessment is in a known and readily accessible location.)

☒ Yes ☐ No

Other precautions and emergency procedures

Spillages (look at section 6): How should an accidental release or spillage be dealt with?

1) Contain and collect spillage using inert materials such as earth, sand and floor granules. Protect drains and water courses from potential spills. If contamination occurs contact the Environment Agency hotline on 0800 807060

First Aid (look at section 4): What should be done if the substance is:

Swallowed?
1) Do not induce vomiting. 2) Seek medical attention if symptoms persist.

In contact with eyes?

1) Wash eyes with plenty of water for at least 10 minutes 2) Seek medical attention if symptoms persist.

Inhaled?

1) Move to well ventilated area. 2) Seek medical attention if symptoms persist.

In contact with skin?

1 Remove contaminated clothing. 2 Thoroughly wash exposed skin. 3) Seek medical attention if symptoms persist.

Fire precautions (look at section 5): What actions should be taken in the event of fires involving this substance?

1) Use Carbon dioxide, foam or water extinguisher(s).

Chemical reactions (look at section 10): Is there any other substance that this substance must not come into contact with?

1) Stable product unlikely to react. in a hazardous manner under normal conditions and use

Disposal (look at section 13): How should the substance be disposed of (or not disposed of)?

Dispose in accordance with local authority/national regulations relating to hazardous waste.

Health surveillance: Do staff using the substance require any health surveillance?

Only in event of prolonged or repeated exposure.

ASSESSMENT OF RISK

Are all the controls detailed above currently in place?

☒ Yes ☐ No


If these controls are not in place, or additional controls are required, state remedial actions to be taken:

Remedial actions required	Date for completion
N/A	
N/A	

Are hazards to health adequately controlled with control measures in place?

☒ Yes ☐ No

Assessor(s) name: Andy Stevenson	Assessor(s) signature:	Date: 14 Jan 2016
<i>The Line Manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required.</i>		
Line Managers name: Peter Hobley	Line Managers signature:	Date: 14 Jan 2016
Remedial actions complete: (Date) N/A	Line Managers signature:	Reviewed on: (Date)

Organisation	Somerset County Council	
Title	Hand Arm Vibration HS036	
Author	Fiona Packer	
Owner	Strategic Manager Health and Safety	
Protective Marking	OFFICIAL-Unclassified	

POLICY ON A PAGE

This policy is aimed at managers of employees (and the employees themselves) who frequently and regularly use tools or machinery, such as hand-held power tools, hand-guided powered equipment or powered machines which process hand-held materials. These all transmit vibration into the hands and arms of workers and may cause Hand Arm Vibration Syndrome (HAVS).

Somerset County Council will conduct its activities so that no one should suffer, new or further harm, as a result of undertaking activities requiring the use of vibrating tools and equipment.

In order to comply with the above, this policy provides the Council's rules that must be followed, the standards to be maintained, and signposts to further guidance. It also highlights the risks to users, clients and the Council and the potential consequences of breaching this policy.

This document will be available to: **All Elected Members, Somerset County Council Staff, 3rd Party Contractors, Secondees and Volunteers**

Key Messages

- HAVS is preventable, but once the damage is done, it is permanent.
- Damage from HAVS can include the inability to do fine work and cold can trigger painful finger blanching attacks.
- Health surveillance is vital to detect and respond to early signs of damage.

This “policy on a page” is a summary of the detailed policy document please ensure you read, understand and comply with the full policy

Revision History

Revision Date	Reviser	Version	Description of Revision
16/02/2016	Fiona Packer	V1.0	Draft Version
05/05/2016	Fiona Packer	V2.0	Final Revision
10/01/2017	Fiona Packer	V3.0	Final Version

Document Notification

This document requires the following to be notified:

Approval	Name	Date
Corporate H&S Advisor	Brian Oldham	11 January 2017
Director of HR	Chris Squire	11 January 2017
Chair of HSPSG	Chris Squire or Deputy	11 January 2017

Hand Arm Vibration Syndrome (HAVS)



This document forms part of Somerset County Council's Corporate Health & Safety policy [manual](#), which is available on the [CHSU website](#) and iPost.

Services may supplement this policy with their own specific guidance.

1. [Purpose of Policy](#)
2. [Responsibilities](#)
3. [Health Screening](#)

1 Purpose of Policy

What is Hand Arm Vibration Syndrome (HAVS)?

Hand-arm vibration is vibration transmitted into workers' hands and arms. This can come from the use of hand-held power tools (such as grinders or road breakers), hand-guided equipment (such as powered lawnmowers or pedestrian controlled floor saws) or by holding materials being worked by hand-fed machines (such as pedestal grinders or forge hammers).



Symptoms and effects of HAVS include:

- ~ Tingling and numbness in the fingers which can result in an inability to do fine work (for example, assembling small components) or everyday tasks (for example, fastening buttons);
- ~ Loss of strength in the hands which might affect the ability to do work safely;
- ~ The fingers going white (blanching) and becoming red and painful on recovery, reducing the ability to work in cold or damp conditions, e.g. outdoors.

2 Responsibilities

2.1 Somerset County Council	2.2 Directors & Delegated Senior Managers
2.3 Managers	2.4 Corporate Health and Safety Unit (CHSU).
2.5 Employees/ Volunteers	

2.1 Somerset County Council (SCC) will:

- Conduct its activities so that no one should suffer, new or further harm, as a result of undertaking activities requiring the use of vibrating tools and equipment.

2.2 Directors and Delegated Senior Managers will:

- Provide managers with sufficient information to recognise activities giving rise to significant risks.
- Require managers and supervisors to identify all situations where activities are undertaken by their staff requiring the use of vibrating tools and equipment.
- Ensure that detailed risk assessments are in place to control the effects of all hand held vibrating tools and, as part of the control measures, ensure that health screening of individuals involved in these cases is carried out
- Monitor the frequency and nature of incidents reported where HAVS is identified as a factor
- Follow SCC's policy for the rehabilitation of employees who report a HAVS condition or wish to return to work following an absence related to HAVS
- Ensure that persons, who have received appropriate training and relevant experience only, undertake detailed HAVS risk assessments.

