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ERMC Pamphlet
No. 385-4

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Safety
ERGONOMICS PROGRAM

1. REFERENCES:

- a. DODI 6055.1, 19 Aug 98, DOD Safety And Occupational Health (SOH) Program.
 - b. AR 385-10, 29 Feb 00, The Army Safety Program.
 - c. AR 40-5, 15 Oct 90, Preventive Medicine.
 - d. Memorandum, DASG-HS, 14 July 2000, Subject: Army Ergonomics Program.
 - e. Memorandum, OASA (IL&E), 18 December 1997, Subject: Army Wide Ergonomics Program Implementation Assistance.
 - f. Memorandum, OASA (IL&E), 18 May 1998, Subject: Policy Memorandum, Army Ergonomics Program.
 - g. Memorandum, Director of Army Safety, 6 October 1998, Subject: Army Safety and the Army Ergonomics Program.
 - h. Memorandum, Office of the Surgeon General, 31 August 1998, Subject: Army Ergonomics Program Policy Memorandum.
 - i. USAREUR Memo, Employee Refusal of Occupational Health Examinations, 29 May 95.
 - j. Social Europe 3-93, European Union Council Directive, Minimum Requirements for Work with Display Screen Equipment, 29 May 1990.
 - k. ANSI Z-365, Control of Work Related Musculoskeletal Disorders Draft, American National Standards Institute, Itasco, IL, National Safety Council, 1994.
 - l. NIOSH, Center for Disease Control and Prevention, Elements of Ergonomics Programs, March 1997.
- 2. PURPOSE:** This pamphlet establishes policies, procedures, and responsibilities for implementing an ERMC Ergonomics Program in accordance with Department of Defense and MEDCOM guidance. In addition, all local host nation policies and regulations must be adhered to.

3. **SCOPE:** This pamphlet covers the initiation and implementation of a workplace initiative entitled, "Ergonomics Program." The purpose and scope of this program is to fully develop and implement the basic program elements in order to reduce work-related musculoskeletal injuries and the associated lost work time and injury compensation costs within the workplace. This pamphlet will encompass the DOD minimum critical elements of an Ergonomics Program which are: a command policy statement, written plan, workplace analysis, hazard prevention and control, health care management, education and training, program evaluation and review, and material acquisition.

4. **APPLICABILITY:** This pamphlet is applicable to all active duty, U.S. civilian and local national employees within the Europe Regional Medical Command (ERMC), to include the Landstuhl Regional Medical Center, the Heidelberg MEDDAC, the Würzburg MEDDAC and their outlying clinics.

5. **RESPONSIBILITIES:**

a. Commanders will:

- (1) Implement an Ergonomics Program at the MEDDAC/MEDCEN level.
- (2) Appoint an individual or office who will have oversight and monitor the implementation of the Ergonomics Program.
- (3) Appoint additional duty Ergonomics Monitors and ensure they are appropriately trained and allotted enough time to perform their duties. These personnel should have a minimum of one year retainability. The appointment of these ergonomics monitors will not prohibit these people from applying for other positions.
- (4) Establish an Ergonomics subcommittee under the Safety and Environment of Care Council and integrate Ergonomics into all phases of the Occupational Safety and Health (OSH) program.
- (5) Approve the MEDDAC/MEDCEN Ergonomics Policy and Written Program based on the recommendations of the Safety and Environment of Care Committee.
- (6) Designate in writing an Ergonomics Officer and select members of the Ergonomics subcommittee.
- (7) Ensure employees, supervisors and Ergonomics Monitors are trained in the Ergonomics Program.

b. Ergonomics Officer will:

- (1) Establish and maintain the Ergonomics Projects File (EPF) and Ergonomics Program Inventory (EPI). The EPF is a list of worksite evaluations and projects which have been submitted to the Ergonomics Committee. The EPI is a list of ergonomic hazards identified by the Ergonomics Subcommittee.

- (2) Implement an Ergonomics Written Plan and Policy for the organization.
- (3) Report to the Safety and Environment of Care Committee the status of the Ergonomics Program.
- (4) Ensure that Ergonomics training is provided on an annual basis.
- (5) Integrate Ergonomic considerations when reviewing new equipment procurement, facility modification and construction.
- (6) Conduct workplace analyses in conjunction with members of the Ergonomics subcommittee.
- (7) Conduct an annual written evaluation of the program and submit it to the Safety and Environment of Care Committee.

c. Safety Office will:

- (1) Integrate ergonomic concepts into routine inspections and hazard surveillance surveys and notify commander and supervisors of deficiencies detected in compliance with the Ergonomics Program.
- (2) Maintain and analyze injury and illness data related to ergonomic hazards.
- (3) Coordinate with the Ergonomics Officer, Occupational Health, Occupational and Physical Therapy to provide appropriate training for all levels of employees.
- (4) Integrate ergonomic concepts for routine operations into inspection procedures, training, SOP review, and as appropriate into reports and recommendations.
- (5) Integrate ergonomic considerations when reviewing new equipment procurement, facility modification and construction.
- (6) Provide input into the Ergonomics Project File and Inventory.

d. The Industrial Hygienist will:

- (1) Coordinate with the Ergonomics Officer, Safety Manager, Occupational Health Nurse, and the Occupational and Physical Therapy department to provide appropriate training for all levels of employees.
- (2) Provide input into the Ergonomics Project File and Inventory.
- (3) Integrate ergonomic considerations when reviewing new equipment procurement, facility modification and construction.
- (4) Consider ergonomic hazards during routine worksite evaluations and assist in solving the identified ergonomic problems.

(5) Advise supervisors on the selection of appropriate ergonomic equipment required for each operation.

(6) Notify commanders and supervisors of deficiencies detected in compliance with the Ergonomics Program.

e. The Occupational Health Office will:

(1) Coordinate with the Ergonomics Officer, Safety Manager, Industrial Hygienist and the Occupational and Physical Therapy department to provide appropriate training for all levels of employees.

(2) Coordinate/conduct medical evaluations when necessary.

(3) Consider ergonomic hazards during routine worksite evaluations and assist in solving the identified ergonomic problems.

(4) Coordinate eye examinations when necessary.

(5) Notify commanders and supervisors of deficiencies detected in compliance with the Ergonomics Program.

f. Ergonomics Monitor(s) will:

(1) Follow the local MEDDAC/MEDCEN Ergonomics Program guidance and policy.

(2) Complete Ergonomics training.

(3) Ensure a worksite analysis is conducted within the department on an annual basis and maintain documentation of these evaluations.

(4) Provide general annual training to all department employees and supervisors on the early recognition of symptoms, proper work methods, and types of cumulative trauma disorders, means of prevention, causes, early symptoms, and treatments.

(5) Provide written documentation after determining that all requirements for training, and worksite analysis and evaluation have been met.

g. Ergonomics Subcommittee will:

(1) Consist of staff from industrial hygiene, safety, occupational health (nurse and physician), occupational and physical therapy, civilian personnel, works council, handicapped representative, logistics, contracting, and facility management.

(2) Oversee and ensure that worksite analysis is performed by trained ergonomics personnel.

(3) Ensure that workplaces are equipped and set up for the safe and healthful working condition of the employee.

- (4) Identify and implement corrective actions.
- (5) Ensure ergonomics certification training is given to Ergonomics Monitors.
- (6) Evaluate the effectiveness of the Ergonomics Program through an annual evaluation and review.

h. Education Service Division will:

- (1) Maintain training records of individuals who have received training in the Ergonomics Program.
- (2) Report on a quarterly basis the status of individuals trained in Ergonomics to the Safety and Environment of Care Committee.

i. Logistics Division will:

- (1) Develop engineering solutions and controls in coordination with the Ergonomics subcommittee to eliminate ergonomic hazards in the workplace. Implement projects within available resources.
- (2) Control material acquisition through purchase of approved/required ergonomically designed equipment as requested and recommended by the Ergonomics Subcommittee.
- (3) Correct hazards identified through the hazard abatement program.

j. Supervisors will:

- (1) Submit in writing the name of an individual who will be appointed as the section/department Ergonomics Monitor to the MEDDAC/MEDCEN Ergonomics Officer. These personnel should have a minimum of one year retainability. The appointment of these ergonomics monitors will not prohibit these people from applying for other positions.
- (2) Ensure that the designated Ergonomics Monitor has completed an Ergonomics certification training course approved by the Ergonomics sub-committee. The USAREUR Safety Office will coordinate the train the trainer certification course with the Bundesausführungsbehörde für Unfallversicherung (BAFU) to get their concurrence of the content before US/LN personnel attend.
- (3) Ensure symptomatic employees (both civilian and military) report for a medical evaluation in a timely manner. Active duty should report to their primary care provider while civilian personnel report to Occupational Health with the proper forms. The local national work force should be seen and treated by a BAD physician.
- (4) Ensure work areas have had a workplace analysis on a periodic basis to detect, eliminate or effectively control safety and health hazards.

