MANAGEMENT DIRECTIVE

ERGONOMICS

Management Directive # 09-12

Date Issued: 11/04/09

☑ New Policy Release

☐ Revision of Existing Procedural Guide dated

    Revision Made: N/A

Cancels: None

DEPARTMENTAL VALUES

The Department continues to focus on three priority outcomes. The three identified outcomes are improved safety for children, improved timelines to permanency, and reduced reliance on out-of-home care. The Department’s vision is to ensure that children grow up safe, physically and emotionally healthy, educated, and in permanent homes.

APPLICABLE TO

This Policy applies to all personnel under the direct supervision of DCFS (i.e., Temporary Employees, Part-Time Employees, Full-Time Employees). All DCFS personnel shall comply with the provisions outlined in this document.

OPERATIONAL IMPACT

The Director of the Department of Children & Family Services (DCFS) through the Office of Health & Safety Management (OHSM) provides policy direction for the Departmental Environmental Health and Safety, Illness and Injury Prevention Program. DCFS recognizes the importance of proper body mechanics and workplace design in the prevention of repetitive motion injuries (RMIs) as part of its overall health and safety effort.
PURPOSE

The purpose of the policy is to aid in minimizing RMIs that may occur at DCFS work locations. Minimizing includes both mitigation of documented injury and prevention of new injury to employees. It is intended to provide policy direction and guidance to administrative and regional offices in minimizing repetitive motion injuries, and to provide guidance for complying with Title 8, California Code of Regulations, Article 106 (Ergonomics), § 5110 (Repetitive Motion Injuries).

Environmental factors associated with industrial and non-industrial illnesses and/or injuries are generally classified as chemical, physical, biological agents or ergonomic issues. This policy addresses ergonomic concerns, which generally involve repetitive motion (i.e., computer use, bending, lifting), and are generally referred to the safety officer or safety representative for investigation and or recommendation(s) for corrective action(s).

DEFINITIONS

**Ergonomics:** Ergonomics is the science of matching the workplace and job demands to the physical characteristics of employees, rather than requiring employees to conform to an uncomfortable work environment. Its focus is the prevention of employee symptoms and injuries through the proper design of jobs, tasks, tools, and work areas, especially since employees differ in such important ways as size, flexibility, strength, endurance, comfort criteria, and susceptibility to injury.

**Repetitive Motion Injuries (RMIs):** Injury to the body’s musculoskeletal system may occur as a result of prolonged exposure to repetitive motion activities or other ergonomic risk factors. Such injuries account for the most frequent lost-time workers’ compensation claims in the County and can be among the most costly occupational problems. Other terms frequently used for RMIs include cumulative trauma disorders (CTDs), repetitive strain injury (RSI), repetitive trauma syndrome, and overuse syndrome.

Examples of RMIs might include strains of ligaments and muscles, neck-tension syndrome, carpal tunnel syndrome, tendon-related disorders, bursitis, hand-arm vibration syndrome, and others. RMIs differ from single acute injuries in that they generally develop gradually over periods of weeks, months, and years and there are few, if any, distinct dramatic features surrounding their onset.

**Video Display Terminals:** Video Display Terminals (VDTs) are word processors or computer terminals, which display information on a television screen. Proper use of VDTs can prevent employee injury.
POLICY

The Ergonomics Program is designed to minimize Repetitive Motion Injuries. The program addresses both mitigation of documented injury and prevention of new injury by taking actions to identify and correct contributory risk factors in the workplace.

Ergonomic risk factors: These are factors or “mis-fits” between work and the employee that can lead to discomfort or injury. They include such factors as sustained awkward postures; repetitive movements, especially of high frequency; amount and duration of force; rapid work pace (especially when set by machine demand); awkward grip; imbalanced loads; poor tool design, use, or selection; improperly aligned workstations; physical impact, vibration, or pressure to susceptible body parts; poor body mechanics; and others. Supervisors and/or the management shall be vigilant in identifying such “mis-fits” and notify the Office of Health and Safety Management (OHSM) regarding the need for immediate Ergonomic Evaluation. Examples of work activities, associated ergonomic risk factors, and possible part(s) of the body affected by Repetitive Motions are shown below.

