

LIBRARY OF CONGRESS
WORKPLACE ERGONOMICS PROGRAM
(draft document)

Prepared by
Workplace Ergonomics Program Coordinating Committee
The Library of Congress
Washington, D.C.
May 1993

***Note: This document has been modified to conform to LC MARVEL
formatting requirements. Tables and appendices have been
excluded.***

TABLE OF CONTENTS

Executive Summary
Acknowledgments
I. Introduction
II. Program Management
 A. Management Commitment and Employee Involvement
 B. Program Review and Evaluation
 C. Responsibilities
III. Training and Education
 A. Coordination of Library-wide Scheduling and Data
Collection
 B. Types of Training
 C. Evaluation
IV. Surveillance
 A. Passive Surveillance
 B. Active Surveillance
V. Analysis and Design of Jobs
 A. Job Analysis
 B. Design of Jobs
VI. Medical management
 A. Accessibility
 B. Health Surveillance
 C. Identification of Restricted-Duty Jobs
 D. Medical Intervention
 E. Record-Keeping, Data Evaluation and Action

EXECUTIVE SUMMARY

In recent years, Library of Congress Safety Services and Health Services Offices have identified repetitive motion injuries as a factor in employee injuries. These injuries are caused by excessive and repeated physical stress on the musculoskeletal system - the hands, wrists, elbows, shoulders, neck and back. They are attributed to out-dated workstation design and materials-handling techniques. Usually these injuries occur because employees have not received training regarding the hazards in their work areas.

The Library's response to these ergonomic hazards has been limited to the resources of its support services units - Health Services, Safety Services, and Facility Design and Construction. At least three service units have organized an ergonomics committee or provided ergonomic skills training and workstation consultations.

The Workplace Ergonomics Program is designed to further these efforts by providing a more comprehensive and programmatic response to the problem. Driven by the Workplace Ergonomics Program Coordinating Committee, the program will be operated by service unit ergonomics teams which will ensure that the basic program elements are carried out: job analysis, hazard intervention, medical management and training and education.

With the support of the Library Management Team and the active involvement of supervisors and employees throughout the institution, the vision of the Workplace Ergonomics Program can be realized: to optimize the health, safety and productivity of the staff and minimize the physiological and psychological stresses found in the workplace.

ACKNOWLEDGMENTS

The Library of Congress Workplace Ergonomics Program Coordinating Committee (WEPCC) wrote this program document. The authors include committee members:

Judith A. Mansfield, COLL/ASCD, Team Leader
Mary Jane Cavallo, CONST/PSII/S&T
Sandra Charles, MD, ISS/HSO
Byron Colvin, FSD
Lynn Gore, CRS/OPS/AM
Delores Legette, AFSCME 2477
Michelle Reed, DRC
Saul Schniderman, AFSCME 2910
Carter Silcox, ISS/SS
Angela Smith, CREA
Henrietta Terry, COP/REG
Sheree Wood, CRS/OPS/AU

We thank the following persons who provided invaluable assistance and advice:

Judith Cannan, COLL/TPAIO
Valerie Grasso, ISS
Lynne Hammette, ISS/FACS/FD&C

We are grateful to James R. Trew, Director, Integrated Support Services, for his guidance and wisdom.

I. INTRODUCTION

This document contains the information needed to carry out an ergonomics program at the Library of Congress. Specifically, it provides information on the goal, objectives, and principles of the program and the responsibilities of staff, management, support offices, and service unit ergonomics teams for the program.

The Committee and several resource persons collaborated in a consultative manner to produce this document and it reflects the cumulative knowledge, expertise, thoughts, and values of the authors.

This document is a dynamic document, subject to revision as the Committee gains experience through implementation of the program. Changes are anticipated in the details, but not in the

fundamental design of the program.

VISION

The Library of Congress Workplace Ergonomics Program was established to optimize worker health, safety, and productivity, and minimize physiological and psychological stress utilizing consultative management.

GOAL

The goal of the Library of Congress Workplace Ergonomics Program is to reduce and/or prevent work-related injuries and illnesses by establishing a methodology for identifying ergonomic stressors in the workplace and for implementing appropriate interventions.

