Good Practice Guide

for Occupational Health and Safety in

Call Centres

Australian Services Union – Victorian Private Sector Branch

Acknowledgments

Good Practice Guide for Occupational Health and Safety in Call Centres.

Purpose of document

Call centres* have enabled a diverse range of organisations to centralise communication and interaction between themselves, their clients and customers. Continuing to prove an efficient and economical interface, employment in call centres continues to grow at a rate of 8% per year. As the industry is estimated to employ 240,000 Australians and over 70,000 Victorians, health and safety issues in call centres need to be given serious consideration.

Illnesses and injuries reported from call centres include; musculoskeletal disorders, headaches, acoustic shock injuries, viruses and and stress-related illnesses.

The technology of call centres allows levels of call monitoring. Excessive use of monitoring can contribute to stress-related illness. Without good management and genuine consultation with call centre employees, the health of call centre employees may be at risk.

The transient nature of call centre work, with large numbers of employees employed on a casual or temporary basis, presents a significant challenge in ensuring the operation of formal employee representation and consultation mechanisms.

This Guide aims to focus on the experience of the industry itself. Many call centres have been developing policies and work practices for safer call centres for several decades. Sharing that experience is aimed at benefiting current and future call centre employees.

Work methods in the call centre industry are diverse (inbound, outbound, predictive dialler, fax, voice recognition, e-mail, among others). In this document the breadth of issues are covered with guidance on practices that eliminate or reduce the risks to the health and safety of call centre workers. Due to the diversity of work methods, every call centre will not experience every issue in this guide. Ultimately each issue needs to be assessed, in full consultation with employees, at each particular call centre in order to ascertain if it is a hazard for that call centre.

This Good Practice Guide aims to be practical and incorporate the Victorian Occupational Health and Safety Act's key principles; the responsibility of the employer to provide a safe and healthy workplace and the need for genuine consultation between management and employees to address health & safety issues in the workplace.

The Good Practice Guide assists employers to adhere to the Duty of Care Provisions outlined in section 21(1) of the Occupational Health & Safety Act 1985.

*For the purposes of this guide a call centre is any centre of communications where the predominant activity of employees involves verbal communication using telephony equipment. This includes inbound and outbound calls, customer service, sales, community service lines and contact centres. Any debate as to whether this guide is applicable should be discussed with your health and safety committee, Worksafe Victoria or your union.

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Section 1

01   General obligations

All workplaces in Victoria are governed by the Occupational Health and Safety Act 1985. Under this Act, all employers and employees have a general duty of care to ensure that they work in a manner that is not harmful to their own health and safety and the health and safety of others.

02   Employer obligations

The Occupational Health and Safety Act 1985 states that employers must provide and maintain so far as is practicable for employees a working environment that is safe and without risks to health. This includes equipment (such as headsets and computer screens) and safe systems of work (such as reasonable workloads and work pace).

Employment agencies who send employees to call centres also have a duty to ensure that the workplace, including work environment and systems of work are healthy.

Employers must also:

● Adequately monitor employees' health (such as providing hearing or eye tests)

● Keep information and records relevant to the employees' health and safety (such as first aid records or records of work related illnesses or injuries)

● Provide employees with adequate facilities (such as clean toilets, clean drinking water, and hygienic eating areas)

● Provide employees with adequate information, instruction, training and supervision to work in a safe and healthy manner

03   Employee obligations

Employees have obligations under Health & Safety legislation to take reasonable care and to cooperate with employer actions taken to comply with the Occupational Health and Safety Act 1985.

It is incumbent on an organisation to make employees aware of their specific Health & Safety responsibilities. This is achieved through a process of consultation, documentation of responsibilities and provision of appropriate instruction, training, information and supervision.

04   Consultation

Call centre employees, with the day to day experience of work processes and their health and safety effects, are a valuable source of information. They are often best placed to both identify hazards and offer ideas through their elected Occupational Health and Safety Representative on how the hazards can best be addressed.

Under Sections 29 and 30 of the Occupational Health and Safety Act 1985 employees have the right to Occupational Health and Safety representation. Section 21 (4) of the Occupational Health and Safety Act, 1985 states the employer must appoint someone with reasonable seniority as the employer's representative or representatives on health and safety matters.

Consultation should occur when:

● Identifying hazards and assessing risks
● Developing control measures and reviewing the effectiveness of controls
● Planning changes to the work environment, equipment, work processes, work organisation, or work systems
● Forming Designated Work Groups (DWG's)

Effective consultation systems need:

● Genuine exchanges of information, ideas and concerns
● Issues to be addressed in a timely and appropriate manner
● Involvement in decision-making
● No disadvantage to employees through involvement

Types of consultation include:

● One on one discussion (usually between the employee and their health and safety representative)
● Team meetings
● Employee forums
● Surveys
● Health and Safety Committees

Issue Resolution

An issue resolution process should be developed to address unresolved issues. Assistance in resolving health and safety issues should in the first instance be obtained from supervisors and managers and may also be obtained from health & safety consultants, Unions, employer bodies and WorkSafe Inspectors.

In the event of a dispute, workplaces which have not developed agreed procedures for resolving Occupational Health and Safety Issues must use the Issue Resolution Regulations made under section 26 of the Occupational Health and Safety Act 1985.

05   Designated Work Groups & election of Health and Safety Representatives

Consultation with employees is crucial to maintaining a safe and healthy workplace. Consultation is achieved by ensuring that employees are consulted and represented by an elected Health and Safety Representative.

At the request of employees, Designated Work Groups should be formed to represent groups of workers, usually in similar types of work or geographical proximity. The composition of the Designated Work Groups must be determined by negotiation between the employer and employees. Each Designated Work Group may elect one Health & Safety Representative, as stated in section 30 of the Occupational Health and Safety Act 1985. Employees in a workplace can request their union to act as their representative in the negotiation of Designated Work Groups.

A workplace map is a useful tool to check you have formed enough Designated Work Groups to ensure everyone is adequately represented.

Your map could include:

● The number of employees at the workplace
● The nature of each type of work performed at the workplace
● The number and grouping of employees who perform the same or similar type of work
● The areas of the workplace where each type of work is performed
● The shifts people work

Please note that employees in management positions may choose to form their own Designated Work Group.

06   Health and Safety Representatives

Health and Safety Representatives have the following functions:

● To represent any member or members of their Designated Work Group in relation to Health & Safety issues that arise in the workplace. (Please note that the Privacy Act of 1988 does not prevent a Health and Safety Representative obtaining necessary information in order to perform their role).

Health and Safety Representatives have powers to:

● Take time off from their normal duties (eg. time off the phones) as is necessary to perform their function as a Health and Safety Representative

● Inspect any part of the workplace in which a member of the Health and Safety Representative's Designated Work Group works, providing reasonable notice has been given to the employer (the Health and Safety Representative can inspect with no notice if the situation is of immediate risk to the Health and Safety of any person)

● Have access to information on the health and safety of employees (please note that the Privacy Act 1988 does not extinguish the right of access to such information)

- Request the establishment of an Occupational Health and Safety Committee

- After consultation with the employer's representative, or representatives, accompany a Worksafe Inspector during an inspection of the workplace

- Be present at any interview of an employee(with the agreement of that employee) and a Worksafe Inspector involving health and safety

- Issue a Provisional Improvement Notice, where necessary

Health and Safety Representatives are entitled to:

- Paid time during working hours to perform their role as a Health and Safety Representative

- Access to paid training leave to attend accredited Health and Safety training

- Access to communication tools (eg; email, fax, phone, in person, suggestion boxes)

- Access to information the employer possesses relating to actual or potential hazards arising from employer conduct or undertaking

- Be available to all members of their Designated Work Group on a regular basis (if this is not the case it may be necessary to form additional Designated Work Groups)

- Have their role and name advertised in a prominent place in the workplace

- Be afforded all rights under the Occupational Health and Safety Act 1985

Training

Under the Occupational Health and Safety Act 1985, elected Occupational Health and Safety Representatives must have access to paid training leave to attend accredited health and safety training.

information on training courses is available at:

www.ohsrep.org.au

07   Health and Safety Committees

Once Designated Work Groups have been formed and Health and Safety Representatives elected, a Health and Safety Committee may be formed.

