1.1.9

ST. MARY’S STANDARD
FOR
ERGONOMICS PROGRAM

Original Date: 09 January 2004

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Karen Lauricella
Manager, Environmental,
Health & Safety

Ann Kelly
Director, Benefits & Compensation
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Vice President for Finance

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<td>NC</td>
<td>March 4, 2004</td>
<td>Karen Lauricella</td>
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ST. MARY’S Standard 1.1.9

REVISIONS

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1. **SCOPE**

This standard shall apply to all jobs, processes, or operations where repetitive motion injuries (RMI) or work-related musculoskeletal disorders (WMSDs) have occurred. The program is designed to minimize the number and severity of WMSDs employees may experience. The program is designed to identify and control hazards that could possibly cause or contribute to the WMSDs. It is the objective of the program to maintain the employee’s health while retaining productivity with respect to the employee. This program applies to all employees.

2. **DEFINITIONS**

(a) **Administrative controls:** procedures and methods instituted by the employer that significantly reduce daily exposure to WMSD hazards by altering the way work is performed. This includes but is not limited to employee rotation, rest breaks and job task enlargement.

(b) **At-risk job:** any job in which you must set up a full ergonomics program, including job hazard analysis. The following are at-risk jobs:

1. A manual handling or labor intensive job where a known hazard exists or a WMSD is reported after the effective date of this standard.

2. Any other job in the College where a WMSD is reported.

3. A similar job in which employees are exposed to the same WMSD hazard as employees in an at-risk job.
(c) **Engineering Controls**: physical changes to jobs that control the exposure to WMSD hazards. Engineering controls act on the source of the hazard and control employee exposures without relying on the employee. This includes, but is not limited to, tools, workstations, equipment, materials, facilities and processes.

(d) **Ergonomics**: The science of fitting the job to the worker.

(e) **Ergonomic design**: the application of knowledge about physical abilities and limitations that are relevant to the job design. Good ergonomic design makes the most efficient use of worker capabilities while ensuring that the job demands do not exceed those capabilities.

(f) **Ergonomic Program**: is a systematic process for anticipating, identifying, analyzing and controlling WMSD hazards.

(g) **Ergonomic Risk factors**: Risk factors for developing WMSD’s associated with repetitive tasks. These risk factors may include: Static or awkward postures, contact stress, repetition or vibration.

(h) **Extreme Posture**: the placement of one or more body segments in an extreme position out of alignment with other segments.

(i) **H.R.**: Human Resources Department

(j) **Job**: the physical work activities or tasks that an employee performs. This standard considers jobs to be the same if they involve the same physical work activities or tasks, even if the jobs have different titles or classifications.

(k) **Job analysis**: analysis that breaks a job into its various elements or actions; will describe and quantify risk factors. It is done to determine the relationship between work patterns and musculoskeletal impairment. May include proactive interviews and workplace evaluations used to identify possible WMSDs that might otherwise go unnoticed and helps identify specific jobs or job elements deserving an ergonomic analysis.

(l) **Personal Protective Equipment**: A control device worn or used while working to protect employees from exposure to WMSD hazards.

(m) **Posture**: refers to the alignment of body segments.

(n) **P.A.**: The Ergonomics Program Administrator
(o) **Stress:** A force divided by the area over which it is applied. In the human body the fewer muscles used to deliver the force, the higher the stress placed on the body.

(p) **Safety and health records:** information generated at or for the workplace. Records include OSHA 300 logs, worker’s compensation claims, WMSD-related medical reports and consultant reports prepared for the workplace.

(q) **Temporary alternative duty jobs:** accommodations made to employees with WMSDs during a period of recovery until released from work restrictions.

(r) **Work-Related Musculoskeletal Disorders (WMSDs):** refers to the disorders of the muscles, nerves, tendons, ligaments, joints, cartilage, blood vessels or spinal disks to which the work environment and the performance of work contribute significantly. They are not typically the result of any instantaneous or acute event but reflect a more gradual or chronic development. Some signs and symptoms of WMSD’s may include but are not limited to:

- swelling
- tingling
- decreased range of motion
- pain
- burning
- decreased grip strength
- numbness
- cramping
- loss of muscle function

Examples of WMSDs include low back pain, tension neck syndrome, carpal tunnel syndrome, rotator cuff syndrome, sciatica, epicondylities, Reynaud’s phenomenon, DeQuervain’s syndrome, muscle strains, tendonitis, lower back pain, and trigger finger. WMSD’s are also referred to Cumulative Trauma Disorders (CTD’s), Repetitive Stress Injuries (RSI’s) and Repetitive Motion Injuries (RMI’s).

