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**EH&S ERGONOMIC PROGRAM**

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## EH&S ERGONOMIC PROGRAM

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### PURPOSE

To describe the PCCD ergonomic program to prevent or reduce ergonomic hazards that contribute to the development of repetitive motion injuries (injuries caused, precipitated, or aggravated by repetitive activities).

To reflect policies, procedures, provide guidelines for potential and ergonomic situations in conjunction with PCCD Environmental Health and Safety program.

### SCOPE

**Work Station Setup:** Ergonomics involves arranging the workplace environment to fit the person and the person's work. When ergonomics is applied correctly, stress and many potential injuries/disorders associated with the overuse of muscles, bad posture and repeated tasks can be reduced. This is accomplished by the employer and employee working together to identify risks.

### RESPONSIBILITIES

<u>NOTE</u>
Employees are encouraged to apply ergonomic principles both within and outside of the workplace, as described in attachment Non-Office Ergonomic Principles.

#### Superintendent/President

Superintendent/President implements and support strategies to control repetitive motion injuries. These strategies include:

- Ergonomic evaluations to identify ergonomic hazards
- Modifying job tasks to reduce risk factors contributing to repetitive motion injuries
- Selection of Ergonomic Evaluators

#### Environmental Health & Safety

EH&S is responsible for coordinating the ergonomic program to reduce repetitive motion injuries, including:

- Providing guidance on modifying the workplace to minimize the potential for injuries and illnesses
- Analyzing and reporting trends in ergonomic injuries
- Reviewing and evaluating workstation evaluations submitted by the ergonomic evaluator
- Providing assistance when requested
- Ensuring a licensed third party (Vendor) Ergonomic Evaluator perform evaluations for PCCD employees that have submitted an ADA Request for Accommodation form
- Acting as backup ergonomic evaluators when a designated evaluator is unavailable

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### Supervisors

Supervisors should:

- Ensure employees are assigned and take the required ergonomic training
- Implement sound ergonomic practices in their Area of Responsibility (AOR)
- Ensure employees follow ergonomics instruction through observation and reinforcement
- Promptly respond to employee concerns about ergonomic problems, submit ergonomic evaluations in accordance with the ergonomic evaluation request process, and submit a work station modification or adjustment request to the Environmental, Health & Safety department
- Ensure employees repeat ergonomics training, including the self-evaluation, as required

#### **NOTE**

A Request for Accommodation form must be submitted to the Vice President of Human Resources along with a doctor's note for any equipment/furniture to be purchased. If it is not an ADA Accommodation and a simple ergonomic evaluation, the department is responsible for paying for the furniture/equipment. (Link to Accommodation page - <http://www.palomar.edu/hr/employees/accomodation>).

### Employees

Employees shall:

- Complete required ergonomics training when assigned

#### **NOTE**

Employees, who work at a computer workstation for more than two hours per shift, are in a job classification that has had a work-related Repetitive Motion Injury (RMI), or have experienced a work-related RMI from computer use are to perform a workstation analysis:

- Periodically
  - When feeling discomfort or strain
  - After moving to a new work location
- 
- Perform analysis of their workstation and equipment as outlined in the ergonomic workstation self-checklist. (See Attachment 1)
  - Immediately notify supervisor of any discomfort due to ergonomics risk factors
  - Follow recommendations resulting from an ergonomics evaluation
  - Report any work-related injury or illness immediately to supervisor

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### Third Party Ergonomic Evaluators

Ergonomic evaluators shall:

- Be trained to perform an ergonomic evaluation
- Perform ergonomic evaluations of workstations/areas and job task design
- Identify interim solutions to enable continuation of work activities
- Coach employees about repetitive motion injury prevention
- Submit and provide recommendations about workstation modification or adjustments to PCCD's Supervisor, Environmental Health & Safety department upon completion of the evaluation

### PRECAUTIONS / LIMITATIONS

#### Precautions

None

#### Limitations

None

### PREREQUISITES / INITIAL CONDITIONS

#### Prerequisites

**VERIFY** this document is current by checking Palomar College website, Environmental Health & Safety section (General Information) tab.