OBJECTIVES

The objectives of the Library of Congress Workplace Ergonomics Program, as administered by the Workplace Ergonomics Program Coordinating Committee, are:

1. To identify existing and potential conditions in the workplace that could lead to injuries and illnesses.
2. To reduce and/or eliminate exposures to such conditions through effective workstation and tool design and through proper work methods.
3. To ensure evaluation, diagnosis and treatment of repetitive strain disorders, and to provide avenues for prevention.
4. To ensure that staff are sufficiently informed about ergonomic hazards to which they are exposed so they may actively participate in their own personal protection through training and education.

II. PROGRAM MANAGEMENT

A. Management Commitment and Employee Involvement

Management commitment and employee involvement are crucial to the success of the ergonomics program. Management commitment is demonstrated by the provision of organizational resources and the assignment of accountability for the program. Employee involvement is necessary not only for identifying existing and potential hazards, but also for participating in their own personal protection.

Management commitment provides visible involvement of managers at all levels including Associate Librarians and their Directors and many other subordinates. It places a high priority on eliminating ergonomic stressors while assigning and communicating the responsibilities for various aspects of the program and requiring accountability for fulfilling those responsibilities in a timely manner. Management provides authority and adequate resources to meet the assigned responsibilities.

Employee involvement can be achieved through the implementation of an employee complaint/suggestion procedure; encouraging early reporting of injury/illness symptoms; involvement in the consultative management process associated with this

program; and training for active participation in their own personal protection.

Below is a partial list of actions to be undertaken to achieve management commitment and employee involvement:

- Require that all affected employees, including their supervisors and managers, take ergonomics training.
- Include statement of responsibility for safe and healthful work environments in appropriate Library of Congress regulations and policy directives.
- Inform service unit heads that they are to assign responsibilities for program implementation to service unit ergonomics teams and other administrative personnel, as appropriate, and provide staffing and financial resources for implementation.
- Hold service unit heads accountable for the progress of the program in their service unit.
- Provide suggestion/complaint boxes for ergonomic safety/health issues within each service unit. Require a response to each suggestion/complaint.
- Encourage staff to report symptoms of discomfort promptly to supervisor, health professional, or service unit ergonomics team.
- Include bargaining unit staff in service unit ergonomics teams.
- Issue memorandum from the Librarian of Congress to staff announcing the program.
- Distribute summaries of this program document to all staff via The Gazette and service unit distribution channels.
- Use information from Analysis and Design of Jobs to aid accomplishment of Americans with Disabilities Act (ADA) objectives.

B. Program Review and Evaluation

The Workplace Ergonomics Program shall be reviewed on an ongoing basis. The Workplace Ergonomics Program Coordinating Committee is responsible for developing a program evaluation mechanism, and producing progress reports for management and staff.

Further, the Workplace Ergonomics Program Coordinating Committee meets periodically throughout each year with service unit ergonomics team leaders to assess progress. This mechanism assures that WEPC provides the needed support to the service unit teams.

C. Responsibilities

Workplace Ergonomics Program Coordinating Committee is responsible for overseeing, coordinating, supporting, and reviewing the ergonomics process at the Library of Congress. The responsibilities are:

- Establishing performance expectations and benchmarks in consultation with the service unit ergonomics teams
- Coordinating problem resolution in areas that affect more than one service unit
- Providing assistance and advice on technical matters to service unit ergonomics teams
- Reviewing program and reporting to management and staff

Service unit ergonomics team bears responsibility for operating the Workplace Ergonomics Program within the service unit. The team is

specifically responsible for:

- Performing surveillance, analysis and design of jobs
- Identifying specific training needs
- Coordinating its activities with Facility Design and Construction, Health Services Office, Safety Services, labor organizations, and appropriate Library officials
- Reporting to the WEPCC and to the service unit head

Supervisors are responsible for:

- Cooperating with the service unit ergonomics team
- Referring employees with health concerns to Health Services in a timely manner
- Reporting work area hazards promptly to the service unit ergonomics team
- Notifying the service unit ergonomics team when a work area needs analysis
- Assisting in the correction of existing and potential hazards
- Assuring that recommendations are implemented following analysis

Staff members are responsible for:

- Reporting work area hazards upon becoming aware of their existence
- Cooperating with the service unit ergonomics team
- Providing input to job analysis and design process
- Actively engaging in their own protection by following recommended work practices and suggestions of work area consultants

Labor organizations are responsible for:

- Appointing a representative to each service unit ergonomics team
- Encouraging early reporting of symptoms by employees and referring those employees to appropriate offices
- Bringing ergonomic problems and potential problems to the attention of the service unit ergonomics teams and other responsible officials

