

**PROGRAM TO MINIMIZE
REPETITIVE MOTION INJURIES
FOR
SUTTER COUNTY
SUPERINTENDENT OF SCHOOLS**



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POLICY

The Sutter County Superintendent of Schools has adopted this Program to minimize work related repetitive motion injuries (RMI) through implementation of work site evaluations, administrative and engineering control measures, and employee training. This program will meet all requirements of:

- California Code of Regulations, Title 8, Subchapter 7, Group 15, Article 106, Section 5110
- California Labor Code, Sections 142.7 and 6357

For purposes of this Program, the following definitions apply:

1. **RMIs** – musculoskeletal injuries resulting from a job, process, or operation of identical work activity which have been the predominant cause of objectively identified and diagnosed musculoskeletal injuries to one or more employees reported within a twelve-month period after July 3, 1997. A licensed physician must objectively conduct the identification and diagnosis of the RMI.
2. **Licensed Physician** – a person with an M.D. or D.O. degree licensed and diagnosing within the scope of his or her practice.
3. **Predominant Cause** – 50% or more of the injury was caused by a work related repetitive job, process or operation of identical work activity.
4. **Identical Work Activity** – the employees were performing the same work related repetitive motion task, such as but not limited to word processing, assembly or loading.

WORK SITE EVALUATIONS

Where more than one RMI is reported as defined above, a representative number of such jobs, processes, or operations of identical work activities shall be evaluated for exposures which have caused RMIs.

CONTROL OF EXPOSURES

Any exposures that have caused RMIs shall, in a timely manner, be corrected or if not capable of being corrected have the exposures minimized to the extent feasible. The County Office will consider the following administrative and engineering controls in determining how to correct or minimize exposures:

- Administrative Controls – job rotation, work pacing or work breaks
- Engineering Controls – work station redesign, adjustable fixtures or tool redesign

The District may also consider other control measures that would not impose additional unreasonable costs.

EMPLOYEE TRAINING

Employees shall be provided training that includes an explanation of:

1. The Program to Minimize Repetitive Motion Injuries;
2. The exposures which have been associated with RMIs;
3. The symptoms and consequences of injuries caused by repetitive motions;
4. The importance of reporting symptoms and injuries; and
5. Methods used by the County Office to minimize RMIs.

The training shall be provided to employees as follows:

1. Upon establishment of the Program to Minimize Repetitive Motion Injuries;
2. Upon completion of a work site evaluation;
3. Upon hire to all new potentially exposed employees;
4. Upon new job assignments for which training has not been previously received;
and
5. Annually thereafter.

EMPLOYEE REPORTING OBLIGATIONS

All employees are required to report to the County Office all RMIs which have been objectively identified and diagnosed by a licensed physician which are suspected of being 50% or more caused by a job, process, or operation under the County Office.

All employees are encouraged to report all suspected RMIs or RMI symptoms and unsafe/unhealthful work practices and conditions.

ENFORCEMENT

Awareness of and compliance with all County Office safety rules and programs are considered conditions of employment. The County Office reserves the right to discipline employees, up to and including termination, for failure to follow the guidelines of this program.

REPETITIVE MOTION INJURIES (RMI) EXPOSURES, SYMPTOMS, & CONSEQUENCES

Workplace Contributing Factors

Contributing factors are aspects of work tasks which can lead to fatigue, musculoskeletal disorder (MSD) symptoms and injuries, or other types of problems. These factors may be present in one or more of the tasks employees must perform to accomplish their jobs. The contributing factors employees should be aware of include:

- Awkward postures: prolonged work with hands above the head or with the elbows above the shoulders; prolonged work with the neck bent; squatting, kneeling, or lifting; handling objects with back bent or twisted; repeated or sustained bending or twisting of wrists, knees, hips or shoulders; forceful and repeated gripping or pinching.
- Repetitive motions: keying; using tools or knives; packaging, handling, or manipulating objects.
- Forceful exertions; handling heavy objects; moving bulky or slippery objects; assuming awkward postures while moving objects.
- Pressure points (e.g., local contact stress): repeated contact with hard or sharp objects, like desk or table edges.
- Vibration: overuse of power hand tools.

Not all MSDs are related to work activities. Other factors such as personal characteristics and societal factors have also been associated with ergonomic related injuries and illnesses.

