

POLICY STATEMENT

This form is used to determine the potential risk of a DSE activity. The objective of risk management is to reduce the likelihood of incidents occurring that could have significant consequences for staff, students or clients.

POLICY RATIONALE

The rationale for this policy is to ensure that all employees understand what is needed to reduce visual display equipment damage.

GLOSSARY OF TERMS**CROSS REFERENCES and other RESOURCE MATERIAL**

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Display Screen Equipment

Risk Assessment Form DSE

GUIDANCE ON COMPLETING THE FORM

HAZARD = source of potential harm or damage or a situation with potential for harm or damage;
RISK = is a combination of the likelihood and severity of a specified event (accident or incident).

The Health and Safety (Display Screen Equipment) Regulations 1992, supports the Health and Safety at Work etc. Act 1974. A breach of these Statutory Regulations is a criminal offence.

This form is used to determine the potential risk of a DSE activity. The objective of risk management is to reduce the LIKELIHOOD of incidents occurring that could have significant consequences (SEVERITY) for staff, students or clients.

There are no absolute values for incidents, but effective risk assessment and applying appropriate control measures together with training can help minimise the potential for injury and/or damage.

The DSE Form takes the 'DSE User' through a structured assessment process, all sections of the form must be completed. The completed form must be kept in the personal file and a copy at the location where the work activity is carried out. A copy of the assessment must be available at all times. A separate DSE Form is required for each 'user'.

DEFINING A USER TABLE – before commencing with the form answer the questions in the Table 1, use the guide at the bottom of the table to define whether you are or not a user. If you are not a user, only complete the 'Administration Details' at the top of the DSE Form. If you are a user complete ALL questions on the form.

ADMINISTRATION DETAILS – Directorate and Location

The location is the area where the display screen equipment is used. A room number should be included where appropriate.

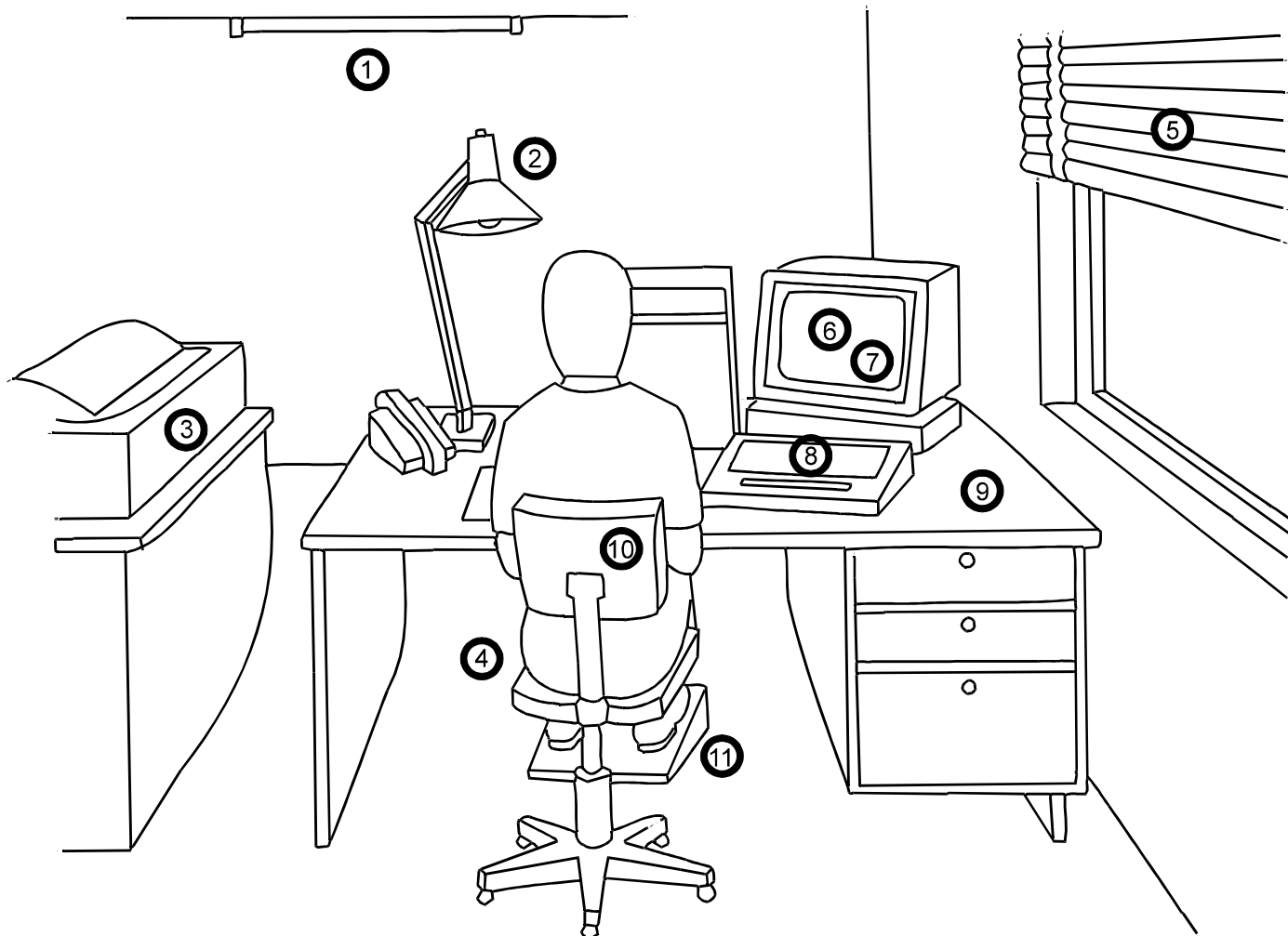
RISK FACTORS Refer to Figures 1 and 2:

- 1. Is the display screen image clear?** – this question is trying to establish the suitability of the image for you, if you identify a problem note it down in the 'comment' box and bring it to the attention of your line manager.
- 2. Is the keyboard comfortable?** – you should not have to bend the hand at the wrist or overstretch the fingers. The keyboard must be separate from the screen. If you identify a problem note it down in the 'comment' box and bring it to the attention of your line manager.
- 3. Does the furniture 'fit' the work and user?** - are you able to avoid repeated or awkward stretching movements, can you rearrange equipment, paper or work to avoid discomfort, can you avoid glare by using mats or blotters. Is the chair comfortable and fully adjustable and safe on the floor surface. if you identify a problem note it down in the 'comment' box and bring it to the attention of your line manager.
- 4. Is the environment around the workstation risk-free** – you should be able to fidget, the office may need to be reorganised. Are the lighting levels suitable, not too bright or dim. Can you distance yourself from the source of noise or heat (eg printer) otherwise sound-proofing or increase in ventilation may have to be considered. Equipment may dry the air; circulation of fresh air where possible, and plants may help. If there is severe discomfort a humidifier may be needed. If you identify a problem note it down in the 'comment' box and bring it to the attention of your line manager.
- 5. Is the software user-friendly** – have you had enough training in the use of the software, is it suitable for the task etc. If you identify a problem note it down in the 'comment' box and bring it to the attention of your line manager.

HEALTH SECTION – the last section of the form is to establish a base level and to see if you need any ‘special eye prescription’ or whether you need referring to Occupational Health. Please answer these questions carefully and accurately. If you identify a problem note it down in the ‘comment’ box and bring it to the attention of your line manager. Your line manager will photocopy the ‘Occupational Health Section’ at the back of this form and send it to your own medical practitioner with a copy to the Directors.

