The Manitoba Workplace Safety and Health Act and Regulations, Part 8.1 states "when an employer is aware, or ought reasonably to have been aware, or has been advised, that a work activity creates a risk of musculoskeletal injury, the employer must

a) ensure that the risk is assessed; and
b) on the basis of the assessment, implement control measures to eliminate or reduce, so far as is reasonably practicable, the risk of musculoskeletal injury to the worker."

The Manitoba Workplace Safety and Health Act and Regulations, Part 8.2 states "an employer must ensure that every worker who may be exposed to a risk of musculoskeletal injury

a) is informed of the risk and of the signs and common symptoms of any musculoskeletal injury associated with the worker's work; and
b) receives instructions and training respecting any control measures implemented by the employer."

Musculoskeletal injury is defined as an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue including a sprain, strain or inflammation, that may occur to a worker in a workplace and that is caused or aggravated by any of the following:

**Repetitive Motion:** Performing the same sequence of actions for an extended period of time with little or no change in the muscles used (i.e. working at your computer).

**Forceful Exertion:** Performing an action that has the potential to overload the body tissues (i.e. carry a heavy item up stairs).

**Vibration:** The direct transfer of repeating (back and forth) movements of a machine, or tool, to the body. Vibration can be classified as hand-arm (i.e. using a vibrating hand tool for prolonged periods) or whole body vibrations (i.e. vibration transmitted through a vehicle cab to the operators' body).

**Mechanical Compression:** External pressure on the soft tissues, either at high forces and/or for prolonged periods of time (i.e. leaning on a barrier; resting a hand, wrist, or elbow on the desk while typing; or tools digging into the hand).

**Sustained or Awkward Posture/Limitation on Motion or Action:** Work elements (tools, workstations, processes, etc.) that force the worker to adopt body positions that increase the stress on the joints or soft tissues of the body (i.e. twisting the upper body, and over-reaching). Some examples are: muscle strain, tendon and/or ligament sprain and circulatory disorders.
Council is required to develop a Community Ergonomic Plan. The Community Ergonomic Plan includes five components as follows:

1. Risk Assessment
2. Control Measures
3. Workers to be Informed (Training)
4. Monitoring the Community Ergonomic Plan
5. Required Documentation

The following steps outline how to develop your Community Ergonomic Plan:

**Step #1 - Assessing Risk**

Council must determine whether or not a risk assessment is required for each employee utilizing the Symptoms Survey as found in Appendix I-C-2. Complete Appendix I-C-1 - Assessment - Employee Inventory to assist with assessment requirements.

All new employees must be assessed **within 1 month of their start date** to ensure the following:

- that employees are working in an economically correct manner; and
- that council addresses injuries that occurred while in council's employ.

If an assessment is required, the assessment should be conducted in consultation with the management and employee Workplace Safety and Health (WSH) representatives utilizing the following appendices:

**Office Employees**

Employees working at a desk and/or computer workstation and who are positioned in this regard for at least 6 hours/day must complete Appendix I-C-2 - Symptoms Survey. If the Symptoms Survey indicates a need, proceed to assess the employee utilizing Appendix I-C-5 - Office Ergonomics Risk Factor Checklist.

**Field Employees**

Employees that work in the public works program (i.e. public works employee, water operator etc.) must complete Appendix I-C-2 - Symptoms Survey. If the Symptoms Survey indicates a need, proceed to assess the employee utilizing Appendix I-C-7 - Field Employees Risk Assessment.

The Department is available to assist to complete the assessments.
Once the assessment is conducted Appendix I-C-8 - Confirmation of Assessment Completion Form must be completed.

The signed assessment form must be filed in the designated WSH filing system and kept indefinitely to ensure accountability.

**Step #2 - Control Measures**

If the assessment determines that there is a risk(s) to an employee, council must develop and implement control measures.

Examples of control measures related to office ergonomics are provided in Appendix I-C-5 - Office Ergonomics Risk Factor Checklist. Examples of other control measures can be found in Appendix I-C-11 - Common Control Measures.