2.3 Managers will:

- Ensure that health screening, of all identified staff, is being followed ([See section 3](#)).
- As part of the induction process, the employees who are likely to be involved in the use of hand held vibrating tools, should receive the HAVS Tier 1 – Initial or baseline assessment questionnaire to complete. This questionnaire should be completed within **2** weeks of joining.

The HAVS initial or baseline assessment questionnaire can be accessed via the following link: <http://extranet.somerset.gov.uk/hr/health-safety-and-wellbeing/occupationalhealth/?assetdet937247=99091>

(Click on the word document, under the heading of OH forms and Guides, and select the Hand Arm Vibration initial assessment questionnaire – located on page 1, 4th item from the bottom)

- Monitor the effectiveness of this policy as part of the appraisal process
- Provide information for all employees on using hand held vibrating tools and ways of avoiding health conditions, which may be related to their use
- Screen task and highlight those situations where the use of vibrating tools exposes persons to significant risk
- Undertake and record detailed assessments to control the effects of all hand held vibrating tools
- Provide formal training for staff, using competent instructors where it has been identified, as a necessary control measure in the risk assessments
- Encourage and remind employees to avoid placing themselves at risk
- Involve their staff in the identification of tasks involving hand held vibrating tools

2.4 The Corporate Health and Safety Unit will:

- Offer advice to managers regarding this policy
- Maintain and communicate this policy
- Monitor the effectiveness of this policy through feedback from the Occupational Health Service provider
- Review this policy at intervals not exceeding 3 years

2.5 Employees/Volunteers will:

- Not place themselves at risk by complying with the control measures detailed in the risk assessment for use with hand held vibrating tools
- Make sure that their manager has explained any risks to them and that they have been shown how to use the work equipment and any associated personal protective equipment (PPE) properly
- Inform their manager of:
 - Any shortcoming they recognise in health and safety arrangements
 - Any condition from which they are suffering which affects their ability to perform operations

3 About Hand Arm Vibration

[3.1 What the law says about Hand Arm Vibration](#)

[3.2. Key Messages about Hand Arm Vibration](#)

3.1 What the law says about Hand Arm Vibration?

The Control of Vibration at Work Regulations 2005 (CVWR) requires an employer to:

- Make sure that risks from vibration are controlled
- Provide information, instruction and training to employees on the risk and the actions being taken to control risk; and
- Provide suitable **health surveillance**.

The CVWR include an exposure action value (EAV) and an exposure limit value (ELV) based on a combination of the vibration at the grip point(s) on the equipment or work-piece and the time spent gripping it. The exposure action and limit values are:

- a daily (8 hour) EAV of 2.5 m/s² A(8) that represents a clear risk requiring management; and
- a daily (8 hour) ELV of 5 m/s² A(8) that represents a high risk above which employees should not be exposed.

Therefore SCC has a duty to reduce the risks from vibration to the lowest level reasonably practicable and to reduce exposure to as low as is reasonably practicable if it is above the EAV. Exposures are NOT allowed to exceed the ELV.

SCC will comply with the CVWR to prevent disability from HAVS. Some people will develop early signs and symptoms of HAVS even at low exposures (for example, if they are susceptible to vibration injury and are regularly exposed to vibration at around the exposure action value, usually for some years). Health surveillance should identify any harm early on, so appropriate action by SCC at this point will prevent disability.

3.2 Key Messages about Hand Arm Vibration

- Hand Arm Vibration Syndrome is preventable, but once the damage is done, it is permanent
- Hand Arm Vibration Syndrome is serious and disabling, and nearly 2 million people are at risk
- Damage from Hand Arm Vibration Syndrome can include the inability to do fine work and cold can trigger painful finger blanching attacks
- The costs to employees and employers of inaction could be high
- There are simple and cost-effective ways to eliminate the risk of Hand Arm Vibration Syndrome
- The CVWR focus on the elimination or control of vibration exposure
- The long term aim is to prevent new cases of Hand Arm Vibration syndrome occurring and enable workers to remain at work without disability
- The most efficient and effective way of controlling exposure to Hand Arm Vibration is to look for new or alternative work methods which eliminate or reduce exposure to vibration
- Health surveillance is vital to detect and respond to early signs of damage

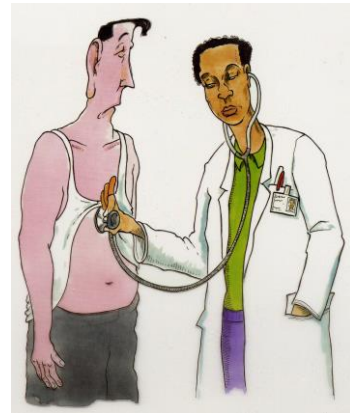
4 Health Screening

4.1 General	4.2 HAVS Tier 1 – Initial or baseline assessment
4.3 HAVS Tier 2 – Annual (screening) questionnaire	4.4 HAVS Tier 3 – Assessment by a qualified practitioner
4.5 Formal diagnosis	

4.1 General

SCC has a statutory responsibility under The Control of Vibration at Work Regulations 2005 (CVWR) to offer HAVS health surveillance to all relevant employees, by risk assessment they can identify which employees require health surveillance.

HSE guidance states that where HAVS health surveillance is required it should be carried out annually but also states that early assessments of newly-exposed workers is recommended, as susceptible individuals can develop symptoms in six months or less. Those established or suspected HAVS should be reviewed more frequently as advised by an Occupational Physician.



Early reporting of any developing symptoms between scheduled assessments must be encouraged, as one of the specific aims of the surveillance is to prevent employees developing a degree of HAVS that is associated with a disabling loss of hand function.

In line with the CVWR 2005, a 4 tiered approach will be made, for the screening of employees and volunteers involved in work using hand held vibrating tools within SCC, by SCC's Occupational Health provider.

A specialist clinician trained in HAVS will carry out the scrutiny of the health questionnaire form. Based on the responses, they will determine if a face to face appointment with an Occupational Health Advisor needs to be arranged for the individual to go through objective tests, e.g. manual dexterity and grip strength test. An Occupational Physician will make the decisions on diagnosis and on fitness for work or the need for redeployment away from vibrating tool exposure.

