

Ergonomics/Repetitive Motion Injury Prevention Plan

[Practice Name]
[Address]
[Telephone Number]

California state law requires employers to establish and implement an ergonomics program designed to minimize RMIs when 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;
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 employers in the last 12 months but not before July 3, 1997.

Although the law requires implementation of the plan after the second injury, prevention of RMIs should be a focus for both yourself and your staff. RMIs may have long-term implications and are costly. To prevent RMIs, evaluate your worksite to minimize possible exposures.

Requirements of your Ergonomics Program

1. Worksite Evaluation

The worksite shall be evaluated for work actions, processes or operations that have contributed to RMIs.

2. Control of Exposures

Ensure that there is adequate workspace and unobstructed access to both sides of the patient. The equipment and furniture should be adjustable to minimize leaning, twisting and reaching and allow employees to maintain neutral body postures.

Use neutral hand and body postures whenever possible.

Use sharp, lightweight instruments with large diameter handles and ultrasonic scalers whenever possible to reduce the required force and number of repetitions.

Use properly fitted gloves. Left and right-handed gloves often provide a better fit than ambidextrous gloves. Nitrile exam gloves also may be considered.

Appointments should be scheduled to spread out heavy scaling work and include other tasks (e.g., instrument sterilization, x-rays, patient education) which allow muscles to rest from the tasks that contribute to RMIs.

When lifting a heavy box, lift using leg muscles and keeping the back straight. Keep the load

close to the body. Try to limit lifting below the knee and above shoulder height. Ask for assistance when necessary.

3. Training

Provide training for employees which includes the exposures associated with RMIs, the symptoms and consequences of RMIs, the importance of reporting symptoms and injuries to the employer, and what type of program the employer has to minimize RMIs.

Additional Considerations for Computer Work:

- The computer monitor and keyboard should be directly in front of the operator.
- The wrists should be kept in a neutral (straight) position.
- The elbows and knees should be bent at approximately a 90 degree angle.
- The top of the monitor should be at eye level, or slightly below.
- Feet should be flat on the floor or on a footrest.

Checklist for Ergonomics/Repetitive Motion Injury Prevention Plan

1. Equipment:

- Sharp, ergonomically designed instruments
- Properly fitting gloves
- Adjustable chairs, furniture
- Adjustable instrument trays

2. Employee Training Checklist:

- Trained in aspects of ergonomics programs
- Informed of exposures associated with RMIs
- Informed of symptoms and consequences of RMIs
- Instructed in importance of reporting symptoms
- Trained in methods used to minimize RMIs

Training Resources for Ergonomics/Repetitive Motion Injury Prevention Plan

1. Evaluating dental office ergonomic risk factors and hazards, *JADA*, February 1998, jada.ada.org
2. Preventing musculoskeletal disorders in clinical dentistry, *JADA*, December 2003, jada.ada.org
3. California Division of Occupational Safety and Health (Cal/OSHA), Ergonomics for Dental Offices poster, www.dir.ca.gov/dosh/dosh_publications/dentpos2.pdf

Ergonomics/Repetitive Motion Injury Prevention Plan Individual Training Documentation

[Practice Name]

Name of Trainer: _____

Training Subject: Ergonomics/Repetitive Motion Injury Prevention Plan

Training Materials Used: _____

Name of Employee: _____

Date of Hire/Assignment: _____

I, _____ hereby certify that I received training as described above.

I understand this training and agree to comply with the safety procedures for my work area.

Employee Signature

Date

Copy this blank page for each employee who will be trained. Make additional copies for future employees. Place a completed copy in employee personnel file or other appropriate employee file.