Control measures are defined as:

- **Engineering Controls**
  - provide, positioning and maintaining equipment that is designed and constructed to reduce or eliminate the risk Example: computer workstations

- **Administrative Controls**
  - developing and implementing safe work procedures
    Example: manual lifting
  - employee training

- **Personal Protective Equipment**
  - Examples of a personal protective equipment control measure could include placing a glove on a hand will increase the grip force required to perform work since the finger tips will be unable to determine if the hand is slipping or not OR wearing padding for the knees if employees must kneel exposing themselves to injury

The Department is available to assist to develop control measures.

**Step #3 - Employees to be Informed (Training)**

The following training is required:
1. **Training for All Employees**

Council must ensure that all employees are trained on the signs and symptoms of musculoskeletal injuries (regardless of whether or not the employee works at a desk for at least 6 hours every day).

Council can facilitate this training by distributing Appendix I-C-9 - Signs and Symptoms of Musculoskeletal Injuries Handout to all employees. Employees must sign Appendix I-C-10- Confirmation of Training Completion Form.

2. **Training for Employees that are Determined to be at Risk**

Where a risk has been identified as a result of the assessment, council must ensure:

   a. that utilizing the information recorded during the assessment, control measures are developed and implemented.

      The Department is able to assist in control measure development and implementation.

   b. those employees who may be at risk, are trained on control measures.

   The Department will provide training on control measures for those employees (and their supervisors) that may be at risk. Once training is completed, council must ensure that Appendix I-C-10 - Confirmation of Training Completion Form is completed.

   Employee training records must be signed and filed in the designated WSH filing system and kept indefinitely to ensure accountability.

**Step #4 - Monitoring the Community Ergonomic Plan**

Council should monitor the effectiveness of the control measures and where this identifies that a risk is not being or has not been eliminated or reduced, implement additional control measures.

**Step #5 - Required Documentation**

Appendix I-C-1 - Assessment - Employee Inventory  
Appendix I-C-2 - Symptoms Survey  
Appendix I-C-5 - Office Ergonomics Risk Factor Checklist  
Appendix I-C-7 - Field Employees Risk Assessment Forms  
(Winter & Summer Job Functions)
Appendix I-C-8 - Confirmation of Assessment Completion Form
Appendix I-C-9 - Signs and Symptoms of Musculoskeletal Injury (MSI) Handout
Appendix I-C-10 - Confirmation of Training Completion Form
Appendix I-C-11 – Common Control Measures
Appendix I-C-12 - Request for Funding Assistance
If the assessment identifies control measures requiring funding (i.e. new chair, workstation, foot rest, etc.). Complete Request for Funding Assistance. This must be forwarded to the regional office annually.

Community Responsibilities

Council must ensure that:

- a Community Ergonomic Plan is developed and implemented;
- new employees are assessed, where required, within 1 month of their start date; and
- appropriate documentation is completed, signed and filed as required.

Attachments

Appendix I-C-1 Assessment Employee Inventory
Appendix I-C-2 Symptoms Survey
Appendix I-C-4 Risk Factor Definitions
Appendix I-C-5 Ergonomic Risk Factor Checklist
Appendix I-C-6 Physical Demands Analysis (PDA)
Appendix I-C-7 Field Employees Risk Assessment Form
Appendix I-C-8 Confirmation of Assessment Completion Form
Appendix I-C-9 Signs and Symptoms of Musculoskeletal Injury (MSI) Handout
Appendix I-C-10 Confirmation of Training Completion Form
Appendix I-C-11 Common Control Measures
Appendix I-C-12 Request for Funding Assistance

Note additional information can be found on the Department of Labour and Immigration website as follows:


www.gov.mb.ca/labour/safety/bulletins as follows:

- #232 - Making Your Computer Workstation Fit You
- #233 - Ergonomic Hazards of the Seated Posture
A Safe Workplace
A Workplace Safety and Health Manual for Your Community

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- #234 - Office Ergonomics Neck/Shoulder Area Hazards
- #235 - Office Ergonomics Arm/Hand/Wrist Hazards
- #246 - Safe Lifting
- #248 - Manual Materials Handling