

# **CHAPTER 14**

# **ERGONOMICS & REPETITIVE MOTION INJURY POLICY**

# **SHASTA COUNTY ERGONOMICS/REPETITIVE MOTION INJURY POLICY**

## I. Policy

This policy provides guidelines designed to minimize employee exposure to work-related Repetitive Motion Injuries (RMI's) and Musculoskeletal Disorders (MSD's).

## II. Purpose

The information presented will assist supervisors and employees in early intervention and prevention strategies that could play a significant role in eliminating or minimizing the physical effects of RMI's/MSD's to the extent feasible.

## III. Mission Statement

Shasta County is committed to providing a work environment where operations are as closely fitted as possible to the employee to reduce ergonomic risk and maintaining an environment of personal safety and well-being.

## IV. Legal Authority

Title 8, California Code of Regulations (General Industry Safety Orders), Article 106, Ergonomics, Section 5110.

## V. Definitions

A. **Repetitive Motion Injuries (RMI's):** The term used for health disorders caused by repeated biomechanical stress due to ergonomic hazards. This is a class of musculoskeletal injuries involving damage to tendons, tendon sheaths, synovial lubrication of tendons, sheaths, and the related bone, muscles, and nerves of the body. The other term used for such disorders is "Musculoskeletal Disorders" (MSD's).

B. **Ergonomics:** The science of fitting work or workplaces to the human body to help avoid injury or illness.

## VI. Worksite Evaluation Process

Risk Management will provide the initial worksite evaluation to develop a method or means to reduce or prevent RMI's/MSD's in a timely manner.

- A. Further evaluation will be performed when a supervisor or Safety Coordinator, through observation of identified jobs and functions using an appropriate checklist, has identified RMI/MSD hazards or when an employee has reported a hazard.
- B. A worksite evaluation or reevaluation will be triggered by:
  - 1. One or more employees diagnosed with a work-related RMI/MSD in the last 12 months by a licensed physician.
  - 2. when an employee reports RMI/MSD symptoms to their supervisor.
  - 3. when new jobs, tasks, tools, equipment or processes are introduced or when the supervisor or employee identifies an RMI risk in the job task.
  - 4. recommendation by Risk Management.

VII. RMI/MSD Risk Factors

The risk factors associated with repetitive motion and the physical activities which are known to contribute to RMI's/MSD's are:

- A. Continuous use of the same tool/instrument or of similar tools and instruments in construction, agricultural, or repair activities.
- B. Repetitive key stroking, manually striking, or pressing a data entry device.
- C. Processing of agricultural products to include cutting, trimming, peeling, or loading activities.
- D. Work where repeated motions or exertions are paced by a mechanical or electrical device, such as a packaging or labeling operation.
- E. Repetitive manual operation of a cash register or presentation of an object to a data-scanning or optical-coding device.
- F. Routine assumption of a crouched or stooped body posture.
- G. Routine manual lifting of objects weighing 20 pounds or more.
- H. Other risk factors associated with RMI's/MSD's are: frequency, force, duration, awkward posture, work rest intervals, poor design of tools or equipment, presence of vibration, and exposure of toes or fingers to cold while performing repetitive work.

## VIII. Control of RMI/MSD Risk Factors

The following are commonly used methods in ergonomic problem resolution:

- A. Reduce the frequency of the repetitive activity.
- B. Reduce the total time duration of the activity.
- C. Alternate tasks and vary a work routine, which relieves static posture, reduces fatigue, and rests the eyes.
- D. Change body position and posture, reduce the need to bend or assume awkward postures while working, or rearrange work space or items used during work.
- E. Reduce the amount of force needed to do the work.
- F. Provide reasonably appropriate devices to reduce force, strain, fatigue, and awkward postures. Examples are the use of adjustable chairs and work surfaces, task lighting, glare filters, foot rests, and properly designed tools and equipment.
- G. Consider the entire physical work environment to include temperature, noise, housekeeping, lighting/glare, general safe work practices, and similar concerns.

## IX. Responsibilities

- A. Shasta County Risk Management, as a consulting resource:
  - 1. For all departments to obtain training for individuals who will conduct ergonomic worksite evaluations and ergonomic training within their departments.
  - 2. Arrange appropriate employee training once ergonomic work station evaluations have been completed.
  - 3. Assist the departments in obtaining an evaluation of work-related RMI/MSD exposures and arrange ergonomic worksite evaluations, upon request.
  - 4. Assist in making appropriate recommendations for control measures for exposures to RMI's/MSD's.
  - 5. Assist in evaluating the effectiveness of control measures for exposures to RMI's/MSD's and making recommendations for continuous process improvement as technology advances.

B. Department Head :

1. Ensure that the requirements of title 8 CCR Article 106 §5110 and this program are implemented.
2. Undertake early intervention to prevent RMI/MSD injuries.
3. Determine if jobs, processes, or work activities in his/her department may cause RMI's/MSD's.
4. Ensures through observation of identified jobs and functions to use an appropriate check list, and ergonomic worksite evaluations.
5. Ensure that appropriate and effective control measures for exposures to RMI's/MSD's are determined and implemented in a timely manner.
6. Ensure that a procedure is in place for employees to report symptoms and perceived work-related ergonomic risk factors to supervision or management.
7. Ensure that accurate records are maintained as to worksite evaluations, training of employees, as to the exposures associated with RMI's/MSD's, and reporting of symptoms and injuries documentation to Risk Management or representative of Cal/OSHA upon request.
8. Monitor the effectiveness of their department's ergonomic program on an ongoing basis.

C. Supervisors and Safety Coordinators:

1. Ensure that employees are provided with and use the appropriate tools, equipment, parts, and materials required for the job.
2. Ensure that employees know and understand how to report safety suggestions, hazard observations (including ergonomic hazards), and signs or symptoms of injury that may be related to a work-related RMI/MSD.
3. Attend ergonomics training to familiarize themselves with the recognition and prevention of work-related ergonomic risk factors.
4. Ensure that affected employees attend ergonomics training.
5. Conduct, through a checklist, or participate in ergonomic worksite evaluations as required.
6. Assist in the determination and/or implementation of effective control measures for exposures to work-related RMI's as required.
7. Obtain or conduct (if qualified to do so) ergonomic training of employees on newly acquired tools or equipment.
8. Provide and/or coordinate ergonomics training for all affected employees.
9. Provide and/or coordinate ergonomic training on all newly acquired tools or equipment.

D. Employees:

1. Use the appropriate tools, equipment, parts, and materials in the safe manner established County policy and department procedures; by the supervisor, department safety representative, treating physician, and may be based on the recommendations provided by an ergonomic evaluation, and/or manufacturer.
2. Follow established procedures to ensure that equipment is properly maintained in good condition and to report damaged or malfunctioning equipment.
3. Attend ergonomics training as required and apply the knowledge and skills acquired to actual job tasks, processes, or work activities.
4. Report signs and symptoms of RMI's and perceived work-related ergonomic hazards to their supervisor.