Any information recorded using forms is to be treated as **Medical in Confidence** and is to be retained on the individuals HR file.

4.2 HAVS Tier 1 – Initial or baseline assessment

New employees, or those changing job roles that will expose them to HAVS for the first time, will be requested to complete a pre-exposure (initial or baseline) questionnaire. The manager should complete Section 1 and ask the employee to complete the remainder of the form and submit it to their manager in a sealed envelope.

The employees who have completed a pre-exposure (initial or baseline) questionnaire are not allowed to undertake any tasks involving hand held vibrating tools until the questionnaire has been scrutinized by SCC's Occupational Health provider.

This questionnaire should be completed within **2** weeks of joining or starting the new role.

The HAVS initial or baseline assessment questionnaire can be accessed via the following link: <http://extranet.somerset.gov.uk/hr/health-safety-and-wellbeing/occupationalhealth/?assetdet937247=99091>

(Click on the word document, under the heading of OH forms and Guides, and select the Hand Arm Vibration initial assessment questionnaire – located on page 1, 4th item from the bottom)

Once the questionnaire has been completed, the manager should:

1. Log on to the OH Portal via this link: www.ohportal.co.uk
2. Select referral type 'Health Assessment' sub type 'Hand Arm Vibration Syndrome'
3. Complete the on screen input form
4. Post the questionnaire to:
OH Assist (SWO)
Unit 2 Meadowcourt
Hayland Street
Sheffield
S9 1BY

Once the questionnaire has been received by OH, they will upload it onto their system and link it to the relevant referral. The health questionnaire will then be reviewed by an Occupational Health Advisor.

Employees with no symptoms suggestive of HAVS, or relevant medical history, will be considered Fit for Work with exposure to HAVS. The report will be available, to the manager, via the OH portal (www.ohportal.co.uk).

Any replies that are suggestive of possible symptoms of HAVS will go on for an objective assessment with an Occupational Health Advisor. This will be automatically progressed on the OH system to a HAVS Tier 3 appointment and the manager will be updated via the OH portal (www.ohportal.co.uk).

4.3 HAVS Tier 2 – Annual (screening) questionnaire

As a follow on from the HAVS Tier 1 – Initial or baseline assessment questionnaire, a second questionnaire has been developed which forms part of the HAVS Tier 2 screening. This questionnaire is called an annual (screening) questionnaire.

The HAVS annual (screening) questionnaire can be accessed via the following link: <http://extranet.somerset.gov.uk/hr/health-safety-and-wellbeing/occupationalhealth/?assetdet937247=99091>

(Click on the word document, under the heading of OH forms and Guides, and select the Hand Arm Vibration annual assessment – located on page 1, 3rd item from the bottom)

This questionnaire is for those already employed by SCC and it should be given to individuals to complete, by their manager, on an annual basis.

This questionnaire is only for individuals who have been involved in carrying out operations involving the use of hand held vibrating tools.

Once the individual has completed the questionnaire, they should submit it to their manager in a sealed envelope.

Once the questionnaire has been completed, the manager should:

1. Log on to the OH Portal via this link: www.ohportal.co.uk
2. Select referral type 'Health Assessment' sub type 'Hand Arm Vibration Syndrome'
3. Complete the on screen input form
4. Post the questionnaire to:
OH Assist (SWO)
Unit 2 Meadowcourt
Hayland Street
Sheffield
S9 1BY

Once the questionnaire has been received by OH, they will upload it onto their system and link it to the relevant referral. The health questionnaire will then be screened by a clinician.

If the individual indicates 'no' to all of the questions on the questionnaire form then no further action will be required and the individual can continue to use hand held vibrating tools. The form will be placed in the individual's medical record file and a report will be available for the manager via the OH portal (www.ohportal.co.uk). This process will then be completed again on an annual basis.

If the individual indicates 'yes' to any of the questions on the questionnaire form then they will be prohibited from carrying out any work with hand held vibrating tools until advice and guidance has been received from SCC's Occupational Health provider.

There will be a possibility of the individual being required to go for a HAVS Tier 3 assessment, depending on the responses to further questions from the clinician.

Those requiring a HAVS Tier 3 assessment will be automatically progressed on the OH system. The form will be placed in their medical record file and a report will be available for the manager via the OH portal (www.ohportal.co.uk).

4.4 HAVS Tier 3 – Assessment by a qualified practitioner

This is a face to face clinical assessment carried out by a suitably trained Occupational Health Advisor.

It is required in the following cases:

- To assess those who report symptoms on Tier 1 or Tier 2 questionnaires. There will be no need for the manager to make a referral – it will be automatically progressed via the OH system.
- Every 3 years for every employee considered at risk, regardless of whether or not they are experiencing symptoms. The manager will need to make a referral using the OH portal (www.ohportal.co.uk) however; a HAVS Tier 3 questionnaire will need to be completed, by the employee, first. The manager will initially need to access the questionnaire and then give it to the employee to complete.

The HAVS Tier 3 questionnaire can be accessed via the following link:

<http://extranet.somerset.gov.uk/hr/health-safety-and-wellbeing/occupationalhealth/?assetdet937247=99091>

(Click on the word document, under the heading of OH forms and Guides, and select the HAV Tier 3 questionnaire – located on page 1, 2nd item from the bottom)

Once the individual has completed the questionnaire, they should submit it to their manager in a sealed envelope.

Once the questionnaire has been completed, the manager should:

1. Log on to the OH Portal via this link: www.ohportal.co.uk
2. Select referral type 'Health Assessment' sub type 'Hand Arm Vibration Syndrome'
3. Complete the on screen input form
4. Post the questionnaire to:
OH Assist (SWO)
Unit 2 Meadowcourt
Hayland Street
Sheffield
S9 1BY

Once the questionnaire has been received by OH, individuals will be invited to attend a face to face clinical assessment carried out by a suitably trained Occupational Health Advisor.

The clinical assessment will be aimed at the vascular and neurological function in the arm and hand.

The assessment will include:

- Musculoskeletal assessment, upper limb disorder physical test;
- Neurological assessment, sensation and pulse testing, e.g. Monofilament test;
- Grip strength/ power assessment, e.g. Dynamometer test; and
- Manual dexterity assessment, e.g. Purdue Pegboard test.

