20.1 Foreword

Cal/OSHA requires every employer subject to California's Ergonomics Standard, to establish and implement a program to prevent or minimize work-related repetitive motion injuries. By having an effective Ergonomics Program, the County will not only be meeting the requirements of the law, but it will be protecting its employees from the health risks associated with repetitive motion. Refer to Appendix A for the California Ergonomics Standard.

20.2 Introduction

Ergonomics defines how people interact with their equipment, tools, and work environments to perform tasks. With the rise in automation, workers are more often called upon to perform repetitive movements within a work environment improperly designed to accommodate the body's limitations. When the body's limits are exceeded repeatedly, a repetitive motion injury (RMI) can occur. Such injuries have plagued dancers and musicians for ages, but automation has resulted in a dramatic increase in the number of work-related repetitive motion injuries. Work-related repetitive motion injuries are becoming increasingly more commonplace among the County workforce as well.

The County is committed to implementing a program to prevent or minimize the incidence of RMIs among its employees. The principle method in this effort is the application of ergonomic principles throughout County workplaces. Applying the principles of ergonomics, by designing work activities and equipment to fit the worker, results in lower incidence of repetitive motion injuries and higher employee morale. The effective application of ergonomics is a winning formula for the County and its employees.

This Ergonomics Program is part of the County's Occupational Injury and Illness Prevention Program, and is in conformance with both the goals of the County's Safety Policy and the requirements of the California Ergonomics Standard.

20.3 Regulatory Requirements

California's Ergonomics Standard requires implementation of a program designed to minimize RMI's. Regulatory requirements are triggered when two or more employees at a worksite, performing identical work activity, are objectively diagnosed (by a licensed physician) with a predominantly work-related RMI within twelve months of each other. The program must include each of the following:

- Worksite evaluations of a representative number of worksites;
- Control of exposures that have caused RMI's and
- Employee training.

20.4 The Program

The County has developed and implemented this Ergonomics Program to prevent or minimize the incidence of repetitive motion injuries among its employees. The Ergonomics Program contained in the remainder of this document consists of the following:

- Definition, causes and symptoms of RMIs;
- Workplace evaluation, job analysis and control measures;

- Employee training requirements;
- Treatment of RMIs;
- Recordkeeping; and
- Roles and responsibilities for implementing the County's Ergonomics Program.

This chapter provides the information necessary to effectively recognize, evaluate and control ergonomic factors in the workplace, and addresses details related to implementation of the County's Ergonomics Program.

Additionally, supervisors and employees will find work site evaluation checklists and surveys for the various work environments encountered throughout the County, and other resources and publications listed in the Appendices to assist in implementation of this Program.

20.5 Roles and Responsibilities

20.5.1 Agency/Department Heads

Department Heads are ultimately responsible for the implementation of this Program, ensuring that their agency or department provides and maintains tools, equipment and furniture that minimize or prevent ergonomic hazards. Department heads provide direction and support to supervisors, department Safety Professionals and/or Safety Coordinators assigned the task of implementing the elements of this Program.

Department Heads should review the OSHA 200 Log, the Annual Injury Report from Workers' Compensation and the OSEC Annual Report to identify any job activities at their work sites; that are associated with RMIs. They should make these reports available for review by supervisors, department Safety Professionals and/or Safety Coordinators in their departments, and should follow up to ensure implementation of appropriate control measures and training where necessary.

20.5.2 Departmental Safety Professionals and Safety Coordinators

Departmental Safety Professionals and Safety Coordinators will help supervisors coordinate workplace evaluations, job analyses and training programs as necessary to implement this Program. They are also responsible for assisting supervisors in evaluating program effectiveness.

Department Safety Professionals and Safety Coordinators are responsible for maintaining and posting the OSHA 200 Log, and for submitting departmental safety data for inclusion in the OSEC Annual Report.

20.5.3 First-line Supervisors

First-line supervisors are responsible for ensuring that employees are provided with ergonomically correct tools and equipment, and are responsible for training new and existing employees in the correct use and maintenance of those tools and equipment.

Supervisors are responsible for performing, or arranging for, workplace evaluations and job analyses when required by this Program.

Supervisors are responsible for implementing the most feasible control measures when an ergonomic risk has been identified through the workplace evaluation, and are responsible for delivering or arranging for ergonomics training for affected employees within their departments.

It is the responsibility of first-line supervisors to follow up on reports of work-related ergonomic injury, ensuring that the injured employee is examined as soon as possible by a qualified medical professional. If a diagnosis is confirmed, the medical professional can help the employee and the supervisor take measures to promote recovery and prevent future injury.

