

Program Subject: Ergonomics Safety Program Policy

1. PURPOSE

- 1.1 To develop and assist University of Wisconsin Eau Claire employees with the identification and modification of work-related ergonomic risk factors where necessary and feasible to ensure a safe and healthful work environment.
- 1.2 To support and promote cooperation in the analysis, modification and improvement of stressful tasks and environments, thus increasing employee productivity, work quality and efficiency, while decreasing worker's compensation claims.
- 1.3 To apply ergonomic principles to the workplace and change or modify tools, machinery, workstations, and work practices whenever practical and feasible.
- 1.4 To have adequate and feasible solutions to ergonomic risks to improve the workplace by having management commitment & creating employee awareness. To meet the OSHA Ergonomic regulations such as [Musculoskeletal Disorders](#) and [Computer workstations](#).

2. SCOPE

- 2.1 To identify and correct ergonomic deficiencies through engineering, work practices, education, training, and administrative controls.
- 2.2 To effectively eliminate or control Work-Related Musculoskeletal Disorder (MSD) and hazards by providing management leadership, recognize and control hazards and have employee involvement in identifying and resolving hazards.
- 2.3 To provide a safe working environment for employees while interacting with the elements of their jobs or tasks as part of their routine work assignment.
- 2.4 To reduce workers' compensation costs and increase efficiency, productivity and enhance employee morale.

3. RESPONSIBILITIES

- 3.1 Department of "Risk Management and Safety" (RMS)
 - 3.1.1 Be responsible for ensuring the development and implementation of this policy.
 - 3.1.2 Provide necessary resources as available to carry out the program.
 - 3.1.3 Ensure that a system is in place for workers to report (MSD) signs or symptoms and suspected work-related risk factors to managers.
 - 3.1.4 Consult with and notify management of ergonomic regulations and requirements.
 - 3.1.5 Coordinate and schedule ergonomic workstation evaluations to reduce (MSD).
 - 3.1.6 Evaluate individual and departmental workstations after an injury has occurred.
 - 3.1.7 Facilitate ergonomics assessments and evaluations upon request.
 - 3.1.8 Ensure that supervisors and workers have received the appropriate training.
 - 3.1.9 Ensure that suggested control measures, following an evaluation are implemented in a timely manner and used correctly.
 - 3.1.10 Annually review and update the Ergonomics Safety Program to ensure program complies with state and federal regulations.

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3.2 Department Managers/Supervisors

3.2.1 Will consult (RMS) and request an ergonomic assessment, when

3.2.1.1 Staff have ergonomic issues that include body positioning, basic furniture setting and equipment adjustment.

3.2.1.2 Employee reports an occurrence of Repetitive Stress Injuries (RSI).

3.2.1.3 Employee has developed a sign or symptom of (RSI)

3.2.1.4 Ergonomic risks contribute to MSI's are present in the work area.

3.2.2 Maintain an awareness of ergonomic risk factors.

3.2.3 Investigate and promptly report all ergonomic complaints.

3.2.4 Provide adequate recovery time by allowing employees engaged in highly repetitive tasks the opportunity for frequent, short, breaks and alternative work activities.

3.3 Employees

3.3.1 To follow established procedures, safe work practices, and participate in ergonomic training as required and apply the knowledge and skills acquired to actual job tasks.

3.3.2 To use the appropriate tools, equipment, parts, materials, and procedures in the manner established by managers and supervisors and report when they are not in good condition.

3.3.3 To take responsibility for personal health and safety.

3.3.4 To report (MSD) signs or symptoms and work-related (MSD) hazards to the immediate supervisor as early as possible to facilitate proactive interventions and/or prompt medical treatment.

3.3.5 To report to their supervisors any concerns relating to the ergonomic fit of their workstation, equipment or tools required to do their job.

3.3.6 To provide medical documentation to their supervisor when requesting medically prescribed ergonomic accommodations.

4. PROGRAM COMPONENTS

4.1 Definitions

4.1.1 **Ergonomics:** The study of the relationship between people, their work, and their physical work environment. The major goal of ergonomics is to fit the job to the individual and promote healthy and safe work practices.

4.1.2 **Musculoskeletal disorder (MSD):** An injury or illness of the soft tissues of the upper extremity, shoulders and neck, lower back, and lower extremity that is primarily caused or exacerbated by workplace risk factors, such as sustained and repeated exertions or awkward postures and manipulations.

4.1.3 **Repetitive Strain Injury (RSI):** It is also known as repetitive motion injuries; an RSI is a type of stress injury that results from repetitive motions such as frequent bending or sustained awkward positioning performed over extended periods of time without allowing for sufficient rest.

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4.2 Hazard Prevention and Control

Departments shall implement feasible methods to mitigate ergonomic hazards.

4.2.1 Engineering Controls

- a. To implement physical change to the workstation, tools, and/or machinery that eliminate/reduce the hazard of the job/task. Examples include using a device to lift heavy objects, repositioning tables, and redesigning tools.
- b. To encompass the redesigning of the workplace and the elimination of the risk factors or hazards. Examples include, the restructuring tasks, providing adequate workspace for task motions and installing adjustable equipment.

4.2.2 Administrative Controls

- a. To regulate exposure without making physical changes to the area or process. Examples include employee breaks, job rotation, and monitoring work practices to reinforce safe work procedures.

4.2.3 Work Practice Controls

- a. To comply with safe procedures and techniques such as proper lifting techniques, proper use of tools, and correct use of ergonomic equipment.
- b. To monitor employees to perform the physical work activities of the job that reduce or control exposure to RSI hazards.
- c. To alternate work tasks, taking required breaks, purchase of proper eyeglasses, following ergonomic recommendations, regular stretching and maintenance of overall health are examples of work practice controls.

4.2.4 Personal Protective Equipment (PPE)

- a. To prevent and reduce exposure to ergonomic-related risk factors. Examples include gloves that protect the hands from cuts and clothes that protect against the cold.

4.3 Worksite Evaluation Process – The Department of (RMS) will provide the initial worksite evaluation to develop a method or means to reduce or prevent RSIs/MSDs in a timely manner. A worksite evaluation or re-evaluation will be triggered by:

4.3.1 Reviewing medical, safety and insurance records.

4.3.2 Walk-through of work areas and observations.

4.3.3 Identifying trends and patterns related to departments or job classes through survey, interview and discussion with employees and supervisors.

4.3.4 Evaluating workstations for ergonomic risks and hazards that may include the presence of or exposure to awkward and/or static work postures, forces, repetition, vibration, cold exposure, contact stress and other personal factors.

a. Ergonomic Workstation Self-Assessment Form. (See **Appendix A.**)

b. Ergonomic Workstation Assessment Checklist. (See **Appendix B.**)

4.3.5 Documenting identified risks and summarizes findings.

4.3.6 Developing and documenting hazard prevention and control measures for implementation in a timely manner.

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- 4.4 Ergonomic Office Equipment
 - 4.4.1 Placement of items
 - a. Place items used regularly, such as the telephone, computer, and calculator within easy reach.
 - 4.4.2 Desks
 - a. Ensure feet are flat on the floor (or on a footrest) and knees or thighs are not in contact with the top of the desk.
 - b. Arms should drop down vertically from the shoulders with forearms parallel with the floor when hands are in typing position.
 - 4.4.3 Computer Monitor:
 - a. Monitor must be sized to allow the user to easily view the screen while display settings are set to optimum.
 - b. Monitor must be sized to allow proper workstation to set up.
 - c. Monitor is adjustable (height, distance, tilt).
 - d. Primary monitor is directly in front of employee.
 - e. Dual monitors are at the same height and close to each other as possible.
 - f. Monitor is slightly lower than usual if employee has bifocals/trifocals.
 - 4.4.4 Computer Screen
 - a. Should be below the height of the individual's eye when looking down onto the screen.
 - b. Screen is clear and does not flicker.
 - c. Brightness and contrast on screen are adjusted for comfort.
 - 4.4.5 Computer Keyboard/Mouse/Phone:
 - a. Position the keyboard so that the body's midsection is slightly to the right of the center of the keyboard.
 - b. The keyboard should be 2 - 3" from the edge of the desk.
 - c. Keyboard is horizontal or negatively sloped at about 0 - 15° (legs are not in use) and make sure it does not slip while being used.
 - d. Keyboard and mouse are at height that allows employee to work with elbows bent at 90° angle.
 - e. Mouse is at the same level as keyboard and as close as possible.
 - f. Phone is positioned close to employee to avoid reaching. In addition, headset or speakerphone is utilized if phone use is simultaneous with other work.
 - g. Place the mouse at either end of the keyboard depending on which hand is used to operate it.
 - h. If mouse is designed for specific left or right-hand use, the proper "hand" design must be provided.
 - i. If keyboard tray is used, it must be stable and large enough to hold keyboard and mouse.

