CRITERIA FOR A RECOMMENDED STANDARD

Occupational Exposure to Hand-Arm Vibration

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service Centers for Disease Control National Institute for Occupational Safety and Health Division of Standards Development and Technology Transfer Cincinnati, Ohio

September 1989

DISCLAIMER

Mention of the name of any company or product does not constitute endorsement by the National Institute for Occupational Safety and Health.

This document is in the public domain and may be freely copied or reprinted. Copies of this and other NIOSH documents are available from

Publications Dissemination, DSDTT National Institute for Occupational Safety and Health 4676 Columbia Parkway Cincinnati, Ohio 45226 (513) 533-8287

For information on other occupational safety and health problems call 1-800-35-NIOSH

DHHS (NIOSH) Publication No. 89-106

FOREWORD

The purpose of the Occupational Safety and Health Act of 1970 (Public Law 91-596) is to assure safe and healthful working conditions for every working person and to preserve our human resources by providing medical and other criteria that will assure, insofar as practicable, that no worker will suffer diminished health, functional capacity, or life expectancy as a result of his or her work experience. The Act authorizes the National Institute for Occupational Safety and Health (NIOSH) to develop and recommend occupational safety and health standards and to develop criteria for improving them. By this means, NIOSH communicates these criteria to regulatory agencies (including the Occupational Safety and Health Administration and the Mine Safety and Health Administration) and others in the community of occupational safety and health.

Criteria documents provide the basis for the occupational safety and health standards sought by Congress. These documents generally contain a critical review of the scientific and technical information available on the prevalence of hazards, the existence of safety and health risks, and the adequacy of control methods. NIOSH distributes these documents to health professionals in academic institutions, industry, organized labor, public interest groups, and other government agencies.

This criteria document examines the occupational health problems associated with the use of vibrating tools and provides criteria for reducing the risk of developing vibration-induced health problems. In this document, the term "vibrating tools" includes both hand-held vibrating tools and stationary tools that transmit vibration through a workpiece. The major health problems associated with the use of vibrating tools are signs and symptoms of peripheral vascular and peripheral neural disorders of the fingers and hands. These signs and symptoms include numbness, pain, and blanching of the fingers, and loss of finger dexterity. This composite of vibration-induced signs and symptoms is referred to as hand-arm vibration syndrome (HAVS).

On the basis of the 1983 National Occupational Exposure Survey, an estimated 1.45 million U.S. workers use vibrating tools. The prevalence of HAVS in workers who use such tools is reported to range from 6% to 100%, with an average of approximately 50%. Primary Raynaud's disease, whose signs and symptoms resemble those of HAVS, has been reported to occur in an estimated 5% of the general population. This percentage is consistent with the number of unexposed comparison workers who report such symptoms in studies of HAVS.

HAVS is a chronic progressive disorder with a latency period that may vary from a few months to several years. The development of HAVS in a population of workers and the length of the latency period depend on many interacting factors, including vibration level produced by the tool, hours of tool use per day, environmental conditions, type and design of the tool, manner in which the tool is held, vibration spectrum produced by the tool, vibration tolerance of the worker, and tobacco and drug use by the worker.

Because of the complex interactions among these and other factors, the general lack of epidemiologic and clinical data, and the uncertainty associated with some vibration measurements, it is not currently possible to establish meaningful dose-response relationships. Thus it is not possible to establish a specific recommended exposure limit (REL) that will protect workers against the development of HAVS in all occupational situations. However, the problem of HAVS is too serious and pervasive to delay measures for correcting it.

NIOSH has therefore recommended a standard for exposure to hand-arm vibration that includes no specific exposure limit but does include engineering controls, good work practices, use of protective clothing and equipment, worker training programs, administrative controls such as limited daily use time, and medical monitoring and surveillance. Frequency-unweighted measurements of acceleration are also recommended since they provide simpler, more appropriate means for assessing the health risk of using vibrating tools at all frequencies. A cornerstone of this standard is the requirement for medical monitoring of all vibration-exposed workers to identify the first signs and symptoms of HAVS and to remove such workers from the job until they are free of all vibration-related symptoms.

Implementation of this standard will protect users of vibrating tools from the debilitating effects of HAVS. NIOSH also anticipates that this criteria document will stimulate research and development in all areas relating to hand-arm vibration. Future research may provide new and more effective methods for reducing occupational exposure to vibration.

When appropriate data become available to develop a specific REL for vibration exposures, NIOSH will revise its recommended standard. Until then, adherence to the standard described in this criteria document should prevent or greatly reduce the potential for vibration-exposed workers to develop the painful and disabling HAVS.

NIOSH takes sole responsibility for the conclusions and recommendations presented in this document. All reviewers' comments are being sent with this document to the Occupational Safety and Health Administration (OSHA) and the Mine Safety and Health Administration (MSHA) for consideration in standard setting.

DIRH . Donald Miller, M.D

Assistant Surgeon General Director, National Institute for Occupational Safety and Health Centers for Disease Control

ABSTRACT

This document examines the occupational health problems associated with the use of vibrating tools (including both hand-held vibrating tools and stationary tools that transmit vibration through a workpiece), and it provides criteria for reducing the risk of developing vibration-induced health problems. The major health problems associated with the use of vibrating tools are signs and symptoms of peripheral vascular and peripheral neural disorders of the fingers and hands. These signs and symptoms include numbness, pain, and blanching of the fingers. This composite of vibration-induced signs and symptoms is referred to as hand-arm vibration syndrome (HAVS), sometimes called Raynaud's phenomenon of occupational origin, or vibration white finger disease.

In the United States, an estimated 1.45 million workers use vibrating tools. The prevalence of HAVS in a worker population that has used vibrating tools ranges from 6% to 100%, with an average of about 50%. The development of HAVS depends on many factors, including the level of acceleration (vibration energy) produced by the tool, the length of time the tool is used each day, the cumulative number of months or years the worker has used the tool, and the ergonomics of tool use. The tools most commonly associated with HAVS are powered hammers, chisels, chain saws, sanders, grinders, riveters, breakers, drills, compactors, sharpeners, and shapers.

The prevalence and severity of HAVS usually increase as the acceleration level and duration of use increase. HAVS is a chronic, progressive disorder with a latency period that may vary from a few months to several years. The early stages of HAVS are usually reversible if further exposure to vibration is reduced or eliminated; but treatment is usually ineffective for the advanced stages of HAVS, and the disorder may progress to loss of effective hand function and necrosis of the fingers. Prevention is therefore critical. Adherence to the exposure controls recommended in this document should prevent or greatly reduce the potential for vibration-exposed workers to develop HAVS.

CONTENTS

Foreword	•	•	• •	•	•	•	•	•	•	•	•	•	iii
Abstract													V
Figures													
Tables													
Glossary													
Abbreviations													
Acknowledgments	•	•	•••	•	•	•	•	•	•	•	•	•	XX1
I. RECOMMENDATIONS FOR A STANDARD		•	•••	•	•	•	•	•	•	•	•	•	1
Section 1. Vibration Exposure													1
Section 2. Exposure Monitoring													1
Section 3. Medical Monitoring	•	•	• •	•	•	•	٠	•	•	•	•	•	2
(a) General	•				•	•		•	•		•	•	2
(b) Preplacement Medical Examinations													3
(c) Periodic Medical Examinations	•	•		•	•	•	•	•	•	•	•	•	3
(d) Medical Removal													3
(e) Information for Health Care Professionals													4
(f) Written Report and Opinion	•	•	•••	•	٠	•	٠	•	•	•	•	•	5
Section 4. Control of Vibration	•	•		•	•		•	•	•	•	•	•	5
(a) General		•			•		•	•	•		•		5
(b) Engineering Controls		•			•	•	•	•	•	•	•	•	5
(c) Work Practices													5
(d) Protective Clothing and Equipment													6
(e) Worker Training	•	•	•••	•	•	•	•	•	٠	•	٠	•	7
Section 5. Labeling		•	•••	•	•	•	•	•	•	•	•	•	8
Section 6. Recordkeeping	•	•		•			•	•	•		•	•	8
(a) Maintaining Records													8
(b) Record Retention													9
(c) Availability of Records													9
(d) Transfer of Records													9
									_				10

.