<table>
<thead>
<tr>
<th>Work activity or Condition</th>
<th>Possible Risk Factor</th>
<th>Possible Body Part Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cradling phone with shoulder</td>
<td>Sustained awkward posture</td>
<td>Neck muscles, shoulder</td>
</tr>
<tr>
<td>Resting wrist on desk edge while typing; prolonged key-boarding; misaligned work station</td>
<td>Pressure against wrist; repetitive keystroking; sustained awkward posture</td>
<td>Hand, wrist; carpal tunnel; neck, shoulder, upper extremity, back</td>
</tr>
<tr>
<td>Leaning over tasks (e.g., low file drawers, beds), over-reaching</td>
<td>Poor body mechanics, sustained awkward posture</td>
<td>Neck, upper extremity, back</td>
</tr>
<tr>
<td>Hand used as hammer (e.g., to staple or assemble parts or pound tools)</td>
<td>Physical impact, poor tool design or selection, body mechanics</td>
<td>Carpal Tunnel, neck, upper extremity</td>
</tr>
</tbody>
</table>

A. Mitigating Repetitive Motion Injuries

Steps for mitigating RMIs involve:

1. **Identifying problems and risk factors:** Review workers’ compensation records for RMI claims; follow up on employee complaints; and conduct worksite evaluations (Ergonomic Assessments).

**NOTE:** Worksite evaluations will be conducted by the OHSM at all applicable worksites upon management’s request.
2. **Selecting and implementing control measures**: Risks factors will be eliminated or modified by re-aligning workstations; providing telephone headsets, keyboards and keyboard trays, wrist rests, footrests, glare screens, chairs, or other items, such as voice activated software; rotating job tasks; encouraging stretch breaks; etc.

3. **Providing training**: Training will be provided to all managers, supervisors and employees on safe work practices on an annual basis to preclude future occurrence of RMI. At a minimum, the training will include an explanation of:
   
   i. The Department’s Ergonomic Program;
   
   ii. Exposures which have been associated with RMI;
   
   iii. Symptoms and consequences of injury caused by repetitive motion;
   
   iv. The importance of immediately reporting symptoms and injuries to the supervisor; and
   
   v. The methods used by the Department to minimize RMI.

4. **Implementing County’s Return-to-Work Program (see Section below on Return to Work Program)**: Employee supervisors should encourage and facilitate continued work and early return-to-work by communicating regularly with injured employees and expressing a) concern about their condition, b) desire to help them stay at work or return to work as soon as possible, and c) willingness to provide modified duty as requested by their workers’ compensation primary treating physician.

**NOTE**: The management of DCFS Offices must immediately report all concerns related to RMI to the OHSM so the latter can perform workplace assessment, conduct investigation and make recommendation(s) for corrective action(s).

B. Preventing Repetitive Motion Injuries

Preventing RMI emphasizes the need to stop the onset of such injuries from occurring. Risk factors that can lead to RMI can be avoided by designing operations that ensure proper selection and use of tools, job methods, workstation layout, and materials that do not impose undue stress and strain on employees.

The following are key essential considerations:

1. **Identifying and resolving RMI-related issues during the planning phase**: It is important to have management commitment and employee involvement in the
planning phase. Decision-makers planning new work processes, especially those involved in the design of job tasks, equipment, and workplace layout, must be provided with appropriate information and guidelines about risk factors for RMIs and ways to prevent them. Also, input from safety officers and safety representatives from the OHSM is critical at this stage, because of their role in ensuring safe and healthful work conditions in their respective departments.

