POLICY AND PROCEDURES

Office of Management

WORKPLACE ERGONOMIC EVALUATION REQUESTS

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INTRODUCTION

Ergonomics is the scientific study of people at work. The goal of ergonomics is to reduce stress and eliminate injuries associated with bad posture, the overuse of muscles, and repeated tasks. This is accomplished by designing tasks, work spaces, controls, displays, tools, lighting, and equipment to fit the employee´s physical capabilities and limitations. Workplace ergonomic evaluations help employers recognize ergonomic hazards caused by workplace layout or design that may be contributing to an employee's stress or physical discomfort.

PURPOSE

The purpose of this MAPP is to describe the process for requesting a workplace ergonomics evaluation in the Center for Drug Evaluation and Research (CDER).

POLICY

It is CDER’s policy to provide a workplace free from recognized hazards in accordance with the Executive Order 12196 and Federal regulations 29 CFR 1960. CDER Safety provides workplace ergonomic evaluations at the employee’s or supervisor’s request to ensure that ergonomic hazards are recognized and abated.

RESPONSIBILITIES

1. Employee:

    a. Reports workplace ergonomic hazards to ERIC.
    b. Participates in any health and safety related training deemed necessary for his/her positions.
    c. Participates in any workplace ergonomic evaluation that may be required to eliminate the ergonomic hazards.
    d. Follows FDA Safety and CDER health and safety program policies and requirements.
    e. Follows up with supervisor or CDER Safety to ensure that recommendations are implemented.

2. Supervisor/Management Official:

    a. Maintains confidentiality concerning all discussions and assessments, except for necessary processes described in this MAPP.
    b. Provides employee referral to CDER Safety upon notification of an ergonomics concern.
    c. Implements the recommendations of CDER Safety, to include use of budgetary resources, should workplace modifications be needed.

3. CDER Safety:

    a. Follows regulatory guidelines for maintaining confidentiality of employee monitoring and medical records.
    b. Responds to the employee's request in a timely manner.
    c. Provides employee safety related training when required.
    d. Works with the employee and employee's management official to implement recommendations.
    e. Maintains records of ergonomic evaluations for a period of five years.

4. FDA Safety:

    a. Coordinates employee ergonomic needs with CDER Safety.
    b. Conducts a preliminary assessment of the employee's request and determines the steps required to alleviate the employee's concerns.
    c. Arranges for the FDA Ergonomics Contractor to evaluate the hazard, if needed.
    d. Evaluates FDA Ergonomics Service Provider recommendations.

5. FDA Ergonomics Service Provider:

    a. Conducts workplace ergonomic evaluations as specified by the FDA Safety Office in a timely manner.
    b. Develops specific recommendations for abatement of employee's workplace ergonomic hazards.
    c. Provides reports of findings to CDER Safety.
    d. Provides CDER Safety with annual reports of the services rendered as required.

6. FDA Occupational Health Clinic:

    a. Evaluates and refers employees for medical evaluations of ergonomics stresses and injuries when requested by CDER Safety.
    b. Reviews employee medical diagnosis records from other licensed medical practitioners and renders medical opinions on employee's ergonomic stresses and injuries when requested by CDER Safety.
    c. Maintains employee medical records.

PROCEDURES

FDA Safety and CDER Safety work closely together and report and coordinate all safety-related issues throughout the Center. Refer to the attached Ergonomics Request Flow Chart for a visual representation of the procedures.

Should an employee encounter a workplace ergonomic issue:

Washington, DC Metro Area Procedures:

1. The employee informs CDER Safety of suspected workplace ergonomic issue by contacting ERIC. The employee can also submit a request for services by using the on-line form located at insideFDA.gov on the CDER Safety Web page.
2. See *Safety Incident Report* located at insideFDA.gov under the Office of Management/Division of Management Services' CDER Administrative Toolbox Safety page.
3. FDA Safety conducts a preliminary assessment of the employee's ergonomics concern and determines if this correction is a minor or major concern.

    <u>If the ergonomics concern is minor:</u>

1. FDA Safety contacts CDER Safety to coordinate and discuss employee requirements.
2. FDA Safety or CDER Safety contacts the employee, performs the ergonomics review, and makes minor corrections.

If the ergonomics concern is major:

1. FDA Safety processes the ergonomics consultation request and sends the order to the Service Provider.
2. The Ergonomics Service Provider contacts the employee to discuss the problem, schedules an appointment, performs an ergonomics assessment, and provides a report to FDA Safety.
3. FDA Safety reviews the report and sends it to CDER Safety, the employee, and supervisor/management.
4. After the employee and supervisor/management receives the Ergonomics Service Provider's report, the recommendations will be implemented in a timely manner, which may include the need to purchase equipment. If equipment is recommended in the report, the employee can visit the ergo room in the FDA Health Unit to try out the item recommended. At certain times there is an ergonomist on duty to assist with the evaluation.
5. CDER Safety will continue to work closely with the employee and supervisor/management to ensure corrective actions resolve the issue.

St. Louis Laboratory Procedures: CDER Safety and the FDA Ergonomics Contractor will provide similar ergonomics evaluation and support through teleconferencing and email. CDER Safety and FDA Ergonomics Contractor may travel to St. Louis facility depending upon the situation.

REFERENCES

1. Occupational Safety and Health Programs for Federal Employees, Executive Order 12196
2. OSHA Standards, 29 CFR 1960

DEFINITIONS

Ergonomic Hazard:	Ergonomic hazards refer to workplace conditions that pose the risk of injury to the musculoskeletal system of the worker. Ergonomic hazards include repetitive and forceful movements, vibration, temperature extremes, and awkward postures that arise from improper work methods and improperly designed workstations, tools, and equipment. Examples of musculoskeletal injuries include tennis elbow (an inflammation of a tendon in the elbow) and carpal tunnel syndrome (a condition affecting the hand and wrist).
FDA Ergonomics Contractor:	An FDA-contracted employee who performs employee ergonomics review and consultation at the employee's or CDER Safety's request.

FDA Occupational Health Clinic:	The FDA's Occupational Health Clinic is located at the White Oak Campus and provides access to a physician certified by the American College of Occupational and Environmental Medicine who is qualified to evaluate employees' work-related diseases and injuries.
Management Official:	This broad term refers to a management position with the authority to implement CDER Safety recommendations to include expenditure of funds, and may refer to a Division Director, or a Management Officer, depending upon the authority delegated.
Preliminary Assessment:	An initial evaluation performed by CDER Safety that is used as the basis for subsequent referrals and evaluations.
Workplace Ergonomics Evaluation:	An evaluation performed of an employee's tasks and the area in which he or she performs these activities. The evaluation focuses on exposing risk factors of a person's tasks and workstation that lead to musculoskeletal disorders using OSHA (Occupational Safety and Health Administration) guidelines. A detailed report is subsequently generated to provide recommendations on how to reduce the individual's exposure to the identified risk factors in a cost-efficient manner. The most integral part of the evaluation process is the collaborative effort between the employee, the Management Official, and the CDER Ergonomic Team to provide the most effective, efficient, and safe working environment for the individual.

EFFECTIVE DATE

This MAPP is effective upon date of publication.

CHANGE CONTROL TABLE

Effective Date	Revision Number	Revisions

Attachment: Ergonomics Request Flow Chart