



Roles and responsibilities during implementation of ergonomic programmes

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What will we talking about today?

Roles and responsibilities in the implementation of ergonomic regulations

1. Approach to planning, implementation, M&E
2. Roles and responsibilities (who does what, when)
3. Practical examples
4. Questions



How do we approach this?

Choose your structure

- Approach this as you would any other new health and safety programme.
- Make sure your approach is
 1. Iterative
 2. Inclusive
 3. Consultative
 4. Reproducible
- PDCA cycle is a preferred methodology
 - Promotes continuous improvement of processes.
 - Lets you test possible solutions on a small scale and in a controlled environment.
 - Provides a standardized method to achieve continuous improvement that can be used by employees in any department to resolve new issues.
 - Prevents wastage of time implementing ineffective or inferior solutions.
 - Promotes teamwork through brainstorming and problem-solving techniques.





Roles and Responsibilities

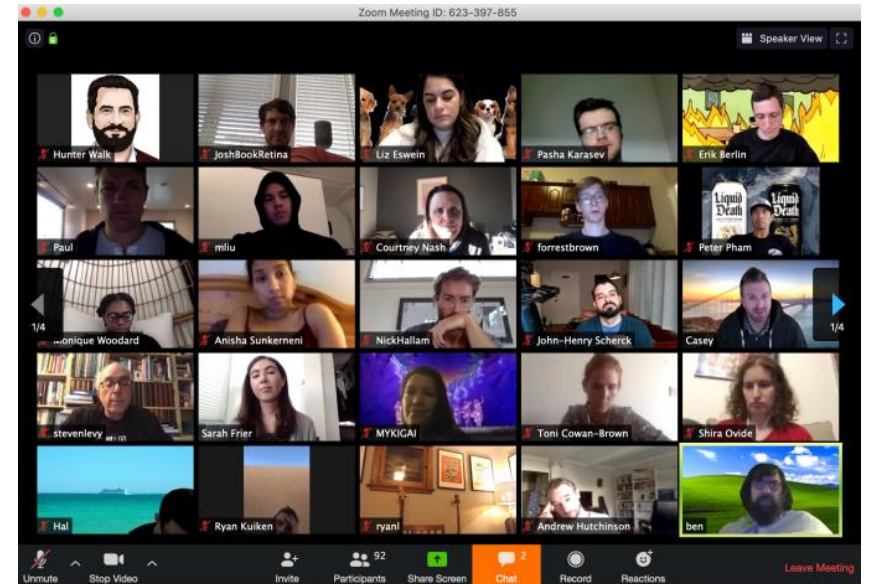
Planning

Assemble planning/working group

- Appropriate people in the room
- Working group from H&S committee
- Internal stakeholders:
 - Management
 - H&S
 - Supervisor/Line Manager
 - Employee/s
- External stakeholders:
 - Ergonomist/Hygienist
 - MSP/OMP

Draft Ergonomics Programme

Exco / management sign-off



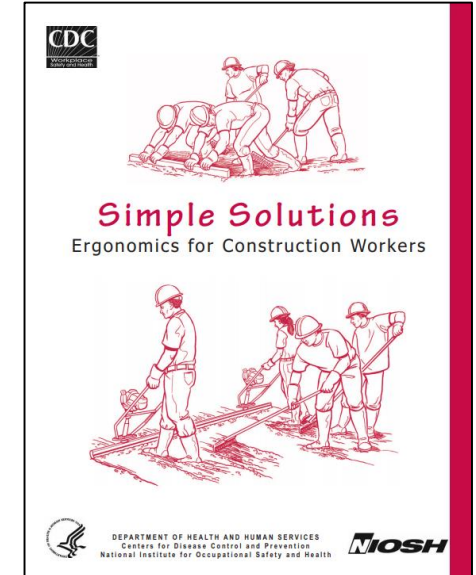


Roles and Responsibilities

Planning

Responsibilities of planning/working group:

- Review existing legislation, industry standards and benchmark industry best practice.
- Develop :
 - *Ergonomic risk assessment*
 - *Risk control measures (procurement, etc.)*
 - *Ergonomic Programme*
 - SOPs – manual handling, high-risk activities, etc.
 - Input into Medical Surveillance Programme
 - Training materials/plan
 - Implementation plan





