

ERGONOMIC POLICY GUIDE FOR OFFICE OPERATIONS -10/2001

HOW TO USE THIS GUIDE

The components that are fundamental to an Ergonomic Program are marked [BASIC]. Ensure that these [BASIC] aspects are included in designing your own policy. The [OPTIONAL] designation denotes elements that should be considered to enhance the comprehensiveness of your program.

INTRODUCTION

*Soft tissue injuries are the leading cause and cost of work related injuries. The controversial OSHA Ergonomic Standard will probably not be seriously revisited for some time. In the interim, musculoskeletal disorders must continue to be recorded on your OSHA 200 (soon to be OSHA 300) Log. They can also develop into workers' compensation claims. It is unlikely to receive citations for recognizable and unabated ergonomic hazards. Inspectors prefer more typical, traditional, non-disputable citations, like electrical safety or chemical labeling. Nonetheless, **Ergonomic Programs can be reviewed during an OSHA inspection. It is also the key to the practical management of those types of injuries and containing their substantial costs.***

A. MISSION STATEMENT [BASIC]

The Management of _____ is committed to providing excellence in customer and operational services. Optimal ergonomics is an integral part of overall operational performance. The management strives to provide effective leadership in maintaining optimal ergonomic conditions for our staff. Optimal ergonomics and quality are organization priorities. Refer to our Health & Safety Policy for an overview of all the elements in the health and safety management system as they apply to this Ergonomic Policy.

B. ERGONOMIC RESPONSIBILITIES & ACCOUNTABILITY [BASIC]

Supervisors and managers are responsible for providing adequate job specific training, counseling, positive feedback, and supervision to employees in order to *ensure that the proper protocols and equipment are consistently followed and used*. Staff are expected to follow established work procedures and equipment designed to optimize ergonomics. All staff and management are responsible for remaining conscious of, practicing, and ensuring good ergonomic practices.

Employees are encouraged to relay concerns and suggestions on ergonomic hazards or improvements. Supervisors and managers must respond to these concerns in a positive manner. Supervisors shall ensure that the message is channeled to the Safety Committee, or Management, if necessary. Supervisors and/or the Safety Committee shall explore the potential of the hazard or viability of the suggestion, and take measures to implement the change, or explain to the employee initiating the concern or suggestion, why it is not implemented.

[OPTIONAL] Ergonomic performance is part of the safety performance section of the overall annual evaluation. Ergonomic performance is expected and evaluated like other performance

criteria on the annual evaluation, i.e. conduct, hygiene, attendance, timely and proper task completion, etc. and the consistency of these activities. (*See Incentive Program Section*).

C. ERGONOMIC COMMITTEE/SAFETY COMMITTEE [BASIC, if larger entity]

There is an Ergonomic Committee chaired by (Name)_____, (Title)_____. It is responsible for the elements of this Ergonomic Program and reports their findings and activities to the hotel Safety Committee. It may require approval from the Safety Committee to embark on certain abatement or special assessment activities. It meets at a frequency of _____ times a _____. The Ergonomic Committee is under the direction of the general Safety Committee. The Safety Committee reports to the Chief Executive on a regular basis. Good communication between these two groups is essential to the success of the overall Health & Safety Program.

OR

These responsibilities can be usurped directly by the Safety Committee. The Committee is chaired by (Name)_____ (Title)_____. The Safety Committee implements this Ergonomic Program instead of delegating to an Ergonomic Subcommittee. It meets at a frequency of _____ times a _____.

The Ergonomic Committee is responsible for implementing the elements of this policy, including: assessing ergonomic hazards through data review, worksite analysis, equipment reviews and employee feedback; developing abatement methods and implementing them; determining abatement effectiveness; responding to employee complaints or inquiries; and monitoring the effectiveness of the overall Program.

D. DATA REVIEW [BASIC]

A review of the past several years' OSHA 200 Logs and accident/incident records is conducted periodically to quantify and identify trends, frequency, severity, and potential common causes of incidents. This serves to benchmark statistical performance over time, and more importantly, to help prioritize intervention activities based on the existing hazards that appear to contribute to the most frequency, and severity.