The Occupational Health Advisor will decide whether the individual is Fit for Work with HAVS exposure and offer additional Occupational Health advice.

Where there are concerns, the case will be escalated to a suitably trained Occupational Physician for a Tier 4 assessment. This will be automatically progressed on the OH system and the manager will be updated via the OH portal (www.ohportal.co.uk).

A report will also be available for the manager via the OH portal (www.ohportal.co.uk).

4.5 HAVS Tier 4 – Formal diagnosis

The employee will be automatically escalated to HAVS Tier 4 where clinically indicated during a HAVS Tier 3 assessment.

The employee will be contacted, by OH, via telephone and invited to attend the earliest appointment at the most convenient clinic.

The assessment with an Occupational Physician will take 60 minutes in duration and the doctor will do a physical test. Dependant on the Tier 3 results, they may repeat the contents of the tests.

If a formal diagnosis is made by the Occupational Physician, SCC's Occupational Health provider has a responsibility to report these cases under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to SCC.

A report will be provided to the manager, via the OH portal (www.ohportal.co.uk) regarding the Fitness to Work of the individual concerned and the manager will have the responsibility to report these cases under RIDDOR guidelines.

Appendix 1

Governance Arrangements

Policy Compliance

If any employee is found to have breached this policy, they may be subject to Somerset County Council's [disciplinary procedure](#).

Where it is considered that a criminal offence has potentially been committed, the Council will consider the need to refer the matter to the police.

If you do not understand the implications of this policy or how it may apply to you, seek advice from the Corporate Health and Safety Unit.

Policy Governance

The following table identifies who within Somerset County Council is Accountable, Responsible, Informed or Consulted with regards to this policy. The following definitions apply:

- **Responsible** – the person(s) responsible for developing and implementing the policy.
- **Accountable** – the person who has ultimate accountability and authority for the policy.
- **Consulted** – the person(s) or groups to be consulted prior to final policy implementation.
- **Informed** – the person(s) or groups to be informed after policy implementation.

Responsible	Corporate Health and Safety Unit
Accountable	Chief Executive
Consulted	HR, Unions, Health and Safety Policy Steering Group (HSPSG)
Informed	All Members, employees, contractors, volunteers and 3 rd parties

Review and Revision

This policy will be reviewed as it is deemed appropriate, but no less frequently than every 24 months. Policy review will be undertaken by rolling programme established by the CHSU and agreed by the HSPSG

References

The following Somerset County Council policy documents are directly relevant to this policy, and are referenced within this document:

- [HS 002 Responsibilities Policy:](#)
- [HS 004 Risk Assessment:](#)

The following external links are also available, for further reference and additional guidance:

- HSE website: <http://www.hse.gov.uk/vibration/hav/index.htm>

For more information regarding Occupational Health and/or health surveillance, please refer to the SCC Extranet via the link below:

<http://extranet.somerset.gov.uk/hr/health-safety-and-wellbeing/occupationalhealth/>

For more information on your Occupational Health provider, please refer to their website via this link: <https://swo.ohassist.com/> or telephone them on: 0845 601 8028

5. HAVS – calculating your exposure limits

Exposure points system and ready-reckoner

The table below is a 'ready reckoner' for calculating daily vibration exposures. All you need is the vibration magnitude (level) and exposure time. The ready-reckoner covers a range of vibration magnitudes up to 40 m/s² and a range of exposure times up to 10 hours.

The exposures for different combinations of vibration magnitude and exposure time are given in exposure points instead of values in m/s² A(8). You may find the exposure points easier to work with than the A(8) values:

- exposure points change simply with time: twice the exposure time, twice the number of points;
- exposure points can be added together, for example where a worker is exposed to two or more different sources of vibration in a day;
- the exposure action value (2.5 m/s² A(8)) is equal to 100 points;
- the exposure limit value (5 m/s² A(8)) is equal to 400 points;

Ready-reckoner table

Vibration magnitude, a_{hw} (m/s ²)											
	5 min	15 min	30 min	1 h	1 h 30 min	2 h	3 h	4 h	5 h	6 h	
40	265	800									Above exposure limit value
30	150	450	900								Likely to be at or above limit value
25	105	315	625	1250							Above exposure action value
20	67	200	400	800	1200						Likely to be at or above action value
19	60	180	360	720	1100	1450					Below exposure action value
18	54	160	325	650	970	1300					
17	48	145	290	580	865	1150					
16	43	130	255	510	770	1000					
15	38	115	225	450	675	900	1350				
14	33	98	195	390	590	785	1200				
13	28	85	170	340	505	675	1000	1350			
12	24	72	145	290	430	575	865	1150	1450		
11	20	61	120	240	365	485	725	970	1200	1450	
10	17	50	100	200	300	400	600	800	1000	1200	
9	14	41	81	160	245	325	485	650	810	970	
8	11	32	64	130	190	255	385	510	640	770	
7	8	25	49	98	145	195	295	390	490	590	
6	6	18	36	72	110	145	215	290	360	430	
5.5	5	15	31	61	91	120	180	240	305	365	
5	4	13	25	50	75	100	150	200	250	300	
4.5	3	10	21	41	61	81	120	160	205	245	
4	3	8	16	32	48	64	95	130	160	190	
3.5	2	6	13	25	37	49	74	98	125	145	
3	2	5	9	18	27	36	54	72	90	110	
2.5	1	3	6	13	19	25	38	50	63	75	
2	1	2	4	8	12	16	24	32	40	48	
1.5	0	1	2	5	7	9	14	18	23	27	
1	0	1	1	2	3	4	6	8	10	12	
	5 min	15 min	30 min	1 h	1 h 30 min	2 h	3 h	4 h	5 h	6 h	

Using the ready reckoner

1. Find the vibration magnitude (level) for the tool or process (or the nearest value) on the grey scale on the left of the table. You can find this in the manufactures instruction manual in Specifications – Noise and Vibration Data. Right and left handle vibration data will be given but look for the vibration measure in accordance with EC directives (see below).

