



Ergonomics Program

Ergonomics Program for Birmingham Community Charter High School

PURPOSE

Birmingham Community Charter High School (BCCHS or School) has adopted this Program to minimize musculoskeletal disorders (MSD's) through the assessment of work-related factors (which may pose a risk of musculoskeletal disorders), the implementation of administrative and engineering control measures, and employee training. This program document is a "living" document, and is thus subject to periodic changes and updates.

The effectiveness of this program is contingent upon the collective efforts and fulfillment of the responsibilities of all educational partners to the School in achieving its goals and objectives.

Awareness of and compliance with all School safety rules and programs are considered conditions of employment. The School reserves the right to discipline employees, up to and including termination, for failure to follow the guidelines of this program in accordance with established policies, procedures and negotiated agreements.

AUTHORITY AND SCOPE

Authority: California Code of Regulations, Title 8, Section 5110, Repetitive Motion Injuries.

Scope: This plan applies to a job, process, or operation where a repetitive motion injury (RMI) has occurred to more than one employee under the following conditions:

1. Work related causation – RMIs were predominantly caused (more than 50%) by a repetitive job, process, or operation
2. Relationship between RMIs at the workplace – Employees incurring RMIs must have been conducting the identical job tasks
3. Medical requirements – RMIs were non-skeletal in nature
4. Time requirements – Reported to the School within the last 12 months

DEFINITIONS

"MSD's": disorders of the muscles, ligaments, bones, nerves, tendons, and/or vascular system, alone or in combination, that are caused by repeated movements. Musculoskeletal Disorders include the following:

- Disorders of the muscles, nerves, tendons, ligaments, joints, cartilage, or spinal discs
- Disorders that are not typically the result of any instantaneous or acute event (such as a slip, trip, or fall) but reflect a more gradual or chronic development (nevertheless, acute events such as slips, and trips are very common causes of musculoskeletal problems such as low back pain)
- Disorders diagnosed by a medical history, physical examination, or other medical tests that can range in severity from mild and intermittent to debilitating and chronic.
- Disorders with several distinct features (such as carpal tunnel syndrome) as well as disorders defined primarily by the location of the pain (i.e., low back pain)

“Licensed Physician”: A person with a M.D. or D.O. degree licensed and diagnosing within the scope of his or her practice. Diagnosis by any medical practitioner acknowledged according to the California Labor Code for the purposes of claims for workers’ compensation are included.

“Predominant Cause”: The determination, based upon objective medical evidence that a medical condition has resulted from a work-related repetitive job, process or operation of identical work activity.

“Identical Work Activity” The same work-related repetitive motion task, such as but not limited to word processing, assembly, or loading, performed by more than one employee.

“Workstation” The primary physical location of where an employee performs the bulk of his/her usual and customary duties. A workstation can be a desk for a clerical employee, or a warehouse floor for a warehouse worker.

RESPONSIBILITIES

1) The BCCHS Human Resources Department has the following responsibilities:

- a. Maintaining a written program in compliance with current Federal and State regulations, including annual updates.
- b. Coordinating, implementing, conducting and monitoring any training required by the regulations.
- c. Providing all employees with information about this Program.
- d. Assisting employees and supervisors in implementing the requirements of the program.
- e. Assisting sites and departments in identifying and implementing feasible engineering controls.
- f. Maintaining records as required under the regulations.
- g. When an unsafe act has occurred, directing the immediate supervisor (administrator or classified manager) to meet with the employee involved to initiate its counseling and progressive discipline programs in accordance with established School policy and procedure.

2) The immediate supervisor (administrator or classified manager) is responsible for

- a. Informing their staff of the location and availability of this written program, training materials, and information supplied to the School by the U.S. Department of Labor or Cal/OSHA.
- b. Informing their staff of the equipment, operations or areas where there may be a concern.
- c. Providing and ensuring their staff use engineering controls and/or wear appropriate clothing to prevent problems.
- d. Provide materials and equipment to ensure fulfillment of their operational goals and objectives in a safe work environment.
- e. Ensuring Human Resources is notified of a need to evaluate work conditions under this standard.
- f. Maintaining records as required under the regulations.

- g. Ensuring compliance with this standard by meeting with the employees who engage in unsafe practices, and applying counseling and progressive discipline in accordance with established School policy and procedure.

