Display Screen Equipment (DSE) Use Policy

July 2022 - July 2023

Contents

1. Introduction

1.1 This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.

1.2 The purpose of this document is to inform all Nottingham and Nottinghamshire ICB employees of the relevant guidance pertaining to the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended in 2002).

1.3 The regulations set out the requirements for employers to analyse workstations and assess and reduce risks. In general, employers need to look at:

- The whole workstation including equipment, furniture, and the work environment and ensure that they comply with the minimum requirements;
- The job being done; and
- Any specific needs of individual staff.

1.3 The main risks that may arise in work with display screen equipment (DSE) are musculoskeletal disorders, such as back pain or upper limb disorders (sometimes known as repetitive strain injury or RSI), visual fatigue and mental stress. Whilst the risks to individual users are often low, they can still be significant if good practice is not followed.

2. Purpose

2.1 This policy seeks to protect the health and safety of staff by reducing the risks from working with DSE and explain the organisation's responsibilities for:

- Ensuring that DSE users undertake a workstation assessment every two years at the desks that they sit at (both at home and in the office, if applicable to the role).
- Ensuring that newly identified DSE users (i.e., new starters) undertake a DSE risk assessment including a Portable Appliance Test (PAT).
- Providing arrangements for meeting the costs of eye and eyesight tests and any required visual aids for DSE work (see **Appendix E**).

3. Scope

3.1 This policy applies to all employees within the Nottingham and Nottinghamshire ICB. In accordance with the Agency Worker Regulations 2010, this policy also applies to agency workers who have completed a qualifying period of twelve weeks in a particular job within the ICB. These are collectively referred to as 'individuals' hereafter.

4. Definition of a User

Term	Definition
'User'	A 'user' is an employee who habitually uses display screen equipment (DSE) as a significant part of their working day for continuous or near continuous spells of an hour or more at a time; and uses it in this way more or less daily. A 'user' also refers to an employee who is highly dependent on display screen equipment or an employee who has little or no discretion over the use of the equipment.

5. Roles and Responsibilities

Roles	Responsibilities
Audit and Risk Committee	To oversee the delivery of all statutory and mandatory requirements relating to health, safety, security and fire.
Health and Safety Steering Group	The Health and Safety Steering Group exists to develop and oversee the implementation of comprehensive and effective health and safety (including fire and security management) arrangements within the ICB, in line with the Health and Safety at Work Act 1974 and other legislative requirements (including the Health and Safety (Display Screen Equipment) Regulations 1992 (as amended in 2002)).
Head of Corporate Assurance	The Head of Corporate Assurance will: • Ensure this policy is compliant with any changes to Health and Safety legislation. • Facilitate the provision of awareness training and information for display screen equipment users. • Facilitate the provision of display screen equipment assessment training for those identified to verify and support workstation self-assessments. • Ensure all users complete a DSE and PAT self-assessment in accordance with this policy and that these are reviewed regularly, in the event of any change or two-yearly.
Line Managers	In order to secure the health and safety of members of staff who are regular users of display screen equipment, in so far as is reasonably practicable, line managers must: • Identify users.

Roles	Responsibilities
	• Ensure that DSE and PAT assessments are carried out for their teams and reviewed if there is a reason to suspect they are no longer valid, i.e. in the event of any change.
	• Ensure full compliance with the Health and Safety (Display Screen Equipment) Regulations 1992 and associated legislation, including the provision of suitable equipment identified by assessment.
	• Reduce the risks identified in an assessment to the lowest extent reasonably practicable.
	• Ensure users are provided with adequate information and guidance about all aspects of health and safety relating to their work and workstation.
	• Ensure that the activities of users are planned so that daily work on display screen equipment is periodically interrupted by breaks or changes of activity.
	• Approve voucher issue for eye tests using the Corporate Eye Care Process where appropriate (eye test voucher claim form at **Appendix A**; process at **Appendix E**).
	• Approve reimbursement for eyesight test and corrective appliances (i.e. glasses) if prescribed by an optician for display screen equipment work, if completed outside of corporate scheme (**Appendix B**).
All Staff	All staff will:
	• Follow health and safety guidance and report any perceived problems to their line manager (or the Head of Corporate Assurance).
	• Attend training and awareness sessions and familiarise themselves with information when provided.
	• Undertake any self-assessments and co-operate with any support required.
	• Arrange an appropriate eye test using the corporate eye care schemes and completing the appropriate form in advance of any test being undertaken (**Appendix A**).
	• Use the correct form in the event of a claim for corrective appliances if agreed by the line manager (i.e. glasses) prescribed by an optician for display screen equipment work (**Appendix B**).
	• Use corrective appliances (i.e. glasses) if prescribed by an optician for display screen equipment work.

