Health, safety and wellbeing self-assessment 

Employees should read the [NHSScotland Flexible Work Location Policy](https://workforce.nhs.scot/policies/flexible-work-location-policy-overview/flexible-work-location-policy/)[[1]](#footnote-1) and [Employee Guide](https://workforce.nhs.scot/supporting-documents/guide/flexible-work-location-policy-guide-for-employees/)[[2]](#footnote-2).

For all flexible working requests that include home as a location, employees must complete a health, safety and wellbeing self-assessment. This should be submitted together with your flexible working request form.

The self-assessment covers a set of questions and ‘tips’ for employees working from home for all or part of the working week. You should work through the checklist, ticking either ‘Yes’ or ‘No’ against each requirement. You may wish to add additional comments for discussion with your manager.

The content of the self-assessment will inform the discussion with your manager and will be reviewed alongside your flexible working request. Your manager will discuss with you if further action or assistance is required. Your local NHS Board Health and Safety policies, procedures and guidance should be referred to and followed.

Completed assessments will be held according to your Board’s local arrangements. You should review and update the content of this self-assessment as part of the annual review process with your manager.

**Part 1**

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| **Practical requirements**  | **Yes** | **No**  | **Employee Tips** | **Employee comments****(provide further detail to inform discussion with your manager)** | **Agreed Actions** **(to be completed in discussion with Manager)** |
| **Internet Connectivity** |
| Do you have a reliable internet connection? |  |  | If your contingency is based on accessing public or open internet connections, please speak to your manager to ensure that it meets information security requirements. |  | *If ‘No’ discuss and agree action* |
| Do you have a contingency in the event of long-term or repeated internet connectivity issues? |  |  | Do you have an alternative location to work from? If ‘no’ then you may need to attend an employer work premise. |  | *If ‘No’ discuss and agree action* |
| **Information Governance** |
| Have you read and understand your role within the Information Governance and confidentiality requirements of working from home? |  |   | Further information on Information Governance can be found on your staff intranet. |  | *If ‘No’ discuss and agree action* |
| Are you able to meet the requirements of your employer’s Information Governance and Confidentiality policies? This includes the storage of work equipment and documents securely, safely and free from unauthorised access or use. |  |   | If you are not able to meet the requirements of the Board’s Information Governance and Confidentiality policies, please speak to your manager. |  | *If ‘No’ discuss and agree action* |

If you have answered ‘no’ to any of the questions above, please discuss with your manager before completing the remainder of this form.

