


Health and Safety Executive		Operational Circular	
		OC 202/1	
Review Date	08/10/2014	Open Government Status	Fully Open
Version No & Date	2: 08/10/2004	Author Unit/Section	DSE - Health Unit

Target Audience:
All HSE Inspectors

**THE HEALTH AND SAFETY (DISPLAY SCREEN EQUIPMENT) REGULATIONS 1992,
AS AMENDED BY THE HEALTH AND SAFETY (MISCELLANEOUS AMENDMENTS)
REGULATIONS 2002**

The Health and Safety (Display Screen Equipment) Regulations 1992 (DSE Regulations), SI 1992 No 2792 come into force on 1 January 1993. They were amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002, SI 2002 No 2174, with effect from 17 September 2002. This OC sets out FOD's implementation and enforcement policy, gives legal commentary on the Regulations and replaces OC 202/1 and its supplements 1-3. HMRI Inspectors should also be aware of the guidance contained in this document. This OC also comments on and adds to the detailed guidance given in *Work with display screen equipment: guidance on Regulations* (HSE booklet L26, rev 2003) (file 202). Guidance concerning MSD inspection and template enforcement notices, which include issues relating to DSE use, are given in [Inspection Pack Musculoskeletal Disorders](#). 

Contents

Para	Heading
1	Background
5	Enforcement policy
7	Enforcement responsibility
	COMMENTARY ON SPECIFIC REGULATIONS
9	Scope and definitions: (reg.1(1) to (3))
12	Application (reg. 1(4))
20	Analysis of work stations, risk assessment and reduction (reg.2)
22	Requirements for work stations (reg.3 and Schedule)
33	Daily work routine of users (reg.4)
36	Eyes and eye sight (reg.5)
41	Training (reg.6)
43	Information (reg. 7)
Appendix	Eye tests and corrective appliances

BACKGROUND

1 The DSE Regulations implement Directive 90/270/EEC. The main health risks associated with DSE are musculoskeletal disorders, stress and visual fatigue. While the risks to individual users are often low, they can still be significant if good practice is not followed. DSE workers are also so numerous that the amount of ill-health associated with

such work is significant, and tackling it is important. HSC/E recognises that securing compliance with these Regulations has potential to make a significant contribution towards hitting the targets for ill health reduction in the Priority Programme on Musculoskeletal Disorders (MSD).

2 The guidance on the Regulations was revised in 2003 to take account of the changes to the Regulations advances in DSE technology and new working practices. L26 *Work with display screen equipment : guidance on Regulations* has new or revised advice on:

- Health effects of DSE and principles of successful prevention, treatment and rehabilitation (L26, Appendix 2)
- Portable DSE (L26, Appendix 3)
- Work with a mouse or other pointing device (L26, Appendix 4)
- Things that are excluded (L26, paras 21 - 26)
- Application to special groups, eg homeworkers and agency workers (L26, paras 27 - 31)
- Workstation requirements under the revised reg 3 (L26, paras 52 - 59)
- Corrective spectacles (L26, paras 81 - 84)
- Software (L26, Appendix 1 paras 42 - 44. Rest break monitoring software is discussed at paras 65 - 67 of the main text of L26)
- There are many other smaller revisions and additions in L26, some of which are discussed in the rest of this OC.

3 An alternative publication aimed at small firms using DSE for routine office work is HSG 90 *The law on VDUs: an easy guide*. This also has been revised with new content that takes account of the additions and changes to L26, as far as is allowed by the limitations of the format. It also has style and presentational changes, to be more helpful, better illustrated, and to put greater emphasis on positive steps that should be taken.

4 Both guidance documents contain a fully revised checklist to help employers assess DSE workstations. These checklists along with the risk factor and controls checklists in the Inspection Pack MSDs, may be useful aids to inspection.

