



CITY OF TURLOCK ERGONOMICS POLICY

POLICY

An ergonomics program is a systematic process that communicates information so that adequate and feasible solutions to ergonomic risks can be implemented to improve the workplace. It is the policy of the City of Turlock to provide all employees with a safe and healthy workplace. We are committed to reducing and/or eliminating the risk factors associated with musculoskeletal disorders (MSDs). This program enables the City of Turlock to meet the requirements of the California Ergonomics Standard (CCR 8, Section 5110), which targets repetitive motion injuries (RMIs) and is integrated into the City's written Injury and Illness Prevention Program. A copy of this policy can be found on the City of Turlock intranet.

PURPOSE

The purpose of this policy is to support and promote cooperation in the analysis, modification and improvement of stressful tasks and environments, thus increasing employee productivity, work quality and efficiency, while decreasing worker's compensation claims. We believe that we must apply ergonomic principles to the workplace and change or modify tools, machinery, work stations and work practices whenever practical and feasible. The two most essential parts of a successful Ergonomics Program are management commitment and employee awareness.

1. DEFINITIONS

Musculoskeletal Disorders:

Musculoskeletal disorders (MSDs) are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. MSDs do not include disorders caused by slips, trips, falls, motor vehicle accidents, or other similar accidents. Symptoms of MSD can indicate that one or more ergonomic stressors may be present. There may be an individual difference in susceptibility and symptoms among employees performing similar tasks. Any symptoms are to be taken seriously and can include:

- Numbness
- Tightness
- Tingling
- Swelling
- Stiffness
- Redness
- Pain

Ergonomic Stressors:

Ergonomic Stressors are defined as conditions that pose a biomechanical stress to the human body associated with an increased risk for development of musculoskeletal disorders (MSDs). These stressors include but are not limited to repetition, force, extreme postures, static postures, quick motions, contact pressure, vibration, and cold temperatures.

- Repetition: the number of motions or movements that are performed per cycle or per shift
- Force: the muscles used to produce force in order to perform necessary activities such as lifting, grasping, pinching, pushing, etc.

- Extreme Postures: when muscles are required to work at a level near or at their maximum capacity.
- Static Postures: a special type of awkward posture which occurs when a body part is not moving, but is still doing work. Examples include sitting in a chair or holding an object.
- Contact Pressure: the pressure from resting part of the body against a sharp edge or corner. Resting the wrists or forearms on an edge of a desk while typing is one example.
- Vibration: Exposure to local vibration occurs when a specific part of the body comes in contact with a vibrating object, such as a power handtool. Exposure to whole-body vibration can occur while standing or sitting in vibrating environments or objects, such as when operating heavy-duty vehicles or large machinery.
- Cold Temperatures: reduce the natural elasticity of the body and reduce the sensation of touch (tactile feedback). In order to get the same amount of tactile feedback, an employee may exert more force than is necessary.

2. ROLES & RESPONSIBILITIES

For our ergonomics policy to be effective, all employees must understand their roles and responsibilities:

All employees should:

- Be aware of ergonomic issues; these include correct body positioning and basic furniture and equipment adjustment;
- Use the appropriate tools, equipment, parts, materials, and procedures in the manner established by managers and supervisors and report when they are not in good condition;
- Take responsibility for his/her personal health and safety;
- Ask for help when they need it;
- Report discomfort to their supervisors;
- Report the need for repairs of equipment to their supervisor or other appropriate persons;
- Report MSD signs or symptoms and work-related MSD hazards to his/her manager/supervisor as early as possible to facilitate proactive interventions and/or prompt medical treatment.

Supervisors should:

- Be aware of ergonomic issues; these include correct body positioning and basic furniture and equipment adjustment;
- Observe employees at work;
- Evaluate workstation configuration;
- Offer recommendations and/or adjustments when necessary;
- Refer difficult situations to the Human Resources Department, through the Department Director, for further assessment.

3. WORK STRATEGY CONTROLS

When an ergonomic hazard has been identified, the Human Resources Department will work with the identifying department in minimizing, or eliminating when possible, the hazard. There are two general approaches to controlling ergonomic hazards: Engineering and Administrative.

Engineering Controls encompass the redesigning of the workplace and the elimination of the risk factors or hazards. Examples of engineering controls include, but are not limited to, restructuring tasks, providing adequate work space for task motions and installing adjustable equipment.

Administrative Controls are workplace policies, procedures, and practices that minimize the exposure of workers to risk conditions (i.e., remove the worker). Examples of administrative controls include, but are not limited to, providing adequate rest breaks, establishing task rotation and monitoring work practices to reinforce safe work procedures.

Personal Protective Equipment (PPE) requires an employee to use equipment to prevent exposure to the ergonomic risk factor/hazard. Examples of PPE include gloves that protect the hands from cuts and clothes that protect against the cold.

4. REPORTING PROCEDURES AND WORKSITE EVALUATIONS

Ergonomic stressors should be dealt with on a departmental basis whenever possible. If necessary, an employee or their supervisor may request an ergonomic evaluation of a work area or work process by submitting to Human Resources, via their supervisor or department director, a written request. HR will then oversee an ergonomic evaluation. Once completed, Human Resources will be provided with written documentation of the evaluation and will work with the employee and his/her supervisor to reduce/ eliminate stressors, based on the evaluation.

- Worksite evaluations and recommended ergonomic solutions will be documented. The evaluation records will be kept in Human Resources.
- The employee's direct supervisor will be responsible for implementing any recommended corrective actions. The employee will be informed by his/her supervisor of the potential exposures and recommended solutions. The employee will be asked for input regarding ideas about improving ergonomics in his/her work area.
- The employee will be responsible for using equipment correctly and performing tasks as outlined in the corrective action plan.
- Human Resources will contact the supervisor and/or employee within 90 days to conduct a follow-up worksite evaluation to measure the effectiveness and/or implementation status of the recommendation(s).