Trained DSE Workstation Assessors – Occupational Health (Sugarman)	The ICB's Occupational Health staff (Sugarman) are the trained DSE Workstation Assessors and will: • Review self-assessments and support with queries and complex assessments. • Log completed assessments. • Attend training for undertaking workstation assessments when provided. • Carry out workstation assessments when required and undertaking any required actions that arise from the assessment.

6.   Workstation Assessments

6.1.   A workstation assessment for new or newly categorised DSE users should be undertaken as soon as the user comes into post/becomes a user and arranged as part of their induction process.

6.2.   Workstation self-assessments are carried out by the individual using the guidance given (see **Appendix C** for the assessment form and **Appendix D** for the guidance on workstation set up).

6.3.   Workstation self-assessments can then be reviewed by the Assurance Team and advice can be sought if required.

6.4.   Employees who share a workstation with one or more people should each complete their own assessment. This is of particular importance given the move to agile/'hot desk' working across the ICB's sites.

6.5.   Where risks are identified, all reasonable and practicable measures to rectify them will be taken and employees must co-operate with these measures.

6.6.   Where a complex assessment is required – for example, due to existing health issues e.g. musculoskeletal disorders or eyesight problems, or work related issues for example, routinely using multiple screens, or regularly working remotely from a laptop, the workstation assessment will be carried out in conjunction with the trained DSE workstation assessor and any risks of actions agreed collectively.

6.7.   The workstation assessment will need to be reviewed in light of the following:

- Major changes made to the equipment, furniture, work environment or software; eg, office move or change around.
- Users change workstations; eg, new equipment.
- The nature of work tasks change considerably; eg, new tasks introduce longer periods of DSE work.

- It is thought that the controls in place may be causing other problems eg, health problems noticed.

- Reviewed two-yearly – if no changes detailed above have been made.

7. Eyesight Tests and Glasses

7.1. Individuals can arrange for eye tests and obtain the required visual aids through the organisation's Corporate Eye Care Scheme (information on this is available at **Appendix E**).

7.2. The DSE user will need to have an in-date DSE assessment and the voucher claim form (**Appendix A)** must be completed and submitted to the Head of Corporate Assurance by their line manager confirming the individual is a DSE user and agreeing to the issue of the corporate eye care scheme voucher.

7.3. All sight tests are required to be carried out by a registered optometrist or ophthalmologist in accordance with the corporate eye care scheme. The ICB's current provider of the Corporate Eye Care Scheme is Vision Express.

7.4. Employers <u>only</u> have to pay for glasses for DSE work if the test shows an employee needs special glasses prescribed for the distance the screen is viewed at. If an ordinary prescription is suitable, employers do <u>not</u> have to pay for glasses. **The ICB will contribute up to £45 towards any glasses that are required for DSE work.**

7.5. Where a member of staff obtains a test independently and without the prior knowledge and agreement of his/her manager, then the organisation <u>will not</u> be responsible for the costs incurred. **Where a member of staff has sought approval from their line manage for an eye test with a different provider the ICB will contribute up to £20.**

7.6. Users are entitled to further eye tests at regular intervals if they are having difficulties which may reasonably be attributed to their VDU work. In these cases further vouchers will be agreed by line management.

8. Portable DSE and Home Working

8.1. Portable DSE, such as laptop and notebook computers, are subject to the DSE regulations if it is in prolonged use. The DSE regulations also apply to employees working from home.

8.2. Individual self-assessments must be carried out for portable DSE.

8.3. Where employees highlight that they work from home (in line with the organisation's agile working arrangements), the employee will conduct their own self-assessment and be responsible for ensuring that this is completed.

