

Health & Safety Risk Assessment Form



RE: Display Screen Equipment Workstation Risk Assessment Form Ref: CF:008:06

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| Author(s): | National Health & Sa | ional Health & Safety Function | | | | | |
|-------------------------------|--|--|--|--|--|--|--|
| Part A | DSE Work | station Risk Assessment Form | | | | | |
| Division: | Social care Midlands Lou Meath CHO | Source of Risk: | Display screen equipment workstation risk | | | | |
| HG/CHO/NAS/Fur on: | cti CHO8 | Primary Impact Category: | Staff | | | | |
| Hospital Site/Serv | ice: Drogheda Ser | * * | Musculoskeletal injury | | | | |
| Dept/Service Site: | The Village Residence | Name of Risk Owner (BLOCK | (S): Seamus Mc Caul | | | | |
| Date of Assessmen | nt: 1 st May 2023 | Signature of Risk Owner: | Andrea Doorly | | | | |
| Unique ID No: | RA 004 | Risk Co-Ordinator: | Seamus Mc Caul | | | | |
| | | *DSE Workstation Assessor(| s): All staff | | | | |
| DSE Users name: | | | | | | | |
| Name of DSE Use Line Manager: | rs Seamus Mc Ca | aul | | | | | |
| Note: | our places of | xposure to COVID-19 may present a work. It is essential that the latest pu ol measures identified and implemen | blic health advice is followed and | | | | |
| | presented an reasonably provided where 2 meassessment management of the second are within 2 management of the Line | cting DSE risk assessments considered the means of avoiding and mitigacticable. It worker separation cannot be sust be conducted and alternative prosprehensive hygiene measures, minimisetres of each other, minimising the numbers, provision of face masks. It was assessment/analysis of the latter following: It the DSE User has completed the numbers of the service | ensured a specific activity risk of the testive measures must be put in hising the frequency and time staff number of staff involved in the task, consultation with the employee Employee's workstation. DSE User Awareness module on | | | | |

workstation have been implemented.

Part C of risk assessment form

3. Actions that cannot be resolved during the assessment are documented on

| 4. Provide the DSE User with a copy of this DSE risk assessment once completed |
|---|
| It the responsibility of the Line Manager to ensure any remedial actions identified are implemented |

| Workstation Location, e.g. room number, specific work area (payroll, accounts etc): | The Village Residence | Typing Skills: | Minimum |
|--|------------------------------|-------------------|---------------------|
| Tasks Undertaken: | | | |
| Dominant Hand: | R() L() Both (yes) | | |
| Requires glasses: | Y() N() Some of the staff | | |
| Approximate length of time spent at DSE: | 1 to 2 Hours () 3-5 Hours (|) | >5 Hours () varies |
| Other relevant information e.g. discomfort or symptoms or any concerns relating to DSE use raised by the user? | no | | |
| Sample picture of workstation | | | |

Using DSE Safely



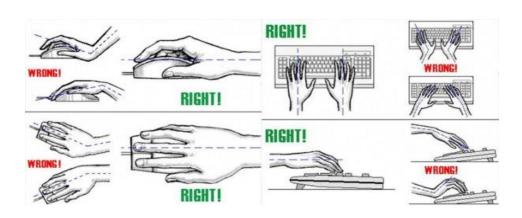
While seated ensure the following:

- 1 Your back is straight and the lower back is supported by the backrest.
- Your thighs are parallel to the floor in a slightly downward position.
- Your feet are resting comfortably on the floor (if not possible, a footrest may be required).
- Your forearms and wrists are in a straight line while typing, your shoulders are relaxed.
- Eyes are level with top of screen or slightly below eye level.
- (6) The screen is approximately at arm's length and is positioned to avoid reflective glare.
- Keyboard is directly in front of you with enough space to rest forearms on the desk between keyboard and desk edge.

| Part | B Equipment | | | |
|------|--|-----|----|----------|
| | Chair | Yes | No | Comments |
| 1 | Is the work chair stable i.e. has a five star base and stable when weight is placed on it? | yes | | |
| 2 | Is the seat height adjustable? | yes | | |
| 3 | Does the chair allow freedom of movement (in and out of the workspace easily and turn from side to side while seated) and allow for seating in a comfortable position? | yes | | |
| 4 | Is the backrest adjustable in height and tilt to provide lower back support? | yes | | |