Roles and Responsibilities

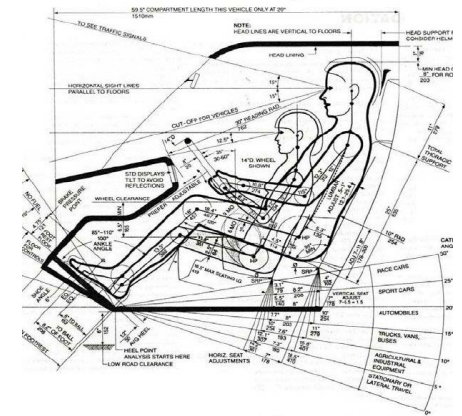
Implementation Training

- Training and competency assurance (supervisors as assessors?)
- Frequency of training
- Green area IEC / BCC.



Workplace SOPs

- Ensure high-risk activities are addressed
- Ensure adherence to SOPs
- Supervisors to evaluate other activities
- Identify new high-risk activities



Contracts / procurement / supply chain

- Take ergonomics into consideration when procuring hand tools, mobile equipment, etc.





Roles and Responsibilities

Implementation

Medical Surveillance Programme

- Inclusion of ergonomic evaluation into Medical Surveillance Programme.
- Reactive vs pro-active.
- Multiple approaches:

1. Prospective evaluation

- Physical ability testing (PAT)
- Evaluates physical abilities of employees prior to ergonomic exposure in conditions that simulate working environment.
- Objective is to identify personal deviations that may indicate higher risk for adverse events when exposed to stressors.
- Important that tests are:
 - *Standardised*
 - *Applicable / relevant*
 - *Reproducible*





Roles and Responsibilities

Implementation

2. Process evaluation

- E.g. Functional Job Evaluation (FJE).
- In-situ evaluation of ergonomic risks and personal abilities in existing employees performing existing tasks.
- Performed by qualified person with specific training in ergonomic risk evaluation and quantification.
- Able to quantify job, activity- and person specific risks.
- Allows employer and/or medical team to address risk on a personal level.
- Can also use REBA/RULA or multiple other evaluation tools.





Roles and Responsibilities

Implementation

3. Effect monitoring

- Observing pathophysiological effects of ergonomic stress on bodily systems.
- Similar to biological effect monitoring
- Looking for pathological effects following exposure.
- Multiple models – allows MSP to quantify effects of exposure per person but also per body area / limb.

The diagram below shows the approximate position of the body parts referred to in the questionnaire. Please answer by marking the appropriate box.

	During the last work <u>week</u> how often did you experience ache, pain, discomfort in:					If you experienced ache, pain, discomfort, how uncomfortable was this?			If you experienced ache, pain, discomfort, did this interfere with your ability to work?		
	Never	1-2 times last week	3-4 times last week	Once every day	Several times every day	Slightly uncomfortable	Moderately uncomfortable	Very uncomfortable	Not at all	Slightly interfered	Substantially interfered
Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder (Right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder (Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Arm (Right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper Arm (Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forearm (Right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forearm (Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist (Right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrist (Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip/Buttocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thigh (Right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thigh (Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee (Right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee (Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Leg (Right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Leg (Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot (Right)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foot (Left)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Roles and Responsibilities

What is the role and responsibilities of the MSP?

What should your MSP feed back to you?

- FTW status
- Proportion of FTW in pre-employment / periodic medicals
 - *Are our tests fit for purpose?*
 - *Are we using the correct criteria to exclude people from certain high-risk activities / areas?*
- Identification of new / unknown high-risk activities
 - *Do we need new restriction for new activities?*
- Increase in deviations in existing employees
 - *Are our control measures effective?*
 - *Other confounders (Age, non-occ injuries, non-occ diseases, etc.)*



Roles and Responsibilities

Evaluation of metrics

Re-assemble planning committee

- Periodic intervals
- New processes/activities
- Dictated by law/scientific research
- Increased incidence of ergonomic disorders
- Critically evaluate findings from:
 - *Risk Assessment*
 - *Supervisors, PJO, etc.*
 - *Employees*
 - *Feedback from medical services provider.*
- Targeted fact finding (issue based RA) may be necessary.
- May require multiple cycles to identify all non-conformances and deviations.

Roles and Responsibilities

Amendments

Act on information

- Adapt elements of Ergonomics Programme based on findings from review cycle.
- If required, adapt exposure following hierarchy of controls:

