**North Lincolnshire Clinical Commissioning Group Display Screen Equipment Policy**

Review February 2023

Version 2.0

**Version Control Sheet**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment** |
| 1.0 | December 2018 | Risk Manager | Approved by Integrated Audit & Governance Committee 09th January 2019 | New Policy |
| 2.0 | February 2022 | Risk manager | Reviewed as per Policy guidance | Minor changes agreed by COO |

## Contents

1. [Introduction](#_bookmark0) 4
2. [Aim](#_bookmark5) 4
3. [Objectives](#_bookmark10) 4
4. Definitions4
5. Training and information……………………………………………………………………………….. 5
6. Roles and Responsibilities……………………………………………………………………………...5

7 [Eye and Eyesight Tests](#_bookmark27) 8

8 Home working…………………………………………………………………………………………....8

9 Review and Maintenance……………………………………………………………………………….8

[Appendix A – Setting up your workstation DSE guidelines 9](#_bookmark28)

[Appendix B - DSE Self-Assessment form 13](#_bookmark29)

[Appendix C - Health Assessment in Relation to Work referral form 17](#_bookmark30)

Appendix D - Standard Referral Letter for Eye and Eyesight Test……………………………………...21

Appendix E – Flowchart Referral for Eye Tests: Display Screen Equipment Users…………………..25

Equality Impact Analysis……………………………………………………………………………………. 26

Bribery Act 2010………………………………………………………………………………………………26

Sustainability Impact Assessment…………………………………………………………………………. 33

# 1.0 Introduction

1.1 The Health and safety (Display Screen Equipment) Regulations 1992 came into force on 1 January 1993 and has been amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002. The regulations implement the European Directive, which specifies minimum safety and health requirements for work with display screen equipment (DSE).

1.2 The organisation recognises that its duties to employees using display screen equipment are also covered in the Health and Safety at Work etc. Act 1974 and further regulations which include:

 Management of Health and Safety at work Regulations 1999

 Workplace (Health, Safety and Welfare) Regulations 1992

 The Provision and Use of Work Equipment Regulations 1992

### **Aim**

To provide North Lincolnshire Clinical Commissioning Group (NLCCG) with a framework within which it can take all reasonably practicable steps to assist staff, visitors and contractors in preventing health problems such as musculoskeletal disorders (MSD), fatigue and stress, psychosocial issues by encouraging good ergonomic design of equipment, furniture, the working environment and the Job.

### **Objectives**

3.1 NLCCG will take all reasonable steps to ensure the health and safety of employees

who work with display screen equipment (DSE).

3.2 To ensure that managers recognise their responsibility to safeguard the health and

Safety of “users” of DSE as delegated to them by the organisation.

3.3 To ensure that adequate training and briefing on the Health and Safety (Display

Screen Equipment) Regulations 1992 as amended 2002 is given to all applicable

staff

3.4 To ensure senior staff, e.g. Directors, heads of department, designated competent persons or equivalent persons, assess and control risks arising from the use of display screen equipment in the organisation.

1. **Definitions**

4.1 **Workstation**

 The screen itself (any computer or terminal screen)

 Any optical accessories to the display screen equipment

 Any disk drive, telephone, modem, printer, scanner, work chair, work desk, work surface, document holder, footrest or other peripheral to the display screen

 The immediate work environment around the display screen equipment

**4.2 Display Screen User**

4.2.1 It will be appropriate to classify the person concerned as a “user” if they normally use display screen equipment for continuous or near-continuous spells of an hour or more at a time and use it this way daily and fulfil a significant number of criteria listed below:

* The individual depends on the use of DSE to do the job, as alternative means are not readily available for achieving the same results.
* The individual has no discretion as to the use or non-use of the DSE to do the job.
* The individual needs training and / or skills in the use of DSE to do the job
* Fast transfer of information between the user and screen is an important requirement of the job.
* The performance requirements of the system(s) demand high levels of attention and concentration by the user, for example where the consequences of error may be critical.

4.2.2 The decision on whether the person concerned is a “user” must be made by the

relevant line manager

**4.3** **Rest Breaks**

* Users of DSE must take adequate breaks away from the screen. The rest breaks should be 5 minutes every 30 minutes or 10 minutes every hour.
* Breaks away can be replaced by other duties such as filing, using the photocopier, making telephone calls or dealing with visitors.
* The purpose of the break is to prevent onset of fatigue and therefore it is expected that users will take advantage of changes of activity if possible.

# 5.0 Training and information

5.1 All Staff/Users will be provided with health and safety information related to working with DSE via this policy. This should include the recognition of hazards and risks and what actions can be taken to reduce these. The policy will be emailed to all staff and made available on the Intranet

5.2 Display Screen Equipment E Learning is available to users via their ESR portal as a self-subscribed course; this additional training should be recorded and maintained by managers. Separate emails will be sent to all Staff of how to pull the course through ESR which will then be monitored by the Business Manager.

5.3 Information on seating and posture, office environment and keyboard techniques can be found in Appendix A.

# 

**6.0 Roles and Responsibilities**

The Health and Safety (Display Screen Equipment) Regulations 1992 (as amended)

2002 state: -

* It is duty of every employer and self-employed person to comply with the provisions of these regulations in so far as they relate to matters which is within their control;
* It is duty of every employee whilst at work to co-operate with his employer so far as is necessary to enable any duty placed upon that employer by the provisions of these regulations to be complied with. Also, to comply with the provision of these regulations in so far as they relate to matters which are within their control.

