

COUNTY OF ALAMEDA

COMPREHENSIVE ERGONOMICS PROGRAM

March, 2011

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COUNTY OF ALAMEDA COMPREHENSIVE ERGONOMICS PROGRAM

Introduction

The County of Alameda Comprehensive Ergonomics Program (Program) is a safety program designed to prevent and/or mitigate certain work-related injuries that arise out of employees performing prolonged, repetitive motion throughout the workday. These types of injuries are called repetitive motion injuries (RMIs) or repetitive stress injuries (RSIs). In addition to preventing or mitigating RMIs, this Program can also help employees recovering from other types of injuries including, but not limited to, head/neck injuries, hand/wrist injuries, shoulder injuries, and lower back injuries.

The Program contains the following elements:

- Employee education and training
- Worksite evaluations
- Preventative ergonomic evaluation process
- Workers' compensation ergonomic evaluation process
- Exposure control methods
- Workstation modification
- Ergonomic equipment
- Ergonomic subsidy program
- Ergonomic software

Ergonomics Program

Most RMIs occur in office-type positions found throughout the 30 agencies / departments in Alameda County. Although the agencies and departments provide different types of service to the public, the work activities performed by the employees in office-type positions are essentially the same as they involve repetitive tasks throughout the day. While performing these repetitive tasks, employees are exposed to the risk of straining certain musculoskeletal tissues in their neck, shoulder, upper back regions, arms, thumb and fingers. The County recognizes these risks and has developed various methods to prevent or mitigate the injuries. The methods are employee education and training, worksite evaluation, and control of exposures.

Employee Education and Training

Each employee should have an understanding of basic body mechanics and ergonomics principles. The employee should also know the work flow and how to adjust the equipment. By using the proper ergonomics, the employee can perform the daily work efficiently and safely. To learn all this, the County provides the following education and training to the employees:

- Written training material upon assignment
- Overview of the County Ergonomic Program at the new employee orientation session
- On-line training through Target Safety
- Ergonomic classes offered by the Risk Management Unit (RMU) at the Learning Center
- Personalized preventative ergonomic evaluation upon agency / department's request or doctor's referral
- Personalized ergonomic evaluation for RMI or other types of workers' compensation claim

- Personalized ergonomic evaluation upon doctor's referral at pre-employment physical examinations

Worksite Evaluation & Control of Exposures

Another method that the County utilizes to prevent or mitigate RMIs is through worksite evaluation and exposure controls, which consist of:

- preventative ergonomic workstation evaluation
- workers' compensation ergonomic workstation evaluation
- workstation modification
- ergonomic equipment
- task modification and breaks

The worksite evaluations consist of preventative ergonomic evaluation and workers' compensation ergonomic evaluation. The County utilizes California-licensed, physical or occupational therapists that are also certified ergonomists to conduct the ergonomic evaluations. The evaluator will interview the employee and evaluate the workstation. The evaluator will then recommend exposure controls that are a combination of worksite modification, ergonomic equipment, and work flow modification.

Preventative Ergonomic Evaluation

Preventative ergonomic evaluations are provided to all employees that need the technical assistance of an ergonomic evaluator. A request for a preventative ergonomic evaluation is submitted by the immediate supervisor to the ErgoLab. It is assigned to a certified ergonomic evaluator by the RMU.

At the evaluation, the evaluator will conduct a workflow and job demand interview with the employee. The evaluator will then educate and train the employee on how to use proper ergonomic techniques, the importance in taking micro-breaks, the importance of doing stretching exercises, how to setup the workstation, and how to adjust the equipment. If needed, the evaluator may recommend workstation modifications and/or ergonomic equipment to prevent potential injuries.

When recommending ergonomic equipment, the evaluator should consult with the supervisor to verify the observations and to determine if there are alternatives. The evaluator will avoid recommending ergonomic equipment that is difficult to use or that has a poor utilization rate.

The evaluation is provided free to the employee through the ErgoLab. The workstation modification and ergonomic equipment is provided by the employee's agency/department. Once the equipment has been purchased, the department can then submit a subsidy request to the ErgoLab. In order to receive the subsidy, the evaluator must recommend the equipment and the subsidy request must be submitted within one year of the evaluation.