(s) **WMSD/Ergonomic Hazard:** the presence of risk factors in the job that occur at a magnitude, duration or frequency that is reasonably likely to cause WMSDs that result in work restrictions or medical treatment beyond first aid.

(t) **Work practice controls:** changes in the way an employee performs the physical work activities of a job that reduce or control exposure to WMSD hazards. Work practice controls involve procedures and methods for safe work. Examples of work practice controls for WMSD hazards include, but are not limited to:
(1) Use of neutral postures to perform tasks (straight wrists, lifting close to body),

(2) Use of two-person lift teams,

(3) Observance of micro-breaks, and rest breaks,

(4) Using swivel mechanism on chair.

(u) Work restrictions: any limitation placed on the manner in which an employee with WMSDs performs a job during the recovery period.

3. RESPONSIBILITIES

3.1 Employer Responsibilities

(a) Each employer who has a workplace or operation must develop and implement a written ergonomics program (this Standard) where any of the following events occur:

(1) manual handling and/or manufacturing operations, OR

(2) there has been more than one reported WMSD injury, OR

(3) there has been an at-risk job identified.

(b) The employer shall establish and implement an ergonomics program that is designed to provide the employees with management leadership and employee participation. It must be a program that promotes reporting WMSD injuries and potential situations that can cause WMSD injuries.

(c) The employer shall provide education and training to all employees regarding the recognition of the symptoms and signs of WMSDs. The training shall be provided free of charge to the employees. It shall contain as a minimum but not limited to the employer’s policies and practices, resources and methods of prevention and minimization of injuries.

(d) The employer must identify at least one person as the P.A. to receive and respond promptly to requests for employee evaluations concerning WMSDs. This employee will generate recommendations and take corrective actions where needed.
(e) The employer shall provide at no charge to the employee any personal protective equipment or workplace modifications as recommended by the P.A., required to reduce the ergonomic risk factors in the workplace.

(f) The employer is responsible for giving an employee a task consistent with the restrictions established by the medical authority.

(g) The employer shall provide the health care professional with photographs, job descriptions, job safety analysis and video tapes that will explicitly communicate the potential ergonomic risk factors in workplaces requiring evaluation.

(h) Employer shall ensure to the extent of the law that the employee’s privacy and confidentiality regarding medical conditions identified during an assessment is maintained.

(i) The employer will appoint an Ergonomic Program Administrator to implement and manage the program in accordance with the most current directives and state or federal regulations.

3.2 **Ergonomic Program Administrator (PA) Responsibilities**

(a) The P.A. will manage the Ergonomic Program with the assistance of ST. Mary’s occupational medical provider.

(b) The P.A. is responsible for the ergonomic evaluation of the workplace.

(c) The P.A. will review safety and health records to identify the WMSDs and the WMSD hazards.

(d) The P.A. will coordinate with the Supervisors on methods of informing employees of the signs, symptoms and hazards of WMSDs and the importance of early reporting. Together they will develop a comprehensive program for existing and new employees.

(e) The P.A. will conduct an annual review of the ergonomic regulation and OSHA 300 log and related workers compensation data.
(f) The P.A. will analyze at-risk jobs and recommend controls to minimize or eliminate the WMSD hazard to the extent feasible by the employer.

(g) The P.A. will coordinate with medical authorities, insurance and human resources personnel to ensure proper placement of temporarily alternative duty workers due to WMSD injuries.

(h) The P.A. and/or consultant / insurance representative will conduct workplace evaluations on a prioritized basis of the workplace, including those where there have not been any reported ergonomic injuries, to determine and document ergonomic risk factors.

(i) The P.A. will conduct initial ergonomic evaluations of new work areas and/or processes; documenting the risk factors and recommended changes. These risk factors and recommended changes shall be reported to the area management, if feasible. The P.A. will coordinate with planning, the physical plant, and procurement during planning of any new processes.

(j) The P.A. will be instrumental in instituting facility and administrative controls and practices to reduce employee risk factors.

(k) The P.A. will evaluate controls after implementation to ensure effectiveness, or take steps to follow up.

(l) The P.A. will ensure WMSD hazards are controlled or reduced to below those scores associated with WMSDs as published by National Institutes for Occupational Safety and Health (NIOSH), American Industrial Hygiene Journal, or other nationally recognized organizations selected by P.A.

(m) EH&S will maintain records of all evaluations as long as the operation/process is part of the company or until the employees are terminated which ever is greater, or the I.I.P.P. standard takes precedence in injury cases. The records shall include:

   (1) All evaluations and follow-up evaluations conducted in the respective workplaces.

