

# An Introduction to The Health at Work Guide



The Practical Guide to Managing Health at  
Work for Managers, Employees, Human  
Resources, Safety Advisers and anyone with  
a Job

Lindsey Hall

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# **Introduction**

## **Who and what is this book for?**

*“First say to yourself what you would be: then do what you have to do”*

*Epictetus*

This book is for you. If you are an employee, manager, chief executive, plumber, caterer, secretary or dinner lady, whether you work indoors, outdoors, up in the air or underground or provide professional support to any of the above, you need to know what is in this book.

This book is about your health at work. Although written primarily for the UK, the principles are universal so whether you work for one of the best employers in the world or do not have access to good systems of managing health at all, it will have something for you.

This book is based on my knowledge and experience of 25 years working in occupational health at all levels for a wide variety of organisations. It brings together the principles, practices and behaviours you need to manage your health and the health of others at work, in an easy to read format, style and language. It is full of resources, references and links to further reading and by following these, you will be able to find out all you need to know about managing workplace health.

I hope you enjoy the book. Your comments are very welcome and contact details are at the back.

# Chapter 1

## The healthcare triangles of ethical business

*“Beware lest you lose the substance by grasping at the shadow”*

*Aesop*

In this book I will discuss a wide range of issues to do with health at work but in order to understand some of the later principles and advice, it is important to first understand some basic definitions and concepts.

### What is health?

According to the World Health Organisation:

“Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.”

([www.who.int](http://www.who.int))



The above definition is comprehensive and as relevant today as it was in 1948. It is increasingly recognised that health is maintained and improved not only through the advancement and application of medicine and other health sciences but also through the efforts and intelligent lifestyle choices of the individual and society. The WHO states that the main determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviors. The workplace, whatever and wherever that is, has a huge influence on health and often some very simple things can determine whether that is an unhealthy and damaging experience or a healthy and fulfilling one.

### What do we mean by health at work?

The formal term for health at work is Occupational Health which is a surprisingly confusing term despite its two simple words. Few understand it, yet even the most mundane of jobs can affect your health if not properly organised leading to pain, distress, loss of function, absence, loss of money, loss of productivity, stress and hassle for all involved.

The following definition is almost as old as the one above but still the best there is:

“Occupational Health is the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs.”

([www.ilo.org](http://www.ilo.org)) International Labour Organisation / ([www.who.int](http://www.who.int)) World Health Organisation 1950

Therefore Occupational health is the relationship between Health and work.

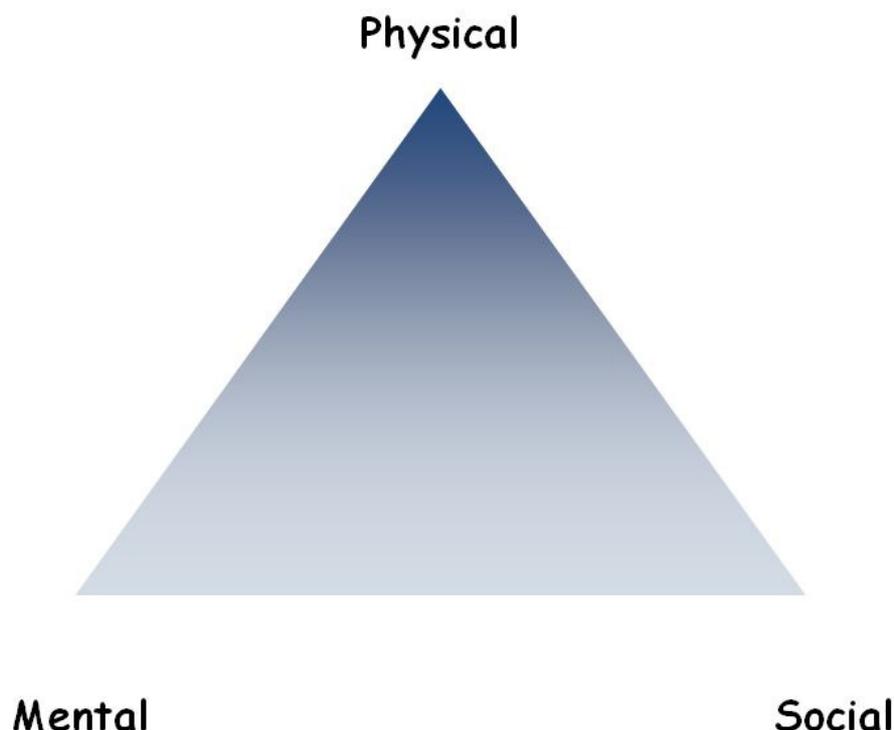
If we reflect on the ILO/WHO definition, it is easy to see why it was ahead of its time in 1950 and still relevant today. It mentions physical, mental and social wellbeing and all occupations. It refers to the control of risks and highlights the requirement to adapt work to the workers and not just the workers to their work.

As with the definition of health, it leaves nothing out and when people ask me, “what is occupational health?” it is the one I always refer to. However, I also argue that “what?”, is the wrong question. The right questions are why and how? Why should you look after the health and wellbeing of your workforce and how do you go about it? In order to answer this we need to go back to the fundamental reasons of why organisations – and therefore work – exist at all.

