

CITY OF APPLETON POLICY	TITLE: Ergonomics Policy/Program	
ISSUE DATE: July 2001	LAST UPDATE: December 18, 2002 April 5, 2007 February 2011	SECTION: Safety
POLICY SOURCE: Human Resources Department	POLICY APPLICATION: All City Employees	TOTAL PAGES: 4
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I. PURPOSE

The purpose of this policy is to increase employee awareness of ergonomic issues and to proactively address the musculoskeletal disorders that employees may experience as a result of workplace conditions and job demands.

II. POLICY

The City is committed to providing a safe and healthy workplace free from recognized hazards or harmful conditions and to incorporate employee involvement in the prevention relating to safety and ergonomics in the workplace.

III. DISCUSSION

The City shall make every effort to increase ergonomic awareness and lessen the risk of injury due to design of equipment, tools or work motions.

IV. DEFINITIONS

- A. Ergonomics: The science of fitting workplace conditions and job demands to the capabilities of the work force.
- B. WMSD: Work Related Musculoskeletal Disorder.
- C. Ergonomics Program: Systematic process for anticipating, identifying, analyzing and controlling WMSD hazards.
- D. Process: Activities, procedures and practices set up to control WMSD hazards.
- E. MSD: Musculoskeletal Disorders. These are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage, or spinal discs 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. Musculoskeletal disorders include those with several distinct features, such as carpal tunnel syndrome, as well as those defined primarily by the location of the pain, as with low back pain.
- F. WMSD Management – The process of ensuring that employees with work related musculoskeletal disorders receive effective evaluation.
- G. Symptoms Survey Form – the form used to perform an ergonomic assessment (Exhibit I).

V. PROCEDURES

A. Policy Responsibilities

1. The H.R. Generalist shall:
 - a. Develop, evaluate and periodically review the policy and program.
 - b. Coordinate training.
 - c. Respond promptly to reported MSD problems.
 - d. Perform and/or coordinate ergonomic evaluations as needed.
 - e. Research new products in the field of ergonomics.
 - f. Maintain records relating to the ergonomics program.
 - g. Review all injury reports.
 - h. Solicit employee input for possible solutions to ergonomic problems.
 - i. Provide input for possible solutions to ergonomic problems.
 - j. Check with the Facilities department when necessary to explore workstation structural changes.
2. Department Directors/Supervisors shall:
 - a. Solicit employee input for possible solutions to ergonomic problems.
 - b. Prohibit practices that discourage employees from participating in the policy/program, and making reports or recommendations.
 - c. Report any problem areas to the H.R. Generalist
 - d. Attend training involved with the Ergonomics and ensure employees attend scheduled training.
3. Department Safety Coordinator or Central Safety Committee Member shall:
 - a. Review the Symptoms Survey form that their department employees complete.
 - b. Report any problems to the H.R. Generalist.
 - c. Proactively address any potential ergonomic problems.
 - d. Provide input for possible solutions to ergonomic problems.
 - e. Implement and follow recommendations made by the H.R. Generalist or outside consultant.
 - f. Attend any applicable training involved with the ergonomics policy/program.
4. Employees shall:
 - a. Initially complete a Symptoms Survey Form if requested
 - b. Attend all applicable training involved with the ergonomics policy/program.
 - c. Provide input for possible solutions to ergonomic problems.
 - d. Assist with ergonomic evaluations as needed.
 - e. Notify the Supervisor or H.R. Generalist of any problems that may or may not relate to ergonomics.
 - f. Implement and follow the recommendations provided through the ergonomic assessment.

B. Program Responsibilities

1. Records Retention:

- a. Completed Symptoms Survey Forms shall be sent to the H.R. Generalist who will keep them on file.
- b. Accident/Injury records will be reviewed periodically by the H.R. Generalist to note any trends in incidents or to note any possible cumulative trauma or musculoskeletal related injuries.

2. Symptoms Survey Analysis Form follow-up:

- a. Supervisors, department Safety Coordinators or H.R. Generalist should ask employees having WMSD concerns the following:
 - Are they experiencing signs or symptoms of MSDs?
 - Are they having difficulty performing the physical work activities of the job?
 - Can they describe which physical work activities they associate with the problem?
 - Have they observed employees performing the jobs in order to identify factors that need to be evaluated?
 - Have they evaluated those job factors to determine which ones are reasonably likely to be causing or contributing to the problem?
 - Have they controlled the cause of the problem?

C. Training

1. Initially upon hire, and periodically thereafter the H. R. Generalist will provide training to include what ergonomics is, what to watch for and take the appropriate steps to eliminate problem areas if they are found.

D. Program Evaluation

1. After implementing changes in tools, work areas or workstations, the H.R. Generalist will follow up on any changes to determine if the changes have improved the condition.
 - a. Follow up shall include a verbal interview with person(s) performing the work task.
 - b. Re-evaluation of the workstation, work area or tool.
 - c. Observing the work being performed.
2. If it is determined that the changes have not improved the work situation then further evaluations shall be performed following the same process and/or obtaining outside ergonomic professional assistance.

Symptoms Survey: Ergonomics Program

Employee Name _____ Department _____

Supervisor _____ Date ____/____/____

Job Title _____

Hours worked/week _____ Time on THIS job: _____ years _____ months

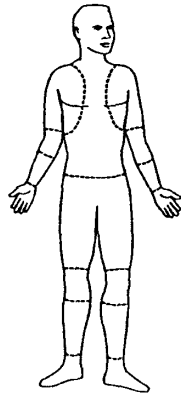
Other jobs you have done in the last year (for more than 2 weeks):

Job Title _____ Time on this job: _____ months _____ weeks

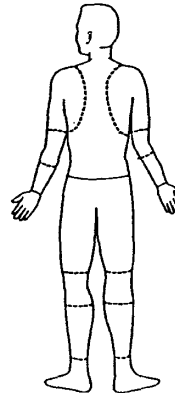
Job Title _____ Time on this job: _____ months _____ weeks
(If more than 2 jobs, include those you worked on the MOST)

Have you had any pain or discomfort during the last year?
_____ YES _____ NO (If NO, stop here)

If YES, carefully shade in the area of the drawing which bothers you the MOST.



Front



Back

Check area: ___ Neck ___ Shoulder ___ Elbow/Forearm ___ Hand/Wrist ___ Fingers ___ Eyes
___ Upper back ___ Low back ___ Thigh/Knee ___ Low leg ___ Ankle/Foot

*Fill out a separate page for each area that bothers you

1. Put a check by the word(s) that best describe your problem:

___ Aching ___ Burning ___ Cramping ___ Dry ___ Loss of Color ___ Numbness(asleep)

___ Pain ___ Stiffness ___ Swelling ___ Tingling ___ Weakness ___ Other –

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