(5) Submit work orders for engineering solutions for safety hazards after coordinating with the Ergonomics Subcommittee.

(6) Ensure necessary ergonomic equipment and supplies are ordered maintained.

k. Employees will:

(1) Follow directives of the Ergonomics sub-committee, Ergonomics Officer or the Ergonomics Monitor when given to modify work habits, practices or physical work environment.

(2) Notify supervisor or Ergonomics Subcommittee of any condition that may involve risk and make recommendations for control and abatement.

(3) Participate in a medical surveillance program.

(4) Attend meetings, training and participate in the Ergonomics Program.

6. POLICY.

a. Workplace Analyses will be comprised of both systematic passive and active surveillance. Passive surveillance consists of analyzing data from existing data sources. Active surveillance consists of analyzing newly created sources of data.

b. The Ergonomics Subcommittee and department Ergonomics monitors will conduct workplace analyses and make ergonomic recommendations in the form of a final report.

c. Worksite written ergonomic evaluations conducted by either the Ergonomics Monitor or Ergonomics Subcommittee members will be sent to the department supervisor and a copy to the Ergonomics Subcommittee.

d. Hazard Prevention and Control is used to monitor exposure to Work-related Musculoskeletal Disorders through the following intervention methods: process elimination, engineering controls, substitution, work practices, and administrative controls.

e. All ergonomic hazards will be assigned Risk Assessment (RAC) codes.

f. The Health Care Management requirement includes early recognition, evaluation and treatment, light/restricted duty and follow-up for employees with Work-related Musculoskeletal Disorders to assess the effectiveness of therapy and worksite intervention.

g. The Education and Training requirement will be implemented through the Ergonomics Subcommittee. They will coordinate Ergonomics training for the Ergonomics Monitors. From there, employee and supervisor training will be conducted through a "Train the Trainer" approach. The course will be coordinated with the Bundesausführungsbehörde für Unfallversicherung (BAFU).

h. Supervisors and workers will be instructed in the early recognition of symptoms, proper work methods, types of Cumulative Trauma Disorders, means of prevention, causes, early symptoms and treatments on an annual basis.

i. The Program Evaluation and Review requirement can utilize both external and internal evaluation processes. The evaluation should assess program participation, number of requests for ergonomic assistance, number of suggestions, number of educational programs or number attending, and compliance with minimum critical program requirements.

j. The Ergonomics subcommittee will take into consideration any physician recommendations of occupational health impacts.

7. RECORD KEEPING.

a. Each department Ergonomics Monitor will keep records of employee annual ergonomics training in Part IV, Mandatory Training Section within the Six Sided Folder.

b. Each department Ergonomics Monitor will enter this information into the training database established at the Education Department.

c. Occupational Health will keep records of exposures on each worker for the duration of employment plus 30 years as prescribed by 29 CFR 1910.20(d) and AR 385-10.

8. TRAINING.

a. Employees. This employee awareness training applies to all employees within every department of the medical facility. Training will cover the early recognition of symptoms, proper work methods, types of Cumulative Disorders, means of prevention, causes, early symptoms and treatments. This training will be given on an annual basis.

b. Ergonomics Monitors. This training is intended for the designated individual that will be doing the actual worksite analyses, training, and record keeping for the employees in their particular work area or department. This individual will attend an Ergonomics certification training course that will enable him/her to perform their duties. The training will include initial training, responsibilities, worksite analysis procedures, preliminary recognition of symptoms, proper work methods, types of Cumulative Trauma Disorders, means of prevention and treatment, conduct of ergonomics training for employees and supervisors, and documenting procedures. This training will be a train the trainer course.

The proponent agency of this publication is the Safety Officer, HQ, Europe Regional Medical Command. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Cdr, U.S. Army Europe Regional Medical Command, ATTN: MCEU-S, CMR 442, APO AE 09042.

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