Workers' Compensation Ergonomic Workstation Evaluation

The workers' compensation ergonomic workstation evaluations are provided to all employees that have a workers' compensation claim that is classified as a RMI or for which the primary treating physician recommends an ergonomic evaluation. The County's workers' compensation third party administrator (TPA) sends a request to a certified ergonomic evaluator. The evaluator follows the same basic evaluation protocol as with the preventative ergonomic evaluation. The difference here is that the

evaluator will follow up on the purchase and installation of the ergonomic equipment and workstation modification until all the work-related recommendations are completed.

The workers' compensation TPA and/or RMU pays for the evaluations, follow-up visits, ergonomic equipment, and workstation modifications that are related to the workers' compensation claim and body parts injured. Any other preventative recommendations are sent by separate report to the agency / department for purchasing / implementation.

By utilizing the training, worksite evaluation, ergonomic equipment, worksite modifications, and by following safe work practices, the employee should be able to perform his/her daily tasks in a safe manner. If there are any other safety hazards in the department, the employee should report them to his/her supervisor and department safety coordinator immediately. In short, the employee should take an active role in his/her safety and well being.

Risk Management Unit

The Risk Management Unit through the ErgoLab is responsible for developing, updating, and managing the County's Comprehensive Ergonomics Program. In addition, the RMU provides the following:

- ergonomic training through on-line courses, classroom presentation, and onsite presentation
- panel of certified ergonomic evaluators
- funding for all preventative and workers' compensation ergonomic evaluations
- funding for the ergonomic subsidy program
- funding for all equipment and workstation modification recommended through the workers' compensation ergonomic evaluation

In addition to providing resources to the employees, the RMU maintains documentation of the County's ergonomic efforts in compliance with Cal/OSHA and other regulations.

Ergonomic Evaluation Process

1. Referral for Ergonomic Evaluation

- a. For preventative evaluations, the supervisor faxes a Request for Ergonomic Evaluation to RMU. RMU will then review the request for accuracy. If the request is a duplicate or if the employee had a recent evaluation, RMU will send the request back to the supervisor with the reason. If the request is valid, RMU will assign it to an ergonomic evaluator.
- b. For workers' compensation evaluations, the Claims Examiner will email/fax the request to an ergonomic evaluator and send a copy to the ErgoLab and Workers' Compensation Administrator (WCA).

2. Scheduling of Evaluation

- a. Upon receipt, the evaluator will acknowledge receipt of the referral within 1 day. The evaluator will make an appointment with the employee within 3-5 days and schedule the evaluation within 10 days from the receipt of the referral.
 - i. For preventative evaluation, the evaluator will notify the supervisor, Agency / Department designee, and ErgoLab of the appointment.
 - ii. For workers' compensation evaluation, the evaluator will notify the supervisor, Claims Examiner, WCA, ErgoLab, and Workers' Compensation Liaison.
- b. If the evaluation does not occur within the 10-day period, the reason for the delay will be noted in the report. For worker's compensation claims, the Claims Examiner will also note the reason for the delay in the claims management system.

3. Ergonomic Evaluation

The evaluation will consist of an evaluation and chair fitting (if necessary). For workers' compensation evaluations, the evaluator will also conduct a follow-up evaluation. The supervisor is encouraged to be present at the evaluation.

a. Evaluation

- i. The evaluator will obtain background information such as job duties, work flow, work schedule, flex hours, and job demands from the employee.
- ii. The evaluator will review the following with the employee:
 1. Basic body mechanics
 2. Principles of ergonomics
 3. Workflow and workstation organization
 4. Proper adjustment of equipment

- iii. The evaluator will observe the employee at his/her workstation and develop an ergonomic strategy to minimize the risk of RMI. The evaluator will photograph the improper ergonomic arrangement and include it with the report.

b. Chair Fitting

If the employee's chair cannot be adjusted to fit the employee, the evaluator will conduct a chair fitting session with the employee. If the session is delayed by more than 3-5 days, the reason for the delay will be noted in the report. For workers' compensation evaluation, the delay will also be noted in the claims management system.

