

## CHAPTER 23

### ERGONOMICS PROGRAM

2301. Discussion. This program seeks to prevent injuries and illnesses by applying ergonomic principles to identify, evaluate, and control ergonomic risk factors for work-related musculo-skeletal disorders (WMSDs). WMSDs are disorders of the musculoskeletal and 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).

2302. Management Commitment and Employee Involvement. Aggressive and coordinated management action is necessary to prevent WMSDs and to control claims and costs related to these injuries. Commitment by management provides the organizational resources and motivating force 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.

2303. 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, adjustment of work-rest cycles, slowing work pace and job rotation).

a. Engineering Controls. Following process elimination, 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.

c. While it is recognized that some heavy lifts cannot be avoided, many lifting operations can be designed to require assistance of other personnel or the use of mechanical handling equipment.

2304. Planned Facility Modifications and Equipment Purchases.

When plans are developed for new or modified facilities, processes, materials, and equipment, the supervisor and the Safety Office will analyze such plans to identify opportunities to eliminate or reduce ergonomic hazards.

2305. Training

a. A key to establishing an Ergonomics Program is the proper training of managers, supervisors, professional staff, and employees, as appropriate. Much of the training given as part of an Ergonomics Program is actually an attempt at behavior modification.

(1) Managers shall receive training to effectively carry out responsibilities for the health and safety of their employees.

(2) Supervisors shall:

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

(b) Receive specialized training in WMSD and back injury prevention

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

b. Ergonomics training is designed to promote awareness, reduce, and minimize ergonomic hazards.

2306. Responsibilities

a. Supervisors shall:

(1) Ensure personnel identified at risk receive WMSD and 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.

b. Employees shall:

(1) Complete WMSDs and back injury prevention training

when applicable.

(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 it is determined that objects to be lifted are beyond his/her capability.

(5) Use proper lifting techniques.

c. Safety Office shall:

(1) Identify areas, operations and personnel with the highest frequency of WMSDs. Analyze mishap data 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 in weight-lifting, twists, turns, lifting heights, operational heights, etc.

(4) Conduct work site and workplace analyses per reference 23-1.

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 Personnel Regulations.

e. Servicing Medical Treatment Facility 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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REFERENCES

- 23-1 OPNAVINST 5100.23 (Series), Navy Occupational Safety and Health (NAVOSH) Program Manual