**6.1 The Chief Officer**

The Chief Officer has the overall responsibility to ensure that NL CCG complies with all relevant health and safety legislation. Specific duties include:

* Ensure that the Health and Safety Advisor works with Line Management to ensure suitable arrangements for DSE are in place on a day to day basis.
* Ensure that following any incidents involving DSE, a thorough investigation is undertaken.
* Receive reports/audits of the arrangements for DSE from the Health and Safety Advisor and ensure that, if appropriate, recommendations are acted upon and corrective actions are taken.

**6.2 Line Managers**

It is duty of all departmental managers to ensure compliance with this policy in relation to DSE equipment and associated activities that are within their direct operational control.

* Ensure that DSE self-assessments are completed by all staff on commencement of employment, using the correct DSE Self-Assessment form (Appendix B).
* Ensure that completed DSE self-assessments forms are placed in the individual’s personal file upon completion and a copy forwarded to the Risk Manager.
* Ensure that staff review DSE self-assessments when appropriate or when needs change.
* The needs of disabled persons must also be properly addressed through a suitable and sufficient risk assessment which takes into account the nature and extent of their disability. Further advice for members of staff responsible for the provision of, and setting up of workstations for disabled persons can be obtained from the Occupational Health Department.
* Expectant mothers may be more affected by hazards from the workstation such as:
* Awkward postures, heavy lifting, repetitive forces and limited rest periods;
* hormonal changes can affect ligaments and joints, which can cause postural problems, backache and impairment of dexterity, agility, coordination and balance;

• reaching distance and lifting capability can be reduced.

* Line Managers must ensure that the existing DSE assessment is reviewed once they are notified of a new or expectant mother and also during and after the pregnancy as appropriate (e.g. if any pain or discomfort is experienced).
* Ensure that any adverse findings of DSE self-assessments are acted upon and, where appropriate, corrective actions taken including the involvement of the Occupational Health Provider if appropriate (appendix C).

**6.3 All Staff**

It is the duty of all staff and any others who may be affected by the work activities of North Lincolnshire CCG to comply with the findings of DSE self-assessments and any actions recommended by the Occupational Health Provider.

Staff should make themselves aware of the potential risks of injury and ill-health as well as control measures and practices in place for their protection within their work routines. (Appendix A)

It is also the duty of all staff to report any deficiencies within the DSE arrangements to Line Management, and to co-operate (where appropriate) in developing a safe outcome to identified deficiencies.

Specific duties include:

 Carry out a DSE self-assessment on commencement of employment with North Lincolnshire CCG and ensure that the assessment is forwarded to their Line Manager.

 Ensure that the recommendations made on the DSE Self-Assessment form are followed (Appendix B).

 Ensure that where appropriate, assistance is sought from the

Occupational Health Provider.

 Ensure that the DSE self-assessment is reviewed at appropriate intervals, if equipment/furniture changes, if the working environment changes, or if any discomfort/difficulties are being experienced.

 Ensure that regular breaks away from the workstation are taken.

 Ensure that Line Management is informed if any difficulties or problems of discomfort persist for more than 3 days.

1. **Eye and Eyesight Tests**

The law states employers must arrange an eye test for [display screen equipment (DSE) users](http://www.hse.gov.uk/msd/dse/index.htm)[1]if they ask for one, and provide glasses if an employee needs them only for DSE use.

As an employer, you must protect your workers from the health risks of working with display screen equipment (DSE), such as PCs, laptops, tablets and smartphones.

The manager should offer staff classed as users the opportunity for a vision screening test with the user’s own optometrist with the standard referral letter (appendix D).

The Maximum amount reimbursed by NLCCG for the test will be £25. The member

of staff will be required to return the standard referral letter (suitably completed by the optician) to the manager for reimbursement to be possible.

If corrective lenses are found to be necessary for the use of DSE only, then NLCCG will contribute to a maximum of £45 for the purchase. This can be used to obtain a standard frame and lenses or be put towards a more expensive model.

Reimbursement to users will be paid into the employee’s wages by payroll, following completion of the necessary claim form at Appendix D and then attaching it to the CCG expenses claim form.

**Users must use the standard referral letter at Appendix D to claim the entitlement**

1. **Home Working**

Employees carrying out substantial amounts of North Lincolnshire Clinical Commissioning Group work within their home will need to ensure that their workstation meets the standards laid down in this policy and ensure their Line Manager has a copy of their DSE assessment.

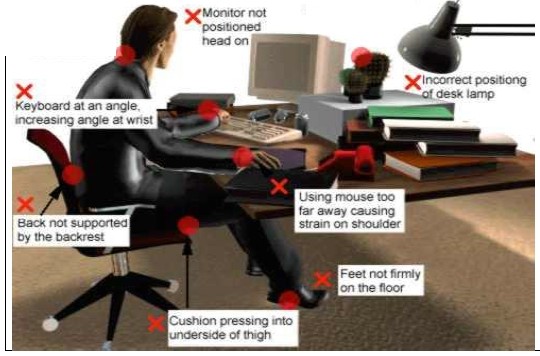
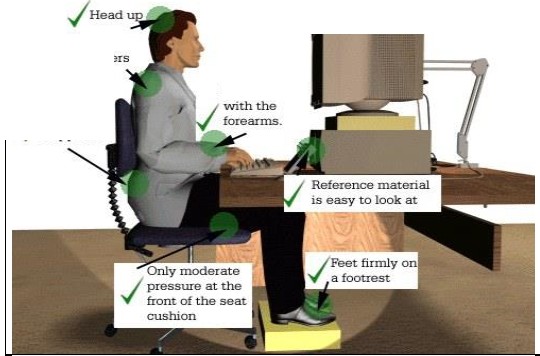
# 9.0 Review and Maintenance

This policy will be reviewed every 2 years or as required by legislative changes or in response to any relevant incidents.