## **The Health Triangle**

The health triangle is a teaching tool for which the first reference I can find is Georgia State University in 1998 ([www2.gsu.edu/~wwwche/](http://www2.gsu.edu/~wwwche/)). It examines physical, mental and social health and can be said to be a reliable gauge of overall health.

While physical health is the obvious indicator of the state of our health, mental health and social health are also part of the equation. Also, they significantly affect physical health. Research and anecdotal evidence have increasingly shown that each state of health can profoundly affect the others.

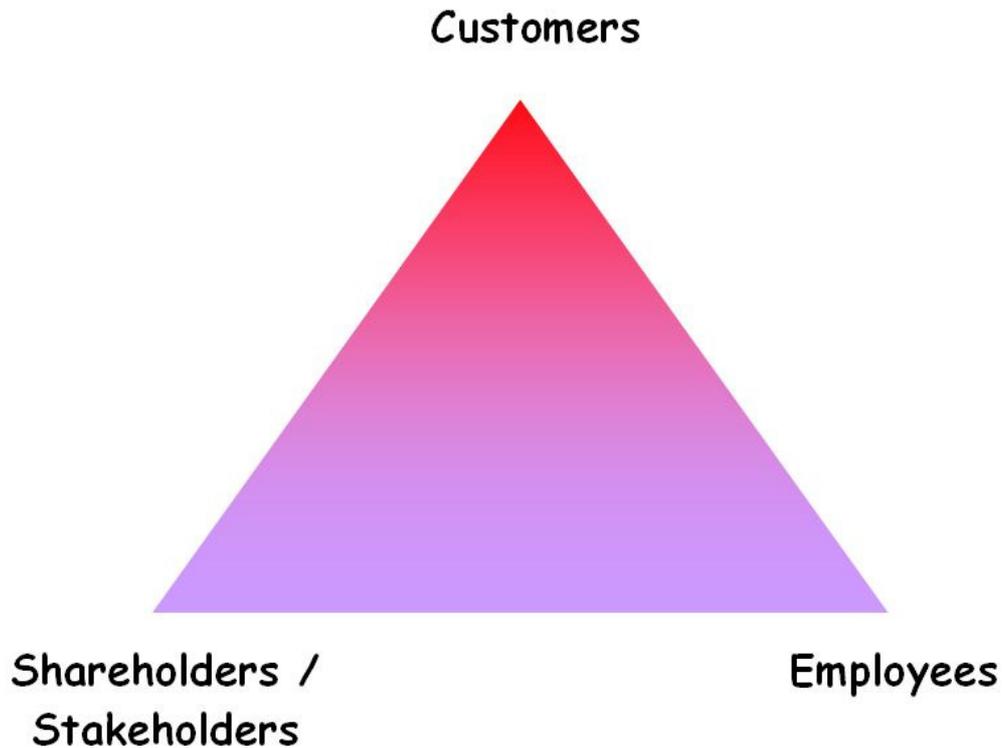


For the purposes of explaining occupational health, I have further developed the triangle concept.

## Who do organisations exist for?

Organisations should exist equally for three groups of people:

- 1 - Customers
- 2 - Shareholders or stakeholders depending on private or public organisation
- 3 - Employees

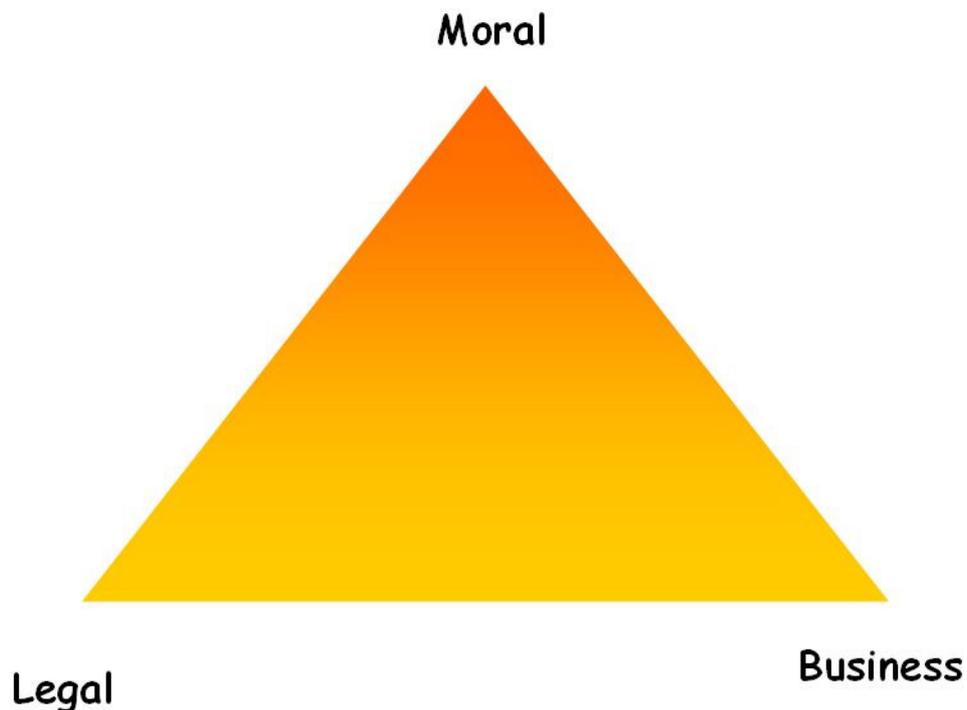


These three groups should be treated equally. If you badly treat your customers they will go elsewhere. If you badly treat your shareholders or stakeholders they will invest elsewhere. If you badly treat your staff they will work elsewhere and those that remain will not be the ones you want. For those that commonly ply the phrase “employees are our greatest asset” beware. Customers, stakeholders or shareholders are just as important. Treat them all equally well and you will take a big leap towards success.

