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## Section 1- Introduction to Elcap's Health and Safety Manual

This Manual is a guide to Elcap's Health and Safety Policy and associated Standard Operating Procedures (SOP's).

It begins with the Organisations Health and Safety Policy Statement and goes on to describe the SOP's required to meet the Policies aims.

The Manual is written to assist staff to comply with Health and Safety Legislation, to work within a safe and healthy environment and support service users as safely as possible.

There will be some sections that will be cross-referenced to Operational Policies and Procedures and these will be highlighted by the symbol ☼.

Where a section indicates that a specific form is to be used this will be highlighted by the symbol ■ and the forms are located at the end of the Manual.

Some sections will end with suggested training and/or a useful publication to further inform staff.

Please take the time to familiarise yourself with the contents of this Manual as it is everyone's responsibility to work in a safe and appropriate manner.

On the first week of your induction you will be asked to sign to confirm that you have read the contents of this Manual and understand that you have a responsibility for Health and Safety.☼

A copy of this Health and Safety Manual is available at ELCAP's Head Office and website.

## Section 1 - Health and Safety Policy Statement

ELCAP recognises it has a statutory duty under the Health and Safety at Work Act 1974 (and other relevant associated Legislation) to provide a safe and healthy working environment for all staff and service users.

ELCAP further recognises the responsibility to protect where reasonably practicable, contractors, visitors, volunteers etc from harm arising from the work the Organisation does.

To achieve these aims Elcap will ensure – where reasonably practicable the following:

- Ensure all the necessary Procedures required to fulfill the Policy are developed and communicated to staff
- Ensure suitable and sufficient assessments are carried out on all identified risk areas – these will include individual assessments for service users where necessary and appropriate
- Ensure information from risk assessments provide staff with the suitable control measures required to lower or eliminate risk where possible
- Ensure accidents and incidents are recorded, reported and investigated as necessary
- Ensure safe systems of work are implemented and equipment maintained which will contribute to a safe and healthy working environment
- Ensure all staff receive the appropriate information and training required to safely carry out their duties whilst recognising everyone has a responsibility for Health and Safety
- Ensure that Health and Safety will be included on the Board's agenda each quarter
- Ensure that the policy is reviewed annually by senior managers and signed by the Director of ELCAP

Signed: .....

Linda Headland,  
Director.

Date:.....

## Section 2 - Standard Operating Procedures

The overall responsibility for Health and Safety lies with Linda Headland, Director.

Day to day responsibility of implementing Health and Safety at Offices and Services lies with Linda Lowe, HR Manager and Danny Harvie, Assistant Director (Service Delivery and Development)

The Health and Safety Group consists of Linda Lowe, HR Manager, Danny Harvie, Assistant Director (Service Delivery and Development), Kelly Cunningham, Administrative Manager and Barbara Balfour, Unison shop steward and Karen Cowe, RCN shop steward.

Staff can receive Health and Safety advice from Linda Lowe and Kelly Cunningham. The review and revision of this Policy will be carried out annually.

### The Management of Health and Safety (SOP 1)

Under **The Health and Safety at Work Act 1974** – the Employer must, as far is reasonably practicable, safeguard the health, safety and welfare of Employees. This includes:

- Providing a safe system of work – whether you are office based, work in the community or support a service user in their own home
- Providing necessary information, instruction, training and supervision in order that you can perform your duties safely
- As an Employee you must take reasonable care of your own health and safety and that of other people who may be affected by something you do e.g. do not report an accident or create an unsafe condition or fail to report it or make it safe

**The Management of Health and Safety at Work Regulations 1999** requires that suitable and sufficient risk assessments are carried out, recorded and the information provided to staff. Other requirements of these regulations include:

- Making suitable arrangements for Health and Safety –this means writing a policy, carrying out risk assessments, ensuring safe ways of working are implemented, monitoring and auditing systems, reporting incidents where necessary and making improvements. In other words Plan, Do, Check and Act (PDCA).
- Provision of job-specific training where this is necessary – if you require to do your job in a certain way you may have to have specific

training in order to do so e.g. Moving and Handling, Challenging Needs Training etc.

The Workplace (Health, Safety and Welfare) Regulations 1992 provide the minimum standards for workplace health and safety. Requirements include:

- Adequate temperature, lighting and ventilation – is the workplace free from slipping and tripping hazards – things that make the work environment safe and comfortable to work in.
- Provision of welfare facilities – such as toilet, rest facilities, somewhere to eat and drink – make a hot drink or get fresh drinking water – if away from a base you may have to go somewhere to access these facilities e.g. café/restaurant

A Health and Safety Law Poster (containing all the relevant information) must be in a prominent position in the workplace. Where this is not appropriate e.g. service user's homes – staff should be given a copy of the condensed leaflet.

An Employers Liability Insurance Certificate is displayed at Head Office and on ELCAP's website.

Only some of the requirements from each piece of Legislation have been mentioned – if you have a specific concern you may wish to access a copy of the Legislation or seek appropriate advice from the Health and Safety Executive.

If you have a Health and Safety concern that could cause harm - you must discuss this with your immediate Line Manager – whether this affects you or a service user

☀Refer to Adult Support and Protection: Ensuring Rights and Preventing Harm – Located at Head Office.

Useful website: [www.hse.gov.uk](http://www.hse.gov.uk) HSE Edinburgh: 0131 247 2000  
Publication: Successful Health and Safety Management (HSG65) HSE  
Principles of Health and Safety at Work (IOSH) ISBN 0901357219

Elcap considers risk assessment to be central to its work and integrated into all activities.

ELCAP bases its service on values and objectives which are aimed at assisting Service Users to maximise opportunities available to them. ELCAP recognise that everyone deals with risks in their daily lives and that this is not just about preventing harmful effects but also about pursuing chosen lifestyles. ☀ Refer to the **National Care Standards– Located in Head Office**

ELCAP also recognises that staff safety in the workplace is important, and that risks which cannot be eliminated will be reduced to a “safe working level” and controlled.

**Risk Assessments will:**

- Identify potential hazards and harmful outcomes; assess who is at risk, the scale of potential harm, the probability of occurrence, and staff and service users understanding of the situation.
- Identify operational measures to reduce the risk.
- Identify appropriate monitoring and reviews relevant to the assessment.
- Identify any training requirements or policy/procedural changes that need to be made.

The Health and Safety Executive recommend a 5 step approach to risk assessment and the level of detail in a risk assessment should be proportionate to the risk identified.