**Part 2**

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| **Practical requirements**  | **Yes** | **No**  | **Employee Tips** | **Employee comments (provide further detail to inform discussion with your manager)** | **Agreed Actions (to be completed in discussion with Manager)** |
| **Learning & Development** |
| Can you confirm that you have completed your Display Screen Equipment (DSE) requirements per your Local Policy / Procedure? |  |  | If ‘No’, please ensure that you complete this before submitting this form. |  | *If ‘No’ discuss and agree action* |
| Do you know how to report any incidents or accidents that may occur when working flexibly? |  |  | If ‘No’, please ensure that you review your local arrangements before submitting this form. |  | *If ‘No’ discuss and agree action* |
| **Personal Requirements** |
| Can you confirm your emergency contact details within eESS are completed and current? |  |  | Please ensure that you log into eESS to check. This information may be required to be used by your manager in case of an emergency. |  | *If ‘No’ discuss and agree action* |
| Do you consider yourself, or have an underlying medical condition which may put you, at increased risk while working at home? |  |  | This may include workplace DSE requirements that can’t be replicated in the home environment, pre-existing medical condition such as epilepsy, diabetes or a cardiac condition. These conditions may require additional communications, support and emergency process to be put in place. |  | *If ‘Yes’ discuss and agree action* |
| Do you have caring responsibilities linked to your home?  |  |  |  |  |  |
| Do you have arrangements in place to cover caring responsibilities during your hours of work?  |  |  | If ‘No’ please speak with your manager to identify if there are any flexible working arrangements available to support you.  |  | *If ‘No’ discuss and agree action* |
| **Evacuation and Emergency Procedures** **This is the employee’s personal responsibility.** Ensure that you keep the area as clean and tidy as possible, dispose of waste, have a smoke alarm in place, and a planned escape route. Fire safety should be well considered, and if you need additional support the Scottish Fire and Rescue Service provide free home fire safety visits for members of the public.  |
| Does the property have Fire detectors for Smoke or Heat (as appropriate) and Carbon Monoxide (if applicable) fitted? |  |  | This is a personal legal requirement under the Fire Safety Scotland Act for individual homeowners / occupiers to have interlinked Fire Detectors for Smoke or Heat (as appropriate) and Carbon Monoxide (if applicable) |  | *Discuss with individual and highlight employee responsibilities* |
| Have you identified a suitable escape route available, and all entrances/exits are maintained and free from obstructions? |  |  | If ‘No’, please ensure that you review your home emergency evacuation arrangements  |  | *Discuss with individual and highlight employee responsibilities* |
| **Home workspace area**Your home workspace should have adequate ventilation, a reasonable temperature, suitable and sufficient lighting, sufficient space (particularly around a workstation), and the floor should be kept free from obstructions or from articles or substances which could cause an employee to slip, trip or fall. |
| Do you have an identified space to base yourself while working at home? |  |  | This does not need to be a dedicated space, but one that you can use for the duration of your work. |  | *If ‘No’ discuss and agree action* |
| Is your working environment conducive to work and not subject to frequent interruptions, distractions or noise?  |  |  | Your working environment should be considered similar to an office workplace in terms of the level of noise distraction and interruptions. |  | *If ‘No’ discuss and agree action* |
| Do you have local control over your lighting levels? For example, not too bright or too dim to work comfortably. |  |  | You should be able to control your light levels. For example, by adjusting window blinds or light switches. You may need to consider shading or repositioning light sources. There may be a requirement for additional lighting, for example, a desk lamp.Make sure that lights don’t cause glare from reflection off walls or other surfaces. |  | *If ‘No’ discuss and agree action* |
| Do you have local control over ventilation? |  |  | This may be as easy as opening a window to allow fresh air to circulate.DSE and other equipment may dry the air so adding household plants to the room may help.  |  | *If ‘No’ discuss and agree action* |
| Do you have local control over heating? |  |  | This is so that you can ensure and maintain suitable comfort levels when working at home. |  | *If ‘No’ discuss and agree action* |
| Do you have local control over the levels of noise? |  |  | If there is a lot of noise where you are working, you may have to consider moving to a quieter space or moving sources of noise. |  | *If ‘No’ discuss and agree action* |
| **Display Screen Equipment (DSE)**For further details on how to set up your flexible home working area please click on the HSE and Posturite webinar links below:[Working from home - a health check](https://www.youtube.com/watch?v=eywKnCszdIo) [Working from home - quick fixes](https://www.youtube.com/watch?v=tBFf1NZkJKE) |
| Do you currently have access to a work laptop and/or portable device that you could use at home? |  |  | For DSE work it is recommended for a flexible workstation set up that a laptop should be used with a separate keyboard and mouse |  | *If ‘No’ discuss and agree action* |
| When working in the office, were you supplied with any specialised DSE equipment through a DSE or Occupational health assessment? |  |  | If ‘Yes’ what specialised equipment do you currently have in place? |  | *If ‘Yes’ discuss and agree action* |
| If you have specialised equipment have you been able to take this equipment home to use? |  |  | If ‘No’ what alternative arrangements have you put place?  |  | *If ‘No’ discuss and agree action* |
| **Work Equipment**The organisation is only responsible for electrical equipment provided by them to employees, but employees must ensure it is being used safely, and that damage or faults are reported.Employees are required to undertake regular checking of the equipment for signs of damage, frayed cables, plugs cables etc. Do not overload sockets or use multi way adaptors. Maintenance of the electrical wiring in the home is the employee’s responsibility. |
| **Electrical** |
| Is all the equipment supplied to you in good repair and good working order? |  |  | You should carry out a visual check of all cables to make sure, for example, that there is no damage, fraying or cuts to the cable or damage to the plug.If there is, do not use it. Report it to your manager for replacement. |  | *If ‘No’ discuss and agree action* |
| Are all wires and cables safely routed and not trailing across the floor? |  |  | If ‘No’ please try to re-route the cables or request a longer extension to remove any slip, trip hazards. |  | *If ‘No’ discuss and agree action* |
| Do you use the correct chargers for the equipment being charged (mobile phones, laptop, etc.)? |  |  | If ‘No’ please report this to your manager and source the correct charging appliance. |  | *If ‘No’ discuss and agree action* |
| **Software** |
| Is the software suitable for the task you have been asked to complete? |  |  | Software should support the task, minimise stress and be user-friendly. Ensure that you have the appropriate training in using the software.  |  | *If ‘No’ discuss and agree action* |
| Do you know who to contact for IT or technical support if required? |  |  | You should be able to raise a call with your local IT department. If you don’t know how to do this, please see your local intranet or ask your manager. |  | *If ‘No’ discuss and agree action* |
| **Furniture** |
| Is your current work surface sufficiently large to allow a flexible arrangement of your screen, keyboard, mouse, documents and any other related equipment you require? |  |  | Try and adjust your work surface to ensure all equipment that you use regularly is within easy reach. You should allow enough space to rest your hands when not using the keyboard. The mouse should be placed close to the keyboard to avoid stretching.If you are using a document holder, make sure you position it to minimise uncomfortable head and eye movements. |  | *If ‘No’ discuss and agree action* |
| Is there enough space for you to change position and vary movement? |  |  | You should have enough space to allow you to move, stretch and fidget. You may need to consider reorganising your layout and check for obstructions.  |  | *If ‘No’ discuss and agree action* |
| Do you require any additional furniture or IT equipment to work from home?  |  |  | Additional equipment may include the option of separate mouse, keyboard, operator chair or desk.All portable devices should have the ability to work with a separate keyboard and mouse. |  | *If ‘Yes’ discuss and agree action*  |
| Do know who to contact for more specialist support on workstation set-up? |  |  | Check out your local Board intranet for further details of Display Screen Equipment (DSE) |  | *If ‘No’ discuss and agree action* |
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| **Lone Working and Security**It is important to ensure appropriate levels of communications are in place to support both the employee and manager to communicate on any issues. For example, security, isolation, stress or work life balance.**Manager Responsibly**The manager should ensure that employees know what to do in an emergency situation. The manager should provide guidance on how and when an employee working away from base should contact the manager. |
| Have you agreed measures to ensure that you maintain regular contact with your manager and colleagues including meetings? |  |  | You should aim to ensure regular communication, at least weekly, with your manager and team colleagues. |  | *If ‘No’ discuss and agree action* |
| Do you have any concerns about feeling isolated when working flexibly? Either physical or mental health and wellbeing related.  |  |  | If yes, please provide further details if you are able to.You should contact your manager in the first instance. You may also want to think about a referral to Occupational Health or other local employee support. |  | *If ‘Yes’ discuss and agree action* |
| Is there adequate provision to make sure that you are safe at all times during work hours? |  |  |  |  | *If ‘No’ discuss and agree action* |
| Do you know what to do in the event of an emergency? |  |  | If ‘No’ please discuss the local arrangements / requirements with your manager  |  | *If ‘No’ discuss and agree action* |