9. Reporting Incidents/Injuries

9.1. All users should inform their manager if after prolonged periods of use of the equipment they become aware of any of the following:

- Backache, shoulder or neck pain.

- Tired eyes/headaches.

- Aches or pains in hands or arms.

- Impairment of grip or movement of fingers or other joints.

- Other health issues that may be affected by DSE work.

9.2. Any issues, however minor, must be reported using the ICB's incident reporting process. Please refer to the ICB's Incident Reporting and Management Policy.

9.3. It is the responsibility of the employee to complete the incident form as soon as possible after the issue has occurred or they have become aware of the issue.

9.4. A referral to Occupational Health should be considered at this point for a physio assessment. Details for the ICB's Occupational Health provider, Sugarman, are email: info-occhealth@sugarman.com or telephone: 02476 309727.

10. Equality and Diversity Statement

10.1 Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services as well as an employer.

10.2 The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.

10.3 We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, roma and travellers.

10.4   As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

10.5   To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

11.   Communication, Monitoring and Review

11.1   The Head of Corporate Assurance will be responsible for monitoring the implementation and use of this policy on an ongoing basis and will also be responsible for updating the document in accordance with any changes required due to the following:

- Legislative changes.

- Good practice guidance, and/or

- Incidents reported in relation to DSE use.

11.2   The Head of Corporate Assurance will also be responsible for communicating this policy through the appropriate ICB's communication methods.

11.3   This policy will be reviewed by the Audit and Risk Committee every three years or in light of any legislative changes.

11.4   Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the ICB's Corporate Assurance Team (via email notts.corporateassurance@nhs.net).

12.   Staff Training

12.1   In addition to the training given in the organisation's mandatory health and safety training, all DSE users are encouraged to familiarise themselves with information on display screen equipment (DSE) by reading the guidance within this policy at **Appendix D** and in addition, the Health and Safety Executive guidance 'Working safely with display screen equipment' and other guidance made available to them on https://www.hse.gov.uk/msd/dse/

12.2   Any individual who has queries regarding the content of the policy, or has difficulty understanding how this relates to their role, should contact the ICB's Corporate Assurance Team by email: notts.corporateassurance@nhs.net.

13. Interaction with other Policies

13.1 This policy should be read in conjunction the following ICB policies:

- Security, Health and Safety Policy.
- Incident Reporting and Management Policy.

14. References

- https://www.hse.gov.uk/msd/dse/index.htm

- Health and Safety Executive (2013), Working with Display Screen Equipment https://www.hse.gov.uk/pubns/indg36.pdf

15.   Equality Impact Assessment

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Age[1]	None identified	N/A	None	None
Disability[2]	Wheelchair users. Standing Workstation Users.			
Gender identity (trans, non-binary)[3]	None identified	N/A	None	None
Marriage or civil partnership status[4]	None identified	N/A	None	None

[1] A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

[2] A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

[3] The process of transitioning from one gender to another.

[4] Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

Date of assessment:	May 2022			
For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:	Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity?	If yes, are there any mechanisms already in place to mitigate the adverse impacts identified?	Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned.	Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe.
Pregnancy or maternity[5]	None identified	N/A	None	None
Race[6]	None identified	N/A	None	None
Religion or belief[7]	None identified	N/A	None	None
Gender[8]	None identified	N/A	None	None
Sexual orientation[9]	None identified	N/A	None	None
Carers[10]	None identified	N/A	None	None

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[5] Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

[6] Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

[7] Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

[8] A man or a woman.

[9] Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

[10] Individuals within the ICB which may have carer responsibilities.

Appendix A:

Display Screen Equipment User Eye Test Voucher Claim Form

Part A: To be completed by employee		
Employee's Name: (Block Capitals)	Date of Birth:	Directorate:
Assignment Number: (See Payslip)		
Signature:	Contact Telephone No:	Date:

Part B: To be completed by line manager	
1) To be completed fully	
☐	I confirm that the above employee is a display screen equipment user, and
☐	A workstation assessment has been carried out.
☐	The employee is either a new user, due a routine test, or is experiencing difficulties which may be reasonably considered to be related to display screen equipment work.
2) ICB preference is to utilise the eye care scheme. It is left to the line manager's discretion whether we reimburse outside of this scheme	
☐	The employee wishes to use the Corporate Eye Care Scheme using the ICB's current provider - Vision Express.
☐	A receipt for the eye test is attached for reimbursement.