# Appendix A -

|  |  |
| --- | --- |
| **Setting up your Workstation**  **Display Screen Equipment Self-Assessment Guidelines**  **Setting up your workstation correctly is vital to ensuring you reduce the risk of pain and ill health that can be associated with Display Screen Equipment (DSE) use. It is the responsibility of all DSE users within North Lincolnshire CCG to ensure they have followed the DSE policy, set up their workstation and completed**  **a DSE self-assessment. By following the steps below, you should alter the layout of your workstation to ensure you are working safely. Remember, if items are bulky or heavy you should not attempt to move them on your own. The correct set up of your workstation may not feel right at first but it will encourage correct posture and safe working practices.** | |
| The Chair   Adjust the height of your chair so that when you put your fingers on the middle row of the keyboard your hands and forearms remain horizontal.   Your elbow joint should be at 90 degrees.   There should be no angle at the wrist   This may mean your feet are dangling (don’t worry, we  will alter this next)   Your knees must also be at about 90 degree angle   You may require a foot rest in order to ensure that there is no pressure on the bottom of your thigh  The monitor   Adjust the height of the monitor to ensure that you are looking horizontally at it.   Your eyes should be level with the top of the screen   You can adjust the height of your monitor by using a support. Please ensure that this is safe   The same should be applied to all screen types (flat screen and normal monitors)   If you are using a laptop at your base desk, a support should always be used.   Ensure your monitor screen is clean   Check the distance of your eye to the monitor. We recommend that your eye should be between 450mm and 650mm from the screen, whichever distance is most comfortable  If these distances are not comfortable. Consider refer to the eye and eyesight test section of the DSE Policy   Also consider the screen quality or settings   Tilt monitor between 5-15% off the vertical line |  |
|  |
| Your Backrest   Adjust the angle of your back rest and / or your bottom cushion to ensure that your back is supported in your work position   If you cannot sit back and upright without your knees touching the front of the seat you may need to change your chair to one with a shorter seat.   Adjust the back rest support so that it supports the small of your back   If the back rest does not fit into the small of your back, you may benefit from a back support |  |
| Arm rests   North Lincolnshire CCG does not encourage buying chairs with arm rests as they can cause upper limb disorders – However these will be supplied if recommended by Occupational Health   If you cannot get close enough to your desk because of the arm rests you may have to have them removed   Your elbows should be vertically under your shoulders |  |
| The Desk   ensure that you are sat directly in front of the monitor and keyboard   sit close to your desk, allowing for your wrists to be supported by the desk   never put anything between the keyboard and you   if you often have to refer to documents whilst typing, you may benefit from a document holder   this should be placed at the same height and distance from your monitor   Do not let cable trail from the desk   Do not use extension leads   Never use pieces of equipment you have brought in from home |  |
| The mouse   The mouse needs to be positioned as close to you as possible   Aim to work with the mouse with your elbow vertically under your shoulder and right by your side   Always have your mouse on the mouse mat   Position any additional equipment e.g. phones, paper trays and notes in an accessible place to avoid twisting and overstretching   If you are using a Laptop at your base desk, a separate mouse should always be used |  |
| The environment   Temperature and humidity should be adjusted to ensure you are comfortable   If you suffer from dry eyes you should report this to your manager   Eliminate glare or reflections on your screen, close blinds or move workstation so that it is at right angles with the window   Turn off over head lights if not needed (If colleagues all agree) |  |

**Do's and Don'ts of workstation set up**



# Appendix B - DSE Self-Assessment form

**Display Screen Assessment User Questionnaire**

**Name:**

**Date:**

**Line Manager:**

**Base assessed:** Health Place – Brigg

*(Please note: if you spend a considerable amount of your employed time working from home you will need to complete two separate assessments – one for your working set up at home and another for Health Place)*