c. Follow-up Evaluation (workers' compensation claim only)

- i. When the equipment has been installed and the workstation modifications have been completed, the Agency / Department designee/Worker's Comp. Liaison will contact the evaluator for a follow up evaluation. The evaluator will verify with the employee that he/she has been instructed on how to setup, adjust, and use the equipment. The evaluator will have the employee sign off on the Final Follow-up form and submit it with the report.
- ii. If the evaluator has not been contacted within eight (8) weeks of the evaluation, the evaluator is to initiate contact with the employee, ErgoLab, Workers' Comp Liaison, and/or the supervisor on the status of the recommendations. If there are any incomplete recommendations and/or any new recommendations, the evaluator will fax/email the list to the supervisor, ErgoLab, Workers' Comp Liaison, WCA, and Claims Examiner within three (3) days of the follow-up evaluation regarding the status of the evaluation, recommended further follow-up, and return-to-work status of employee.

d. Recommendations

The evaluator will recommend ergonomic equipment and workstation changes that are needed by the employee and that are based on sound ergonomic principles. The evaluator will, within 1-3 days of the evaluation, submit a list of the equipment and/or diagram of the workstation modification to the supervisor, ErgoLab, and Claims Examiner (workers' compensation claim only).

For workers' compensation claims, the evaluator will submit recommendations that are related to the claim in the report. For recommendations that are not related to the claim, i.e. preventative, the evaluator should submit a separate list of recommendations to the agency / department representative.

4. Reports

The evaluator should send a report within ten (10) days of the evaluation, chair fitting, and follow-up evaluation. The report will document background information, observations, training provided, photographs, risk factors and recommendations.

The reports will be sent to the following:

- Preventative evaluation: Supervisor, ErgoLab, Risk Analyst, Safety-ergonomic departmental representative and Assistant Risk Manager.
- Workers' Compensation: Supervisor, Claims Examiner, ErgoLab, Physician, Agency / Department Workers' Compensation Liaison, WCA, and Assistant Risk Manager.

5. Workstation Modification and Ergonomic Equipment

In response to the recommendations, the Agency / Department representative or the ErgoLab is to take the following steps:

a. Workstation Modification

- Preventative: The Agency / Department designee will submit a work order to GSA along with a copy of the diagram of the workstation to be modified within five (5) business days. The agency / department is responsible for the cost of the modification.
- Workers' Compensation: The ErgoLab will submit a work order to GSA along with a diagram of the workstation to be modified within five (5) business days. The ErgoLab is responsible for the cost of the modification.

b. Ergonomic Equipment

- Preventative: The Agency / Department designee will order the equipment within five (5) days of receiving the list, track the order and pay for the equipment.
- Workers' Compensation: The ErgoLab will order the equipment within five (5) days of receiving the list and will track the order. The Claims Examiner will pay for the equipment. For equipment that is not related to the claim, the ErgoLab will verify with the agency/department designee that it will order the equipment, track the order and pay for the equipment.

6. Other Considerations

In addition to the evaluation of the physical setting, the evaluator will also consider the following factors:

- Is the employee's workstations cluttered?
- Does the employee work at multiple workstations / work sites?
- Can the employee use voice-activated software?
- Can the employee be moved to a different work area?
- Can the employee benefit from using ergonomic software for stretches and breaks?

Note: If employees are assigned to work in mobile or home offices, ergonomic evaluations on not provided on a preventative basis. Refer to Agency/Departmental Program Guidelines for Telecommuting and Mobile Work Programs.



County of Alameda

Request for Preventative Ergonomic Evaluation

This form is to be completed by an Employee, Supervisor, or Agency/Department designee. It requires the signature of the Supervisor and the Agency / Department designee before an ergonomic evaluation can be scheduled.