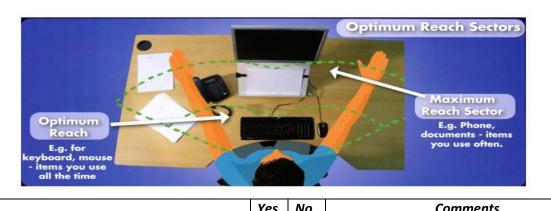
| 5 | If arm rests are present, are they adjustable/removable? | yes | | |
|----|--|-----|------|----------|
| 6 | Has the chair been adjusted to ensure while seated: The back is in an upright or slightly reclined position? Shoulders are relaxed? Small of the back is supported? There is a 90 degree angle at knees and elbow? Thighs horizontal or positioned slightly downward? Upper arms are vertical and close to the sides of the body while typing? | yes | | |
| - | Forearms horizontal with the desk? | | | |
| 8 | Are the feet resting comfortably on the floor? If not, is a footrest provided? Is the User aware of how to adjust the chair in order | yes | | |
| 0 | to find the best posture in accordance with their | yes | | |
| | work? | | | |
| | Scre | een | | |
| | | Yes | No | Comments |
| 9 | Is the screen positioned directly in front of the User? | yes | 7.00 | Comments |
| 10 | Is the screen an adequate distance (approximately arm's length) from the User? | yes | | |
| 11 | Is the screen adjustable in height and swivel/tilt? | yes | | |
| 12 | Is the Users' eye-line in the upper third of the screen? | yes | | |
| 13 | Are the characters on the screen well defined, clearly formed and of adequate size and spacing to ensure letters and numerals are clearly distinguishable? | yes | | |
| 14 | Are the images on the screen stable and free from flickering? | yes | | |
| 15 | Is the screen clean with brightness and contrast adjustable? | yes | | |

Keyboard and Mouse



| | | Yes | No | Comments |
|----|---|-----|----|----------|
| 16 | Is the keyboard positioned directly in front of the User to avoid twisting while typing? | yes | | |
| 17 | Are characters clearly defined on the keyboard? | yes | | |
| 18 | Is the keyboard tiltable and separate from the screen? | yes | | |
| 19 | Is there sufficient space on the desk in front of the keyboard to support the forearms and hands to avoid fatigue? | yes | | |
| 20 | Does the User have good keyboard technique e.g. are the wrists in line with forearms in a neutral position while typing? Note: wrist rests are only to be used to rest the wrist in between typing | yes | | |
| 21 | Does the keyboard have a matt surface so as to avoid glare? | yes | | |
| 22 | Is the mouse close to the keyboard when in use so that the User's forearm is relaxed and the wrist is straight? | yes | | |
| 23 | Is a mouse mat required? | yes | | |

Desk



| | | Yes | No | Comments |
|----|---|--------|------|----------|
| 24 | Is the work surface sufficiently large to allow | yes | | |
| | for flexible arrangement of the screen, | | | |
| | keyboard, documents and related equipment? | | | |
| 25 | Does the work surface have a low reflective | yes | | |
| | surface i.e. matt or semi matt? | | | |
| 26 | Is commonly used equipment such as the | yes | | |
| | phone or mouse arranged within easy reach to | | | |
| | prevent overstretching and twisting? | | | |
| 27 | Is there sufficient unobstructed legroom | yes | | |
| | underneath the desk? | | | |
| | En | vironr | nent | |
| | Space | Yes | No | Comments |
| 28 | Is there sufficient space (minimum 4.65m²) to | yes | | |
| | allow for easy access and egress to and from | | | |
| | the workstation? | | | |
| 29 | Are cables and equipment placed in such a way | yes | | |
| | to prevent a slip/trip hazard? | | | |
| | Lighting | Yes | No | Comments |
| 30 | Is the lighting level suitable (general rule 300- | yes | | |
| | 500 lux) for the tasks and comfortable for the | | | |
| | User? | | | |
| | Glare and reflections | Yes | No | Comments |
| 31 | Is the workstation designed to ensure sources | yes | | |
| | of light (e.g. windows, transparent and | | | |
| | translucent walls, brightly coloured fixtures) | | | |
| | cause no direct glare and/or distracting | | | |
| | reflections on the screen? | | | |
| 32 | Are windows fitted with suitable adjustable | yes | | |
| | blinds etc. to reduce light and glare? | | • | <u> </u> |
| | Noise | Yes | No | Comments |
| 33 | Is the work area free from excessive noise from | | | |
| | equipment? | ., | | |
| | Heat 12 | Yes | No | Comments |
| 34 | Is the work area well ventilated? | yes | | |
| 35 | Is the work area free of draughts? | yes | | |
| 36 | Is heat produced by equipment at a level that | yes | | |
| | is comfortable for the User? | | | |

