Insert Company Logo Here

# **Ergonomics Programs**



Name, Job title Company name Date someone@example.com

#### **Ergonomics Program**

The purpose of this program is to inform interested persons, including employees, that (Company Name) is committed to improve our employees' comfort and well-being by identifying and correcting ergonomic risk factors on the job. This program applies to all work operations, both in our plant and in the office areas. Our safety manager coordinates all safety and health programs for (Company Name). He/she reviews the Ergonomics Program and provides guidance, as needed.

(Company Name) has implemented this ergonomics program at all company sites to address the problem of musculoskeletal



disorders (MSDs). MSDs have become an issue of increasing concern because they continue to rise in occurrence.

Under this program, a team of our employees will evaluate jobs which they have identified as having "problem areas" and develop and implement solutions to reduce job-related worker injury and illness.

Our goal through this Ergonomics Program is to prevent the occurrence of work-related musculoskeletal disorders by controlling or eliminating the risk factors which cause them. This program ensures that all affected employees are aware of job-related risk factors and provides information and solutions to elevate them. (Company Name) promotes continuous improvement for the efficiency, comfort, and well-being of all employees through a team effort of management and employee involvement.

If, after reading this program, you find that improvements can be made, please contact our safety manager. We encourage all suggestions because we are committed to the success of our Ergonomics Program. We strive for clear understanding, safe and efficient work practices, and involvement in the program from every level of the company.



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## **Ergonomics Team**

(Name of Person Responsible for Ergonomics Program) is responsible for our Ergonomics Program. The Ergonomics Team has developed objectives for ergonomic improvements within our company and methods for identifying and resolving these problem areas. The written plan for these goals, objectives, and solutions may be obtained from (Name of Person Responsible for Ergonomics Program) in (Location of Program Hard Copy).



Our Ergonomics Team is comprised of a cross section of employee representatives from various departments/areas and staff levels in our company. (Company Name) Management Team is committed to the success of this program by providing resources and the staff time necessary to identify and correct problem jobs. The members of our Ergonomics Team are:

Name	Department	Phone Number
Fill in name and contact information		
Add additional rows if needed		

The Team members have been trained to recognize problem jobs, identify risk factors, and develop solutions to reduce those factors. Elements of this training include the identification of workplace risk factors; job analysis methods, implementation and evaluation of control measures, and teamwork skills.

Additional training completed by Team members includes: (enter your answer)

Name	Additional Training
Fill in name and training information	
Add additional rows if needed	

#### Injury/Medical Management

(Healthcare Provider) is the health care provider we have chosen to provide medical treatment for our employees with injuries or illnesses relating to ergonomic factors. They have visited our facility and are familiar with our specific workplace job procedures and the job risk factors.

We encourage all employees to immediately report any symptoms of discomfort that may be associated with their job duties. In most cases, employees are to report to their immediate



supervisor. Those supervisors are responsible to recommend alternative work or medical evaluation for injured or ill employees.

Supervisors record and file written reports from the first observation of illness or injury through all subsequent follow-up activities. They are also responsible to forward information about the worker injury or illness for recording on the Log of Work-Related Injuries and Illnesses. The supervisor may recommend that the job receive an evaluation from the Ergonomics Team. Supervisors or other personnel with these responsibilities are (enter your answer).

Our procedures for entering an MSD-related injury/illness on (Company Name) Log of Work-Related Injuries and Illnesses include:

- (list your procedures for entering MSD-related injury or illnesses)
- (add additional bullets as needed)

Every work procedure that causes a worker injury or illness will be investigated and reported. This documentation provides vital information for the identification of job related risk factors so that the problems can be corrected before other injuries occur.

After an injured employee has been treated by the health care provider, the following procedures are used to monitor the recovery process and their return to work.

- (list your procedures monitor the recovery and return to work)
- (add additional bullets as needed)

The Ergonomics Team has developed a list of light and restricted duty jobs which have low musculoskeletal risks. This list is a valuable resource for assigning duties to recovering employees until they can resume their normal job functions. These jobs include:

- (list light duty tasks)
- (add additional bullets as needed)

After verification of an employee's job-related injury or illness, our safety manager and the Ergonomics Team will review this plan and re-evaluate the work station to determine if additional practices, procedures, or redesign of the station could be implemented to prevent similar injuries.