Employee/Work Unit Name: _____ Date: _____

If a work unit is to be evaluated, # of employees: _____

(Please attach a list of employees' names, worker #, phone, and QIC)

Agency/Dept.: _____

Email: _____

Address: _____

Floor/ Room /Suite #: _____

Phone: _____

Employee #: _____

QIC: _____

Reason for this request:

☐ Prevention

☐ Discomfort/Pain

Where: _____

☐ Relocation/new workstation

☐ Other: _____

☐ Doctor's order (*please attach document*)

Previous evaluation done? No ☐ Yes ☐ (Preventative ☐ OR Workers' Compensation ☐)

If YES: Date of prior evaluation: _____ Where: _____

Reason for second evaluation: _____

If an individual, is there an open or closed workers' compensation case? Yes ☐ No ☐

If YES: Date of injury: _____

Supervisor: _____ E-mail: _____ QIC: _____

(Please print)

Signature: _____

Phone: _____

Agency / Department Designee: _____ Phone: _____

(Please print)

Agency / Department Designee signature: _____ Date: _____

After Supervisor and Agency / Department designee have signed, this form is to be sent to:

Risk Management Ergo Lab: ergolab@acgov.org Phone: 510-272-(2) 6920 / Fax: 510-272-(2) 6815 / QIC: 28505

Request for Workers' Compensation Ergonomic Evaluation
(To be completed by the Claims Examiner)

Vendor: _____

Email Address: _____

Employee Information:

Name of Employee: _____

DOI: _____

Claim #: _____

Work Phone #: _____

Body Part: _____

Department: _____

Occupation: _____

Work Status: _____

Workstation Info:

Address: _____

Supervisor: _____

Phone Number: _____

Treating Physician:

Name: _____

Address: _____

Phone # & Fax #: _____

This Request is Made By:

Adjustor / Company _____

Email Address: _____

Telephone Number: _____

Date: _____

Copy of this request is to be emailed to: ergolab@acgov.org, Workers' Compensation Administrator, and Agency/Department Workers' Compensation Liaison

Sample

Employee: E.C. Evaluator: P.C., OTR/L, MBA, CAE, CEAS

Evaluation Date: December 28, 2010 Claim No: 2010xxxxxxx

Department: Any Department Location: 12345 Main Street, Anytown, CA

Phone No.: 510-555-5555 e-mail ec@acgov.org

Supervisor Name: I.M. Supe Phone No.: 510-555-1234

Workers Compensation Equipment Recommendations
Risk Management orders and provides
Dr. Grip Pen: Model# PIL-36270.
Microsoft Ergonomic Wireless Keyboard: Model# WTA-00001
Solemate Adjustable Footrest: Model# KMW-56146.
Swingline desktop stapler: Model# ACI-1122.
Facility Changes
None
Other Recommendations
The employee will center the monitor on the desk.

Instruction: Fax this list of recommendations to the ErgoLab within 1-3 days of the initial evaluation.



Workers' Compensation Ergonomic Workstation Evaluation - Follow-Up Report
(Within 8 weeks of initial evaluation maximum)

Name of Employee: _____ Work Phone #: _____

Department: _____ Work Site/Location: _____

Position: _____ Date of Incident: _____ Claim #: _____

Immediate Supervisor: _____ Phone #: _____

Evaluation:

Initial Completed By: _____ on _____

Follow-up Completed By: _____ on _____

All Equipment to be Ordered / Workstation Modifications	Equipment Provided / Installed (check)	Instructions Provided (check)

(Evaluator to attach photo of the ergonomic workstation).

Equipment or workstation modification issues that are still outstanding are: _____

Signature of Evaluator: _____ Date: _____

cc: Ergolab
Workers' Compensation Claims Examiner
Agency/Department Workers' Compensation Liaison
Workers' Compensation Administrator



Workers' Compensation Ergonomic Workstation Evaluation – Final Report

Name of Employee: _____ Work Phone #: _____

Department: _____ Work Site/Location: _____

Position: _____ Date of Incident: _____ Claim #: _____

Immediate Supervisor: _____ Phone #: _____

Evaluation:

Initial Completed By: _____ on _____

Follow-up Completed By: _____ on _____

All Equipment to be Ordered / Workstation Modifications	Equipment Provided / Installed (check)	Instructions Provided (check)

Signature of Evaluator: _____ Date: _____

I certify receipt of equipment and instructions on usage of the above equipment. I understand that the County's Risk Management Unit purchased the ergonomic equipment for my workers' compensation claim. I also understand that my department and I are responsible for maintaining and replacing the equipment should they be damaged, lost, or moved. I understand that all of the equipment belongs to the County of Alameda. Should I no longer be employed by the County of Alameda, I will notify the Risk Management Unit at (510) 272-6920.