#### Initial Conditions

None

### PROCEDURE

#### Ergonomic Evaluation Request Process

- Employee shall report ergonomic concerns to immediate supervisor
- Supervisor shall make an immediate assessment of the concern
- IF guidance on providing modifications to the workstation is needed, then the employee shall fill out the facilities department, Environmental Health & Safety Ergonomics Evaluation Checklist form that can be located on the Palomar College website, Environmental Health & Safety section (Ergonomics) tab
- If ergonomics evaluation is requested by a medical professional, then a Request for Accommodation form must be submitted to the Vice President of Human Resources along with a doctor's note
- Supervisor shall submit a completed and approved form to the Environmental, Health & Safety department

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- Third Party Ergonomic Evaluator shall conduct the evaluation for all ADA accommodations submitted along with a doctor's note

### **Ergonomic Evaluation Follow-up Actions**

Supervisor shall act on recommendations from completed ergonomic evaluation as follows:

- IF equipment is required, THEN contact Facilities to order the equipment
- Ensure training is provided on the use of the equipment (sources: manufacturer, ergonomic evaluator, consultant, class).
- Supervisor shall ensure ergonomic concerns have been addressed in accordance with the ergonomic evaluation/program

### **Training**

#### NOTE

It is recommended that personnel who utilize a computer frequently take the Keenan SafeColleges Office Ergonomic Program training module once per year.

The Ergonomics Training Module required by the PCCD Office Ergonomic Program is provided by the Keenan & Associates Service Team through computer-based training (CBT).

- All EH&S exams, including questions built into courses will be administered through "Keenan SafeColleges" website
- Keenan SafeColleges provides Palomar College employees with a comprehensive, web-based training solution that provides legally-compliant courses developed by content experts on a variety of topics in a multimedia (audio/video) format
- The Environmental and Health modules contain over 30 trainings on developing and maintaining a safe and healthy working and learning environment
- In addition to the trainings developed by Keenan, Palomar College can develop and upload its own trainings to the SafeColleges website
- Trainings can be assigned to individual employees or specific, appropriate groups of staff and employees
- Participation can be designated as either mandatory or optional
- The SafeColleges website provides a customizable reporting system to track employees' completion of trainings

Office Ergonomics training is applicable to all employees who work in an office environment and meet the following criteria:

- Employees who spend more than two hours per shift using a computer workstation
- Employees who are in a job classification and conduct similar work activities as a PCCD employee who has had a work-related RMI since 1997 when the Cal/OSHA regulation became effective
- Employees who have experienced a work-related RMI
- New employees who meet the above criteria

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Employees shall repeat the Office Ergonomics training when:

- The employee has experienced a work-related RMI
- An ergonomics evaluation is requested by a medical professional
- There has been a significant change in work or task assignment that increases the length of time spent working at a workstation (i.e., additional two or more hours)

Employees should repeat the Office Ergonomics training when:

- Experiencing any discomfort from computer workstation use
- Changing workstations or the workstation configuration has changed
- A change in work or task assignment that increases the length of time (less than two hours) spent working at a workstation, or there have been changes in the way the computer is used (i.e., keyboarding versus using a mouse, standing versus sitting at a workstation)

### **RETENTION / RECORDS**

Records of ergonomic evaluations shall be maintained by PCCD EH&S and a copy of the evaluation forwarded to the employees Supervisor





Facilities Department  
Environmental Health & Safety  
Ergonomics Evaluation Checklist for Computer Workstations

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REVISION 0  
ATTACHMENT 1

<b>Monitor</b>	<b>Yes</b>	<b>No</b>
Is the monitor at about arm's length distance (16– 28 inches) away from you?	<input type="checkbox"/>	<input type="checkbox"/>
Is the monitor screen at a comfortable angle that does not strain the neck and eliminates back light glare?	<input type="checkbox"/>	<input type="checkbox"/>
Is the top of the monitor screen just below eye level?	<input type="checkbox"/>	<input type="checkbox"/>
Is there excess glare on the monitor screen?	<input type="checkbox"/>	<input type="checkbox"/>
Are there people working directly behind or beside the monitor?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Keyboard</b>	<b>Yes</b>	<b>No</b>
Is there an under-desk keyboard tray?	<input type="checkbox"/>	<input type="checkbox"/>
Is the keyboard at a comfortable angle that allows easy access to all keys?	<input type="checkbox"/>	<input type="checkbox"/>
Are the user's wrists as straight as possible while typing?	<input type="checkbox"/>	<input type="checkbox"/>
Are the user's elbows at 90 – 100 degree angle when operating the keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
Is a wrist rest used to keep the wrists as straight as possible?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chair</b>	<b>Yes</b>	<b>No</b>
Can the user sit with back straight and supported?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a slight downward angle in the user's thighs?	<input type="checkbox"/>	<input type="checkbox"/>
Does the chair have built-in armrests?	<input type="checkbox"/>	<input type="checkbox"/>
Is the chair fully adjustable to meet the demands of the user?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Workstation User</b>	<b>Yes</b>	<b>No</b>
Is the user experiencing any pain associated with the workstation use?	<input type="checkbox"/>	<input type="checkbox"/>