Supervisors must complete the Supervisor's First Report of Industrial Injury/Illness form within twentyfour hours of knowledge of a repetitive motion injury. Supervisors must provide the injured employee with an Employees' Claim for Workers' Compensation Benefits form.

20.5.4 Employees

Employees are responsible for using tools and equipment correctly and in the manner established by the supervisor and the manufacturer (and the consulting physician or physical/occupational therapist, if applicable).

Employee involvement is critical to the identification of ergonomic hazards. Early identification and treatment can keep a minor irritation from developing into a serious injury.

Employees should immediately report ergonomic problems or RMI symptoms to their supervisor.

Employees who report a work-related repetitive motion injury to their supervisor should obtain an Employees' Claim for Workers' Compensation Benefits form from their supervisor. The employee should complete and retain a copy of this form, and forward the other copies to the departments indicated at the bottom of the form.

Employees are responsible for participating in ergonomics training. Once trained, employees are responsible for taking preventive measures, such as using tools, equipment and furniture properly, maintaining good posture, taking breaks and using care in performance of their work activities.

20.5.5 Safety Committees

Safety committees should periodically review this Program and discuss possible ergonomic risks and solutions for their workplaces.

20.5.6 Occupational Safety and Environmental Compliance (OSEC)

OSEC will provide periodic ergonomics training to Department Safety Professionals and Safety Coordinators through the bimonthly Safety Coordinator Forums.

OSEC will continue to analyze ergonomic-related injury rates and costs, observe work practices, and conduct occupational safety audits. Based on these evaluations, and to incorporate any new developments in the field of ergonomics, OSEC will update this Ergonomics Program periodically.

20.5.7 The County's Employee Wellness Program

The County's Employee Wellness Program will act as a resource to supervisors, Safety Professionals and Safety Coordinators interested in taking a proactive approach to workplace ergonomics and injury prevention through training, exercise and conditioning.

20.5.8 Valley Therapy Services (For Valley Medical Center Employees Only)

Services provided by Valley Therapy Services personnel are specifically geared toward the prevention and treatment of ergonomic-related injuries. These services are available, at a cost, to County departments and include:

- Workplace Evaluation Employees are evaluated individually or as a group to determine if they are at risk from a particular job.
- Acute Care Diagnosis and treatment of repetitive motion injuries.
- Individual Job/Task Evaluation These evaluations can range from a brief survey to a detailed systematic assessment.
- Functional Capacity Evaluation Employees' physical capacities and limitations are measured as they pertain to selected work demands.
- Work Hardening An individualized treatment program designed to maximize the individual's ability to return to work.

20.5.9 US Health Works (for All County Employees, Except VMC Employees)

US HealthWorks, the County's Occupational Medicine contractor, provides, at a cost to the referring Department, prevention services and treatment of work-related repetitive motion injuries. These services are available to County employees and departments, and include those elements listed under Valley Therapy Services. To arrange an appointment for services, contact the US HealthWorks Physical Therapy department at (408) 720-7022.

20.5.10 Purchasing Department

The County's Purchasing Department is responsible for managing contracts for services with a variety of furniture and equipment vendors, and is available to assist supervisors in source selection for special furniture needs.

20.6 Definition of Repetitive Motion Injuries

Repetitive motion injuries (RMIs) are defined as a group of illnesses associated with ongoing damage to soft tissues. Problems such as these may also be referred to as cumulative trauma disorders, repetitive strain injuries, repetitive trauma disorders or musculoskeletal disorders.

A repetitive motion injury is any disorder of the muscles, nerves, tendons, ligaments, joints, cartilage or spinal disks, affecting the head, shoulders, neck, back, arms, hands, or fingers, which has a gradual or chronic development. Examples include bursitis, ligament sprains, muscle strains, nerve entrapment (carpal tunnel syndrome), stenosing tenosynovitis (trigger finger), tendon related disorders (de Quervain's), and hand-arm vibration syndrome.

For purposes of this Program, a repetitive motion injury must be predominantly caused (50% or more) by a work-related job, process or operation, and must be objectively diagnosed by a licensed physician. The definition of a licensed physician does not include chiropractors, and therefore a RMI diagnosis made by a chiropractor does not satisfy the conditions of this Program.

20.7 Causes of Repetitive Motion Injuries

The common causes of repetitive motion injuries are listed below. It is usually a combination of these factors that cause injury.

