



Now and Tomorrow, Excellence in Everything We Do

# **Departmental**

# **Occupational Health and Safety**

# Program

Module III: Integrated Ergonomics Program

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# **3-1. INTRODUCTION**

The Integrated Ergonomics Program (IEP), a component of the Departmental Occupational Health and Safety (OHS) Program, is designed to minimize ergonomic hazards and prevent *musculoskeletal disorders* (MSDs) in the workplace.

Implementing a proactive IEP puts the focus on injury prevention and promotes a healthier and more productive workplace. An effective IEP reduces the number of absences and the overall loss of productivity, along with other direct and indirect costs, associated with ergonomic-related injuries.

# 3-1.1. SCOPE

The IEP applies to every person employed within the Employment and Social Development Canada (ESDC) portfolio, including Service Canada and the Labour Program (hereafter referred to as the Department), and every person granted access to the workplace.

# 3-1.2. REQUIREMENTS

In accordance with the *authorities and references*, noted below, the employer must identify, eliminate, and/or reduce ergonomic-related hazards; ensure that workplaces, workstations, procedures, equipment and tools provided to an employee meet prescribed ergonomic standards; and provide ergonomics-related education to employees.

An employee must follow established policies, procedures and instructions; use prescribed safety material, equipment or devices; attend prescribed education, training and awareness initiatives; and report actual or potential hazards related to ergonomics.

# 3-1.3. STANDARDS

Health Canada, through the Workplace Health and Public Safety Programme, provided advice and guidance to federal departments on OHS-related matters, including the development of an IEP. The departmental IEP was developed in accordance with Health Canada's IEP.

# **3-2. PREVENTIVE AND CORRECTIVE MEASURES**

# **3-2.1. PREVENTIVE MEASURES**

Prevention is a fundamental component of the IEP, and is supported through employee awareness initiatives and ergonomic adjustments.

## 3-2.1.1. Provide Awareness and Education Initiatives

Education and awareness initiatives, such as information tools and sessions, ensure that employees are aware of potential ergonomic risks, and of the actions, tools and procedures available to control these risks and prevent MSDs.

## 3-2.1.2. Perform Ergonomic Adjustments

Adjusting workstation equipment to fit the employee is vital in preventing MSDs. A newly hired or existing employee is required to receive an *ergonomic adjustment* from an internal *ergonomic coach* who is trained to provide employees with basic ergonomic recommendations, based on prescribed ergonomic guidelines, and make adjustments to fit the workstation equipment to the worker.

# **3-2.2. CORRECTIVE MEASURES**

When ergonomic hazards are identified or MSDs develop, an *ergonomic assessment* is used to prevent further injury and eliminate or reduce the ergonomic hazard.

## 3-2.2.1. Perform Ergonomic Assessments

An employee who identifies an existing or a developing MSD must request an *ergonomic assessment*, based on a *medical indication*. An *ergonomic specialist* assesses an employee's ergonomic requirements, provides recommendations based on prescribed ergonomic guidelines, and makes adjustments to fit the workstation equipment to the worker.

## 3-2.2.2. Implement Corrective Measures

When an employee identifies an existing or newly developed MSD, corrective measures must be taken to prevent further injury. Corrective measures recommended through an ergonomic assessment, or by a qualified person, and approved by the employer, must be implemented in a timely manner.

# **3-3. AWARENESS AND EDUCATION**

Awareness, education and training sessions are required under the IEP.

Prescribed awareness initiatives at the national, regional and/or local levels are required to:

- educate all employees on the IEP; and
- educate management representatives, employees, committees / representatives and ergonomic coaches on their respective duties and responsibilities under the IEP.

Prescribed training sessions are required at the regional and/or local levels to educate ergonomic coaches on their respective duties.

# **3-4. DEFINITIONS**

See <u>Annex A</u>.

# **3-5. RESPONSIBILITIES**

The responsibility to develop and maintain the IEP and monitor its implementation resides with the Human Resources Services Branch, through the National OHS Office, in consultation with the Policy Health and Safety Committee (PHSC).

The National OHS Office will enable, promote, and monitor the IEP at the national level.

The Regional OHS Advisor (ROHSA) will enable, promote, and monitor the IEP at the regional level, for his or her respective region.

Management representatives, employees, committees/representatives and ergonomic coaches will implement and/or comply with the IEP at the national, regional and local levels.

# 3-6. DUTIES

## 3-6.1. ENABLES AND PROMOTES

## 3-6.1.1. National OHS Office

- a) enables, promotes, and monitors the IEP at the national level;
- b) establishes national tools to support the implementation of the IEP; and
- *c)* provides information, advice and recommendations to senior management, the PHSC and the ROHSA on the IEP.

## 3-6.1.2. Regional OHS Advisors

For his or her respective region, the ROHSA:

- a) enables, promotes, and monitors the IEP at the regional level;
- b) liaises between the region and the National OHS Office;
- *c)* monitors whether adequate records are being maintained at the regional level, in accordance with the *Guidelines on OHS Recording and Reporting*; and

d) provides prescribed reports to the National OHS Office.

## **3-6.2. IMPLEMENTS**

# 3-6.2.1. Regional Assistant Deputy Ministers (Regional ADMs) / Assistant Deputy Ministers (ADMs)

For all areas within his or her respective authority, and in accordance with sections 124, 125.(1)(*t*) and 125.(1)(*u*) of Part II of the *Canada Labour Code*; Part XIX of the *Canada Occupational Health and Safety Regulations*; section 2.1.2 of the NJC OHS Directive; the IEP; and the *Procedures on Requesting and Conducting Ergonomic Evaluations*, a Regional ADM/ADM:

- *a)* allocates human and financial resources to implement and maintain the IEP at the regional level;
- *b)* ensures that the workplace, workspaces and procedures meet prescribed ergonomic standards;
- *c)* ensures that the machinery, equipment and tools used by employees meet prescribed ergonomic standards;
- *d*) ensures that prescribed ergonomics-related awareness and/or training is provided to all employees; and
- e) consults with and reports to the Deputy Minister on related matters.

## 3-6.2.2. Management Leads

At each workplace for which he or she is responsible, and in accordance with sections 124, 125.(1)(t) and 125.(1)(u) of Part II of the *Canada Labour Code*; Part XIX of the *Canada Occupational Health and Safety Regulations*; section 2.1.2 of the NJC OHS Directive; the IEP; and the *Procedures on Requesting and Conducting Ergonomic Evaluations*, the management lead:

- a) implements and monitors the IEP;
- *b)* ensures that ergonomic-related hazards are identified and eliminated or their risks reduced;
- c) ensures that all employees, including employees with managerial or supervisory responsibilities, attend prescribed ergonomics-related training and awareness sessions;
- d) ensures ergonomic coaches are identified and trained;
- e) conducts hazardous occurrence investigations for ergonomic-related incidents, when necessary;
- *f)* ensures that adequate records are maintained and reports completed at the local level, in accordance with the *Guidelines on OHS Recording and Reporting*;

- *g)* consults with the Regional ADM/ADM and/or the ROHSA on ergonomic-related matters;
- h) reports to the Regional ADM/ADM and/or the ROHSA on ergonomic-related matters;
- *i)* ensures that ergonomic evaluations are being requested and conducted in accordance with the *Procedures on Requesting and Conducting Ergonomic Evaluations*;
- *j)* considers and makes decisions on recommendations made by the Workplace Health and Safety Committee (WHSC) or Health and Safety Representative (HSR); and
- *k)* ensures that approved preventive and corrective ergonomic measures are implemented in a timely manner, as prescribed by the *Procedures on Requesting and Conducting Ergonomic Evaluations*.

## 3-6.2.3. Site Leads

At his or her respective workplace, the site lead:

- *a)* ensures a healthy and safe work environment and ensures that ergonomic-related tools and information are available to all;
- b) ensures the implementation and the monitoring of the IEP;
- c) ensures that adequate records are maintained and reports completed in accordance with the *Guidelines on OHS Recording and Reporting*; and
- d) reports to the management lead on ergonomic-related matters.

