

ACCOMMODATIONS AND TASK CHANGES TO ENABLE AN ICT WORKER TO MANAGE KNEE OSTEOARTHRITIS

Sector: Information and communications technology

Job: Technical collaboration specialist

Size: Medium-sized enterprise

Country: International

Health problem: Knee osteoarthritis

Context/background

The case involves an information and communications technology (ICT) sector organisation that supports video conferencing and teleconferencing across the globe from three offices located in different countries. The organisation is able to offer both flexitime and teleworking to most workers, but workers in the United Kingdom who are part of the support team have to work different shifts, either 8.00 to 17.00 or 9.00 to 18.00, to ensure that support is available to clients during these hours. Outside these times, other offices in the USA and Singapore take over. One advantage of having flexibility in where work is done is that no one is stigmatised if they want to work at home. The organisation completes regular risk assessments covering all work activities, as it provides support to large international clients that require them to show that all health and safety risks when installing new equipment and supporting clients have been considered.

Demographic and health information

The worker is a male ICT worker in his early 50s. He has worked for the company for the past 12 years. He was diagnosed with moderate knee osteoarthritis 2.5 years ago. This is thought to be the result of a knee injury that occurred when he was 16 while he was playing football and which resulted in an operation to remove bone fragments. He continued to play other, contactless sports until his recent diagnosis. His knee had been stable until he reached the age of 50, at which point pain, discomfort and locking of the joint started to happen. After he consulted his general practitioner and underwent an X-ray, moderate knee osteoarthritis was diagnosed, and he has been using pain medication ever since. The worker also has asthma, but this does not interfere with his ability to work.

While the worker accepts that the knee osteoarthritis will continue to worsen over time, he has sought additional advice from the charity Versus Arthritis. The worker has also tried the Escape Pain app for self-management of symptoms and exercise. Medical treatment has continued, including physiotherapy treatment to strengthen the muscles around his knee. Furthermore, the worker is currently waiting for an appointment for 'Exercise by Prescription', which provides free access for 3 months to a local gym with support from a qualified instructor. This focuses on knee strengthening as well as ensuring whole-body exercise.

Work, job and tasks

The worker is a technical collaboration specialist and his main tasks involve technical support in relation to computers and video conferencing, as well as upgrades to pre-existing networks when required. He works full-time, and before he was diagnosed with knee osteoarthritis he also worked with the installation teams that set up and build video-conferencing rooms. This involved handling large televisions and display screens, and running cables through ducting, so both manual handling and working while kneeling were involved.

Process for retention at work

Support given and by whom

After the diagnosis, the worker's tasks changed so that he is now completely desk-based, no longer being involved in the installation team's activities. This was negotiated with his line manager, and it was agreed that, because of the osteoarthritis, it was sensible to reduce the physical handling aspects of the job and the amount of kneeling, especially handling items on stairs, as this could be dangerous for the worker and result in damage to the equipment. His line manager has been very supportive and has been aware of his musculoskeletal disorder (MSD) since the diagnosis. Colleagues have also been supportive in understanding the need for task changes and embedding the worker into the support team.

Since becoming office-based, he has received further training in the equipment that the organisation supports, to enable him to support clients with a variety of different ICT products.

A formal plan has not been put in place for the worker, but when the knee pain becomes too much he is able to work at home. The worker is also confident that, in the future, should knee surgery and recuperation time be required his organisation will fully support him.

Workplace changes

Tools and equipment

The desk and equipment of the worker were reviewed to ensure that they were compliant with the display screen equipment (DSE) regulations. It is important to the worker that he is able to get up and move around before the onset of pain. He has been provided with a Bluetooth headset, which allows him to talk to clients and walk at the same time. Short breaks from a seated static position are recommended for his knee, and this gives him the flexibility to move.

Workplace

No further workplace changes were required. However, when it was decided that the worker would be working at home, consideration also had to be given to his home workplace. A docking station was provided for use at home, to enable him to link to the workplace without the need to continually use a laptop computer, and an additional keyboard and mouse, similar to those used in the office, were provided. The worker has his own computer at home and uses his own computer screens when working at home.

Tasks

The worker's tasks have changed to remove the need for heavy physical work installing video-conferencing equipment and kneeling when running cables. The worker now has a desk-based role and is encouraged to get up and move at regular intervals, even when talking to clients.

Work travel

The worker commutes by car, and it is a 15-minute journey each way. At the moment, he does not feel that driving is affecting his knee, but he would be concerned if he had to travel long distances.

Working time

The worker has not changed his working hours, but he can take a more flexible approach to where he works. This includes working at home when the pain is causing problems, and this can mean a full day at home or a move between the office and his home office at lunchtime. As mentioned above, all workers in the organisation can do this, so this is not an adjustment just for the worker.

Health and safety risks identified

While formal risk assessments are completed by the organisation, there were no additional risk assessments in relation to the workplace changes made. It was agreed that manual handling of heavy items was a risk for both the worker and the items. By changing the worker's role to an office-based role, this risk was removed. While there are still risks when working in a desk-based role, these are managed through regular assessment using the DSE regulations and by ensuring that he does not sit still for prolonged periods of time.

Ease or difficulty of implementing the advice

This case highlights the job changes that were required to enable the worker to continue his employment in a sector in which he has vast expertise. Within his organisation, different job roles are available to all workers, and this was implemented easily. This may not be so easy to do in small and medium-sized enterprises or other organisations.

Risk assessments and prevention measures are also used regularly within the organisation to ensure that they are compliant for their larger clients; this includes assessments and measures relating to work at home. This enabled the worker to highlight risks and work on solutions with his line manager. Having assessments in place and good communication helped in this case.

Transferability

The accommodations are transferable to other companies where there are different roles available for individuals to pursue. However, there was a need for further skills training for the worker; this was provided by the organisation to enable him to take on an office-based role.

Lessons learned

The lessons learned from this case include the importance of:

- being able to have open communication when an MSD is diagnosed;
- using risk assessments and prevention measures to support role change;
- keeping change simple, such as increasing flexibility on where an individual can work;
- understanding that every case is different and individual needs should be considered;
- a good pre-established workplace policy around teleworking and working at home, which all workers can take advantage of;
- ensuring that the equipment used for home working is compliant with DSE regulations.

In summary, the minimal changes that have been made in this case are thanks to a pre-existing policy that enables teleworking.

Costs and benefits

The main benefit was that the worker was able to continue in his job. Although he changed job role, the organisation has benefited directly from retaining a worker who is an expert in ICT and able to train others. While the cost of the docking station at home has to be considered, this was reduced by bulk buying for all workers in the organisation.

Summary of changes

In this case, the accommodations included changes to work tasks, from installing video-conferencing equipment to an office-based role, and the introduction of simple tools such as a Bluetooth-connected headset when speaking to customers.

- **References and resources**

Escape Pain, <http://escape-pain.org/>

Versus Arthritis, <https://www.versusarthritis.org/>