|  | **Yes** | **N/A** | **No** | **Further Guidance** |
| --- | --- | --- | --- | --- |
| **DSE Training** |  |  |  |  |
| Once you have completed this DSE self-assessment questionnaire – ensure you also complete the DSE E-learning training module on ESR. |  |  |  | CCG DSE Policy  ESR e-learning for staff to subscribe to individually |
|  |  |  |  |  |
| **Seated Posture and Support** |  |  |  |  |
| Do you know how to adjust the back-rest i.e. height and tilt angle? |  |  |  | The back-rest height should ensure that the small of the back is supported |
| Do you know how to adjust the seat height? |  |  |  | Forearms should be horizontal and eyes at roughly the same height as the top of the screen.  Are your feet flat on the floor without too much pressure from the seat on the backs of the legs? If not a footrest may be required. |
| Does your chair seat have a forward tilt adjustment and do you know how to adjust it? |  |  |  |  |
| Does the seat have a swivel mechanism and castors? |  |  |  |  |
|  |  |  |  |  |
| **Input Devices** |  |  |  |  |
| Do you have sufficient space to position and use your mouse without stretching? |  |  |  |  |
| Did you know PC & Laptop screen wipes are available from reception upon request? |  |  |  |  |
| Can you reach the Desk phone easily (if applicable) whilst using the keyboard or taking notes? |  |  |  |  |
| Are the characters on the keyboard easily readable? |  |  |  |  |
| Do you use the phone whilst taking notes or using the keyboard? |  |  |  |  |
| Is there a hands free option on your phone? |  |  |  |  |
|  |  |  |  |  |
| **Screens, Reflection and Glare** |  |  |  |  |
| Can you position the monitor at a comfortable viewing distance? |  |  |  | Approximately arms distance |
| Can the screen height be adjusted and does it swivel? |  |  |  |  |
| When seated at a comfortable keying height is the top of the screen casing approximately at eye level? |  |  |  |  |
| Is the screen free of glare/reflections that make text difficult to read? |  |  |  |  |
| Is the information on the screen easy to read i.e. text large enough, in focus and flicker free? |  |  |  |  |
|  |  |  |  |  |
| **Local Environment** |  |  |  |  |
| Does the general office lighting enable you to view the screen, keyboard and your paperwork clearly? |  |  |  |  |
| Have adequate window blinds been provided to adjust changing natural light levels? |  |  |  |  |
| Is the office environment adequate to prevent discomfort from excess heat/cold and draughts? |  |  |  |  |
|  |  |  |  |  |
| **Work Surface Area** |  |  |  |  |
| Is there space between the top of your thighs and the desk top? |  |  |  |  |
| Is there adequate space on the desk surface for your work items? |  |  |  |  |
|  |  |  |  |  |
| **Equipment Position and Work Area** |  |  |  |  |
| Are frequently used items of equipment within easy reach on the desk without excess reaching, stretching or twisting? |  |  |  |  |
| Is the area around your desk free from obstructions and trip hazards? |  |  |  |  |
|  |  |  |  |  |
| **Work Organisation** |  |  |  |  |
| Do the tasks you complete as part of your normal duties allow you to take regular breaks from your computer? |  |  |  |  |
| Have you read the guidance on recommended stretches? |  |  |  |  |
|  |  |  |  |  |
| **Vision** |  |  |  |  |
| Are you aware of the entitlement to eye and eyesight testing as described in the CCG’s DSE Policy? |  |  |  |  |
| Have you had your eyes tested within the last 2 years – DSE users only |  |  |  |  |
|  |  |  |  |  |
| **Software** |  |  |  |  |
| Is the software provided suitable for the job you do? |  |  |  |  |
| Do you know how to use your computer and software sufficiently well to do your job? |  |  |  |  |
|  |  |  |  |  |
| **Additional Information** |  |  |  | **Comment here if required** |
| Has this checklist covered all problems that you may have working with DSE? If not please list any additional issues you may have in relation to DSE use. |  |  |  |  |

**Staff signature**

**Print name**

**Manager’s signature**

**Print name**

|  |  |
| --- | --- |
| **TO BE COMPLETED BY MANAGER ONLY** | |
| Assessment checked by: |  |
| Are any further actions required? | Yes / No |
| If further actions are required please provide details of action taken  Once Form Completed retain one copy in Employees P File and forward a Copy to the Risk Manager for DSE Audit purposes |  |

# Appendix C - Health Assessment in Relation to Work referral form

**Health Assessment in Relation to Work**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | | DOB: | |  | | | | | NHS No: | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | Post Code: | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Tel No Home: | | |  | | | | | | Work: | | |  | | | | | | | Mobile: | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | | | | Contracted Hours: | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Base & Work Address: | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Employing Organisation: | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Is the employee currently attending work? Yes / No | | | | | | | | | | | | | | | | Date of Referral: | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Manager: | | | | |  | | | | | | | | | Job Title: | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Address report to be sent: | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | |
| E-mail Address: | | | |  | | | | | | | | | | | Contact Number: | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Human Resources Advisor: | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Address report to be sent: | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| E-mail Address: | | | |  | | | | | | | | | | | Contact Number: | | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Referral Information | | Please ✓ | DETAILS |
| Short term sickness absence | |  | Please attach absence records |
| Long Term sickness absence > 4 weeks | |  | Date absence began: |
| Functional capacity /Performance issues identified | |  | (Please circle)Musculoskeletal Mental Wellbeing Other Physical Other |
| Stress perceived to be work related | |  | Attach HSE Team Stress Risk Assessment, results and any action plan taken by manager (performed by Health & Safety) if available |
| Fitness to attend a disciplinary | |  | Date: |
| Other (please state) |  | | |
| Nature of issue that has prompted referral or Details of condition as reported to you | | | |

## 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | DOB: |  | NHS No: |  |

## 

|  |
| --- |
| **Actions taken to date by manager, details of support, work modifications (tasks, hours, environment):** |

## PLEASE SPECIFY THE ISSUES YOU REQUIRE ADVICE/GUIDANCE ON

## (See example questions attached if further guidance needed)

|  |
| --- |
|  |

**Please complete section below failure to do so will delay advice from Occupational Health**

|  |
| --- |
| **Informed Consent Compulsory**  No appointments will be offered for management referrals unless the referring manager’s signature is in the box below.  Under the data Protection Act 1998, employees must confirm their understanding of the need and content of the referral and the questions being asked.  Referring managers should make arrangements to discuss with the employee the outcome having received the Occupational Health advice. |
| **The referring manager confirms that the employee has been consulted (as indicated above) regarding this referral AND a copy of this referral has been given/sent to the employee**  **Signature of referring manager:** |

Occupational Health Department, Skidby House, Willerby Hill Business Park, Beverley Road, Willerby, HU10 6ED

# Tel: 01482 389333 / 389335 Fax: 01482 303945 Email: [maryjane.barker@nhs.net](mailto:maryjane.barker@nhs.net) or [kerry.morrill@nhs.net](mailto:kerry.morrill@nhs.net)

**Guidance for managers on the referral process**

**(Please do not send this page to Occupational Health)**

Suggested Questions for Advice/Guidance

* Is there an ongoing health issue which is impacting on capability/attendance
* If currently unable to perform their full duties; is the employee able to perform some form of work? If so what?
* Is the health issue likely to recur and what impact may this have on future attendance at work
* Are there any barriers to a return to work requiring management action
* When is the employee likely to return to work
* Is there any other way in which management can help
* Is there likely to be any residual limitation on return to work
* What is the likely length of the limitation
* Are there any necessary reasonable adjustments needed to facilitate a return to work
* Are the adjustments advised temporary or permanent
* Are there any adjustments to the individuals role
* Does alternative work need to be considered on a temporary or permanent basis
* Is the health condition likely to qualify as a disability under the Equality Act 2010 (EA10)
* Is the employee at any specific workplace risk as a result of their health condition
* Will there be any ongoing treatment/investigations with will impact on capability/attendance
* Are there any identifiable triggers that may cause a relapse of medical condition/issue

Questions should be relevant to Occupational Health and not management questions that should already have been asked as part of a manager/ employee dialogue, e.g. what aspects of work are causing the employee stress

Guidance for Managers Regarding Completing this Form

The Occupational Health referral form is the manager’s opportunity to ensure all relevant information is provided. The quality and value of an Occupational Health report is governed to a large degree by the quality of the information provided and relevance of questions asked. Managers are advised to state facts not opinions and clearly outline any areas of concern. Occupation Health staff would be happy to advise managers further, should this be necessary, please do not hesitate to call us.

The purpose of referring a member of staff to Occupational Health is to better understand how their condition affects their work. It also enables an assessment to be made as to what support may be given to enable the individual to make a safe & risk assessed return to work and to identify any support that may be needed on their return. With frequent short term absence, this may be advice on what issues are affecting their regular attendance at work. The manager must discuss the need for a referral to Occupational Health with the individual concerned.

In order to ensure the individual is aware of the Occupational Health referral and has given their consent under the Data Protection Act 1998 and Access to Medical Records Act 1990, they must be sent/given a copy of this form.

The form should be fully completed by the referring manager. Occupational Health will inform the referring manager of any non-attendance.

Intentionally left blank

Appendix D

**Standard Referral Letter for Eye and Eyesight Test**

**(Applicable for only employees working with Display Screen Equipment)**

**Name of user:** ................................................................................................................................... **Home address:** ................................................................................................................................. **Payroll Number:** …………………………………………………………………………………. **Job Title:** …………………………………………………………………………………………. **Department:** .....................................................................................................................

**Part A (To be completed by the Line manager)**

I confirm that the above named member of staff is classified as a user of display screen equipment, in accordance with the Health and Safety (Display Screen Equipment) Regulations

1992, and is therefore entitled to an eye and eyesight test.

**Signed:** .......................................................................... **Date:** ....................................... **Print Name:** ......................................................................................................................

**Designation:** ....................................................................................................................

**Part B (To be completed by the user)**

I confirm that I have been advised of my entitlement to and eye and eyesight test and that I have read and understood the North Lincolnshire Clinical Commissioning Groups (NLCCG) display screen equipment guidelines.

I understand that NLCCG will only be liable for the costs of an eye and eyesight test if I follow the procedure in these guidelines and the NLCCG will only be liable for the basic cost of any corrective appliances required specifically for display screen work.

I undertake to pay the costs of a sight test and the costs of special corrective appliances for DSE use only and to claim reimbursement (subject to the maximum amounts determined by the NLCCG) by the submission of this form (fully completed) and receipts.

I consent to the information requested overleaf being forwarded to my manager.

**Signed:** .......................................................................... **Date:** ......................................

**PART C**

**Report of full sight test (To be completed by the optician)**

I am conversant with the Statement of Good practice of the British College of Optometrists and that the purpose of the eye test is to determine if this user had any defect of sight requiring correction when working specifically with display screen equipment.

**Date of full sight test:** ..................................................... **Cost of Test:** …………………….

**This user Does** / **Does not**\* have a defect in sight which requires correction when working only with display screen equipment.

My additional recommendations are as follows:

I confirm that this employee requires ‘specific’ corrective spectacles (see below) in order to work with display screen work? **YES / NO\***

If yes please specify:

Details: .............................................................................................................................................

Cost of basic appliance: £ .................................................................................................................

Next sight test recommended: ........................................................................................................... **Signed**: …………………………………….. **Date**: ………………………………………….