<p>Handle, right</p> <p>KM 100 R: 4.8 m/s² ... 8.7 m/s²</p> <p>KM 130: 3.3 m/s² ... 4.5 m/s²</p> <p>KM 130 R: 5.5 m/s² ... 9.4 m/s²</p> <p>The K-factor in accordance with Directive 2006/42/EC is 2.5 dB(A) for the right handle vibration level and sound power level; the K-factor in accordance with Directive 2006/42/EC is 2.0 m/s² for the vibration measurement.</p> <p>REACH</p>	<p>Special Accessories</p> <ul style="list-style-type: none">– Safety glasses– Shoulder strap– Full harness– Combination wrench– Carburetor screwdriver– Special resin-free lubricating oil <p>See also notes on special accessories in the KombiTool instruction manual.</p>	<p>Maintenance and Repairs</p> <p>Users of this machine may only carry out the maintenance and service work described in this user manual. All other repairs must be carried out by a servicing dealer.</p> <p>STIHL recommends that you have servicing and repair work carried out exclusively by an authorized STIHL servicing dealer. STIHL dealers are regularly given the opportunity to attend training courses and are supplied with</p>
--	---	--

2. Find the exposure time (or the nearest value) on the grey scale across the bottom of the table.

3. Find the value in the table that corresponds with the magnitude and time. The illustration shows how it works for a magnitude of 5 m/s² and an exposure time of 3 hours: in this case the exposure corresponds to 150 points.

4. Compare the point's value with the exposure action and limit values (100 and 400 points respectively). In this example the score of 150 points lies above the exposure action value. The colour of the square containing the exposure point's value tells you whether the exposure exceeds, or is likely to exceed, the exposure action or limit value:

Red	Above limit value
Orange	Likely to be above limit value
Yellow	Above action value
Light Green	Likely to be above action value
Dark Green	Below action value

5. If a worker is exposed to more than one tool or process during the day, repeat steps 1 – 3 for each one, add the points, and compare the total with the exposure action value (100) and the exposure limit value (400).

6. Work to the exposure action value of 100 points per day and exposures are NOT allowed to exceed the exposure limit value of 400 points.

Medical in Confidence
(When completed)
Initial HAVS Screening Questionnaire

This screening questionnaire should be completed for workers using hand-held vibrating tools, hand-guided vibrating machines and hand-fed vibrating machines.

Referring Manager details

Referring Manager name: Tracy Sutton

Mr ☐ Mrs ☐ Miss ☒ Ms ☐ Other

Referring Manager Address:

SCC, County Hall, Taunton, TA1 4DY

Referring Manager contact telephone number: 01823 358250

Referring Manager email address: tsutton@somerset.gov.uk

Business unit of Employee: Public Rights of Way

Volunteer Details

Surname: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Forename(s): Male ☐ Female ☐

Home Address:

Work Address:

Post code:

Date of Birth:

Contact Telephone number:

Alternative Contact tel. number:

Email:

Volunteer Role: Somerset Strimmer Project

1) Have you ever used hand-held vibrating tools, machines or hand-fed processes in your job?

Yes ☐

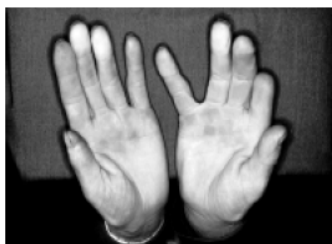
No ☐

If YES to question 1:

A List year of first exposure

B When was the last time you used them? (detail work history overleaf)

Medical in Confidence (When completed)

Occupational History			
Dates		Job title	
If Yes to question 1 on the first page please answer questions 1-11:			
1	Do you have any tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Do you have tingling of the fingers at any other time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Do you wake at night with pain, or numbness in your hand or wrist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Do one or more of your fingers go numb more than 20 minutes after using vibrating equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Have any of your fingers gone white* on cold exposure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><i>*Whiteness means a clear discoloration of the fingers with a sharp edge, usually followed by a red flush</i></p> <div data-bbox="612 1169 944 1411" data-label="Image">  </div>			
6	If yes to 5, do you have difficulty re-warming them when leaving the cold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Do your fingers go white at any other time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Are you experiencing any other problems with the muscles or joints of the hands or arms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	Do you have difficulty picking up very small objects, e.g. screws or buttons or opening tight jars?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	Have you ever had a neck, arm or hand injury or operations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so give details			

Medical in Confidence (When completed)

11	Have you ever had any serious diseases of joints, skin, nerves, heart or blood vessels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so give details			

12	Are you on any long-term medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so give details			

Declaration

I certify that all the answers given above are true to the best of my knowledge and belief.

I understand that OH Assist will review this questionnaire and may contact me by telephone to arrange an appointment, if necessary.

By signing below I confirm that I consent to my employer referring me to Occupational Health and understand the reasons for the referral. Following confidential health assessment I understand that a report will be sent to my employer with regard to my fitness for employment / or my fitness to carry out the duties of my role both now and in the future. I agree to such a report being sent to my employer. As part of the referral I understand that the health assessment will be undertaken either by telephone, face to face or by file opinion. I understand that the content of the report will be discussed with me at the end of the consultation, when this has taken place. A file opinion relating to fitness will only be provided where a health assessment has been undertaken by paper screening and no health issues have been identified.

Signed:	Date:
Print name:	

Medical in Confidence (When completed)

Annual HAVS Screening Questionnaire

This screening questionnaire should be completed for workers using hand-held vibrating tools, hand-guided vibrating machines and hand-fed vibrating machines.

Referring Manager details

Referring Manager name: Tracy Sutton

Mr ☐ Mrs ☐ Miss ☒ Ms ☐ Other

Referring Manager Address:

SCC, County Hall, Taunton, TA1 4DY

Referring Manager contact telephone number: 01823 358250

Referring Manager email address: tsutton@somerset.gov.uk

Business unit of Employee: Public Rights of Way

Volunteer Details

Surname: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Forename(s): Male ☐ Female ☐

Home Address: Work Address:

Post code: Date of Birth:

Contact Telephone number: Alternative Contact tel. number:

Email: Job Title: Somerset Strimmer Project

Date of previous screening:

1) Have you been using hand-held vibrating tools, machines or hand-fed processes in your job, or if this is a review, since your last assessment

Yes ☐

No ☐

If NO or more than 2 years since last exposure please return the form – there is no need to answer further questions.