- **Step 1:** Identify the hazard – something with the potential to cause harm
- **Step 2:** Decide who may be harmed and what will happen to them

- **Step 3:** Evaluate the risks – are they high, medium or low – and what is the likelihood of the risk occurring? Are there any existing precautions in place and are they adequate?
- **Step 4:** Record your findings – and inform others ☐ refer to risk assessment form (in standard documents on m drive)
- **Step 5:** Review the assessment as required

**Publication:** HSE Five Steps to Risk Assessment

- ☐ Risk Assessment Form is located on the m drive in Standard docs.

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### Accident and Incident Recording – SOP 3

All accidents, incidents, near misses and RIDDOR's (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) must be promptly and accurately reported and followed up as necessary. ■ Refer to Accident/Incident Report form. [Located in word\standdoc\Recruitment and Personnel Docs\RIDDOR F2508 Form.and Appendix 2].

It will be the responsibility of all staff to ensure that all accidents etc are reported to the Line Manager and recorded – whether the accident affects them, the service user or a visitor or contractor.

Accidents etc occurring out of normal working hours must be reported to the appropriate on call Manager as soon as possible.

In addition the Care Commission expect to be informed of any incident involving service users. ☀ Refer to your Manager for Care Commission Notification Procedure.

Where an accident investigation is required this must be carried out as soon as possible after the accident has taken place.

Line Managers will be responsible for carrying out accident investigations.

All accident forms will be stored confidentially in order to comply with the Data Protection Act and must be kept for a minimum of 3 years.

Danny Harvie, Assistant Director (Service Delivery and Development) and Linda Lowe, Human Resources Manager will be responsible for analysing accident and incident trends and making recommendations for improvement.

### RIDDOR reportable incidents:

- Any fracture (not fingers, thumbs or toes), any amputation, dislocation of the hip, knee, shoulder or spine
- Loss of sight or consciousness or any injury requiring resuscitation or admission to hospital for over 24 hours
- A “three day” injury where a member of staff is unable to work for 3 or more days due to a workplace injury

### RIDDOR REPORTING

The Human Resources Department will be responsible for all RIDDOR reporting. Managers should complete the RIDDOR F2508 form via:

- a computer to access a blank copy from the m:drive – **word\standoc\Recruitment & Personnel docs\RIDDOR F2508 form** – complete and forward the original form to the Human Resources Manager at Woodbine Cottage for processing.

**Publication:** HSE Everyone’s guide to RIDDOR

## Fire Safety – SOP 4

This procedure is divided into 2 sections – one for office bases and one for staff who support services users in their own homes

### Section 1: Office Bases

- It is the responsibility of all staff to ensure they are familiar with the sound of the fire alarm, how to raise the alarm, the location of the exits and how to make their way calmly to the assembly point. All office staff will be given this information during day one of induction training.
- An appointed person will co-ordinate the evacuation, call the emergency services and take a roll call. The appointed person will also co-ordinate regular (3-6 monthly) fire drills and ensure a record is kept. The appointed person will also be responsible for completing the Fire Procedure Checklist [Appendix 3] Note that it is only a legal requirement to carry out two fire drills per year.
- Small fires may only be tackled if it is safe to do so, and the person using the extinguisher is confident fighting the fire and uses the correct extinguisher. Do not waste valuable time fighting a fire that may be unmanageable and therefore put yourself or others at risk.
- A Fire Action Notice will detail the fire arrangements and be displayed in a prominent position.
- Visitors must sign in and be made aware of what to do should the alarm sound.
- All fire exits must be kept free from clutter and smoking must only take place in permitted areas.
- Alarms, exits and emergency lights (if fitted) must be tested monthly and recorded and an annual maintenance check (including

extinguishers) by an approved contractor must also be carried out. Note that emergency lights only require to be tested annually.

- Portable Appliance (PAT) Testing should be done at least every 1-2 years by a reputable contractor.
  - It is the responsibility of the Employer to ensure a fire risk assessment is carried out and reviewed as necessary
- Fire Safety Risk Assessment Form and the Fire Procedure Checklist can be found in the Forms Section at the end of the Manual. [Appendices 3 and 4]

## Section 2: Supporting Service Users in their own homes

- Staff should periodically carry out a visual fire safety check (any concerns should be recorded in the service user's diary and discussed with their line manager) whilst supporting service users in their own homes. They should be alert to frayed cables, overloaded sockets, faulty electrical equipment and the dangers associated with cooking, smoker's materials, matches, open/electrical and gas fires and the use of candles.
- Staff should support the service user to make their home safe and as risk free as possible.
- If the service user's choice puts themselves or others at direct risk of harm an incident form must be completed.
- Staff should know how to contact the emergency services and know the service user's contingency plan should the house be uninhabitable.
- New staff will receive instructions on emergency arrangements, i.e. fire evacuation on day one of their induction

**Suggested Publication:** Fire (Scotland) Act 2005 and The Fire Safety (Scotland) Regulations 2005.

Control of Substances Hazardous to Health (COSHH) SOP 5 – **OFFICES /  
BRIDGE STREET**

This SOP is unlikely to apply across the entire Organisation other than for cleaning purposes.

- Information on whether a substance falls under the COSHH Regulations can normally be found on the back of the bottle. This is usually an orange box with a black cross or a sign indicating an explosive substance – depending on the substance in use it may be another type of icon.
- You may also have to access the Manufacturers Data Sheets for further information on certain products.
- Where products that fall under the COSHH Regulations are in use – a risk assessment should be completed and reviewed annually or if products change. ■ Refer to COSHH Risk Assessment Form. [Appendix 5]
- If the risk assessment highlights any products that have serious consequences if spilled, inhaled or ingested – consider if that particular product has to be used – or can it be substituted for a less harmful product?
- Any specific control measures highlighted by the risk assessment must be adhered to e.g. use of protective gloves, do not use in a confined space, do not ingest etc
- Products must not be transferred into unlabelled containers.
- Products must be locked away where there is a risk of intentional or accidental ingestion.

Information from the risk assessments must be given to the staff using the products.

## The Use of Equipment in the Workplace – SOP 6

Office based Portable Appliance (PAT) Testing (offices only) are carried out annually by a qualified contractor. In addition all staff should:

- Carry out visual checks and ensure any faulty equipment is taken out of use until it is repaired or replaced
- Not overload sockets and where multi plug adaptors are in use they should have surge protection fitted
- Switch a socket off before removing or inserting a plug
- Ensure repairs are only carried out by qualified and authorised personnel

Any other equipment used within the Organisation must be:

- Used only for what it was designed to do
- Be regularly inspected and maintained
- Taken out of use if faulty until it is repaired or replaced

Service Users' Homes:

Staff should support service users to ensure that their equipment in their house is safe.

Service users should be supported to ensure that hoists are inspected and serviced according to manufacturer's instructions and slings should be replaced as they show signs of damage. This must be done by a suitable Engineer who will provide a record of the service.