The role of the Health and Safety Committee is primarily to formulate, disseminate and review Health & Safety policy in the workplace.

Effective Health and Safety Committees:

- Hold regular meetings at least once every three months (the time and location of which should be advertised in a prominent place)

- Provide minutes of all health and safety committee meetings to each committee member and post a copy in a prominent place in the workplace

- Have at least as many employee committee members as management committee members

In deciding the ideal committee size, consider:

- The total number of employees
- The number of different jobs
- The complexity of the workplace
- Whether there is adequate coverage of the work force (management, administrative staff, day shift, night shift, part time)
- The recommended committee size is a maximum of 12 members
- Health and Safety Representatives may be included in the membership of the committee

08   Hazard Identification

Call centre hazards can result in the following health outcomes; musculoskeletal disorders, headaches, acoustic shock injuries, viruses and stress-related illness such as gastrointestinal disorders.

Employer obligations

The Employer is required under sections 21 (4)(a) and 21(4)(d) of the Occupational Health and Safety Act 1985 to monitor the health and safety of employees and conditions at the workplace.

Identifying a hazard prior to an injury, illness or accident is an important step towards providing a safer workplace.

You can identify potential hazards through workplace inspections, using checklists and employee surveys or with the help of consultants.

Hazard identification can be encouraged by:

● Providing clear and easy reporting procedures
● Providing updates on the status of any identified hazards (often through a prominent notice board or a regular health & safety newsletter)

Health and Safety Representatives role

The Health & Safety Representative's role is to report hazards that they identify when conducting workplace inspections.

09   Risk Assessment

Employer obligations

The employer has responsibility in risk assessment to:

● Identify the hazard
● Assess the risk
● Control the risk (as far as is practicable)

When assessing and controlling risks, consider:

● The number of times a situation arises
● The number of people exposed and the duration of their exposure
● The degree and type of harm caused (e.g. physical or psychological)
● The condition of the overall environment and equipment
● Where the hazard is in relation to people in the workplace
● The effectiveness of existing control measures

Call Centre Hazard Identification: A case study

Staff in a call centre **identify** a postural **hazard** in that staff have to twist their necks to view a 'number of calls waiting' screen.

Once the hazard is identified, a **risk assessment** is completed. The risk assessment reveals that staff are complaining of neck pain and general anxiety about the type and position of the screen.

Staff are consulted and a change is made to the software to allow a general indicator on the employees screen indicating that calls are waiting. The supervisor observes the numbers waiting and changes the roster to ensure more staff are available during periods of high demand.

10   Control Measures

Control measures work to eliminate or reduce the risk from the identified hazard to the extent that it is highly unlikely to cause injury or illness.

The first step is to see whether the hazard can be eliminated completely (eg. mobile phones which cause interference on headsets are turned off in the call centre).

If it is not possible to eliminate the hazard the next step is to substitute or redesign work practices or equipment so that work can be done differently (eg. increase staff on shift, supply ergonomic furniture).

If substitution or redesigning is not possible the next step is to apply administrative controls such as scheduled breaks, appropriate training and education, supervision and support.

Example: Control measure

In practice, several control measures are used in combination. For example, stress caused by aggressive customers may be lessened by providing post call support, debriefing, providing adequate rest breaks, referring calls to a supervisor who has been trained to manage aggressive calls and an option of terminating the call with especially angry customers. At the same time the reason for the aggressive call can be addressed, for example notifying customers the length of waiting/ call queue times or having the terms and conditions of a product more clearly outlined in promotional material or information sheets.

Implementing Control Measures

When implementing control measures ensure:

- The controls have been formulated in consultation with employees and Health and Safety Representatives
- The controls do not create another hazard (eg. locking a rear exit door for security purposes may create a potentially hazardous situation if employees are unable to evacuate the building in an emergency)
- The controls are monitored and reviewed for effectiveness (a committee may do this)
- Where appropriate, training and retraining is provided
- That policies and procedures are readily accessible to employees and that they are included in the induction procedure

11   Drafting Checklists

Checklists can be a good way of monitoring and reviewing workplace health & safety. As they need to be appropriate to your workplace it is important that they are drafted in consultation with employees, the Health and Safety Representatives and the Health and Safety Committee (Appendix D of this document contains checklists that can demonstrate your company's health and safety performance)

12   Reporting and Recording

In accordance with sections 21(4)(a) and 21(4)(d) of the Occupational Health and Safety Act 1985, records in relation to employees' health and safety should be reviewed on a regular basis. This will ensure the assessment of any patterns of illness or injury (eg. unusual levels of throat related illness might indicate voice overuse).

Without disclosing any personal information on individual employees without their permission, records must be made available to Health and Safety Representatives upon request and the Health and Safety Committee for review.

Records should include:

- Sick leave and reasons for sick leave (including when an employee needs to leave during work time due to work related ill health)
- Any WorkCover claims
- Any incidents or injuries
- Any 'near misses'
- Results of any medical tests completed

13   Health & Safety Policy

The development and distribution of a Health and Safety Policy, in consultation with workplace Health and Safety Representatives demonstrates the commitment of the organisation to the Health and Safety of employees and sets clear guidelines for both employers and employees on Occupational Health and Safety in the workplace.

Please see Appendix A for an example of such a policy.

Section 2

Health & Safety Hazards and Good Practice in Call Centres

Health & Safety hazards in call centres may be related to:

- Work organisation (eg. work loads and lack of control over work)
- Working environment (eg. workstations and furniture)
- Occupational practice (eg. high noise levels leading to vocal fatigue, eyestrain)

All aspects of a call centre need to be considered in terms of health and safety as they are closely interlinked. For example, unrealistic targets may increase the likelihood of an employee suffering a musculoskeletal disorder due to sustained awkward postures and anxiety about reaching high targets.

14   Calls

14.1   Abusive/Aggressive Calls

Abusive and/or aggressive calls are likely to cause some level of distress. The impact will depend on: severity of the abuse, frequency of abusive calls and the availability of support following an abusive call.

The risk of frequent abusive calls involves physical and psychological harm to the employee receiving the calls as well as low staff morale and high turnover.

Good practices include:

- Addressing the reason for the abusive call (eg. long wait times, inaccurate or misleading printed information, lack of training or support)
- Developing clear abusive/ aggressive call procedures and guidelines which include reporting the call and the right to terminate the call
- Providing support following abuse (eg. time to debrief)
- Providing a rest period following an abusive call
- Providing alternative duties (where necessary or possible)
- Providing customers and clients with clear guidelines against verbal abuse when using the call centre
- Providing a rest area away from the general work area

14.2 Call Monitoring

Call monitoring is common in the call centre industry. As call monitoring is a cost to the enterprise, clear objectives should be provided for its use, especially where it may give rise to Occupational Health & Safety concerns.

There are two main types of monitoring. The first is *quantitative* monitoring that measures statistics such as how many calls are taken, the length of calls and how long the employee is 'available' to take or make calls. The second type is *qualitative* monitoring which assesses the quality of calls usually by listening in to a call (qualitative assessing is also often done through customer satisfaction surveys).

The risk involved in the use of call monitoring is that stress related conditions may be caused by excessive or inappropriate monitoring. Inappropriate monitoring may include singling out of a particular person for increased monitoring or the use of monitoring during unusually busy periods.

Good Practice in the management of monitoring may include:

- Call monitoring policies formed in consultation with employees
- Call monitoring is not used (eg. call monitoring is replaced with customer satisfaction surveys)
- Ensuring call monitoring is used only for coaching and development purposes
- Call monitoring is only conducted with the permission of the call centre employee
- Call centre employees are given a choice on how and when call monitoring occurs (eg. the choice of remote or in person monitoring)
- Monitoring quality as well as quantity
- Feedback being provided shortly after the call being monitored
- The use of constructive feedback

15 Environment

15.1 Environment design and maintenance

The design and layout of a call centre can have an effect on the capacity of employees to perform their task. Issues may include inadequate lighting, lack of natural light, high partitions that form box-like environments, dull or dark wall colours and cluttered or untidy work environments.

When looking at the workplace design of a call centre consider:

- Does the working environment have any negative effects on the call centre employees?
- Have the employees been consulted on the workplace design?
- Is the call centre at the same design standard as the rest of the organisation? (Morale is likely to be affected if the call centre is not at the same standard)

15.2   Air quality and temperature

An uncomfortable temperature or a lack of air flow is likely to contribute to illness or injury. Stuffiness, or being too hot or too cold are common complaints from people working in call centres as well as other office based environments. Air temperature and quality should be checked regularly. If there are a number of people who are uncomfortable or if people are feeling drowsy, the temperature and air quality should be checked and adjusted where required.

The workplace environment should be maintained within a moderate temperature range to protect employees from thermal stress.

Legionnaire's Disease

Legionnaire's disease is related to contamination of water cooled air conditioning systems. In Victoria the law requires where these systems exist:

● Cooling towers are to be registered
● A risk management plan to be in place
● Regular testing and maintenance of systems be conducted

15.3   Hygiene

Call centres often employ large numbers of staff and/or have multiple shifts where furniture and equipment is shared. Furniture and equipment can harbour germs and bacteria. The call centre must be kept clean at all times to prevent the spreading of germs and bacteria.

This includes:

● Workstations (keyboard, telephone, desk, chair)
● Individual headsets (with hygiene wipes provided for cleaning on a regular basis)
● Carpets
● Rest areas
● Toilets
● Photocopier and facsimile equipment

15.4 Carpets

Carpets, if not well maintained, can contribute to an unhealthy work environment in a number of ways.

Carpets can harbour and promote dust, dust mites, fleas and allergens which can be of serious risk to the hygiene and health of employees. Liquid spills and any leaks from structural damage can cause mould in the underlay of the carpet or within the carpet itself, which also has an impact on health and safety.

Carpets must be well maintained, with any rips repaired to avoid trips and falls. They must be regularly cleaned with appropriate cleaning agents.

Every effort should also be made to ensure that carpets are cleaned outside of work hours.

16   Noise

16.1   Background Noise

If you have to raise your voice in order to conduct a conversation with a customer, noise may be a problem in your workplace. Loud background noise may also cause call centre employees to increase the volume on their headset. This may lead to vocal fatigue, ear pain and headaches.

Background noise should be minimised as much as possible.

Good practice includes:

● Ensuring that the call centre is constructed of materials with good sound absorption
● Ensuring equipment such as photocopiers and facsimile machines are kept separate from the call centre workspaces
● Providing adequate sound partitioning
● Holding team meetings/briefings outside of the call centre

16.2   Hearing/Acoustic Shock

Acoustic Shock

Incidents of Acoustic Shock (or Acute Aural Trauma) have been documented since the 1970's. It is believed to be caused by a hypersensitive neurological reflex (startle reflex). The condition can occur following a sudden loud sound from telephone handsets and headsets (also known as an acoustic incident or spiking). The loud sounds may include facsimile lines, internet lines, equipment feedback, whistles and customers screaming.

The risk to health is increased if several incidents occur in a short period of time. It is also believed that the risk is increased if the employee is already distressed.

It may therefore be advisable to provide alternative work or rest for a period of time depending on the severity and impact of the shock.

It is important to note that compliance with the Occupational Health and Safety (Noise) Regulations 1992 will not on its own eliminate the likelihood of acoustic shock, as it is the sudden rise in noise levels that causes health problems.

Current good practice includes:

- Ensuring all employees and management are trained in the identification and symptoms of acoustic shock and what steps to follow in the event of an acoustic shock (see Induction training)
- Attaching acoustic shock prevention devices which completely prevent shrieks or loud sounds reaching the headset in call centres where loud sounds are assessed as a high risk (these can be inserted in the equipment or in the headset)
- Implementing policies and procedures for the provision of appropriate headsets and identification and removal of faulty headsets
- Developing, in consultation with Health and Safety Representatives and the Health and Safety Committee, clear procedures for acoustic shock incidents, such as:
    - Reporting and recording an incident
    - Providing support, rest or non phone based work (where possible) for the employee
    - Refering employees to an appropriately qualified professional for review
    - Checking headset for clarity of sound before further use
    - Stress control measures (see section on Occupational Stress)

16.3　Headset Safety; Infection control

Due to the close exposure of headsets to the external ear canal and the mouth, it is possible for infection (eg. tropical ear, respiratory infections) to be passed between employees.

Good practice includes:

- Supplying individual employees with a headset that is not shared with other employees.
- Where this is not possible, cleaning headsets (both ear and mouthpiece) with cleansing wipes between uses. If appropriate, the foam covers for the headset should also be replaced.
- Training all employees in infection control and headset use, and in the regular cleaning and maintenance of headsets

16.4　Microphone positioning/feedback

There is an optimal position for a microphone in front of a call handler's mouth to avoid excessive vocal feedback for both the caller and the call handler. Incorrect positioning can cause the call centre employee to raise their voice to be heard by the customer. This may result in vocal fatigue and increased background noise. Correct positioning of the microphone should be explained to each call centre employee.

17   Occupational Stress

The language that is used to describe stress can be confusing. A certain level of stress can be considered to be good for the individual but most often it is used to describe undesirable responses to pressure.

Stressors are events that may lead to a stress response for some workers.

When does it occur:

Occupational stress can occur when workers are unable to satisfactorily adjust to demands and changes in the work environment. The response of the individual will vary depending on:

- The extent to which someone perceives an event to be threatening
- The actions available to a person to deal with a threat
- The expectation that person has of coping with the threat

Australian research into occupational stress has revealed a range of organisational issues that impact upon workers. Such issues include:

- Unsupportive leadership
- Lack of work opportunities to grow and develop
- No clarity to job role
- A lack of professional interaction among staff
- A lack of participation in decision making
- Excessive work demands
- A lack of control over work

Symptoms and illnesses associated with stress may include:

- Headaches
- Sleep disorders
- Behavioural effects (eg. smoking, drug abuse, aggression, frequent errors)
- Psychological effects (eg. burn out, poor concentration, suppressed anger, anxiety, depression, apathy)
- Musculoskeletal disorders
- Cardiovascular disorders (eg. high blood pressure)
- Gastrointestinal disorders (eg. nausea, constipation, stomach ulcers)
- Amenorrhoea (i.e. cessation of menstrual period)
- Suppressed immune function (i.e. increased susceptibility to infection)

Major causes of call centre stress

The most significant causes of occupational stress in the call centre environment relate to:

● Work organisation that provides little task variation and autonomy (i.e. a worker having control over his or her work tasks and environment)
● Performance management techniques that lack worker consultation and are perceived as unrealistic, subjective and unachievable

All factors that are associated with stress should be assessed as to whether they can be eliminated or reduced.

Good practices that lessen or eliminate stress include:

● Consulting employees wherever possible
● Developing reasonable workloads in consultation with employees
● Ensuring adequate staffing
● Ensuring adequate training is provided
● Developing a positive culture where employees' opinions are valued
● Ensuring employees have as much control over their work as possible
● Providing sufficient support
● Ensuring that all team leaders and managers are trained in identifying signs of stress
● Providing access to counselling services
● Ensuring adequate breaks are provided and facilities are available away from the call centre to take such breaks

18　Visual Fatigue

18.1　Eyesight

Although intensive use of computer screens (also known as visual display units) can cause temporary effects on vision, there is no convincing scientific evidence to support the widely held belief that using computer screens causes long-term eyesight damage.

Normal ageing effects can usually explain permanent eyesight deterioration. Because of the intensive use of computer screens, any existing but previously undetected and therefore uncorrected eyesight deficiencies are more likely to become apparent, often in the form of headaches. Offering eyesight tests at induction and at regular intervals thereafter can identify those at risk.

18.2　Visual fatigue

Visual fatigue is highlighted as a principal risk associated with computer screen work and as call centre employees usually use computer screens intensively, they are at high risk. Symptoms include sore eyes, blurred vision, tired eyes and headaches. In addition to identifying those at risk through offering eye tests, there are a number of measures that can reduce the risk of this condition.

Good practice includes:

- Adjusting the computer screen brightness and contrast settings
- Keeping the computer screen clean, particularly from smears
- Ensuring the computer screen is free from glare and reflections by controlling the ambient lighting conditions
- Suitable positioning of any reference material
- Adequate font size, preferably at least size 12
- Display screen reminders to prompt call handlers to look away and focus on a distant object
- Reducing risk by exercising and stretching the eye-movement muscles from time to time whilst at the workstation and looking away from the computer screen and focusing on something as far away as possible
- Breaks or changes in activity to help avoid visual fatigue.

19   Voice

19.1   Vocal Fatigue

While most call centres have integrated a variety of communication tools (eg. internet, fax, voice recognition technology) the predominant activity of call centre employees involves talking and listening. Clearly, excessive talking has the ability to affect both the voice and throat.

Due to the diversity of call centres it is difficult to prescribe how much talking is likely to cause illness or injury.

Call centres where calls (inbound or outbound) are constant are likely to cause more voice strain than a call centre where calls are less frequent or involve other administrative duties. Long scripts or scripts without pauses are more likely to be a hazard than short scripts which include pauses.

Other factors that influence voice strain include:

- How repetitive the talking is
- Stress levels (eg. responding to aggressive customers)
- Availability and access to drinking water

Good practices which lessen the risk of vocal fatigue include:

- Providing regular voice breaks (on average, at least 5 minutes of non-vocal time per hour. At high volume call centres or where the work is very repetitive, more non-vocal time may need to be arranged)
- Providing easy access to drinking water
- Providing ability to pre-record your introduction (eg. The 'Welcome to the call centre my name is….' and other frequently requested information such as opening hours, website address, fax number)
- Providing telephony systems which include pauses in between calls
- Writing scripts that include pauses within them and in between each call
- Minimising background noise so that voice levels do not need to be raised
- Testing of background noise levels
- Providing volume controls on the headset so that the voice does not need to be raised
- Developing reasonable call targets so that voice overuse is not encouraged (eg. meeting targets should not require skipping pauses in between calls)
- Ensuring that calls are rotated, to prevent calls being received at a single station

19.2   Water/Dehydration

To avoid dehydration, call centre employees should have close access to clean drinking water at all times.

20   Work Organisation

20.1   Organisational demands

Unrealistic demands on call centre management are likely to lead to unrealistic demands on call centre employees. All parts of the organisation should be made aware of the capabilities and limitations of the call centre. Where a request is beyond the current capabilities of the call centre it may be necessary to adjust requirements and resources.

Example

The marketing department wants the call centre to call all customers within one week. Without adequate staffing the request is likely to cause unacceptable strain and stress on call centre employees. More staff are employed or the request is delayed until a quieter period.

20.2   Targets

Unreasonable targets are likely to cause stress and anxiety.

Control measures include setting targets which:

● Are developed in consultation and agreement with staff
● Are realistic
● Allow for system errors
● Allow for healthy work practices (eg. getting water to stay hydrated)
● Are consistent

20.3   Breaks, Rest Breaks and Toilet Breaks

The intensity of work in call centres requires that regular rest breaks away from the telephone are essential to protect the health of employees.

Work should be organised so that call centre employees have at least five minutes of each hour in which they do not operate phones and are away from their workstations. In particularly repetitive and high volume call centres it may be necessary to have more frequent breaks from taking calls.

Call centre employees must have easy access to toilets, particularly due to the necessity of drinking plenty of water to stay hydrated.

20.4   Rostering and Flexibility

Rostering

Flexibility in rostering can assist in a harmonious workplace environment by:

● Ensuring there are sufficient call centre employees to match the number and type of calls (as closely as possible)
● Ensuring there are sufficient call centre employees to allow for adequate breaks and flexibility
● Helping employees to manage competing work and life pressures

Flexibility

A lack of flexibility in regards to hours, leave or other personal requirements may increase the likelihood of creating a rigid and stressful working environment.

Good practice includes:

● Consulting with staff in the development of rosters and making roster changes
● Procedures that enable shifts to be swapped
● The ability to access leave entitlements when required
● The ability to change hours in an emergency

Transparency in rostering

A lack of transparency in the allocation of work to casual and temporary employees can be a cause of workplace stress. Employees have the right to an explanation on how work is allocated.

20.5 Shifts

Adequate time in between shifts should be ensured so that general fatigue does not exacerbate any risk to the health of call centre employees. Current good practice provides at least 12 hours in between shifts.

Shifts should also be allocated in a fair manner and in such a way as to ensure each employee has two days off in a row in any particular week. Again, this is aimed at avoiding fatigue and burn out. Where there are many short shifts (eg. 3-4 hours) a policy regarding appropriate days off should be developed in consultation with employees.

All shifts should provide for rest breaks. In addition, all shifts of 5 hours or more must provide for a meal break.

20.6 Performance Appraisals

Objective, consistent and well conducted performance appraisals are more likely to be effective, be accepted by staff and result in a positive learning experience.

Performance appraisals need to be:

- Based on measures that have been developed and agreed to with call centre employees
- Documented
- Fair
- Consistent
- Constructive
- Give regard to quality and quantity
- Conducted by people trained in the objective, appropriate and ethical use of appraisal and feedback systems

20.7 Training

A lack of information or skills can lead to occupational stress. Adequate training should be provided to all call centre employees to enable them to complete each call in a competent manner.

Adequate and appropriate training needs to be provided in the use and maintenance of new equipment or systems introduced into the call centre before staff are expected to meet work demands or productivity levels.

20.8 The role of Team Leaders

Team Leaders and Supervisors play a key role in developing the culture of a call centre. Team Leaders should be given training in managing a team and have appropriate people skills for the role. Team leaders who do not have the appropriate skills are more likely to contribute to workplace stress.

Team Leaders should ensure:

- Consultative processes are in place and are effective
- All members of their team are treated fairly and in a consistent manner
- Feedback is constructive
- Their own manner is supportive
- Their own behaviour does not contribute to workplace stress

20.9 Work Control

The amount of control call centre employees have over their job has been recognised as a decisive factor in the development of work related stress. Jobs with high demands and low control most often result in stress.

Good practice includes:

- Developing a consultative culture where changes and decisions are made with the genuine consultation of call centre employees
- Call centre employees being able to log out of the phone system when they need to
- Call centre employees having control over their workload wherever possible
- Redesigning work to incorporate greater individual control

20.10 Work Ethics

Being required to lie to customers can cause ethical dilemmas and unnecessary stress. This can occur in contract call centres where the call centre employee may be representing two or more organisations.

Good practice includes:

- Using appropriate scripting such as 'I'm calling on behalf of…'
- Allowing the call centre employee some flexibility in wording their greeting
- Providing relevant contacts or other pertinent information to the employee about the business on whose behalf they are performing call centre work

21 Manual tasks in the Call Centre Industry

Call centre workers may be exposed to the risk of musculoskeletal injury (e.g. soft tissue injuries to the neck, shoulders, back, wrists and hands) as a result of awkward, static and or repetitive working postures.

21.1 Working Postures

Awkward postures are those in which parts of the body are not in their neutral position. Neutral positions include the trunk and head upright, arms by the side of the body, forearms hanging straight or at a right angle to the upper arm and the hand in a handshake position.

Awkward postures are not necessarily harmful in all circumstances. However, they can cause damage to the muscles and other tissues in combination with:

- A static posture that is maintained for a long period of time
- Combined awkward postures such as the back being bent and twisted (e.g. when a worker is seated and reaching for a low desk drawer at a computer workstation)
- Repetitive actions that:

    - Increase wear and tear (eg. repeatedly reaching for a button or handset to answer a phone call)
    - Involve small muscles, such as the hand, because small muscles fatigue sooner (eg. data entry onto computer during and after customer phone calls)

21.2 Repetition and Duration

Repetition refers to the repeated performance of similar work tasks (or work cycles) involving the same body actions and the same muscles being used continuously. An obvious example is the keyboard data entry performed each time a phone call is answered in a call centre.

You may wish to define a work cycle in your call centre as the length of time between answering and completing a phone call, any post-call administrative duties and waiting time for the next call.

An example of repetitive work would be:

- Conducting calls of an average duration of 30 seconds over a continuous period
- Performing computer data entry with each call/transaction

Repetitive movement reduces the rest and recovery time and may result in increased 'wear and tear' of body tissues and greater potential for muscle fatigue. This may then be followed by an inflammatory response and tissue damage.

Work is considered repetitive when:

- The duration of the work cycle is less than 30 seconds and the work is performed continuously for a minimum of 30 minutes and/or
- A fundamental activity is repeated for more than 50% of the work cycle time (eg. when entering data into the computer during a phone call assuming the data entry activity is being performed for more than 50% of the work cycle)

Duration refers to the length of time a worker is exposed to a risk factor such as repetitive movement or awkward posture. The duration of the task can have a substantial effect on the likelihood of both general and muscle fatigue. Where highly repetitive work is performed for more than two hours at a time, it is considered to be of high duration and should be considered for control measures.

21.3 Workstation Design

Workstation Design comprises all components of the workplace – including all work surfaces, materials and equipment – used by the worker in the performance of their particular job.

The relationship between these different components and their position in relation to the worker are important because of their effect upon working postures. Relevant factors include:

- The amount of reaching, bending or twisting required
- The height at which a task is performed, which may encourage the worker to have their neck and back bent and shoulders and arms raised too high
- Static postures, in particular, those affecting the back, neck and shoulders
- Visual access (including the effect of lighting, glare and reflection) which encourages the worker to bend or twist their neck and/or back to see the task properly

In a well-designed work area it is not necessary to reach across large distances. For most of the time, the worker is upright with their shoulders in a natural position (i.e. not elevated) and their upper arms close to their trunk.

It is important for employees to have sufficient time prior to their daily work commencing to make adjustments to their workstations.

21.4 Work Organisation

The way in which work is organised in the call centre can intensify the demands placed upon a worker in the performance of their tasks. Workplace health and safety can be adversely affected by, for example:

- An increase in the duration of exposure
- An increase in the frequency of a task being performed (particularly detrimental when the task is repetitive)
- A reduction in recovery time

Depending on how they are implemented, some organisational factors that may contribute detrimentally include:

- Staffing levels – too few/too many workers for the demands of the workload
- Pace of work and bonus schemes – if excessive demands are made on workers it can increase muscle tension and reduce functional capacity
- Lack of variability of tasks – the absence of changes in posture and the chance for recovery increases the load on muscles and tendons
- Inadequate rest breaks – contribute to fatigue and overexertion by not allowing enough time between activities (possibly leading to permanent soft tissue injury over time)

21.5 Individual factors

Factors that can increase the likelihood of an individual experiencing health and safety problems include:

- Lack of skills and experience
- Not being accustomed to doing the work
- Lack of job satisfaction

21.6 Work Related Musculoskeletal Disorders

Work Related Musculoskeletal Disorders are a large group of common conditions, which can involve muscles, ligaments, connective tissue, bones, cartilage and joints.

Work Related Musculoskeletal Disorders (WRMSDs) have been identified as a potential risk associated with computer screen work. As call centre employees often use computer screens intensively and often have less opportunity to take breaks from using the computer through a change in activity, they may be at a higher risk of experiencing WRMSDs.

Neck and shoulder disorders may be caused by workstations not being set up for the individual body size of the employee or for the length of time they are required to stay at their workstations. Problems include, for example, a keyboard, mouse or monitor at an incorrect height and/or distance from the body, resulting in awkward postures of the employee's neck and shoulders. Poor postures combined with long periods of limited movement can lead to discomfort due to limited blood flow through the muscles.

Hand & Wrist disorders including tendon and nerve disorders such as carpal tunnel syndrome, can be caused by repetitive keyboard use over long periods. The risk of hand and wrist problems can be exacerbated by keyboard use in cold environments, and when the hands and wrists are in awkward postures.

Back pain can be linked to employees sitting for prolonged periods with little opportunity to vary their postures. Even with good chair design, prolonged sitting can lead to back pain.

Problems caused by static posture may be associated with poor blood circulation to the back and legs.

Problems caused by prolonged sitting are increased by twisting or bending the back while sitting, or using a chair that does not fully support the body.

Good practice includes:

- Consulting employees on the purchase and design of workstations
- Using fully adjustable furniture & equipment (chairs, desks, computer monitor)
- Providing footrests where indicated by ergonomic assessment
- Providing training and regular updates on how to correctly adjust furniture & equipment to the individual needs
- Allowing time at the start of each shift for each workstation to be adjusted to suit the individual
- Scheduling regular breaks
- Where possible providing employees with some variation in duties (such as administrative duties)
- Using workstations that allow employees to alternate between standing and sitting whilst they are talking (although assessment as to any increase in background noise and disruption to other staff needs to be considered)
- Encouraging short breaks away from the workstation (to get water, toilet breaks, stretching etc.)

21.7 Hot-desking

Hot-desking involves the employee regularly changing workstations, sometimes on a shift-by-shift basis. Hot-desking may cause problems due to a mismatch with the employee, their furniture and equipment and due to the possible increased risk of the spread of disease.

Each time the employee is given a new workstation, the workstation needs to be correctly adjusted to suit that employee and all equipment (eg. keyboard, mouse, headset, phone pad) needs to be regularly cleaned.

Ideally, hotdesking should be minimised wherever possible.

Where elimination of hot-desking is not possible, good practice includes:

- Hygienically cleaning workstations between use
- Allowing work time for the correct adjusting of the workstation (employees should not be expected to adjust workstations in their own time)
- Providing training on correctly adjusting the workstation
- Providing assistance with adjusting the workstation where required
- Developing targets which allow for adjusting and cleaning of workstations
- Explaining any changes to emergency procedures due to a workstation change (eg. location of nearest fire exit).

In addition to the controls above, some call centres have developed policies that lessen the problems of hotdesking. These have included the ability to personalise the workstation and attend regular team meetings or briefings.

22   Health and Safety Inductions

On commencement of employment, all employees (including management staff) should attend a workplace induction that contains a Occupational Health and Safety component. The induction should be developed in consultation with the Health and Safety Representatives and the Health and Safety Committee.