## Three reasons to look after employees at work

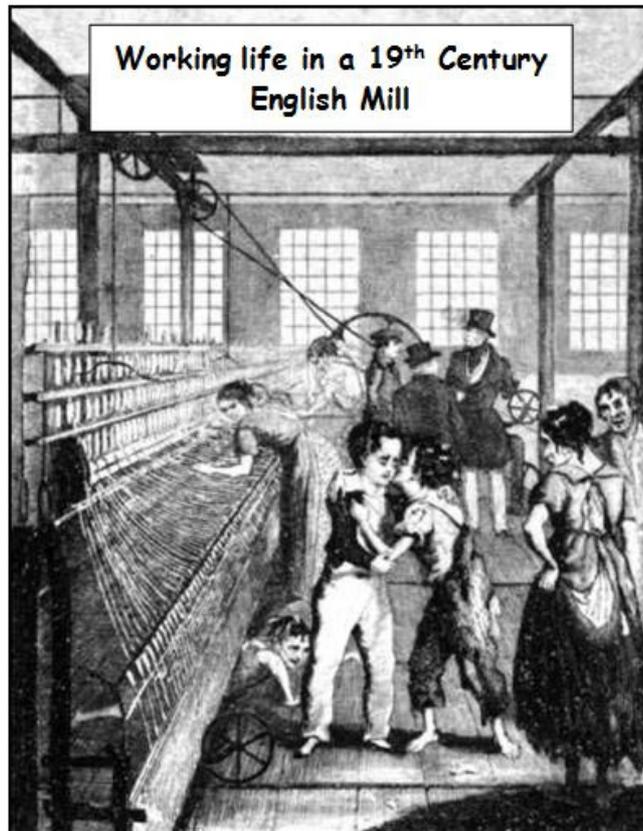
Health at work deals primarily with employees. Shareholders should want to know that employees are being treated well if they understand the benefits of good health at work. Customers can also react badly to companies where employees receive a hard time – or worse – particularly if the press has made much of the story. But the health at work agenda is really that of the managers and employees and when asking why we should look after health at work there are three reasons.

- 1 - The moral and ethical reason
- 2 - The legal reason
- 3 - The business reason



We can now explore these reasons in more detail.

**The Moral Reason.** Work can sometimes make you ill or even prematurely end your life and employers and the 'State' have a moral and ethical duty to prevent this. This is well documented by various organisations around the world but why? Well, it is morally wrong for an employee to go to work in the morning feeling fine and go home ill or injured because of something they have been asked to do. It is wrong for them to develop a health condition that can cause temporary or permanent incapacity because of their work.



It is therefore morally right that employees go home a little tired but with health intact. This is not just a reference to lead poisoning, asbestos related diseases or other health conditions of our industrial heritage. Long term problems such as those affecting the hands and upper arms can develop from modern computer use or production line work. However, this is not just about business owners and managers looking after employees. Employees also have an ethical responsibility to themselves and their colleagues.

**The Legal Reason.** Since the Factories Act of 1802, (also known as the Health and Morals of Apprentices Act) much of the moral reason for looking after health at work has been enshrined in the legal “duty of care”. One of the main reasons for the factories acts in the UK was to reduce and eliminate child labour – still an issue in large parts of the world today. In the UK, health and safety legislation evolved until The Health and Safety at Work etc Act 1974 became the bedrock of modern risk based health and safety legislation. Many sets of regulations, guidance, and approved codes of practice have come along since and there is plenty of information out there for those that require it. Much of this will be discussed later but if you are responsible for the health of others, find out what is applicable to you, carry out a risk assessment, put the findings into practice and review it regularly. It does not have to be complicated but there are potentially serious consequences if you don't.