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| **Wellbeing**Check out support resources on the [National Wellbeing Hub](https://wellbeinghub.scot/about-us/) and your local Board Intranet |
| Are you a new or expectant mother? |  |  | If ‘Yes’, please ensure that a new and expectant mothers risk assessment has been completed with your manager and, if required, Occupational Health. |  | *If ‘Yes’ discuss and agree action* |
| Are you able to take regular breaks from the workstation, meaning 5-10 minutes every hour?  |  |  | Regardless of your set up, the best way to look after your musculoskeletal health is to take regular breaks and to move around as much as possible. The more 'makeshift' your set-up, the more important it is for you to move.You should look to take a break away from the screen approximately every 20 minutes and get up and move at least every hour. You should not continue where it is uncomfortable to do so. Tip – schedule in phone calls which will allow you to get up and walk about. |  | *If ‘No’ discuss and agree action* |
| Are you able to regularly stretch, exercise, and refocus your eyes? |  |  | Ensure that you take breaks. If possible, go for a walk at lunchtime.For quick exercises and stretch hints click the iHASCO links below:* [Eye exercises](https://www.youtube.com/watch?v=o0Da4MBCyoY)
* [Neck and shoulder roll](https://www.youtube.com/watch?v=Ww8-B7UviP8)
* [Upper body](https://www.youtube.com/watch?v=XpqtKnN4jSI)
* [Exercises at work](https://www.youtube.com/watch?v=qyCL3zQHMa4)
* [Up, down and all around](https://www.youtube.com/watch?v=3lgfaZHXnHc)
 |  | *If ‘No’ discuss and agree action* |
| Are you clear about your job role and responsibilities and have a clear understanding of your weekly schedule and working time expectations?  |  |  | If you are unclear about your job role, responsibilities or expectations and deadlines then speak to your manager. For example, start and end times, working days, flexi time. |  | *If ‘No’ discuss and agree action*  |
| Are you required to speak with or manage distressed individuals as part of your role? |  |  | This may include discussions concerning patient outcomes, investigations or dealing with complaints. |  | *If ‘Yes’ discuss and agree action* |
| If yes, are you aware of the measures in place to provide you with any additional support you might need to manage this?  |  |  | Additional support may include:Peer Review discussions, Employee Assistance / Support Programmes, Mental health first aider programme.  |  | *If ‘No’ discuss and agree action* |

**Self-assessment completed for flexible working requests that include home as a location**

Signed (Employee) …………………………………………………………  Date …………………………

Signed (Manager) …………………………………………………………   Date …………………………

1. https://workforce.nhs.scot/policies/flexible-work-location-policy-overview/flexible-work-location-policy/ [↑](#footnote-ref-1)
2. https://workforce.nhs.scot/supporting-documents/guide/flexible-work-location-policy-guide-for-employees/ [↑](#footnote-ref-2)