Ergonomics Program
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1. POLICY

It is the policy of UCOP 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).

An ergonomics program is a systematic process that communicates information to ensure that adequate and feasible solutions to ergonomic risks can be implemented to improve the workplace. The two most essential pieces of a successful ergonomics program are management commitment and employee involvement.

UCOP has implemented an ergonomics program that includes the following components:

- A written ergonomics program and a designated program coordinator
- Identification and prioritization of high-risk jobs and tasks
- Training for management and employees
- Implementation of control measures and follow-up evaluation
- A process for early intervention and medical management

This program enables UCOP to meet the requirements of the California Ergonomics Standard, Title 8 California Code of Regulations (8 CCR), Section 5110, which targets repetitive motion injuries (RMIs) (i.e., MSDs). This program is integrated into the written Injury and Illness Prevention Program (IIPP), Standard (8 CCR, Section 3203), referring to hazard assessment and hazard correction as they relate to ergonomic exposures.

2. PURPOSE

The purpose of the ergonomics program is to apply ergonomic principles to the workplace in an effort to reduce or eliminate the number and severity of musculoskeletal disorders (MSDs), thus increasing employee productivity, quality, and efficiency, while decreasing workers' compensation claims.

UCOP is committed to a proactive approach to ergonomics. A proactive approach seeks to anticipate and prevent ergonomic issues. Identifying and prioritizing jobs with increased risk factors are critical steps in our program. Once risks are identified and prioritized the focus is then on:

1. making changes before an injury/illness has occurred,
2. incorporating ergonomics into the design phase of a new work area or process
3. purchasing the appropriate equipment and tools

3. RESPONSIBILITIES

3.1 Ergonomics Program Manager

The ergonomics program manager reports directly to the Environment Health & Safety (EH&S) Director and is responsible for establishing and maintaining all evaluations, controls policy and program. The program manager will be responsible for managing the Omega Health System Program and based on the results of employees taking the Be Smart About Ergonomics Training and self risk assessment, will determine the need for individual ergonomic evaluations based on a scale of high, moderate and low risk.

Duties include:

- Emphasize the importance of early reporting of employee symptoms to managers and/or supervisors, and use Omega Health System as a systematic approach for early intervention.
- Facilitate the identification of employees’ level of risk based on the results of the Omega Health System Program self-assessment and prioritize.
- Maintain program records and provide documentation of ergonomics training and workstation
evaluations upon request.
• Schedule initial and ongoing training for managers, supervisors and employees, and maintain training records to include date, name of instructor, topic, and materials used.
• Ensure that control measures and recommendations are implemented in a timely manner.
• Monitor the program on an annual basis in conjunction with the EH&S Director.
• Report the results and the recommended plan of action to EH&S Director, if updated or changed.

### 3.2 Department Safety Officer

The Department Safety Officer is the primary liaison between employees and the UCOP EH&S office helps promote the use of Omega Health System Program self-assessment tool.

### 3.3 Management

Management supports the efforts of the Ergonomics Program Manager with adequate resources and active participation in the identification and control of ergonomic risk factors. Management will support an effective MSD reporting system and will respond promptly to employee reports of discomfort in addition to Omega Health System Program results. Management will regularly communicate with employees about the Omega Health System Program as well as the Ergonomics Program in general. Duties of management will include:

• Active support and participation in the Remedy Interactive and Ergonomics Program including review of workstation evaluations conducted in their departments and the implementation of recommended control measures.
• Encourage active participation by employees in Be Smart About Ergonomics online training & risk the Omega Health System and Ergonomics Program, including completing the initial self-assessment and follow-up assessments when required, ensure attendance at required training and encourage participation in the development of control measures.
• Ensure early reporting of symptoms is encouraged in their department and provide a prompt response.
• Ensure the implementation of recommended control measures and develop a system to monitor their effectiveness.

### 3.4 Employees

Employees are the essential element to the success of the program and will be asked for their input and assistance with identifying ergonomic risk factors, workstation evaluations, development, and implementation of controls and training.

Every employee of UCOP is responsible for conducting himself/herself in accordance with this policy and program. Employees will:

• Use the Omega Health System Program upon hire and as required (updates, after a workstation evaluation, relocation of workstation, etc.)
• 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.
• Attend ergonomics training as required and apply the knowledge and skills acquired to actual jobs, tasks, processes, and work activities.
• Report musculoskeletal disorders (MSD’s) 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.
• Take responsibility for his/her personal health and safety.
4. ERGONOMICS PROGRAM

4.1 Identification of High-Moderate-Low Risk Workstations

The Omega Health System Program is a tool that is used to identify and prioritize employees needing an office workstation evaluation to prevent an ergonomics injury. The program manager is responsible for ensuring that Omega Health System is provided with a daily updated list of new employees. Omega Health System will then email employees with an initial invitation to complete Be Smart About Ergonomics Training & Risk self-assessment tool, as well as send reminders for follow-ups, etc. Omega Health System will then send the program manager a prioritized list (high, moderate and low risk) of employees after they have completed the self-assessment. Workstation evaluations will be scheduled based upon this list and other direct requests.