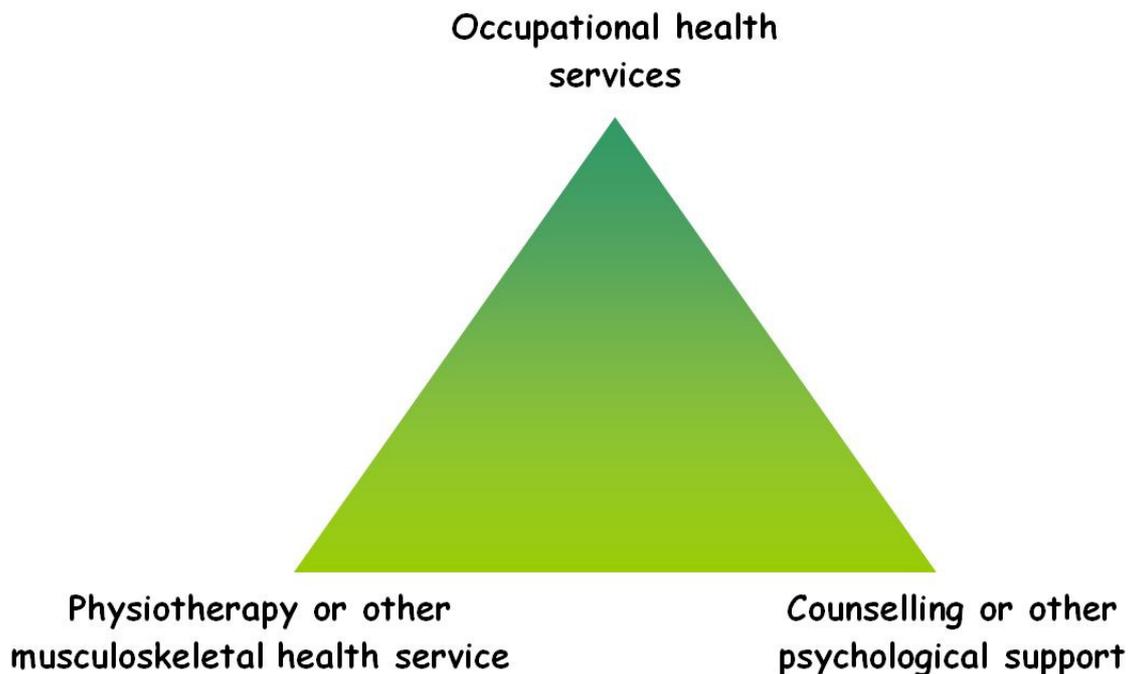
**The Business Reason.** Whether we like it or not, it is money that makes the world go round, not ethics or law. Organisations are in business to make a profit, provide a service or both. Whatever they do, they rely on people to make them work effectively. Therefore those people must be effective and attend work. Health interferes with both. To turn the Health and Safety Executive's catchphrase of the early 21st Century around, bad health is bad for business.

### **The three components of a good health at work system**

The third triangle could in fact be any shape as there are many facets to managing health at work. However, two issues dominate absence and ill health in the UK; musculoskeletal ill health and mental ill health.

Most occupational health services will deal with health assessment and advice in varied forms including, advice on fitness to attend, health surveillance, health and wellness promotion and baseline employment questionnaires. These elements of service can easily be grouped together under a traditional occupational health service banner. Physiotherapy and counselling or other psychological support will need a whole separate infrastructure and process for most and all of these elements of service will be discussed in more detail throughout the book. The corners of the last triangle are therefore:

- 1 - Traditional Occupational Health
- 2 - Physiotherapy or other musculoskeletal health services
- 3 - Counselling or other psychological support.



The Healthcare Triangles provides a clear way of understanding the reasons for managing health at work, regardless of the type or location. In the next chapter, we will take a closer look at the main issues, hazards and risks that affect most people in the working environment.

## Chapter 2

### Issues, hazards and risks

*“There must always remain something that is antagonistic to good”*

*Plato*

There are many potential risks to health at work, some of which will be out of your control. The Sunday morning football field, children’s infections, domestic relationships and the cleanliness of the local Chinese takeaway are all out of the workplace remit despite the occasional impact. Other risks are not and are broadly categorized below. There is a raft of regulations relevant to many of them and as far as possible, this chapter provides the practical advice and the next chapter provides more of the legal background to enable you to understand the reasons behind the advice and actions you need to consider.

### Manufacturing Engineering

Despite the doom and gloom in the press about the loss of our manufacturing heritage in the UK, we still make far more than we think. We build well over 1 million cars a year, still make boats, trains and planes and a mass of other equipment, components and consumables for a wide variety of markets.



*Image courtesy of BMW Group*

But manufacturing causes problems. The equipment used to make things, moves about, often very quickly. This causes safety problems first and it is important to understand the hierarchy of controls in order to manage safely, which you should consider in any business.

Firstly understand hazard and risk:

**A Hazard** is anything that can cause harm.

**A Risk** is the likelihood that a particular hazard will actually cause harm.

A large bottle of Hydrofluoric Acid is a good example.

**DANGER**

**HYDROFLUORIC ACID  
HAZARDOUS LIQUID**

Causes **SEVERE BURNS** which may not be **IMMEDIATELY PAINFUL** or **VISIBLE**.

**AVOID CONTACT WITH EYES,  
SKIN AND CLOTHING!!**

Use **2.5% Calcium Gluconate Gel**  
**IMMEDIATELY** on burn **TO REDUCE SKIN**  
and **BONE DAMAGE**.

pharma science For full details, visit [Calgonate.com](http://Calgonate.com)

*Image courtesy of Calgonate.com*

Hydrofluoric acid is highly corrosive, dissolves glass, reacts with many metals and is severely damaging to the skin, eyes and lungs. It interferes with the body's calcium metabolism and a burn of 25sq inches or 160 sq centimeters can be fatal.

Provided it remains in a sealed plastic bottle in a locked chemical store, the risk of it causing any harm is negligible. If you need a tiny amount very occasionally, the risk starts to rise but is still much lower than if you need to use lots of it every day when the risk becomes very high and considerable control measures are required to lower that risk. Therefore the level of hazard is constant but the level of risk fluctuates considerably depending on what you do with the hazard.

## **The Hierarchy of controls**

This approach allows you to eliminate as many risks as possible and control those you are left with.

### **1 - Elimination**

Consider whether you can redesign the job so that hazards are removed? If this is a reasonably practicable thing to do, then you should do it.

### **2 - Substitution**

Can you replace a material or process with a less hazardous one? Again, if this is reasonably practicable, you should do it.

### **3 – Engineering controls**

Only if you cannot eliminate or substitute a hazard or risk, can you use work equipment or other measures to control the risk. For example, you could use work equipment to prevent falls where you cannot avoid working at height, you can install or use additional machinery such as local exhaust ventilation to control risks from dust or fume or you could separate the hazard from operators by methods such as enclosing or guarding dangerous items. Basically, wherever possible, make sure that all the moving bits are guarded so they do not hurt the people that operate them.

#### **4 – Administrative controls**

By now you should be identifying and implementing the procedures you need to work safely such as job rotation, strict organised working methods and specific training.

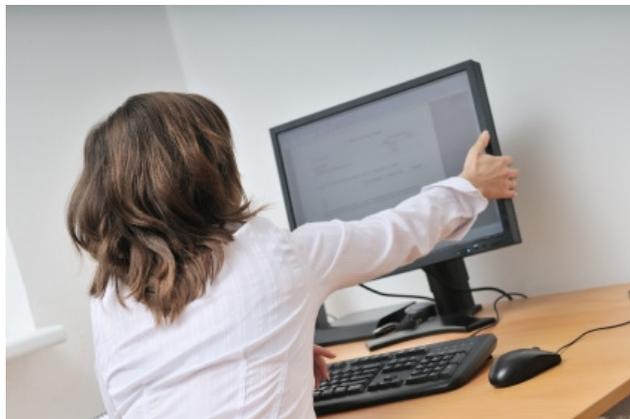
#### **5 – Personal protective clothing and equipment**

Only after all the previous measures have been tried and found ineffective in reasonably controlling the risks should personal protective equipment (PPE) be used. For example, where someone has to work in a freezer, such as in the food industry, you must ensure they have the right clothing, know how to wear it and look after it.

### **Ergonomics**

Ergonomics is the science of designing effective user interaction with equipment and workplaces. If you remember the ILO/WHO definition of occupational health, it mentioned the adaptation of work to people and this is basic ergonomics.

Equipment that people use should be well designed so that it can be used easily. If you look on the internet, there are plenty of examples of poorly designed jobs, particularly computer workstations which are discussed later. Unfortunately, it is very easy to badly design a job and I have seen stores where the parts required most often are either on the very top or bottom shelves, a door release button that needs to be pressed frequently by a receptionist or security guard but is more than an arm's length away and a metal working machine where two buttons that require pressing almost together are three arms lengths apart. Any job that requires you to carry it out in a bent, stretched or uncomfortable position and where due consideration has not been given to how this might be preventable, has been badly designed.



Make sure working areas are well designed and comfortable. This isn't usually more expensive and will pay you handsomely.

### **Noise**

Manufacturing can be noisy as can many other workplaces and noise above a certain level, makes you deaf if you are exposed to it for long enough. In the UK, employees exposed to a daily or weekly level of noise above 80dB (decibels) should be offered hearing protection if the noise cannot be reduced by other means. If the daily or weekly noise level is above 85dB, hearing protection must be supplied and employees have a duty to wear it. These levels are laid down in the Control of Noise at Work Regulations 2005.



### A guide to the decibel level of certain situations

Also don't think that 85dB is only just a bit noisier than 80dB. The dB scale is logarithmic. Put simply this means every 3dB increase is twice as loud, so 83db is twice as loud as 80dB and 86dB is twice as loud as 83dB. Another good way to judge noise; if your hearing is reasonably good but you have to raise your voice to be heard, it is probably too noisy and you ought to have some protection.

Hearing loss is not the only problem. People can develop tinnitus (ringing, whistling, buzzing or humming in the ears), a distressing condition which can lead to disturbed sleep.

### Vibration

Hand arm vibration syndrome is a rather nasty condition that affects the circulation in the fingers. It is also known as vibration white finger because a common sign is the affected person's fingers going white. This does not necessarily happen when they are working. Usually, it first happens on cold frosty mornings and can be painful when the circulation returns. Anyone who spends much of their working time using a vibrating tool or holding a component against a vibrating tool is at risk and should be checked annually. Common occupations for this are construction workers who use road drills and other heavy hand held equipment, manufacturing workers who use grinders, polishers and fettlers and agricultural workers who use chain saws, strimmers and hand guided mowers. Like noise, vibration is measurable but you will need the equipment manufacturers to provide this data. If you need to measure it yourself, you will need professional help from an Occupational Hygienist.

Whole body vibration is transmitted through the seat or feet of employees who drive mobile machines over uneven surfaces. Back pain can result from frequently being exposed to jolts and shaking.

### Fumes

Manufacturing processes can give off fumes because casting, smelting, cutting, welding and soldering all involve heat. One piece of equipment moving against another will also cause heat. Metal fume fever is rare in the developed world these days but if you are in heavy manufacturing engineering, be aware of nonspecific flu like symptoms such as fever, chills, nausea, headache, fatigue, muscle aches and joint pains.

## Lifting and carrying

Wherever you have a workplace, things need to be moved about. In any factory, goods to make your products are received, moved around to the various areas of the factory, made into your products and moved out to customers.