Facility Design and Construction (FD&C) is responsible for design and layout of work areas to assure compliance with applicable standards. FD&C staff participate in job analysis on an as-needed basis. Where ergonomic interventions are required, FD&C provides advice and assistance to the service unit ergonomic teams to identify the best possible solution. FD&C maintains information on ergonomically-correct furnishings and equipment. FD&C is also responsible for:

- Advising as to feasibility of adjustments to existing furniture
- Identifying adjustments to furnishings that can be made by the user
- Identifying adjustments requiring professional installers
- Reviewing requests for service for workstation modifications, including preparing drawings and scheduling installers as necessary
- Helping in the selection of ergonomic furniture/accessories requiring purchase, including review of all purchase

requisitions

Health Services Office is responsible for the medical surveillance element of the Workplace Ergonomics Program. The Health Services Office serves as a consultant to the WEPCC and service unit ergonomics teams, providing instruction in the prevention, early recognition, evaluation, treatment, and rehabilitation of repetitive strain disorders.

The Health Services staff assesses presenting signs and symptoms and, based on findings, directs follow-up analysis and/or treatment. Within staffing constraints, the Health Services Office's responsibilities include:

- Recognizing employee injury/illness problems with ergonomic influence
- Participating in ergonomic evaluations of work
- Identifying restricted-duty jobs
- Performing periodic walkthroughs with service unit ergonomics teams
- Providing wellness education initiatives
- Analyzing health surveillance data and evaluating results
- Reporting findings and recommendations
- Participating in the development of interventions and re-evaluating previous actions

Safety Services provides support to the WEPCC and service unit ergonomics teams in the areas of safety, mishap/injury prevention, industrial hygiene, environmental health, and emergency response. Within limitations, influenced by availability of resources, Safety Services' responsibilities are:

- Reviewing injury reports for evidence of cumulative trauma injury
- Compiling and reporting injury statistics related to injury cause factors
- Disseminating general and specific job safety and health information
- Providing expert advice and guidance in the field of safety evaluations and ergonomic job analysis and design
- Establishing and maintaining a hazard abatement program
- Reviewing equipment acquisitions

Staff Training and Development Office (STDO): The Workplace Ergonomics Program Coordinating Committee will coordinate with Staff Training and Development Office for the following functions:

- Keeping library-wide training statistics comprised of information received from the service unit ergonomics teams
- Maintaining rosters of key trainers throughout the Library
- Accumulating statistics on course evaluations
- Providing periodic progress reports on ergonomics training and education

In addition, STDO coordinates all training activities associated with the job-specific training carried out by key trainers/certified workstation consultants. This includes, but is not limited to, providing classroom space and equipment, scheduling classes, notifying staff of training sessions, keeping records of attendance, including course descriptions, objectives, and eligibility requirements in the STDO course catalogs, and announcing dates of courses in the STDO calendars. STDO is not responsible for developing course content.

III. TRAINING AND EDUCATION

The purpose of training and education is to ensure that employees are sufficiently informed about the ergonomic hazards to which they may be exposed, in order to participate actively in their own protection. It also reinforces ergonomic safety as a priority of the institution, and gives employees a clear picture of what they can expect from an ergonomics program. Effective training and education is essential to the success of the ergonomics program, and is a continuous process.

A. Coordination of Library-wide Scheduling and Data Collection. Centralized data on the training program is kept in order to promote adequate levels of participation among service units, and to coordinate the parts of the program that require library-wide cooperation.

The Staff Training and Development Office gathers information from the service unit ergonomics teams, coordinates training by key trainers, and provides data about ergonomics training throughout the Library. These responsibilities include:

- Keeping Library-wide training statistics comprised of information received from the service unit ergonomics teams.
- Maintaining rosters of key trainers throughout the Library.
- Accumulating statistics on course evaluations.
- Providing periodic progress reports on the training and education program.
- Scheduling classes and coordinating support materials.

B. Types of Training. The training program prepares participants for the different roles they play in the ergonomics program at the Library. There are seven types of training listed below.

1. Training for Service Unit Ergonomics Teams: The service unit ergonomics teams are responsible for implementing and maintaining the Workplace Ergonomics Program at the service unit level. The teams are trained by outside consultants.

2. Training for Key Trainers: The Library of Congress needs a corps of staff devoted to training employees in job-specific principles of ergonomics. These key trainers will be certified by outside consultants to conduct classes, perform workstation consultations, and to recommend modifications. They are responsible for training employees in any service unit in addition to performing their regular duties.