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- 4.4.6 Footrests:
 - a. Footrests are mandatory for those individuals whose workstation cannot be lowered to the proper height AND whose chair height will not allow the feet to properly touch the floor.
 - b. Footrests are allowable for any others who would like to vary the position of their feet throughout the workday.
- 4.5 Furnishing Recommendations
 - 4.5.1 Chairs - Employees sitting in chairs, especially all day, should have a comfortable fitting well-designed chair.
 - a. Chair must have the following adjustments:
 - Seat height is adjustable with a tilt and depth slider.
 - Backrest height is adjustable, can tilt & lock, and has lumbar support.
 - b. There is 2-3" between the edge of the seat pan & the back of the employee's knees.
 - c. Armrests should be provided and does not interfere with the edges of the desk.
 - d. Chair must be adjustable so that the user's feet are comfortably on the floor.
 - e. Chair is supported by a 5-leg pedestal base that is a least 24" around.
 - f. Chair controls should be easy to use while seated.
 - 4.5.2 Workstation:
 - a. Arrange all components of a work area to maximize good posture and minimize fatigue.
 - b. Work surface height should be between 29 & 31 inches tall or be adjustable.
 - c. There should be adequate room for the legs below the desk. Consideration must be provided to allow the user to swivel or turn in the chair without striking the side walls of the leg well.
 - d. The desktop should be sized to allow for all work functions of the employees and their needed equipment and materials.
 - e. If a separate computer station for employee is not provided, desktop should be large enough to allow the employee to use the computer and to write.
 - f. Consider the job function and necessary tasks when making purchasing decisions. For example, a person who sees clients at their desk will need a different desk than a person who strictly inputs data.
 - g. Edges and corners must be smooth.
 - 4.5.3 Lighting:
 - a. Provide as much natural illumination as possible without causing glare and/or excessive heating/cooling issues.
 - b. Provide added artificial lighting to allow for moderate brightness.
 - c. A desktop lamp must be provided to employees that do not receive adequate lighting from overhead sources.
 - d. Control lighting from windows as necessary with blinds, drapes, and similar shading.
- 4.6 Survey (See **Appendix C.**)
 - 4.6.1 To be sent to the staff member as a follow up on the workstation evaluation

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5. TRAINING

- 5.1 Training shall be provided upon employment and thereafter when a process changes resulting in an exposure to new ergonomic risk factors, or a new process is introduced which has ergonomic risk factors.
- 5.2 The goal of the training program is to ensure that all individuals potentially at risk from an RSI are adequately informed of the following information:
 - 5.2.1 The awareness of the common MSDs and their signs and symptoms.
 - 5.2.2 The importance of reporting MSDs and their signs and symptoms as soon as possible and the consequences of failing to report them early.
 - 5.2.3 The risk factors, job, and work activities associated with MSD hazards.
 - 5.2.4 The contents and availability of this policy.

Appendix A. Ergonomic Workstation Self-Assessment Form

Employee Name: _____ Position Title: _____ Department: _____

Workstation Location (Building/Floor/Room): _____ Supervisor: _____ Date: _____

Complete this self-assessment to evaluate the ergonomics of your office furniture and equipment. Follow the suggested actions for each item to optimize your setup and reduce the risk of discomfort.