Even in an office environment, manual handling goes on all the time and some of it is quite heavy. Have you lifted a new box of paper recently? More than a third of injuries reported to the Health and Safety Executive every year in the UK are as a result of manual handling.

The relevant piece of legislation in the UK is the Manual Handling Operations Regulations 1992 (as amended) and once again, your duties are in accordance with the hierarchy of controls mentioned above. An ergonomic approach is encouraged when assessing the risks. For example, most people can pick up a square box weighing 5 kilos, carry it close to their chest and place it down about 10 metres away. If the box is an awkward shape and the weight distributed so that the heavy part is furthest away, it becomes more awkward to move. If stairs have to be climbed, it becomes more awkward still. If the requirement is not just to move one box but fifty before lunch then most will find the task pretty onerous. Remember, the weight has not changed but plenty of other parameters have.

As far as reasonably practicable, you need to avoid the need for hazardous manual handling. If this is not possible, you need to assess and reduce the risk of injury from any hazardous manual handling that cannot otherwise be avoided. Basically, think about all the stuff that you carry and move about and consider whether you need to carry or move it at all, whether you can move it more easily by using something to move it with and whether you can move it in smaller loads. Also watch out for any sharp or awkward edges that could cause injury and whether there are any other obstacles or obstructions in your way. Finally, significant manual handling requires some training in how to do it properly and how to prevent injuries?

## Food handling

The main causes of occupational ill health in the food and drink industries are not directly food related. They are musculoskeletal disorders (MSDs) mainly comprising upper limb and back injuries, work-related stress caused by poor work organisation and noise induced hearing loss where noise levels exceed 85 dB(A). The more common illnesses that are more directly related to food processing or manufacturing are asthma and rhinitis, caused by inhalation of bakery and grain dusts and dermatitis from hand washing and contact with certain foodstuffs.



Employee illness can also have an impact on the safety of prepared and processed food and anyone who has a diarrhea or vomiting bug and whose role involves food handling should off work or moved to a different role until they have been symptom free for at least 24 hours.

## Substances

As with most things regarding occupational health and safety, this is a massive topic in its own right. Chemicals and substances are part of everyday life and in the process of washing, showering, shaving and grooming, many people douse themselves with a wide variety of them every day. Substances make up our surroundings and work is no different.

Substances can take many forms and include chemicals, products containing chemicals, fumes, dusts, vapours, mists, nanotechnology, gases and asphyxiating gases, biological agents (germs) and other germs that cause diseases such as leptospirosis or legionnaires disease and germs used in laboratories.

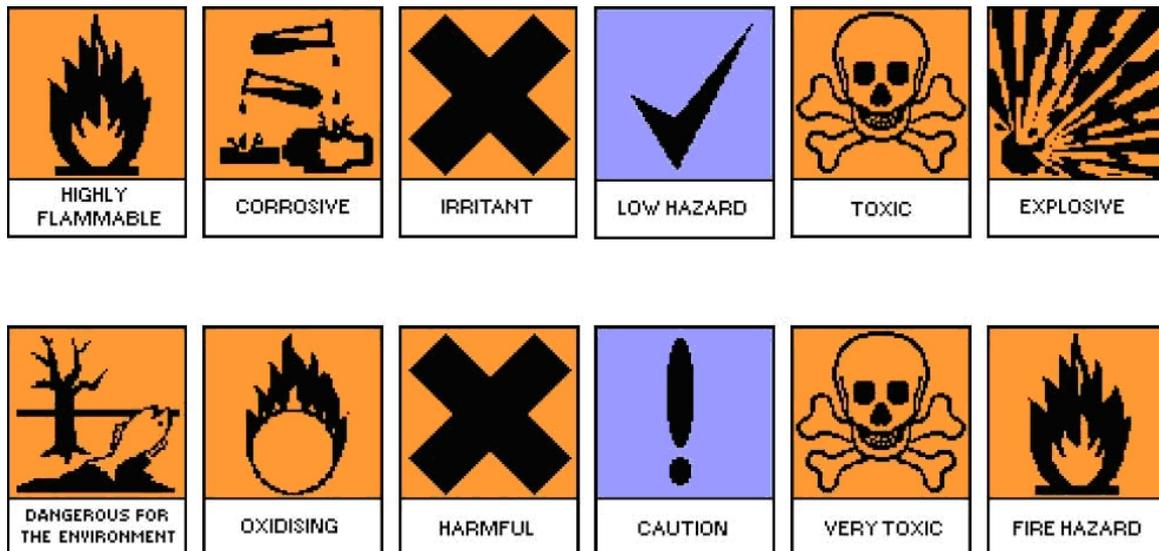
Some substances are harmful. For example metalworking fluids can grow bacteria and fungi which cause dermatitis and asthma. Asbestos can cause Mesothelioma, a rare cancer that most commonly affects the lungs sometimes 30 – 40 years after initial exposure. Dusty or fume-laden air can cause lung diseases in welders, quarry workers or woodworkers. Benzene in crude oil can cause leukaemia. Flowers, bulbs, fruit and vegetables can cause dermatitis and wet working, e.g. catering, hairdressing and cleaning, can also cause dermatitis.

The relevant piece of legislation in the UK is the Control of Substances Hazardous to Health Regulations 2002, (COSHH). COSHH requires an employer to take effective measures to protect against exposure to harmful substances and protect health. COSHH does

not cover lead, asbestos or radioactive substances. If you have any of these you are likely to be in a very heavily regulated industry and should be managing these risks already. If not, you need some specialist help and fast.