## 3-6.2.4. Managers, Supervisors and Team Leaders

For all employees under their authority, and in accordance with sections 124, 125.(1)(t) and 125.(1)(u) of Part II of the *Canada Labour Code*; Part XIX of the *Canada Occupational Health and Safety Regulations*; section 2.1.2 of the NJC OHS Directive; the IEP; and the *Procedures on Requesting and Conducting Ergonomic Evaluations*, a manager, supervisor and/or team leader:

- a) applies the IEP within the scope of his or her authority;
- *b)* identifies and eliminates ergonomic-related hazards or reduces their risks before they cause MSDs;
- c) assists with identifying employee volunteers to serve as ergonomic coaches;
- *d)* makes appropriate provisions (time and resources) for employees to attend ergonomic-related awareness and/or education sessions;
- e) requests an ergonomic evaluation on behalf of the employee;
- f) makes appropriate provisions (time and resources) for ergonomic evaluations to be completed;

- g) consults with and reports to the management lead on ergonomic-related matters;
- *h*) considers, takes necessary action on, and implements ergonomic recommendations made through an ergonomic evaluation;
- *i)* completes reports in accordance with the *Procedures on Reporting a Workplace Incident and/or Injury*,
- *j)* complies with reporting requirements in accordance with the *Procedures on Reporting a Workplace Incident and/or Injury*, and
- *k)* maintains adequate records in accordance with the *Procedures on Requesting* and *Conducting Ergonomic Evaluations* and the *Guidelines on OHS Recording* and *Reporting.*

## 3-6.2.5. Ergonomic Coaches

In accordance with the IEP and the *Procedures on Requesting and Conducting Ergonomic Evaluations*, a coach:

- a) participates in ergonomic-related training and/or awareness sessions;
- b) conducts an ergonomic adjustment;
- c) makes necessary adjustments to fit workstation equipment to the employee; and
- *d*) note any observations and identify concerns based on prescribed ergonomic guidelines.

## 3-6.2.6. Employees

In accordance with sections 126.(1)(*a*) and 126.(1)(*g*) of Part II of the *Canada Labour Code*; Part XIX of the *Canada Occupational Health and Safety Regulations*; the IEP; and the *Procedures on Requesting and Conducting Ergonomic Evaluations*, an employee must:

- *a)* comply with the IEP requirements, procedures and recommendations and/or instructions;
- b) report ergonomic discomfort and/or hazards to his or her supervisor;
- *c)* seek medical attention for ergonomic discomfort and/or injuries and follow the prescribed treatment plan;
- d) attend prescribed ergonomic-related awareness and/or education sessions; and
- e) participate in efforts to prevent injuries and reduce hazards and/or risks with respect to ergonomics.

## 3-6.3. PARTICIPATES

## 3-6.3.1. Policy Health and Safety Committee (PHSC)

In accordance with section 134.1(4) of Part II of the *Canada Labour Code*; Part XIX of the *Canada Occupational Health and Safety Regulations*; Part XX of the NJC OHS Directive; and the committee's Terms of Reference, the PHSC:

- a) discusses ergonomic-related matters of national impact;
- b) consults, informs and makes recommendations to the Regional Health and Safety Advisory Committees (Regional Advisory Committees) and the National OHS Office about unresolved ergonomic-related matters at the national and regional levels;
- c) monitors the overall effectiveness of the Department's IEP; and
- *d)* makes recommendations to the Deputy Minister with respect to the IEP and ergonomic-related matters.

# 3-6.3.2. Regional Health and Safety Advisory Committees (Regional Advisory Committees)

In accordance with Module I of the Departmental OHS Program and the committee's Terms of Reference, the Regional Advisory Committees:

- a) discusses ergonomic-related matters of regional impact;
- *b)* consults and informs the ROHSA about regional and local ergonomic-related matters;
- *c)* consults, informs and makes recommendations to the WHSC and HSR about unresolved ergonomic-related matters at the regional and local levels;
- d) monitors the overall effectiveness of the Department's IEP at the regional level;
- e) makes recommendations to the Regional ADM/ADM or to the Health and Safety Management Committee on regional ergonomic-related matters; and
- *f*) makes recommendations to the PHSC co-chairs on ergonomic-related matters that cannot be resolved at the regional level that may have a national impact.

# 3-6.3.3. Workplace Health and Safety Committees (or Health and Safety Representatives)

In accordance with section 135.(7) or 136.(5) of Part II of the *Canada Labour Code*; the *Safety and Health Committees and Representatives Regulations*; Part XX of the NJC OHS Directive; and the committee's Terms of Reference, the WHSC or HSR:

a) consults the ROHSA on local ergonomic-related matters;

- *b)* makes recommendations to managers/supervisors and to the management lead on local unresolved ergonomic-related matters; and
- c) makes recommendations to the Regional Advisory Committee co-chairs on ergonomic-related matters that cannot be resolved at the local level or that may have a regional impact.