The Office Chair	YES	NO	Suggested Actions	Comments
Can the height, back, arms, and seat of your chair be adjusted?	<input type="checkbox"/>	<input type="checkbox"/>	o Obtain a fully adjustable chair*	
Are your feet fully supported by the floor when you are seated?	<input type="checkbox"/>	<input type="checkbox"/>	o Lower the chair and/or use a footrest	
Does your chair provide support for your lower back?	<input type="checkbox"/>	<input type="checkbox"/>	o Obtain: proper chair lumbar roll, adjust chair pack	
When seated, are your knees bent so they are at about a 90° angle?	<input type="checkbox"/>	<input type="checkbox"/>	o Raise/lower chair and/or use a footrest	
Do your armrests allow you to get close to your workstation?	<input type="checkbox"/>	<input type="checkbox"/>	o Adjust armrests and/or remove armrests	
Keyboard and Mouse	YES	NO	Suggested Actions	Comments
Are your keyboard, mouse, & work surface at your elbow height?	<input type="checkbox"/>	<input type="checkbox"/>	o Raise/lower: workstation, keyboard, and chair	
Are frequently used items within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>	o Rearrange workstation	
Is the keyboard close to the edge of the workstation and in line with the monitor?	<input type="checkbox"/>	<input type="checkbox"/>	o Move keyboard to correct positions	
Do you use wrist/palm rests to minimize contact with hard desk surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	o Check posture, obtain wrist rests	
Is your mouse at the same level & as close as possible to your keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	o Move mouse closer to keyboard	
Is your mouse comfortable to use?	<input type="checkbox"/>	<input type="checkbox"/>	o Investigate alternative mouse options	
Work Surface	YES	NO	Suggested Actions	Comments
Is monitor positioned directly in front of you & at least an arm's length away?	<input type="checkbox"/>	<input type="checkbox"/>	o Reposition monitor & seek an alternative monitor	
Is monitor height slightly below eye level & work surface free from glare?	<input type="checkbox"/>	<input type="checkbox"/>	o Adjust: monitor height, overhead lighting	
Do you have appropriate light for reading or writing documents?	<input type="checkbox"/>	<input type="checkbox"/>	o Obtain desk lamp	
Breaks	YES	NO	Suggested Actions	Comments
Do you take postural breaks every 30 minutes? e.g., standing, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	o Set reminders to take micro-breaks	
Do you take regular eye breaks from looking at your monitor?	<input type="checkbox"/>	<input type="checkbox"/>	o Refocus on picture on wall every 30 minutes	
Laptop Use	YES	NO	Suggested Actions	Comments
Does a laptop have a full-sized external keyboard and mouse?	<input type="checkbox"/>	<input type="checkbox"/>	o Obtain appropriate laptop accessories	
Does a laptop have a docking station will full-sized monitor or a laptop stand?	<input type="checkbox"/>	<input type="checkbox"/>	o Obtain appropriate laptop accessories	

* The Ask Center has fully adjustable chairs that are available for you to try out. Contact the (RMS) Department within the ASK Center (715)836-3131 to seek assistance with fitting you to a chair. They can also provide suggestions on the proper mouse to use.

Thank you for taking the time to complete the Ergonomics Workstation Self-Assessment. We hope the provided suggestions improve your workstation to better fit your needs. If you are experiencing discomfort associated with your office setup after a two-week period following this assessment, have your supervisor submit this completed form to the Department of Risk Management & Safety via email ERGO@uwec.edu

Appendix B. Ergonomic Workstation Assessment Checklist

Employee Name: _____ Position Title: _____ Department: _____ Date: _____

Location (Building/Floor/Room): _____ Ergonomic Coordinator Completing Assessment: _____