The hierarchy of controls applies to chemicals and other substances just as much as it does to manual handling, noise or any other hazard or risk. Think about whether you can eliminate them, substitute them and only then, how you organise the work so as to minimise contact and how you protect employees who are exposed to that which you cannot otherwise control.

**Hazard Classifications.** If the packaging has any of the following hazard symbols then it is classed as a hazardous substance. The health effects of chemicals are many and varied and there are volumes of work on occupational toxicology for those who require them.



As a starting point, you need to know that every chemical you use will have a Safety Data Sheet. Make sure you have this and do not attempt to use the substance if you don't. Then ensure sure you understand any health effects. You can discuss this with the manufacturer. Go through your hierarchy of controls and provide all the required personal protective equipment for risks you cannot otherwise control. Finally put in place any health surveillance that might be required.

## Infectious diseases and blood borne viruses

There are many infectious diseases ranging from the relatively benign Rhinovirus, more often known as the common cold to the rather more serious Anthrax, Ebola virus and Plague. For most of the "western world", the only place you should find a particularly nasty one is locked up in a laboratory. However, Measles, Mumps, Meningitis, Tuberculosis and others are far from eradicated and still pose a serious threat to individual and public health if not controlled.

The workplace does not generally present any more of a risk to employees than travelling on the bus home unless your job brings you into specific potential contact. This means you will either work with the virus, work with people who have it or work with large numbers of people who might have it. Therefore those who work in laboratories and Health and Social Care need to be aware of what they are working with, who they are working with and what they might come into contact with.



The main concerns, particularly in Healthcare and laboratories that handle human samples are the blood borne viruses; Hepatitis B, C and HIV. You become infected by coming into contact with the blood or body fluids of an infected person and as those who are infected will at some point want to use their health services, health service employees need to be protected. There are vaccines for Hepatitis B but not Hepatitis C or HIV. Therefore if you are potentially going to come into contact with any of them, or those who might have them, you should get protected against Hepatitis B but also be using “universal precautions” as a protection against the others.

Universal precautions are designed to prevent the transmission of blood-borne diseases. Blood and certain body fluids of all patients, regardless of colour, creed, background or illness are considered potentially infectious. Universal Precautions were initially developed in 1987 by the Centers for Disease Control and Prevention in the United States and have been adopted around the world. Such precautions include engineering controls, provision of protective barrier devices such as gloves, masks and gowns, standardized labeling of biohazards, mandatory training of employees in how to handle potentially contaminated substances, management of accidental exposure incidents including sharps and “needlestick” injuries and availability to employees of immunisation against hepatitis B. The hierarchy of controls applies just as much here as with any other hazard or risk. There is no one definition of universal precautions but if you are at potential risk from blood borne viruses or any other infection, you will need to have a policy and detailed procedure on how to manage them.

## **Offices**

Whatever you do, you will have offices with desks, chairs, computers, printers, and other bits of modern IT. It is easy to think that offices are benign places where no one gets hurt and all is sublime when it comes to the risk of ill health but nothing can be further from the truth. Long hours sat in a poorly designed office can be just as unhealthy as many industrial processes. Display screen equipment (the computer workstation also known in the past as VDUs or visual display units) is the subject of the Health and Safety (Display Screen Equipment) Regulations 1992). Employers have an obligation to assess these workstations and reduce any risks. This should include the whole workstation including equipment, furniture, and the work environment, the job being done and any special needs of individual staff.



*Image courtesy of MiamiShared.com Inc*

## **How to sit**

This may seem a rather ridiculous issue to discuss. You will have been sitting down for much of your life and what is there to explain about something so fundamental? Unfortunately, in my experience, poor posture and seating has been the cause of many bad backs and a few simple guidelines are essential. Ideally you should appoint someone (a DSE assessor) that can assess workstations regularly (every year or when there are significant changes) and make sure they are set up to a reasonable standard. You should also involve any employee, union or safety representatives. The following 10-point guide to sitting comfortably should be considered and works for most:

**1 - You should be sat reasonably upright and not slouched.**

**2 - You should have a comfortable and reasonably adjustable office chair.**

It should have a 5 star base and my personal view is that lumbar support is well worth it and arms should be removed as they prevent users sitting close enough to the desk to be comfortable. These are partly issues of preference though.

**3 - You should be sat at an appropriate height.**

When you hang your arms by your side your elbows should be just above desk height. This means that when you raise your hands to type, your hands, wrists and forearms should all be in line and horizontal when fingers are resting on the keyboard.

**4 - You should have support for your feet.**

If your feet are off the floor, you need a footstool and should be provided with one. If you are taller than about 6ft 3inches or 190 centimetres, you may need your desk raised.



*Image courtesy of Cotswold Business Interiors*

**5 - The screen should be directly in front of you.**

If you have more than one screen your vision should be looking at the mid-point of the screens, unless you use one much more than the other, when this should be the one in front of you.

**6 - Your line of vision should be horizontal to the top third of the screen.**

Laptop users find this one difficult but with the laptop raised on a small plinth and a separate keyboard and mouse, it is almost a desktop.

