



Working with VDUs

A recent survey of GP Practices in the Midlands area showed that 90% of VDU or DSE (Display Screen Equipment) workstations as they are now known, had not been assessed. Combine this information with our own experience of staff reporting symptoms of neck/back/shoulder/wrist pain and the legal requirement to carry out workstation assessments and we have a situation for concern. We are now working on a policy and guidelines to meet the requirements of the legislation (Health and Safety (Display Screen Equipment) Regulations 1992 but meanwhile.... A snapshot!

A 'user' of DSE may be defined as a person who uses the equipment for more than one hour's continual use in a day, and who is dependent on the equipment to do the work. All 'users' workstations must be assessed and where they do not meet an approved standard be modified to control the risk. This includes the desk, chair, accessories such as phone, document holder and the working environment.

The workstations need to be assessed by a 'competent person' i.e. someone who is familiar with the work and workload and who has been trained to undertake assessments. More on this later.....

All 'users' are entitled to have an eye and eye-sight test and, where considered necessary for 'middle distance' vision (the distance at which a display screen is used) corrective spectacles provided. The employer is liable for the costs of the eye and eye-sight tests and for the supply of corrective lenses for middle distance vision.

It would appear reasonable for the employer to fund an agreed basic cost which the employee can add to if they prefer either better quality, multifunctional or fashion 'extras'.

All 'users' must be informed of the potential risks to their health and instructed and trained in how to avoid or control the risks.

Breaking up the working hours – frequent changes of task that allow short informal/formal breaks (5 –10 minutes) away from the screen after every 50 minutes work – are very important.

So how can we help?

We can provide training for 'competent persons' to assess workstations for groups of 8 –10 people. There may be a basic cost for this.

Where the 'competent persons' identify health problems, we will follow them up with a more detailed assessment, provide recommendations to improve controls and where necessary refer the person involved to the Occupational Physician for follow up.

In the meantime or if you would like more help or information, contact the helpline (details on the back of the newsletter).

Many thanks to the GP who contributed this article.

SUPERVISION IN GENERAL PRACTICE – A PERSONAL VIEW

I have been a principal for eleven years and started attending regular supervision two years ago. It has been the best decision of my professional career. I had previously experienced supervision whilst working in a hospice where I was supervised by a senior social worker and had found this invaluable. Supervision is the norm in many other professions including social work, psychology and psychotherapy.

The results of the past two years work has led to my increased enjoyment of my job and significant reductions in levels of stress. It is now very rare for me to feel a sense of 'heart sink' when I see patients arriving. I have a better understanding of my strengths and how to employ them. I am also more able to recognise my vulnerabilities and how to avoid them tripping me up.

Topics for supervision have been wide ranging and have included abusive and difficult patients; relationships with my partners; relationships with GP registrars I train; complaints; work outside the practice and boundaries between work and personal life.

My supervisor is a very experienced psychotherapist. I chose this route because I don't need clinical support – I already had good avenues for getting this type of advice. Others may wish to follow a path of mentorship from an experienced GP. Personally, I find there is a clarity which comes from someone outside the profession. Because of my confidence in the abilities of the psychotherapist I feel safe to explore any emotive subject. I also find that almost all stressful events at work come down to issues about relationships or emotions and not clinical decisions.

It costs me £50 per hour and I go 6 times a year. I have PGEA approval.

Risk Assessment made Easy !

Did you know that the law of the land - **requires every employer to make a suitable and sufficient assessment of the health and safety risks to employees and others who may be affected by their work, in order to put in place appropriate control measures!**

Has your Practice fulfilled this undertaking? – and, if so, are the risk assessments reviewed on a regular basis and also when there are significant changes in the workplace?

Don't be daunted by the phrase 'risk assessment'. You risk assess all the time - crossing the road, testing the bath water, deciding whether you can overtake the car in front safely!! The trick is to KEEP IT SIMPLE - don't try and over complicate the process, its mostly common sense!

Think about your Practice, the work that is done within it, the equipment that is used, the building itself and the people who work in it or others who might be affected by that work.

Prioritise the risk assessment process by starting with the hazards you think have the most potential to cause harm. Use the 'what if' question to help you think of the worst-case scenario - think of the most

Vulnerable person who might be at the receiving end! Make sure everyone involved is consulted, you might be surprised to hear their judgement on the topic and they will be more likely to help rather than hinder any changes you may need to introduce in the future.

To start the ball rolling let's look at '**Lone Working**'.

Is there ever anyone alone in the Practice - someone coming in early to catch up with work - the person who 'opens up' in the morning or 'locks up' at night - the cleaner? Think of the risks to the lone worker - entering the Practice, while they are there and when they are leaving. What if that lone worker were to fall ill or injure themselves while alone? How soon would they be discovered?

Think first if the risks could be eliminated - is it REALLY necessary for someone to be alone? If it is, then you must try and reduce the risks to the lowest possible level.

Some suggestions!

Can rotas be altered to ensure no one is lone working?

Could two members of staff meet up outside the surgery or even a little way away and enter together? Could the lone worker ring someone to say he/she is safely inside with the door locked or alternatively could this be reversed - no phone call means all is well? Similar arrangements could be used for leaving work.

Is access and egress to the Practice as safe as it can be - especially when it is dark?

Can the person leaving last park his/her car in the best well lit spot?

Are there alarm systems in place?

Do all staff know what to do if there is a problem?

Keep thinking 'what if?'

You are sure to have doctors and perhaps other staff who undertake home visits.

Are they informed of any known risks from patients? Can their whereabouts be tracked? Is there a system for reporting 'in' when visits are finished or when a patient who is considered to be 'high risk' has been visited?

Finally, to comply with the law write your assessment down along with the control measures you put in place.

Make sure all staff know about the arrangements. Make it part of the Induction Programme for new staff.

Monitor your arrangements. Make sure they work! Do 'spot checks'.



Review your risk assessment at least annually and before then if significant changes are introduced.

Any further queries? Contact Sue or Lesley on the Helpline (contact details on back sheet)

Don't forget

Conference for Doctors on 23rd
November 2000

'Why our Patients make us ill'

Speakers include:

Dr Phil Hammond (of 'Trust me I'm a
Doctor' fame, **Robert Hale**,
Dr Ruth Chambers
Ben Charnaud

Booking forms out shortly!

PGEA approval being sought

Practices in South and West Devon

**Have you received your Occupational
Health and Safety manual yet?**

**Let Sue or Lesley know if it hasn't
arrived.**

**Apologies to Practices in the rest of
Devon** - although we are receiving requests
for Policies and Guidelines, and have tried
our best to help and advise, this service is
not yet available in your areas.

Contact Details for the OH Team



0117 923 2381 any Wednesday morning from 09:00 – 12:30hrs



You can fax us at any time on: **0117 923 2382** or **01530 224 762**



You can email us any time at: sue@abbottburke.co.uk or lesley@abbottburke.co.uk



Our postal address is: **33 Logan Road, Bishopston, Bristol BS7 8DS**

If you are not certain that your query or concern is related to Occupational Health, do not let this stop you – we will do our best to help.

All enquiries will be treated in confidence.