There are also environmental factors associated with the workplace which can cause problems. Extreme high temperatures can increase the rate at which the body will fatigue. Alternatively, exposure of the hands and feet to cold temperatures can decrease blood flow, muscle strength, and manual dexterity. The lighting in a workplace may be too dark or too bright for the work task. This may result in employees assuming awkward postures to accomplish work tasks.

Employees should be aware of the amount of time in a workday that they spend performing physically demanding or repetitive tasks (i.e., the duration of tasks). Both the total time per work shift and the length of uninterrupted periods of work can be significant in contributing to problems. As repetitive motions, forceful exertions, and other contributing factors increase in work tasks, so does the recovery time (i.e., the length and frequency of muscle relaxation breaks) needed to help reduce fatigue and prevent injury.

Contributing factors should be minimized in work tasks as much as possible to prevent fatigue, pain, and disability. Remember that activities outside the workplace can also contribute to the development or aggravation of MSDs.

Activities Outside the Workplace

Our bodies do not stop functioning when we go home from work. Home and recreational activities may also contain factors that contribute to MSDs or make them worse. These activities may be different from those at work, but the types of effects they have on the body (e.g., awkward postures, forceful exertions, or repetitive motions) may be the same. Activities that may contribute to MSDs include:

- Knitting
- Crocheting
- Playing musical instruments
- Playing recreational sports
- Using home computers
- Doing other work involving hard physical labor

Personal Factors

Keep in mind that personal factors, such as level of physical fitness, weight, diet, habits, and lifestyle, may also affect the development of MSDs. Also, various medical conditions may predispose individuals to MSDs or make the disorders worse. Examples include:

- Arthritis
- Bone and muscle conditions
- Contraceptive use
- Diabetes mellitus
- Pregnancy
- Previous trauma
- Thyroid problems

In addition, psychosocial factors may have an impact on MSDs. These factors include:

- Level of stress
- Level of job security and satisfaction
- Amount of autonomy on the job (e.g., degree of control over the arrangement of work areas or the pace of work)

Musculoskeletal Disorder Basics

Musculoskeletal disorders may:

- Occur from a single event (such as a strain or sprain from a lift, slip, or fall) or result from the buildup of tissue damage from many small injuries or microtraumas.
- Take week, months, or years to develop.
- Produce no symptoms or exhibit no findings on medical tests in their early stages (medical tests may be positive only in later stages when irreversible injury has occurred).
- Be associated with contributing factors present in work tasks and in home or recreational activities.
- Differ in symptoms and severity from individual to individual even though their work tasks or other activities are similar.

Symptoms

Symptoms associated with MSDs may include:

- *Pain* from movements, from pressure, or from exposure to cold or vibration.
- *Change in skin color* from exposure to cold or vibration.
- *Numbness or tingling* in an arm, hand, finger, or leg.
- *Fatigue*, or difficulty in sustaining performance, particularly of small muscle groups.

Common Terms for MSDS

May MSD conditions are grouped under the terms cumulative or repeated traumas, repetitive motion injuries, or repetitive strain syndrome.

Medical Terms

The general term *musculoskeletal disorder* is not a medical diagnosis. Musculoskeletal disorders primarily affect muscles, tendons, ligaments, nerves, and small blood vessels. Examples of specific types of disorders include:

myalgia – muscle pain

chronic myofascial pain syndrome – chronic pain in the muscles

tendonitis – inflammation of a tendon (e.g., shoulder tendonitis, tennis elbow, de Quervains disease)

tenosynovitis – inflammation of a tendon and its sheath (e.g., in the wrists, hands, or fingers)

carpal tunnel syndrome – swelling and entrapment of the median nerve in the wrist

thoracic outlet syndrome – squeezing of the nerves and blood vessels between the neck and shoulder

hand-arm vibration syndrome – damage to blood vessels and nerves in the hands and arms

degenerated, bulging, or ruptured (herniated) disks in the neck or back – disks that wear or dry out, bulge, lose elasticity, or rupture, causing pain and pressure on other structures of the neck or back

sciatica – bulging or ruptured disks in the lower back causing lower back pain that also extends to the legs and feet

degenerative or *osteoarthritis* – wear and tear on the spine, joints, vertebrae, and disks, associated with long-term physical loads on spinal structures