Force

The more force a certain repetitive motion requires, the greater the risk of injury. This can apply to a range of forces - from the force required to lift a sack of cement to the force required to depress a computer key.

Frequency

The more often a motion is repeated, the greater the risk of injury. This is especially true of extremely rapid motions such as keystroking.

Position

Awkward positions put more stress on nerves, muscles and tendons. This can involve everything from a twisted wrist motion to a full-body reach.

Duration

The length of time an awkward position is held and a particular task is repeated can affect whether or not an injury occurs.

Rest or Pause

Certain motions require periodic pauses for the body's tendons to restore their natural lubricants. It is often the most dedicated employees, the ones who skip their rest breaks, that fall victim to repetitive motion injuries.

Vibration

Exposure to localized (segmental) or whole-body vibration can cause musculoskeletal and back problems, osteoarthritis, and decalcification in the small bones of the hand.

Individual Variation

Some individuals may be more prone to certain types of repetitive motion injuries. One employee may perform a certain task for years without injury, while another employee may be injured in a matter of weeks by performing the same task. Ergonomic solutions must address individual needs.

Off-the-Job Factors

Employees who perform repetitive tasks at work are at greater risk of injury if they perform similar tasks at home. Hobbies like computing, knitting, crocheting, building and gardening are some examples of home activities that can cause or aggravate RMIs. Employees who adopt poor postures both at work and at home are also at increased risk. Employees who stay physically fit through stretching, exercise and proper nutrition reduce their risk of injury.

20.8 Symptoms of Repetitive Motion Injuries

If an employee experiences any of the following, it may indicate the beginnings of a repetitive motion injury:

- Pain from exertion, pressure, or exposure to cold or vibration, except when the pain is due to an acute injury such as a bump, abrasion, splinter, slip and fall;
- Numbness or tingling in an arm or leg, or digit; or numbness that awakens you from sleep;
- Decreased range of joint motion;
- Decreased grip strength;
- Swelling of a joint or part of an arm, leg, or
- Symptoms that persist into the next workday (fatigue can be an early sign but is not a disorder and resolves overnight).

Although the awareness of ergonomics has increased dramatically in recent years, many people still think that work-related repetitive motion injuries are just a sign of "growing old" or " not being in shape." Because repetitive motion injuries happen gradually, many people tend to ignore early symptoms or not

Prompt medical attention should be sought if symptoms persist, as early intervention is the key to a quick and complete recovery.

consider all possible causes.

20.9 Workplace Evaluation

Due to the long recovery time and potential permanent damage associated with many repetitive motion injuries, prevention is the key to protecting employees, maintaining productivity and keeping Workers' Compensation costs down.

A thorough workplace evaluation is essential in identifying risk factors that may be responsible for contributing to the incidence of RMIs. Even in the absence of diagnosed RMIs, each workplace suspected of ergonomic risk should be evaluated for its potential to cause injury. A workplace evaluation typically consists of identifying common warning signs, interviewing employees, reviewing and documenting workstation set-up, and determining how the workspace influences employee work activities and tasks.

20.9.1 Warning Signs

The first line of defense in preventing or responding to the onset of a repetitive motion injury is identifying common warning signs. Supervisors should consider the following as signs of potential or present ergonomic risks:

- Employee reports symptoms typical of a repetitive motion injury;
- Routine inspection identifies an ergonomic risk;
- Job, process or operation changes;
- New equipment or tools are used;
- OSHA Injury and Illness log Log (200-300 log) indicates repetitive motion injuries;
- Workers' Compensation data shows RMI-related claims; or
- Information indicates that the most recent ergonomic evaluation may be deficient.

20.9.2 Employee Interview

Because some employees may be reluctant to bring a problem to the attention of their supervisor, it is important that supervisors actively ask employees to report pain or discomfort related to tasks, tools, equipment, or furniture. Supervisors should be particularly alert to employees who describe symptoms of soreness, numbness, or weakness of the fingers, hands, wrists, joints, or muscles.

Supervisors should be aware that since each employee is different and some may be more prone to repetitive motion injuries than others, it is particularly important to follow up on an employee's complaint of discomfort or pain.

20.9.3 Workspace, Personnel and Tasks

In determining the adequacy of workspaces, supervisors should take into consideration the physical makeup of the workers, the specific body parts involved in the particular tasks, and whether the workstation features are fixed or adjustable.

According to recent scientific literature, the following are important risk factors leading to RMIs:

- **Awkward Postures** Worker must frequently slouch, bend, twist, or reach too far to perform tasks. Worker assumes awkward or uncomfortable postures.
- **Forceful Exertions** Worker must frequently grip, pull, push, or lift heavy items, or the force required to perform the task is substantial.
- **Static Exertions** Workers must perform static exertions, which require use of significant force by the body, but do not result in significant movement of the body. Awkward postures are often associated with prolonged static exertions.
- **Diversions** Worker must deviate or change from natural posture or position to accommodate process or work space feature.

- **Repetitive Motions** The motion, exertion or diversion is repeated frequently.
- **Duration** The interval between motions or exertions, or between periods of repetitive activity, is inadequate and parts of the body become fatigued.
- **Contact Stresses** Worker must lean or press against a hard surface or sharp edge, or against a hard surface or sharp edge, or workers are exposed to pressure being applied to a specific body part or tissue.
- **Vibration** Vibration is present while performing repetitive activity, or worker uses vibrating tools or equipment.
- **Temperature** Work involves extremely cold temperatures. Worker is simultaneously exposed to cold and vibration or repetitive activity.
- **Pace** Work is performed at a pace that results in worker fatigue.
- **Familiarity** Worker unfamiliar with most efficient and safe process, operation, or use of equipment or tool.

It is important that each risk factor be evaluated independently to ascertain which are the most hazardous and how each can be reduced. Once done, individual risk factors should then be evaluated in relation to any other risk factors present, keeping in mind that two risks are greater than one.

Documentation of all workplace evaluations including the date, the location or worksite, the job and task descriptions, the evaluator's name, the risk factors identified, and recommendations for corrective action should be maintained on site.

The workplace evaluation forms found in Appendix B, have been designed to address specific tasks, processes or operations encountered in a variety of workplaces throughout the County, and should be used to perform these evaluations.

20.10 Job Analysis

In the event a repetitive motion injury is diagnosed for two or more employees at a worksite, who perform an identical work activity, a job analysis of a representative number of worksites is mandated by California's Ergonomics Standard.

A job analysis entails breaking the job into its various elements or actions, describing each element, measuring and quantifying each of the risk factors inherent in the element, and identifying conditions which may contribute to these risk factors. Upon completion of the job analysis, measures must be implemented to control the exposures that have been determined to cause the repetitive motion injuries.

The job analysis involves identification of job tasks, which can be described in terms of (1) the tools, equipment, and materials used, (2) the workstation layout, and physical environment, and (3) the physical task demands of the job. The job analysis typically includes the elements of a thorough workplace evaluation and some or all of the following additional elements:

• Observing the worker performing each job task, to determine time-activity and to collect task-cycle data;

- Photographing work postures, workstation layout, tools and equipment;
- Measuring the distance of workplace tools or equipment in relation to the worker;
- Measuring and weighing tools and parts, and measuring tool vibration;
- Determining slip resistance, hardness of work surfaces, or sharpness of edges on work surfaces;
- Measuring exposures to heat, cold and vibration;
- Performing calculations to measure muscle force or spinal pressure required to accomplish work tasks;
- Measuring oxygen consumption and heart rate during the job, process or operation; and
- Conducting employee interviews and subjective rating surveys to determine perceived risk factors.

Persons with considerable experience in the field of ergonomics typically perform these job analyses.

However, the supervisor, during the workplace evaluation, can perform many of the necessary observations and inquiries that will be useful to the ergonomist in conducting the comprehensive job analysis. A copy of all workplace evaluation documentation should be provided to the ergonomist.

20.11 Control Measures

Once an ergonomic risk has been identified, it must be evaluated for application of the most feasible control measure. Control measures include engineering controls such as workstation modification, tool redesign, or fixture adjustment, and administrative controls such as task design, job rotation, work pacing or work breaks. The goal of implementing control measures is ultimately to prevent the onset of RMIs or, at a minimum, to reduce the symptoms associated with RMIs. These measures should be implemented as soon as practicable.

Supervisors should consult their departments Safety Coordinator if they suspect professional expertise may be needed.

The following are some control measures supervisors should consider for use in preventing the onset of, or alleviating the symptoms associated with RMIs among their employees.

20.11.1 Workstation Design

A workstation should accommodate the individual who actually does the job; it is not enough to provide for the "average" or "typical" worker. Supervisors are encouraged to consult with their employees regarding equipment and furniture, and should give employees some discretion about the type of equipment or workstation design that best suits them and their tasks. For instance, in an office environment, an adjustable keyboard tray, an adjustable monitor holder, and an adjustable chair and footrest can go a long way in helping prevent RMIs and in making the workplace more comfortable and efficient. See Appendix E - Ergonomic Resources, for furniture vendor information.

If several employees use a workstation during different shifts, it must be easily and quickly adjustable to fit each of the individual employees.

Workstation and equipment modifications don't always require expensive purchases. In fact, old telephone books can be used to raise the height of computer monitors, and can also be used as footrests. Inexpensive lumbar pillows can be used to adjust the depth of office chair seat-pans, and pipe insulation can be used for padding on pens and pencils. These are just a few examples of readily available, low-cost ergonomic solutions.

The costs of preventing a repetitive motion injury, through proper workstation design, are often far less than the costs of treating a repetitive motion injury.

See Appendix C for information on proper computer workstation set-up.

20.11.2 Task Design

Tasks can be modified to reduce the risk factors associated with RMIs as follows:

- Reduce the frequency of repetition. Reduce the number of times per second, minute, or hour a motion is repeated;
- Reduce the total duration of the activity;
- Use different tasks or short breaks to interrupt periods of repeated activity. Introduce variety into the work routine. Variety usually results in greater interest and increased productivity;
- Reduce the amount of force needed to perform the work;
- Change the body position necessary to perform the activity. Look for ways to improve the positioning of employees when performing work tasks. Reduce the extent to which employees have to reach, stretch, or bend to perform a job task; and
- Reduce the time an employee must spend performing work in awkward or uncomfortable positions or postures.

If light duty or restricted work activity is implemented, make sure that the modified tasks actually reduce the risk factors.

20.11.3 Tools and Equipment

The use of a well-designed or fitted tool or piece of equipment can prevent many ergonomic injuries. Both industrial tools and office tools are often available in a variety of sizes to achieve a proper fit and reduce ergonomic risk. Selection and use of the right tool for the job can aid in eliminating or minimizing the following stresses:

- Chronic muscle contraction or steady force;
- Extreme or awkward positions;
- Repetitive forceful motions;
- Vibration; and
- Excessive gripping, pinching, pounding or pressing with the hand or fingers.

In some cases, replacement of existing tools or equipment may be necessary to eliminate an ergonomic hazard. But, when permanent solutions are not immediately possible, the use of temporary measures is advisable.

Employees are encouraged to inform their supervisors of the availability of new or improved equipment.

20.11.4 Employee Conditioning

Some tasks require conditioning or break-in may last several weeks. Division managers should review injury statistics and job functions to identify jobs, which may require such conditioning. New or returning employees who are not in shape for the demands of the job should be gradually integrated into work and be given guidance and feedback during the break-in period.

20.11.5 Warm-up Exercise Programs

Just as athletes must stretch and warm up before performing, departments experiencing ergonomic problems may want to consider implementing a program where employees in certain job classifications perform a series of brief "warm-up" exercises, either before starting work or prior to performing certain tasks.

The County's Employee Wellness Program is an excellent resource for information and training related to exercise and conditioning. Refer to Appendix E for information relative to this resource.

20.11.6 Work Practices

Supervisors should review with their employees the control measures implemented at the worksite to prevent RMIs. Workstation designs and task modifications should be thoroughly explained to employees, and appropriate training provided. Once trained, employees are responsible for protecting themselves by implementing the following work practices:

- Adjust furniture to attain a correct fit;
- Maintain good posture;
- Move phones and other often-used pieces of equipment close to the center of the work area;
- Use a "light touch" when performing potentially injurious motions such as writing, typing, stapling and stamping;
- Use proper lifting techniques;
- Use proper tools and equipment and maintain them in a safe condition;
- Use ergonomically designed workstations, fixtures and furniture correctly.

20.12 Training and Education

Employees who are well informed about the ergonomic hazards to which they may be exposed are able to participate actively in their own protection. Training allows managers, supervisors, and employees to understand ergonomic hazards, their prevention and control, and their medical consequences. The content of the training may be expanded to reflect job-specific information.

New employees and reassigned employees should receive an initial orientation and hands-on training prior to their being placed in a job. Training should include a demonstration of the proper use of all tools and equipment, and information about how to prevent repetitive motion injuries.

In departments where ergonomic hazards have been identified, and work-related RMIs have been diagnosed in two or more employees performing identical work activities, in the past twelve months, supervisors must ensure that employees are provided with training that includes an explanation of:

- An overview of the County's Ergonomics Program;
- Exposures associated with repetitive motion injuries;
- Symptoms and consequences of repetitive motion injuries;
- The importance of reporting symptoms and injuries to the supervisor;
- Job-specific ergonomic hazards, which cause repetitive motion injuries; and
- Methods used by the department to minimize repetitive motion injuries.

Supervisors should consult their Department's Safety Professional or Safety Coordinator to assist in arranging for training.

Supervisors interested in taking a proactive approach to ergonomics training and injury prevention should contact the County's Employee Wellness Program. They provide an excellent resource for information, training, exercise and conditioning as a means to RMI prevention.

A record of training must be maintained on site. This record should include the date the training was provided, a list of all attendees (including signatures), an outline of the training, and a list of training materials or handouts utilized. See Appendix D, for a sample Record of Ergonomics Training.

20.13 Treatment of Work-Related Repetitive Motion Injuries

When every effort at prevention fails, and RMI symptoms do occur, medical help should be sought early. Most repetitive motion injuries will heal, given time and proper medical treatment. Treatments include rest, medication, and therapy. In advanced cases, a physician may recommend surgery.

In addition to seeking medical attention, employees should immediately report RMI symptoms to their supervisors.

Since most repetitive motion injuries begin with mild symptoms, early diagnosis and treatment can prevent more serious injury.

that they report and seek medical advice for RMI symptoms as soon as possible.

20.14 Recordkeeping

Records of work-related RMIs can help in monitoring the success of the County's Ergonomics Program, and are the primary source of information to indicate that regulatory requirements have been triggered.

20.14.1 Supervisor's First Report of Work-Related Injury

The Supervisor's First Report of Industrial Injury/Illness form must be completed within twenty-four hours of knowledge of a repetitive motion injury. Supervisors completing the form should provide as thorough a description of the incident as possible, and should clearly indicate if they believe the injury is ergonomically related.

Each RMI incident should be reviewed for evidence of ergonomic risks and followed by implementation of appropriate within the workplace, control measures if necessary.

Copies of the Supervisor's First Report of Industrial Injury/Illness form must be distributed to the departments or individuals listed at the bottom of the form.

Supervisors should refer employees with work related RMIs to US HealthWorks, the County's Workers' Compensation primary care provider, for diagnosis and treatment. Employees wishing to utilize their personal physician must have a Physician Designation Form indicating the name and location of their physician, on file with County Personnel prior to the onset of the injury.

20.14.2 Employee's Claim for Workers' Compensation Benefits

The supervisor is responsible for providing the affected employee with an Employees' Claim for Workers' Compensation Benefits form. The employee should retain a copy of this form, and forward the other copies to the departments indicated at the bottom of the form.

20.14.3 CAL/OSHA Log and Summary of Occupational Injuries and Illnesses (OSHA 200 Log)

The OSHA <u>200-300</u> Log is a good source of information concerning workplace injuries and illnesses, and can be used as a quick reference to determine the existence of RMI trends associated with certain work activities or occupations.

OSHA <u>200-300</u> Logs are maintained by department Safety Professionals or Safety Coordinators on an ongoing basis, and should be reviewed periodically by supervisors. When trends are identified, supervisors should ensure that workplace evaluations are conducted and appropriate control measures are implemented.

20.14.4 Annual Injury Reports

The Risk Management Department provides Agency and Department heads with Annual Injury Reports describing injury trends, injury rates, lost time, injury types, and costs of injuries for their departments. These records can provide critical information relating to the occurrence of RMIs, and should be made available to supervisors for their review.

20.14.5 OSEC Annual Report

Occupational Safety and Environmental Compliance (OSEC) uses injury data from Workers' Compensation and various statistics from Safety Coordinators to monitor compliance with the requirements of the Ergonomics Standard, and to measure the County's progress in RMI minimization and prevention. From this data, OSEC prepares an Annual Report that includes a review of injury trends and regulatory compliance initiatives related to, among other topics, workplace ergonomics and RMIs.

20.14.6 Workplace Evaluations and Job Analyses

Supervisors are responsible for documenting all workplace evaluations and job analyses, and, maintaining these records on site for a period of three years. These documents should also include detailed information relative to ergonomic control measures implemented at the worksite.

20.14.7 Record of Ergonomics Training

All records of training, whether conducted by the supervisor, the department Safety Professional or Safety Coordinator, a professional ergonomist, or other qualified personnel must be maintained by the supervisor at the worksite for a minimum of three years. See Appendix D for a sample Record of Ergonomics Training.

20.15 Applicable Regulations

CAL/OSHA, Title 8, CALIFORNIA CODE OF REGULATIONS, Section 5110

20.16 Appendices