**G.O.C. Number:** ……………………………………………………..

\*Please delete as appropriate

**DISPLAY SCREEN EQUIPMENT (DSE) / VISUAL DISPLAY UNIT (VDU) EYE EXAMINATIONS**

**The Regulations**

The Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002, require employers to assess workstation health and safety risks and to reduce those risks for employees. In undertaking the assessments and addressing the risks the work environment will often be improved.

**Employer’s Responsibility**

The employer is responsible for the health and safety of all who work in his premises. The 1992

Regulations as amended impose on management specific responsibilities for the care of direct

employees, who in the Regulations are termed “users”. These duties are additional to the

general duties of care required to satisfy other legislation.

All employed users of Display Screen Equipment are entitled to eye examinations paid for by their employer. The acceptance by the user of a visual screening check, whatever the result, does not

remove the entitlement to a full eye examination. Vision screening, if carried out annually, may have

a useful role to play in identifying “users” who need a re-examination.

The employer is also required to pay for any spectacles specifically required for VDU use. The employer does not have to pay for spectacles which were not prescribed under the employer’s arrangements or for the provision or updating of “normal” spectacles, even if these are used for display screen work. The employer can, when making arrangements for employees, choose suitable range of basic frames to satisfy the requirements of the Regulations and to provide some choice to the employee.

**Optometrist’s Responsibility**

The purpose of the examination is to increase comfort and accuracy when using a display screen and covers all aspects of workstation use. The optometrist requires some detail of the workstation design, lighting, ventilation, work routine and training. All these can affect symptoms and in undertaking an eye examination the optometrist will keep in mind the other requirements of the DSE Regulations. The user should provide workstation measurements such as the distance at which the screen is viewed, the distance of the keyboard and that of any written or printed papers used at the workstation. These should be measured in each case. Documents supplied which specify pre-printed rather than individual measurements for that workstation are not adequate. The examination will include the provisions of the “Sight Test” as defined by the Opticians Act 1989, but will be extended to take into account the needs of the individual user in relation to the DSE Regulations.

To ensure that all the requirements of the e DSE Regulations are satisfied the optometrist should know, at the outset, that he/she is conducting an examination under the DSE Regulations. The employer should not try to make arrangements retrospectively. Adequate time should be allowed by the optometrist for the discussion of problems and methods of alleviating them. The extra time needed will probably be reflected in the fee charged for this work. An examination carried out without reference to DSE will probably not record sufficient detail for subsequent advice relating to DSE work. Additional charges should be expected for detailed reports. (A suitable form follows this section). Such reports cannot be given without the consent of the employee. The findings of the eye examination remain confidential even when paid for by the employer, unless the employee specifically gives permission for this information to be divulged. It is preferable for the employee to choose the examining optometrist rather than have a practitioner pre-selected by an employer. This has the advantage of permitting continuity of eye care and maintaining the confidence of the user. Such arrangements fit well into the requirements of the Display Screen Regulations. Employers should be wary of selecting an optometrist purely on the basis of the lowest fee being charged, as an examination carried out without reference to DSE will probably not record sufficient detail for subsequent advice relating to DSE work.

It needs to be emphasized that failure to meet the recommended visual standards does not constitute an automatic debarment to continue with DSE or VDU work.

**VDU Spectacles**

In a minority of cases “specific” spectacles are required. The employer pays for such basic appliances, but should not be expected to pay for any fashion element. It is very rare for a first correction or replacement near vision spectacle to be required solely for display screen use. In some countries “specific need” is more broadly interpreted as “a major use of the spectacles”. The Health and Safety Executive, in consultation with the major optometry bodies, has taken the view that “specific” is based upon correcting the screen range with possible additional help for closer or further objects as appropriate.

In order to be appropriate for the work undertaken, it may be necessary to prescribe spectacles in multifocal form for some older users. These will normally incorporate an intermediate (screen distance) upper lens together with a reading section. Often these spectacles will be inappropriate for use other than with display screens. If the work includes visual tasks at distances away from the workstation, trifocals or varifocals may be necessary to achieve these tasks. A tinted lens would not normally be prescribed in spectacles specifically for VDU use, unless this tint is clinically necessary and also incorporated in the person’s normal spectacles. However many employers’ schemes offer to pay sufficient to cover the cost of single vision lenses only, e.g. to pay for a proportion of the total cost involved. Such schemes are likely to be in breach of the Regulations and the employer cannot be absolved from the obligation to provide for more costly lenses, should the optometrist consider them a necessity. Even if the paper work is in copy-holders at screen distance, the lighting requirements for screen and paper work differ widely and may not be resolved satisfactorily with single vision lenses.

Most VDU users do not need specific spectacle correction for workstation use. The eye examination offers the opportunity to advise how the user can increase comfort. The person’s own spectacles will normally cope satisfactorily with the work until the user is well into middle age. Where a younger person requires a specific correction it is not unreasonable for the employer to expect the prescribing optometrist to state the reasons.

(http:/[/www.assoc-optometrists.org](http://www.assoc-optometrists.org/),

**PART D**

**Claim for reimbursement (To be completed by the user and manager)**

I claim reimbursement of the following amounts (as detailed in Part D), subject to the maximum amounts determined by the NLCCG.

**Cost of Test: £** ......................................................

**Cost of Basic Appliance: £**.................................................... I attach receipt(s) as proof of payment.

**Signed:** ........................................................................ **(User) Date:** ...................................

