Ergonomics: Action Plan to Address

Ergo-Related Workplace Injuries

**Sample Program**

**RESPONSIBILITY**

The designated administrator of the Ergonomics Injury Prevention Program at our facility is     . They have the authority and responsibility for implementing and maintaining this program our company.

Managers and supervisors are responsible for assisting in the implementation and maintenance of this Program in their work areas and for answering worker questions about it. A copy of this Program is available upon request. Any problems or concerns beyond the ability of the manager should be referred immediately to the designated program administrator.

**WORKSITE EVALUATION**

The designated program administrator will conduct periodic worksite inspections to identify jobs, processes and work activities that have the propensity or demonstrated ability to cause repetitive motion injuries in the workplace. The checklist attached contains the general guidelines established for use during regular inspections. The list will be updated annually and as necessary based on identified trends. This information will be used in conjunction with loss trends for the period required by regulation (12 months) to determine a specific course of corrective action.

Outside consultants, experts and additional resources will also be used to assist in hazard identification. We understand that it is our responsibility to implement the program on a daily basis and document progress towards compliance.

**CONTROLS**

Any exposures that have caused RMIs shall be corrected immediately. If not capable of being corrected, the exposures will be minimized to the extent feasible. We shall consider engineering controls, such as work station redesign, adjustable fixtures or tool redesign, and administrative controls, such as job rotation, work pacing or work breaks. See attachments for documentation of efforts.

**TRAINING**

Employees shall be provided initial training as part of basic new-hire orientation. Additional training will be provided throughout the year on specific topics for each department that includes an explanation of:

* All elements of our program
* The exposures associated with RMIs at our facility
* The symptoms and consequences of injuries caused by repetitive motion
* The importance of reporting symptoms and injuries to the employer
* Methods used by the employer to minimize RMIs
* Any and all ancillary training as necessary to ensure compliance with regulations

Outside consultants, experts and additional resources will be used as necessary to reinforce specific Information relevant to the exposure. Follow up is our responsibility, with documentation of these training efforts maintained as required by regulation.

**ACCIDENT/EXPOSURE INVESTIGATIONS**

Procedures for investigating workplace injuries related to ergonomics include:

* Interviewing injured workers and witnesses
* Examining the workplace for factors associated with the accident/exposure
* Determining the cause of the accident/exposure
* Taking corrective action to prevent the accident/exposure from reoccurring
* Recording the findings and actions taken

The standard form for accident investigations used in conjunction with our IIPP will be used in all

identified/qualified incidents.

**ADDITIONAL RESOURCES** (these links should not be included in your formal program documents, as they are here for reference only)

* OSHA’s e-Tools: http://www.osha.gov/dts/osta/oshasoft/index.html#eTools
* Free website with ergo tools, ergo information and access to ergo assistance: <http://www.ergoweb.com/>
* University of Michigan (one of the leading colleges for research into workplace ergonomics): <http://www.engin.umich.edu/dept/ioe/C4E/>
* Cornell University’s department of ergonomics: <http://ergo.human.cornell.edu/>

*HAZARD ASSESSMENT AND CORRECTION RECORD*

**Date of Inspection:**

**Person Conducting Inspection:**

**Unsafe Condition or Work Practice:**

**Corrective Action Taken:**

**Date of Inspection:**

**Person Conducting Inspection:**

**Unsafe Condition or Work Practice:**

**Corrective Action Taken:**

ACCIDENT/EXPOSURE INVESTIGATION REPORT

**Date & Time of Accident:**

**Location:**

**Accident Description:**

**Workers Involved:**

**Preventive Action Recommendations:**

**Corrective Actions Taken:**

**Manager Responsible: Date Completed:**

**Training Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topic:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employees in Attendance:**



Suggestions:



Suggestion Follow-up:



**Ergonomic Inspection Checklist**

Complete this inspection every month during normal facility surveys for the identified areas having MSD risk potential. Whenever excessive risk potential is identified in any area with this checklist, establish a separate plan of action using engineering controls, job rotation and all other tools to reduce the specific risk.

**Manual Material Handling**

* Is there lifting of loads, tools, or parts?
* Is there lowering of tools, loads, or parts?
* Is there overhead reaching for tools, loads, or parts?
* Is there bending at the waist to handle tools, loads, or parts?
* Is there twisting at the waist to handle tools, loads, or parts?

**Physical Energy Demands**

* Do tools and parts weigh more than 10 lb?
* Is reaching greater than 20 in.?
* Is bending, stooping, or squatting a primary task activity?
* Is lifting or lowering loads a primary task activity?
* Is walking or carrying loads a primary task activity?
* Is stair or ladder climbing with loads a primary task activity?
* Is pushing or pulling loads a primary task activity?
* Is reaching overhead a primary task activity?
* Do any of the above tasks require five or more complete work cycles to be done within a minute?
* Do workers complain that rest breaks and fatigue allowances are insufficient?

**Other Musculoskeletal Demands**

* Do manual jobs require frequent, repetitive motions?
* Do work postures require frequent bending of the neck, shoulder, elbow, wrist, or finger joints?
* For seated work, do reaches for tools and materials exceed 15 in. from the worker's position?
* Is the worker unable to change his or her position often?
* Does the work involve forceful, quick, or sudden motions?
* Does the work involve shock or rapid buildup of forces?
* Is finger-pinch gripping used?
* Do job postures involve sustained muscle contraction of any limb?

**Computer Workstation**

* Do operators use computer workstations for more than 4 hours a day?
* Are there complaints of discomfort from those working at these stations?
* Is the chair or desk nonadjustable?
* Is the display monitor, keyboard, or document holder nonadjustable?
* Does lighting cause glare or make the monitor screen hard to read?
* Is the room temperature too hot or too cold?
* Is there irritating vibration or noise?
* Are appropriate breaks given?

**Environment**

* Is the temperature too hot or too cold?
* Are the worker's hands exposed to temperatures less than 70 degrees Fahrenheit?
* Is the workplace poorly lit?
* Is there glare?
* Is there excessive noise that is annoying, distracting, or producing hearing loss?
* Is there upper extremity or whole body vibration?
* Is air circulation too high or too low?

**General Workplace**

* Are walkways uneven, slippery, or obstructed?
* Is housekeeping poor?
* Is there inadequate clearance or accessibility for performing tasks?
* Are stairs cluttered or lacking railings?
* Is proper footwear worn?

**Tools**

* Is the handle too small or too large?
* Does the handle shape cause the operator to bend the wrist in order to use the tool?
* Is the tool hard to access?
* Does the tool weigh more than 9 lb?
* Does the tool vibrate excessively?
* Does the tool cause excessive kickback to the operator?
* Does the tool become too hot or too cold?

**Administration**

* Is there little worker control over the work process?
* Is the task highly repetitive and monotonous?
* Does the job involve critical tasks with high accountability and little or no tolerance for error?
* Are work hours and breaks poorly organized?
* Is job rotation available and encouraged in high risk areas?

The advice presented in this document is intended as general information for employers.

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