4.2 Reporting Procedures

In addition to using the Omega Health System Program to identify and prioritize employees that are at risk for an ergonomic injury, the following reporting procedures have been established:

- Employees who experience discomfort or symptoms associated with MSDs should immediately report the discomfort, verbally and/or in writing, directly to their supervisor.
- Any injury identified and diagnosed as a work-related MSD by a licensed health-care provider will be immediately reported to the supervisor and the HR Disability Leave Management Program.
- Supervisors or any member of management who acquire information that an employee is experiencing symptoms of a MSD should notify the HR Disability Leave Management Program Manager, Nina Chew.
- Ergonomics evaluations are scheduled upon request. Completion of Be Smart About Ergonomics training and risk self-assessment is required prior to an in-person workstation evaluation.
- Supervisors shall notify EH&S ergonomics program ehs@ucop.edu upon receipt of a request for an ergonomic evaluation, modification, or accommodation.

4.3 Workstation Evaluations

In addition to the high and medium risk employees identified by Omega Health System who will need workstation evaluations; upon completion of Be Smart About Ergonomics online training and risk self-assessment, any employee or their supervisor may request an ergonomic assessment by contacting EH&S ehs@ucop.edu. Written documentation will be provided to the employee and his/her supervisor with recommendations to reduce/eliminate ergonomic risk factors within two weeks after the evaluation.

Workstation evaluations and recommended ergonomic solutions are documented with a written report sent to the employee and their manager. A record of the ergonomic evaluations and the associated recommendations are kept in a secure Risk Services file for confidentiality.

The employee’s direct supervisor will be responsible for implementing any recommended corrective actions. The employee will be informed by the his/her supervisor of the potential exposures and recommended solutions.

The employee will be responsible for using equipment correctly and performing tasks as outlined in the corrective action plan.

The employee will be contacted to determine if a follow-up workstation evaluation is necessary to measure the effectiveness and/or implementation status of the recommendation(s).
4.4  Training

General Ergonomics Awareness Training

Be Smart About Ergonomics online training & risk self-assessment is available to all new UCOP employees through the Learning Management System (LMS).

Ergonomics Training Updates

Provided, as needed, through online training programs, classes and specialized one-on-one trainings.

4.5  Medical Management

In accordance with California regulations, UCOP provides medical care to all employees injured at work. UCOP maintains a good working relationship with our medical care providers, listed in Appendix A. All work-related injuries and illnesses will be referred to the providers listed in Appendix A, unless the injured employee has notified UCOP in writing that other provisions have been made prior to an injury or illness.

In the event of a work-related injury or illness, the medical care provider/professional will:

- Provide diagnosis and treatment for UCOP employees
- Determine if reported musculoskeletal disorder (MSD) signs or symptoms are work-related
- Comply with UCOP Early Return-to-Work program by recommending restricted, modified, or transitional work duties when appropriate
- Refer UCOP injured employees to other clinical resources for therapy or rehabilitation
- Provide UCOP with timely work status reports
- Develop a positive working relationship with UCOP workers’ compensation third party claims administrator, Sedgwick CMS.

UCOP has an Early Return-to-Work program and will offer return-to-work opportunities to all injured employees in accordance with work restrictions identified by a recognized medical provider. Contact Nina Chew, Disability and Leave Management Program Manager for more information.
Appendix A
UCOP Medical Providers

Oakland
Concentra Medical Centers
384 Embarcadero West
Oakland, California 94607
(510) 465-9565

Kaiser On-The-Job
235 W. MacArthur Boulevard, 3rd Floor
Oakland, California 94611
(510) 752-1244

University of California Tang Center
2222 Bancroft Way
Berkeley, California 94720
(510) 642-6891

UC Sacramento Center
Occupational & Environmental Medicine
UC Davis Medical Center, Cypress Building
2221 Stockton Boulevard, Suite A
Sacramento, California 95817
(530) 754-7635

UCOP Education Abroad Program, Goleta
Occupational Medicine Center
**Hours: Monday to Friday 8AM to 6 PM**
Sansum/Santa Barbara Medical Foundation Clinic (SSBMFC)
101 S. Patterson Avenue
Santa Barbara, California 93111
(805) 898-3311

Urgent Care/Hitchcock Branch
**Hours: Saturday – Sunday 9AM to 6 PM**
Sansum/Santa Barbara Medical Foundation Clinic (SSBMFC)
51 Hitchcock Way
Santa Barbara, California 93105
(805) 563-6133
**Use only when Patterson office is closed**
Appendix B

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 workstation evaluation, control of exposures which have caused RMIs and training of employees.

