Display Screen Equipment (DSE) Assessment

Nowadays DSE assessments are one of the mainstays of Occupational Health (OH) work; many agency's and independent OH consultancies specialise in this area; which is required due to the increase in call centre work and information technology (IT).

History shows that as computer use increased in the 1980’s so individuals became convinced that this would be the end of the traditional workplace; portrayed as a scary scenario with hordes of computers present in an impersonal room with mindless automatons inputting data. The scenario was helped along by claims from data inputters with RSI (repetitive strain injury) in the banking industry. Specific regulation in the form of the Health and Safety (Display Screen Equipment) Regulations was brought in to counteract this vision, which, although useful as a document, has never really given individual users much of an insight on how to set up a station adequately. Therefore there remain health issues with using computers, many of which would disappear if some simple rules were followed.

The importance of training users at induction of how to set up and use all equipment cannot be overstated. OH should endeavour to promote training in use of IT equipment and be part of the group induction programme so that myths and poor practice are eradicated early.

For the Assessment:

Equipment Required

1. DSE assessment form
2. Tape measure
3. Pictogram of how to sit at a workstation

Optional

1. Exercise sheets
2. Catalogue of other types of equipment which can be purchased
3. Eyesight voucher

Method

1. **Stage One**: The DSE user should have completed a first stage assessment\(^1\) which takes into account all the areas of the risk assessment eg screen, chair, environment,

\(^1\) The assessment form can be developed in house or from the HSE Guidance on Regulations ‘Work with Display Screen Equipment’ [http://www.hse.gov.uk/pubns/books/l26.htm](http://www.hse.gov.uk/pubns/books/l26.htm) or [http://www.hse.gov.uk/pubns/indg36.pdf](http://www.hse.gov.uk/pubns/indg36.pdf)
software etc. This is then assessed by the line manager, health and safety officer or supervisor. Any outstanding non health issues should be rectified.

2. **Stage Two:** Any health issues identified or not rectified at stage one should be referred to an OH professional; there may be wrist and shoulder problems, back pain, headache, vision problems etc.
   a. The OH professional will
      i. discuss the health issue with the client in a confidential room, before,
      ii. undertaking a thorough investigation of the health issue, and,
      iii. accompany the client back to their workstation for an in-depth assessment of the situation
      iv. make recommendations to the individual on how to improve the situation by
         - setting up the IT equipment in the optimum position
         - taking regular work breaks
         - using the correct equipment
         - teaching how to set up the chair correctly
         - dealing with other issues identified as required
         - Make recommendations to the line Manager which could include:
            - New pieces of equipment eg chair, footstool, mouse etc
            - Reducing working time at workstation
            - Training on software use, assertiveness skills, time management etc
            - Regular reviews by OH
            - Other

**Issues arising**
For many of the assessments there will no further action necessary and only a small proportion of those undertaking an initial assessment will require OH involvement as specified in stage two. OH professionals should only focus on health issues and not be seduced into undertaking the full DSE assessment as this can be done by suitably trained and competent responsible persons.
When dealing with the health issue at stage 2 above, the OH professional should take a full history of the occurrence/site of any pain or discomfort which is then recorded, any visits to the GP, history of previous injury and pain relief taken. The painful limb should then be examined within the level of competence of the practitioner, and any abnormality noted; finally when seated at the workstation the individual should be asked to demonstrate keying or mouse movements observed for any incorrect ergonomic posture. All observations should be noted in the medical file. It is not necessary to enquire about general health or health promotion issues, although many individuals do welcome the opportunity to use the time allocated for many unrelated matters.

When making recommendations to Management, especially in terms of new equipment required, I have found that operators believe that ‘if it costs a lot it will do a lot of good’, and the more costly the better it will be. Generally this is not the case for DSE equipment. Many health issues stem, not from poor equipment, but the lack of training of the individual on how to set up and use the equipment.

It is helpful to apply the general principles of the DSE regulations to any new requests for equipment – does the chair comply with DSE regulations? If not then a new one may be required. However, an ‘all singing and dancing’ chair is not a requirement of the regulations and once one person in a shared office has one then, in my experience, they all want one! So be aware of the implications of recommendations and under what rules you are recommending new equipment. Management will not thank you for advising an individual that the £1000 chair will be required, only to find the same health issues arise 3 months down the line because the user has not learnt to adjust it properly.

In cases of disability when specialist equipment may be required, a recommendation for special equipment is likely. The Access to Work teams based nationally at the local Job Centres are also able to undertake specialist assessments and assist in provision of equipment and may help with the sharing of costs.

Many health conditions related to DSE can be rectified at any of the stages mentioned above especially with the attention to posture, chair set up and taking of regular work breaks. However, there will be health issues which may need further investigation and correct diagnosis, for example, carpal tunnel is a reportable disease under the Reporting of Injury Disease and Dangerous Occurrences Regulations and needs to be reported to the Health and Safety Executive. If a work related DSE condition is suspected then referral to an Occupational Health Physician (OHP) or specialist NHS Doctor should be considered as a first line approach to the problem. If there is no OHP available/Specialist then referral to the local GP is necessary. It is important to have an accurate diagnosis for the problem so that the correct treatment is obtained.

Physiotherapy may be helpful in most cases and short term restrictions from working or total rest for a period may be required in serious cases only.

Advice on good posture for computer use has changed too. A study carried out by Woodend Hospital found that the best position to adopt for sedentary workers to avoid back pain was:

*Relaxed and partially reclined at a 135 degree angle*.

Therefore adopting different sitting positions for differing tasks should be advocated.

**Eyesight tests** have to be provided by the employer and this testing has been interpreted widely by OH professionals and organisations to mean various things. Testing regimes vary from on line eyesight tests to a full examination by an optometrist, however, it should be noted that the regulations make it clear that the eye should be examined as part of the testing, therefore the on-line and OH department tests (using branded eyesight testing machines such as Keystone) do not fully comply with this requirement and users still have the option to ask for a full examination by an optometrist or medical practitioner. In order to cut down on this double testing, I always recommend full testing by an optometrist using a voucher or via a local provider. This serves two purposes – full compliance with the Regulations plus extra tests for eye health, that is, glaucoma. Tesco and Specsavers have good corporate schemes for eyesight testing.

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3 Safety and Health Practitioner, (2008), *The fixed sitting position is flawed*, January pp 59
More common now is the **home worker situation**. Users carry laptops to and fro from work, logging in to local networks, wi fi’s and sit at communal hotdesks. Very rarely have I seen any of these workstations being fully adjusted to suit the worker, even though the equipment is fully adjustable. At home, users sit at the dining room table on a dining room chair with wires trailing making unacceptable trip hazards. The users seem willing to tolerate this in exchange for the ‘working from home’ benefits. However, it should be emphasized that home workstations have the same requirements in law as the office; assessments and equipment should have equal importance.

**After the Assessment**

For most assessments undertaken by the OH professional it will be sufficient to ask that Management provide the recommended equipment and keep a close eye on the situation. A formal review between the employee and Management should follow too, If there is no improvement or deterioration then refer the issues back to OH.

DSE assessments should be formally reviewed when there have been significant changes in the set up and this can include software programmes, new equipment, office moves and organisational change resulting in the content of work changing.

**Record Keeping**

Copies of completed assessments should be kept in the individuals medical file and a copy kept with easy access for both the individual and Management; visiting HSE inspectors would expect to see the completed DSE assessments to ensure compliance with Regulations.