

**Commander Navy Region Southwest
(CNRSW)**



**PROCEDURES AND GUIDELINES
GOVERNING THE CNRSW
REGIONAL ERGONOMICS PROGRAM**

**Ref: OPNAVINST 5100.23 (Series)
COMNAVREGSWINST 5100.11 (Series)**

1. Program Administration. CNRSW Safety Headquarters is responsible to seek to prevent injuries and illnesses by applying ergonomic principles to identify, evaluate, and control ergonomic risk factors for work-related musculoskeletal disorders (WMSDs). WMSDs are disorders of the musculoskeletal nervous system occurring in either the upper or lower extremity and the spine. These injuries include both cumulative trauma disorders (CTDs) and overexertion injuries (sprains and strains).

2. Management Commitment and Employee Involvement. Aggressive and coordinated management actions are necessary to prevent WMSDs and to control claims and costs related to these injuries. Commitment by management provides the organizational resources and motivating forces necessary to deal effectively with ergonomic hazards. Employee involvement and feedback are likewise essential, both to the identification of existing and potential hazards, and to the development of an effective means for their abatement.

3. Workplace Analysis. The site shall conduct a thorough WMSD analysis of workplaces, as part of, or in conjunction with, the workplace inspections and industrial hygiene surveys. The analysis shall include the identification of risk factors such as awkward posture, sustained positions, excessive force,

excessive repetition, contact stress, segmental or whole body vibration, and environment issues such as temperature extremes, poor lighting and excessive noise. This analysis shall also identify unsafe employee behavior or acts, such as bending, twisting, over reaching, elbows over shoulder level, excessive pinch gripping and overexertion. **Attachment 4** shall be used during workplace safety and health inspections to identify ergonomic risk factors. If the action(s) necessary to reduce or eliminate WMSD risk factors are not apparent an analysis is not necessary. **Use Attachment 6, Appendix 23-C** for guidance on conducting a workplace analysis.

4. Conditions for Conducting a Workplace Analysis.

- a. Risk factors exist on an employee who has submitted a mishap report
- b. An unsafe/unhealthful condition occurs
- c. Surveys returned from an inspection identify ergonomic risk factors.
- d. Industrial hygiene reports identify ergonomic risk factors.

5. Hazard Prevention and Control. Corrective actions should be considered for ergonomic risk factors which include (in preferred order of priority), process elimination, engineering controls, substitution of materials, tools, equipment, improved work practices and administrative controls, (e.g., lifting restrictions, adjustments of work-rest cycles, slowing work pace and job rotation).

NOTE: Activities shall not use back support belts or wrist splints as personal protective devices in the prevention of back and wrist injuries. These devices are considered medical appliances and, should be prescribed by a credential healthcare provider who shall assume responsibility for medical clearance, proper fit of the device, treatment and monitoring/supervising of the wearer.

a. Engineering Controls. Engineering controls are the preferred mechanism for controlling ergonomic risk factors. These controls may entail redesign of workstations, work methods, and tools to control/eliminate the risk factors.

b. Administrative Controls. Administrative controls, such as rotating employees to jobs with dissimilar physical requirements, establishing work/rest schedules, or training employees to use appropriate work methods must be considered when engineering controls are not feasible.

NOTE Heavy lifts cannot be avoided; therefore, the assistance of other personnel or the use of mechanical handling equipment should be used. It is also common sense to label the actual weight of any object that a worker needs to lift or carry.

c. Planned Facility Modifications and Equipment Purchases. When activities develop plans for new or modified facilities, processes, jobs, tasks, materials and equipment, the site should analyze such plans as opportunities to eliminate or reduce ergonomic hazards.

6. Training. A key to establishing an ergonomics program is the proper training of managers, supervisors, professional staff, ergonomic teams and all employees.

a. Managers shall: receive sufficient training in ergonomics to effectively carry out their duties for the health and safety of their employees.

b. Supervisors shall:

(1) Receive training to recognize hazardous work practices and the symptoms of WMSDs, determine the steps necessary to remove ergonomic risk factors, and to reinforce the ergonomics program.

(2) Receive specialized training in WMSD and back injury prevention.

c. Employees shall: receive training and formal instruction describing various risk factors associated with their jobs, tools, task, processes, and equipment.

(1) Ergonomics training is designed to promote awareness, reduce and minimize ergonomic hazards.

7. Responsibilities.

a. Supervisors shall:

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(1) Ensure personnel identified at risk receive WMSD back injury prevention training

(2) Review work assignments to eliminate, whenever possible, repetitive and prolonged static activities, forceful exertions, awkward postures, excessive vibration from power tools or vehicles, and workstations lacking adjustability.

(3) Complete and return surveys/questions as required

b. Employees shall:

(1) Complete WMSDs and back injury prevention training.

(2) Complete pre-placement and periodic medical examinations when required.

(3) Report all WMSDs and back injuries to their supervisor.

(4) Obtain assistance from co-worker or use mechanical devices when items to be lifted are beyond his/her capacity.

(5) Use proper lifting techniques.

(6) Complete and return surveys as required

c. Safety Office shall:

(1) Identify areas, operations and personnel with the highest frequency of WMSDs. Analyze mishap data annually, through OSHMAP, to identify the number, frequency, type, location and cost of these injuries. Target prevention and control through training personnel and operations with the highest frequency of injuries.

(2) Provide ergonomics training.

(3) Review operations to determine where restrictions or reductions can be obtained weight lifting, twists, turns, lifting heights and operational heights.

(4) Conduct work site and workplace analyses.

(5) Ensure that all attachments are included in the analysis and forwarded to employee.

(6) Track actions to reduce WMSD risk factors using hazard abatement tracking methods until completed.

(a) Memo from site. Attachment 1

(b) Checklist for Ergonomic Stress at Workstations Equipped with Video Display Terminals. Attachment 3, Appendix 23B 4,5 or Checklist for Evaluation of Ergonomic Stress in Industrial Shops. Attachment 3, Appendix 23-B

(c) Ergonomics Analysis Worksheet. Attachment 2, Appendix 23-A-3,4

(d) Employee Discomfort Survey. Attachment 4. Attachment 23 A-2

(e) CNRSW SAFETYGRAM - How to Sit at a Computer. Attachment 5

d. Labor & Management Relations Office shall:

(1) Manage and control compensation claims

(2) Establish an effective return-to-work program including light duty, job restructuring and rehabilitation for personnel with WMSDs and back injuries.

(3) Research compensation claim records and any other injury records prior to placement of personnel in jobs that may aggravate an existing condition.

(4) Assure adequate and reasonable physical requirements are established for each position consistent with the provisions of Civilian Personal Regulations.

e. Medical Department, Naval Medical Clinic shall:

(1) Conduct medical examinations to assure personnel meet the physical requirements for the position.

(2) Provide recommendations to Labor & Management Relations Office regarding work modification or suitable work for light duty candidates.

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