FIGURE 1

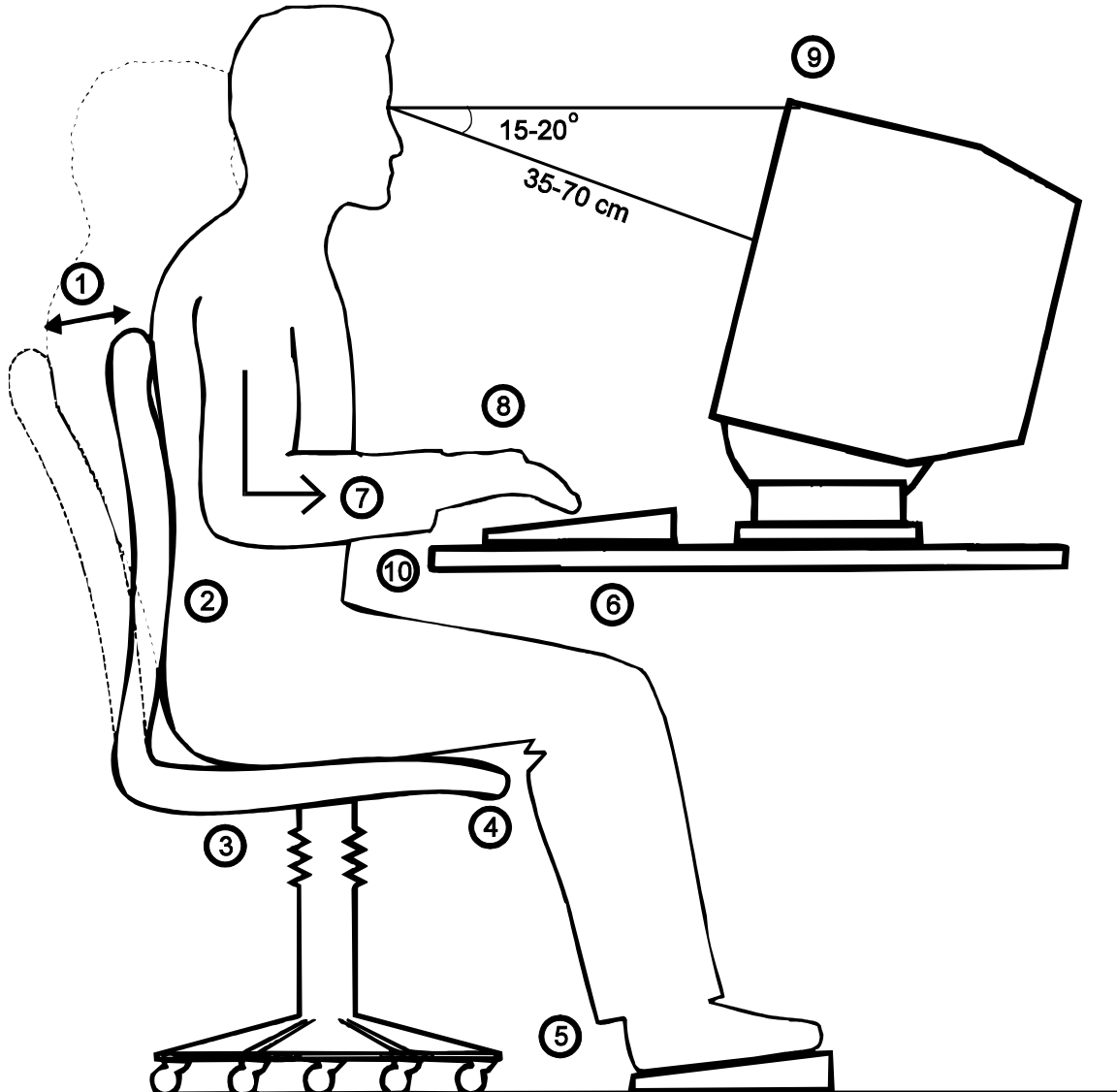
WORKSTATION LAYOUT – POINTS TO LOOK OUT FOR



- 1 Adequate lighting
- 2 Adequate contrast, no glare or distracting reflections
- 3 Distracting noise minimised
- 4 Leg room and clearances to allow postural changes
- 5 Window covering
- 6 Software: appropriate to task, adapted to user, provides feedback on system status, no undisclosed monitoring
- 7 Screen: stable image, adjustable, readable, glare/reflection free
- 8 Keyboard: usable, adjustable, detachable, legible
- 9 Work Surface: allow flexible arrangements, spacious, glare free
- 10 Work chair: adjustable
- 11 Footrest

FIGURE 2
SEATING AND POSTURE

Note particularly the position of the arms and hands, footrest and the movement of the back of the chair.
This is the optimum position and should reduce the risk of injury.



SEATING AND POSTURE

- 1 Seat back adjustability
- 2 Good lumbar support
- 3 Seat height adjustability
- 4 No excess pressure on underside of thighs and backs of knees
- 5 *Foot support if needed*
- 6 Space for postural change, no obstacles under desk
- 7 Forearms approximately horizontal
- 8 Minimal extension, flexion or deviation of wrists
- 9 Screen height and angle to allow comfortable head position
- 10 Space in front of keyboard to support hands/wrists during pauses in keying

Table 1

DEFINING A USER

	Column 1	Column 2
Do you depend on the use of display screen equipment to do your job because alternative means are not readily available for achieving the same results?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have discretion on whether to use display screen equipment or not?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Does the use of the display screen equipment need significant training or skills to do the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is fast transfer of information between you and screen an important requirement of the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you required to exhibit high levels of attention and concentration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

How long in an average working day do you spend operating a DSE? Hours

Remarks:

If all 5 boxes in column 1 have been ticked you are definitely a user.
 If 3 or 4 boxes in column 1 have been ticked you are probably a user.
 If less than 3 boxes in column 1 have been ticked you are probably not a user.

The table has defined me as:

USER CATEGORY	Tick One Box Only
Definite User	<input type="checkbox"/>
Probable User	<input type="checkbox"/>
<i>Not a User*</i>	<input type="checkbox"/>

*Please complete the 'Administration Box' only and return form to the Directors.