ENFORCEMENT POLICY

5 The HSC Enforcement Policy Statement and Enforcement Management Model provide the over-arching reference sources for enforcement activity. Guidance concerning MSD inspection and template enforcement notices, which include issues relating to DSE use, are given in "Inspection Pack Musculoskeletal Disorders." The objective in enforcing the Regulations is to minimise the risk of occupational ill-health, by ensuring that operators or users have:

- a) work stations suitable for them which meet, where necessary, the standards in the Schedule;
- b) proper breaks or changes of activity;
- c) adequate training and information; and
- d) eye tests if they request them.

6 Formal enforcement action (notices or prosecutions) should be considered by applying EMM to the conditions found. Advice may be sought from an Occupational Health

Inspector / an ergonomist via the Specialist Group Nominated Person for Ergonomics, NPE. If a Notice is to be served, refer to the template notices in the MSD Inspection Pack as a starting point for drafting the Notice.

ENFORCEMENT RESPONSIBILITY

7 Inspectors should address DSE issues, eg as part of preventive MSD inspection, where they present a significant risk.

8 Where formal enforcement action is being considered Inspectors and Occupational Health Inspectors should liaise in the normal way and where appropriate seek advice via the Specialist Group NPE.

COMMENTARY ON SPECIFIC REGULATIONS

SCOPE AND DEFINITIONS (REG. 1(1) to (3))

What is DSE

9 Following a ruling by the ECJ (C-11/99) in 1999 that film or TV screens are covered under the DSE Directive, the revised L26 (para 9) now makes it clear the Regulations apply to work with screens whose main use is to display film, TV or CCTV images. (The Regulations have not changed on this point as they use the same wording as the Directive, defining DSE as "alphanumeric or graphic" display screens (Reg 1(2) (a)). It is only the interpretation of this phrase in the guidance that has had to be changed to take account of the ECJ judgement).

Who is a user

10 The definition of user follows that in the Directive. The Regulations apply to people who use DSE sufficiently for there to be some possibility of risk; risk factors are discussed at para 14 of L26.

11 In the guidance, there is only a slight change to the main criteria for deciding who is a user (L26, para 15, which now follow the formats in the first edition of the Easy Guide), but there are revised examples in L26 tables 1 and 2. When considering whether a person is a user or operator, apply the criteria set out in the guidance, and note the examples given.

APPLICATION (REG. 1(4))

12 In deciding whether a person is a DSE user, the use by that person of DSE excluded from the Regulations should not be taken into account.

13 The exclusion for equipment on board a means of transport applies only where the **primary** purpose of the "means" is transport (eg trains etc). DSE forming part of mobile equipment in a workplace would not be excluded under this clause.

14 Further advice on application is now contained at paras 21 - 31 of the revised L26. This now includes expanded guidance on point-of sale equipment; small devices such as mobile phones and PDAs; homeworkers and teleworkers; and agency workers.

Students and trainees

15 School pupils and college students are not covered by the Regulations as they are considered to be members of the public and reg 1(4)(c) excludes workstations provided for them (see L26 para 22). However under the Health and Safety (Training for Employment) Regulations 1990, trainees are included as employees for the purposes of health and safety unless they are receiving instruction in educational institutions. Therefore, trainees would be subject to the DSE Regulations if they habitually use display screen equipment as a significant part of their normal work. "Work" in this context refers to the training received by trainees.

16 Although use of DSE may be intensive for the duration of the training course, in some cases the length of the course may not be sufficient to establish that use was habitual and not all trainees would therefore be defined as "users".

17 The point at which a training course becomes long enough for those on it to be defined as "users" has not been tested in the courts. However, for trainees who meet the definition of a "user", all aspects of the Regulations, including the requirement for giving eye and eyesight tests would apply.

Use of portable DSE

18 The use of laptops, notebook computers and similar portable equipment has increased considerably. Portable DSE is only exempt from the Regulations if it is not in "prolonged" use (reg.1(4)(d)). On the issue of what is "prolonged" use, the guidance suggests that portable DSE that is habitually in use by a display screen user for a significant part of his or her normal work should be regarded as covered by the Regulations (reg.1(4) and para 23 of L26).

19 HSE recommends that employers should ensure that portable users have sufficient training to enable them to recognise and avoid risk factors when setting up and using their portable. Appendix 3 to L26 goes into this in more detail and also gives advice on other aspects of choosing portables and designing systems of work to avoid health risks when working with one.

ANALYSIS OF WORK STATIONS, RISK ASSESSMENT AND REDUCTION (REG. 2)

20 Carrying out an analysis under the DSE Regulations will also satisfy the requirements of the Management of Health and Safety at Work Regulations 1999 (MHSW Regulations) to make a risk assessment insofar as DSE workstations are concerned. The significant findings of the assessment should be recorded if there are 5 or more employees, as required by MHSW Regulations.

21 The duty under reg. 2(1) is to analyse individual work stations used by users or operators. Assessments can make use of generic information in cases where there are a lot of similarly equipped work stations: screen equipment and work station furniture can be assessed by model or type. However, there is still a requirement for individual analysis of work stations to check on factors which will vary according to position, task demands and individual requirements of users or operators.

REQUIREMENTS FOR WORK STATIONS (REG. 3 AND SCHEDULE)

22 To comply with an ECJ judgement, regulation 3 was altered in 2002. Its minimum requirements now apply to all DSE workstations, apart from those excluded under regulation 1(4). (Previously, regulation 3 like the rest of the DSER only applied to

workstations used by a defined "user" or "operator"). Employers therefore have to modify any DSE workstations that do not already comply. However modification is only required to the extent described by paragraph 1 of the Schedule – see para 26 below.

23 Despite the widening in scope of Regulation 3, it will often make sense for inspectors to pay most attention to workstations in frequent and intensive use as that is where risks are likely to be highest.

Application of the Schedule

24 Regulation 3 requires workstations to meet the requirements of the Schedule, (subject to the proviso outlined below), which sets out minimum requirements for the display screen, keyboard, desk, chair, work environment (including working space, lighting, reflection and glare, noise, heat and humidity), task requirements and software. Requirements are set out in fairly general terms, eg "The seat shall be adjustable in height". The Schedule does not contain technical detail.

25 Regulation 3 requires workstations to meet the requirements of the Schedule only "to the extent specified in paragraph 1 thereof". So the list of requirements in paras 2, 3 and 4 of the Schedule have to be considered only to the extent specified in para 1; in particular, only to the extent that they "relate to worker health, safety and welfare" (para 1(b)) and "the inherent requirements or characteristics of the task make compliance appropriate" (para 1 (c)).

26 The effect of para 1(b) is that employers are only required to comply with the provisions of paras 2, 3 and 4 if risk assessment has shown that failure to do so would have an adverse effect on health, safety or welfare. The assessment should be applied to the entire workstation rather than to individual components. In many cases the adverse effect of one component may be offset by the others, eg in a particular situation good lighting and fully adjustable seating may mean that a fixed screen has no adverse health and safety effects. It follows that the assessment is workstation-specific and it is rarely appropriate to generalise.

27 Staff who receive enquiries on the Schedule should ensure that the enquirer realises that requirements in paras 2, 3 and 4 only need to be considered if the constraints of para 1 are satisfied. They should refer the enquirer to paras 55-57 of L26 if necessary.

28 L26 para 57 has further examples to illustrate situations where compliance with detailed requirements in the Schedule is not appropriate.

29 Examples of common misinterpretations of the Schedule include:

- *Screen flicker*: The Schedule states that screens should have no flicker. However, it is not technically possible to eliminate flicker completely for all users of traditional (cathode ray tube) type screens. Individual perceptions of flicker vary. HSE's advice is that screens that are flicker-free to 90% of users are satisfactory and do not give rise to risk, and therefore comply with the Regulations. (The 90% criterion is taken from part 3 of BS EN ISO 9241.) If individuals are having problems with flicker, a change to a different display, perhaps a flat panel display, may help – L26 Appendix 1, para 12.
- *Screen refresh rates*: There are no specified screen refresh rates in the Regulations. It is not a legal requirement to comply with the refresh rates set out in international standards (BS EN ISO 9241), but equipment that does comply may help the employer to demonstrate he is meeting the requirements

in the Schedule for display stability.