III .	VIBRATION AS A HAZARD	2
	A. The Physics of Vibration	2
	 Parameters Associated with Vibration	2 2 5 6
	B. Methods of Measuring Hand-Transmitted Vibration	8
	 Accelerometers Vibration Frequencies General Considerations Associated with Vibration 	822
	C. Guidelines for Assessing Vibration Amplitudes	24
		6
	2. Effects of Tool Operation	
	E. Vibration Response Characteristics of the Hand	28
	 Factors Influencing the Vibration Response Characteristics of the Hand	9
IV.	BIOLOGIC EFFECTS 3	81
	A. Hand-Arm Vibration Syndrome (HAVS)	51
	B. Pathophysiology of HAVS	51
	 Peripheral Vascular Effects	18 14 15 16
	C. Epidemiologic Studies	8
	1. Cross-Sectional Studies of HAVS	18

tina

		2.	Longitudinal Studies of HAVS							
		3.	Summary of Epidemiologic Studies of HAVS							
		4.	Conclusions from Epidemiologic Studies of HAVS	•	••	•	•	•	•••	68
	D.	Scre	eening and Diagnostic Tests	• •		•	•	•	••	68
		1.	Cold Provocation Test (CPT)	• •		•	•	•		69
		2.	Plethysmography			•	•	•		71
		3.	Aesthesiometry			•	•	•		72
		4.	Arteriography			•	•	•		72
		5.	Grip Force			•	•	•		73
		б.	Nerve Conduction	• •		•	•	•		73
		7.	Sensory Acuity	• •	•••	•	•	• •		74
	E.	Trea	atment	• •	••	•	•	•		74
	F.	Rev	ersibility		••	•	•	• •		75
V.	BA	sis	FOR THE RECOMMENDED STANDARD			•	•	•		77
	А.	Prev	valence of HAVS	• •	••	•	•	• •	••	77
	В.	Rati A	onale for Frequency-Unweighted cceleration Measurements	•	•••	•		• •	•••	77
	C.	4-H	r-Per-Day Use Time	•	•••	•	•	•	••	82
	D.	Dos	e-Response Relationship	• •	••	٠	•	• •	••	82
	E.	Con	clusions							84
		1.	0							84
		2.	Use of Frequency-Unweighted Acceleration Measure							
		3.	Medical Monitoring							84
		4.	Medical Removal	• •	••	•	•	• •	••	85
VI.	то	THE	R STANDARDS AND RECOMMENDATIONS	• •		•	•	• •	••	86
	А.	Don	nestic			•	•		••	86
		1.	American Conference of Governmental Industrial Hygienists (ACGIH)							86
		2.	American National Standards Institute (ANSI)					• •	•	
	В.	Inte	rnational	• •	•••	•	•		••	88
		1. 2.	International Organization for Standardization (ISO) Australian Council of Trade Unions—Victorian	•	••	•	•		•	88
			Trades Hall Council (ACTU-VTHC)			•	•	• •		88

	3. USSR	89
	······································	90
	5. Japan	
		90
	7. Sweden	91 91
	8. Poland	71
VII.	METHODS FOR WORKER PROTECTION) 3
	A. Exposure Monitoring	93
		93
		93
		94
	3. Process Modification) 4
	C. Work Practices	9 5
	D. Ergonomic Considerations	96
	E. Protective Clothing and Equipment	96
		98
	G. Medical Monitoring	99
	1. Preplacement Baseline Medical Examinations	00
	2. Periodic Medical Examinations	
	3. Medical Surveillance)1
	H. Records and Recordkeeping)2
VIII.	RESEARCH NEEDS	03
	A. Dose-Response	03
	B. Clinical Tests and Stockholm Stages	03
	C. Identification of Vibration-Intolerant Workers	04
	D. Engineering Modification of Tools	04
	E. Ergonomics of the Work Task	04
	F. Exposure Schedule	04
	G. Protective Devices	05
	H. Etiology and Pathogenesis of HAVS	05