2. **Designing control strategies:** These must address the ergonomic demands of the job, and target the causes of potential RMI-related risks. Engineering controls are preferred to administrative ones because they often can eliminate the risk factors as opposed to merely reducing exposure to them. Administrative controls, such as employee rotation or allowing rest breaks through task rotation, are important adjuncts to engineering controls, but they are not permanent solutions.

3. **Training:** When new employees and supervisors are hired, they will be trained on established safe work practices as part of their orientation. All employees should be evaluated at their workstation for proper fit. Any considerations of job modifications that would increase individual employee output and overall productivity should address the ergonomic impact on employees. Any changes should be communicated to employees and supervisors.

The most common ways to ensure that procedures, tasks, and workstations are designed to meet the basic ergonomic principles are as follows:

- The most commonly used items should be the closest to the employee;
- Use good posture, maintain the normal slight inward curve in the lower back, to properly align the neck, head, and shoulders;
- Change position and posture from time to time, as the task allows;
- Provide access and clearance to needed equipment and repair items;
- Enhance employee understanding of the proper layout and configuration of workstations;
- Minimize direct pressure points, and
- Place VDT equipment at proper heights and in a direct line.
RESPONSIBILITIES

Managers, supervisors, as well as employees, are key players in maintaining an effective Ergonomics Program (EP). Working closely with the OHSM, Property Management & Procurement, a team approach ensures workplace safety and health issues are high priorities in keeping employees well and productive.

The following outlines the specific requirements for each:

* Managers – must demonstrate commitment to the Department’s EP by:
  1. Gaining familiarity with the cause(s) of RMIs and their control options;
  2. Ensuring that the EP is implemented and integrated in their divisions and Departmental operations through adherence to the ergonomics policy and written program;
  3. Providing support, leadership, and direction for the EP;
  4. Making all appropriate resources available to implement the program and involve other departmental safety sections (e.g., OHSM, Property Management, etc.) in the correction of ergonomic hazards thereafter;
  5. Ensuring acquisition of appropriate furniture and equipment;
  6. Ensuring restructuring of tasks to mitigate or prevent RMIs;
  7. Delegating authority, responsibility, and accountability to appropriate individuals to effectively implement and maintain all EP requirements; and
  8. Monitoring the effectiveness of the program through regular review and evaluation.

* Supervisors – Will have adequate resources to assist them in maintaining the effectiveness of the EP. Supervisors shall:
  1. Receive necessary training in the recognition and control of ergonomic risks;
  2. Implement the EP;
3. Constantly observe worksites for proper ergonomic practices and conditions and, if necessary, promptly notify OHSM for additional corrective intervention;

4. Encourage each employee to adapt proper work practices and worksite set-up to prevent RMIs, and to attend ergonomic trainings offered by the Department;

5. Ensure that employees fully understand and follow safe procedures and that they can report concerns without fear of reprisal;

6. Follow existing guidelines and procedures to respond to employee concerns about ergonomic problems; encourage employees to report such problems;

7. Cooperate with OHSM in providing employees with assistance in correcting workstation design or in changing work habits when early signs of RMIs appear;

8. Maintain records of ergonomic complaints and RMIs, and of the steps taken to minimize causative risk factors; and

9. If necessary, request assistance from OHSM to identify and correct ergonomic related issues.

Employees – Will participate in preventing workplace RMIs to themselves and co-workers. This will be accomplished by:

1. Attending and participating in trainings designed to ensure safe work procedures and demonstrate ways in which they can protect themselves against incurring RMIs;

2. Following safe work practices and ergonomic recommendations;

3. Promptly reporting ergonomic problems to supervisors and/or managers knowing that they need not fear reprisal;

4. Working through office health and safety committees that receive and analyze information on ergonomic problem areas and making recommendations for corrective action; and

5. Implementing ergonomically correct changes as recommended by OHSM.
PROCEDURES

Employee, or his/her manager/supervisor, may request a workstation evaluation/assessment after or before the injury if the manager/supervisor deems it necessary. This request may be in any written form, including a written medical prescription from the treating physician. The request is forwarded to the OHSM.