Note: The quality of this data review is wholly dependent on the quality of the data collection and accident investigation methods. Incomplete and inaccurate data will undermine this review process. Poor root cause analysis during cursory accident investigations will not bear fruit to effectively identifying real systemic causes of incidents. Ensure that data collection, including accident investigations are thorough, accurate, and in the case of root causes, truly correct and substantive enough.

E. WORKPLACE ANALYSIS OR HAZARD ASSESSMENT [BASIC]

Inspection [BASIC] - Conduct a comprehensive ergonomic inspection of all work stations, work areas, and work procedures, including storage areas, supply rooms, stocking tasks, receiving, offices, kitchens, bathrooms, etc. Review equipment and work practices and protocols for optimal ergonomics. Review logistics, work flow, storage placement of items, lay out, organization of how duties are to be executed and their interplay with different departments, and how they may affect each other, etc.

Interview employees. They are the ultimate users. They are most qualified to determine what parts of the operation poses difficulties, and how best to resolve it with more pragmatic solutions.

Job Description Review [BASIC] -

Review job descriptions for job categories or areas of potential ergonomic risks that may warrant closer supervision, more training and a continuing process for ergonomic improvement. Include the physical demands of the tasks necessary in the job description to ensure that applicants, and physicians who conduct fitness for duty examinations, can make informed judgment about their willingness and ability to do the job, respectively. *(Further assistance in designing ADA compliant job descriptions is available from our office, including a guide on how to design such job descriptions.)*

Near Miss Reporting [OPTIONAL] -

A log of near misses should be kept to include incidents that could have, or almost occurred. This is valuable information on existing hazards that can be acted on before an actual incident is finally produced as a result of it. This information should be pooled with those found through data review of workers' compensation losses, the OSHA 200 Log and incident reports to enhance understanding of existing hazards, their priorities, and realize their potential abatement solutions.

Videotaping [OPTIONAL] -

Videotaping of work in progress and work processes is very common as part of an ergonomic worksite analysis. It allows for repetitious review, self-analysis of postures and habits, freeze frame or frame by frame analysis of any movement or moment throughout a work process. Clearer analysis of actual and potential ergonomic risks can be made. It can also be a useful tool when counseling and/or training employees on the proper work methods.

F. FURNITURE, EQUIPMENT & TOOLS REVIEW [BASIC]

Furniture and equipment should be reviewed periodically, and before purchase to ensure optimal ergonomics for the end users. Adjustments to existing furniture and equipment may be necessary, sometimes replacement may be warranted. The purchase of new furniture, equipment and tools is an opportunity to bring in good ergonomic design and prevent poor work designs. ***Always consult the end users before any major purchase or remodeling.***

Workstations, equipment, lifting devices, dollies, step stools, ladders, hand held tools, furniture, shelving, clothing, lifting space, floor area, etc. should all be assessed for potential risks they may pose to the users, and how their use may be improved. This involves assessing the entire job involved with each task. Review the size, shape, operation, method of use, place of use, transport, storage, etc. Review the placement or installation of shelving, cabinet, drawers, equipment or items, the reach or body contortions necessary to utilize the equipment. Behavior aspects of work habits should be analyzed also. For example, does one department or individual overload certain equipment out of convenience that may pose an ergonomic hazard for another department or person that must deal with it later?

This assessment can be an on-going activity by the Ergonomic Committee. It should begin with the more obvious hazards as seen from incident/injury data and initial suggestions or complaints. As those are mitigated, the Ergonomic Committee can then systematically review other issues, or more persistent issues, over time. Periodic ergonomic reviews, especially for new furniture, equipment and operations, should be on going.

Consult with Qualified Experts [BASIC]

Enlist the help of a health and safety professional well versed in body mechanics, an ergonomist, a GCG health and safety advisor, or a State Insurance Fund field representative, or other such resources and consultants.

Consult with Employees [BASIC]

Consult the employees. They are the ultimate users. Their feedback is very valuable in finding problems and the most convenient answers that will be *operationally pragmatic*. ***Always consult with end users for feedback before purchasing any new furniture, equipment, or making any new changes to a work area or process.*** Too often, consultants are brought in to cope with a problem created by a new change or “improvement” or design flaw. This usually results in make-do ergonomics abatement methods. Meanwhile, such situations could have easily been averted, or truly improved, if management, or the purchaser, had consulted the end users on the operational viability of the new furniture, equipment, logistical design, or product purchased in the first place.

Always ensure that purchased equipment or product is selected not only based on pricing, vendor preference, warranty, service plans, etc., but also on user need, preference, and the potential risk of injuries to end users in the scheme of their *entire* job, not only the equipment, in and of itself. This relatively small investment of time, patience and the cultivation of teamwork pay off greatly in the end. It reduces wasted time and money, the likelihood of injury, or having to live with a problem or sub-optimal design, while increasing morale and productivity.

G. HAZARD ABATEMENT [BASIC]

Interdisciplinary abatement methods or solutions will be developed to include consideration of better: planning; organization; cooperation; communication; budgeting; personnel; assigned responsibilities; adequate expertise and authority; means to hold responsible persons accountable; teamwork; reinforcement; training; equipment; etc. These activities are interfaced with the Safety Committee (if the responsibility of the Ergonomic Program is meted out to a separate committee.)

Follow-Up [BASIC]

Each hazard abatement intervention is followed-up by an assigned individual within a set period of time to ensure abatement has occurred and reviewed for effectiveness. When abatement does not achieve the desired or necessary results, the issue must be brought up for discussion. It should be determined why abatement was not successful. Efforts should continue in search of more viable alternatives and solutions.

H. EMPLOYEE TRAINING [BASIC]

Ergonomic training must be provided annually to all employees, if only to refresh. Time spent for training, and the scope of training should reflect need for such time and scope based on operational circumstances, accident/incident records and trends, and observed behavior.

Ergonomic training, both general *and job specific*, as needed, is provided to all new employees as part of their orientation. Job specific training is considered to be given to *all* employees as necessary. Job specific training will be provided to employees who are transferred to a new department or position, and when new furniture, equipment, tools or processes are implemented.

Formal ergonomic training will be provided at least annually. Instruction and feedback in the form of counseling or positive reinforcement from supervisors during work, is on going.

Training on early identification, reporting, and conservative treatment of cumulative trauma disorders is provided to all workers, supervisors and managers. Training material shall be presented in language and level of understanding appropriate for staff trained. Training should be designed and implemented by qualified persons. Ergonomic training and educational programs for *all* general employees consist of the following:

1. Explanation of your Ergonomic Program
2. Overview of the Potential Risk of Cumulative Trauma & Musculoskeletal Injuries
3. Causes & Early Symptoms of Cumulative Trauma & Musculoskeletal Injuries
4. Means of Prevention & Proper Ergonomics & Body Mechanics
5. Medical Treatment
6. An explanation of the medical management procedures, and any alternative duty and post injury return-to-work programs
7. An explanation of early recognition of the signs and symptoms associated with exposure, procedures to follow and when to report signs and symptoms
8. Staff physical fitness if encouraged

Job Specific Training – Office Department [BASIC]

The orientation/new employee program includes job site evaluation of proper posture, body mechanics, and lifting technique by a qualified person. Feedback is provided. Basic training in optimal ergonomic management has been given. Supervisors have been trained to develop policies and procedures for their departments and to train their staff:

1. Proper storage of supplies and equipment (larger bulkier items to be stored at waist level within easy reach, or lower, and lighter smaller items above the shoulder)
2. Adjustments that may be made on workstations
3. Stretches and adequate breaks
4. Office safety (open drawers, looping cords, etc.)
5. Proper body mechanics and posture in retrieving supplies, sitting at the desk, and fixing the office machines (copiers particularly)
6. Use tools to reduce ergonomic stress (i.e. adjustable document holder)
7. Never execute a lift when off balance
8. Avoid heavy work with spine rotated
9. Lift loads close to the body
10. Never risk over exertion
11. Use team lifts/get help and mechanical devices or tools where necessary
12. Always bring load toward you, never away

Management Employee Training [BASIC]

Managers, supervisors and other group leaders receive training comparable to that of all general employees in order that they can: set a role model, identify proper and improper work procedures; address both with counseling or positive reinforcement, respectively.

I. EMPLOYEE HEALTH [OPTIONAL]

Encourage staff physical fitness (weight loss, exercise, stretching, healthy lifestyles).

J. INCENTIVE PROGRAMS [OPTIONAL]

Ergonomic and safety performance evaluations are correlated to benefits, incentives, or, are otherwise recognized through a formal recognition or safety incentive program. Recognition or incentive programs must be based on observable *desired actual performance*. Recognition or benefits should not be awarded based on the lack of incidents or injuries, in and of itself, which may very well not be associated with actual good ergonomics and safe behavior, but merely random, dumb luck for the time being.

K. MEDICAL MANAGEMENT PROGRAM [BASIC]

Program Administrator -

The program is supervised by a person trained in the prevention of cumulative trauma disorders and is a consultant to the Safety Committee.

Pre-employment and Annual Physicals -

Pre-employment and annual physicals and medical screening is conducted in a manner that does not violate the Americans with Disabilities Act, but that assesses the applicant for fitness for duty. This is achieved by the composition and use of well written job descriptions that delineate all the physical (mental and emotional) demands of the job that are “*essential job duties*”, and “*non-essential job duties*”. Inquiries shall not be about specific disabilities, or past workplace injuries, which is illegal.

The applicant or employee will be evaluated based on their *ability to meet the requirements of the job*. Questions and examinations shall be based on the ability to do the job, and what accommodations if necessary to do them. If the applicant or employee is not able to meet *even one* of the “*essential job duties*” then they are not fit for duty or qualified for the job. However, accommodations must be made, even if the applicant or employee is not able to do *any* of the “*non-essential job duties*.” For guidance on designing well written job descriptions, refer to our “**ADA Compliance Job Description Design Guide,**” there is one version for office staff and one for non-office staff.

Accurate Injury & Illness Recording -

This Program assesses the accuracy of the injury and illness data recorded. It is the driver of the reporting system for this type of information. It is the responsibility of this Program to ensure that incidents are reported immediately and follow up is conducted as quickly as possible.

Early Recognition & Reporting -

Early recognition, evaluation, treatment and recovery of musculoskeletal disorders related to over exposure of ergonomic risk factors at work is facilitated by this program via employee training, symptom reporting, implementation of interventions, monitoring of symptoms, referrals to appropriate medical treatment particularly early conservative treatment. All employees shall be provided with information regarding the signs and symptoms of musculoskeletal disorders and encouraged to promptly report early signs and symptoms to the _____ Department. All

injuries and illnesses reported that are associated with ergonomic risk factors shall be documented including the following:

- Date the symptoms were reported
- Location, type, and severity of symptoms
- Description of work activities that were being performed when symptoms began
- Pre-existing medical conditions associated with the employee
- Non-work-related activities and injuries
- Prior treatment related to current symptoms

This information shall be continuously monitored and analyzed for trends relating to ergonomic in the workplace. All personal information documented shall be kept confidential. No employee shall be subjected to discrimination based on such reporting. Such reporting shall allow for timely evaluation and intervention. Not all employees with reported symptoms warrant immediate evaluation by a healthcare provider. If risk factors are determined and symptoms persist with the employee, he/she shall be referred for an evaluation.

Intervention, Monitoring & Return to Work -

Depending on the direction of the healthcare provider, employees shall be given sufficient time for the involved muscle, tendon, or nerve to heal. Interventions shall be implemented that are likely to be beneficial for symptoms reported. Exposure is reduced through job rotation, temporary placement into the Alternative Duty Program or work restrictions, splints and supports, etc., if available. Allow for gradual resumption of duties over time if possible. All employees assigned to restricted duty jobs shall be placed on appropriate jobs consistent with their capabilities and medical limitations. There should be periodic assessments to increase employee job function with increased fitness throughout the rehabilitation process.

These alternatives or restricted duties are only temporary assignments throughout the rehabilitative process. This period should be established and limited to, preferably no more than one to four months, depending on your particular situation (FMLA/leave policy, termination and disability policy, union contract, labor pool, management style, quality of healthcare providers and level of cooperation, etc.). If the employee is not capable of returning to full duty as per the job description by the set time limit, then they are no longer fit for duty, or qualified for that job. Employees must have medical clearance to return to full duty. (Please ask about our “***Alternative Duty Guidelines***”).

L. ERGONOMIC POLICY REVIEW [BASIC]

This written program is reviewed and updated at least annually and whenever necessary to reflect new or modified tasks, programs and procedures that affect employee exposure to ergonomic hazards.

Reviewed by:

_____	_____	_____
Name	Title	Date
_____	_____	_____
Name	Title	Date
_____	_____	_____
Name	Title	Date