Explain if checked "yes" to any:

Name: \_\_\_\_\_ ant: \_\_\_\_\_  
Email: \_\_\_\_\_

**Submit**

**Reset**

**REQUEST FOR ACCOMMODATION**  
Palomar Community College District  
Please submit this form to Human Resource Services  
**REVISION 0**  
**ATTACHMENT 2**

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Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Have you authorized someone to file this request on your behalf: YES \_\_\_\_ NO \_\_\_\_

If YES, please provide the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

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REQUEST: (Please include specific information of what is needed to make this program, service, facility or activity accessible. Please include cost)

---

Location (where accommodation is needed): \_\_\_\_\_

Reason for request: \_\_\_\_\_

Need for accommodation verified by (please attached physician's note): \_\_\_\_\_

Date accommodation is needed: \_\_\_\_\_

Will the accommodation serve others? Yes \_\_\_\_ No \_\_\_\_

What will the consequences be if this accommodation is not met?

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Signature\_\_ of Person requesting accommodation\_\_ Authorized Representative

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Supervisor is required to acknowledge that a request for accommodation is being made.**

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

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Form submitted to:

**Human Resource Services:** \_\_\_\_\_

(Date received)

Approved by VP of HR or Manager HR: \_\_\_\_\_ (Proceed to Environmental Health & Safety)

Denied by VP of HR or Manager HR: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

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Environmental Health & Safety: \_\_\_\_\_

(Date received)

Accommodation met by:

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Environmental Health & Safety Department

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Action Form  
REVISION 0  
ATTACHMENT 3

Date Received: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accommodation completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## CORRECT POSITIONING FOR COMPUTER USERS

### Chair

- Sit fully back in chair to allow for proper spinal support and weight distribution.
- The seatback is positioned upright with lumbar support at small of back and head aligned over shoulders.
- Hips should be positioned slightly higher than knees. There should be a 3-4 finger width clearance between the seat pad and the back of the knees. Feet flat on floor or footrest.

### Keyboard

- Keyboard is flat on surface.
- Shoulders should be relaxed with arms hanging comfortably by sides.
- Elbows are bent to 90 degrees and the wrists are in a neutral position.
- A mouse should be located at the same level as the keyboard, immediately beside.

### Monitor

- Top of screen should be at eye level (except if wearing bifocals).
- Optimum viewing distance is arms distance away.
- Minimize glare by placing screen perpendicular to windows, using an anti-glare screen, or adjusting screen angle.

### Document Holder

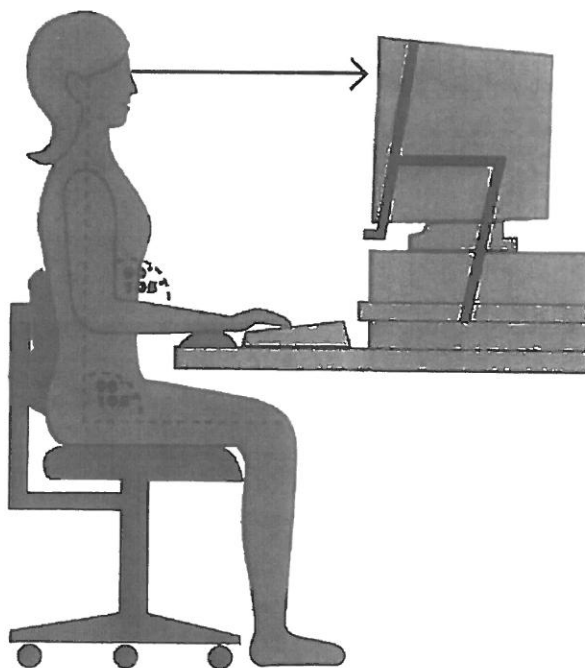
- The document holder should be placed at the same height as the monitor or modify with a desktop document holder placed in front of the monitor.

### Shelves

- Frequently used items located in shelving above shoulder level should be moved down below shoulder height within arms distance.

### Stretch/Exercise Breaks

- Incorporate stretch/exercise breaks throughout the workday to reduce neck, low back and upper extremity fatigue.



### SUMMARY OF CHANGES

Author: Derrick Johnson Phone: x3677 Location: R-6

Date of Revision	Description of Change/Comments	Reviewer(s)	Step, Section, Attachment or Page
January 6, 2014	Date procedure was completed	See Below	

Document Reviewers:	Name:
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<b>Approvers:</b>	
<b>Assistant Superintendent/Vice President of Finance &amp; Administrative Services Final Approval:</b>	
<b>Director, Facilities Final Approval:</b>	