List of all recommendations/corrective action to include photographs, videotapes and job descriptions.
3.3 Environmental Health & Safety (EH&S) Department Responsibilities

(a) EH&S will maintain copies of Title 8 Section 5110 and other current source documentation for reference and referral. This information will be readily available to all employees and it will be provided at no cost to the employees. EH&S shall ensure compliance with Title 8 Section 5110 and this standard.

(b) EH&S shall maintain an up-to-date copy of the ergonomic standard and will inform management of changes in the standard and what influence the changes will have on ST. MARY’S employees and College administration.

3.4 Manager/Supervisor Responsibilities

(a) Managers/Supervisors are responsible for the well being of their subordinates. They must be able to recognize ergonomic risk factors in their respective work place. Training will be provided to ensure recognition of ergonomic risk factors.

(b) Managers/Supervisors must promptly report any complaint the employee may have concerning WMSDs to the P.A. or H.R. department.

(c) Managers/Supervisors shall ensure that all employees receive ergonomic training at no cost to the employees. Training shall be documented in accordance with the College training policies.

(d) Managers/Supervisors are encouraged to gather input from the employees for ways of ergonomically improving the workplace. The Manager/Supervisor must encourage the workers to use the recommendations by the P.A.

(e) Managers/Supervisors must respond to the P.A. in writing within two weeks (14 calendar days) of receipt of an evaluation and their plan of action to correct the problem. If there is a requirement for items or equipment to be purchased, the requisition documents must be countersigned by the procurement department within this two-week period.

(f) Managers/Supervisors shall ensure that workers who are diagnosed or reasonably suspect of having a WMSD be aware of the information available concerning their injury or potential injury.
and the steps required to formalize an ergonomic evaluation of the workplace.

(g) The supervisor should ensure that employee privacy and confidentiality is maintained to the fullest extent permitted by law.

(h) All potential ergonomic injuries must be reported on an Accident/Incident Investigation Report, Form 1755, or Incident/Near Miss Report Form and be submitted to the P.A. within 24 hours of discovery of the injury.
3.5 **Employee Responsibilities**

(a) The employee must be aware of the ergonomic risk factors in his/her workplace.

(b) The employee must attend ergonomic training, granted this type of training could be incorporated in the I.I.P.P. and Hazardous Communications training sessions.

(c) The employee must report any suspect working conditions that could lead to a WMSD or early signs and symptoms of a WMSD to their supervisor.

(d) Employee is responsible for maintaining any recommended workstation/work process changes due to ergonomic reasons.

(e) The employee must be given the opportunity to involve themselves in any work station modifications.

(f) The employee must cooperate with the P.A. during any ergonomic modifications.

(g) All employees that have had their workplace evaluated should ensure they are given a copy of the completed evaluation as soon as possible or within 30 days of the evaluation.

3.6 **Occupational Health Care Provider Responsibilities**

(a) Acquire experience and training in the evaluation and treatment of WMSDs. The occupational health care provider, shall as a minimum, have an awareness level of evaluating ergonomic risk factors.

(b) The occupational health care provider should conduct a College walk through at least annually.

(c) Evaluate symptomatic employees. Report significant findings to the P.A. for a complete evaluation of the employees' work station. The following as a minimum should be considered:

   (1) medical histories and physical examination appropriate to the presenting symptoms,

   (2) description of work activities and hobbies,

   (3) initial assessment of diagnosis,
(4) examination to follow symptomatic employees and document symptom improvements or resolutions.

(d) Health care providers are responsible for determining the physical capabilities and work restrictions of the affected workers.

(e) The health care provider should advise the affected employee about the potential risk of continuing hobbies, recreational activities or personal habits that may be adversely affecting their condition, as well as, the risk of continuing to work without job modifications.

(f) Ensuring the employees’ privacy and confidentiality is maintained in accordance with current laws.

3.7 Faculty Responsibilities

(a) Faculty are required to have ergonomic training at least at awareness level, granted this type of training could be incorporated in the I.I.P.P. and Hazardous Communications training sessions. Those Faculty members developing tools used in the workplace, such as chemistry apparatus, must be aware of the potential injuries and risk factors associated with human body mechanics and related tool design.

(b) All Faculty involved in tool or equipment design must be knowledgeable about the requirements of the ergonomic evaluation program. Faculty will use this information to design production equipment and processes that minimize worker injury and ergonomic risk.

(c) The P.A. will review plans for new areas and construction changes to the physical plant to ensure the work area changes are not anticipated to produce ergonomic risk factors. If required, they will implement a plan or changes to minimize risk to employees.
4. **EMPLOYEE INFORMATION AND TRAINING**

(a) All employees shall receive training as to the signs and symptoms of WMSDs

(b) Initial training shall be provided within 180 days of employment. The training shall be repeated at least every three years unless the employee changes work stations. Then the training should be done within 90 days of transfer.