| | | | 1 | |
|-----------|---|-------|---------|----------|
| <i>37</i> | Is the ambient temperature (for sedentary | yes | | |
| | work in the range of 18 -24°C) comfortable for | | | |
| | the DSE User? | | | |
| | Humidity | | | |
| 38 | Are adequate levels of humidity (minimum of | yes | | |
| | 30 % winter and 40-60% in summer) | _ | | |
| | maintained? | | | |
| | maintained? | | | |
| | User/ Con | mpute | er Inte | rface |
| | | V | 0/- | Comments |
| | | Yes | No | Comments |
| 39 | Is the User familiar with the computer software | yes | | |
| | programmes they are required to use to | | | |
| | perform their tasks? | | | |
| 40 | Does the User consider the software suitable | yes | | |
| | to the task undertaken? | | | |
| 41 | Has the User been provided with training and | yes | | |
| | instruction on the software, as appropriate, in | | | |
| | order to perform tasks? | | | |
| 42 | Has consideration been given to the use of a | yes | | |
| 72 | document holder? | yes | | |
| 43 | If present, is the document holder and the | VOC | | |
| 43 | monitor at the same height and angle to | yes | | |
| | | | | |
| | minimise head and neck movement? | | | |
| 44 | Is work planned to allow for periodic task | yes | | |
| | breaks or changes of routine away from the | | | |
| | DSE? | | | |
| 45 | Has consideration been given to the | yes | | |
| | psychosocial risk factors that may be present | | | |
| | e.g. control over pace and nature of tasks, | | | |
| | monotonous work, high levels of attention and | | | |
| | concentration required, frequent tight | | | |
| | deadlines? | | | |
| 46 | Is the User aware of their entitlement to eye | yes | | |
| | and eye sight testing and where appropriate, | | | |
| | provision of free corrective lenses? | | | |
| 47 | Is the User aware of how to report any issues | yes | | |
| 7/ | relating to the use of DSE? | yes | | |
| | relating to the use of DSE! | | l | |



| Part C | Part C DSE Workstation Risk Assessment Form | | | | | | | | | |
|---|--|---|---|-----------|--|--|--|--|--|--|
| **HAZARD & RISK DESCRIPTION | EXISTING CONTROL MEASURES | ADDITIONAL CONTROLS REQUIRED | ACTION OWNER (i.e. the Person responsible for the action) | DUE DATE | | | | | | |
| Risk of musculoskeletal injury or upper limb disorder due to: • overstretching as the positioning of armrests prevent the user moving closer to desk • Poorly laid out workstation Risk of psychosocial injury (stress) due to inadequate systems of work i.e. not allowing for periodic task breaks or changes of routine away from the DSE | DSE user has completed the HSELanD DSE User Awareness Module Staff member is aware of the Guideline Document Re: Display Screen Equipment DSE has a built in anti-glare screen | A request has been submitted for a new chair with removable/ adjustable armrests A document holder to be supplied and adjusted to same height and angle as monitor to minimize head and neck movement. Review systems of work to ensure work is planned: • to allow employees control over the pace and nature of tasks • periodic breaks or changes of tasks away from the DSE to allow the user to change posture and avoid fatigue Employee to be made aware of the availability of eye and eye sight testing | All Staff | Sept 2024 | | | | | | |
| Eye Fati | | | | | | | | | | |



National Health and Safety Function, Workplace Health and Wellbeing Unit, National HR Division

| | INITIAL R | ICV | | RISK STATUS | |
|------------|-----------|-----|------|-------------|--------|
| Likelihood | Impact | | Open | Monitor | Closed |
| 2 | 2 | 4 | ✓ | | |

^{*}Risk Assessor to be recorded for OSH risks only.

**Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only.