**Cost Centre Account Code: 570271/52241002**.............................................................................

**Signed:** ................................................................... **(Line Manager) Date:** .......................................

**Approved by (Business manager) Signed**............................................................D**ate**……………………

**Print name and title:** .......................................................................................................................

**Appendix E**

**Referral for Eye Tests: Display Screen Equipment Users**

Referral brought to the attention of the line manager

Manager completes Part A of Appendix D

User completes Part B of Appendix D

User contacts their own Optician for eyesight test and makes sure Part C is completed

When the form is completed the user returns the form with any receipts attached to their manager

The manager and user complete Part D

Original copy with receipts to the Business Manager for authorisation- once authorised User to attach to CCG expenses claim form for re-imbursement

# Equality Impact Analysis

Equality

An equality impact screening analysis has been carried out on this policy and is attached at Appendix 1.

As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

Sustainability

A sustainability assessment has been completed and is attached at Appendix 2. The assessment does not identify and benefits or negative effects of implementing this document.

General Data Protection Regulation (GDPR)

The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures. If you are commissioning a project or undertaking work that requires the processing of personal data you must complete a Data Protection Impact Assessment. Please see the CCG’s Data Protection Impact Assessment Procedure and Data Protection by Design & Default procedure available on the website for guidance.

Bribery Act 2010

The Bribery Act is particularly relevant to this policy. The CCG has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from the Bribery Act 2010. Under the Bribery Act 2010 there are four criminal offences:

•           Bribing or offering to bribe another person (Section 1)

•           Requesting, agreeing to receive or accepting a bribe (Section 2);

•           Bribing, or offering to bribe, a foreign public official (Section 6);

•           Failing to prevent bribery (Section 7).

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It should be noted that there need not be any actual giving and receiving for financial or other advantage to be gained, to commit an offence.

All individuals should be aware that in committing an act of bribery they may be subject to a penalty of up to 10 years imprisonment, an unlimited fine, or both.  They may also expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.

Individuals should also be aware that a breach of this Act renders them liable to disciplinary action by the CCG, whether or not the breach leads to prosecution.  Where a material breach is found to have occurred, the likely sanction will be loss of employment and pension rights.

It is the duty of every member of staff to speak up about any genuine concerns in relation to criminal activity, breach of a legal obligation, miscarriage of justice, danger to health and safety or the environment and the suspected cover up of any of these in the workplace.  To raise any suspicions of bribery and/or corruption please contact the Chief Finance Officer.  Staff may also contact the Local Counter Fraud Specialist (LCFS) at – Audit Yorkshire, 07872 988939/ email [nikki.cooper1@nhs.net](mailto:nikki.cooper1@nhs.net) or Head of Anti-Crime Services on 07717 356707 / email [steven.moss@nhs.net](mailto:steven.moss@nhs.net).

The LCFS or Chief Finance Officer should be the contact for any suspicions of fraud. The LCFS will inform the Chief Finance Officer if the suspicion seems well founded and will conduct a thorough investigation.  Concerns may also be discussed with the Chief Finance Officer or the Audit & Integrated Governance Committee Chair.

If staff prefer, they may call the NHS Fraud & Corruption Reporting Line on 0800 028 40 60 between 8am-6pm Monday-Friday or report online at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk).  This would be the suggested contact if there is a concern that the LCFS or the Chief Finance Officer themselves may be implicated in suspected fraud, bribery or corruption.

|  |  |
| --- | --- |
| 1. **Equality Impact Analysis** | |
| **Policy / Project / Function:** | North Lincolnshire CCG Display Screen Equipment Policy |
| **Date of Analysis:** | 10 February 2022 |
| **This Equality Impact Analysis was completed by:**  **(Name and Department**) | Gary Johnson – Risk Manager |
| **What are the aims and intended effects of this policy, project or**  **function?** | To provide North Lincolnshire Clinical Commissioning Group (NLCCG) with a framework within which it can take all reasonably practicable steps to assist staff, visitors and contractors in preventing health problems such as musculoskeletal disorders (MSD), fatigue and stress, psychosocial issues by encouraging good ergonomic design of equipment, furniture, the working environment and the Job. |
| **Please list any other policies that are related to or referred to as part of this analysis?** | The Health and safety (Display Screen Equipment) Regulations 1992  Health and Safety at Work etc. Act 1974  Management of Health and Safety at work Regulations 1999  Workplace (Health, Safety and Welfare) Regulations 1992  The Provision and Use of Work Equipment Regulations 1992 |
| **Who does the policy, project or function affect?**    Please Tick ✔ | Employees    Service Users  Members of the Public    Other (List Below) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Equality Impact Analysis: Screening** | | | | |  |
|  | Could this policy have a positive impact on… | | Could this policy have a negative impact on… | | Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact |
|  | Yes | No | Yes | No |  |
| **Race** |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| **Sexual Orientation** |  |  |  |  |  |
| **Disabled People** |  |  |  |  | This Policy applies to all staff regardless of disability. Self-assessment is specifically aimed at identifying individual equipment needs |
| **Gender** |  |  |  |  |  |
| **Transgender People** |  |  |  |  |  |
| **Pregnancy and Maternity** |  |  |  |  |  |
| **Marital Status** |  |  |  |  |  |
| **Religion and Belief** |  |  |  |  |  |
| **Reasoning** |  | | | | |
| **If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7** | | | | | |