(c) The training shall include as a minimum the following elements:

   (1) The employers program. The process the employer is using to address and control risk factors, the employers role in the process and ways employees can actively participate

   (2) The job duties which have been associated with WMSDs.

   (3) Recognition of facility ergonomic risk factors, musculoskeletal disorders and understanding the general methods of controlling them.

   (4) Identifying the signs and symptoms associated with WMSDs that may result from exposure to risk factors at the College.

   (5) The College’s accident/injury reporting procedures.

   (6) The importance of reporting symptoms and injuries to the employer at the earliest sign of these symptoms.

   (7) A copy of this **standard, 1.1.9**, and **Title 8 Article 106, Section 5110** must be readily available to all employees.

   (8) Training can be conveyed to the employee using slide shows, videotapes, computer programs or classes. Information must be provided that is understandable to the employee.
5. MEDICAL MONITORING/WORK RESTRICTIONS

(a) The employer will provide prompt access to occupational health care professionals for effective evaluation, treatment and follow-up of a WMSD at no cost to the affected employee.

(b) The employer shall assure that all medical examinations and procedures are performed by or under the supervision of a licensed physician, who is familiar with the operations of the workplace and the potential ergonomic risks.

(c) The employer shall develop and maintain an accurate record of the employee’s WMSD history, which are located in the Human Resources department.

(d) As a minimum the record shall include the name of the affected employee, their department, description of duties, the results of any evaluation report(s) and/or incident reports.

(e) In receipt of a work restriction notification, the employer, the H.R. department, shall attempt to reasonably accommodate the employee’s work requirements (or provide temporary alternative duty) to not expose the employee to greater risk or harm during the recovery period.

(f) The employer shall adhere to work restrictions as long as the employee is:

(1) Able to return to normal job duties,

(2) When there is a final medical determination that the employee is permanently unable to return to the job.
6. **ERGONOMIC EVALUATION PROCESS**

(a) The employer will analyze at-risk jobs. If an ergonomic hazard exists, the employer must implement measures to eliminate or control the hazards to the extent feasible and conduct site evaluations of all similar workstations where an injury or illness has been reported. The Program Administrator (P.A.) observes employees performing the job in order to identify risk factors that should be evaluated and modified.

(b) The evaluation process begins when a new job duty or work area is in the developmental and implementation stages. It is imperative that during this period all personnel realize the potential hazards associated with the proposed operation.

(c) Injury or illness is reported to the human resources department. When the injury/illness is determined to be work related, an ergonomic evaluation is performed by the P.A. or appointed representative of the P.A.

(d) If risk factor is obvious, affected party/employer may move directly to controlling the WMSDs hazards.

(e) Upon identification of the cause of the problem, the P.A. must:

1. Identify, evaluate and implement feasible control measures (interim or permanent) to control the WMSD hazards,

2. Track progress in controlling the WMSD hazards based on the prioritizations,

3. Communicate the results of the job hazard analysis to other areas managers or supervisors or in your workplace,

4. Develop operating/equipment standards to enhance this ergonomic program.

(f) Personal Protective Equipment may be used as an interim control, but can not be a permanent control where other controls are feasible.

(g) If WMSD’s continue to occur at a new location or at jobs/areas that already have been evaluated, then the employer must:

1. ensure compliance with this standard,
(2) verify the changes have been fully implemented,

(3) retrain the employee(s),

(4) measure the success of the retraining program, by follow up.

(5) continue to look for ergonomic risk factors,

(6) implement feasible solutions as soon as possible, and

(7) if the ergonomic risk factors, at-risk job or medical implications continue, then the workstation and its activities will require an in-depth evaluation by a certified ergonomist.

(h) Disciplinary action can be taken against employees not complying with the recommendations of the medical authority, the P.A. or the H.R. staff.
ATTACHMENT 1

Ergonomic Request and Action Documentation
**Ergonomic Request and Action Documentation**

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<tr>
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- Date Furniture Ordered: 
- Date Ergo Equipment Ordered: 
- **Date Case Close**: 
- Follow up if Needed: 

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<td>Date Ergo Equipment Placed:</td>
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**Other Details**

**Work Area Particulars or Measurements Taken**

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This is not a request for Medical Attention any part of a Workers’ Compensation Claim.

**Authorizing Signatures:**

Employees’ Name / Date: 

Supervisor’s Name / Department / Date: 

EH&S Name / Date: 

Buyer’s Name / Date: 