3) Employees are responsible for:

- a. Notifying their supervisor and/or Human Resources of the need to evaluate work conditions that may cause issues.
- b. Using engineering controls or wearing appropriate clothing to prevent issues in compliance with Safe Operating Procedures (SOPs), postings, instructions or training received.
- c. Maintaining physical fitness in order to meet the physical demands of his/her job.
- d. Ensuring that their materials and equipment offer the least amount of resistance or strain in their use, and to use/maintain those materials and equipment properly.

COMPONENTS OF STANDARD

Ergonomics is the science of fitting workplace conditions and equipment to the physical capabilities of the working population. Effective and successful "fits" assure high productivity, reduced incidence of illness and injury risks, and increased job satisfaction among employees. The scope of ergonomics is broad and impacts more than the affected employee. It impacts the employee's department and ultimately the School's ability to meet the educational needs of its students and their families.

RISK FACTORS ASSOCIATED WITH MSD'S

Risk factors (or exposures) are jobs requiring repetitive, forceful, or prolonged exertions of the hands; frequent or heavy lifting, pushing, pulling or carrying; and prolonged awkward postures. Vibration and environmental conditions may add risk to these work conditions. Jobs or working conditions presenting multiple risk factors will have a higher probability of causing a musculoskeletal problem. The level of risk depends on the intensity, frequency, and duration of the exposure to these conditions and the individual's capacity to meet the force or other job demands which may be involved. Other risk factors include, but are not limited to, employee health, outside hobbies and recreation, and home computer use.

Exposures are identified through a variety of means, including but not limited to the following:

- Scheduled and unscheduled inspections of worksites and work processes by supervisors and appropriate assigned personnel
- Submission of Request for Evaluation of Safety Condition forms
- Completion of the ergonomic self-assessment
- Requests for workstation evaluations
- Investigations of claims for workers' compensation

SYMPTOMS ASSOCIATED WITH MSD'S

Symptoms or subjective complaints may or may not be attributable to MSD's. A variety of medical conditions may be the cause(s) of the same symptoms and complaints. A medical evaluation subsequent to the reporting of a symptom may diagnose a medical condition, or contributing factors, which may not demonstrate the symptoms stem from a work related cause yet exhibit the same symptoms. For this reason, this program refers to symptoms "associated" with MSD's

such as the following:

- Diagnoses such as carpal tunnel syndrome, tendonitis, tenosynovitis, epicondylitis, cervical nerve impingement, thoracic outlet syndrome and low back pain
- Non-specific subjective complaints like "hand pain", "neck pain" or "back pain" which - while not a specific diagnosis - may be an indicator of a significant health problem if severe or persistent
- Complaints of undue strain, localized fatigue, discomfort, or pain that does not go away after overnight rest and
- Frequent visits to a licensed physician making references to physical aches and pains related to certain types of work tasks

REPORTING MSD'S

There are multiple ways to report suspected MSDs:

- a. Contact the Human Resources Department and request for an ergonomic evaluation to be completed on your workstation
- b. File a Workers' Compensation claim
- c. Submit a completed Request for Evaluation of Safety Condition form.

WORKSTATION EVALUATION

A workstation is the primary location where an employee performs his/her job such as a desk, a car or bus, or place on an assembly line. Workstation evaluations are conducted upon request, or as part of the investigative process after filing a claim for Workers' Compensation. Someone trained in ergonomics and how to conduct evaluations conducts the evaluation. The evaluation uses a standardized checklist, which ensures all aspects of a person's workstation are included, and all evaluations are based upon criteria, which is applied consistently.

All employees who work at a desk or computer, even if for just a portion of the work day, should conduct an ergonomic Self-Assessment Process (Appendix C) whenever they begin working in a new workstation or a new position. Additionally, it is recommended that employees conduct this process annually.

Any employee who is concerned he/she may incur an MSD as a result of the performance of his/her duties, may request a Workstation Evaluation by contacting the Human Resources Department and completing an Ergonomic Evaluation Request Form (Appendix B). The employee should also notify his/her immediate supervisor. A representative will be assigned by the human resources department, and will visit the employee's workstation and conduct an evaluation of work processes, administrative and engineering controls. At the time of the evaluation, the representative may make suggestions to the employee regarding body mechanics and workstation adjustments. Based upon the level of exposure in incurring an MSD, the representative will recommend further adjustments and controls, including the purchase of equipment designed to minimize MSDs.

WORKSITE EVALUATION

A Worksite Evaluation is the evaluation of all the workstations, which perform duties of a similar nature. The evaluation is conducted after the filing of two (2) claims for Workers' Compensation within one (1) year at a worksite.

- 1) **CONTROLS:** Any exposures which may have caused MSDs shall be corrected, or if not capable of being corrected have the exposures minimized to the extent feasible. There are two basic methods for minimizing the occurrence of MSD's - engineering and administrative controls.

Engineering Controls: Measures designed to ensure the materials and equipment used by the employee are

conducive to minimizing MSD's. Examples of engineering controls include, but are not limited to the following:

- Articulating keyboard trays which allow the keyboard to be adjusted at the right height and distance to keep the arms and wrists in a neutral position.
- Insulated grips or gloves for hand tools and power tools to reduce vibration and grasp exertion.
- Broom handles designed to sweep underneath bus seats to minimize bending and stooping.

Administrative Controls: Measures designed to ensure work processes are conducive to minimizing MSD's. Examples of administrative controls include, but are not limited to the following:

- Job task rotation
- Changes to job task performance methods
- Temporary Modified Duty

The School may also consider other control measures which would not impose additional unreasonable costs.

- 2) **EQUIPMENT:** Human Resources will maintain an account from which equipment may be purchased upon recommendation from an ergonomic evaluation. The equipment is intended solely for the use of the individual who has received the ergonomic evaluation or has evidence of a medical condition consistent with this standard. The equipment is intended to address the specific work processes, and to mitigate the risk factors which cause MSDs. The type of equipment is determined on a case-by-case basis.

Purchased equipment will remain the property of BCCHS and is to be returned to BCCHS upon the employee's separation from employment or when there is no longer a need for the employee to use the equipment. Returned equipment will be available to be used by another employee needing such equipment.

Equipment is not provided for aesthetic reasons or to make people feel comfortable. Additional furniture and equipment for the employee, or a group of employees, is not available through this program and should be addressed through the normal School budget process.

- 3) **MEDICAL PROVIDER RECOMMENDATION:** A note from a medical provider prescribing equipment does not automatically mean such equipment will be provided. There must be a linkage between the equipment and the medical condition. The equipment must be remedial and/or preventative to further deterioration of a diagnosed MSD condition.

Medical notes may be required to be accompanied by an evaluation report. To obtain the necessary medical information, the School may require a fitness-for-duty examination. The report shall include a diagnosis, prognosis and treatment regimen. The medical provider shall note any performance restrictions resulting from the diagnosed medical condition. The type of equipment will be evaluated in terms of any alleviation of limitations imposed by the restrictions.

TRAINING

Training is conducted as part of the new-hire orientation process, when new exposures are introduced to an employee's environment, on an ongoing basis each year, and to employees at a worksite subsequent to two (2) accepted claims for workers' compensation by employees at that worksite who perform similar duties. Training shall include the following subjects:

- ☑ Ergonomic Program

- ☐ Exposures associated with MSD's
- ☐ Symptoms and consequences of injuries caused by repetitive motion
- ☐ Importance of reporting symptoms and injuries
- ☐ Methods to minimize MSD's

RECORDKEEPING

All medical information obtained under this policy will be treated in accordance with the Confidentiality of Medical Information Act (Civil Code Sections 56-56.37), and the General Industry Safety Orders, Section 3204. Medical information will be kept in separate files from Personnel records and shall be available for inspection by an employee upon request.

REPORTING

“WHISTLEBLOWER” PROTECTION: California Labor Code Section 6310 prohibits employers from firing or discriminating against any worker because the worker has informed their employer, or filed a complaint with Cal/OSHA, about unsafe or unhealthy working conditions. Employees have a right to inform their employer or file a complaint with Cal/OSHA when unsafe conditions exist at their workplace, and this right is assured to them under the California Occupational Safety and Health Act of 1973.

To report an unsafe condition, use the Injury & Illness Prevention Program (IIPP) form titled “Request for Evaluation of Unsafe Condition”. This form may be submitted anonymously if you prefer. You can locate this form in any IIPP binder at any site.

CONTRACTORS

Contractors shall maintain and enforce an Injury and Illness Prevention Program as required by State law, and in signing any contractual agreement with the School, makes the following certification:

“CONTRACTOR is aware of the provisions of California Labor Code, Division 5, and of the California Code of Regulations, Title 8, and shall maintain an active comprehensive Injury and Illness Prevention Plan – including applicable standards (e.g. ergonomic, haz-com) - in accordance with such provisions before commencing the performance of the contractual agreement. The Injury and Illness Prevention Plan shall be available to anyone upon request.” Participation and Feedback

APPENDIX A

California Code of Regulations, Title 8, §5110

California Code of Regulations – Title 8, 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 Musculoskeletal Disorder (MSD) has occurred to more than one employee under the following conditions:
 - a. Work related causation. The repetitive motion injuries (MSDs) were predominantly caused (i.e. 50% or more) by a repetitive job, process, or operation;
 - b. Relationship between MSDs at the workplace. The employees incurring the MSDs 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;

c. Medical requirements. The MSDs were musculoskeletal injuries that a licensed physician objectively identified and diagnosed; and

d. Time requirements. The MSDs were reported by the employees to the employer in the last 12 months but not before July 3, 1997.

b) Program designed to minimize MSDs. Every employer subject to this section shall establish and implement a program designed to minimize MSDs. The program shall include a worksite evaluation, control of exposures which have caused MSDs and training of employees.

a. Worksite 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 MSDs.

b. Control of exposures which have caused MSDs. Any exposures that have caused MSDs 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.

c. Training. Employees shall be provided training that includes an explanation of:

i. The employer's program;

ii. The exposures which have been associated with MSDs;

iii. The symptoms and consequences of injuries caused by repetitive motion;

iv. The importance of reporting symptoms and injuries to the employer; and

v. Methods used by the employer to minimize MSDs.

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. *Note: Authority cited: Sections 142.3 and 6357. Labor Code. Reference: Sections 142.3 and 6357. Pulaski v. Occupational Safety & Health Stds. Bd. (1999) 75 Cal.App.4th 1315 [90 Cal. Rptr. 2d 54].*

APPENDIX B

ERGONOMIC EVALUATION REQUEST

Please fill out form and submit to human resources:

Date:

Employee Name:

Department:

Workstation Location:

Phone: Fax:

Email:

Supervisor Name:

Reason for Request:

As the supervisor for the employee named above, I acknowledge that I have been informed of this ergonomic evaluation request. By signing this request, I acknowledge that specific ergonomic equipment required may have to be purchased by my department and not Risk Management Services.

Supervisor Name:

For HR Staff Use Only:

Evaluation Authorized by:

Date:

Assigned to:

Date:

Date Evaluation Completed:

APPENDIX C

Ergonomic Computer Workstation Self-Evaluation Checklist

Employee		Date	
Job Title		Phone	
Department		Campus	
Supervisor		Phone	

This is a self-evaluation of your computer workstation that is designed to help identify items that may benefit from ergonomic improvements. This questionnaire must be completed before an Ergonomic Workstation Evaluator can assess your workstation. Please submit questions and suggestions, as needed. Additional information is available in the Risk Management section of the School's website, or you may contact your Campus Safety Group. Check YES or NO.

Chair/Seating	YES	NO	Sitting Posture	YES	NO
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Adjustable back height			Chair back seems correct		
Adjustable seat height			Chair seat height seems correct		
Adjustable armrests			Chair seat depth seems correct		
5-Caster chair base			Back and seat tilt seem correct		
My feet rest flat on the floor			Armrest support seems correct		
My feet rest on a footrest			Chair (or adjustments) are broken		
Comments:					
Workstation	YES	NO	Features	YES	NO
Rectangular desk			Writing space within easy reach		
L or U-shaped desk			Desk supplies within easy reach		
Computer cart			Under-desk space clear		
Desk height seems correct			Overhead shelf or bin(s) in use		
Comments:					
Monitor	YES	NO	Monitor Viewing	YES	NO
Monitor is centered for use			Top of screen is at eye level		
Monitor tilt seems correct			Distance to screen is 24–34 inches		
Screen images are clear			Desktop image fills screen		
Comments:					
Keyboard	YES	NO	Mouse	YES	NO
Keyboard is centered for use			Mouse is within easy reach		
Keyboard seems at proper height			Mouse at same level as keyboard		
Keyboard wrist rest in use			Mouse pad and wrist rest in use		
Phone Document viewing					
Phone is within easy reach	YES	NO	I view documents while typing	YES	NO
Phone is used 2½ hours per day			Document holder in use		

Comments:

Environment	YES	NO	Work Practices	YES	NO
Proper lighting			I take task breaks and rest breaks		
Proper temperature			I do stretch break exercises		
Comments:					
Discomfort or Symptoms:					
Additional Questions/Suggestions:					