



Guidance on Raynaud's Phenomenon

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Advice Issued June 2015 and reviewed June 2018 and May 2021, Primary Authority Advice is issued by Wakefield Council to The British Frozen Food Federation that the guidance document 'Guidance on Raynaud's Phenomenon version 4' is satisfactory to comply with Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Personal Protective Equipment at Work Regulations 1992

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WHERE THIS DOCUMENT IS PROPERLY IMPLEMENTED BY BFFF MEMBERS IT WOULD DEMONSTRATE SO FAR AS IS REASONABLY PRACTICABLE, COMPLIANCE WITH THE ABOVE HEALTH AND SAFETY LEGISLATION

If you require further information and the full version of this advice and guidance, please contact the Primary Authority via the Primary Authority Register.

THE PRIMARY AUTHORITY WOULD NOT BE PREPARED TO SUPPORT ENFORCEMENT ACTIONS WHICH CHALLENGE THE ADEQUACY OF THIS POLICY.

Introduction

What is Raynaud's Phenomenon?

Raynaud's phenomenon is a condition where small blood vessels of the fingers constrict (narrow), most commonly in a cool environment. Sometimes blood vessels to other extremities can be affected e.g. toes, ears, and nose.

What are the symptoms?

Typically, symptoms develop in the fingers when they become cold for example in cold weather or a cold environment (cold stores).

The symptoms can develop in three phases

- i. The fingers go white and cool because the small blood vessels in the fingers constrict.
- ii. The fingers go bluish (or even purple) as the oxygen is quickly depleted from the blood in the narrowed blood vessels.
- iii. The fingers go bright red as the blood vessels dilate (open up again) and the blood flow returns. The latter may be accompanied by tingling, throbbing, numbness and pain (which can be severe).

Many sufferers may not exhibit the full classic colour changes but develop bouts of uncomfortable pale, cold fingers. Only the fingers are affected in most cases. However, in some cases the toes are also affected and in less common cases other extremities of the body e.g. earlobes, nose, nipples or tongue. Bouts can last from minutes to hours however the frequency and duration can vary.



What are the causes?

There are two types – Primary & Secondary Raynaud's.

In Primary Raynaud's (approx. 90% of cases) the cause is unknown. The small blood vessels in the fingers, toes etc. appear more sensitive than normal to cool temperatures. There is no other underlying disease but the symptoms may be triggered by certain factors (cold weather, handling cold products). Usually the fingers on both hands are affected and it may run in some families. There are no other symptoms than those described and they completely go after each bout.

In Secondary Raynaud's (approx. 10% of cases) there is an underlying cause. Various conditions of the blood vessels, joints, muscles, nerves or skin can cause secondary Raynaud's. This may commonly be linked to other conditions for example joint pain/inflammation. Symptoms may first begin in just one or two fingers on one hand (in contrast to primary). HAVS (hand-arm vibration syndrome) is one common cause of secondary Raynaud's believed to be due to repeat vibration damaging the small blood vessels.

Raynaud's is a common disorder that affects about 1 in 20 people. Primary Raynaud's usually first develops in teenagers and young adults – before the age of 30 (women affected more than men), but it can develop at any age. Secondary Raynaud's can develop at any age when an underlying condition develops. Certain other factors may assist in diagnosis.

What can you do to help?

- Certain factors are believed to exacerbate or trigger the condition e.g. smoking (which may narrow the small blood vessels), some medication and other drugs.
- Try to keep warm in cool weather or cold environments especially hands and feet (extremities) however the whole body should be kept warm e.g. wearing suitable clothing.
- Avoid touching cold objects and take regular exercise to aid circulation.
- When symptoms develop warm the hands/feet as soon as possible.

Application to Cold Store Employees

Employees working in cold store environments should be made aware of the symptoms and conditions relating to Raynaud's and to report any concerns to their supervisor/manager.

Work activities should have been the subject of a risk assessment and relevant safe system of work in addition to the provision of personal protective equipment – (The Management of Health and Safety at Work Regulations 1999 and The Personal Protective Equipment at Work Regulations 1992).

Where an employee shows typical symptoms of Raynaud's medical advice should immediately sought from an occupational health professional and/or their own GP. This will assist in the diagnosis of whether they have Raynaud's and if so whether it is primary or secondary.

A 'fit note' may be produced which outlines in general terms the type of work the employee is fit to do. This may not specifically cover the employee's current job, therefore the employee should be the subject of an additional and specific risk assessment taking account of their current duties and to determine:-

- (a) whether they are fit to continue to carry out that specific task(s); and
- (b) whether any additional measures need to be implemented to their working conditions to safeguard their health (e.g. alter tasks, additional PPE or increased work breaks).

A system of monitoring and reviewing the above should be implemented and strictly followed.

BFFF guidance 'The Legislative Requirement for Health Surveillance for Coldstore Workers Including Night and Shift Work' outlines the importance of health surveillance for cold store workers. Checking for symptoms of Raynaud's should be part of an ongoing system of surveillance including health screening and regular checks by a responsible person with sufficient information to be able to recognise symptoms e.g. a supervisor who has received additional training, first aider, qualified occupational health nurse or doctor.

It may be necessary to employ an external occupational health service provider to carry out health surveillance. The exact services provided will depend on the risks, the numbers of personnel involved and the nature of the business. The types of health surveillance provided by an occupational health provider could include enquiries, inspections and examinations by a qualified person, e.g. an occupational health nurse or doctor.



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