

# Electricity Industry Occupational Health Advisory Group



## Guidance Note 4.4

# Call Centre Working

The Occupational Health Advisory Group for the Electricity Industry (OHAG) is an independent body of senior occupational physicians. They all have a professional role to provide advice to individual companies in the electricity industry and they meet together three times a year to discuss matters of common interest and to promote good practice in occupational health across the industry. The main route for doing this is by the preparation of guidance notes on topics of interest to the industry. The remit of OHAG and its guidance covers all aspect of the industry from generation, through transmission and distribution to retail and supply.

Until now the promulgation of this OHAG guidance has largely been by means of paper copies of the documents circulating within individual companies in the electricity industry. OHAG recognises that there is a need to make these papers more widely available and is grateful for the support provided by the Energy Networks Association (ENA) in hosting these documents on their website, and the links to them from the websites of the Association of Electricity Producers (AEP) and the Energy Retail Association (ERA).

The guidance notes will be of interest to managers, employees and occupational health professionals within the industry. They give general advice which has to be interpreted in the light of local circumstances. Health professionals using the guidance, retain an individual responsibility to act in accordance with appropriate professional standards and ethics. This guidance is offered in good faith and neither the individual members of OHAG, the companies they support, the ENA, AEP or the ERA can accept any liability for actions taken as a result of using the guidance.



## **Call Centre Working**

### **1. Introduction**

Call centre working is relatively new to the electricity supply industry, which traditionally has been focused on generation, transmission and distribution. Over the past few years these traditional work practices have reduced, whilst the supply and retail businesses, i.e. marketing and selling, have grown.

Call centre work is essentially all about direct customer interface. It is office-based work where the main business is conducted via the telephone with simultaneous use of display screen equipment. The call centre may handle incoming calls, i.e., queries and complaints, make outgoing sales calls or a mixture of both.

The workforce tends to be young, often transient and with increasing numbers of contract or agency staff. Rotating shifts and hot desking are common features. All call centre operatives are required to wear telephone headsets for the duration of the shift, except during breaks. Many call centres are located out of town and some premises are not owned, but leased with outsourced facilities management.

### **2. Aims of this Document**

The aims of this document are:

- To identify hazards and assess health risks
- To provide advice and recommendations

### **3. Relevant Legislation**

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regs 1999
- Display Screen Equipment Regs 1992
- Workplace (Health, Safety and Welfare) Regs 1992
- Disability Discrimination Act 1995
- Noise at Work Regs 1989
- Working Time Regs 1998



#### **4. Key Guidance**

- Advice regarding Call Centre Working Practices – LAC 94/1 - Local Authority Circular Dec 2001.
- OHAG Guidance Note 4.1: Noise and Vibration
- OHAG Guidance Note 2.1: Stress

#### **5. Health Hazards**

##### **a. Ergonomic**

These are essentially the hazards for any DSE user. Poor workstation design may lead to musculo-skeletal problems in the neck, back or upper limbs. This is a particular problem with multiple workstation occupancy and hot desking. In addition the mouse is often used preferentially to the keyboard which can result in the wrist being held in a fixed position for long periods of time.

##### **b. Environment**

Poor air quality, lack of ventilation and low relative humidity may lead to ear, nose and throat problems, low humidity in particular affecting the vocal cords and leading to an increase in throat irritation and infections. Employees working in close proximity to others are also more likely to pass on infections by coughing and sneezing. Employees and computers radiate heat and fluctuations in temperature may result in discomfort as does poor lighting and glare.

##### **c. Noise**

There is a potential for exposure to noise either at background level or via the headset. Whilst this background noise is seldom > 40dB and therefore not an occupational deafness risk, nevertheless employees need to raise their voices if the level is 40dB and above with a greater risk of vocal strain. Although acoustic shock (sudden intense sound of short duration) has been described, provision of suitable noise volume control and noise limiters should prevent the occurrence of this phenomenon. Noise induced hearing loss and tinnitus, however, rarely occur.

##### **d. Voice**

Prolonged use of the voice for long periods, particularly at a loud volume or high pitch may lead to dysphonia with subsequent voice loss. The condition is not just an inability to speak but also includes pain, tension and hoarseness. As the voice gets tired it takes more effort for the employee to make him/herself heard. Upper respiratory tract infections should be taken seriously as a sore throat is an indicator that the larynx may be inflamed.



**e. Stress**

Call centre work tends to be repetitive with lack of control, target driven with frequent monitoring and exposure to verbal abuse from customers. Shift working, night working and the remoteness of some locations may cause additional problems. Employees also bring their social and lifestyle concerns into the workplace and the age profile of the workforce may highlight other issues such as smoking and the effects of drug and alcohol abuse.

**6. Recommendations**

Risk assessment is the key to managing the hazards. Having identified them, the following recommendations are made not just to comply with the law and achieve a minimum standard, but to help the industry to provide best practice.

**a. Ergonomic**

Each individual whether direct, contract or agency should have a personal DSE assessment and suitable workstation adjustment. Due to multi use and hot desking, a generic assessment may be undertaken, but is unlikely to be adequate. Self-assessments could be undertaken provided that periodic formal assessment by a trained assessor at regular intervals is also done. Use of an online assessment tool can be an efficient way of effecting this. If the Individual is using a different desk every time, then before starting the shift he/she should do a mini self-assessment to adjust the workstation and chair. Time will need to be factored in for this. Where alternative equipment, including special seating, etc., has been allocated then there needs to be a system in place to ensure that this is always available to that individual at the start of the shift. Adequate breaks from screen work need to be factored into the working day.

Employees should be encouraged to change posture as often as possible and stand up and stretch regularly. A prompt which appears on the screen from time to time may be a helpful reminder to do these exercises. Employees should also be encouraged to avoid thrusting the chin forward when talking into the mouth piece as this put a strain on the neck muscles.

**b. Environment**

The microclimate should be checked to ensure that air changes, humidity and temperature are adequate and within recommended limits, e.g., temperature 18 – 20 degrees and relative humidity 40% - 60%, with an ongoing monitoring programme. Adequate light is essential for DSE work and all screens should be anti-glare. A regular programme of air conditioning filter changes should also be in place.



**c. Noise**

Background noise surveys should be undertaken to ensure that levels are not exceeding action levels. Background noise levels greater than 40dB lead to employees having to raise their voices to be heard on the telephone and can cause voice strain. Headset equipment should be regularly checked and all headsets should have a volume control/limiting facility. Employees should be instructed in how to adjust volume control and reminded to adjust the volume setting back to normal if they have had to turn it up to speak with a softly spoken customer. Alternative designs should be made available where necessary. Headsets should be issued on a personal basis to ensure comfortable fit and maintain hygiene.

**d. Hygiene**

Although the risk of infection from the wearing of ear or mouth pieces is very low, best practice would be to ensure that the equipment is used by just one person and that it is cleaned regularly with suitable 'wipes'.

**e. Voice**

Voice care training should be given on how to use the voice appropriately and to exercise to avoid strain as well as breaking scripts into shorter segments, giving call handlers frequent mini breaks while callers respond to their questions. Frequent short breaks without voice usage should also be taken regularly, especially after a prolonged call or where the voice volume has been increased. Water should be made readily available and employees encouraged to drink 2 litres of water a day and to avoid caffeine based drinks which have a diuretic effect. The relative humidity and temperature should be controlled (see section on Environment above). All call centres should be smoke free and smoking cessation actively encouraged. An employee with a prolonged sore throat should be temporarily removed from call handling. Any voice change or recurrent sore throats should be reported as early as possible to the relevant manager and/or advice sought from Occupational Health.



#### **f. Stress**

As much task variation as possible should be considered as well as regular breaks, employee participation in target setting and use of electronic monitoring systems for praise as well as admonishment. All call centre employees, whether direct, contract or agency should receive training in dealing with verbal abuse and a support mechanism set up including the training of managers and supervisors in the provision of appropriate serious incident support. Additional help for employees may be provided by Occupational Health or Employee Assistance Programmes. A drug and alcohol policy should be in place to support the rehabilitation of employees with alcohol or drug problems. Other regular health promotion programmes to develop and maintain healthy lifestyles can also help employees in dealing with stress. Designated night workers must be given the opportunity for a voluntary health assessment.

### **7. Health Surveillance**

At the current time there is no requirement from HSE for routine health surveillance.

### **8. Fitness for Work**

Very few medical conditions are absolute contradictions to call centre work. However, there are some conditions that may have an impact on fitness for work and will require adjustment to enable that person to work, e.g., significant hearing loss, poor vision, pre-existing back conditions or upper limb disorders.

In all such cases it is essential that each individual case be assessed on its own merits.

Confidential occupational health assessments may be helpful in identifying those individuals with significant medical conditions that may require reasonable adjustments to be considered and should always contain a question relating to the DDA.

The main purpose of assessment will be to ascertain what functional limitations there may be and to advise management of reasonable work place adjustments and other support measures that may be necessary for the individual.

Ongoing assessments of individuals may also be carried out during employment whether for a new or a pre-existing condition. Referrals to Occupational Health should be made as early as possible to facilitate rehabilitation and return to work.

Employees should be encouraged to inform their manager or to self refer to Occupational Health with early symptoms of musculo-skeletal, stress or voice problems.



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An appropriate sickness absence monitoring procedure should be in place to identify such cases at an early stage and effect a referral to Occupational Health.

A competent occupational health practitioner should carry out all health assessments with referral to an occupational physician for medical advice.

### **9. Contract/Agency Staff**

These staff are subject to the same requirements for risk assessment and control of hazards under relevant legislation as permanent employees.

However, unlike permanent employees, when contract and agency staff are employed, very little if any thing is known about their health status and agency staff are rarely provided with an occupational health service. The process for notification and management of employees with disabilities likely to be relevant under the Disability Discrimination Act should be considered at contract setting.

Companies should consider developing processes to manage the occupational health aspects of non payroll staff in call centres.