Line Manager's Name: (Block Capitals)	Position:	
Signature:	Contact Telephone No:	Date:

If the Corporate Eye Care Scheme is used, no further confirmation of the need for corrective appliances specifically for display screen equipment use is required.

If reimbursement is required, please also complete the Display Screen Equipment User Corrective Appliances Claim Form at **Appendix B.**

Appendix B:

Display Screen Equipment User Corrective Appliances Claim Form
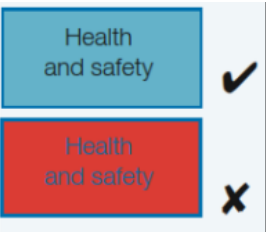
Part A: To be completed by employee		
Employee's Name: (Block Capitals)	Date of Birth:	Directorate:
Assignment Number: (See Payslip)		
Signature:	Contact Telephone No:	Date:

Part B: To be completed by line manager	
☐	I confirm that the above employee is a display screen equipment user.
☐	A display screen equipment risk assessment has been carried out.
☐	A prescription is attached showing that the optician has confirmed that corrective appliances (ie. glasses or lenses) are required specifically for display screen equipment work.
☐	A prescription is attached showing that the optician has confirmed that new corrective appliances (i.e. glasses or lenses) are required as a result of "deterioration" through the specific use of display screen equipment work.
☐	The receipt for payment made by the employee is attached.

Line Manager's Name: (Block Capitals)		Position:	
Signature:	Contact Telephone No:		Date:

Appendix C:

Display Screen Equipment (DSE) and
Portable Appliance Test (PAT) self-assessment form

Date of DSE and PAT Assessment:	
Staff Member:	
Line Manager:	
Team/Directorate:	

Risk factor	Yes	No	Things to consider	Action to take
1. Display screens				
Are the characters clear and readable?	☐	☐	*Make sure screen is clean.* *Check that text and background colours work well together.*	
Is the text size comfortable to read?	☐	☐	*Software settings may need adjusting to change text size.*	
Is the image stable, free from flicker and jitter?	☐	☐	*Try using different screen colours to reduce flicker (e.g. darker background and lighter text).*	
Is the screen's specification suitable for its intended use?	☐	☐	*Intensive graphic work or work requiring fine attention to small details may require large screens.*	
Are the brightness and/or contrast adjustable?	☐	☐	*Separate adjustment controls are not essential provided the user can read the screen easily.*	
Does the screen swivel and tilt?	☐	☐	*The swivel and tilt does not need not be built in; you can add a swivel and tilt mechanism.*	
Is the screen free from glare and reflections?	☐	☐	*Consider moving the screen/desk and/or shield the screen from source of reflections.* *Screens that use dark characters on a light background are less prone to glare and reflections.*	
Are adjustable window coverings provided and in adequate condition?	☐	☐		

Risk factor	Yes	No	Things to consider	Action to take
2. Keyboards				
Is the keyboard separate from the screen?	☐	☐	*This is a requirement unless the task makes it impracticable (e.g. where there is a need to use a portable device).*	
Does the keyboard tilt?	☐	☐	*The tilt does not need to be built in; this could include to a separate keyboard rest.*	
Is it possible to find a comfortable keying position? 	☐	☐	*It may encourage good keyboard technique to place the keyboard flat, to avoid excessive bending of the wrists.* *Try pushing the display screen further back to create more room for the keyboard, hands and wrists.*	
Does the user have good keyboard technique?	☐	☐	*You may require further training to prevent:* • *Hands bent up at wrist;* • *Hitting the keys too hard;* • *Overstretching the fingers.*	
Are the characters on the keys easily readable?	☐	☐	*Keyboards should be kept clean. If characters still cannot be read, the keyboard may need to be replaced.* *Use a keyboard with a matt finish to reduce glare and/or reflection.*	
3. Mouse, trackball etc.				
Is the device suitable for tasks it is used for?	☐	☐	*If you are having problems, try a different device. There are a variety of shapes and sizes available.*	