I. Exposure Monitoring	•••	• •	•	•••	•	•••	•	1	105
J. HAVS Recognition Training Program	•••		•	•••	•	•••	•	1	105
K. Objective Tests	•••	• •		••	•	•••	•	1	106
REFERENCES		• •	•	••	•		•	1	107
APPENDICES	•••	••	•		•		•	1	125
A. Calculation of Vibration Acceleration Levels for Epidemiologic Studies									
B. Decibel (dB) Equivalents in m/sec ² (Acceleration)n)	•	•		•	•••		1	27

FIGURES

Number		Page
III -1	Harmonic oscillation	. 13
III-2	Basicentric axes (x,y,z) for the hand (h)	. 16
Ш-3	Accelerometer locations and axis (x,y,z) orientations for chain saws	. 20
Ш-4	Accelerometer locations and axis (x,y,z) orientations for chipping hammers	20
Ш-5	Accelerometer locations and axis (x,y,z) orientations for horizontal grinders	21
Ш-6	Accelerometer locations and axis (x,y,z) orientations for vertical grinders	21

TABLES

Number			Page
IV-1	Relationships considered in differential diagnoses for HAVS	••	32
IV-2	Taylor-Pelmear classification of vibration-induced white finger by stages	••	33
IV-3	Brammer et al. revisions to the Taylor-Pelmear clinical stages of vibration-induced white finger		34
IV-4	The Stockholm Workshop classification scale for cold-induced peripheral vascular symptoms in the hand-arm vibration syndrome	•••	36
IV-5	The Stockholm Workshop classification scale for sensorineural stages of the hand-arm vibration syndrome		36
IV-6	Japanese staging classification for hand-arm vibration syndrome	••	37
IV-7	Categories of factors that may modify the biologic effects of hand-arm vibration exposure	••	39
IV-8	Summary of epidemiologic studies of hand-arm vibration syndrome (HAVS)	••	49
IV-9	Hand-arm vibration acceleration levels ranked from highest to lowest for studies listed in Table IV-8		59
IV-10	Summary of epidemiologic studies of forestry workers using chain saws in the United Kingdom	••	63
IV-11	Summary of epidemiologic studies of forestry workers using chain saws in Finland		64

-

Tables

Number	Pa	ge
IV-12	Summary of epidemiologic studies of forestry workers using chain saws in Japan	55
V-1	Changes in physiologic functions after 1-hr exposures to hand-arm vibration at 50 m/sec ² and frequencies of 30 to 960 Hz	79
V-2	Minimum acceleration levels required to produce vibration sensation and vasospasm at various frequencies (rms m/sec ²)	31

•

2

GLOSSARY

Acceleration: The time rate of change in velocity (ft/sec^2 or m/sec^2 or gravity). The second derivative of displacement with respect to time.

Acceleration exposure dose: The level of acceleration and years of exposure.

Acceleration, Gravity: The acceleration produced by the force of gravity $(1 \text{ g} = 9.81 \text{ m/sec}^2)$ or 32.19 ft/sec²).

Accelerometer: Transducer used to measure acceleration or time rate of change in velocity.

Amplitude: The maximum displacement in an oscillatory motion from a reference position.

Compliance, mechanical: Displacement of a structure per unit of load; the ease with which a system may be displaced.

Coupling: The linkage between the hand and a vibrating source. The integrity of the contact between the hand and the handle surface of a vibrating tool.

Damping: The process by which the amplitude of the crest of a vibration is decreased.

Displacement: A vector quantity specifying the change in the position of a body from its reference position.

Dyne: A force that gives a free mass of 1 gram an acceleration of 1 cm/sec^2 .

Elasticity: The property that enables a body to resist and recover from deformation produced by a force.

ERG: A unit of work produced by a force of 1 dyne acting through a distance of 1 cm.

Force: A vector quantity that accelerates a body in the direction in which it is applied. Units of force are expressed as newtons (N).

Frequency: Rate of oscillation; number of oscillations per unit of time; the number of complete cycles per unit of time. One hertz (Hz) is one cycle per second.

Gravity (g): Acceleration resulting from gravitational force (32 ft/sec2 or 9.81 m/sec2).