**Occupational Injury:** If the request is associated with an industrial injury, OHSM will forward it to the Third Party Administrator, who will then request that a work station evaluation be completed, and recommended equipment will be provided to the employee through the Workers’ Compensation carrier. The equipment provided is for the sole use of the employee, and should be transferred with the employee to any subsequent work stations or work sites within the Department and/or County as deemed appropriate. If the employee subsequently leaves County service, the employee retains ownership of the equipment.

- If the evaluation requires adjustment or modifications to the work station, and is related to an existing Worker’s Compensation Claim, OHSM will contact the Property Management Facility Agent assigned to the office location. The Facility Agent will coordinate between the OHSM, workers’ compensation analyst and the vendor responsible for installation of the work station in the office where employee is located. The Worker’s Compensation Carrier is responsible for payment of the invoice.

**Non-Occupational Injury:** If the request is non-industrial related, an OHSM Analyst will schedule an assessment with the employee. The equipment provided is for the sole use of the employee, and should be transferred with the employee to any subsequent work stations or work sites within the Department and/or County as deemed appropriate. If the employee subsequently leaves County Service, the County retains ownership of the equipment.

- If the request is non-industrial related, based on an OHSM Ergonomic Analyst Assessment, OHSM will work directly with the Property Management Facility Agent assigned to the work location. OHSM will complete and submit the DCFS 1060 Form to the Facility Agent for processing. The Facility Agent will contact the vendor for assessment, invoicing and installation. The Facility Agent will then complete and forward the requisition (DCFS 250 Equipment Request or DCFS 1060 Space Management Section Services Requisition) to Procurement Services Section for appropriate action. Upon receipt of equipment and/or services ordered, Property Management will provide the Procurement Section with appropriate invoice(s).
On rare occasions, where other department staff is housed at DCFS facilities, and ergonomic assessments have been made by their departmental staff and it has been determined that modification to the work space is required, Property Management will work with that department’s staff to ensure contact with the appropriate vendor for assessment, invoicing and installation. The other department is responsible for payment of services.

If the employee is approved for a medical leave of absence, it is the responsibility of the office head to ensure that any equipment purchased specifically for the employee is tagged and secured in a storage area until the employee returns to work.

**Early Return-to-Work Program**

An employee injured on the job may be placed in the Department’s Early Return to Work Program. The objective of the Early Return to Work Program is to return the injured employee to productive work as soon as feasible after his/her injury. It is imperative for employee supervisors to make every effort to effectively initiate prompt communication with the treating physician. **The purpose of this communication is to educate the physician about the physical demands of the employee’s usual and customary assignment.** In many instances this assignment will fit within the work restrictions set by the physician who, without good information, may otherwise designate the individual temporarily totally disabled for a period of time.

If the usual and customary assignment requires physical demands which are outside the work restrictions of the employee, his/her supervisor will create a temporary light duty assignment (referred to in the County as a work hardening assignment) which will meet the work restrictions. This assignment is to last 12 weeks or less. The work hardening assignment is to be a meaningful productive assignment within the usual work unit of the employee. If this cannot be arranged, a department may create the assignment in another work area for a maximum time period of 12 weeks. If the employee is not able to return to his/her usual and customary assignment or does not show significant improvement towards that goal within the 12 weeks, the Return-to-Work coordinator will begin working with the claims adjuster to assess the individual for a permanent alternate or modified assignment as the work hardening assignments end. If there has been progress toward the return-to-work goal, the work hardening assignment may be extended, month by month, up to six months.
## APPROVAL LEVELS

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<th>Section</th>
<th>Level</th>
<th>Approval</th>
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<tbody>
<tr>
<td>A.</td>
<td>NONE</td>
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### LINKS

http://lakids/hrd3/safetycompliance/safety.html  
http://riskmanagement.mylacounty.info/cms1_086634.asp#TopOfPage  

### FORM(S) REQUIRED/LOCATION

NONE