Medical in Confidence (When completed)

Occupational History			
Dates		Job title	
If Yes to question 1 on the first page:			
1	Do you have any numbness or tingling of the fingers lasting more than 20 minutes after using vibrating equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Do you have numbness or tingling of the fingers at any other time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Do you wake at night with pain, tingling, or numbness in your hand or wrist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Have any of your fingers gone white on cold exposure? (<i>Whiteness means clear discolouration of the fingers with a sharp edge, usually followed by a red flush</i>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><i>*Whiteness means a clear discoloration of the fingers with a sharp edge, usually followed by a red flush</i></p> <div data-bbox="612 1173 944 1415" data-label="Image"> </div>			
5	Have you noticed any change in your response to your tolerance of working outdoors in the cold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Are you experiencing any other problems in your hands or arms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	Do you have difficulty picking up very small objects, e.g. screws or buttons or opening tight jars?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	Has anything changed about your health since the last assessment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical in Confidence (When completed)

Consent/Declaration

I certify that all the answers given above are true to the best of my knowledge and belief.

I understand that OH Assist will review this questionnaire and may contact me by telephone to arrange an appointment, if necessary.

By signing below I confirm that I consent to my employer referring me to Occupational Health and understand the reasons for the referral. Following confidential health assessment I understand that a report will be sent to my employer with regard to my fitness for employment / or my fitness to carry out the duties of my role both now and in the future. I agree to such a report being sent to my employer. As part of the referral I understand that the health assessment will be undertaken either by telephone, face to face or by file opinion. I understand that the content of the report will be discussed with me at the end of the consultation, when this has taken place. A file opinion relating to fitness will only be provided where a health assessment has been undertaken by paper screening and no health issues have been identified.

Signed:

Date:

Print name:

Hand-arm vibration syndrome (HAVS)

- Is a disorder which affects the blood vessels, nerves, muscles and joints of the hand, wrist and arm
- Can become severely disabling if ignored
- Its best known form is vibration white finger (VWF) which can be triggered by cold or wet weather and can cause severe pain in the affected fingers.

Signs to look out for in hand-arm vibration syndrome:

- Tingling and numbness in the fingers
- In the cold and wet, fingers go white, then blue, then red and are painful
- You can't feel things with your fingers
- Pain, tingling or numbness in your hands, wrists and arms
- Loss of strength in hands.



Parish:

[illegible]



The following chart is a guide to routine periodic maintenance. Always follow the manufacturer's instruction manual for full details.

Maintenance chart

		Before starting work	After finishing work or daily	After each refueling stop	weekly	monthly	If faulty	If damaged	As required
Complete machine	Visual inspection (condition, leaks)	*		*					
	Clean		*						
Air filter	Clean	*							
	Replace							*	
Filter in fuel tank	Check					*			
	Replace							*	
Carburettor	Check idle adjustment – cutting head must not turn	*		*					
	Re-adjust idle								*
Spark plug	Re-adjust electrode gap						*		
Cooling inlets	Clean		*						
Cylinder fins	Clean				*				*
All accessible screws and nuts (not adjusting screws)	Re-tighten								*
Cutting heads	Visual inspection	*		*					
	Replace							*	*
	Check tightness of cutting head	*		*					
Gearbox lubrication	Check	*							
	Top up								*



Failure to carry out these checks may result in serious damage to your trimmer/ brush cutter, injury to your self, or damage to property

Chapter 3 - Engine maintenance

(Please complete in block capitals and black ink)



If you wish these expenses to be paid into a Bank, please complete the following:

Date: | | | | | | |

[illegible]

DATE	MILEAGE	START FROM DRIVERS HOME? Y/N	PARTICULARS OF JOURNEY
/ /			
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/ /			
/ /			
/ /			

Total Mileage

OVERALL TOTAL MILEAGE TO ENTER IN BOX

1

 OR CARRY FORWARD TO CONTINUATION SHEET

ANY OTHER EXPENSES (please attach receipts)

DATE	DETAILS	£	p	DATE	DETAILS	£	p	DATE	DETAILS	£	p	DATE	DETAILS	£	p

TOTAL EXPENSES TO ENTER IN BOX

3

SOMERSET STRIMMER PROJECT



Volunteer Authorisation forparish

Rights of Way: Vegetation Clearance

NAME.....

The holder of this is authorised in a voluntary capacity to carry out and complete vegetation clearance on public rights of way using a brushcutter on behalf of Somerset County Council. They have been asked to only clear the definitive line of the public footpath, public bridleway or restricted byway.

SIGNED.....Volunteer and Trails Officer

SOMERSET STRIMMER PROJECT



Volunteer Authorisation forparish

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SOMERSET STRIMMER PROJECT



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SIGNED.....Volunteer and Trails Officer

SOMERSET STRIMMER PROJECT



Volunteer Authorisation forparish

Rights of Way: Vegetation Clearance

NAME.....

The holder of this is authorised in a voluntary capacity to carry out and complete vegetation clearance on public rights of way using a brushcutter on behalf of Somerset County Council. They have been asked to only clear the definitive line of the public footpath, public bridleway or restricted byway.

SIGNED.....Volunteer and Trails Officer

The Parish Council and local volunteers are very supportive in helping Somerset County Council's Rights of Way Service carry out its' duty to keep the Public Footpaths, Bridleways and Restricted Byways clear of surface vegetation. Volunteers are qualified in the use of a Brushcutter and may visit any Public Right of Way that runs across or adjacent to land that you own or occupy to carry out vegetation clearance. The volunteers have been supplied with all of the necessary PPE, signs and maps showing where the routes go.

If you have concerns regarding the quality of the work or would like to talk through details of the project please contact me.

Tracy Sutton 01823 358250 tsutton@somerset.gov.uk

The Parish Council and local volunteers are very supportive in helping Somerset County Council's Rights of Way Service carry out its' duty to keep the Public Footpaths, Bridleways and Restricted Byways clear of surface vegetation. Volunteers are qualified in the use of a Brushcutter and may visit any Public Right of Way that runs across or adjacent to land that you own or occupy to carry out vegetation clearance. The volunteers have been supplied with all of the necessary PPE, signs and maps showing where the routes go.