5. MEDICAL MANAGEMENT

Pursuant to the law, the City of Turlock provides medical care to all employees injured at work. The City of Turlock maintains a good working relationship with our medical care provider, Work Wellness. All work-related injuries and illnesses will be referred to Work Wellness unless the injured employee has notified The City of Turlock in writing that other provisions have been made prior to an injury or illness (Pre-designation of Personal Physician).

Appendix A

TITLE 8 - CALIFORNIA ERGONOMICS STANDARD

Subchapter 7. General Industry Safety Orders

Group 15. Occupational Noise

Article 106. Ergonomics

5110. Repetitive Motion Injuries.

(a) Scope and application. This section shall apply to a job, process, operation where a repetitive motion injury (RMI) has occurred to more than one employee under the following conditions:

- (1) Work related causation. The repetitive motion injuries (RMIs) were predominantly caused (i.e. 50% or more) by a repetitive job, process, or operation;
- (2) Relationship between RMIs at the workplace. The employees incurring the RMIs were performing a job process, or operation of identical work activity. Identical work activity means that the employees were performing the same repetitive motion task, such as but not limited to word processing, assembly or, loading;
- (3) Medical requirements. The RMIs were musculoskeletal injuries that a licensed physician objectively identified and diagnosed; and
- (4) Time requirements. The RMIs were reported by the employees to the employer in the last 12 months but not before July 3, 1997.

(b) Program designed to minimize RMIs. Every employer subject to this section shall establish and implement a program designed to minimize RMIs. The program shall include a worksite evaluation, control of exposures which have caused RMIs and training of employees.

- (1) Worksite evaluation. Each job, process, or operation of identical work activity covered by this section or a representative number of such jobs, processes, or operations of identical work activities shall be evaluated for exposures which have caused RMIs.
- (2) Control of exposures which have caused RMIs. Any exposures that have caused RMIs shall, in a timely manner, be corrected or if not capable of being corrected have the exposures minimized to the extent feasible. The employer 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.
- (3) Training. Employees shall be provided training that includes an explanation of:
 - (A) The employer's program;
 - (B) The exposures which have been associated with RMIs;
 - (C) The symptoms and consequences of injuries caused by repetitive motion;
 - (D) The importance of reporting symptoms and injuries to the employer; and
 - (E) Methods used by the employer to minimize RMIs.

(c) Satisfaction of an employer's obligation. Measures implemented by an employer under subsection (b)(1), (b)(2), or (b)(3) shall satisfy the employer's obligations under that respective subsection, unless it is shown that a measure known to but not taken by the employer is substantially certain to cause a greater reduction in such injuries and that this alternative measure would not impose additional unreasonable costs.

Note: Authority cited: Sections 142.3 and 6357. Labor Code. Reference: Sections 142.3 and 6357. Pulaski v. Occupational Safety & Health Stds. Bd. (1999) 75 Cal.App.4th 1315 [90 Cal. Rptr. 2d 54].

Appendix B Guide to Office Ergonomics

<u>Sore Body Part</u>	<u>Possible Problem</u>	<u>Possible Solutions</u>
1. Back of neck	Monitor screen too high or low	Take monitor off hard drive - use risers.
2. Sides of neck	Keyboard is not aligned with monitor	Move keyboard or reinstall keyboard tray
3. Sides of neck	Cradling telephone with shoulder	Hold phone with hand or order head set
4. Right side of neck	Continual reaching for mouse on right side	Position mouse next to keyboard
5. Left side of neck	Continual reaching for mouse on left side	Position mouse next to keyboard
6. Right shoulder	Reaching for telephone/adding machine with rt. hand	Move telephone/adding machine closer
7. Right shoulder	Right arm of chair is too high	Lower arm of chair so shoulder is relaxed
8. Left shoulder	Reaching for telephone/adding machine with lt. hand	Move telephone/adding machine closer
9. Left shoulder	Left arm of chair is too high	Lower arm of chair so shoulder is relaxed
10. Thoracic area	Keyboard too high; mouse too high	Install keyboard tray; lower adjustable tray
11. Thoracic area	Keyboard too far away; mouse too far away	Move keyboard and mouse closer
12. Upper arms	Keyboard too high; mouse too high	Install keyboard tray; lower adjustable tray
13. Upper arms	Keyboard too high; mouse too high	Install keyboard tray; lower adjustable tray
14. Elbows	Keyboard too high; mouse too high	Install keyboard tray; lower adjustable tray
15. Forearms	Keyboard too high; mouse too high	Install keyboard tray; lower adjustable tray
16. Wrists	Keyboard too high or low; mouse too high or low	Adjust angle of tray; lower "feet" of keyboard
17. Wrists	No place to rest hands while not typing	Install keyboard tray or move keyboard back
18. Wrists	Resting wrists on sharp edge or hard surface	Use wrist rests
19. Hands	Improper alignment over keyboard	Use "natural" keyboard
20. Fingers	Improper alignment over keyboard	Sit directly in front of and facing keyboard
21. Eye strain	Monitor too close or too far away	Move monitor
22. Eye strain	Lighting too dim or too bright	Adjust lighting or provide task light
23. Back ache	Chair does not fit properly	Adjust chair
24. Leg ache	Seat pan either too deep or too shallow	Adjust chair
25. Leg ache	Seat does not tilt properly	Adjust chair
26. Legs go to sleep	Seat pan too deep	Adjust chair
27. Legs go to sleep	Chair does is not lowered enough, feet not flat	Adjust chair; Provide foot rest
28. Body strain	Too hard to move chair from side to side	Provide chair mat