DSE USER CHECKLIST - DSE FORM

ADMINISTRATION DETAILS			
Division	<input type="text"/>	Department	<input type="text"/>
		Location & Room Number	<input type="text"/>
The workstation is used by: <input type="text"/>			
Assessment Date:	<input type="text"/>	Review on or by:	<input type="text"/>
Job Title/Description: <input type="text"/>			
RISK FACTORS		Tick Answer	Comment
		Yes	No
1. Is the display screen image clear?			
Are the characters readable?			
Is the image free from flicker and movement?			
Are the brightness and/or contrast adjustable?			
Does the screen swivel and tilt?			
Is the screen free from glare and reflections?			
2. Is the keyboard comfortable?			
Is the keyboard tiltable?			
Can you find a comfortable keying position i.e. wrist level?			
Is there enough space to rest hands in front of keyboard (while not typing 10cm minimum)?			
Is the keyboard glare free?			
Are the characters on the keys easily readable?			
3. Does the furniture 'fit' the work and user?			
The seat is adjustable in height			
The seat back is adjustable in both height and tilt			
Is the chair stable?			
Do the adjustment mechanisms work?			
Is a footrest available for those who require it?			
Is the work surface large enough for documents, monitor, keyboard, etc?			
Is the surface free of glare reflections?			
Are you comfortable? Try adjusting the chair -			
- are forearms horizontal and eyes at roughly the same height as the top of the VDU casing?			
- are feet flat on the floor?			
- is the small of the back supported by the chair?			
- is the back straight, but supported and shoulders relaxed?			
- are arms of chair (if any) preventing you getting close enough to key comfortably?			
- are there obstructions under the desk that need to be moved?			
4. Is the environment around the workstation risk-free?			
Is there enough room to change position and vary movement?			
Are the levels of:		Light comfortable?	
		Heat comfortable?	
		Noise comfortable?	
If there are windows are the blinds adjustable?			
Does the air feel comfortable?			
Are there any tripping hazards or other safety risks			
5. Is the software user-friendly?			
Can you comfortably use the software?			
Has this checklist covered all of the comfort problems you might have working with your DSE?			

ADDITIONAL GUIDANCE FOR USERS

POSTURE

- Shoulders and arms comfortable and relaxed
- Back upright and lumbar curve (small of back) supported by chair backrest
- Avoid twisting or moving head, neck, shoulders excessively prop up documents, adjust seat height
- Do not lift heavy items when seated
- Change position, take short breaks, gentle stretches
- Use a footrest if feet are unable to reach floor
- Use slight forward tilt on chair to improve posture

EQUIPMENT

- Place things you use most close to you i.e. telephone on dominant side
- Move items out of way when not using i.e. keyboard
- When keying fingertips should be comfortable and lightly placed on keys
- Place mouse within close reach keep arm level horizontally and wrists straight, support forearms on desk mousemat, move with arm not wrist, do not grip tightly
- Avoid light directly shining onto screen, position at right angles to avoid glare
- If unsure where glare is coming from place mirror on screen
- Keep copy stand as close to screen as possible to avoid changes in focus

EXERCISES

Should be performed gently and slowly stop immediately if any discomfort felt.

- A change in posture is important to reduce tiredness
- Link hands and push palms towards screen, stretching arms
- Raise shoulders to ears and release 2-3 times
- Take hand off mouse and relax arm by your side
- Look away from screen to vary focus during the day
- Spend 5 minutes every hour on non-screen activities
- At breaks rest your eyes, do not spend all lunch break reading

LAPTOP COMPUTERS

- Employ the same procedures when using laptops.

Occupational Health Department

Vision Screening Request Form

Name DOB

Address

Department Service Group

Directorate Work Contact number

The person named above has been identified as a probable/definite user of display screen equipment

PLEASE COMPLETE ALL THE FOLLOWING HEALTH SECTION

Do you normally wear spectacles or contact lenses for corrective purposes? Yes No If 'YES' please give details:

Do you ever suffer from the following? Yes No if 'YES' please give details

	Yes	No	<input type="text"/>
Eye problems	<input type="checkbox"/>	<input type="checkbox"/>	
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	

Do you suffer from any of the following? (delete as necessary)

Aches or pains in fingers / wrists / arms / shoulders / neck / back	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tenderness, numbness or tingling sensation in palms / fingers / wrists / arms	<input type="checkbox"/>	<input type="checkbox"/>

If so please describe in detail areas where the problems occur

I would be grateful if you could arrange for a vision screening at your earliest convenience, in accordance with the Health and Safety (Display Screen Equipment) Regulations 1992

Signed Date

Manager Designation

Office Use Only