1. Workstation 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.

## Appendix I

### Guide to Office Ergonomics

<table>
<thead>
<tr>
<th>Sore Body Part</th>
<th>Possible Problem</th>
<th>Possible Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Back of neck</td>
<td>Monitor screen too high or low</td>
<td>Lower monitor</td>
</tr>
<tr>
<td>2. Sides of neck</td>
<td>Keyboard is not aligned with monitor</td>
<td>Center keyboard</td>
</tr>
<tr>
<td>3. Sides of neck</td>
<td>Cradling telephone with shoulder</td>
<td>Hold phone with hand, use speaker phone if in an office</td>
</tr>
<tr>
<td>4. Right side of neck</td>
<td>Continual reaching for mouse on right side</td>
<td>Position mouse close to keyboard</td>
</tr>
<tr>
<td>5. Left side of neck</td>
<td>Continual reaching for mouse on left side</td>
<td>Position mouse close to keyboard</td>
</tr>
<tr>
<td>6. Right shoulder</td>
<td>Reaching for telephone/adding machine with rt. hand</td>
<td>Move telephone/adding machine closer</td>
</tr>
<tr>
<td>7. Right shoulder</td>
<td>Right arm of chair is too high</td>
<td>Lower arm of chair so shoulder is relaxed</td>
</tr>
<tr>
<td>8. Left shoulder</td>
<td>Reaching for telephone/adding machine with lt. hand</td>
<td>Move telephone/adding machine closer</td>
</tr>
<tr>
<td>9. Left shoulder</td>
<td>Left arm of chair is too high</td>
<td>Lower arm of chair so shoulder is relaxed</td>
</tr>
<tr>
<td>10. Thoracic area</td>
<td>Keyboard too high; mouse too high</td>
<td>Lower keyboard tray</td>
</tr>
<tr>
<td>11. Thoracic area</td>
<td>Keyboard too far away; mouse too far away</td>
<td>Move keyboard and mouse closer</td>
</tr>
<tr>
<td>12. Upper arms</td>
<td>Keyboard too high; mouse too high</td>
<td>Lower adjustable tray</td>
</tr>
<tr>
<td>13. Upper arms</td>
<td>Keyboard too high; mouse too high</td>
<td>Lower adjustable tray</td>
</tr>
<tr>
<td>14. Elbows</td>
<td>Keyboard too high; mouse too high</td>
<td>Lower adjustable tray</td>
</tr>
<tr>
<td>15. Forearms</td>
<td>Keyboard too high; mouse too high</td>
<td>Lower adjustable tray</td>
</tr>
<tr>
<td>16. Wrists</td>
<td>Keyboard too high or low; mouse too high or low</td>
<td>Adjust angle of tray; lower “feet” of keyboard</td>
</tr>
<tr>
<td>17. Wrists</td>
<td>No place to rest hands while not typing</td>
<td>Use wrist rests</td>
</tr>
<tr>
<td>18. Wrists</td>
<td>Resting wrists on sharp edge or hard surface</td>
<td>Use wrist rests</td>
</tr>
<tr>
<td>19. Hands</td>
<td>Improper alignment over keyboard</td>
<td>Use &quot;natural&quot; keyboard</td>
</tr>
<tr>
<td>20. Fingers</td>
<td>Improper alignment over keyboard</td>
<td>Sit directly in front of and facing keyboard</td>
</tr>
<tr>
<td>21. Eye strain</td>
<td>Monitor too close or too far away</td>
<td>Move monitor</td>
</tr>
<tr>
<td>22. Eye strain</td>
<td>Lighting too dim or too bright</td>
<td>Adjust lighting or monitor contrast</td>
</tr>
<tr>
<td>23. Back ache</td>
<td>Chair does not fit properly</td>
<td>Adjust chair</td>
</tr>
<tr>
<td>24. Leg ache</td>
<td>Seat pan either too deep or too shallow</td>
<td>Adjust chair</td>
</tr>
<tr>
<td>25. Leg ache</td>
<td>Seat does not tilt properly</td>
<td>Adjust chair</td>
</tr>
<tr>
<td>26. Legs go to sleep</td>
<td>Seat pan too deep</td>
<td>Adjust chair</td>
</tr>
<tr>
<td>27. Legs go to sleep</td>
<td>Chair does not lower enough, feet not flat</td>
<td>Use foot rest</td>
</tr>
</tbody>
</table>