



University Students' Council of the University of Western Ontario
**ERGONOMIC AND MUSCULOSKELETAL DISORDER
PREVENTION POLICY**

EFFECTIVE: 16th February 2018 **SUPERSEDES:** 30th October 2012

AUTHORITY: Chief Operating Officer **RATIFIED BY:** Board of Directors
16th February 2018

**RELATED
DOCUMENTS:**

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PURPOSE:

The purpose of this document is to ensure that all USC staff are educated about Musculoskeletal Disorder (MSD) risk factors and prevention. The USC will integrate MSD prevention strategies proactively as well as reactively and conduct risk assessments to identify the presence of MSD risks. The USC will control MSD risks through the application of controls.

1.00 SCOPE

1.01 This policy applies to all USC employees, volunteers and visitors.

2.00 DEFINITION

2.01 **“Awkward Posture”** any fixed or constrained body position that overloads muscles, tendons, or joints. Generally, the more a joint deviates from the neutral position the more the posture is considered to be “awkward” and the greater the risk of injury.

2.02 **“Neutral Posture”** are those in which the muscles, tendons, and joints function optimally and require the least amount of effort to maintain.

2.03 **“Static Posture”** is a body position that requires sustained physical effort, without joint movement.

2.04 **“Force”** is generated through muscular effort during (and during attempted) lifting, pushing, pulling, and carrying tasks. Such muscular force allows for controlled movement of the body.

2.05 **“Repetition”** is a task that uses the same muscles repeatedly. Repetition may be measured in terms of minutes, hours or workday (e.g. 3 per minute, 25 per hour, 30 times per shift). The level of risk depends on frequency of repetition, time for rest/recovery, speed of motion, postures required and amount of force required.

2.06 **“Physical Demands Description”** is a process to document the overall various physical attributes of a job. A well-documented PDD identifies force, posture, repetition and duration of tasks.

2.07 **“Ergonomics”** is the science of fitting the task to the worker by balancing the job demands with the capabilities of the human. The profession applies theory, principles, data, methods, and analysis to design in order to optimize human well-being and overall system performance. (*Association of Canadian Ergonomists, 2006*)

3.00 RESPONSIBILITIES

3.01 Employee:

- (1) Comply with policy and procedures at all times;
- (2) Participate in Annual Ergonomic Blitz and complete all necessary assessments;
- (3) Report any unsafe acts, hazards, equipment problems or any other unsafe tasks related to ergonomics to your supervisor; and,
- (4) Report any incidents, accidents and near misses related to ergonomics to your supervisor immediately and co-operate in any investigation as required.

3.02 Management:

- (1) Enforce the policy through regular monitoring strategies;
- (2) Encourage all staff to report MSD symptoms early;
- (3) Respond to all staff reports of MSD symptoms promptly;
- (4) Contact the Health & Safety Coordinator to access assistance in implementing MSD controls when solutions are not immediately identified;
- (5) Maintain records of communication with staff; and,
- (6) Maintain ergonomic equipment assigned to their department.

3.03 Health and Safety Coordinator:

- (1) Enforce the policy, procedures and program;
- (2) Provide equipment, necessary resources and initial and ongoing staff training;
- (3) Conduct an annual ergonomic blitz with applicable assessments;
- (4) Ensure all staff are educated in MSD symptoms and proper equipment use;
- (5) Report all findings of investigations to senior management; and,
- (6) Conduct incident investigations associated with MSD incident/accident reports.

3.04 Joint Health & Safety Committee:

- (1) Incorporate MSD risks into monthly workplace inspection;
- (2) Review incident/accident investigation reports related to ergonomics;
- (3) Review policy and program annually; and,
- (4) Make recommendations to management.

4.00 PROCEDURES

4.01 Training:

- (1) MSD education will be included in orientation for new workers and refreshers for existing staff.
- (2) Education will include awareness, MSD definitions and reporting of incidents and risks.
- (3) Department specific orientation shall include specific MSD hazards, proper use of ergonomic equipment, set up of workstations and work organization strategies.

4.02 MSD Reporting:

- (1) Ensure positive reinforcement of workers reporting MSD signs and symptoms.
- (2) Workers should use the Hazard Reporting Form as defined in the Hazard Reporting Policy to report all MSD hazards.
- (3) Workers should use the Injury and Illness Reporting Form as defined in the Injury and Illness Reporting Policy to report all MSD incidents and injuries.

4.03 Referral for Ergonomic Assessment

- (1) When identified ergonomic hazards and risks through investigations, inspections and reports from workers are identified, Western University's Ergonomist or another appropriate external resource (i.e. Workplace Safety and Prevention Services) will be contacted to conduct an ergonomic assessment.

4.04 Purchasing

- (1) Where appropriate, prior to decisions being made about the purchase of new ergonomic equipment or furniture, Western University's Ergonomist will be contacted to conduct an ergonomic assessment.
- (2) Input from the employee along with the information from the ergonomic assessment should be considered when making a purchase related to ergonomic equipment or furniture.
- (3) Whenever possible, items should be trialed for no less than 1 weeks' time to ensure compatibility with MSD risk reduction.

5.00 COMMUNICATION

5.01 This policy will be explained as needed to workers through orientation health & safety training or task-specific training.

6.00 EVALUATION

6.01 This policy will be evaluated on an annual basis through the Continuous Improvement Plan.