The health and safety induction must include:

- Identification of Health and Safety Representatives and Employer representatives for the Designated Work Groups, in accordance with the Issue Resolution Regulations
- An explanation of reporting and recording procedures for hazards and/or injuries
- An explanation of consultative mechanisms in the workplace
- An explanation of the value in every employee playing an active role in creating a safe and healthy working environment
- An explanation of any potential illnesses and injuries
- Training on how to use equipment and furniture to avoid injury or illness
- Training on emergency procedures
- Providing the company Occupational Health and Safety Policy
- Any safety systems or programs in place
- Manual handling training where appropriate

Many call centres utilise a buddy or mentor system. This system involves experienced staff individually supporting new starters until they have reached a sufficient competency level. This is likely to reduce stress felt by new call centre employees.

Ongoing training to improve existing skills and learn new skills may also contribute to improved morale within call centres.

Elected Health and Safety Representatives have a specific entitlement under section 31(2)(d) of the Occupational Health and Safety Act 1985 to have paid time off during working hours to participate in approved Occupational Health and Safety Training.

Regular audits should be conducted to determine the quality and relevance of training in workplace Occupational Health and Safety Procedures.

Each organisation should identify its specific training needs and involve all levels of management (including middle manager and managers) in Occupational Health and Safety Training.

23   Facilities

23.1   Emergency Procedures

Emergency procedures must be explained at induction to each employee on commencement of employment. Emergency procedures must also be placed in an obvious position within the call centre and include the names of fire wardens and evacuation plans and assembly locations.

Fire drills must be conducted regularly, particularly where there is a high turnover of employees. Fire drills must also involve all employees.

Procedures for bomb threats should also be included in induction training.

23.2   First Aid

Call centre employers should:

● Complete a risk assessment to evaluate their first aid needs
● Make available and maintain first aid kits
● Provide access to first aid training to adequate numbers of staff to cover all shifts.

A Code of Practice for First Aid in the Workplace provides practical guidance on the provision of first aid facilities. The code is available from Information Victoria or from www.workcover.vic.gov.au

23.3   Rest Area

An appropriate rest area should provide a genuine rest from the call centre.

Rest areas in call centres are needed, as call centres are often noisy and stressful workplaces. The call centre environment often includes equipment that may increase stress levels (such as flashing call queue signs). In addition, call centre workers may experience stress symptoms such as headaches or experience short-term visual and vocal fatigue. Call centre workers may also need access to a rest area following an abusive call or where they have experienced sudden shrieks on the phone line.

The rest area must:

● Be easily accessible for call centre workers
● Be large enough for the number of people working at the call centre
● Be conducive to relaxation (comfortable furniture)
● Include access to clean drinking water
● Be free from excessive noise
● Have clean toilet facilities within close proximity

24 Bullying in the Workplace

Workplace Bullying

Workplace bullying is the repeated, unreasonable behaviour directed toward an employee, or group of employees, that creates a risk to health and safety.

Bullying may include repeated behaviour that humiliates, degrades and/or isolates an employee or group of employees.

Example

The team that takes the most calls in a month receives a free team lunch. Team A looks set to win except one member is a little slower than the rest and is bringing the team average down. The rest of the team teases the team member with derogatory names and constantly threatens to throw the member out of their team.

The Team Leader quickly realises what is happening and acts promptly to resolve the situation.

A Guidance Note on the Prevention of Bullying and Violence at Work is available from Information Victoria or at www.workcover.vic.gov.au

25 Other Legislation

Equal Opportunity

Equal Opportunity (EO) means that all employees have equal access to the opportunities that are available at work. This means all employees are treated with fairness and respect in that they are not subject to discrimination or harassment in the workplace.

An Equal Opportunity Policy should be developed in consultation with the call centre employees.

Workplace policies on Bullying and Equal Opportunity should include:

- An outline of the organisation's standards of workplace behaviour
- A statement that makes clear that bullying, harassment and discrimination will not be tolerated
- Procedures for reporting bullying, harassment and discrimination

Further Resources

This guide was produced by the Australian Services Union (ASU), Victorian Private Sector Branch.

The ASU can be contacted on:

Phone: 9320 6700
E-mail: info@asuvic.org
Web: www.asuvic.org

Other contacts

Worksafe Victoria

Phone: 9641 1444 or 1800 136 089
E-mail: info@workcover.vic.gov.au
Web: www.workcover.vic.gov.au

The Australian Council of Trade Unions

For advice on which union covers your call centre:

Phone: 1300 362 223
E-mail: mailbox@actu.asn.au
Web: www.actu.asn.au

Includes publications:

ACTU Guidelines for Screen Based Work
ACTU Headset Safety Kit
ACTU Call Centre Minimum Standards Code

Victorian Trades Hall Council

Useful website for health & safety representatives:

www.ohsrep.org.au

Publications

The following publications are available from:

Victorian Workcover Authority
www.workcover.vic.gov.au; and

Information Victoria
356 Collins St, Melbourne, Victoria, 3000.
www.information.victoria.com.au
Phone: 1300 366 356

Occupational Health & Safety Act (1985)
Victorian Workcover Authority

Officewise- A Guide to Health and Safety in the Office
Worksafe Victoria
Victorian Workcover Authority

Prevention of Bullying and Violence at Work
Guidance Note
Worksafe Victoria
Victorian Workcover Authority

First Aid in the Workplace
Code of Practice
Worksafe Victoria
Victorian Workcover Authority

Use of Fitness Balls as a Chair
Guidance Note
Worksafe Victoria
Victorian Workcover Authority

Manual Handling
Code of Practice
No. 25, 20 April 2000
Victorian Workcover Authority

Occupational Health and Safety (Issue Resolution) Regulations 1999
Worksafe Victoria
Victorian Workcover Authority

Guide to the Occupational Health and Safety Act
Worksafe Victoria
Victorian Workcover Authority

Appendix A – Sample Health and Safety Policy

Part 1 – Objectives

Providing and maintaining so far as is practicable a working environment which is safe and without risks to the health of employees.

This includes the provision of:

- Safe environment, furniture and equipment
- Adequate facilities
- Training and supervision
- Information and instruction
- Safe systems of work

_____ is committed to promoting and maintaining an environment that is responsive to the health and safety of staff. We will encourage a consultative and co-operative approach between employees and management on OHS issues including the establishment of Health and Safety Representatives. _____ recognises the importance of the Health and Safety Representative's role in ensuring a safe and healthy workplace.

Part 2 – Employer responsibilities

As an employer _____ has responsibility for ensuring that the policy objectives are fulfilled and that necessary resources are provided for implementation.

Under the responsibilities of _____ we will:

- Display in a prominent place, the composition and names of staff in each Designated Work Group as well as the names of each Health and Safety Representative

- Co-operate in all matters relating to the function of the Health and Safety Representative, prescribed in section 31 of the Occupational Health and Safety Act 1985

- Resolve Occupational Health and Safety Issues by consulting with Health and Safety Representatives and Employees and utilising the issue resolution procedure as outlined in the Victorian Occupational Health and Safety Act 1985.

Part 3 – Health and Safety Representatives (HSR's)

Health and Safety Representatives will be afforded all the rights under the Occupational Health and Safety Act 1985 to perform their role. This includes:

- Providing elected Health and Safety Representatives with time off during normal working hours to perform their duties as stipulated in section 31 of the Occupational Health and Safety Act 1985 as well as attend training courses and meetings of the Occupational Health and Safety Committee, if established

- Paid time off during normal working hours to participate in accredited Health and Safety Training

- Access to facilities and amenities to perform their functions and duties

- Conducting workplace inspections and talk to workers in their Designated Work Group in the course of inspecting the workplace

- Attending any meeting between the employer or their representatives and any employee so long as the employee involved agrees

Please note: The policy could include sections on the following:

- Issue Resolution
- Bullying
- Manual Handling
- Occupational stress

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Appendix B - Characteristics of a Call Centre

Hot – desking

Hot-desking is where workers are not allocated a specific computer workstation, but use whichever workstation is available or allocated during the shift. To equip the workstation, workers are provided with mobile drawers and equipment for work and personal purposes.

Performance monitoring and targets

Performance monitoring in a call centre environment can be either of a quantitative or a qualitative nature. Monitoring can take place at an individual, team or entire call centre level. There are two main types of monitoring techniques:

1. Electronic Performance Monitoring (EPM): Uses technology to monitor and record minute-by-minute details of work. This allows the employer to identify specifically the amount of time spent on all aspects of work.
2. Audible monitoring: Involves call centre supervisors listening to the workers' telephone conversations with clients.

The extent and use of such performance management techniques varies depending on the call centre management techniques adopted and the type of work conducted. The information gained, known as 'key performance indicators' (KPI's) or call centre statistics, then act as a tool for assessing the performance of the call centre. Commonly used KPI's include 'abandoned call rate' and 'average speed of answer' and, often, for each statistic, call handlers are required to achieve set targets. These targets are often accompanied by incentive or reward systems

Performance appraisal systems

Closely linked to performance monitoring, performance appraisals or performance monitoring feedback is common in the call centre industry. Conducted at regular intervals (eg. three monthly) it may involve the grading and scoring of workers on numerous work-related categories. The type and nature of the grading scale is often developed and implemented by the call centre supervisors or team leaders. Performance appraisal systems are often used in establishing bonuses and performance pay rises.

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Task Variation

Call Centre work has little variation and usually requires the worker to use their computer workstation and telephone for all job functions. Generally, it is unnecessary for workers to leave their workstation except during designated breaks.

Limited Autonomy

Designed to optimise worker numbers and accommodate peaks and troughs in customer demand, rostering systems in many call centres are staggered and regimented. This can leave little flexibility regarding start and finish times. Forecasting staff numbers and rostering is often based on performance monitoring statistics i.e. average length of calls and number of calls received per day. However, in some instances, this does not allow for potential and unforseen fluctuations and variations in call lengths and frequencies. For example, lonely or problem customers or a sudden increase in incoming calls (such as calls to an electrical company during power outages) may require more flexible rostering.

Most often, the number of incoming calls dictates workloads and pace. In some instances calls are not actively answered. Rather, calls are automatically 'dropped in' to the operator's phone line each time a call is completed. Furthermore, calls are often scripted with procedures in place as to how each call should be handled.

Headset use

Headsets are commonly used throughout call centres.

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Appendix C: Obligations of call centre employers

Case Study

Company H decides to outsource its call centre as it is becoming too large to manage as part of the entire organisation. They decide to outsource the management and operation of the call centre to an employment and recruiting agency, company L. Company H provides the office space and equipment and sets the call centre performance targets. Company L is responsible for the recruiting, training, delegating and supervising of workers in the call centre.

What are the respective obligations of company L and Company H with respect to workplace health and safety legislation?

Both companies should ensure that each is familiar with:

- The Occupational Health and Safety Act 1985, regulations and associated legislation applicable to the type of work to be performed by call centre workers, including contract workers
- Their respective workplace health and safety obligations, as well as being able to discharge them.

Each company should ensure that:

- It has systems and processes in place to prevent and minimise the exposure of contract workers to the risk of death, injury or illness caused by the workplace of the host employer (Company H) including specified high-risk plant or workplace activities
- The host employer (Company H) has provided for the appointment of a suitably qualified person to assist in managing workplace health and safety where the contract worker is working for the host employer
- It has in place systems and processes to manage health and safety which are capable of:
    - Identifying workplace hazards
    - Assessing risks that may result because of the hazards
    - Deciding on control measures to prevent, or minimise the level of risk
    - Implementing control measures
    - Monitoring and reviewing the effectiveness of the measures
    - Ensuring workers are given such instruction and training as is required by legislation.

Company L (labour hire organisation) has obligations relating to methods of work and management techniques. For example, training in the safe use and operation of call centre equipment.

Company H (host employer) has obligations relating to the management of risks associated with call centre equipment, premises and associated hazards. These could include appropriate ergonomic office equipment, emergency evacuation procedures, and allocation of financial and human resources to meet work demands.

Appendix D – Checklist

Details

Name: _____

Position within company: _____

Date: _____

Designated Work Group: _____

Use this checklist to identify the systems required to achieve a high standard of practice in your call centre.

Consultation and Issue Resolution

	Yes	No	Action Required	By When	By Whom
Are workers consulted in identifying hazards, assessing risks and developing control measures?					
Are workers consulted when changes to the work environment, work processes, work organisation or work systems occur?					
In the case of a dispute, is there an Issue Resolution Process by which issues are addressed in an appropriate and timely manner?					
Can workers participate in the process without feeling intimidated?					

Designated Work Groups, Health and Safety Representatives and the Health and Safety Committee

	Yes	No	Action Required	By When	By Whom
Are there Designated Work Groups to represent groups of workers?					
Are employees represented by an elected Health and Safety Representative?					
Does the elected Health and Safety Representative have time off from normal duties to perform all facets of their health and safety role (such as conducting inspections)?					
Are your Health and Safety Representatives given access to non-personal information on the health and safety of employees?					
Do the Health and Safety Representatives have access to paid training leave to attend accredited health and safety training?					
Are the Health and Safety Representatives available to all members of their Designated Work Group on a regular basis?					
Is there a Health and Safety Committee?					
Does your Health and Safety Committee hold meetings at least once every three months?					

	Yes	No	Action Required	By When	By Whom
Are the meeting times and meeting location of the committee and the minutes of the previous meetings advertised in a prominent place?					
Are there at least as many employee members as management members on your Occupational Health and Safety Committee?					
Does the committee size reflect employee numbers and the complexity and demographics of the workforce?					

Hazard Identification, Risk Assessment, Risk Control, Reporting and Recording of Health and Safety Incidents

	Yes	No	Action Required	By When	By Whom
Are there clear and easy reporting procedures for identifying hazards?					
Are workers advised of the existance of identified hazards?					
Are there updates provided on the status of any identified hazards?					
Does the risk assessment include: ● The duration and frequency of exposure to the hazard ● Outcomes of the exposure ● Possible and effective risk control measures?					

	Yes	No	Action Required	By When	By Whom
Are control measures put in place?					
Are records in relation to employees' health and safety reviewed on a regular basis?					
Are records of the health and safety of employees made available to Health and Safety Representatives upon request?					

Health and Safety Policy and Inductions

	Yes	No	Action Required	By When	By Whom
Is the Health and Safety Policy distributed around the call centre?					
Were Health and Safety Representatives or staff consulted in the development of the Health and Safety Policy?					
Do all staff receive health and safety inductions?					
Are the health and safety inductions developed in consultation with the Health and Safety Representatives?					

	Yes	No	Action Required	By When	By Whom
Does the Health and Safety Induction include: ● Identification of Health and Safety Representatives and employer reps for each Designated Work Group ● An explanation of reporting and recording procedures for hazards and/or injuries ● An explanation of the consultative mechanisms in the workplace ● An explanation of the value in every employee playing an active role in creating a safe and healthy workplace?					
Is there training on how to set up and use furniture and equipment?					

Abusive/Aggressive Calls, Call Monitoring, Targets and Performance Appraisals

	Yes	No	Action Required	By When	By Whom
Are the reasons for the abusive calls addressed regularly?					
Are procedures and guidelines on reporting abusive calls and the right to terminate a call available?					
Is there an opportunity to debrief immediately after an abusive or aggressive call?					
Is there an opportunity to have a rest period directly following abusive or aggressive calls?					

	Yes	No	Action Required	By When	By Whom
Is there an opportunity to be provided with alternative duties where necessary or possible when faced with a large number of aggressive or abusive callers?					
Are customers or clients provided with clear guidelines against verbal abuse when using the call centre?					
Are call monitoring policies developed in consultation with employees?					
Is call monitoring only used for coaching and development purposes?					
Are employees advised when call monitoring is about to occur?					
Are employees provided with a choice as to how and when the call monitoring occurs?					
Does call monitoring measure quality as well as quantity?					
Is feedback provided shortly after the call being monitored?					
Is feedback provided with regard to employees' privacy?					
Work targets determined in consultation with staff?					
Do work targets allow for errors in systems (such as computer systems) to occur?					

	Yes	No	Action Required	By When	By Whom
Do targets allow for healthy and safe work practices, such as time off phones to get a drink of water?					
Do targets allow for differing capabilities?					
Are the targets set implemented consistently?					
Have performance appraisals been developed in consultation with call centre employees?					
Are performance appraisal methods documented?					
Are the performance appraisals fair, consistent and constructive?					
Do the performance appraisals give regard to both quality and quantity?					
Are the performance appraisals conducted by people trained in the objective, appropriate and ethical use of appraisal and feedback systems?					

Environment Design and Maintenance, Air Quality, Temperature and Carpets

	Yes	No	Action Required	By When	By Whom
Are employees consulted on the workplace design?					
Is the workplace design good for employees' health and safety (eg. good lighting)?					
Are temperature levels comfortable?					
Is air temperature and quality checked and adjusted when requested by employees?					
Are carpets well maintained without rips and tears?					

Hearing, Background Noise, Microphone Positioning and Speech

	Yes	No	Action Required	By When	By Whom
Are all employees and management trained in the identification and symptoms of acoustic shock and what steps to follow in the event of an acoustic shock?					
Are there clear policies and procedures for the identification and removal of faulty headsets?					

	Yes	No	Action Required	By When	By Whom
Are Health and Safety Representatives consulted regarding procedures to prevent acoustic shock incidents?					
Does the reporting and recording of acoustic shock incidents occur?					
Is support, a rest, or non-phone based work provided if necessary for employees affected by acoustic shock?					
Are photocopiers and facsimilies kept separate from the call centre?					
Is adequate sound partitioning provided?					
Is instruction provided on microphone positioning?					
Are regular voice breaks provided (at least 5 mins of non-call time per hour)?					
Is there easy access to drinking water?					
Does your telephony system include pauses between calls?					
Does the written script provided to the call centre employee include a pause within and between each call?					
Is background noise low enough to avoid the need to raise the voice during a call?					
Are reasonable quantitative performance targets set so that voice overuse is not encouraged?					

General Hygiene, Headset Safety and Infection Control

	Yes	No	Action Required	By When	By Whom
Is all equipment (keyboard, phone, desk) clean at all times?					
Are staff provided with cleaning wipes for cleaning headsets on a regular basis?					
Are workstations and the surrounding work areas kept regularly clean?					
Are all employees trained on infection control, headset use and the regular cleaning and maintenance of headsets?					

Work Organisation

	Yes	No	Action Required	By When	By Whom
Are employees consulted wherever possible regarding ways to lessen stress?					
Are there adequate staffing levels to prevent the incidence of stress?					
Is adequate training provided for staff to feel confident in their job role?					
Is there a positive culture where employees' opinions are valued?					
Are workload demands realistic?					
Are realistic performance targets set for employees?					

	Yes	No	Action Required	By When	By Whom
Is sufficient support provided to all employees?					
Are all team leaders and managers trained in identifying signs of stress?					
Are team leaders trained in communicating and managing a team?					
Do the team leaders provide constructive and supportive feedback?					
Are employees able to log out of the phone system when they need to?					

Visual Environment

	Yes	No	Action Required	By When	By Whom
Can employees adjust computer screen brightness and contrast settings for visual comfort?					
Are computer screens free from glare and reflection?					
Is all reference material placed in a comfortable position for viewing?					
Is all printed text in an adequate font type for comfortable reading (at least font size 12)?					
Are there display screen reminders to prompt call handlers to look away and focus on a distant object?					
Are you provided with changes in activity to help avoid visual fatigue?					

Breaks, Rostering, Flexibility and Shifts

	Yes	No	Action Required	By When	By Whom
Are there regular rest breaks away from the telephone to protect the health of employees?					
Are there sufficient numbers of staff available to match the traffic of calls and allow for adequate breaks?					
Are there sufficient numbers of staff to allow for adequate breaks and flexibility?					
Are employees consulted regarding rosters and roster changes?					
Do rosters allow employees to balance competing work and life pressures?					
Do employees have the ability to access annual leave entitlements when required?					
Do employees have the ability to change hours in an emergency?					
Is there at least 12 hours break in between shifts?					
Are shifts designed in such a way that allows for two days off in a row in any particular week in the case of full time employees?					
Is there a meal break of at least 30 minutes within a shift of at least 5 hours?					

Ethics

	Yes	No	Action Required	By When	By Whom
Is appropriate scripting such as "I'm calling on behalf of..." used?					
Are employees allowed to word their greeting in a manner they are comfortable with?					
Are employees provided with relevant information about the business they are performing call centre work on behalf of?					

Manual Tasks, Prevention of Musculoskeletal Disorders and Hot-desking

	Yes	No	Action Required	By When	By Whom
Is furniture easily adjustable to a range of users?					
Is the equipment used suitable to the tasks performed in the job role?					
Are all employees trained to set up and fit each workstation to the individual body size?					
Are keyboards set up to ensure minimal stress and strain to hands and wrists?					
Where necessary are footrests provided?					
Are training and regular updates provided on how to correctly adjust furniture and equipment to individual needs?					

	Yes	No	Action Required	By When	By Whom
Is sufficient time provided to adjust the workstation to individual requirements?					
Are employees provided with some variation of duties?					
Can employees alternate between standing and sitting whilst they are talking?					
Are short breaks away from the workstation encouraged?					
Is assistance provided with adjusting the workstation when required?					
Are staff informed of changes to emergency procedures (eg. access to fire exits) due to workstation change?					

Emergency Procedures and First Aid

	Yes	No	Action Required	By When	By Whom
Are emergency procedures placed in an obvious position and include the names of fire wardens, evacuation plans and assembly locations?					
Are fire drills conducted regularly?					
Do the fire drills involve all the employees?					
Has a risk assessment to evaluate first aid needs been completed?					
Are first aid kits available and maintained?					
Is access provided in first aid training to adequate numbers of staff to cover all shifts?					

Facilities

	Yes	No	Action Required	By When	By Whom
Is there an area where rest breaks can be taken from the call centre environment?					
Is the rest area easily accessible to call centre workers?					
Is the rest area large enough for the number of staff working in the call centre?					
Is the rest area conducive to relaxation and contains comfortable furniture?					

	Yes	No	Action Required	By When	By Whom
Does the rest area include access to clean drinking water?					
Is the rest area free from excessive noise?					
Are there clean toilet facilities within close proximity?					

Workplace Bullying and Equal Opportunity

	Yes	No	Action Required	By When	By Whom
Is there a policy on workplace bullying and equal opportunity with clearly set out procedures?					
Does the policy on workplace bullying and equal opportunity include an outline of the organisations's standards for workplace behaviour?					
Does the policy include a statement that makes clear that bullying, harassment and discrimination will not be tolerated?					
Is the Workplace Bullying and Equal Opportunity Policy drawn up in consultation with call centre employees?					
Does the Equal Opportunity Policy ensure that all employees are treated with fairness and respect in that they are not subject to discrimination or harassment in the workplace?					

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