- *Brightness and contrast controls*: Paragraph 2(b) of the Schedule requires brightness and contrast to be easily adjustable by the user. However, this is qualified by para 1 of the Schedule. In HSE's view, therefore, this does not mean that separate brightness and contrast controls are a requirement of the Regulations in all cases. Where equipment has one control, adjusting both brightness and contrast (or either one of them but not the other), the results in practice can be satisfactory in terms of health and safety of the user.
- *Screen swivel and tilt/provision of work surface and chair*: In some applications (eg certain screens in control rooms), screens may be used in a standing position, and a work surface and chair may be unnecessary. In some cases, swivelling screens may be undesirable.

Changes to the guidance on the Schedule

30 Appendix 1 to L26 gives detailed guidance on the workstation minimum requirements in the Schedule. It now includes new or updated advice on:

- Current international Standards on DSE (paras 3-9)
- Screen sizes and flat panel screens (paras 10-12)
- Cleaning (para 17)
- Split or "ergonomic" keyboards (para 19)
- Anti-glare filters (para 32)
- Software and task design (paras 40 - 44).

Use of non-keyboard input devices (pointing devices)

31 DSE is now commonly used with a mouse; various other non-keyboard input devices, eg trackballs and touchscreens, may also be encountered. Such devices are covered by the Regulations; although they are not specifically mentioned they are one of the "optional accessories" that are part of the DSE "workstation" as defined in Regulation 1.

32 Appendix 4 of L26 gives advice on choosing and using a mouse or other pointing device. Some of the main points are to position the device in a comfortable position close to the user, to organise tasks to reduce periods of intensive use, to train users adequately (for example regarding good posture, and adjusting software settings controlling device sensitivity) and to provide for cleaning and maintenance of the device.

DAILY WORK ROUTINE OF USERS (REG. 4)

33 This regulation is designed to reduce fatigue and stress from intensive periods of DSE work. An appropriate pattern of work, with breaks or changes of activity at suitable intervals, will reduce the risk of workers developing work related upper limb disorders (sometimes referred to as repetitive strain injury or "RSI").

34 The Regulations and guidance do not quantify the duration or intervals between breaks or changes of activity because:

- a) DSE jobs are very varied and what would be appropriate intervals for one job could be inadequate for another;
- b) Where circumstances permit, the best arrangement is for users to have some individual control over the pace of work and when to take breaks.

35 L26 revised contains (at para 65-67) new advice on software that monitors rest pauses. The advice is that such software can be useful if well designed but employers contemplating it should be aware of its limitations and pitfalls.

EYES AND EYE SIGHT (REG. 5)

Tests for users

36 There were minor changes to regulations 5(1) to (3) in 2002 to improve clarity and remove any doubt over what is required, particularly for people who are being recruited as a user. L26 (paras 72 and 73) explains who can ask for an eye test and when tests have to be provided.

37 There is good evidence that work with DSE does not cause any permanent damage to eyes or eye sight, although complaints of temporary discomfort, eye strain and headaches are common. As with any work that is visually demanding, users with existing uncorrected vision defects are more likely to suffer fatigue and stress in DSE work. The eye tests and corrective appliances required by reg. 5 are intended to be a means of alleviating such problems.

38 HSW s.9 is applicable to payment for eye tests and special corrective appliances. Employers are responsible for costs. Special corrective appliances paid for by the employer remain the employers property.

39 There is no legal requirement for employers to provide paid time-off for eye tests, although in practice the majority of employers will probably do so.