Service Users should be supported to have their gas appliances including central heating systems and boilers inspected, serviced and maintained by a reputable contractor. This is the duty of the house owner (if the service user) or the landlord (if the service user has a tenancy).

If staff suspect a gas leak they must inform the emergency services (Transco) and follow the contingency plan because the house is uninhabitable.

## Moving and Handling – People and Objects – SOP 7

This SOP will be separated into two sections – one for moving and handling people and one for moving and handling objects.

### Section 1: Moving and Handling of People

- A service user who requires moving and handling by a member of staff should have the details of their moving and handling and equipment stated on their support plan. This will be based on available health or welfare assessment. All new staff will receive specific manual handling training. ☐ refer to Risk Assessment Form. [Appendix 1]
- Service users will have different handling needs depending on their physical health and mobility. Mental health, challenging needs, drugs and alcohol can also affect moving and handling needs. If there is a significant change in a service user's health or welfare needs, the risk assessment must be reviewed and it may require a specialist input from an occupational therapist or physio therapist.
- The risk assessment will provide a handling profile specific to the support and equipment (e.g. overhead tracking, hoist, slings, sliding boards etc) the individual service user may require.
- Staff must always use the techniques and equipment described in the service user's risk assessment and personal plan.

## Section 2: Moving and Handling of Objects

- All moving and handling tasks must have a documented risk assessment – whether this involves lifting, pushing, pulling or carrying.  
▣ refer to Risk Assessment Form. [Appendix 1]
- Where the risk assessment highlights the object is too heavy or manual handling is too awkward to pursue – suitable control measures must be put in place – these are likely to include – splitting heavy loads, different forms of storage, use of trolleys, using a minimum of 2 people to move furniture etc.

**Publications:** Getting to Grips with Manual Handling (HSE)

▣ Risk Assessment Form is located in the Forms Section at the end of the Manual. [Appendix 1]

Staff are expected to practise a reasonable level of care in maintaining their personal safety while at work.

### **Existing Service Users**

Staff must be familiar with the management of known risks before they start their activities at work. Any risks should be detailed in the service user's personal plan and risk assessment. Where a new risk at work is identified this must be dealt with according to the policy before staff carry out their duties. ■ [Refer to Keeping People Safe procedure].

### **New Service Users or Changed Risks**

Staff will be expected to work in areas where risk assessments have yet to be completed. For example, at the first meeting with a new service user or their family or where a person is in distress. In these situations, the member of staff should assess both the urgency of the contact and the ways to minimise the risks.

If the urgency of the contact means that it cannot be postponed or relocated, you must discuss the situation with your manager. The use of mobile phones, personal alarms and on-call systems and additional staff or staff from other agencies being present should be considered.

Where staff might work alone in offices, for example, the security of the building and the use of alarm systems should be considered to promote personal safety.

Again, when a risk is identified you must take action to reduce the risk. If the risk is minor you may be able to resolve this, e.g. faulty kettle – replace faulty kettle. If the risk cannot be quickly resolved then you should talk to your line manager and update the risk assessment. ■ [Refer to Keeping People Safe Procedure].

Stress can affect the Organisation as a whole or can affect an individual.

In either case, if you are experiencing stress related symptoms, you can discuss this with your Line Manager or the Human Resources Manager in order that measures can be taken to help you.

If appropriate, a formal stress risk assessment may be offered. ■ Refer to Stress Risk Assessment Form [Appendix 6]

**Publications:** Working together to reduce stress at work – a guide for employees (HSE)

The logo for ELCAP features the word "ELCAP" in a large, light blue, serif font. The letters are centered and partially enclosed by a light blue, curved swoosh that starts under the 'E' and ends under the 'P', creating a sense of motion or a protective shield.

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## Lone Working – SOP 9

Lone Workers are those who work by themselves without close or direct supervision i.e. alone in an office or mobile or working alone in the community. ☀

Where a risk might affect a lone worker a risk assessment should be completed and control measures put in place to reduce the risk.

- Safe systems of working should be put in place and explained to staff e.g. use of a call back system, two staff for higher risk situations (e.g. where there is a perceived risk of violence), does someone know where the lone worker is? etc
- There may be particular risks for staff, e.g. – such as expectant mothers, inexperienced workers, those with ill-health and those responding to emergency calls or delivering services in the first few weeks of new services.
- In an emergency situation, should for example, the lone worker become ill, they should contact the on call for further support.
- Staff should follow agreed guidelines to keep themselves and service users safe. In a threatening situation where no guidelines exist, staff should remove themselves from the situation.
- Lone working must comply with ELCAP's Accident and Reporting Policy and Procedures.

[Publication: Working Alone in Safety \(HSE\)](#)

## New and Expectant Mothers at Work – SOP

There are some risks in the workplace which may affect both **new and expectant mothers** \*

**\*new and expectant mother** is a worker who is pregnant, who has given birth within the last 6 months or who is breastfeeding – **“given birth”** is defined as having delivered a living child or after 24 weeks of pregnancy with a stillborn child.

As a worker you should inform your Line Manager as soon as possible that you are pregnant in order that a suitable assessment of any potential risks can be completed with you.

This risk assessment will be reviewed on a regular basis as your pregnancy advances until you go on Maternity Leave. The Risk Assessment form is located in the Forms Section at the end of the manual. [Appendix 7]

## Breastfeeding Workers

A woman can decide how long she wishes to breastfeed for and her risk assessment will be continued in that time period.

Under the Workplace (Health, Safety and Welfare) Regulations you must provide suitable facilities for a woman to express and store breast milk. If this is in a communal fridge it must be labelled.

In the Community or working in service users homes, this will require a different approach as it may not be appropriate to express or store breast milk whilst supporting a service user either in the Community or in their own

homes. Alternative suitable facilities for expressing will have to be accessed and the worker should store the breast milk in a cool bag.

#### IVF Treatment

A woman who is receiving IVF treatment may also need temporary adjustments made to her work routines and tasks and this should be discussed with the woman and agreements reached.

[Suggested Publication](#) – New and Expectant Mothers at Work – a guide for employers (HSE) – HS(G) 122

## First Aid – SOP 11

ELCAP staff may, in an emergency, attend to the minor injuries of service users and, other staff they come across in the course of their employment.

Staff will be trained in the treatment of minor injuries and to meet known emergency needs of the service users they are asked to support.