3. General Orientation: Service unit ergonomics teams, in cooperation with Facility Design and Construction, Health Services Office and Safety Services, provide an introduction to the general principles of ergonomics and to the Workplace Ergonomics Program in general orientation sessions.

All employees at the Library of Congress are required to take General Training or its equivalent. New staff receives general training during new staff orientation. Other staff will be scheduled to receive general training in a lecture setting.

4. Job-Specific Training: Every employee (new, old, reassigned) is taught how to use tools and equipment for maximum efficiency and ergonomic comfort, and is responsible for using safe

work practices on the job. Training for commonly used tools and equipment (e.g., video display terminals) takes place in the classroom with interactive teaching methods (student participation and practice.) Safety practices for tools and equipment that are unique to a work area are demonstrated on the job by supervisors. Trainees are expected to actively participate in their own protection by performing self-assessment of their work habits and implementing basic changes in their work areas.

5. Management Briefing: Managers are responsible for supporting the Workplace Ergonomics Program in their areas. Division chiefs, directors, service unit heads, and some administrative officers will attend briefings by their service unit ergonomics team, with possible input from key trainers.

6. Training for Supervisors: Supervisors ensure that employees follow safe work practices and receive appropriate training to do so. They must therefore attend the job-specific training for the positions they supervise. In addition, supervisors need briefings similar to those provided for managers in order to gain a complete understanding of their responsibilities.

7. Support Training: All support offices have a responsibility to keep ergonomic knowledges and skills current and to apply ergonomic principles in performing their duties. Appropriate technical training should be provided for support staff on an as-needed basis.

C. Evaluation. The WEPCCC will develop evaluation mechanisms for training courses.

IV. SURVEILLANCE

The purpose of health and job risk factor surveillance is to provide an ongoing systematic method of identifying and evaluating cumulative trauma disorders (CTDs) and workplace ergonomic risk factors; and to monitor trends in their occurrences in specific areas, over time and between locations. The information developed in the process is used to plan ergonomic interventions and determine the need for action. Data collected through surveillance makes up the epidemiological (incidence, distribution, and control of disease in a population) tools used in assessing the workplace and employees and determining trends, costs, and interventions.

The service unit ergonomics teams conduct surveillance in both passive and active modes. The responsibilities for surveillance are interdisciplinary. See Program Management.

A. Passive Surveillance involves the analysis of existing records and data.

1. Analysis of Existing Records. Medical and safety professionals review certain records for implications of ergonomic factors such as overexertion, forceful exertions, awkward postures, and repeated motion type injuries. They forward information applicable to the Library's Workplace Ergonomics Program to the appropriate ergonomics committee/team. This records review process is a first step in determining the ergonomic program direction and for performing the job analysis.

a. Medical Records. Medical records include

Occupational Health and Safety Administration (OSHA) logs, compensation reports, medical visits, and as necessary, personal medical records. Information of a personal nature regarding treatment and the injury may not go forward to the ergonomics committee/teams.

b. Safety Review. Safety Services conducts injury/illness reviews and/or investigations which identify suspect mishap cause factors useful. The resulting reports are useful in identification of specific jobs for ergonomic analysis.

c. Complaint Records/Suggestions. Service unit ergonomics teams can use employee complaints and/or suggestions relating to a work process to identify potential ergonomic problem areas. Safety Services can assist the service unit ergonomics teams in the review of such records.

2. Early Reporting of Symptoms. Employees are encouraged to report early signs and symptoms of discomfort to their supervisor, service unit ergonomics team or directly to Health Services. This allows for timely and appropriate evaluation, documentation and treatment or referral.

B. Active Surveillance is the solicitation of information before the occurrence of an event which would precipitate a complaint. Active surveillance can be conducted at two levels of specificity.

1. Level 1 Active Surveillance is less detailed.

a. Periodic Walkthroughs. A walkthrough is useful in increasing the visibility and accessibility of ergonomic team and health and safety professional. It also acquaints health care and safety staff with various areas.

b. Surveys. The symptoms survey is a widely-used tool in active surveillance. It is useful in early identification of problems as well as for assessing the effectiveness of interventions. There are other such survey tools e.g., fatigue surveys, back history surveys.

c. Hazard Evaluations. Service unit ergonomics teams evaluate jobs. Use of checklists facilitates this process. The purpose is to observe, document and assess risk factors present.