## **Identifying Problem Jobs**

There are several methods used to identify problem jobs which are most likely to result in ergonomic disorders. The Ergonomics Team initially reviewed and periodically monitors (Company Name) injury and illness records such as the Log of Work-Related Injuries and Illnesses and workers' compensation data to identify patterns of ergonomic-related injuries and illnesses.



In addition, jobs are evaluated for the following risk factors:

- Rate and number of repetitions: performance of the same motion or motion patterns every few seconds for more than two hours at a time.
- Postures and limb positions: fixed or awkward work postures such as overhead work, twisted or bent back, bent wrist, stooping, or squatting, for more than a total of two hours.
- Vibration: use of vibrating or impact tools or equipment for more than a total of two ٠ hours.
- Loads/lifted: lifting, lowering, or carrying of anything weighing more than 25 pounds (11.34 kg) more than once during the work shift.
- Loads/static: holding a fixed or awkward position with arms or neck for more than ten • seconds.
- Muscle forces: continually pulling or pushing objects.
- Work pace: piece rate or machine paced work for more than four hours at a time (legally required breaks cannot be included when totaling the four hour limit).

Our Ergonomics Team has identified the following jobs at our facility as having these ergonomic risk factors:

Job Title	Risk Factor	Possible Solutions
<mark>Fill in Job Title</mark>		
Add additional rows if needed		

Ergonomics Team members participate in evaluating new equipment and processes for potential risk factors. They also evaluate hand tools to determine if the designs are ergonomically suitable for the intended use and appropriate for the workers who use them.

## Solutions

When a job, process, or equipment has been evaluated, the Ergonomics Team completes a risk factor checklist. Through this checklist, problems are identified for correction and supervisors and employees in the affected areas are notified. The Ergonomics Team, in conjunction with those affected employees, will develop possible solutions, choose the most appropriate solution, implement the changes, and follow up to determine the effectiveness.

For each problem job which has been changed, we maintain a file of the improvements and changes completed. The file contains documentation of the ergonomic-related illnesses or injuries, the actual changes made, and any similar incidents which occurred after the changes were implemented. To maintain these files, we:

- (enter your maintenance procedure for ergonomic job recorded changes)
- (add additional bullets as needed)

These files are kept in (enter locations the records are kept).



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## **Employee Training**

(Company Name's) management staff receive copies of this written ergonomics program and the company's policy statement regarding ergonomics in our workplace. We train each employee who works at a job with exposure to specific risk factors and each employee in a job where a work-related musculoskeletal disorder has been recorded.

These are the ergonomic elements we teach to all employees:

- How to recognize workplace risk factors associated with work-related musculoskeletal • disorders and the ways to reduce exposure to those risk factors.
- The signs and symptoms of work related musculoskeletal disorders, the importance of ٠ early reporting, and medical management procedures.
- Reporting procedures and the person to whom the employee is to report workplace risk factors and work-related musculoskeletal disorders.
- The process the company is taking to address and control workplace risk factors, each employee's role in the process, and how to participate in the process.
- Opportunity to practice and demonstrate proper use of implemented control measures and safe work methods which apply to the job.

Each employee involved in job analysis will be trained in job analysis methods, especially as they relate to identifying workplace risk factors, and evaluation and implementation of control measures.

This company will not implement any policy or practice which discourages reporting or which results in discrimination or reprisal against any employee who makes a report.

#### Enforcement

Constant awareness of and respect for ergonomic hazards, and compliance with all safety rules are considered conditions of employment. Supervisors and individuals in the Safety and Personnel Department reserve the right to issue disciplinary warnings to employees, up to and including termination, for failure to follow the guidelines of this program.

#### Appendix

We have attached to this plan any lists, samples or procedures we thought would ensure better understanding of our written program.

Appendix 1 – Name of Appendix (Material as needed.)

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