Risk factor	Yes	No	Things to consider	Action to take
Is the device positioned close enough to the user?	☐	☐	*Most devices are best placed as close as possible (e.g. right beside the keyboard).* *Make sure you:* • *Do not overreach.* • *Leave hand on the device when it is not being used.* • *Keep a relaxed arm and a straight wrist.* • *Do not grip the mouse too tightly.* • *Use the whole arm to move the mouse rather than moving it just with the wrist.* • *Learn to use keyboard shortcuts instead of the mouse.*	
Is there support for the device user's wrist and forearm?	☐	☐	*Support can be gained from, for example, the desk surface or arm of a chair. If not, a separate supporting device may help.*	
Does the device work smoothly at a speed that suits the user?	☐	☐	*Cleaning may be required (e.g. mouse ball and rollers).* *Check the work surface is suitable. A mouse mat may be needed.*	
Can the user easily adjust software settings for speed and accuracy of pointer?	☐	☐	*You may need training in how to adjust device settings.*	
4. Software				
Is the software suitable for the task?	☐	☐	*Software should help you to carry out the task, minimise stress and be user-friendly.* *Check that you have had appropriate training in using the software. If not, ask for training to be provided.* *Software should respond quickly and clearly to user input, with adequate feedback, such as clear help messages.*	
5. Furniture				
Is the work surface large enough for all the necessary equipment, papers etc.?	☐	☐	*Create more room by moving printers, reference materials etc. elsewhere.* *Operate a clear desk policy.* *If necessary, consider providing new power and telecoms sockets, so that equipment can be moved.* *There should be some scope for flexible rearrangement.*	

Risk factor	Yes	No	Things to consider	Action to take
Can the user comfortably reach all the equipment and papers they need to use?	☐	☐	*Rearrange equipment, papers, etc. to bring frequently used things within easy reach.* *A document holder may be needed for copy typing, positioned to minimise uncomfortable head and eye movements.*	
Are surfaces free from glare and reflection?	☐	☐	*Consider mats to reduce reflections and glare.*	
Is the chair suitable and stable?	☐	☐	*The chair may need repairing or replacing if you are uncomfortable, or cannot use the adjustment mechanisms.*	
Does the chair have a working: • **Seat back height and tilt adjustment?** • **Seat height mechanism?** • **Swivel mechanism?** • **Castors or glides?**	☐	☐	*Check that you know how to use the controls.*	
Is the chair adjusted correctly? 	☐	☐	*You should be able to carry out your work sitting comfortably.* ***Appendix D*** *of the DSE Use Policy shows guidance how to sit whilst while working.*	
Can the chair be moved close into the desk so that when the user is seated with arms parallel to the floor, the fingers rest comfortably on the 2nd row of keys?	☐	☐	*The arms of chairs can stop you getting close enough to use the equipment comfortably. If necessary, remove the chair arms.*	

Risk factor	Yes	No	Things to consider	Action to take
Is the small of the back supported by the chair's backrest?	☐	☐	*You should have a straight back, supported by the chair, with relaxed shoulders.*	
Are the forearms horizontal and eyes at roughly the same height as the top of the DSE screen?	☐	☐	*Adjust the chair height to get your arms in the right position, then adjust the screen height if necessary.*	
Are the feet flat on the floor, without too much pressure from the seat on the backs of the legs?	☐	☐	*If not, a footrest may be needed.*	
6. Environment				
Is there enough room to change position and vary movement?	☐	☐	*Space is needed to move, stretch and fidget.* *Consider reorganising the office layout and check for obstructions.* *Cables should be tidy and not a trip or snag hazard.*	
Is the lighting suitable (e.g. not too bright or too dim to work comfortably)?	☐	☐	*You should be able to control the light levels (e.g. by adjusting window blinds or light switches).* *Consider shading or repositioning light sources or providing local lighting (e.g. desk lamps).*	
Does the air feel comfortable?	☐	☐	*DSE and other equipment can dry the air. Circulate fresh air, if possible.*	
Are levels of heat comfortable?	☐	☐	*Can heating be better controlled? More ventilation or air-conditioning may be required if there is a lot of electronic equipment in the room. Or can you move away from the heat source?*	
Are the levels of noise comfortable?	☐	☐	*Consider moving sources of noise e.g., printers away from user.*	
7. General				
Has the checklist covered all the problems you may have working with DSE?				
Can you confirm that you do not experience discomfort or other symptoms which you attribute to working with DSE?				
Have you been advised of your entitlement to eye and eyesight testing?				