Workstation Assessment Checklist	
Chair – Does the employee’s chair have the following features?	Workstation – Is the employee’s workstation organized correctly?
<input type="checkbox"/> Chair height, backrest, and seat pan are easily and fully adjustable	<input type="checkbox"/> The desk/table height is adjustable.
<input type="checkbox"/> Seat back locks in vertical position	<input type="checkbox"/> The lighting at the workstation is adequate and comfortable for the tasks.
<input type="checkbox"/> Seat pan width and depth are appropriate for specific employee	<input type="checkbox"/> Cabling around workstation is managed to avoid inadvertent contact.
<input type="checkbox"/> The backrest provides adequate support for employee’s lumbar spine	<input type="checkbox"/> Frequently used items are within easy reach.
<input type="checkbox"/> Armrests are fully adjustable (height and width)	<input type="checkbox"/> Workstation & equipment are adjustable for good working posture.
<input type="checkbox"/> Backrest adequately supporting lower back	<input type="checkbox"/> Any storage for personal items is sufficient and accessible.
Comments:	Comments:
Keyboard/Mouse/Phone – Are these accessories positioned properly?	Monitor – Does the employee’s monitor set up include the following?
<input type="checkbox"/> Keyboard and mouse lie flat on a work surface and at the same height	<input type="checkbox"/> Monitor is adjustable (height, distance, tilt)
<input type="checkbox"/> Keyboard does not slide while being used	<input type="checkbox"/> Primary Monitor is directly in front of employee
<input type="checkbox"/> Mouse is at same level as keyboard and as close as possible	<input type="checkbox"/> Screen is about an arm’s length away from employee’s eyes
<input type="checkbox"/> The wrist is relaxed & not bent. Wrist rests are available.	<input type="checkbox"/> Dual monitors are at the same height and close to each other as possible
<input type="checkbox"/> Determine how often telephone is used (light, moderate, heavy)	<input type="checkbox"/> Screen is clean and does not flicker
<input type="checkbox"/> Phone is positioned close to employee, so they do not need to reach for it	<input type="checkbox"/> Brightness and contrast on screen are adjusted for comfort
Comments:	<input type="checkbox"/> The monitor screen is free from glare or reflections from light sources.
Posture – How is the employee positioned during work?	Comments:
<input type="checkbox"/> Sit all the way back in chair with straight back	Working Conditions – Are the employee’s working conditions safe and effective?
<input type="checkbox"/> Arms close to body and thighs parallel to floor	<input type="checkbox"/> Work/writing surface height is about elbow level
<input type="checkbox"/> Forearms parallel to floor and elbows bent at 90°	<input type="checkbox"/> Work surface is large enough to hold all work material
<input type="checkbox"/> Wrists in neutral position (in line with forearm)	<input type="checkbox"/> Adequate lighting is provided
Comments:	Comments:
Description of corrective action taken: These should be determined by the responsible manager and/or Ergonomics Team Members.	

Return completed forms to the Department of Risk Management & Safety via email ERGO@uwec.edu

Appendix C. Ergonomic Assessment Satisfaction Survey

Employee Name: _____ Position Title: _____ Department: _____

Workstation Location (Building/Floor/Room): _____ Date: _____

Please complete this survey within 4-6 weeks after the evaluation to let us know how we can improve.

Check the answer that best answer the statement.

1. The adjustments made to my workstation have been beneficial. <input type="checkbox"/> STRONGLY AGREE <input type="checkbox"/> AGREE <input type="checkbox"/> NEUTRAL <input type="checkbox"/> DISAGREE <input type="checkbox"/> STRONGLY DISAGREE	4. Since my ergonomic assessment, my job satisfaction has improved. <input type="checkbox"/> STRONGLY AGREE <input type="checkbox"/> AGREE <input type="checkbox"/> NEUTRAL <input type="checkbox"/> DISAGREE <input type="checkbox"/> STRONGLY DISAGREE
2. Since my ergonomic assessment, I feel more comfortable at my workstation. <input type="checkbox"/> STRONGLY AGREE <input type="checkbox"/> AGREE <input type="checkbox"/> NEUTRAL <input type="checkbox"/> DISAGREE <input type="checkbox"/> STRONGLY DISAGREE	5. I am happy with the experience that I had working with the Ergonomics Team. <input type="checkbox"/> STRONGLY AGREE <input type="checkbox"/> AGREE <input type="checkbox"/> NEUTRAL <input type="checkbox"/> DISAGREE <input type="checkbox"/> STRONGLY DISAGREE
3. Since my ergonomic assessment, I feel more productive at my workstation. <input type="checkbox"/> STRONGLY AGREE <input type="checkbox"/> AGREE <input type="checkbox"/> NEUTRAL <input type="checkbox"/> DISAGREE <input type="checkbox"/> STRONGLY DISAGREE	Other Comments:

Ergonomics Team Members that you had contact with: _____ Date: _____

Did you purchase any equipment? Is so, What? _____

Thank you for taking the time to complete this survey! Please email a copy to ERGO@uwec.edu