ERGONOMIC OFFICE WORKSTATION EVALUATION

Date: _____ Evaluator: _____

Employee Name: _____ Title: _____

Location: _____ Department: _____

Reason: _____ Hours a day at VDT: _____

CHAIR

	Yes	No
Do you know how to make adjustments to your chair position?	<input type="checkbox"/>	<input type="checkbox"/>
Are you sitting at a height you find comfortable?	<input type="checkbox"/>	<input type="checkbox"/>
Are your feet resting on the floor? (If not, is there a footrest available?)	<input type="checkbox"/>	<input type="checkbox"/>
Is your backrest at an angle and height that provides optimum lumbar support?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use the backrest while typing (i.e., no tilting forward)?	<input type="checkbox"/>	<input type="checkbox"/>
Are your thighs parallel to the floor or better still, sloping down slightly?	<input type="checkbox"/>	<input type="checkbox"/>
Is there pressure on the back of your knees?	<input type="checkbox"/>	<input type="checkbox"/>
Are your armrests used just for rest periods, and not while typing?	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Adjustments/Equipment Needed:

KEYBOARD

	Yes	No
While typing, are your upper arms within contact of your torso?	<input type="checkbox"/>	<input type="checkbox"/>
Are your shoulders relaxed?	<input type="checkbox"/>	<input type="checkbox"/>
Are your forearms parallel to the floor (i.e., 90° angle at the elbow)?	<input type="checkbox"/>	<input type="checkbox"/>
Are your wrists and hands straight and in-line with your forearm?	<input type="checkbox"/>	<input type="checkbox"/>
Are your wrists rests used just for rest periods, and not while typing?	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Adjustments/Equipment Needed:

MONITOR

	Yes	No
Is the top of your monitor at or slightly below eye level?	<input type="checkbox"/>	<input type="checkbox"/>
Is your monitor between 18 and 24 inches from your eyes?	<input type="checkbox"/>	<input type="checkbox"/>
Is your monitor directly behind your keyboard?	<input type="checkbox"/>	<input type="checkbox"/>
Is your monitor clean and free of glare?	<input type="checkbox"/>	<input type="checkbox"/>
Is your monitor at right angles to any windows?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a document holder when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Adjustments/Equipment Needed:

KEYING/MOUSE TECHNIQUE

	Yes	No
Do you use a light keying touch?	<input type="checkbox"/>	<input type="checkbox"/>
Do you move your arms, not your wrists when reaching for distant keys?	<input type="checkbox"/>	<input type="checkbox"/>
Do your hands and wrists "float" over the keys?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use the numeric pad for cursor control?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use keystroke alternatives instead of the mouse whenever possible?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold your mouse gently (instead of the death grip)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you move your mouse with your arm rather than your wrist?	<input type="checkbox"/>	<input type="checkbox"/>
Is your mouse as close to the keyboard as possible?	<input type="checkbox"/>	<input type="checkbox"/>
Is your mouse switched periodically to your other hand?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a light touch when clicking?	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Adjustments/Equipment Needed:

SCHEDULE/BREAKS/EXERCISE

	Yes	No
Have you recently worked more than 8 hours a day for an extended period?	<input type="checkbox"/>	<input type="checkbox"/>
Do you stop typing for 10 minutes after typing uninterrupted for 2 hours?	<input type="checkbox"/>	<input type="checkbox"/>
Do you take micro breaks (2-3 minutes) every half-hour?	<input type="checkbox"/>	<input type="checkbox"/>
Do you vary your posture regularly during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Do you stand up and walk around during micro breaks?	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly stretch (particularly your hands and wrists)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you focus on distant objects at least every 7 minutes?	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Adjustments/Equipment Needed:

DESK ORGANIZATION

	Yes	No
Is the floor around your desk cluttered (preventing leg movement)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your desktop cluttered (resulting in cramped typing positions)?	<input type="checkbox"/>	<input type="checkbox"/>
Is other needed equipment (e.g., 10-key machine) accessible to you without reaching?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use a headset if required to use phone while typing?	<input type="checkbox"/>	<input type="checkbox"/>
Is there minimal reaching for you above your shoulder and below your waist?	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Adjustments/Equipment Needed:

OTHER

	Yes	No
Do you feel informed about the hazards of computer use?	<input type="checkbox"/>	<input type="checkbox"/>
Are you knowledgeable about controlling those hazards through correct workstation setup, modifying your schedule, and using better technique?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know the procedure for reporting physical problems?	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Adjustments/Equipment Needed:
