

# CITY OF FORT BRAGG

## ERGONOMICS PROGRAM

### A. PURPOSE

The City of Fort Bragg has adopted this ergonomics program to minimize repetitive motion injuries (RMIs) through (a) worksite evaluations, (b) adoption of control measures, and (c) training of employees.

### B. DEFINITIONS

For purposed of this ergonomics program the following definitions apply:

1. **“RMIs”** (Repetitive Motion Injuries) are musculoskeletal injuries resulting from a job, process, or operation of identical work activity which have been the predominant cause of identified and diagnosed musculoskeletal RMIs to more than one employee reported within a twelve-month period. The identification and diagnosis of a RMI must be performed by a licensed physician.
2. **“Identical Work Activity”** means the employees were performing the same repetitive motion tasks such as, but not limited to, word processing, assembly, or loading.
3. **“Licensed Physician”** is a person with an M.D. or D.O. degree licensed and diagnosing within the scope of his or her practice.
4. **“Potentially Exposed Employee”** is an employee working a job, process, or operation of identical work activities in which more than one RMI has been reported within a twelve-month period.
5. **“Predominant cause”** means that 50% or more of the injury was caused by repetitive job, process or operation of identical work activity.

### C. WORKSITE EVALUATIONS

1. Where more than one RMI is reported as described above, a representative number of the applicable job, process, or operation of identical work activity will be evaluated.
2. The City shall maintain a list of all jobs, processes, and operations which have been evaluated under this program.
3. The evaluation records can be reviewed at the City Clerk’s office.
4. The evaluation identifies potential exposures and determines the method the City will use to control or minimize these exposures.
5. Potentially exposed employees will be informed of the potential exposures and trained in the City’s control measures.

## **D. CONTROL OF EXPOSURES WHICH HAVE CAUSED RMIs**

1. It is the City's policy to timely correct exposures that have caused RMIs or if the exposure is not capable of being corrected, it is the City's policy to minimize the exposure to the extent feasible.
2. It is the City's policy to consider the following engineering and administrative controls in determining how to correct or minimize exposures:

### Engineering Controls

- workstation design
- adjustable fixtures
- tool redesign

### Administrative Controls

- job rotation
- work pacing
- alternative work breaks

The City may also consider other reasonable, cost effective engineering or administrative controls.

3. If engineering and administrative controls cannot reasonably correct or minimize exposures to the extent feasible, the City will consider minimizing exposure through the use of personal protective equipment.

## **E. TRAINING**

### 1. Scope of Training

Employees (including managers and supervisors) are provided with training that includes the explanation of:

- a. The City's Ergonomics Program.
- b. Exposures which have been associated with RMIs.
- c. The symptoms and consequences of injuries caused by repetitive motion.
- d. The importance of reporting symptoms and injuries to the employer.
- e. The methods which may be used by the employer to minimize RMIs.

### 2. Timing of Frequency of Training

Training is provided to potentially effected employees as follows:

- a. Initial training is provided as part of the establishment of the ergonomics program;
- b. Upon completion of worksite evaluation (pursuant to Section C of this Program) which identifies exposures which may have caused RMIs;
- c. To all potentially exposed employees;
- d. To all potentially exposed employees given new job assignments for which training has not previously been received;
- e. Every twelve months for potentially exposed employees.

In addition, general ergonomics awareness training is provided to all employees as follows:

- a. Upon hire;
- b. Once a year.

#### **F. EMPLOYEE REPORTING OBLIGATIONS**

All employees are required to report to the City of Fort Bragg 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 at the City of Fort Bragg.

All employees are encouraged to report all suspected RMIs or RMI symptoms or ergonomic concerns to their supervisor or the City's Safety Coordinator (City Clerk).

**TITLE 8**  
**GENERAL INDUSTRY SAFETY ORDERS**  
**SECTION 5110**  
**ERGONOMICS**  
Effective July 3, 1997

Group 15. Occupational Noise and Ergonomics.

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Article 106. Ergonomics.

Section 5110. Repetitive Motion Injuries.

(a) Scope and application. This section shall apply to a job, process, operation where a repetitive motion injury (RMI) has occurred to more than one employee under the following conditions:

(1) Work related causation. The repetitive motion injuries (RMIs) were predominantly caused (i.e. 50% or more) by a repetitive job, process, or operation;

(2) Relationship between RMIs at the workplace. The employees incurring the RMIs were performing a job process, or operation of identical work activity. Identical work activity means that the employees were performing the same repetitive motion task, such as but not limited to word processing, assembly or, loading;

(3) Medical requirements. The RMIs were musculoskeletal injuries that a licensed physician objectively identified and diagnosed; and

(4) Time requirements. The RMIs were reported by the employees to the employer in the last 12 months but not before July 3, 1997.

(b) Program designed to minimize RMIs. Every employer subject to this section shall establish and implement a program designed to minimize RMIs. The program shall include a worksite evaluation, control of exposures which have caused RMIs and training of employees.

(1) Worksite evaluation. Each job, process, or operation of identical work activity covered by this section or a representative number of such jobs, processes, or operations of identical work activities shall be evaluated for exposures which have caused RMIs.

(2) Control of exposures which have caused RMIs. 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 employer shall consider engineering controls, such as work station redesign, adjustable fixtures or tool redesign, and administrative controls, such as job rotation, work pacing or work breaks.

(3) Training. Employees shall be provided training that includes an explanation of:

(A) The employer's program;

(B) The exposures which have been associated with RMIs;

(C) The symptoms and consequences of injuries caused by repetitive motion;

(D) The importance of reporting symptoms and injuries to the employer; and

(E) Methods used by the employer to minimize RMIs.

(c) Satisfaction of an employer's obligation. Measures implemented by an employer under subsection (b)(1), (b)(2), or (b)(3) shall satisfy the employer's obligations under that respective subsection, unless it is shown that a measure known to but not taken by the employer is substantially certain to cause a greater reduction in such injuries and that this alternative measure would not impose additional unreasonable costs.

Note: Authority cited: Sections 142.3 and 6357. Labor Code. Reference: Sections 142.3 and 6357. Pulaski v. Occupational Safety & Health Stds. Bd. (1999) 75 Cal.App.4th 1315 [90 Cal. Rptr. 2d 54].

## RMI WORKSITE EVALUATION FORM

1. Job, process or operation evaluated: \_\_\_\_\_

2. Potential exposures to RMIs:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_

3. All potential exposures listed above will be corrected in a timely manner or if the potential exposure is not capable of being corrected, it will be minimized to the extent feasible. In determining how to control potential exposures, it is City policy to consider at least the following list of engineering and administrative controls.

*Please circle each listed control measure after it is considered.*

**Potential Engineering Controls**

- workstation design
- adjustable fixtures
- tool redesign

**Potential Administrative Controls**

- job rotation
- work pacing
- alternative work breaks

Please describe below whether **each** of the potential exposures listed in Section 2 above have been corrected. If so, please describe **when** the exposure was corrected and **how** the exposure was corrected:

When

How

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

e) \_\_\_\_\_



**CITY OF FORT BRAGG**

**RMI REPORT FORM**

(To be completed by Licensed Physician)

Contact Safety Coordinator at (707) 961-2823, ext. 115, for an employee's job description or other information needed to complete this form.

**Note to Physician:**

8 CCR §5110 requires employers with 10 or more employees in California to establish and implement an ergonomics program if two or more employees report "identified and diagnosed" repetitive motion injuries (RMIs) which are "predominantly caused" (50% or more) by a repetitive "job, process, or operation of identical work activity." The identification and diagnosis must be made by a licensed physician. 8 CCR §5110(a)(3).

Thank you for completing this form.

I have examined \_\_\_\_\_ and have  
(name of employee/patient)

Identified and diagnosed the following RMI:<sup>1</sup>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The employee participates in the following activities away from his/her work at the City of Fort Bragg which may contribute to the RMI:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Each of these non-work activities account for \_\_\_\_\_ percent of the RMI.

Activity: \_\_\_\_\_ Percent: \_\_\_\_\_

Activity: \_\_\_\_\_ Percent: \_\_\_\_\_

Activity: \_\_\_\_\_ Percent: \_\_\_\_\_

<sup>1</sup> The California Division of Occupational Safety and Health notes that information customarily relied upon to diagnose RMIs includes physical exams and tests such as electromyography, x-rays, computerized tomographs, and MRIs.





## RMI Training Log

Training was provided in the following (check all that are appropriate):

- The City of Fort Bragg Ergonomics Program.
- The exposures which have been associated with RMIs.
- The symptoms and consequences of injuries caused by repetitive motion.
- The importance of reporting symptoms and injuries to the City of Fort Bragg.
- The methods used by the City of Fort Bragg to minimize RMIs
- Other (please describe:

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Describe the training session (include descriptions of materials used, handouts, video used, etc.) (attach a copy of all written materials used).

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\_\_\_\_\_  
Date of Training Session

\_\_\_\_\_  
Print Name of Trainer

\_\_\_\_\_  
Signature of Trainer

I attended and understood the training session described above.

**Print Worker's Name**

**Worker's Signature**

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