# 3-7. TOOLS

The IEP is supported by several guidelines, procedures and tools, including the *Procedures on Requesting and Conducting Ergonomic Evaluations*. Tools are available through the National OHS Intranet site.

# **3-8. MONITORING AND EVALUATION**

The IEP will be monitored through regular reporting and data collection methods and with the participation of the PHSC, regional and local health and safety committees, management, employees and OHS advisors.

# **3-9. GENERAL INFORMATION**

# 3-9.1. EFFECTIVE AND REVIEW DATE

The IEP takes effect on December 15, 2010, and replaces previous departmental information on managing workplace ergonomics. The IEP will be reviewed at least every three (3) years and in accordance with section 19.7(1) of the *Canada Occupational Health and Safety Regulations.* In addition, the review will ensure consistency with changes to legislation, regulations, NJC directives and the Departmental OHS Program.

# **3-9.2. AUTHORITIES AND REFERENCES**

- <u>Canada Labour Code, Part II</u> [sections 124; 125.1(t); 125.1(u); 126]
- Canada Occupational Health and Safety Regulations [Part XIX]
- NJC OHS Directive [section 2.1.2]
- Treasury Board Secretariat OSH Policy
- ESDC Departmental OHS Policy
- ESDC Departmental OHS Program
- ESDC Departmental Hazard Prevention Program
- Health Canada Internal Ergonomics Program
- CSA Z412/00, A Guideline on Office Ergonomics

# 3-9.3. ENQUIRIES

Questions regarding the IEP, or its interpretation, must be directed to the Regional Occupational Health and Safety Advisor.



# **ANNEX A: DEFINITIONS**

## Ergonomics

The study of workplace design and the physical impact it has on workers. Ergonomics is about the fit between people, their work activities, equipment, work systems, and environment to ensure that workplaces are safe, comfortable and efficient, and that productivity is not compromised.

## **Ergonomic Adjustment**

The process of setting up and/or adjusting workstation equipment to fit the worker and providing basic ergonomic recommendations, based on prescribed ergonomic guidelines. An *ergonomic adjustment* is conducted by a staff member who is trained as an *ergonomic coach*.

## **Ergonomic Assessment**

The process of assessing an employee's ergonomic needs; setting up and/or adjusting workstation/work area equipment to fit the worker; and providing ergonomic recommendations, based on prescribed ergonomic standards. An *ergonomic assessment* is conducted by an *ergonomic specialist* for an employee who has received a medical indication.

## **Ergonomic Evaluation**

The process in which an *ergonomic adjustment* or *assessment* is requested and/or conducted.

## **Ergonomic Coach**

An employee who is trained by an *ergonomic specialist,* usually a qualified service provider, to conduct an *ergonomic adjustment*.

## **Ergonomic Specialist**

A qualified individual with industry-recognized certification or specialized training who conducts an *ergonomic assessment*.

## **Health Care Professional**

A health care professional includes a physician, physiotherapist, occupational therapist, massage therapist, or chiropractor.

## **Medical Indication**

A *medical indication* includes a *medical referral*; a written verification from the employee's manager that he or she has been referred by a *health care professional* for treatment that has not yet been administered; or a written verification from the employee's manager that the employee's personal attributes (related to physical variations that fall outside of the average, such as very tall, very short, obesity, amputation, paralysis) may impact his or her ability to perform their duties at a standard workstation.

#### **Medical Referral**

A written referral received by an employee from a *health care professional* for an *ergonomic assessment*.

#### Musculoskeletal Disorder (MSD)

Musculoskeletal disorders are injuries of the muscles, nerves, tendons, joints or spinal discs. Common MSDs include carpal tunnel syndrome, tendonitis and tension neck syndrome.

#### Work area

A work area refers to an assigned place where an employee normally conducts his or her work tasks, usually outside of a standard office workstation or involving tasks that require standing for extended periods, lifting or reaching. A work area could include a front-end client service area, mailroom, or warehouse, among others.

#### Workstation

A workstation refers to a cubicle, office or space where an employee normally conducts his or her work tasks, primarily in a seated position. The workstation usually contains standard office equipment, such as a desk, computer equipment, telephone and chair.

## Other Definitions from the Departmental OHS Program

Employee Employer Health and Safety Representative (HSR) Management Lead Policy Health and Safety Committee (PHSC) Regional Health and Safety Advisory Committees (Regional Advisory Committees) Site Lead Workplace Workplace Health and Safety Committee (WHSC)