

DISPLAY SCREEN EQUIPMENT USAGE POLICY

Working with display screen equipment (DSE) - Safety Arrangement 5-11

Introduction

The College has a duty to protect the safety, health, and welfare of its workforce from the risk involved in the use of Display Screen Equipment (DSE).

What is DSE?

DSE are devices or equipment that have an alphanumeric or graphic display screen and includes display screens, laptops, touch screens and other similar devices.

What are the health risks with DSE?

Some workers may experience fatigue, eye strain, upper limb problems and backache from overuse or improper use of DSE. These problems can also be experienced from poorly designed workstations or work environments. The causes may not always be obvious and can be due to a combination of factors.

Regulations

Employers are required to comply with the Health and Safety (Display Screen Equipment) Regulations 1992 in order to protect employees from any risks associated with Display Screen Equipment (DSE) (i.e. computers and laptops).

These Regulations only apply to employers whose workers regularly use DSE as a significant part of their normal work (daily, for continuous periods of an hour or more). These workers are known as DSE users.

These Regulations do not apply to workers who use DSE infrequently or for short periods of time. However, the College recommends that all staff who access DSE consider the risks and take the necessary precautions to avoid them.

Controlling the risk

In line with the College's Health & Safety Policy, and in particular Safety Arrangement 5-11, we do this by:

- Nominating senior staff members to identify and reduce risks from the use of display screen equipment.
- Assessing the risks from display screen equipment to each member of our workforce who
 uses them.
- Developing and implementing control measures, policies and Safe Systems of Work.
- Ensuring that the management of the policy, procedures, Safe Systems of Work and control measures relating to the use of display screen equipment are undertaken by competent, trained personnel.



- Providing and using personal protective equipment where appropriate.
- Managing our activities to ensure that employees and others use the control measures provided and follow our policies, procedures and Safe Systems of Work.
- Providing and recording relevant training.
- Monitoring and reviewing our systems; using our experience of operating these arrangements we aim to make improvements to the way we manage the risks from display screen equipment.

The personnel responsible for the DSE assessment process and these measures are identified in the Responsibility Table of our Health and Safety Policy.

Action Check List

To protect workers from the risks from display screen equipment we need to:

- I. Appoint a member or members of staff and train them to become a competent assessor for display screen equipment.
- 2. Assess our work activity to identify where and when workers use display screen equipment.
- 3. Ensure all display screen users complete a Self-Assessment Questionnaire which can be found below (also contained in Guidance Note 5-11).
- 4. Identify any workers with health issues that make them particularly susceptible to problems in using display screen equipment.
- 5. Identify the control measures already in place and any additional measures that may be required.
- 6. Consider the issues, including;
 - a. Furniture
 - b. Screen size
 - c. Lighting; reflections and glare
 - d. Rest breaks; rotating work activity
 - e. Eye sight tests
 - f. Home and off-site users of display screen equipment
 - g. Self-assessments and follow-up.
- 7. Keep a written record of all risk assessments, whether self-assessments or assessments by trained assessors and the control measures and systems of work adopted.
- 8. Make sure that Managers and Supervisors understand the procedures and arrangements. Consider whether they need any training.
- 9. Explain our system and arrangements to the workforce. Ensure they are understood and provide further training where necessary.
- 10. Implement the procedure and ensure that it is followed in practice.
- 11. Report any incidence of reportable ill health caused by the use of display screen equipment to the Enforcing Authorities.
- 12. Monitor and review the operation of this procedure from time to time and whenever an employee develops a display screen equipment related illness, make changes to the procedure identified as necessary or beneficial.
- 13. Advice and guidance on health, safety and welfare in the use of display screen equipment can be found in Guidance Note 5-11.

Eye test/glasses reimbursement

The College will reimburse the cost of an eye test, including an advanced eye test, for all regular DSE users once every 2 years.

If an optician certifies that lenses are necessary – **solely** for use with display screen equipment (DSE) – the College will contribute up to £75 towards the cost of spectacles or spectacle lenses. This



applies only where the employee uses DSE regularly at work and for continuous periods of an hour or more.

To claim reimbursement for either an eye test or for a contribution to lenses, the form provided below must be completed in full by the optician, and submitted along with the associated receipt, in line with the College Expenses Policy.

No contribution will be made towards glasses that are for **general** use.



DISPLAY SCREEN EQUIPMENT SELF ASSESSMENT QUESTIONNAIRE

Form **DSEQ**

See Guidance Note 5-11 - Display Screen Equipment.

Name of DSE User:

Location of Workstation:

			Remarks
DS	E Use		
I.	Is the use of DSE a requirement of your work on a daily basis?	Yes / No	
2.	Do you use the DSE for continuous or near continuous spells of an hour or more at a time?	Yes / No	
3.	Does the majority of your display screen work involve the use of a stand-alone portable laptop computer?	Yes / No	
Scr	een		
4.	Is the screen located in front of you when using the equipment?	Yes / No	
5.	Is the top of the screen level with your eye level?	Yes / No	
6.	Can the screen be tilted and adjusted to a comfortable position?	Yes / No	
7.	Is the screen free of reflections e.g. windows, overhead lighting?	Yes / No	
Ke	board and Mouse		
8.	Can the keyboard be moved to a comfortable position in front of you?	Yes / No	
9.	Is there sufficient room in front of the keyboard to rest your wrists when not using the keyboard?	Yes / No	
10.	Are the keyboard symbols clear and legible?	Yes / No	
11.	Can you operate the mouse / trackball without reaching?	Yes / No	
12.	Can you operate the mouse / trackball with your hand/wrist resting on the desk?	Yes / No	
13.	Is there adequate space to manoeuvre the mouse?	Yes / No	
Ch	air		
14.	Is the height of the chair adjustable?	Yes / No	



		Remarks
15. Is the backrest adjustable for height and tilt?	Yes / No	
16. Do you know how to adjust the height of the chair / backrest?	Yes / No	
17. Is the chair fitted with arms?	Yes / No	
18. If YES: When the chair is correctly adjusted do the arms of the chair come into contact with the desk? See section on Posture.	Yes / No	
Desk		
19. Is there adequate work surface to allow a flexible arrangement for the screen, keyboard and mouse operation?	Yes / No	
20. Is there adequate knee room to obtain a comfortable position?	Yes / No	
General		
21. Is there adequate lighting?	Yes / No	
22. Is there adequate humidity in the atmosphere?	Yes / No	
23. Is the work arranged so that there are breaks away from the DSE?	Yes / No	
Posture		
24. When positioned to use the keyboard are your upper arms in line with your upper body?	Yes / No	
25. With your fingers on the keys are your wrists straight?	Yes / No	
26. When in this position is your back supported by the chair's backrest?	Yes / No	
27. When in this position do your feet rest comfortably on the floor without the seat digging into the back of your knees / thighs?	Yes / No	
Eye Tests		
28. 27 Have you had your eyes tested for use with DSE?	Yes / No	



		Remarks
Personal		
Have you ever suffered from work related aches or pains in your:	Yes / No	
29. Wrists	INO	
	Yes /	
30. Forearms	No	
31. Neck	Yes /	
	No	
32. Eyes		
33. Back	Yes / No	
JJ. Dack	140	
	Yes /	
	No	
34. Have you ever suffered from epilepsy?	Yes /	
	No	
Signed by User:	Date:	
Manager's Comments:		
Manager's Signature & Date:		
Position:		
Risk Assessment Form Link Ref No:		



Eye Test Form

EMPLOTEE TO COMPLET	1 E						
Employee name:	1	Department:					
Employee signature:			Date:				
OPTICIAN TO COMPLET	E						
				Please tick one box only			
I. Spectacles have not been prescribed							
2. Spectacles are prescribed solely for DSE use							
3. Spectacles are prescribed, bu	3. Spectacles are prescribed, but <u>not</u> specifically for DSE use						
Recommended re-test date:							
Optician's name (PRINT):							
I confirm a full eye test has been completed on the above named employee.							
Optician's signature:							
Date:	Optician's Address and Official stamp:						
I declare that the information provided is correct and the test results will be disclosed and used by Jesus College.							
	For completion b	by Jesus C	ollege				
Employee's Line Manager							
Name:		[Date:				
Job Title:							
I confirm that the above employee is a regular DSE user as part of their normal work and they are required to use DSE for continuous periods of an hour or more.							
Signature:							
Agreed by HR Director							
Signature:		Date:					

This form must be submitted along with a receipt for the cost of eye test and any spectacles purchased.