

Ergonomics Policy

Location:
Effective Date:
Revision Number: 1

Purpose

This policy establishes how will enhance employee comfort and well-being by identifying and correcting ergonomic risk factors on the job.

Scope

This policy applies to all employees who are exposed to ergonomic risk factors.

Reference

This procedure was developed in accordance with OSHA recommendations regarding ergonomics and the OSHA General Duty Clause.

Responsibilities

The following responsibilities apply to various levels within the company.

Senior management will:

- Require the full application and integration of this policy into daily operations, as applicable, in all areas of responsibility and with all direct reports
- Assess managers and supervisors on their ability to apply this policy to their areas of responsibility

The Safety Administrator will administer all aspects of this policy, including:

- Maintaining and updating the written program as required
- Coordinating training for affected employees
- Providing necessary technical assistance to managers and supervisors
- Periodically assessing the effectiveness of this program and its implementation in all affected areas of the company

Managers and supervisors will:

- Know how this policy applies to those areas under their direct control
- Integrate and enforce the provisions of this policy in their areas of responsibility
- Periodically audit the effectiveness of this policy in their areas of responsibility
- Coordinate training for affected employees
- Provide appropriate coaching and corrective action when necessary to ensure this policy is fully integrated

All affected employees will:

- Integrate the provisions of this policy into their daily activities as applicable
- Follow all training, instructions and directives relative to this policy
- Seek clarification whenever there are questions concerning the application of this policy into daily operations

Prepared by RAM Mutual Insurance Company

This ergonomics safety policy is a guideline only. It may not prevent all injuries from occurring. It does not address potential compliance issues with Federal, State or local OSHA or any other regulatory agency standards. Nor is it meant to be exhaustive or construed as legal advice. Consult your licensed commercial Property and Casualty representative or legal counsel to address possible compliance requirements. © 2015 Zywave, Inc. All rights reserved.

Policy Evaluations and Updates

It is our goal to maintain a safety program that is understandable, effective and that promotes a safe work environment. Any employee can make recommendations for improvement to this program or any other aspect of our safety system. These suggestions should be directed to any supervisor, any member of management, any safety committee member or to the safety administrator.

As a matter of policy, this program will be reviewed annually by the safety administrator to determine if all aspects still meet the needs of this organization. If there are significant events that take place during the year that indicate the program is less than effective, an immediate evaluation will be conducted and appropriate steps taken to increase the reliability of this plan.

Date of Review	Name of Reviewer	Changes Required Yes or No	Current Revision Number
Published date		Original issue	#1

Definitions

The following definitions help to clarify words or phrases found in this policy:

- Ergonomics: The science of fitting the job to the worker
- Ergonomics Assessment: The process of documenting the job/task MSD risk factors including force, repetition, posture and others created by the workstation design
- Musculoskeletal Disorder (MSD): A disorder of the muscles, tendons, ligaments, joints, cartilage, nerves or blood vessels; usually a result of repetitive or forceful motions that place strain on the body

Injury/Medical Management

Employees are responsible for recognizing and reporting early symptoms of musculoskeletal injuries and illnesses. The employee should direct reports to an immediate supervisor or to Human Resources.

After any report of an employee job-related MSD, injury or illness, the Ergonomics Team will be responsible for determining if additional practices or procedures could be implemented to prevent similar injuries.

Identifying Problem Jobs

There are several methods used to identify jobs that are most likely to result in ergonomic disorders.

- Reactive: annually reviews its injury and illness records to identify any patterns of ergonomic-related injuries and illnesses.
- Proactive: reviews jobs with significant ergonomic risk factors. They may include, but are not limited to the following:
 - Repetition: Performance of the same motion or motion patterns every few seconds for more than two hours at a time
 - Awkward Postures: Fixed or awkward postures including overhead reaching, maintaining a twisted or bent back, maintaining bent wrists, stooping and squatting
 - Vibration: Use of vibrating tools
 - Heavy Material Handling: Lifting, lowering or carrying anything weighing more than 25 pounds more than once an hour
 - Force: Pushing, pulling or tight gripping of objects for more than two hours at a time

Ergonomic Assessments

The Ergonomics Team will conduct an ergonomic assessment when triggered by a reactive or proactive request.

Solutions

When problems are identified for correction, supervisors and employees in the affected areas are notified. The Ergonomics Team, in conjunction with the affected employee(s), will develop possible solutions, choose the most appropriate solution, implement the changes and follow up to determine the effectiveness.