|  |  |
| --- | --- |
| 1. **Equality Impact Analysis: Local Profile Data** | |
| **Local Profile/Demography of the Groups affected** (population figures) | |
| **General** | N/A |
| **Age** |  |
| **Race** |  |
| **Sex** |  |
| **Gender reassignment** |  |
| **Disability** |  |
| **Sexual Orientation** |  |
| **Religion, faith and belief** |  |
| **Marriage and civil partnership** |  |
| **Pregnancy and maternity** |  |

|  |  |
| --- | --- |
| 1. **Equality Impact Analysis: Equality Data Available** | |
| **Is any Equality Data available relating to the use or implementation of this policy, project or function?**  Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *‘Equality Groups’.*  Examples of *Equality Data* include: (this list is not definitive)   1. Application success rates *Equality Groups* 2. Complaints by *Equality Groups* 3. Service usage and withdrawal of services by *Equality Groups* 4. Grievances or decisions upheld and dismissed by *Equality Groups* 5. *Previous EIAs* | Yes    No  Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).  **Please note that due to the small number of staff employed by the CCG, data with returns small enough to identity individuals cannot be published. However, the data should still be analyzed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.** |
| **List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function** | Policy was bench tested with several CCG staff members in its development including CCG H&S Union representative |
| **Promoting Inclusivity**  **How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation** | N/A |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Equality Impact Analysis: Assessment Test** | | | | |
| **What impact will the implementation of this policy, project or function have on employees, service**  **users or other people who share characteristics protected by *The Equality Act 2010*?** | | | | |
| **Protected**  **Characteristic:** | **No**  **Impact:** | **Positive**  **Impact:** | **Negative**  **Impact:** | **Evidence of impact and if applicable, justification**  **where a *Genuine Determining Reason* exists** |
| **Gender**  (Men and Women) | X |  |  |  |
| **Race**  (All Racial Groups) | X |  |  |  |
| **Disability**  (Mental and Physical) | X |  |  | This Policy applies to all staff regardless of disability. Self-assessment is specifically aimed at identifying individual equipment needs |
| **Religion or Belief** | X |  |  |  |
| **Sexual Orientation**  **(Heterosexual, Homosexual and Bisexual)** | X |  |  |  |
| **What impact will the implementation of this policy, project or function have on employees, service**  **users or other people who share characteristics protected by *The Equality Act 2010*?** | | | | |
| **Protected**  **Characteristic:** | **No**  **Impact:** | **Positive**  **Impact:** | **Negative**  **Impact:** | **Evidence of impact and if applicable, justification**  **where a *Genuine Determining Reason* exists** |
| **Pregnancy and Maternity** |  | x |  | The policy applies to all, regardless of pregnancy or maternity. Self  assessment is specifically aimed at identifying individual equipment needs |
| **Transgender** | X |  |  |  |
| **Marital Status** | X |  |  |  |
| **Age** | X |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Equality Impact Analysis Findings** | | | | |
| **Analysis Rating:** | * Red | * Red/Amber | * Amber | **X Green** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Actions | Wording for Policy / Project / Function |
| **Red**  **Stop and remove the policy** | **Red:** As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed. | **Remove the policy**  Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination. | No wording needed as policy is being removed |
| **Red Amber**  **Continue the policy** | As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken. | **The policy can be published with the EIA**  List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).  Consider if there are any potential actions which would reduce the risk of discrimination.  Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date. | As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason exists which justifies the use of this policy and further professional advice.  ***[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equality Impact Findings (continued):** | | | |
|  | | Actions | Wording for Policy / Project / Function |
| **Amber**  **Adjust the Policy** | As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document. | **The policy can be published with the EIA**  The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.  Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.  Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date. | As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning s*ection of this document.  ***[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]*** |
| **Green**  **No major change** | As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage. | **The policy can be published with the EIA**  Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date | As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage. |

|  |  |
| --- | --- |
| **Brief Summary/Further comments** | None |

|  |  |  |
| --- | --- | --- |
| **Approved By** | | |
| Job Title: | Name: | Date: |
| Associate Director Of corporate affairs | Mike Napier | 14/02/2022 |

**SUSTAINABILITY IMPACT ASSESSMENT**

Staff preparing a Policy/Board Report Committee Report Service Plan/Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG’s key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG’s Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy / Report / Service Plan / Project Title:** | | | | |
| **Theme (Potential impacts of the activity)** | **Positive**  **Impact** | **Negative**  **Impact** | **No specific**  **impact** | **What will the impact be? If the impact is negative, how can it be mitigated? (action)** |
| Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020 |  |  | X |  |
| New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements. |  |  | X |  |
| Reduce the risk of pollution and avoid any breaches in legislation. |  |  | X |  |
| Goods and services are procured more sustainability. |  |  | X |  |
| Reduce carbon emissions from road vehicles. |  |  | X |  |
| Reduce water consumption by 25% by 2020. |  |  | X |  |
| Ensure legal compliance with waste legislation. |  |  | X |  |
| Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020 |  |  | X |  |
| Increase the amount of waste being recycled to 40%. |  |  | X |  |
| Sustainability training and communications for employees. |  |  | X |  |
| Partnership working with local groups and organisations to support sustainable development. |  |  | X |  |
| Financial aspects of sustainable development are considered in line with policy requirements and commitments. |  |  | X |  |