2. Level 2 Active Surveillance is more detailed.

a. Health Interviews and Physical Examinations. To assure effective medical management, it is necessary to establish an approach which incorporates a baseline evaluation, a post-conditioning period evaluation and a periodic assessment. These are in the form of health interviews and physical examinations. The target population is asymptomatic employees already in or being placed in high risk jobs, as well as symptomatic employees.

V. ANALYSIS AND DESIGN OF JOBS

A. Job Analysis in an ergonomics program is a systems approach to identify work activities that may result in or contribute to overexertion injuries and disorders of the back and upper extremities, often referred to as cumulative trauma disorders (CTDs). The objective is to identify work activities that may result in or contribute to overexertion injuries and disorders of

the back and upper extremities, often referred to as cumulative trauma disorders (CTDs). The systems approach identifies generic risk factors such as forceful exertions, awkward postures, localized contact stresses, vibration, temperature extremes, and repetitive motions or prolonged activities which may contribute to injury/illness. The process involves documentation and study of the work by service unit ergonomics teams. It includes the worker, the supervisor, and specialists trained and experienced in recognition and assessment of ergonomic risk factors. Completion of the job analysis results in identification of ergonomic stresses, design of interventions and follow-up evaluation of the interventions.

There are two levels of job analysis. They are:

1. Surveys/Walkthroughs (Level 1) are a basic method of identifying risk factors associated with the performance of work. Service unit ergonomics teams, in consultation with health care and safety professionals, conduct the surveys. Checklists are useful in completion of the survey/walkthrough. Other resource material is available in Safety Services.

2. Analysis (Level 2): Ergonomics team members conduct detailed job analysis in work areas after determining and prioritizing those jobs that warrant analysis. All personnel conducting ergonomic job analysis must have received specific training in ergonomic job analysis and intervention techniques. The job analysis process identifies and ranks specific risk factors, documents job attributes, and assesses ergonomic stress factors.

a. Documentation: The following constitute documentation of the job analysis:

(1) Position description: The official position description permits the analyst to compare job function to the intended goal/objective. It is possible that the findings of the analysis may support changes in position descriptions.

(2) Direct observation: Risk factors in a job or work area studied can be determined by direct observation. The analysis includes, as necessary, upper extremity repetitive measurements for total hand manipulations per cycle, cycle time and total manipulations or cycles per shift. Where appropriate force measurement determinations are needed these can be estimated as an average effort or peak force. Force measurements can be obtained using appropriate test equipment (if available).

(3) Supervisor/employee interviews: Library staff, including labor organization representatives, provide a broad knowledge base regarding job history and problems. All job analysis includes on-site interviews with employees, supervisors, and labor organization representatives.

(4) Videotaping is the preferred method of documenting a specific job analysis, in most cases. It helps the analyst understand the task demands on the worker, and how each worker accomplishes the task. Videotaping requires the presence and activity of the worker. Use of a checklist aids in accurate documentation of conditions present during the analysis. Where videotape equipment is not available use of a checklist is even more important.

b. Assessment of Ergonomic Stresses: During the detailed analysis, some specific actions and/or potential stressors are evaluated for impact on the worker. There are four specific stressors for which the analyst should be alert. They are noted below.

(1) Repeated and sustained static exertions: Does the performance of work, required in the position description, require these exertions, or do they result from a work practice?

(2) Forceful exertions: Where forceful exertions are identified in the analysis some specific steps may be required for evaluation and intervention. It may be necessary to estimate loads and friction resistance, make posture adjustments, determine need for mechanical aids, consider use of gloves, and evaluate muscle use with tools such as resistance meters and surface electromyography equipment.

(3) Localized mechanical stresses: Does the work require specific forces and/or contact with areas of the worker's body?

(4) Posture stresses: Identification of posture stresses can be accomplished through job analysis observation and/or video tape. The analysis may be supplemented with instrumentation noted in (2) above, analysis of orientation of the worker in relation to the work, review of types of tools used, and use of anthropometric data.

B. Design of Jobs. When considering design or redesign of jobs the objective is to minimize ergonomic stresses present in the performance of the work. Interventions considered must eliminate or reduce employee exposure to the potential for suffering from CTDs and other back and upper extremity pain, while allowing accomplishment of the organization's mission.