Signature of Employee: _____ Date: _____

cc: ErgoLab
Workers' Compensation Claims Examiner
Agency / Department Workers' Compensation Liaison
Workers' Compensation Administrator



COUNTY OF ALAMEDA REQUEST FOR ERGONOMIC EQUIPMENT SUBSIDY

(To be completed by the Agency/Department designee)

Name _____

Department _____

Telephone Number _____ QIC _____

Total Amount of this purchase. (Attach documentation) \$ _____

Total Amount of subsidy requested: \$ _____

Fund # _____ Org # _____ Acct # _____ Program # _____

Date of Purchase(s): _____ (Purchases and subsidy request must be submitted to the RMU within 1 year of the evaluation)

Description of items purchased & cost (include a copy of the manufacturer's description):

Please answer the following:

Y N N/A

- ☐ ☐ ☐ If the subsidy request is for a group of employees, has the entire group received ergonomic training (via Target Safety or classroom instruction)?
- ☐ ☐ ☐ If the subsidy request is for an employee, has he/she received ergonomic training (via Target Safety or classroom instruction)?
- ☐ ☐ ☐ Has an approved ergonomic specialist conducted a workstation evaluation in regard to this request?
- ☐ ☐ ☐ Was the equipment recommended by an approved ergonomic evaluator?
- ☐ ☐ ☐ Does the Agency/Department have an active safety and health committee?
- ☐ ☐ ☐ Has the Ergonomic Policy been included in your IIPP?

Signature _____

Date _____

Cc: Risk Analyst (RMU)

Subchapter 7. General Industry Safety Orders
Group 15. Occupational Noise
Article 106. Ergonomics

§5110. Repetitive Motion Injuries.

(a) Scope and application. This section will apply to a job, process, operation where a repetitive motion injury (RMI) has occurred to more than one employee under the following conditions:

- (1) Work related causation. The repetitive motion injuries (RMIs) were predominantly caused (i.e. 50% or more) by a repetitive job, process, or operation;
- (2) Relationship between RMIs at the workplace. The employees incurring the RMIs were performing a job process, or operation of identical work activity. Identical work activity means that the employees were performing the same repetitive motion task, such as but not limited to word processing, assembly or, loading;
- (3) Medical requirements. The RMIs were musculoskeletal injuries that a licensed physician objectively identified and diagnosed; and
- (4) Time requirements. The RMIs were reported by the employees to the employer in the last 12 months but not before July 3, 1997.

(b) Program designed to minimize RMIs. Every employer subject to this section will establish and implement a program designed to minimize RMIs. The program will include a worksite evaluation, control of exposures which have caused RMIs and training of employees.

- (1) Worksite evaluation. Each job, process, or operation of identical work activity covered by this section or a representative number of such jobs, processes, or operations of identical work activities will be evaluated for exposures which have caused RMIs.
- (2) Control of exposures which have caused RMIs. Any exposures that have caused RMIs will, in a timely manner, be corrected or if not capable of being corrected have the exposures minimized to the extent feasible. The employer will consider engineering controls, such as work station redesign, adjustable fixtures or tool redesign, and administrative controls, such as job rotation, work pacing or work breaks.
- (3) Training. Employees will be provided training that includes an explanation of:
 - (A) The employer's program;
 - (B) The exposures which have been associated with RMIs;
 - (C) The symptoms and consequences of injuries caused by repetitive motion;
 - (D) The importance of reporting symptoms and injuries to the employer; and
 - (E) Methods used by the employer to minimize RMIs.