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Tracy Sutton 01823 358250 tsutton@somerset.gov.uk

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If you have concerns regarding the quality of the work or would like to talk through details of the project please contact me.

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If you have concerns regarding the quality of the work or would like to talk through details of the project please contact me.

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Somerset County Council

County Hall
Taunton
Somerset
TA1 4DY

WWW.SOMERSET.GOV.UK

Tel: 0300 123 2224



Please ask for Tracy Sutton

Our reference:

Direct dial: 01823 358250

Email: tsutton@somerset.gov.uk

DATE

SOMERSET STRIMMER PROJECT

To whom it may concern,

I am writing to inform you about a project that is active in your parish.

The Parish Council and local volunteers are very supportive in helping Somerset County Council's Rights of Way Service carry out its' duty to keep the Public Footpaths, Bridleways and Restricted Byways clear of surface vegetation. The work the volunteer's complete compliment the work that is already carried out by contractors on our behalf.

Volunteers qualified in the use of a Brushcutter may well visit any Public Right of Way that runs across or adjacent to land that you own or rent this spring and summer to carry out vegetation clearance. The volunteers have been supplied with all of the necessary PPE, signs and maps showing where the routes go. They also have letters of authorisation from us stating that they can carry out the work.

If you have concerns regarding the quality of the work or would like to talk through details of the project please contact me using the details above.

Yours sincerely,

Tracy Sutton
Volunteer and Trails Officer

Record of PPE and equipment

Item	Date issued	Received by	Comments
Machine			
Machine tool kit			
Metal blade set			
Instruction manual			
Ear defenders			
Face mask			
Harness and pouch			
Safety glasses			
Fuel can with pop nozzle			
Two stroke mix			
Personal first aid kit			
Hi-viz long sleeve vest			
Foldable hazard signs			

If any items fail out of repair or condition stop using them immediately and arrange for a replace or repair by contacting the Volunteer and Trails Officer.

EEC Accident Report – Data Collection Form

(Version 1.2)

EEC **MUST** be used for reporting details of **INJURIES** that occur to our employees, visitors, pupils / children in our care, clients or service users **as a result of an accident**. IT IS NOT DESIGNED TO RECORD DETAILS OF OTHER SITUATIONS SUCH AS PHYSICAL RESTRAINTS UNLESS AN ACCIDENT INJURY OR NEAR MISS OCCURS AS A RESULT. IF RESTRAINTS NEED TO BE RECORDED IT SHOULD BE DONE SO AT A LOCAL LEVEL.

This form is designed to assist users of EEC in collecting the necessary data required to submit accident reports on the Accident Reporting module. Therefore, you do not have to use this form if you do not need to. You should enter a report for any incident which resulted in anything more than trivial first aid provision, or where the incident or near miss could have resulted in a serious injury. ***If you have any queries about whether an incident should be reported contact CHSU on 01823 355089 ***

Your Establishment				Where did the incident occur?			
1. ABOUT THE INCIDENT AND INJURED PARTY							
Date of incident		Time		No. of injured parties. (The following data will be required for each party)			
Name		Date of Birth (If Known)		Home Phone (If Known)			
Address (If Known)		Employee <input type="checkbox"/>		Contractor <input type="checkbox"/>		Trainee <input type="checkbox"/>	
		Pupil/Student <input type="checkbox"/>		Client / Service User <input type="checkbox"/>		Public <input type="checkbox"/>	
		NI Number (if known)					
2. ABOUT THE INJURY				**** SCHOOLS ONLY ****			
Nature of injury indicating affected body part. (i.e. cut left leg, bruised right arm, etc.)				Is the incident attributable to the condition of the premises, facilities or equipment? <input type="checkbox"/>			
				Is the incident attributable to the quality and/or suitability of the supervision or instruction? <input type="checkbox"/>			
Was the injury to a member of the public, pupil or client / service user which meant they had to be taken <u>from the scene of the accident</u> to a hospital for treatment <input type="checkbox"/>				Did the incident occur during an organised activity? i.e. curriculum activities. <input type="checkbox"/>			
				Did the injured party go absent from work as a result of this injury?			
A minor Injury (Including verbal abuse) <input type="checkbox"/>				Date of first first day of absence			
No injury – NEAR MISS <input type="checkbox"/>				Date returned to work (If known)			
What were the extent of the injuries? →		Unconscious <input type="checkbox"/>		Resuscitation <input type="checkbox"/>		Hospital for 24h+ <input type="checkbox"/>	
						None of these <input type="checkbox"/>	
3. WHAT HAPPENED – Kind of incident (TICK ONE BOX)							
Animal or Insect related <input type="checkbox"/>	Exposed to Asbestos <input type="checkbox"/>	Harassment – Racial <input type="checkbox"/>	Injured whilst handling, lifting or carrying <input type="checkbox"/>	Slipped, tripped or fell on same level <input type="checkbox"/>	Violence – Physical Assault – Deliberate <input type="checkbox"/>		
Contact with electricity <input type="checkbox"/>	Exposed to Fire <input type="checkbox"/>	Harassment – Sexual <input type="checkbox"/>	Injury not related to a specific event <input type="checkbox"/>	Sport <input type="checkbox"/>	Violence – Restraint and Control Incident <input type="checkbox"/>		
Contact with hot surface or liquid <input type="checkbox"/>	Exposed to, or contact with, a harmful substance <input type="checkbox"/>	Harassment – Other <input type="checkbox"/>	None – Near miss <input type="checkbox"/>	Stepping on / Striking against a fixed or stationary object <input type="checkbox"/>	Violence – Threatening Incident <input type="checkbox"/>		
Contact with moving machinery or materials being machined <input type="checkbox"/>	Fall from bed <input type="checkbox"/>	Hit by a moving vehicle <input type="checkbox"/>	Other <input type="checkbox"/>	Trapped or crushed by something collapsing <input type="checkbox"/>	Violence – Verbal Assault <input type="checkbox"/>		
Drowned or asphyxiated <input type="checkbox"/>	Fall from height <input type="checkbox"/>	Hit by a moving, flying or falling object <input type="checkbox"/>	Repetitive Strain Injury (RSI) <input type="checkbox"/>	Use of Hand Tools <input type="checkbox"/>	Work related non-accidental illness <input type="checkbox"/>		
Explosion <input type="checkbox"/>	Found on floor <input type="checkbox"/>	Injured whilst assisting client <input type="checkbox"/>	Road Traffic Accident <input type="checkbox"/>	Violence – Physical Assault – Accidental <input type="checkbox"/>	Work related stress <input type="checkbox"/>		
4. WHAT WAS INVOLVED?							
Height of fall (if applicable)		Name of alleged assailant (if applicable)			Crime No. (if applicable)		
None - Near Miss <input type="checkbox"/>	Equipment/ Furniture - Office <input type="checkbox"/>	Hot Surface/ liquid <input type="checkbox"/>		Person - Other (Please state in description of Incident) <input type="checkbox"/>			
Animal/ Insect - Dead <input type="checkbox"/>	Equipment/ Furniture - Other <input type="checkbox"/>	Ladder or scaffolding <input type="checkbox"/>		Person - Relative of Client/ Service User/ Pupil <input type="checkbox"/>			
Animal/ Insect - Live <input type="checkbox"/>	Explosion <input type="checkbox"/>	Machinery/ Equipment - Other <input type="checkbox"/>		Portable power or hand tools <input type="checkbox"/>			
Any material, substance or product being handled, used or stored <input type="checkbox"/>	Fire - Fire Fighting <input type="checkbox"/>	Machinery/ Equipment for lifting / conveying <input type="checkbox"/>		Process plant, pipe-work or bulk storage <input type="checkbox"/>			
Building, engineering structure or excavation / underground working <input type="checkbox"/>	Floor, ground, stairs or any working surface <input type="checkbox"/>	Moveable container or package of any kind <input type="checkbox"/>		Recurring injury <input type="checkbox"/>			
Construction formwork, shuttering and falsework <input type="checkbox"/>	Gas, vapour, dust, fume or oxygen deficient atmosphere <input type="checkbox"/>	Pathogen or infected material <input type="checkbox"/>		Sport <input type="checkbox"/>			
Electricity supply cable, wiring, apparatus or equipment <input type="checkbox"/>	Handling person <input type="checkbox"/>	Person - Client/ Service User/ Pupil/ Member of the public <input type="checkbox"/>		Vehicle or associated equipment / machinery <input type="checkbox"/>			
Entertainment or sporting facilities or equipment <input type="checkbox"/>	Horseplay <input type="checkbox"/>	Person - Employee/ Colleague <input type="checkbox"/>		Violent incident <input type="checkbox"/>			
OTHER: Please Specify <input type="checkbox"/>							

5. DESCRIPTION OF THE INCIDENT		****THIS IS A MANDATORY FIELD****							
6. ADULT WITNESSES (This information should be collected for each witness)									
Name		Number of Witnesses (Max 5)		0	1	2	3	4	5
Address		Consent to record personal information obtained? <input type="checkbox"/>							
		Job Title (If appropriate)							
7. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT?									
What date was the injured parties line manager made aware of the incident:									
Please tick all the boxes which describe the action taken following the incident ↓									
First Aid Given <input type="checkbox"/>	Name of first aider		Taken Home <input type="checkbox"/>		Returned to work <input type="checkbox"/>				
Taken <u>directly</u> to hospital <input type="checkbox"/> <u>from the scene of the</u> <u>accident</u>	Admitted to Hospital <input type="checkbox"/>		None of the above <input type="checkbox"/>						
If taken to hospital provide the following details if known ↓									
Name of GP / Doctor that provided treatment									
Name and address of Hospital attended									
8. INVESTIGATIONS		****THIS IS A MANDATORY FIELD****							
<p>Each and every incident should be investigated. The investigation should be relevant to the type of incident that is being reported. Therefore, some minor or trivial incident's may not require a full investigation. If this is the case, you should indicate why a full investigation has not been carried out. i.e. Sporting Injury No investigation reqd, or Known Behavioural issues No Investigation reqd, etc.</p>									
At the time of the incident was the person authorised:									
To be where they were? <input type="checkbox"/>		To be doing what they were doing? <input type="checkbox"/>							
Explain the outcome of any investigation or indicate why an investigation is not required									
YOU MAY SELECT 3 PEOPLE / MANAGERS TO BE AUTOMATICALLY ADVISED OF THIS INCIDENT									
1.									
2.									
3.									

Close Report – No Further Action

once details have been entered onto the system

Yes No
☐ ☐

DATA CAPTURER DATE

ENTERED ONTO EEC BY DATE

**YOU MUST ENSURE THAT THIS INFORMATION IS ENTERED ONTO EEC.
A COPY OF THIS FORM DOES NOT NEED TO BE SENT TO CHSU**

For queries or guidance contact the Corporate Health and Safety Unit on 01823 355089



Risk assessment form (H&S)

Name of assessor(s)		Group / Establishment:	
Date			

What is the workplace / activity / equipment / conditions (delete as appropriate) being assessed:	How was the assessment done? e.g. desktop exercise, site visit, in consultation with employees, managers, safety representatives?	Next review date:
		Is the assessment 'generic' or specific to the situation?

Who could be harmed, and how?	What is already being done to control the risks?	*Risk Rating Severity x Likelihood			What further action is recommended to reduce risks further?	Action by whom?	Date action due	Date action done
		S	L	S x L				

Who could be harmed, and how?	What is already being done to control the risks?	*Risk Rating Severity x Likelihood			What further action is recommended to reduce risks further?	Action by whom?	Date action due	Date action done
		S	L	S x L				

* [Click here](#) for guidance in calculating Risk Rating. Rate the severity of the potential harm (between 1-5, where 5 is fatal) and the likelihood of the harm occurring (again 1-5 where 5 is very likely). Guidance is at [HS.004](#).

Please now pass this assessment to your manager for approval

Name of assessor's manager:		Date:		Manager's comments	
Signature:					