Risk factor	Yes	No	Things to consider	Action to take
Do you take regular breaks working away from DSE?				21
Please write details of any additional problem/comments:				

Maintaining Portable Electric Equipment				
The ICB has a responsibility to maintain electrical equipment that staff use for work purposes. Not every electrical item needs to have a portable appliance test (PAT) and in some cases a simple user check and visual inspection is sufficient (e.g. checking for loose cables or signs of damage). This form will guide you through what you need to do to ensure the safety of your electrical equipment.				
Visual Inspection				
Item one	**Asset number**	**Date on PAT certificate ***	**User Check**	
Choose an item.	*Click here to enter text.*	*Select to enter a date or leave blank if unknown*	Is there damage to the lead including fraying, cuts or heavy scuffing?	*Choose an item.*
			Is there damage to the plug?	*Choose an item.*
			Are any wires visible where the lead joins the plug?	*Choose an item.*
			Is there any damage to the outer cover over the equipment itself? e.g. loose screws of parts?	*Choose an item.*
			Are there any signs of overheating?	*Choose an item.*
			Has the equipment been used or stored in unsuitable conditions? E.g. wet environments or any water spills?	*Choose an item.*
			Are any cables trapped under furniture?	*Choose an item.*
Item two	**Asset number**	**Date on PAT certificate ***	**User Check**	
Choose an item.	*Click here to enter text.*	*Select to enter a date or leave blank if unknown*	Is there damage to the lead including fraying, cuts or heavy scuffing?	*Choose an item.*
			Is there damage to the plug?	*Choose an item.*
			Are any wires visible where the lead joins the plug?	*Choose an item.*
			Is there any damage to the outer cover over the equipment itself? e.g. loose screws of parts?	*Choose an item.*
			Are there any signs of overheating?	*Choose an item.*
			Has the equipment been used or stored in unsuitable conditions? E.g. wet environments or any water spills?	*Choose an item.*
			Are any cables trapped under furniture?	*Choose an item.*
If you need to add additional items please copy and paste on to a new page. ** You can usually find the PAT certificate on the back of the electrical item and it will look similar to this:*				

Electrical Safety and You	
With increased use of electrical equipment in homes it is important that you are not putting yourself at risk due to unsafe electrical set ups and practices. This next section helps to provide you with some basic measures to help control the risk from your uses of electricity for work purposes.	
Electrical Safety Assessment:	
Are there cables trailing on the floor that could cause a trip hazard?	*Choose an item.*
Is there more than one socket extension per socket? Do not daisy chain extension leads, if your cable doesn't reach don't plug it into another adapter, move your workspace closer to the socket or use a longer lead. Use the **socket calculator** to ensure that you are not plugging in too many appliances.	*Choose an item.*
Is your workstation tidy? It is important to keep drinks away from electrical items.	*Choose an item.*
Do you charge equipment on a hard, flat, non-flammable surface? Do not charge electrical items on a bed or sofa.	*Choose an item.*
Does your equipment have correct stands if necessary to prevent it falling over?	*Choose an item.*

ACTION: Please use the action plan below to outline any actions required as a result of the DSE and/or PAT assessments.

ACTION PLAN	
Action (if applicable)	**Completed by date**
Assessment reviewed by	**Date**
Line Manager:	
Corporate Assurance / Estates Teams:	

ACTION: Please complete electronically and then send to Line Manager for agreement of actions, review and sign off before being sent to the Corporate Assurance Team - notts.corporateassurance@nhs.net

If DSE requirements are unable to be met, employees will be offered a desk in an office base five days a week, in line with our Agile Working Model.

