

JOB ROLE CHANGES AND EQUIPMENT ACCOMMODATIONS FOR A POLICE OFFICER WITH MULTIPLE CHRONIC MSDS

Sector: Public

Job: Police officer

Size: Large organisation

Country: United Kingdom

Health problem: Lower back pain, finger pain and costochondritis

Context/background

The organisation in question is a public sector emergency service. The organisation has an absence management system in place that records both certified and self-certified sickness absences. If the sickness absence period is longer than 3 weeks, a review process is instigated. The review process was established to enable an understanding of the causes of sickness absence, and to identify the issues affecting the individual and their ability to work and what can be done to support the worker.

The organisation has a return-to-work programme in place, allows flexible working where possible and carries out frequent risk assessments, including display screen equipment (DSE) assessments.

In particular cases, such as where there are health-related issues, the organisation has a policy that enables the transfer of workers from one job role to another job role within the organisation.

Demographic and health information

The worker is a male police officer in his early 50s. He has worked for the same organisation for 31 years. Approximately 10 years ago, he developed a lower back disorder, which consisted mainly of painful symptoms. This was thought to be mechanical lower back pain associated with stress, but the disorder was not properly diagnosed. More recently, his back pain has been diagnosed by the organisation's occupational health provider as sciatica or pain caused by pressure on the sciatic nerve. Despite the pain, the worker continued working and his work tasks involved working on the street (e.g. walking the beat) and wearing personal protective equipment (PPE) including a protective stab vest, which is a heavy protective tunic. Approximately 1 year ago, the worker began to suffer from costochondritis in the lower ribs and tingling and pain in the fingers. Costochondritis is a disorder that affects the cartilage of the rib joints and causes pain that can be mild to severe. The finger pain is triggered by typing.

The worker did not change or modify his work tasks as a result of the lower back pain until the costochondritis and finger pain appeared. During the years that he worked with back pain, he had several line managers who did not acknowledge the health issue, as their perception was that non-specific lower back pain does not result in serious consequences.

Work, job and tasks

The worker's job role involved duties such as driving, walking the beat and inspecting, and carrying out those tasks while wearing PPE. The worker works 5 days out of 7 and is on a rotating shift system including night shifts. The worker's PPE, in particular the protective stab vest, was reported to be uncomfortable, and it restricted his mobility. In his opinion, his musculoskeletal disorders (MSDs) could be attributed to his work tasks. A risk assessment was carried out for all three health issues, and following this he was transferred to a new job role. The worker's duties have changed, as he is now office-based and does not have to wear PPE or spend long periods driving in static postures. The decision was made quickly by his line manager to change his job role, but one downside has been that he misses working with his colleagues in his previous department.

Process for retention at work

Although the worker had access to sick leave and a return-to-work scheme, he chose not to use these because of perceived possible negative impacts on his career progression. Now he is office-based, he is trialling a number of changes and modifications with different equipment. He has been given a new and different mouse and keyboard. In addition, he is working alongside a colleague, and they can both take advantage of flexitime within the shift system to ensure that all shifts are covered as necessary. One of the main changes that has been made has been in relation to the sciatic nerve pain: he has been provided with a sit–stand desk. The worker thinks that the desk in the standing position is better for him, as shifting positions between sitting and standing could disturb the sciatic nerve or his ribcage.

Support given and by whom

The majority of changes were implemented because his line manager during the past 12 months took the issues seriously and wanted to provide effective solutions. The workplace changes were supported by the occupational health provider and senior officers within the service.

The worker has also sought information himself about his MSDs in relation to slowing the progression of disorders and improving his work tasks. In particular, he found the website of the UK National Health Service helpful and informative.

Workplace changes

Tools and equipment

The worker has been provided with a sit–stand desk so that he can undertake DSE work while standing. He perceives this as the best solution for him. His job role has changed, and he does not have to wear PPE in the office and spends less time working in a vehicle. A new mouse and keyboard have also been provided, on a trial basis to find out if they work. If they do not help the worker, other equipment will be procured.

The worker does not have to wear heavy PPE now, but in addition it is important to emphasise that the organisation has replaced older anti-stab vests with new, lighter ones for all police officers.

Workplace

The worker's new workplace is an office environment where he is able to move around more frequently and change position. He is currently working with a colleague, and this permits them both to access flexitime.

Tasks

The worker's tasks are now office-based, which involves computer work and paperwork. The worker states that he has more control over his workload than he did in his previous role. He has organised his time and work tasks to be able to spread the tasks throughout the working day, to keep control of deadlines and to avoid the stress of intense working.

Work travel

The worker was previously commuting by car, which involved a 15-minute journey each way and long hours spent in a vehicle. He is trying to be more active and walks to work as part of his daily exercise.

Working time

The worker is currently working five days per week for eight hours per shift. His shifts have not changed, and he still works the night shift and other shift patterns as required. He is currently working with a colleague, and this permits them both to access flexitime.

Health and safety risks identified

The risk assessments carried out identified that prolonged sitting in a vehicle and wearing PPE were having an impact on the worker's MSDs. In practice, prolonged sitting in a vehicle affects the ribcage and sciatic nerve as a result of the postures adopted.

Trialling different keyboards and an alternative mouse is continuing, to try to alleviate the worker's finger pain.

Ease or difficulty of implementing the advice

The use of new equipment, including computer input devices and a sit–stand desk, has been easy to implement. Further advice sought by the worker on lifestyle, exercise, and increased walking and movement has been easy to follow, and the worker has felt a lot of benefits from changing his behaviour. Self-management of stress has also been found to be beneficial, as has the use of the sit–stand desk, in relation to back pain. The only negative factor that has been identified has been that the worker misses his former colleagues in the department he worked in before.

Transferability

The major change required here was a role change, which may not always be possible in every organisation. However, trialling modifications, such as sit–stand desks and different computer input devices, including mice and keyboards, is easily transferable to other working environments.

Lessons learned

The lessons learned from this case include the following:

- It is important not to neglect the initial symptoms and to discuss these with your line manager.
- Ensure that line managers are aware of the impact of chronic MSDs on the workforce.
- Risk assessment should be provided for PPE in terms of its impact on health, beyond the scope of protection.
- The ability to organise one's own workload can be important.
- Understanding line managers are key people within organisations for leveraging change.
- Tools such as different mouse designs and keyboards need to be trialled.
- A change in role may be required to retain a worker.

Costs and benefits

The worker continued his salaried employment and the organisation did not lose an experienced police officer. The cost of a sit–stand desk also needs to be factored in, but the benefit is having someone continue in employment pain free.

Beyond the occupational perspective, the worker now has a healthier lifestyle, and this is a benefit in his personal life too.

Summary of changes

In this case, the changes included the worker's role within the organisation being changed, trialling of tools and equipment (mouse, keyboard), and the implementation of a sit–stand desk.

- **References and resources**

UK National Health Service, 'Sciatica', <https://www.nhs.uk/conditions/sciatica/>