- (c) Satisfaction of an employer's obligation. Measures implemented by an employer under subsection (b)(1), (b)(2), or (b)(3) will satisfy the employer's obligations under that respective subsection, unless it is shown that a measure known to but not taken by the employer is substantially certain to cause a greater reduction in such injuries and that this alternative measure would not impose additional unreasonable costs.

Note: Authority cited: Sections 142.3 and 6357. Labor Code. Reference: Sections 142.3 and 6357. *Pulaski v. Occupational Safety & Health Standards Board*. (1999) 75 Cal.App.4th 1315 [90 Cal. Reporter 2d 54].

HISTORY

1. New article 106 (section 5110) and section filed 6-3-97; operative 7-3-97 (Register 97, No. 23).
2. Editorial correction of subsection (b) (1) (Register 97, No. 29).
3. Change without regulatory effect repealing subsection (a)(4) Exemption and amending Note filed 4-28-2000 pursuant to section 100, title 1, California Code of Regulations (Register 2000, No. 17).

Frequently Asked Questions about Workstation Ergonomics

1) Q. What is "ergonomics"?

A. Ergonomics is the science of adjusting your work environment to fit your body so that there is minimal stress to the body and minimal stress to the body parts that are doing the work.

2) Q. What is the best room lighting to help reduce eye strain while keyboarding?

A. The most important aspect of lighting is to reduce glare and bright reflections from your screen, nearby glass, or shiny surfaces. Since exterior lighting angles will change during the day this may require several adjustments to the monitor, overhead lights and window blinds while working. If you are over 30, make sure your eyes are examined periodically every two-three years. If you need corrective lens, make sure your optometrist knows about your monitor use. There are eye glasses / contact lens designed for computer use. Be sure to look away from your screen at least once every 30 minutes and focus on something over 20 feet away to relax the eye muscles.

3) Q. What is the best position for the monitor at my workstation?

A. The keyboard and monitor should be placed directly in front of your normal sitting position. The screen should be about an arm's length from your body. The top of the monitor should be at eye level because the eyes are at their most comfortable position straight ahead but slightly downward. Your head should also be balanced above your shoulders with the least muscular effort.

4) Q. Is there an optimum placement for my mouse?

A. Mouse position should be on the same level as the keyboard on a keyboard tray so that mouse use does not create a twisted or reaching posture. Ideally, a keyboard tray should have a mouse tray on the right and left side of the keyboard so that the user can alternate hands for mousing.

5) Q. Is there an optimum screen brightness and color scheme to help prevent eye strain?

A. Black characters against a light gray background are often easiest on the eyes for long periods. The contrast and brightness should be adjusted to create the brightest screen without blurring.

6) Q. How should my other work and accessories be placed?

A. Frequently used items should be within arm's reach from your keyboarding position. A document holder should be set at the same height and distance as the screen so that your eyes don't need to change focus frequently. Frequent use of the telephone while keyboarding may require a headset to avoid bending the neck to hold the telephone while keyboarding.

7) Q. What is the proper posture for my wrists and hands while keyboarding?

A. The proper position is the "neutral" position where the knuckles, wrist, and top of the forearm should form a straight line. If the wrists are bent in order to use the keyboard, a wider keyboard should be used.

The hands should be in a "floating" position over the keyboard. You should use the lightest finger pressure during keyboarding. Be sure to take frequent micro-breaks to relax the shoulder muscles.

8) Q. What is the best elbow and shoulder position while keyboarding?

A. The elbows should form a 90 degree angle while “hanging” at your sides from the shoulders. It is important that the shoulders remain relaxed in a lowered position during keyboarding.

9) Q. What is the best seat height for keyboarding?

A. The seat height should allow the upper body postures described in the wrist, elbow, and shoulder sections. Once this is accomplished, the feet should be flat on the floor. If the resulting seat height prevents the feet from resting flat on the floor, a footrest may be necessary to allow the lower legs to be in the vertical position, thighs to be in a horizontal position, and feet to be flat on the floor.

10) Q. What features should I look for in the backrest of a chair?

A. The backrest should provide firm support for the inward curve of the lower spine (lumbar) and outward curve of the upper spine (thoracic).

11) Q. What other characteristics of a chair are important?

