

Purpose

This establishes the Montgomery County Government's (known hereafter as "County") Ergonomics Policy intended to set procedures that will reduce workplace discomfort and to control ergonomic hazards that may result in personal injuries or illnesses.

Scope

This policy applies to all County Departments, employees and operations.

Definitions

1. **Cumulative Trauma Disorders (CTDs)** - The term for health disorders arising from repeated biomechanical stress on the body due to ergonomic hazards. CTDs are disorders of the muscles, tendons, and/or nerves that develop from or are aggravated by repeated exertions or movement of the body. CTDs are also referred to as repetitive motion injuries, repetitive strain injuries, repetitive trauma disorders, and overuse injuries.
2. **Ergonomics** - The field which is involved in conducting research regarding human characteristics and applying that information to the design or operation of products or systems for optimizing human performance, health, and safety (also known as human factors engineering).
3. **Ergonomic Hazards** - Workplace conditions that pose a biomechanical stress to the worker. Such hazardous workplace conditions include, but are not limited to, faulty workstation layout, improper work methods, improper tools, and job design problems that include aspects of workflow, speed, posture, force requirements, and work/rest cycles. They are also referred to as "stressors".
4. **Personal Protective Equipment (PPE)** - Clothes, padding, gloves devices equipment, or other items worn on or attached to the body and used for the purpose of controlling CTD risk.
 - a. Note: Splints or wrist braces are not considered PPE.
5. **Repetitive Motion** - Means to perform the same motion continuously for hours.
6. **Worksite Analysis** - The division of the complete working environment into components including personnel, workstation, workplace layout, equipment, supplies, and procedures for the purpose of identifying possible hazards and developing solutions for eliminating or controlling these hazards.
7. **Administrative Controls** – Changes to regulate exposure without making physical changes to the area or process: for example, taking frequent breaks and job rotations.
8. **Engineering Controls** – Changes made to the workstations, tools, and/or machinery that alter the physical composition of the area or process.
9. **Musculoskeletal Disorder** – Musculoskeletal disorders (MSDs) are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. MSDs do not include disorders caused by slips, trips, falls, motor vehicle accidents, or other similar accidents. Examples of MSDs include: Carpal tunnel syndrome, rotator cuff syndrome, deQuervain's disease, trigger finger, tarsal tunnel



syndrome, sciatica, epicondylitis, tendinitis, Raynaud’s phenomenon, carpet layers knee, herniated spinal disc, and low back pain.

Responsibilities

Supervisors will

1. Actively participate and support the ergonomic program.
2. Provide adequate funding and time for ergonomic activities such as training, workstation assessments, participation in ergonomic training, implementation of control measures, workplace modifications, and ergonomic equipment.
3. Organize a communications system that effectively promotes the use of good ergonomic procedures and performance measurements.
4. Coordinate with Risk Management to take corrective actions, when necessary.

Departments will:

1. Appoint at least one Department Safety Coordinator who will serve as the liaison between the Risk Management Department and the employees to ensure the ergonomics program is successfully implemented;
2. Actively support and participate in the Ergonomics program including review of workstation evaluations conducted and the implementation of recommended control measures;
3. Encourage early reporting of symptoms and provide prompt responses; and
4. Ensure the implementation of recommended interventions within available financial resources, phasing in changes where necessary, and developing a system to monitor the effectiveness of interventions.

The Department Safety Coordinator will:

1. Emphasize the importance of early reporting of employee symptoms to managers and/or supervisors, and use the ergonomic guidelines as a systematic approach for early intervention;
2. Facilitate the identification of employees’ MSD risks based on the results of the ergonomic guideline’s self-assessments and assessments;
3. Communicate with Risk Management regarding workstation evaluations that are in need of scheduling;
4. Schedule initial and ongoing ergonomics training for managers, supervisors and employees.
5. Ensure that control measures and approved recommendations are implemented in a timely manner.

Employees/Volunteers/Reserves/Elected Officials

1. Participate in ergonomic training.
2. Notify department supervisors and/or managers of their reasonable needs to improve their workstation.
3. Use equipment correctly.
4. Promote a “safety culture” by using proper working techniques.

5. Cooperate with the department managers, supervisors, or RM/EHOS to identify symptoms of Cumulative Trauma Disorder (CTD) and other ergonomically related concerns and reporting of recommendations for corrective actions.
6. Report early signs and symptoms of work-related CTDs to your supervisor.

Risk Management

1. Coordinate the ergonomics program to reduce cumulative trauma injuries at the County.
2. Provide guidance on modifying the workplace to minimize the potential for injuries and illnesses.
3. Provide ergonomics training for employees, supervisors, and managers.
4. Analyze and report trends in injury or incidence rates, and injury severity.
5. Evaluate individual and departmental workstations.
6. Provide assistance and advice on the selection of ergonomically sound furniture and equipment.
7. Coordinate pre-employment physical for individuals in Hazard Classification groups.

Hazard Prevention

Engineering Controls

Whenever possible, the following engineering control principles may be considered when designing a workstation or recommending corrective measures:

1. Workstations designed to accommodate the person working at a given station;
2. Workstations designed so that the station can be adjusted easily to accommodate the employee assigned to the station and the equipment used at the station;
3. Workstations sized to allow for the full range of movements required to perform assigned tasks;
4. Workstation design that considers the tasks performed by the employee in order to prevent extreme postures, repetitive motion, contact stress, excessive force and static work; and
5. Consideration of the tools or equipment used in the performance of assigned tasks in order to address chronic muscle contraction; awkward finger, hand and arm positions; repetitive forceful motions; vibration; and excessive gripping, pinching or pressing with the hand and fingers.

Administrative Controls

Administrative controls are changes in the way work in a job is assigned or scheduled that reduce the magnitude, frequency or duration of exposure to ergonomic risk factors. Examples of administrative controls for MSD hazards include the following:

1. Rotate employees to different tasks. Note: When rotating an employee to a different task, the new task shall use a different group of muscles, tendons and nerves.
2. Reduce the number of repetitive motions;
3. Job task enlargement;
4. Alternate tasks; and
5. Employer-authorized changes in work pace.

Work Practice Controls

An effective program for ergonomic hazard prevention and control also includes procedures for safe and proper work practices that are understood and followed by managers, supervisors, and employees and include the following:

1. Proper work techniques;
2. Appropriate and properly sized equipment and furniture;
3. Employee training and conditioning; and
4. Proper housekeeping.

Personal Protective Equipment

Personal protective equipment such as gloves, padding, clothing or equipment will be designed for the intended purpose. Every effort will be made to resolve the problems using engineering and administrative controls.

Employee will not use personal protective equipment without the employee first receiving training in the equipment's use and care.

Note: Braces, splints and back belts are not considered personal protective equipment.

Training

Risk Management will facilitate or arrange for ergonomic-related training courses.

1. The curriculum of the training program shall, at a minimum, cover the following:
 - a. Awareness of the common MSDs and related signs and symptoms;
 - b. The importance of reporting risk factors, job and work activities associated with MSD hazards; and
 - c. The contents and availability of these Guidelines.

Ergonomics Program

Worksite Ergonomic Analyses

Worksite ergonomic analyses conducted by or through Risk Management identify problem jobs or job tasks and risk factors associated with them. This essential step helps management determine what jobs and workstations are the source of the greatest problems. Any one or more of the following shall trigger a worksite analysis:

1. Workstation evaluations and recommended ergonomic solutions will be documented with a written report from Risk Management to the employee's department head or designee.



2. The department head or designee has responsibility for evaluating the recommendations and/or corrective actions and taking appropriate actions based upon available financial resources. The employee will be informed by his/her supervisor of the potential exposures and recommended interventions.

3. A record of the ergonomic evaluations and the associated recommendations will be kept within Risk Management files.