1. Propose interventions. A complete job analysis includes reporting of the findings, recommendations for design of control measures, and evaluation of actions taken. The report may be formal or less formal, depending on the extent of recommendations for change. Intervention is accomplished through the application of appropriate engineering changes, and/or implementation of administrative control for the work. Intervention is followed by evaluation.

a. Engineering Changes include actual modifications to the physical work site and any tools or equipment used in the work process. Determination of needed changes may require assistance of medical, safety and other recognized experts.

(1) Tools - Are power assists available? Can handles be changed?

(2) Machines/Equipment - Are changes necessary to the equipment? Economic impact may be a necessary consideration in some cases.

b. Administrative Controls are necessary as interim protective measures, pending completion of required engineering changes. In some situations administrative controls may be the only intervention needed.

(1) Work area - Can changes be made in the work/equipment location and orientation? Are proper chairs used?

(2) Methods - Is there another way to do the work? Is job rotation allowed?

(3) Standards - If standards are established for the work, are they realistic, up-to-date?

(4) Schedules - Are schedules flexible enough to provide periodic rest breaks and/or on-the-job exercises? Are work schedules flexible?

(5) Education/Training - Are employees trained to recognize problems and take proper action?

(6) Maintenance - Is equipment with moving parts, e.g., wheels, lifts, etc., properly inspected and maintained?

2. Evaluation. Each intervention action taken to prevent/reduce CTDs and other related disorders requires follow-up evaluation to assess effectiveness of the action. The evaluation can be accomplished through:

a. Job Analysis - using the methods described above, and/or

b. Active/Passive Surveillance - methods described in Surveillance.

c. Assessment - evaluation of information from a. and b. above to determine whether the goal has been achieved

VI. MEDICAL MANAGEMENT

The goal of medical management is to ensure evaluation, diagnosis and treatment of repetitive strain disorders, and to provide avenues for prevention. Integration of medical management is essential to the success of the program. All medical evaluations, records, and data as well as results of surveys etc. are handled in a manner which preserves the anonymity of individual employees and maintains the confidentiality of personal and medical information. The components of this program are: Accessibility; Health Surveillance; Identification of Restricted-Duty Jobs; Medical Intervention; and Record-keeping, Data Evaluation, and Action.

Employee investment in the problems, along with early medical intervention and good open communications between Health Services and other treating clinicians, are key to success.

A. Accessibility. The health care providers must be accessible to the employees to facilitate treatment, surveillance activities, and recording of information. This may be accomplished via walkthroughs and educational initiatives. The walkthrough increases visibility and provides a forum for interaction and exchange of information.

Health Services undertakes educational initiatives for different types of cumulative trauma disorders (CTDs), their causes, prevention, etc. These are carried out through new employee orientation, health forums, Gazette articles, brochures,

posters, etc.

B. Health Surveillance. The Health Services Office serves as a principal member of the surveillance team assessing and analyzing symptoms surveys, and encouraging and receiving early reports of symptoms. This role is more clearly outlined under Surveillance.

C. Identification of Restricted-Duty Jobs. The objective of a restricted-duty assignment is to provide a chance for healing or rehabilitation of an injured area by assigning the worker to a position that does not involve the use of the injured muscle-tendon group. This type of assignment is individualized to each worker. A list or data base of jobs categorized according to ergonomic risk from high to low is to be developed. The identification process requires job analysis (see Analysis and Design of Jobs). As these job analyses are completed, relevant information is added to the official position description.

D. Medical Intervention. Appropriate medical evaluation and care is essential to prevent the development of more serious medical problems. The main objective of medical management is to identify and treat disorders at a very early stage, and minimize progression or exacerbation. This includes health interviews and examinations. These examinations are in the form of, a baseline evaluation, a post conditioning period evaluation, and a periodic assessment. The baseline or preplacement exam would determine capabilities (as opposed to disabilities) and identify required job restrictions. The examinations are job-specific, based on the official position description, initiated by the supervisor or Human Resources, and administered by Health Services. The post-conditioning evaluation is done no later than 1 month after a new position is assumed to determine if there are symptoms consistent with the breaking in of muscles as opposed to the onset of a cumulative trauma disorder (CTD). The periodic assessment is oriented towards early detection of health changes in at-risk workers. Responsibilities are outlined in Program Management.

E. Record-keeping, Data Evaluation, and Action. It is important to maintain accurate records. OSHA logs, medical records, compensation reports, and Safety Services injury reports, as well as the results of symptoms surveillance, are the epidemiological tools in assessing the workplace and employees and determining trends and costs.

*** Last update 3/22/95 (jam) ***

.