



RISK MANAGEMENT GUIDE

DISPLAY SCREEN EQUIPMENT

What is Display Screen Equipment?

This term is generally used to describe computer equipment including a screen and keyboard.

What are the risks?

Whilst there have been a number of scares, the only proven problems associated with this type of equipment are:

- It can show up an existing visual defect – but is not known to cause them
- Intensive keyboard use can cause "work related upper limb disorders" – more commonly known as "repetitive strain injuries" or RSI
- Use can also lead to stress and fatigue – often caused by poor design of workstations, poor task design or taking inadequate breaks away from the screen.

What does the law require me to do?

The standards are set by the Health and Safety (Display Screen Equipment) Regulations 1992 and recognise the need for employers to provide suitable furniture and equipment and to adopt an ergonomic approach.

The requirements can be summarised as:

- You should assess the risks to the health of DSE users and operators as they apply to the equipment and location within your business
- You should reduce those risks to the lowest extent that is reasonably practicable
- You should ensure that DSE users have adequate breaks or changes of activity
- Provide eyesight tests and corrective appliances for DSE users
- Provide adequate health and safety training in DSE use
- Provide information to users and operators on all aspects of health and safety relating to their workstations and the steps taken to comply with these regulations.

What should a risk assessment include?

- DSE Risk Assessments should be conducted using your own information and that provided by the users/operators
- They should be systematic and appropriate to the degree of risk encountered in your business
- They should cover the work carried out, the workstation used and the environment worked in e.g. lighting, seating and factors peculiar to the individual e.g. disabilities
- The assessment should be a written one and a copy kept on file for future reviews
- A review should be carried out if the work, workstation or software changes.

Where can I get more help?

Further guidance can be found on the Health and Safety Executive's web-site at www.hse.gov.uk/office/index.htm

They also have numerous books and leaflets available from www.hsebooks.co.uk/homepage.htm

Attached to these guidelines are:

- A DSE Self-Assessment Checklist for use by operators/users and
- A DSE Workstation Assessment Form for your use.

These can be printed off and used as part of the assessment process.

IMPORTANT

The information set out in this document constitutes a set of general guidelines and should not be construed or relied upon as specialist advice. Therefore **MORE TH>N BUSINESS** accepts no responsibility towards any person relying upon these Risk Management Guidelines nor accepts any liability whatsoever for the accuracy of data supplied by another party or the consequences of reliance upon it.

Display Screen Equipment (DSE) Workstation Assessment

Name of Assessor Employee Name

Location of Workstation Record No

1. Environment

| | Yes | No | Comments |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------|
| a. Space | | | |
| i. Is there sufficient space to enable easy access to the workstation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. Does the space permit reasonable variation in the position of the furniture and equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| b. Lighting | | | |
| i. Is there adequate lighting for all tasks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. Is lighting variable to suit ambient conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iii. Is the lighting arranged to avoid reflection and glare of the screen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iv. Is local task lighting available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| c. Reflections and Glare | | | |
| i. Are adjustable window coverings available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. Do wall surfaces minimise reflections? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iii. Are fixtures and fittings positioned to avoid reflections? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iv. Where it cannot be avoided has a screen filter been supplied? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| d. Noise | | | |
| i. Has noisy equipment e.g. printers either been fitted with sound enclosures or located so as not to interfere with speech? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| e. Temperature | | | |
| i. Is the temperature comfortable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. Is the temperature maintained at a level that ensures operator comfort? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iii. Have sources of excessive heat either been eliminated or controlled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |

DSE Workstation Assessment cont.

| f. Humidity | Yes | No | Comments |
|------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------|
| i. Is the relative humidity adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| g. Radiation | | | |
| i. Is display screen in a good state of repair to minimise emission of radiation other than visible light? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |

2. Equipment

| | | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------|
| a. Display Screen | | | |
| i. Are the brightness and contrast adjustable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. Is it possible to tilt and swivel the screen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iii. Is the screen height adjustable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iv. Is the screen image stable and free from flicker? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| v. Are the characters well-defined and of adequate size? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| vi. Can the operator alter screen position easily? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| b. Keyboard | | | |
| i. Is the keyboard separate from the screen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. Can the keyboard angle of tilt be easily adjusted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iii. Are the key symbols adequately contrasted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iv. Does the keyboard have a matt surface? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| vi. Is there adequate space at the front of the keyboard to provide support for the operators hands and wrists? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| vii. Is the keyboard style and key arrangement designed for ease of use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| c. Other Equipment | | | |
| i. If required has an adjustable document holder been provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. Has all equipment (e.g. mouse, CPU, modem, telephone) been assessed for use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |

DSE Workstation Assessment cont.

3. Furniture

| a. Work Surface | | Yes | No | Comments |
|--------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------|
| i. | Is the work surface sufficiently large to allow flexible and comfortable arrangement of all work equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. | Does the surface have a matt finish? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iii. | Is work surface height suitable for use with DSE? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iv. | Is there sufficient space below the work surface for the operator to achieve a comfortable position? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| b. Chair | | | | |
| i. | Is the chair stable and does it allow for ease of movement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. | Is the height of the seat, the backrest and its angle adjustable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| c. Other furniture | | | | |
| i. | Is a footrest available if required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. | Is DSE or other equipment on shelves, cupboards, filing cabinets etc secure and stable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |

4. Operator/Computer Interface

| a. Software Design | | Yes | No | Comments |
|-----------------------|--------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------|
| i. | Is the software suitable for the task? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. | Is it easy for the operator to understand and use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| b. System Performance | | | | |
| i. | Is the information displayed at a pace that is comfortable for the operator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| ii. | Is the format in which the information is displayed suitable for the operator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| iii. | Has the operator been made aware of any performance measurement on the system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> <input type="text"/> |
| c. Job Design | | | | |
| i. | What are the hours of work of a typical working day? | | | <input type="text"/> <input type="text"/> |

Assessed by

Date

Review Date

DSE Workstation Self Assessment Checklist

Name Location Date

The completion of this checklist will enable you carry out a self-assessment of your own workstation.

Your views are essential in order to ensure your comfort and safety at work.

Please complete the questionnaire and return to your Departmental Manager.

Please give the answer which best describes your opinion.

1. Job Design

- a. Approximately what percentage of your working day involves work with DSE e.g. 10%, 20%? %
- b. Are you able to take a break from DSE work or vary your tasks e.g. phoning, filing? Yes No

2. Environment

- | | | | |
|----------------------------------------------------------|-------|------------|--------------|
| a. Describe the amount of space around your workstation? | OK | | Insufficient |
| b. Are the lighting levels? | OK | Too Bright | Too Dark |
| c. Can you adjust local lighting levels? | All | Some | None |
| d. Are there distracting reflections on your screen? | Never | Sometimes | Constantly |
| e. Are you distracted by noisy work equipment? | Never | Sometimes | Constantly |
| f. Is the temperature at your workstation? | OK | Too Cold | Too Warm |
| g. Is the humidity at your workstation? | OK | | Too Dry |

3. Equipment

- | | Yes | No |
|---------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Is the brightness and contrast adjustable on your display screen? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the screen image stable and free from flicker? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is the screen at a comfortable height? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the screen tilt and swivel freely? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is the keyboard separate from the screen? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Can you raise and lower the keyboard? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Are the keyboard symbols legible? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Is there sufficient space to rest your hands in front of the keyboard? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Do you require a document holder? | <input type="checkbox"/> | <input type="checkbox"/> |

8. Supervisor's/Assessor's Comments

Acceptable Risk

Additional Training Required

Detailed Risk Assessments Necessary

Signature

Date

Assessment Review Date