The following principles apply:

- In an emergency, when dealing with blood all staff should take reasonable precautions to prevent infection using gloves, if available.
- Where anyone administering first aid has concerns over the health of the person medical help should be sought immediately
- All accidents must be recorded via the accident/incident procedure

## FIRST AID KIT

Service users are encouraged to keep a first aid kit in their home. In offices the contents of a first aid kit will contain the following:

- Leaflet giving general advice on first aid
- Disposable Gloves
- Individually wrapped sterile dressings (Elastoplasts) assorted sizes
- Medium and Large wound dressings and a roll of Micropore Tape
- A Crepe Bandage and a Sterile Eye Pad
- Scissors
- Individually wrapped triangular bandage and a safety pin(s)

## Infection Control - SOP 12

All staff must adopt effective Infection Control practices to protect both themselves and service users and the most effective way of doing this is to ensure that all body substances are dealt with appropriately. This instruction also applies to people carrying out first aid. There will be an Infection Control Audit carried out at Bridge Street on an annual basis.

The legionella testing is the responsibility of the landlord Castlerock Edinvar Housing Association. ELCAP will check annually that these checks have been carried out by the landlord.

### What are body substances?

- Blood
- Sputum
- Urine
- Faeces
- Drainage from a wound
- Other moist body materials such as semen and vaginal secretions

### What can staff do to protect themselves?

- Apply good basic hand washing procedures
- Cover all wounds and skin lesions with a waterproof dressing
- Use protective clothing such as aprons and disposable gloves and, where hand washing facilities are not adequate to prevent the spread of infection between staff and service users, alcohol based hand gels and other products should be used before and after any personal care or food preparation

- Try to protect eyes, nose and mouth from body substance splashes
- Set standards for staff to follow when assisting service users with personal care and catheter management
- Mop up spillages immediately and clean area with hot water and disinfectant
- Safely dispose of sharps – e.g. needles , razors and broken glass
- Safely dispose of contaminated waste
- Take care when dealing with soiled laundry
- Seek medical advice for any repeated episodes of diarrhoea and vomiting where the cause is not known.

#### Blood Borne Viruses

If you are giving a service user an injection, and you stab yourself encourage the wound to bleed by gently squeezing it – do not suck it – clean the area with warm water and soap – report this to your Line Manager, seek Medical advice and record the incident.

## Food Safety – SOP 13

### Hygiene Practices

All staff must comply with effective hygiene practices when **preparing, cooking and serving** food, especially where they may be supporting a service user to eat and drink. If staff are aware that they may have an infection which may be transmitted to service users they should contact their line manager.

- Wash hands before and after preparing and cooking of food, after a visit to the toilet and after touching pets
- Wash hands before and after assisting a service user with personal care
- Wash hands before and after assisting a service user with eating and drinking
- Wash hands before eating own meal
- Ensure all cuts are covered with a clean dressing
- Do not cough, sneeze or blow nose over food
- Avoid touching nose, mouth, inner ear or other orifices whilst preparing and cooking food
- Tie back long hair

### Cooking and Serving

Thorough cooking is important to destroy harmful bacteria. After cooking, food should be eaten as soon as possible, if food is to be re-heated for immediate consumption this must be heated to a temperature of at least 82°C – this is a legal requirement in Scotland.

- Do not use your fingers when dealing with cooked food.
- Microwave cooking is a safe method of cooking provided the cooking instructions are followed, therefore it is essential to know the wattage of the microwave ovens and any particular instructions e.g. stir after 2 mins, or leave to stand for 2 mins then heat again for 2 mins.
- Be aware microwave food can often be very hot.
- All serving utensils, crockery and cutlery must be clean and dry before use.
- Food which has been cooked and is to be stored in the fridge or freezer must be allowed to cool properly before being covered and placed in either the fridge or freezer
- Fridge temperatures must be checked and recorded daily (Bridge Street only)

[Suggested Publication](#) – The Food Hygiene Handbook – The Royal Environmental Institute for Scotland (REHIS)

## Display Screen Equipment – DSE - SOP 14

A DSE user is anyone who uses a computer continuously (desktop or laptop) for an hour or more and on a daily basis. Each user and their workstation must be assessed to ensure the user's comfort. ■ **DSE Workstation Self Assessment Checklist**. The Visual Display Units should be gone through with staff during the VDU assessment. [Appendix 8]

Users should have a regular eye test. This is a free service. Where the Optician recommends spectacles are provided for the **sole use** of working at the computer then the Organisation will meet the cost of this. This will be the cost of a basic pair of spectacles and not designer frames.

Where the user's self assessment highlights the need for additional equipment e.g. document holder, foot rest etc this will be provided.

### Basic information for all users

- Adjust your chair until you are comfortable with your feet on the floor and your eyes horizontal with the top of the computer screen
- Make sure you have enough space to work on – both on top of your desk and underneath. Try not to have to reach across the desk for anything e.g. telephone
- Try to place your computer where there is no glare from sunlight or where blinds can be closed. Adjust the brightness on the screen if necessary.
- Apply a soft touch on the keyboard, keep your wrists straight and try not to overstretch your fingers
- Schedule in small breaks to adjust your posture and give your eyes a rest – such as change of activity (photocopying, making a phone call etc), move eyes from screen every few minutes (micro breaks)

- Assessment will be completed if any aches, pains, headaches/blurred vision are reported to your Line Manager

#### Working Safely in the Community – SOP 15

See SOP 9 – Lone Working

#### Monitoring, Inspecting and Auditing – SOP 16

It is the responsibility of all managers to monitor, inspect and audit health and safety in ELCAP.

The **Planning, Doing, Checking and Acting** (PDCA) cycle provides a framework for ensuring that all the relevant systems and procedures are in place, monitored and updated as necessary.

- **P – Plan** – establish where we are and plan our health and safety strategy – what is relevant to our Organisation?
- **D – Do** – write our manual, procedures, standards etc – communicate all the relevant information to staff and gain commitment to work to the identified standards
- **C – Check** – monitor how effective the manual and procedures are and what effect are they having on working practices, are incidents reducing? This can be a regular health and safety inspection on buildings and equipment or an audit of systems.
- **A – Act** – once we have completed an audit or inspection we should implement any corrective actions required – and initiate a cycle of continuous improvement.

## Monitoring

ELCAP will monitoring health and safety in the following ways:

- On the **job monitoring** – new staff may be **buddied** up with a more experienced member of staff; **mentoring** systems where experienced staff are coached to take on additional responsibilities; **quality monitoring** where staff are observed carrying out safe practices; **reflective** monitoring whereby a member of staff or teams may be asked how they dealt with a situation or incident.
- **Scheduled** monitoring – such as analysing incident forms; checking risk assessments and personal plans; checking that there has been regular maintenance e.g. fire alarms, hoists, PAT Tests etc; carrying out fire drills.
- Monitoring can be **planned** and scheduled or it can be **unplanned** – use the Practice Development through Observation forms.

## Inspections - Office

Regular inspections of workplace (ELCAP's Head Office) can give information on compliance with Regulations. The Administrative Manager will carry out an annual risk assessment of the office and this will include consideration of the following:

A checklist may contain the following:

- **Fire** - escapes free from clutter, alarms tested and maintained, recent fire drill, staff training etc
- **Heating and Ventilation** – is it too hot, too cold, can the heating be adjusted in winter/summer, can the windows be opened, are there draughts, are there blinds to keep out direct sunlight?

- **Chemicals** – are they stored safely?
- **Electrical Safety** – are staff carrying out visual checks, has Pat Testing been done, are there any overloaded sockets?
- **Housekeeping** – is there a good standard of cleanliness, is there hot water and soap in the bathrooms, is the kitchen area clean free from rodents and generally hygienic and are surfaces free from slipping and/or tripping hazards?
- **First aid** – is the box being regularly checked and used items replaced?
- **External** – does someone grit the paths in inclement weather, are pedestrians separated from vehicles, is the building secure/alarms tested and maintained?

## INSPECTION – SERVICE USERS' HOMES

Any inspection done in a service user's home will be a visual one by staff and not using the above suggested checklist. However, staff should use Work Practice Review documentation to record any significant observations from a visual inspection.

## Auditing

Auditing will help to determine whether policies, procedures and standards of working are being adhered to and having the desired effect on working practices.

Audits are usually conducted using set criteria such as a specific policy, support plans, risk assessments, the National Care Standards or SSSC Codes of Practice.

Audits are planned and follow a schedule with a report at the end making recommendations.

An audit will identify areas of non-compliance where corrective actions are required or potential opportunities for improvement.

ELCAP will review its policy annually. A report will be given to the Audit Committee and the Board on an annual basis in order to evidence that training, inspections and regular monitoring has taken place.

The review process will include:

- examining whether the health and safety policy reflects ELCAP's current priorities, plans and targets;
- examining whether risk management and other health and safety structures have been effectively reported to the Board;
- reporting health and safety shortcomings, and the effect of all relevant board and management decisions;
- deciding actions to address any weaknesses and a system to monitor their implementation;
- considering immediate reviews in the light of major shortcomings or events

**Risk Assessment Form APPENDIX 1**

**Service User's Name** .....

**Date of Birth** .....

**Risk Assessment implemented by** .....

**Care Manager involved** .....

**Date implemented** .....

**To be reviewed by** .....

**Date to be reviewed** .....

**2<sup>nd</sup> Date reviewed** .....

Who could be harmed?

What harm are we concerned about?

How will we prevent and/or minimise the harm?

Limits to Freedom [e.g. safety sides, lap belts, alarms...]

This is the RIDDOR form and can be accessed through word\standdoc\Recruitment and Personnel Docs\RIDDOR F2508 Form



**Appendix 3**

**FIRE PROCEDURES CHECKLIST FOR OFFICES AND BRIDGE STREET**

<b>ITEM</b>	<b>QUESTION</b>	<b>YES/NO</b>	<b>COMMENTS</b>
Fire Risk Assessment	Has a fire risk assessment been carried out?		
Fire Drill	Has a fire drill been carried out in last 6 months?		
	Was it within the stated time?		
Fire Alarm Testing	Is the alarm tested?		
	Is the test carried out weekly?		
	Are alternative call points used?		
	Can the alarm be heard throughout the premises?		
	Have any faults been identified?		
Fire Doors	Are all fire doors identified?		
	Do all fire doors close effectively?		
Emergency Lighting	Is emergency lighting tested? (where applicable)		
	Is the illumination satisfactory?		
Means of Escape	Are all means of escape clear of obstructions inside and out		

	Do all doors open in the direction of escape?		
	Have all push bars, self-closures or automatic devices been checked?		
Smoke/Heat Detectors	Have these been checked at regular intervals? (monthly)		
Fire Equipment	Is all fire equipment wall mounted?		
	Is all fire equipment including fixed installation examined and tested?		
	Has the equipment been discharged within the required period?		
Fire Training	Have all employees received training in equipment and procedures?		
Fire Procedures	Are these suitably displayed?		
	Is the indicator panel checked by a nominated person?		

<b>ACTION REQUIRED/ TAKEN</b>

**Signature:** .....

**Date:** .....

## FIRE RISK ASSESSMENT

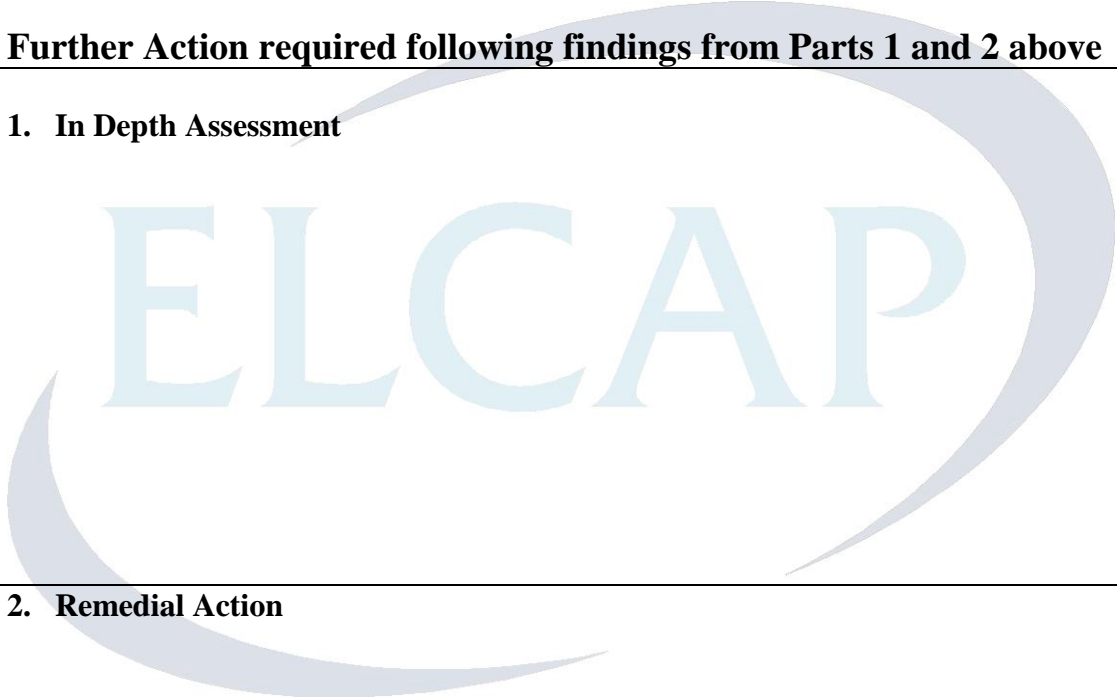
## Appendix 4

Department:

Date of Assessment:

Assessment completed by:  
(competent person)

<b>1.</b>	Hazard	<b>Comments and Observations</b>
<b>a.</b>	<b>Electrical Installation:</b> Condition	
	Last Inspected	
	Portable Appliances	
	Last Inspected	
	Use of Circuit Breakers	
<b>b.</b>	<b>Heating:</b> Portable Heaters Location Proximity of Combustible Items Fixed Heating	
<b>c.</b>	<b>Flammable Solutions:</b> Storage	
	Use	
<b>d.</b>	<b>Processes:</b> Machinery, e.g. photocopiers	
	Materials	
	Fire Protection	
<b>e.</b>	<b>Fire Extinguishment:</b> Hand Appliances	
	Sprinklers (if applicable)	
	Alarms	
	Maintenance	
<b>f.</b>	<b>Means of Escape:</b> Fire Exits	
	Signs	
	Evacuation Drills	
<b>g.</b>	<b>Housekeeping:</b> Removal of Waste	
	Smoking	
	Storage Arrangements	

1.	Hazard	Comments and Observations
h.	Security External Storage	
2. a.	<b>Risk</b>  <b>Fire Plan:</b> Nominated Personnel	
	Adequately Trained	
	Fire Brigade Contact	
<b>Further Action required following findings from Parts 1 and 2 above</b>		
<b>1. In Depth Assessment</b>  		
<b>2. Remedial Action</b>		
<b>3. Other</b>		

## COSHH RISK ASSESSMENT

## Appendix 5

<b>Location</b>		<b>Department</b>		<b>Manager</b>	
-----------------	--	-------------------	--	----------------	--

<b>Operational/Activity</b>	<i>Complete the relevant details of the activity being assessed</i>
<b>Individuals or groups exposed</b>	<i>Highlight who is at risk, include details of age and sex of those exposed if this is relevant, the maximum numbers exposed and the duration of any exposures. Are there any non-employees e.g. visitors and contractors exposed?</i>
<b>Maximum numbers exposed</b>	
<b>Duration of exposure</b>	

Substance	Quantity	Nature of hazard	MEL or OES	Safety data sheet available	
					<i>List all details of the hazard substance(s) used in the appropriate columns. Name of the substance including the chemical name where known. Quantity used in the process. Nature of the hazard should state whether the substance is Very toxic, toxic, corrosive, harmful or irritant etc. If the substance has a maximum exposure limit (MEL) or an occupational exposure standard (OES) it should be entered here. State whether a manufacturers safety data sheet is available for the substance.</i>

<b>Comments on the hazards associated with the substances</b>	
	<i>List any health hazards associated with potential exposures to the substances used or generated in the operation or activity. Include details on whether the exposure is due to the nature of the substance e.g. vapour, aerosol, liquid, dust or solid. Similarly details on the most likely route of entry should be included e.g. inhalation, ingestion, skin, absorption, skin or eye contact or injection (via sharps) etc. Most of this information can usually be obtained from the safety data sheet.</i>

<b>Storage, transport, handling and use</b>	<i>Highlight any special circumstances relating to the safe method or storing, handling and using the substances. If there are any special requirements highlight them here.</i>

<b>Disposal</b>	<i>State how the substances or any excess or waste will be disposed of. If there are any special requirements due to the nature of the material, or if it should be treated as special waste, identify what procedures will be used for safe disposal.</i>

<b>Spillage/Emergency procedures</b>	<i>Brief details of how any spillages or emergencies should be dealt with should be included here. If there are well defined department policies and procedures in place they could be referred to here.</i>

<b>Control Measures</b>	<i>List control measures taken to reduce risks. Can any substances be eliminated, or substituted with a less hazardous one? Are there any physical controls such as enclosure, local exhaust ventilation and PPE etc? Do not forget to include other controls including safe working procedures, information, instruction and training Include details of maintenance and test schedule for physical controls.</i>

<b>With these controls the risk is (tick)</b>	<b>LOW</b>	<b>MEDIUM</b>	<b>HIGH</b>
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<b>Monitoring and health surveillance</b>	<i>If monitoring or health surveillance is required for any of the hazardous substances relating to this assessment specify how this is carried out.</i>

<b>Date</b>					
<b>Initial</b>					

**INDIVIDUAL STRESS RISK ASSESSMENT**

See Standard Docs/Health & Safety/Stress Risk Assessment



**PREGNANCY HEALTH AND SAFETY CHECKLIST**

**CONFIDENTIAL**

The workplace can present extra hazards to pregnant women so when a member of staff informs their line manager that they are pregnant, the manager will use this checklist to highlight any particular areas that this assessment will need to focus on.

Name: .....

Hours of Work: ..... Place of Work: .....

Any Relevant Medical History: .....

<b>Pregnancy Health and Safety Checklist</b>		
	Yes	No
<b>1. Physical job demands</b>		
Does the work involve:		
- lifting or pushing of heavy objects, e.g. wheelchairs, lifting boxes?		
- Standing or squatting for long periods?		
- A lot of walking?		
- Climbing steep steps, carrying heavy shopping bags?		
- The need to access areas with limited space, e.g. store rooms?		
Will any tasks become more hazardous to the employee's changing shape and size?		
Does the role involve shift work?		
If so, does it involve working at night or into the night?		
<b>2. Mental job demands</b>		
Does the job involve meeting challenging deadlines?		
Does the role involve rapidly changing priorities and demands?		
Does the role require a high degree of concentration?		
<b>3. Working conditions – general</b>		
Does the work involve lone working or working in remote locations?		
Does the role involve any home working?		

Are toilet facilities easily accessible to a pregnant worker?		
Can the worker take rest breaks when needed?		
<b>3. Working conditions – general (continued)</b>		
Can the worker control the pace of her work?		
Are there any risks of violence at work?		
Does the role involve:		
- Contact with young children or sick people?		
- Unpredictable working hours?		
- Dealing with emergencies?		
Are there any obstacles in corridors or offices that could cause problems for pregnant women, e.g. in the event of a fire evacuation?		
Is the workplace non-smoking?		
If not, is the worker separated from any designated smoking area?		
Is there any other form of indoor air pollution?		
Is there any exposure to nauseating smells?		
Is the temperature in her working environment reasonable?		
Is there enough room for the worker to get in and out of her workstation?		
Will there be enough room as the pregnancy develops?		
Does the worker have an adjustable seat, e.g. with a backrest?		
<b>4. Specific hazards</b>		
Does any part of the job involve the use of chemicals?		
If so, are there any risks to the worker whilst she is pregnant or nursing?		

**Signed:** .....

**Date:** .....

**Note: This checklist is to be retained on file for at least three years.**

## FOR INFORMATION

### ASPECTS OF PREGNANCY THAT MAY AFFECT WORK

Apart from the specific hazards listed there are other aspects of pregnancy that may affect work. The impact will vary during the course of the pregnancy and you will want to keep their effects under review. For example, the posture of expectant mothers changes to cope with increasing size.

Aspects of Pregnancy	Factors in Work
Morning sickness	Early shift work Exposure to nauseating smells
Backache	Standing/moving handling (people and objects)/posture
Varicose veins	Standing/sitting
Haemorrhoids	Working in hot conditions
Frequent visits to the toilet	Difficulty in leaving the job
Increasing size	Use of protective clothing Work in confined areas Moving and handling (people and objects)
Tiredness	Evening work Working extra hours on relief
Balance	Problems of working on slippery, wet surfaces.

Dexterity, agility, co-ordination, speed of movement, reach may be impaired because of increasing size.

### DISPLAY SCREEN EQUIPMENT INFORMATION

#### 1.1 **Introduction**

Work at Display Screen Equipment (DSE), including Visual Display Units (VDUs) etc, can cause or exacerbate a number of physical disorders. This Advisory Note will discuss these issues and the precautions that should be taken.

The degree of risk likely to be faced by DSE users will be determined by a combination of factors. These will include frequency, duration and intensity of use; the age and condition of the DSE and workstation; environmental factors and any personal requirements of the DSE users

#### 1.2 **Relevant Legal Requirements**

The Health and Safety at Work etc Act 1974 requires employers to ensure, so far as is reasonably practicable, the health, safety and welfare of all employees.

The Health and Safety (Display Screen Equipment) Regulations 1992 require the employer to assess and control the risks to 'users' working with DSE.

#### 2.1 **What is Display Screen Equipment?**

Display Screen Equipment (DSE) is generally taken as being a Visual Display Unit (VDU) together with its keyboard, processor and mouse. This is usually a desktop PC or a laptop, but fixed installations are also included.

#### 2.2 **Who is a 'user'?**

The regulations simply say that the users are employees who "habitually use display screen equipment as a significant part of their normal work". There has been considerable debate over this statement.

ELCAP should consider users as

- Those who use DSE more or less continuously,
- Those who use DSE for continuous periods of an hour or more

#### 2.3 **Responsibilities – Employers and Employees**

The Health and Safety (Display Screen Equipment) Regulations 1992 came into effect from January 1993. They require employers to minimise the risks in DSE work by ensuring that the workplaces and jobs are well designed.

Employers have a legal duty to;

- Analyse workstations, and assess and reduce risks
- Ensure workstations meet minimum requirements
- Plan work so there are breaks or changes of activity
- On request arrange eye tests and provide for the basic cost of spectacles if special ones are needed
- Provide health and safety training and information

Employees have a legal duty to;

- Take reasonable care of their own health and safety and not to take risks or endanger others
- Co-operate with their employer in discharging their responsibilities for health and safety

## 2.4 **Health Issues**

The principal health risks associated with DSE work are physical (musculo-skeletal) problems, visual fatigues and mental stress. Risks to the typical user should be low if the DSE Regulations are complied with and ergonomic principals are taken into account in the design, selection, installation and use of the equipment; the design of the workplace; and the organisation of the task.

Any symptoms or concerns should be reported to a Line Manager immediately.

## 2.5

### **Musculo-Skeletal Disorders**

The main risks from DSE and keyboard operations relate to posture and strain.

Problems often arise through a complex interaction of many seemingly unrelated factors. Obvious problems are 'physical' factors such as inadequate furniture, equipment and workstation position compounded by a job that allows no rest periods.

A range of conditions of the arm, hand and shoulder areas, that have been linked to work activities, are now described as Work Related Upper Limb Disorders (WRULD).

Typically there are 3 stages in an upper limb disorder;-

Stage 1 (Mild): Pain, aching and tiredness of the wrists, arms, shoulders or neck during work. This improves overnight. This stage may last weeks or months and can be reversed.

Stage 2 (Moderate): Recurrent symptoms occur earlier in the day and continue at night, possibly disturbing sleep. Visible symptoms such as swelling of tendon areas may occur. Stage 2 can last several months.

Stage 3 (Severe): Symptoms continue even during complete rest. The sufferer may be unable to carry out even light tasks at home or work. As a ULD develops the sufferer may be unable to do day-to-day tasks such as turning on a tap. In extreme cases a ULD is irreversible so that full use of the affected part of the body is never regained.

In the early stages the development of a ULD can be controlled or reversed, often by minor changes to an employees work routine or workstation.

## 2.6 **Eyes and Eyesight**

Medical evidence suggests that DSE is not associated with damage to eyes or eyesight; nor does it make existing defects worse. However some DSE users may experience temporary visual fatigue leading to a range of symptoms such as impaired visual performance, red or sore

eyes and headaches.

This can be caused by:

- Staying in the same position and concentrating for a long time
- Poor positioning of the display screen equipment
- Poor legibility of the screen or source documents
- Poor lighting including glare and reflections
- A drifting, flickering or jittering image on the screen

## **2.7 Fatigue**

Many symptoms described by DSE workers reflect stresses arising from their work. Symptoms may be linked to upper limb or visual problems but there is evidence that stress often contributes as well.

## **2.8 Epilepsy**

Display screen equipment has not been known to induce epileptic seizures. People suffering from the very rare (1 in 10,000 population) photosensitive epilepsy who react adversely to the flickering lights and patterns find that they can work safely with display screens. People with epilepsy who are concerned about DSE work should seek further advice from their GP.

## **2.9 Pregnancy**

Radiation emissions from DSE are very low. The National Radiological Protection Board does not consider that DSE operations pose any radiation risk.

## **2.10 What is a Workstation?**

The term workstation means the assembled collection of the DSE itself (monitor, keyboard, mouse etc.) and all the associated equipment (desk, chair, printer, modem, document holder, telephone etc.). The immediate work environment in which the DSE and its associated equipment are being used is also considered to be part of the workstation.

## **2.11 Workstation Minimum Requirements**

The aim of a good workstation design is to design, select and arrange the appropriate components into a workstation layout that facilitates efficient operation and individual well-being, comfort and safety.

## **2.12 Display Screen**

The choice of display screen should be considered in relation to other elements of the work system, such as the type and amount of information required for the task and environmental factors.

- Screens should be flicker free with adjustable brightness and contrast.
- The display screen should be adjustable to allow it to be tilted or swivelled to avoid glare and reflections and allow the worker to maintain a natural and relaxed posture.
- Glare on the screen should be kept to a minimum.
- The screen should be kept clean.