**7 - Keyboard and mouse should be within comfortable reach.**

**8 - Consider a document holder.**

If you copy type from documents they should ideally be on a document holder or propped up behind the keyboard. Documents placed in front of the keyboard will cause you to stretch over them when typing, putting strain on the neck and back.

**9 - Consider a headset.**

If you regularly use a phone, and need to type or write at the same time, use a headset. Do not cradle a hand set or mobile in your neck unless you want to get neck ache.

**10 - Fidget.**

The human body is designed to move about and not sit in one position for too long so everyone should get up and move around for a couple of minutes at least every hour.

Other things to consider are noisy printers, pace of work, software programmes and the general environment. The Chartered Institute of Building Services Engineers ([www.cibse.org](http://www.cibse.org)) recommends a maintained minimum illuminance of 500Lux for general offices and no glare should be noticeable on a computer screen, from windows or lights. There are a few employees who genuinely don't like bright artificial light and prefer a level of lighting much lower than 500Lux. In such cases you can consider removing one or more of the lighting tubes above the desk, provided this does not unduly affect others.

CIBSE also recommends that an office temperature range for comfort should be 21-23°C in winter and 22-24°C in summer. The latter range applies to air-conditioned buildings. Higher temperatures may be acceptable in non-air conditioned buildings. The recommended level for humidity is 40-70%. All these are easily measurable these days with monitors available for about £20.

Font sizes should be easily readable. Most email systems are 10 or 11 point Calibri or Arial and most employees can manage this. Some can't and may need the font size altering or a pair of glasses. All those who regularly use DSE equipment in the UK are entitled to a regular eye test and if they have a specific problem with middle distance vision, they are entitled to a pair of glasses for this paid for by the employer.

The IT departments of larger organisations often turn off some of the alterations that are possible in making screens more user-friendly. Size and colour of font and background can help some users enormously and should all be available. For example, migraine sufferers and those who are dyslexic often prefer darker backgrounds to lighter ones. For Windows users these changes can be found in the Control Panel in Accessibility for older systems or the Ease of Access Centre for later systems. For Mac users these changes can be found in Preferences.

Finally, make sure everyone drinks plenty. Hydrated minds and muscles work far better than dehydrated ones. Everyone will visit the toilet more often but the time spent at the desk will be more effective and productive.

## **Other People**

Our lives are spent interacting with others. Those interactions can be enjoyable or highly stressful or somewhere in between.



Although it might sound disingenuous to treat other people as a risk to health, there are good reasons. They can be a source of stress, abuse and occasionally violence, which are all risks that need to be managed in the same way as any other.

## Further reading

Thank you for reading An Introduction to the Health at Work Guide to Life. I hope you have enjoyed what you have read so far and now want to read the rest of the book. This can be downloaded on Amazon at

[www.amazon.co.uk/gp/product/B0097QFTFO/ref=as\\_li\\_qf\\_sp\\_asin\\_tl?ie=UTF8&camp=1634&creative=6738&creativeASIN=B0097QFTFO&linkCode=as2&tag=splitdimen-21](http://www.amazon.co.uk/gp/product/B0097QFTFO/ref=as_li_qf_sp_asin_tl?ie=UTF8&camp=1634&creative=6738&creativeASIN=B0097QFTFO&linkCode=as2&tag=splitdimen-21)

Further chapters are:

### The Law

Absence and attendance management

The absent or ill employee

Health surveillance

Musculoskeletal ill health and injury

Stress

Mental ill health

Drugs and alcohol

Travelling on business

Dealing with emergencies – first aid at work

Wellness

Comment and discussion

Resources

You can also visit our website [www.splitdimension.co.uk](http://www.splitdimension.co.uk)

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[www.amazon.co.uk/gp/feature.html/ref=dig\\_arl\\_box?ie=UTF8&docId=1000425503](http://www.amazon.co.uk/gp/feature.html/ref=dig_arl_box?ie=UTF8&docId=1000425503)

## **About the author**

Lindsey Hall has spent his life moving westwards across England. Born in Kent, he moved to Hampshire at the age of 10 and Bristol at the age of 20 where he continued an accidental career in Nursing.

In 1987, he moved into occupational health (OH) becoming a Shift Nurse for a smelting works. From there he joined the occupational health team at Rolls-Royce and then became the OH Adviser to an NHS Trust providing services to people with learning disabilities. In 1998 he was appointed National Occupational Health Manager for the Environment Agency and from 2004 – 2006, was Head of Nursing Services for AXA PPP, one of the leading UK providers of outsourced occupational health services.

In 2006, self employment beckoned and he set up Split Dimension Ltd to provide his own brand of occupational health to business. He has advised organisations of 13 employees and others with over 60,000 employees. He has had experience of all sectors of business and commerce in the public and private sectors including manufacturing engineering, councils, finance, Media and IT.

The Health at Work Guide to Life was born from a realisation that most people hadn't a clue about occupational health and despite the term consisting of two perfectly understandable words, few outside the profession seemed to have much idea what it meant. Hence, a book about health at work for the common man, woman, manager, employee, Human Resources Adviser and Health and Safety Adviser – in fact anyone who is working, wants to work and needs to understand how to keep themselves and others healthy while doing so.

And for the purpose of his own work-life balance, Lindsey still lives near Bristol with his wife, 2 children, a cat, a snake, enjoys cars and music and when able, supports Southampton Football club.