



OMPA PROGRAM 23 ERGONOMICS PROGRAM

Date

Assessment Date

Command Name

Date of Command Brief

Assessment completed by

Clinic Name

Program Purpose

Ergonomics is essentially fitting the workplace to the worker. It involves the application of knowledge about human capacities and limitations to the design of workplaces, jobs, tasks, tools, equipment, and the environment. The goal of ergonomics in the workplace is to (1) Prevent injuries and illnesses by reducing or eliminating worker exposure to occupational hazards. These hazards include: awkward postures, repetition, force, mechanical compression, duration, vibration, temperature extremes, excessive noise levels, inadequate lighting, and improper ventilation.; (2) Reduce the potential for fatigue, error, or unsafe acts; and (3) Increase effective, efficient work.

Program Goals

An effective ergonomics program prevents injuries /Illnesses by applying ergonomics principles to identify, evaluate, and control ergonomic risk factors for work-related musculoskeletal disorders (WMSDs). WMSDs involve damage to muscles, tendons, tendon sheaths, bones, and nerves. They may also be known as repetitive strain injuries (RSI); cumulative trauma disorders (CTDs) and overuse syndrome. The DOD Ergonomics Working Group has issued program requirements and procedures for the development and management of an effective ergonomics program (reference i). A command's ergonomics program shall be addressed in a local written guideline and/or protocol that addresses: 1. Early recognition of WMSDs, 2. Evaluation and investigation of musculoskeletal complaints 3. Treatment and medical management of diagnosed occupational WMSDs 4. Review and evaluation of the command's light duty or restricted duty program for compliance with ergonomic medical limitations/restriction 5. Education and training for employees /supervisors on workplace ergonomics and the prevention of WMSDs.

SUPPORTING DATA






Regulations, Instructions, and References

Select which type of access you have for each of the references listed

(a) OSHA Ergonomics E-Tools for Computer Workstations	Hardcopy	Electronic	None
(b) OSHA 3341-03N, (2008) <i>"Ergonomics for the Prevention of Musculoskeletal Disorders Guidelines for Shipyards"</i>	Hardcopy	Electronic	None
(c) NIOSH Publication No. 2007-131, (2007) <i>"Ergonomic Guidelines for Manual Material Handling"</i>	Hardcopy	Electronic	None
(d) NIOSH Publication No. 97-141, (1997) <i>Musculoskeletal Disorders and Workplace Factors: A Critical Review"</i>	Hardcopy	Electronic	None
(e) NIOSH Publication No. 97-117, (1997) <i>"Elements of Ergonomics Programs: A Primer Based on Workplace Evaluations of MSD"</i>	Hardcopy	Electronic	None
(f) DOD Tech Guide 220 (2008) <i>"Ergonomics in Action"</i>	Hardcopy	Electronic	None
(g) DOD Ergonomics Working Group Tools <i>"www.ergoworkinggroup.org"</i>	Hardcopy	Electronic	None
(h) DOD Computer/Electronic Accommodations Program (CAP) <i>"Workplace Ergonomics Reference guide 2nd Edition"</i>	Hardcopy	Electronic	None
(i) OPNAVINST 5100.23 Series, (current edition) <i>"Chapter 23 Ergonomics Program"</i>	Hardcopy	Electronic	None
(j) NAVY SAFETY CENTER, (website, current) <i>"Human Factors Engineering (HFE) and Ergonomics"</i>	Hardcopy	Electronic	None
(k) NMCPHC Occupational Health Program Evaluation Guide <i>"Ergonomics"</i>	Hardcopy	Electronic	None

Tracking and Program Management Tools
INSTRUCTIONS

This Occupational medicine Program Assessment tool is designed as an interactive self-assessment picture of the program being review. Using the color coded scoring range of 1/RED (absolute system failure and noncompliance) to the highest score 5/GREEN (perfect compliance and best practice methods). Any score 3 or lower will require a validation comment in the space provided. This does not mean you cannot add comments of your choice .

#	Assessment Questions	Response
23.01	Does your clinic professional staff (provider and/or nurse) collaborate with and assist the commands in your AOR on their ergonomics programs?	
23.02	Is Occupational Medicine consulted for personnel with complaints or symptoms of WMSDs?	
23.03	For positions that involve significant risk for WMSDs, does Occupational Medicine assist the customer command and/or human relations office in reviewing the presence and adequacy of existing physical requirements of the job and make recommendations for improvement to the command?	
23.04	How does your clinic monitor or review WMSD or CTD trends using appropriate logs or records that include the elements: (1) body part involved (2) nature of injury/illness (3) date and time symptoms developed (4) frequency and severity of symptoms (5) job title or description (6) light duty or restrictions (7) lost work time (8) length of treatment or restrictions?	
23.05	Is workplace ergonomics training provided during command or unit indoctrination/orientation for all personnel? <i>(This may include ESAMS online training)</i>	
23.06	Have your clinic OM professionals attended or received ergonomics training through the Navy Safety Center or equivalent?	

ADDITIONAL COMMENTS:

Provide specific information to support your responses from the questions above in the space provided below

DASHBOARD REPORT

The importance of assessing and scoring your program for successes and challenges cannot be underestimated in value. The scoring results of this assessment will be reviewed by your program manager or regional nurse to better assist, support and mentor your clinic as needed. If during the self-assessment process above you have determined that your program needs improvement (or you have a total program score of 3,2, or 1) you must complete the performance Improvement plan section of this OMPA Tool.

BASED ON YOUR SELECTED RESPONSES TO THE ASSESSMENT ITEMS ABOVE

YOUR SCORE



General Color Dashboard Definitions

Full compliance. No changes or improvements necessary during this assessment period or minor updates, changes, or improvements needed for compliance during this assessment period
(No additional follow-up performance improvement plan (PIP), assist visit, or report necessary)

Caution Need Improvement. Major updates, changes, or improvements needed for compliance during this assessment period.
(Performance improvement plan (PIP) for this program is required to bring program to green)

Danger Significant Challenges or System Failure. Major missing, non-compliant, unsupported components or no program viability or compliance during this assessment period.
(Performance improvement plan (PIP) and a support/assist visit from program manager/regional nurse and CO notification is required for this program)

SUBMISSION and PRINT SECTION

When you have completed each block be sure to save an electronic copy for your records (change the name of the document first and print a hard copy as needed for your chain of command). Submit your form to your program manager or regional nurse by attaching your saved document to an email.

REMEMBER!! If your program has a <3 you must complete the PIP portion at the end of this tool before submitting your document.

CONGRATULATIONS!
YOU HAVE COMPLETED THE PROGRAM 23
ERGO!

PROCESS IMPROVEMENT PLAN

If during the self-assessment process above you have determined that the PROGRAM INTEGRATION program needs improvement (or you have a total program status of <3) complete the following PIP. This is an ongoing plan that must be updated until your program status has improved to >3.

Date PIP initiated: _____

Describe your plan including steps for success in the box below then proceed to submission section:

Date of PIP update #1

Enter 1st PIP status and update information in box below:

HAS YOUR PROGRAM IMPROVED TO >3? <i>(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)</i>	YES	NO
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Date of PIP update #2

HAS YOUR PROGRAM IMPROVED TO >3? <i>(If YES no additional PIP is needed. If NO proceed with PIP and update at required interval)</i>	YES	NO
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Date of PIP update #3

HAS YOUR PROGRAM IMPROVED TO >3? <i>(If YES no additional PIP is needed. If NO --CONTACT YOUR COMMAND OM CONSULTANT OR REGIONAL MANAGER FOR ASSISTANCE)</i>	YES
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