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| Date of assessment | 17/09/2020 | |
| Name | xxxxxx | |
| Date of birth | 01/01/1969 | |
| Job title | Duties and Resource Officer | |
| Location | xxxxx | |
| Staff number | n/a | |
| Site of injury / area to be assessed | Workstation | |
| Contact numbers | Home |  |
| Work | 01142963317 |
| Mobile | 07776026181 |
| Preferred contact method | Work | |
| Height | 5ft 3in | |
| Right or left handed | Right Handed | |

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| **Condition** – as reported by the patient | | |
| Symptoms reported and onset | xxxxx advised of in June 2020 of obtaining a pulled muscle in the lower right side of her back, however she had endured regular twinges weeks heading up to the pulled muscle. Due the severity and the exacerbation of pain, xxxx’s general mobility was negatively impacted with radiation of pain also occurring in her right hip. As a result she required 2 weeks off work to recover. During this period of time, Lesley started to experience significant pain in her left shoulder which rapidly intensified. Pain from her shoulder started to impact her neck, with the occasional sharp shooting pains down her full left arm and into hand. The shoulder issue has been present since April 2020, however at that time Lesley was able to manage to symptoms effectively up until the back issue. | |
| Other health problems | xxxxx previously had suffered from a frozen right shoulder | |
| Treatment (medication, therapy, investigations) | xxxxx was prescribed with medication initially to help manage her muscle pain in her back. She received an MRI scan which showed no significant damage. She also received a cortisone injection for her left shoulder. | |
| Glasses or contact lenses worn (near, distance, vari)? | Varifocals. | |
| Date of last eye test | 2019 | |
| **Employment** – as reported by the patient | | |
| Length of service | | 14 years |
| Date of internal DSE training | | 18 months ago |
| Shift length – start/finish time | | 07:30-15:30 |
| Breaks schedule | | When Needed |
| Description of job, including main tasks | | Updating systems, sending emails and dealing with enquiries. |
| Caseload | | Controlled |
| Work pace | | Controlled |
| Stressors | | n/a |
| Communication demands | | Through telephony and email, plus internal meetings |
| Other | | n/a |

Please use this checklist as an aid to the workstation assessment and to help comply with the Schedule to the Health and Safety (Display Screen Equipment) Regulations.

An answer “yes” requires no further action

An answer of “no” requires further comment and / or remedial action where necessary by the Workstation Assessor. Please record the decisions in the “Action to take / notes” column.

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| **1. General** | **Yes** | **No** | **Action to take / notes** |
| Do they take a break away from DSE approximately once an hour? | X |  | xxxx does manoeuvre away from her workstation regularly. Encouraged to keep doing so. |
| Can they avoid highly repetitive work? | X |  |  |
| Is their work paced by themselves and under their control? | X |  |  |
| **2. Display screen** | **Yes** | **No** | **Action to take / notes** |
| Are the characters / text sizes clear and comfortable to read? | X |  |  |
| Is the screen placed directly in front of the user? | X |  | Both xxxxx’s desktop monitors were centrally based, symmetrical to her sitting position. |
| Is the image stable? (free of flicker and jitter) | X |  |  |
| Is the screen at a suitable height for the user? | X |  |  |
| Is the screen at a suitable distance for the user? | X |  |  |
| Is the screen’s specification suitable for its intended use? (e.g. screen size for graphics) | X |  |  |
| **Display screen** | **Yes** | **No** | **Action to take / notes** |
| Are brightness and / or contrast adjustable? | X |  |  |
| Does the screen swivel and tilt? | X |  |  |
| Is the screen free from glare and reflections? | X |  |  |
| Is the screen cleaned regularly? | X |  |  |
| **3. Keyboard** | **Yes** | **No** | **Action to take / notes** |
| Is the keyboard separate from the screen? | X |  | xxxx was advised to maintain the keyboard at a comfortable reach to prevent overstretching. |
| Does it tilt? | X |  |  |
| Are the characters on the keyboard easily readable? | X |  |  |
| Does the user have good keyboard technique e.g. touch typist? | X |  | Comfortable typist but not a touch typist. |
| Is the wrist in a neutral position? | X |  |  |
| Is there a wrist rest in place? Nb. this does not necessarily need remedial action is the answer is No | X |  |  |
| **4. Mouse Device** | **Yes** | **No** | **Action to take / notes** |
| Mouse on the right? | X |  |  |
| Mouse on the left? |  | X |  |
| Type of mouse? | X |  | Standard Mouse |
| Is the mouse positioned close to the user? | X |  |  |
| Does it work smoothly at a speed that suits the user? | X |  |  |
| Can the user easily adjust software settings for speed and accuracy of pointer? |  | X |  |
| Is there support for the user’s wrist and forearm? | X |  |  |
| Is there a wrist rest in place?  Nb. this does not necessarily need remedial action is the answer is No | X |  |  |
| **5. Work Surface** | **Yes** | **No** | **Action to take / notes** |
| Is the work surface sufficiently large enough to accommodate all necessary equipment, papers, etc? | X |  |  |
| Can the user comfortably reach all the equipment and papers they need to use? | X |  |  |
| Are surfaces free from glare and reflection? | X |  |  |
| Is a suitable document holder in place, if required? |  | X | xxxxx currently reverts to her handwritten notes at times which are positioned to her left hand side. This causes her to lean more so on her left side, impacting her left shoulder. |
| Do they have a suitable headset / hands free if required? | X  X | X |  |
| Is the telephone sited in the optimum position? |  | X | Her telephone is currently positioned between her keyboard and screens and slightly out of reach. |
| **6. Software** | **Yes** | **No** | **Action to take / notes** |
| Is the software suitable for the task? | X |  |  |
| **7. Furniture** | **Yes** | **No** | **Action to take / notes** |
| Is the chair suitable? |  | X | xxxxx’s current chair was unsuitable in the relation to her anthropometric measurements and current health issue. |
| Is the chair stable? | X |  |  |
| Does the chair have a working: | | | |
| Backrest height and tilt adjustment? | X |  | The backrest was too large and could not be lowered. |
| Seat height adjustment? | X |  |  |
| Seat depth adjustment? | X |  | The seat depth was shortened during the assessment to allow the required space between the end of the seat pad and the back of her knees. |
| Swivel mechanism? | X |  |  |
| Castors or glides? | XX |  | Castors. |
| Is the chair on an appropriate surface? | X |  |  |
| Is the small of the back supported by the backrest? | X |  | Minimal lumbar support present. |
| Are feet flat on the floor or on a footrest, without pressure at the back of the legs? | X |  | Feet were comfortably positioned on the footrest present. |
| Do they pull themselves into the desk correctly? | X |  |  |
| Is the seat, desk and VDU in good alignment? | X |  |  |
| Is the workstation in a suitable location? | X |  | xxxxx did highlight that due to the current requirements all windows must remain open. As she is positioned next to the window, she can often experience a cold draft which impacts her shoulders. |
| **8. Environment** | **Yes** | **No** | **Action to take / notes** |
| Is there enough room to change position and vary movement? | X |  |  |
| Cabinets easily accessible? | X |  |  |
| Is area free from trip hazard (electric cables etc)? | X |  |  |
| Is the lighting suitable? | X |  |  |
| Does the air feel comfortable? | X |  |  |
| Are levels of heat comfortable? | X | X | xxxxxxx can often feel the cold within the office. This causes her to hold herself differently and expose her shoulders to tension. |
| Are noise levels comfortable? | X |  |  |
| Are adjustable window coverings provided and in adequate condition? | X |  |  |
| **9. Other issues** | **Yes** | **No** | **Action to take / notes** |
| Are there any other issues not already covered, in relation to the DSE? |  | X |  |

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| Immediate onsite recommendations made on the day | | |
| Action taken during the assessment, advice given, changes made etc. | Does it eliminate the risk? | If not, what action is required? |
| During the assessment it was explained to Lesley the importance of maintaining a good posture by sitting correctly at the workstation. Sitting correctly in the chair will maximise contact and support she requires to prevent posture being exposed to pain and discomfort. | Yes and No | Maintaining the correct sitting posture will help maximise support and comfort, however xxxxxx’s current chair does not provide the support he requires, therefore a new specialist chair would need to be provided. |
| Lesley was advised to maintain all of her necessary workstation accessories within a comfortable reach to prevent overstretching and encouraging a poor posture to be demonstrated, plus losing the required support from her chair. | Yes |  |
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Please **only** use this section if you feel that the existing workstation cannot be modified

Complete the measurements and highlight the problem areas

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| --- | --- |
| Chair Assessment and Measurements | |
| Weight kg or stone | n/a |
| Back of knee joint to floor cm | 45cm |
| Space between back of knees and front of seat cm | 4cm |
| Back of buttock to back of knee cm | 47cm |
| Seat surface to shoulder cm | 52cm |
| Seat surface to middle of lumbar curve cm | 20cm |
| Hip width cm | 39cm |
| Seat surface to nape of neck cm | 58cm |
| Floor to desk height cm | 71.5cm |

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| Mouse Measurement | |
| Distance from tip of middle finger to wrist cm | 16cm |

**Summary of recommendations**

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| Area | **Action to be taken:**  *If any additional equipment is recommended, please paste a link to an example product that would be suitable from posturite web site* |
| 1. General | xxxxxxx should keep utilizing her breaks effectively to help manage current health issues as well as promoting blood flow to prevent fatigue.  Maintaining the correct seated posture throughout her working day will maximise the support gained. |
| 2. Display screen | Both screens were at the correct height and position. |
| 3. Keyboard | Suitable. |
| 4. Mouse Device | Suitable. |
| 5. Work Surface | It would be beneficial for xxxxxx’s telephone to be repositioned to her non-dominant left side of the workstation.  To help support her current left shoulder issue, it would be recommended that Lesley be supplied with an ergonomic arm support. This would be attached to the workstation providing constant support to the arm and taking the weight away from the shoulder.  <https://www.posturite.co.uk/ergorest-330-series.html> |
| 6. Software | Suitable. |
| 7. Furniture | It would be recommended that Lesley be supplied with a new chair that can be fit to her anthropometric measurements in order to achieve the required support needed help manage her current health issues. The chair should incorporate a higher adjustable backrest, with independent seat and back tilt mechanisms, armrests, adjustable seat depth, inflatable lumbar support and tension control. Performance memory foam seating should be included.  A suitable example would be; <https://www.posturite.co.uk/rh-logic-300-medium-back-ergonomic-office-chair.html> |
| 8. Environment | It would be recommended that xxxxx be issues with a portable heater to be positioned at her workstation to provide heat to her immediate surrounding. |
| 9. Other issues | As highlighted, xxxxx uses her handwritten notes at her workstation but in doing so obtains a poor posture. It would be recommended that she be supplied with a document/writing slope. This would be positioned between her keyboard and screens, with its default position being a document holder. If required to write the slope slides over her keyboard, allowing the correct posture to still be maintained. Once finished the slope magnetically clicks back into position.  <https://www.posturite.co.uk/multilite-document-holder-and-writing-slope.html> |

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| Assessors Name: | Liam Marrs |
| Signed: | L. Marrs |