### 2.13 **Keyboard and other input devices**

Keyboard design should allow workers to locate and activate keys quickly.

The choice of keyboard will be dictated by the nature of the task. It is not a requirement of the DSE Regulations to provide split or ergonomic keyboards for all users.

### 2.14 **Work desk**

Work surface dimensions may need to be larger than for conventional non-screen office work. The amount of work surface required by a user will vary greatly depending on the task.

The most important factor in relation to desks used for DSE work is the relationship between the user's forearms and the desk surface. The desk will need to be of a sufficient height, 720mm is normally an acceptable height.

### 2.15 **Work Chair**

The work chair should allow the user to achieve a comfortable position. It should be well designed, maintained and in good condition. The seat should have at least a five-prong base of sufficient size to ensure stability. It should swivel and be provided with castors/glides to ensure ease of movement.

The seat should be adjustable in height and the seat back to be adjustable in height and tilt. It is essential that all users receive full training in how to adjust their chair.

Some users like chairs with arms, they are not a requirement and can on occasion interfere with the freedom of movement.

Footrests should be supplied where individual workers are unable to rest their feet flat on the floor.

### 2.16 **Environment**

The Workplace (Health, Safety and Welfare) Regulations 1992 contain minimum environmental requirements for all workplaces. Reference should be made to the Office Health and Safety advisory note. When working with DSE particularly it is essential that adequate space be provided to allow adequate clearance for postural changes.

Lighting should be adequate for the task. Problems that can lead to fatigue and stress can arise from reflection and glare. Measures to minimise these problems include: shielding, replacing or repositioning sources of light; rearranging or moving all or part of workstations and modifying the reflectance of walls, ceilings or furnishings.

Anti-glare screen filters should only be considered as a last resort if other measures fail to correct the problem.

### 2.17 **Correct Posture**

It is important that correct posture is adopted whilst working with DSE. All users must be aware

of the need to adopt correct posture and take the time to ensure that they are comfortably and correctly in position.

This 12-point plan should allow you to find a comfortable working position without difficulty:

- 1 Adjust the seat height so that the elbows are approximately level with the desk edge. The wrists should be in a relaxed, neutral position.
- 2 If your feet do not touch the floor, use a footrest to support them and ensure that there is no undue pressure on the bottom and/or thighs.
- 3 Adjust the chair back height for comfortable lumbar support.
- 4 Adjust the angle of the chair back for comfort and support.
- 5 The keyboard should be parallel with the edge of desk and there should be sufficient room to rest your arms in the space between the desk edge and the keyboard if required; approximately 100mm.
- 6 Adjust viewing distance and screen height to suit but ensure a slightly downward viewing angle to the screen: eyes should be about level with the top of the display and at a distance of 450mm – 750mm.
- 7 Do not work at an angle – your body position should be 'squared-up' to the screen and keyboard; i.e. when using the DSE, the screen and keyboard should be directly in front of you. If using a 'wave-form' desk, the DSE should be set to one side so that you can move between screen-based and non-screen based work by turning the chair, and thus the whole body to whichever position you need.
- 8 If working from hard copy, use a document holder whenever possible. The document holder should be positioned adjacent to, and at the same height as the screen.
- 9 It should be possible to avoid glare and reflections by adjusting the screen tilt and/or swivel. Ideally the screen should be vertical, it should not normally be necessary to work with the screen angled down in order avoid reflections.
- 10 Think about the positioning of other equipment, especially any items that are used frequently. You should not have to stretch excessively for the telephone, or regularly used reference material. Printers however should not be positioned close to users (e.g. not on users' desks).
- 11 Organise your work so that you take regular short screen breaks, e.g. collecting documents from the printer, filing, making coffee, etc.
- 12 When not engaged in sustained keying - change your workstation and/or chair set-up (your chair should be lower relative to the desk when you are involved in clerical type tasks) so that through the day you adopt a variety of working postures.

## **2.18 Adequate Breaks**

Work should be planned so that there are regular breaks or changes of activity. The need for breaks depends on the nature and intensity of the work. The Regulations require breaks or changes of activity but do not specify their timing or length. Short frequent breaks are better than longer, less frequent ones.

In many tasks natural breaks or pauses occur as a consequence of the inherent organisation of the work ie to carry out clerical or other duties.

## **2.19 Eye Test**

Whilst DSE does not cause any eye damage, it may make DSE users with pre-existing defects more aware of them.

The Employer should provide on request a free eye and eyesight test to anyone who is or is about to be classified as a DSE user.

If the test shows that spectacles are required specifically for DSE work then the Employer may contribute towards the cost of a pair of basic single-vision lens spectacles.

## **2.20 Workstation Risk Assessment**

The risk assessment process is designed to highlight and rectify any health and safety problems arising from use of DSE. User's views and opinions are essential, and so it is necessary to involve them in the assessment process.

The user should complete a self-assessment questionnaire (Appendix A) in conjunction with a trained assessor. This should be carried out annually or whenever there are significant changes to the workstation or office layout.

A record should be kept of the completed DSE assessments. The form enclosed at Appendix B can be utilised.

Any problems identified should be resolved as quickly as possible and recorded. This could occur in a number of ways

- A request for additional workstation equipment eg footstool
- Advice from a line manager on adopting good keying posture
- Advice on the need to take frequent, short breaks
- A request for additional expert assistance in resolving a problem

Risk assessments should be reviewed on an annual basis or when there have been significant changes.

## **2.21 'Hot-desking'**

Hot-desking - individuals sitting at whatever desk is available - is a common practice within Contact Centres. Whilst the practice undoubtedly makes efficient use of the DSE workstations it also places renewed importance on the individual's need to know how to adjust the various components of a workstation to suit him/herself before starting work.

Risk assessment can often be a challenge as it is clearly not practicable to use an independent assessor to analyse each location where it may be used. The DSE user should therefore be given sufficient information and training to undertake their own risk assessments.

It is essential that all users are aware of how to correctly set up the workstation and adjust their chair. Adequate supplies of footrests should be made available.

Line managers should make periodic sample checks to ensure that users are making the necessary adjustments at the beginning of each shift.

## **2.22 Portable DSE**

Portable DSE such as laptop and notebook computers are subject to the DSE Regulations.

Laptops and other portables have to be compact and easy to carry. The resulting design features, like small keyboards, can make prolonged use uncomfortable, unless steps are taken to avoid problems, e.g. by using a docking station.

It is best to avoid using a portable on its own if full-sized equipment is available. And like other VDU users, people who habitually use a portable should be trained how to minimise risks. This includes sitting comfortably, angling the screen so it can be seen clearly with minimal reflections, and taking frequent breaks if work is prolonged. Wherever possible, portables should be placed on a firm surface at the right height for keying.