40 Please see the [Appendix](#) for detailed guidance on eye tests and corrective appliances.

TRAINING (REG. 6)

41 Employers have a duty under regulation 6(1) to provide training to users they employ (L26, paras 90-95). The amendments to the Regulations in 2002 included the insertion of a new regulation 6(1A) to clarify when the duty to provide training arises. Regulation 6(2) requires that where the organisation of a work station is substantially modified, the employer in whose undertaking the work station is situated must provide training to each user of that work station, whether employed by him or not.

INFORMATION (REG 7)

42 There are requirements under this regulation to provide information; exactly what has to be provided varies according to the employment status of the worker : see (L26, paras 96-100 and Table 3).

October 2004

APPENDIX EYE TESTS

Definition and content of an appropriate eye and eyesight test

1 There is no definition of the term “appropriate eye and eyesight test” within the Regulations, but HSE guidance draws on the duties set out in the Opticians Act 1989 and regulations made under it. The Opticians Act 1989 says that a sight test must have the objective of determining whether there is any defect, and determining what the defect is, and correcting it by an optical appliance. The Sight Testing (Examination and Prescription) (No 2) Regulations 1989 say that the basic eye examination will include an external and intra-ocular examination, with whatever additional examinations as appear clinically necessary. Thus the tests to be performed are not specified in detail, and the practitioner is expected to use clinical judgement. Issuing a prescription, where one is needed, is generally an integral part of the sight test.

2 The Department of Health have not issued guidelines for sight tests but, according to the British College of Optometrists a sight test for a normal patient could include: history and symptoms; external examination of the eye and adnexa; monocular anterior to posterior internal examination of the eyes; objective refraction; subjective monocular refraction; subjective binocular refraction; and such other tests as may be necessary.

3 The Department of Health take the view that it is not possible to identify any part of the normal sight test as being unnecessary for tests under the DSE Regulations; the content of tests in any particular case is a matter for clinical judgement. It should be noted that a sight test must always include an eye examination.

Doctors' qualifications to perform eye and eyesight tests

4 Under the Opticians Act, sight tests may only be performed by registered ophthalmic opticians (optometrists) or registered medical practitioners. Department of Health advice is that it is desirable for doctors doing sight tests and prescribing corrective appliances to be ophthalmically qualified: those with no ophthalmic qualification would probably be ill advised to do sight tests and would be unlikely to have all the equipment required. However, the Regulations only require the test to be carried out by a competent person and tests carried out by a doctor without specialist qualifications may satisfy this requirement.

5 The Department of Health view is that doctors carrying out sight tests need to be competent to perform refraction tests; examinations of the external surface of the eye; intra-ocular examinations; and other examinations that may be clinically necessary. The training courses available to doctors are geared to those wishing to become ophthalmologists or full-time ophthalmic medical practitioners, and involve at least two years training and/or experience. Currently there are no short courses known to EMAS that would enable a GP or company doctor to obtain training that would, in the Department of Health's view, render them suitably qualified to carry out sight tests.

6 A screening test on its own does not satisfy the requirement in reg 5 for an appropriate eye and eyesight test (see L26 paras 76 - 78). However, a suitable vision screening test (see below) carried out under the supervision of a doctor or optometrist and accompanied by a *full* eye examination by the doctor or optometrist would satisfy reg 5.

7 No detailed specifications have been produced for vision screening test methods but there are some broad criteria at para 77 of L26. Any method that accurately tests vision at the distance at which the screen is viewed would be acceptable. Screening machines that cannot test at intermediate distances are not suitable. Some screening tests use software on the users own VDU to assess vision. In principle this could have advantages in that viewing distances and lighting conditions would automatically be typical of those used for work, but as yet there is no information on the effectiveness of the actual test.

8 If employers are found using screening tests, as opposed to eye sight tests, which do not comply with the guidance, this would not necessarily imply a breach of the Regulations. As with other HSE guidance employers are free to deviate from its recommendations, provided they are complying with their duties under the Regulations ie they are offering eye and eyesight tests by an optometrist or doctor to users who request them.