Appendix D: Guidance on workstation set up for users of Display Screen Equipment

Ideal seated position for DSE work

Figure 2 Seating and posture for typical office tasks

- Seat back adjustable
- Good lumbar support
- Seat height adjustable
- No excess pressure on underside of thighs and backs of knees
- Foot support if needed
- Space for postural change, no obstacles under desk
- Forearms approximately horizontal
- Wrists not excessively bent (up, down or sideways)
- Screen height and angle to allow comfortable head position
- Space in front of keyboard to support hands/wrists during pauses in keying

1. The seat back rest should be adjusted so you are sitting upright.

2. Good lumbar support should be achieved (ie. the lower back should be supported).

3. Seat height should be adjusted to achieve points 4-7 below.

4. There should be no excess pressure on the underside of your thighs and back of knees.

5. There should be room under the desk to allow changes in posture (no obstacles).

6. Forearms should be horizontal and elbows approximately at right angles.

7. There should be minimal bending of the wrists and hands, they should be horizontal.

8. Screen should be at arm's length and height and angle should be adjusted to allow a comfortable head position with the neck and head straight – ideally with the top of screen level with your eyes.

9. If you use multiple screens then the main screen should be directly in front of you and the extra screen(s), nearby and at the same height.

10. Ensure there is space in front of the keyboard to support your hands/wrists during pauses in keying. Place mouse close to keyboard.

11. A foot support should be provided if your feet do not touch the ground.

12. If seat armrests are provided these should not prevent you from pushing your chair under the desk or should be adjustable in height.

Appendix E

Corporate Eye Care Scheme (Process)

The ICB's current provider of the Corporate Eye Care Scheme is Vision Express

```
┌─────────────────────┐        ┌─────────────────────┐
│ New user into post  │        │ Review of existing  │
│ as part of induction│        │ assessment (due to  │◄──────────────┐
│                     │        │ change or two-yearly│               │
│                     │        │     reviews)        │               │
└──────────┬──────────┘        └──────────┬──────────┘               │
           │                              │                          │
           ▼                              ▼                          │
┌─────────────────────────────────┐                                 │
│ DSE SELF ASSESSMENT and         │       ┌─────────────────────┐   │
│         Guidance                │──────►│ Form to Manager for │   │
│   Appendices C and D            │       │ agreement/actioning │   │
└──────────────┬──────────────────┘       │   recommendations   │   │
               │                          └──────────┬──────────┘   │
               ▼                                     │              │
┌─────────────────────────────────┐                 ▼              │
│ Form to trained DSE workstation │       ┌─────────────────────┐  │
│ assessor to review and sign off │◄──────│ Managers to log team│  │
│         and logging             │       │ compliance to Policy│  │
└──────────────┬──────────────────┘       └─────────────────────┘  │
               │                                                    │
               ▼                                  No                │
          ◇─────────────◇          ┌─────────────────────┐         │
         ╱ Does DSE user ╲────────►│  No further action  │─────────┘
         ╲ require eye test╱       │  required until     │
          ◇─────────────◇         │      review         │
           │         │             └─────────────────────┘
        Yes│      Yes└────────┐
           ▼                  ▼
┌─────────────────────┐  ┌─────────────────────┐
│ EYE TEST VOUCHER    │  │ DISPLAY SCREEN      │
│   CLAIM FORM        │  │ EQUIPMENT USER      │
│   Appendix A        │  │ CORRECTIVE          │
└──────────┬──────────┘  │ APPLIANCES FORM     │
           │             │   Appendix B        │
           ▼             │ [Manager approval is│
┌─────────────────────┐  │ required to depart  │
│ Form to be completed│  │   from this process]│
│ by manager and      │  └─────────────────────┘
│ passed to trained   │
│ DSE workstation     │
│ assessor            │
└──────────┬──────────┘
           │
           ▼
┌─────────────────────┐
│ Trained DSE         │
│ workstation assessor│
│ issues voucher to   │
│ user and logs the   │
│ voucher issue       │
└──────────┬──────────┘
           │
           ▼
┌─────────────────────┐
│ User utilises       │
│ voucher for eye     │
│ test/care/corrective│
│ appliances as       │
│ required            │
└─────────────────────┘
```