Laboratory Ergonomics Program

**Audience**
All personnel in the Pulmonary Laboratories: Pulmonary Function Clinic, Bronchoscopy Service and Center for Pulmonary Rehabilitation.

**Purpose**
The purpose of this policy is to control laboratory ergonomics risk factors, improve employees’ level of comfort while performing their jobs, and reduce the risk of acquiring occupational injuries.

**Policy**
The Pulmonary Function Lab will strive to maintain a safe and healthy workplace for all laboratory employees. Workplace ergonomics is of increasing importance to employee health and safety. Human Resources’ Employee Injury Management Office is available to assist divisions and employees with evaluation of work stations and identification of those needing attention.

**Definitions**

- **Ergonomics**: Referred to as human factors, or human engineering, ergonomics is concerned with understanding the basic physical and psychological attributes of people as these relate to the things that people use (tools, machines, environments). The goal of ergonomic design is to optimize the person-thing relationship, that is, the fit. (Dainoff and Dainoff, 1986)

- **Repetitive Tasks**: Activities involving sustained or repetitive musculoskeletal exertion with no opportunity for rest or recovery. Examples of repetitive tasks are, chopping by hand various food items, working with tools in a twisting motion, bending, lifting, data entry work.

- **Cumulative Trauma Disorders (CTD)**: Injuries developed gradually over periods of weeks, months, or even years as a result of repeated stresses on a particular body part as a result of mechanical stresses. (Putz-Anderson, 1988)

**Responsibility**
Implementation of this policy is a shared responsibility of leadership, management, supervisors, and all of laboratory employees.

1. **Training**: Clinical Managers are responsible for ensuring provision of ergonomics education in their areas. For example, employees working with video display terminals or highly repetitive tasks should have training in the fundamentals of ergonomics and cumulative trauma disorders (CTD) risk factors. Supervisors should have training in how they can work with employees to reduce the risk of injuries and illnesses.

2. **Work station design**: Incorporation of ergonomics principles in work site construction or renovation planning should be considered and addressed with Facilities Operation and Management (FOAM), Physical Plant during planning meeting. For purposes of this policy, the work station is considered to include furniture, electronics, instruments, tools, lighting,
and other environmental features. Clinical Managers are responsible for upkeep of individual work stations, once established/installed. Each job site should provide an appropriate fit between the worker, the technology, and the working environment. Employees should be empowered to share in the responsibility for the safety of their workplace with their supervisor or appropriate others.

3. **Job design:** With leadership from the Division Directors, Chief Technologists and supervisors are responsible for ensuring appropriate work methods. When considering an employee’s regular job assignment, both pace of work and job flow should be reviewed to avoid excessively repetitive work for any one employee and his/her specific position. Employees who suspect that ergonomic issues are having an adverse effect on the workplace are encouraged to ask the Clinical Manager for a workplace ergonomics assessment.

4. **Medical management:** Employees suffering from job-related CTD’s have access to medical treatment and rehabilitative processes through Employee Health Services and Workforce Compensation. In these cases, ergonomics accommodations or improvements may be coordinated by Workers’ Compensation. However, work station modifications and equipment cost decisions are line responsibilities, both financially and administratively.

5. **Individual compliance:** Employees are responsible to follow ergonomics policies and work practices directed or recommended for ergonomic purposes.

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**General Requirements**

Immediately after hiring a new employee or making significant changes in assigned responsibilities of an employee, supervisors should determine the adequacy of the employee’s familiarity with ergonomics principles and practices applicable to the new job responsibilities and locale. When needed, training should be provided.

Employees receiving ergonomics training should be encouraged to consider the applicability of training content to activities undertaken outside the workplace.

When employees are provided unfamiliar or significantly changed new tools, equipment, or work stations, the training in the use of the tool, equipment, or work station should address ergonomic issues.

Ergonomics features of equipment, tools, and work stations (whether existing or under consideration for acquisition, construction of renovations) should be evaluated. The employee(s) who will be working with the aforementioned should participate in the evaluation.
Ergonomics training and improvement efforts by divisions should receive appropriate programmatic and budgetary priority. The efforts should be continuous, to ensure periodic reconsideration of ergonomics issues in light of environmental change and recent research. As with all budgetary activities, division leadership should discuss plans with the Laboratory Director and Manager to permit departmental level review and reinforcement.

**Medical Management**

If an employee complains of a CTD or other work-related injury or illness, supervisors should direct the employee to the appropriate medical facility and complete the appropriate forms in accordance with Workers’ Compensation Insurance policy, IHOP 3.11.01.

Questions regarding WCI procedures may be directed to the Employee Injury Management Office (formerly WCI Office), including questions on Job Accommodation/Modification (IHOP 3.8.5).

This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

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