Eye test queries from employers

9 Complaints about optometrists. Employers may ask what rules govern the conduct of optometrists and can be invoked in cases of alleged over-prescribing of corrective appliances or unnecessarily frequent testing of users. [The British College of Optometrists](#) has issued a statement of good practice in its guidelines for professional conduct. Complaints about optometrists should be addressed to the College of Optometrists and the General Optical Council.

10 Doctor not issuing a prescription. If a doctor carries out a sight test and identifies a vision defect, he has a duty to issue a prescription unless the test was part of a general medical examination or the patient is being referred for further investigation. Doctors who do not wish to prescribe spectacles themselves could refer their patients to an optometrist if they find a sight defect. The first test by the doctor would not qualify as a sight test, for the purposes of the DSE Regulations, if no prescription was issued when one was needed. However, in these circumstances the employer would have to pay for a second sight test by the optometrist, as the first test by the doctor would not qualify as a sight test for the purposes of the DSE Regulations if no prescription was issued when one was needed.

11 Agency temporary workers. This group will qualify for eye tests and corrective appliances if:

- a) they are employees of the agency (many temps do not qualify as they are in effect self-employed); and
- b) they are employed on DSE work in a placement (or series of placements during a period of employment by the same agency) that is long enough to establish that they qualify as a "user" ie habitually use DSE as a significant part of their normal work.

12 Where temporary workers employed by an agency do qualify and claim their entitlements for tests and corrective appliances these will be at the expense of their own employer ie the agency rather than the agency's clients.

13 Users who arrange their own tests. There have been questions about an employer's liability if users arrange an eye test for themselves and then present the bill to their employer for payment. Under the Regulations, the employer should provide an eye and eyesight test after it has been requested by a user. The employer does not have to pay for tests users have already had - he could arrange to provide another test instead. However, in practice, reimbursement of an employee for a test they have already had might be satisfactory from the employer's point of view and is clearly preferable for the user.

14 Frequency of repeat tests. L26 para 79 suggests the frequency of repeat eye tests is a matter for clinical judgement of the optometrist who did the previous test. However employers are not responsible for examinations for eye complaints that are not related to DSE work, or frequent re-examinations required for health reasons unconnected to the user's DSE work. Using DSE is not associated with permanent damage to eyes or eyesight. The purpose of repeat tests under regulation 5 is to check the need for special corrective appliances. The desirable frequency of repeat testing under regulation 5 will

vary according to factors such as age and the state of the individual's vision, hence the need for clinical judgement. For many (but not all) users a repeat test every two years will be sufficient. If a user is said by their optometrist to require very frequent repeat eye tests, the employer would be required to provide all of these tests only if the need for them arose in connection with the user's DSE work.

15 Employers wishing to personally test their staff. Employers who possess appropriate qualifications (as an optometrist or doctor) have asked if they are allowed to personally test their own employees. There is nothing in the Regulations to prevent this. Users who did not wish to have their eyes tested by their employer could decline the offer of a test; in such cases the employer would not be obliged to offer a test by someone else.

Corrective appliances

16 If a user orders spectacles while under the impression that the employer will pay, but the latter refuses to do so as the spectacles are not special corrective appliances, the user would be liable for payment. It is preferable for employers to give clear information about the arrangements they are making, to avoid problems of this kind arising.

17 Some employers may state they will provide a fixed sum of money towards the cost of special corrective appliances equivalent to the cost of basic single vision spectacles. This may fall short of the Regulations when:

- a) the fixed sum may not be sufficient to account for regional variations in price of basic single vision spectacles; or
- b) users have been prescribed appliances more complex than basic single vision spectacles for their work with DSE.

18 There have been some concerns and misconceptions about the suitability of particular kinds of spectacles (such as multi-focal prescriptions) as special corrective appliances for DSE work. The revised L26 (paras 82-83) discusses these issues and advises caution in making a decision; in most though not all cases where special spectacles are necessary, a single vision prescription, optimised for the distance at which the screen is viewed, will be the best solution.