Harmonic: A frequency that is an integral multiple of some fundamental or base frequency.

Hertz: A unit of frequency (cycles per second).

Impedance: The ratio of a harmonic excitation of a system to its response; ratio of applied force to resulting velocity.

Impedance, mechanical: Ratio of applied vibratory force to the resulting velocity.

Incidence: Number of new cases of a disease or condition reported in a population over a given period.

Jerk: Time rate of acceleration change.

Joule: A unit of energy equal to the amount of work done when a point is displaced 1 m by the application of a force of 1 N. A unit of energy equal to 107 ergs, or about 0.738 foot pounds.

Latency: The time interval between the application of force or stimulus and the appearance of a response.

Mass: Quantity of matter; the inertial resistance of a body to acceleration.

Mass, dynamic: Ratio of applied force to resulting acceleration.

Modulus, dynamic: Ratio of stress to strain; stress required to produce a unit of strain.

Newton: Force required to accelerate a 1-kg mass 1 m/sec2 (100,000 dynes).

Oscillation: The variation in the position of an object over time in reference to its starting point.

Oscillation, period of: Time required for an oscillation to be completed.

Power, spectral density: The mean square value of energy per unit of time passed through a given frequency range.

Prevalence: Number of current cases (old and new) of a disease or condition in a population at a given point in time (point prevalence) or during a given period (period prevalence).

Radians: The angle subtended at the center of a circle by an arc equal in length to a radius of the circle.

Resonance: The tendency of a body to act in concert with an externally generated vibration to amplify the impinging vibration; the amplification of an oscillation of a system by a force wave or oscillation of exactly equal period or frequency.

Root mean square: The square root of the arithmetic mean of the squares of a series of numbers.

Stiffness: The ratio of force or torque to the resulting change in displacement of an elastic body.

Spectrum, vibration: The distribution of frequencies that describes the frequencies that are present in a vibrating system.

Transfer function: The mathematical relation between the input into a system and the response.

Transmissibility: The ratio of vibration output divided by the input as a function of frequency.

Velocity: The first derivative of displacement with respect to time (m/sec).

Vibration: The oscillation or periodic motion of a rigid or elastic body from a position of equilibrium.

Vibration, random: An oscillatory motion in which the acceleration varies over time in a nonperiodic manner; a vibration whose magnitude is not precisely predictable for any point in time.

ABBREVIATIONS

-

a	acceleration
ACGIH	American Conference of Governmental Industrial Hygienists
ACTU	Australian Council of Trade Unions
ANSI	American National Standards Institute
A/V	antivibration
BSI	British Standards Institute
°C	degree Celsius
CFR	Code of Federal Regulations
clo	unit of insulation value of clothing
СРТ	cold provocation test
CTS	carpal tunnel syndrome
cm	centimeter
D.A.	double amplitude displacement
dB	decibel
DL	distal latency
f	frequency
F	force
۴	degree Fahrenheit
FSBP	finger systolic blood pressure
ft	foot
g	gravity

H-A	hand-arm
HAVS	hand-arm vibration syndrome
hr	hour
Hz	hertz
ISO	International Standards Organization
J	joule
JAIH	Japanese Association of Industrial Health
kcal	kilocalorie
kg	kilogram
km	kilometer
Μ	mega
m	meter
MCV	motor nerve conduction velocity
min	minute
ml	milliliter
mm	millimeter
m/sec	meter per second
m/sec ²	meter per second squared
MSHA	Mine Safety and Health Administration
Ν	newton
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
REL	recommended exposure limit
rms	root mean square
SCV	sensory nerve conduction velocity

sec	second
SHE	sentinel health event
TLV [®]	threshold limit value
TWA	time-weighted average
USSR	Union of Soviet Socialist Republic
VTHC	Victorian Trades Hall Council
VWF	vibration white finger
v	velocity

a a

ACKNOWLEDGMENTS

This document was prepared by the staff of the Division of Standards Development and Technology Transfer, Richard W. Niemeier, Ph.D., Acting Director. Austin Henschel, Ph.D., developed the document with the assistance of Virginia Behrens. The contributions of other National Institute for Occupational Safety and Health (NIOSH) personnel are gratefully acknowledged: Heinz Ahlers, J.D.; Donald Badger, Ph.D.; David D. Bayse, Ph.D.; Burt J. Cooper; Thomas Doyle; Lawrence J. Fine, Ph.D.; Bryan D. Hardin, Ph.D.; Kent Hatfield, Ph.D.; Thomas Matte, M.D.; Larry Reed; William D. Wagner; Thomas Wilcox, M.D.; and Ralph Zumwalde. We also thank James L. Whittenberger, M.D., for his review as the Chairperson of the NIOSH Board of Scientific Counselors.

Ruth Grubbs and Anne Hamilton performed editorial review and coordinated production; Vanessa Becks and Susan Marksberry provided editorial assistance and produced cameraready copy; and Barbara Carr typed the draft. We are grateful to Marion Curry, Cincinnati, Ohio, for providing the initial editorial review.

We wish to thank the following consultants for their review of this document:

W. A. Buckendorf Rear Admiral, Medical Corps Naval Medical Command Department of the Navy Washington, D.C. 20372-5120

Michael T. Donahue Director, Research and Education International Molders and Allied Workers Union 1225 East McMillan Street Cincinnati, Ohio 45206

Dr. Francis N. Dukes-Dobos Department of Environmental and Occupational Health Post Office Box 56 University of South Florida Tampa, Florida 33612-4799 Dr. Gosta Gemne Unit of Occupational Medicine National Institute of Occupational Health S-171 84 Solna, Sweden

Frank Grimes Safety and Health Department United Steel Workers of America Five Gateway Center Pittsburgh, Pennsylvania 15222

Dr. Mats Hagberg Division of Work and Environmental Physiology National Institute of Occupational Health S-171 84 Solna, Sweden Dr. Jan Erik Hansson Division of Technical Work Physiology National Institute of Occupational Health S-171 84 Solna, Sweden

Hollis Hohensee Product Engineering Deere and Company John Deere Road Moline, Illinois 61265-8096

Dr. Hester J. Hursh Medical Director Wisconsin Bell Telephone 722 N. Broadway Milwaukee, Wisconsin 53117

Dr. Steve Kehlberg Division of Technical Work Physiology National Institute of Occupational Health S-171 84 Solna, Sweden

William Kelley Executive Secretary ACGIH 6500 Glenway Avenue Building D-7 Cincinnati, Ohio 45211-4938

Dr. Anders Kjellberg Division of Psychophysiology National Institute of Occupational Health S-171 84 Solna, Sweden

Dr. David Leong Occupational Health and Safety Division Ontario Ministry of Labor 400 University Avenue Toronto, Ontario M7A IT7 Canada Dr. P. L. Pelmear Occupational Health and Safety Division Ontario Ministry of Labor 400 University Avenue Toronto, Ontario M7A IT7 Canada

Charles A. Peterson Manager, Industrial Hygiene Deere and Company John Deere Road Moline, Illinois 61265-8096

Dr. Robert G. Radwin Department of Industrial Engineering University of Wisconsin - Madison 1513 University Avenue Madison, Wisconsin 53706

Dr. Don A. Rolf Safety Policy Division B Health and Safety Executive Baynard House 1 Chepostow Place London, W24TE England

Dr. William Taylor Watten, Wick Caithness, KWI 5XJ Scotland, U.K.

Dr. Bengt Olov Wakstrom Division of Technical Work Physiology National Institute of Occupational Health S-171 84 Solna, Sweden

Donald Wasserman Consultant, Biodynamics, Human Vibration and Human Engineering 7910 Mitchell Farm Lane Cincinnati, Ohio 45242

Acknowledgments

James L. Weeks Deputy Administrator Occupational Health United Mine Workers of America 900 Fifteenth Street NW Washington, D.C. 20005

Edmund L. Wegscheid Product Science Deere and Company John Deere Road Moline, Illinois 61265-8096

Geraldine C. Williamson Director of Professional Affairs American Association of Occupational Health Nurses 50 Lenox Pointe Atlanta, Georgia 30324