A. The seat of the chair should be large enough to accommodate frequent changes in position and firm enough to allow your weight to be supported through the buttocks, not the thighs. The seat pan should not be so large that it puts pressure on the back of the lower legs.

12) Q. How often should I change positions and take breaks during keyboarding?

A. You should change your sitting position at least every 15 minutes. Active breaks should be taken at least every 30 minutes especially for those who perform more than 2 or 3 hours of keyboarding a day. Micro-breaks should occur more often.

13) Q. What is an "active break" and what is a "micro-break"?

A. An active break occurs when you stop keyboarding to do other things, like take phone calls, file papers, or get up to get a drink of water. An active break should also include specific stretching exercises. These exercises can also be performed during keyboarding micro-breaks which occur while seated at your workstation. A micro-break is when you stop keyboarding for 30 seconds-one minute to stretch and/or relax. Some of the exercises are:

- "Shoulder Blade Squeeze" is performed by raising your forearms and pointing your hands to the ceiling. Push your arms back, squeezing your shoulder blades together. Hold for at least 5 seconds and repeat 3 times.
- "Eye Palming" is performed by placing your elbows on your desk, cup your hands, close your eyes, and place your eyelids gently down onto your palms. Hold this position for 1 minute while breathing deeply and slowly. Then uncover your eyes slowly.
- "Arm and Shoulder Shake"--drop your hands to your sides then shake your relaxed hands, arms, and shoulders gently for at least 5 seconds and repeat 3 times.
- "Spanning"--place your arms straight in front of you and spread your fingers as far as possible for at least 5 seconds and repeat 5 times. With the arms extended in front of you, spanning can be combined with a "Forearm Extensor Stretch", by turning the hands so that their backs touch then, turning them so that the palms face the ceiling.

14) Q. What lifestyle changes can I make to reduce the chances of RMI's?

A. Three main themes permeate ergonomic study of RMI prevention: posture, relaxation, and stretching/strengthening.

Appropriate posture is necessary to keep the strain of performing work in a near stationary position (static exertion) to a minimum. Even the best posture can fall prey to overload when combined with bad work habits.

Relaxation is critical to the body's resilience and its ability to recover from keyboarding. Office workload dynamics, both good and bad, can have a great influence on the occurrence of RMI. Office policies should emphasize a steady work schedule and avoid, or at least distribute, crisis deadlines.

Stretching and strengthening active muscles promotes relaxation. Relaxation is as important for prevention of RMI symptoms as it is for general well-being. Do activities that promote your general fitness both at and away from work such as:

- Exercise regularly
- Cut down on stimulants like coffee, sweets, or nicotine
- Consume healthy snacks and drink plenty of water throughout the day
- Fruit and vegetable snacks prevent mid-morning and mid-afternoon blood sugar drops
- Develop reliable sleeping patterns and time for yourself
- Wear appropriate shoes so that you do not strain your lower back while walking

15) Q. What happens to my equipment if I move to another workstation or dept/agency?

A. If they are purchased as a result of a workers' compensation claim, they should be moved to your new workstation or dept/agency, if they are still needed to perform your job.

16) Q. What happens if my equipment is lost, is broken, or is in need of upgrading?

A. The agency/department is responsible for replacing equipment that is lost, broken, or in need of upgrading.

17) Q. What is voice activated software (VAS)?

A. It is a computer program that enables an employee to perform word processing without using the keyboard and mouse constantly. The employee would speak into a microphone and the software would convert the spoken words into written words onto the program application that the employee is using.

18) Q. Who pays for the VAS?

A. If the VAS is recommended through a preventative ergonomic evaluation, the Agency / Department is responsible for purchasing the software and the hardware. The Agency / Department can then submit an Ergonomic Subsidy request through the RMU for partial reimbursement. If the VAS is recommended through a workers' compensation evaluation or by the employee's primary treating physician, the workers' compensation third party administrator would pay for the software and training. If the manufacturer later develops an advanced version of the VAS and the employee needs it, the TPA would also pay it. The agency/department is responsible for all hardware and memory upgrades and for the maintenance of the computer.