



Office Ergonomics Policy and Procedure

POLICY

Santa Monica College is committed to providing a safe and healthy work environment for employees. Risk Management has developed a program to remedy work-related repetitive motion injuries (RMI) by educating employees with proper postural positioning through assessment and/or access to KeenanSafe Colleges which provides online ergonomic training for college employees. In addition, this policy provides recommended ergonomic products to purchase based upon applicability, durability, cost, performance, availability and ease of use. This policy provides broad ergonomic guidelines that departments must consider when utilizing PC workstations on campus.

GOALS & OBJECTIVES

The goal of the Ergonomic Program is to effectively eliminate or control Work-Related Musculoskeletal Disorders and hazards by providing management leadership, recognize and control hazards and employee involvement in identifying and resolving hazards.

Our objective is 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; provide an ergonomic policy and procedural guideline to assist departments, to reduce workers' compensation costs and increase efficiency, productivity and enhance employee morale.

PURPOSE

Our purpose is to reduce or eliminate hazards that contribute to the development of **Musculoskeletal injuries (MSI), disorders that are caused, precipitated, or aggravated by repetitive motions.** In order to achieve this, we must utilize primary tools such as:

- Worksite evaluations
- Employee and supervisor training
- Implementation of ergonomic control strategies
- Provide continuous, on-going ergonomic approach.

RESPONSIBILITIES

Santa Monica College staff and faculty members are responsible for contributing to a safe and healthy work environment. It is our responsibility to minimize hazards in the work place. Employees are encouraged to review information and participate in education and training opportunities that will assist in contributing to a healthy work environment.

Non-work activities can also cause or contribute to discomfort and medical impairments, so employees are urged to apply ergonomic principles outside the workplace as well.

Department Managers/Supervisors

Supervisors are encouraged to provide employees with appropriate ergonomics training, reinforcement, and assistance. This can be accomplished as follows:

- Promote a safe and healthy work environment
- Maintain awareness of MSI risks
- Evaluate the work environment for proper ergonomic practices and conditions.
- Promptly report all employee injuries and employee complaints regarding MSI symptom
- Provide employee with an Employee Workstation Evaluation Request form to complete and for manager/supervisor's approval
- Submit request for evaluation to Risk Management in a timely manner
- Contact Risk Management for employee access to Keenan's SafeColleges online Office Ergonomic training modules
- Provide proper workstations and assistive devices
- Consult with Risk Management for further assistance and recommendations

Risk Management

Risk Management's mission is to reduce health, safety, and ergonomic risks to Santa Monica College community. It is Risk Management's responsibility to:

- Consult with and notify management of ergonomic regulations and requirements
- Coordinate and schedule ergonomic workstation evaluations to reduce cumulative trauma injuries
- Provide training and education for employees, supervisors, and managers through Keenan SafeColleges
- Evaluate individual and departmental workstations after an injury has occurred
- Provide consultative ergonomic assistance to Departments, as requested
- Annually review and update the Ergonomics Program to ensure program is in compliance with state and federal regulations;

Employees

Employees are responsible for conducting themselves in accordance with this policy and program. Employees are responsible for the following:

- Adjust and use their workstation and equipment as outlined in the ABC's of Ergonomic Principles.

- Perform simple exercises and stretches
- Actively participate in training as required, and apply the knowledge and skills acquired to actual jobs, tasks, processes, and work activities.
- Immediately report MSI symptoms and work-related injuries to manager/supervisor.
- Complete the Employee Workstation Evaluation Request form and submit it to your supervisor for approval.
- Provide doctor recommendation for ergonomic evaluation.
- Take responsibility for their personal health and safety.

Purchasing

Purchasing provides assistance and advice on procurement of ergonomically sound furniture and equipment from various vendors. Purchasing is responsible for:

- Developing and maintaining a list of approved ergonomic tools, equipment, furniture and upgrades
- Researching, selecting, and publishing purchasing options
- Ensuring that all ergonomic tools, equipment and furniture are ordered from the District's list of approved vendors.

Information Technology Department

- Consult with Purchasing on new and existing PC equipment needing ergonomic workstations and ergonomic accessories;
- Contact Risk Management for consultative ergonomic assistance

Department Relocation

- When a department relocation is to occur, the Department Manager should consult with the Purchasing Department in the initial planning process to address options for ergonomic workstation designs and ergonomic accessories.

IMPORTANT!!!

- **ERGONOMIC ACCESSORIES WILL NOT BE PURCHASED WITHOUT PRIOR ASSESSMENT, RECOMMENDATIONS AND ADMINISTRATOR APPROVAL.**
- **RISK MANAGEMENT DOES NOT PURCHASE FURNITURE OR ACCESSORIES FOR NON-WORK-RELATED INJURIES OR ILLNESSES.**

REFERENCE:

- Community Colleges Office Ergonomics Program: Keenan & Associates
- California Code of Regulations (CCR) Title 8, Section 5110, Ergonomics:
<http://www.dir.ca.gov/title8/5110.html>

Appendix A: Employee Workstation Evaluation Request Form

APPENDIX “A”



RISK MANAGEMENT

Employee Workstation Evaluation Request

Name: _____ Request Date: _____

Department: _____

Supervisor: _____

Please describe your concern (s): _____

When did you first notice it? _____

What percent of your day is spent at the keyboard? _____

How long have you worked at your present workstation? _____

Describe what steps, if any, have been taken to improve your situation:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

For Safety / Risk Management Use Only

Medical Note Received:

Referred to Risk Management on: _____

Recommended Interventions: _____

Date Trained: _____

Signature: _____ Date: _____