For each problem job that has been altered, a file of the improvements and changes that are completed will be maintained. The file contains documentation of ergonomic-related illnesses or injuries, actual changes made and any similar incidents which occurred after the changes were implemented. These files are kept in the <ENTER LOCATION>.

In addition, employees will take steps to prevent MSDs by taking brief breaks and stretching periodically throughout the day. Stretching is an effective way to reduce the effect of risk factors on the body.

Employee Training

Training will be conducted on sound ergonomic principles and practices and will include the following:

- How to recognize workplace risk factors associated with work-related MSDs and the ways to reduce exposure to those risk factors
- The signs and symptoms of work-related MSDs, the importance of early reporting and proper medical management procedures
- Reporting procedures and the person to whom the employee is to report workplace risk factors and work-related MSDs
- The opportunity to practice and demonstrate proper use of implemented control measures and safe work methods that apply to the job

Source: Occupational Safety & Health Administration

Symptoms Survey

Date ___/___/___

Employee Name _____ Dept. _____ Job # _____

Job name _____

Shift _____ Supervisor _____ Hours worked _____

Time on this job (years/months) _____

Other jobs that you have done in the last year (for more than two weeks):

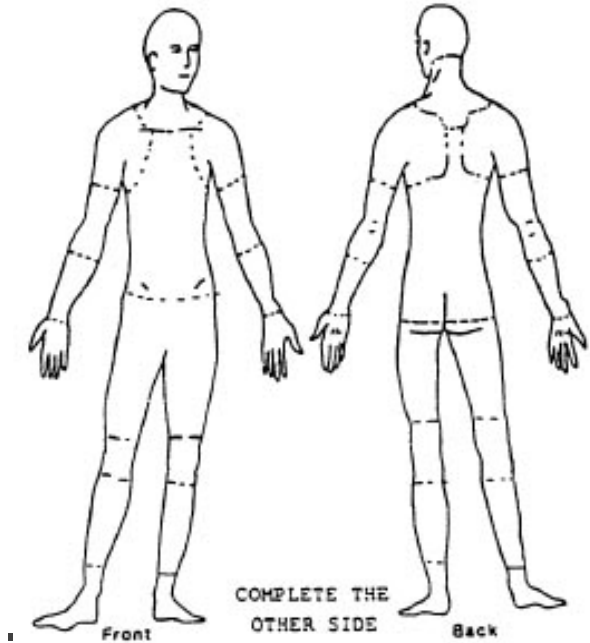
Job # _____ Time on THIS job (months/weeks) _____

(If more than two jobs, include those that you worked on the most)

Have you had any pain or discomfort in the past year?

_____ YES _____ NO (If NO, stop here)

If YES, carefully shade in the area(s) in the drawing below that are bothering you. (Image provided by OSHA)



(Complete a separate page for each area that bothers you)

Check Area:

- _____ Neck _____ Shoulder _____ Elbow/Forearm
- _____ Hand/Wrist _____ Fingers _____ Upper Back
- _____ Lower Back _____ Thigh/Knee _____ Lower Leg
- _____ Ankle/Foot

Please put a check by the word(s) that best describe your problem:

- _____ Aching _____ Burning _____ Cramping
- _____ Loss of Color _____ Numbness _____ Pain
- _____ Swelling _____ Stiffness _____ Tingling _____ Weakness

When did you first notice the problem (month/year)? _____

How long does each episode of pain last?

_____ 1 hour _____ 1 day _____ 1 week _____ 1 month _____ 6 months

How many separate episodes have you had in the last year?

What do you think caused the problem?

Have you had this problem in the last 7 days? _____ YES _____ NO

On a scale of 1-10, how would you rate this problem today?

How would you rate this problem when it was at its worst?

Have you had medical treatment for this problem? _____ YES _____ NO

If NO, why not?

If YES, where did you receive treatment?

_____ Company Medical

_____ Personal Doctor

_____ Other

*Note how many times you saw these professionals in the last year.

If YES, did the treatment help? _____ YES _____ NO

How much work time have you lost in the last year because of this problem?

How many days in the last year were you on restricted or light duty because of this problem?

Please comment on what you think would improve your symptoms.

Employee Acknowledgement

Employees should not experience pain or discomfort while performing their daily duties. is committed to ensuring that all employees are productive without hurting their bodies in any way. Consult your supervisor immediately if you experience pain, need assistance performing job duties or are unsure how to perform your job duties safely and effectively.

I have read and understand Ergonomics Policy and the requirements and expectations of me as an employee.

Employee Signature: _____

Date: _____