UNITED STATES MARINE CORPS
MARINE CORPS LOGISTICS BASE
814 RADFORD BOULEVARD
ALBANY, GA 31704-1128

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BASE ORDER 6260.4

From: Commanding Officer
To: Distribution List

Subj: ERGONOMICS PROGRAM

Ref: (a) NAVMC DIR 5100.8
(b) OPNAVINST 5100.23G

1. Situation. This order establishes an ergonomics program aboard Marine Corps Logistics Base, Albany (MCLB Albany).

2. Mission. The purpose of this program is to provide our employees with well-designed jobs, equipment, and workplaces that enhance their safety and health, productivity, and job satisfaction.

3. Execution

a. Commander's Intent. The intent of this program is to eliminate or reduce employee exposure to ergonomic hazards. Collateral effects of a sound ergonomic program include: reduced injury compensation costs, improved employee job satisfaction and comfort, and increased employee productivity.

b. Concept of Operations. The ergonomics program aboard MCLB Albany will be implemented by applying the program elements.

c. Tasks

(1) Commanders and Directors

(a) Ensure ergonomic considerations become a fundamental aspect of standard operating procedures and safety policies.

(b) Ensure personnel exposed to musculoskeletal risks attend ergonomic training.

(c) Ensure unit safety officers attend quarterly ergonomic team meetings in conjunction with the MCLB Base Commanding Officer's Quarterly Safety Council.

(2) Manager, Risk Management Office

(a) Designate a representative from safety office as the Ergonomics Program Coordinator.

(b) Oversee safety aspects of the ergonomics program.

(3) Director, Installation and Environment Division

(a) Integrate ergonomic considerations into all facility modifications and workplace improvements.

(b) Implement ergonomic team recommendations to eliminate or reduce musculoskeletal risks.

(c) Appoint a representative to serve on the ergonomics team.

(4) Director, Human Resources Office. Use the Naval Branch Health Clinic, Injury Compensation Program Administrator, and physician's recommendations in assigning injured workers to light or restricted duty.

(5) Injury Compensation Program Administrator

(a) Assist the Director, Human Resources Office with assigning injured employees to light or restricted duty.

(b) Provide the ergonomics team with information on injury compensation chargeback costs associated with musculoskeletal disorders to enable trend analysis.

(6) Director, Logistics Support Division

(a) Ensure all equipment (e.g., furniture, tools) is evaluated to meet ergonomic requirements by coordinating with the Ergonomics Program Coordinator prior to purchase.

(b) Appoint a representative from Base Property to serve on the ergonomics team.

(7) Officer in Charge, Naval Branch Health Clinic

(a) Ensure that ergonomic risk factors are included on the periodic industrial hygiene survey.

(b) Ensure musculoskeletal injuries are tracked and logged by type and command.

(c) Ensure that assistance is available for ergonomic awareness training.

(d) Appoint a representative to serve on the ergonomics team.

(8) Ergonomics Program Coordinator

(a) Receive at least 40 hours of formal training in ergonomics and 24 hours in workplace back injury prevention.

(b) Establish and chair the ergonomics team.

(c) Maintain written documentation of the activities of the ergonomics team and provide interface with the MCLB Albany Base Commanding Officer's Quarterly Safety Council.

(d) Conduct an annual review of the ergonomics program at the end of each fiscal year. The report will include at a minimum: a summary of workplace processes that has been modified based on ergonomic hazards, status of employee training by organization, ergonomic injury trend analysis, and the activities of the ergonomics team. Provide the written program evaluation to the Manager, Risk Management Office by 31 October annually.

(9) Ergonomics Team

(a) Provide assistance to unit safety officers and supervisors in recognizing, assessing, and monitoring musculoskeletal risk factors.

(b) Review worksite analysis to identify existing and potential ergonomic risk factors.

(c) Recommend corrective action plans.

(10) Unit Safety Officers

(a) Monitor and document all ergonomics training, and oversee implementation of this order within their respective organizations.

(b) Assist supervisors and the ergonomics team in assessing work processes and worksites.

(c) Assist in abating identified ergonomic hazards.

(d) Report all musculoskeletal injuries and illness to the Risk Management Office.

(11) Supervisors

(a) Assist unit safety officers to implement ergonomic control measures.

(b) Ensure their personnel receive ergonomics awareness training through safety meetings and by attending classes in back injury prevention.

(c) Request assistance from their unit safety officer or ergonomics team for recognizing, assessing, and monitoring ergonomic risks.

(12) Employees

(a) Immediately report unsafe or unhealthy working conditions to supervisors.

(b) Request assistance from their supervisor or unit safety officer in order to identify ergonomic risks in their particular task, process, or operation.

(c) Recommend improvements to reduce ergonomic risks, enhance comfort, and improve productivity.

(d) Be aware of symptoms and causes of musculoskeletal disorders and report occurrences to their supervisor.

d. Coordinating Instructions

(1) Management Commitment and Employee Involvement. Commanders and Directors will incorporate program elements into their organization's standard operating procedures and/or safety policies. Employees are encouraged to identify potential ergonomic problems, recommend solutions to these problems, and contribute insights to influence how they perform their tasks and processes.

(2) Worksite Analysis. The purpose of a worksite analysis is to identify hazards that cause work-related musculoskeletal disorders or employee discomfort. These analyses include evaluation of work processes, the review of employee complaints and suggestions, and tracking of medical treatment records to identify patterns of illness and injury. Ergonomic checklists can be used as an analysis method. A variety of checklists are available at the MCLB Albany Risk Management Office to support this effort.

(3) Hazard Prevention and Control

(a) Ergonomic hazards are present whenever the work demands of a job exceed the capacity of an employee performing the job. Excessive work demands can arise from poorly designed work processes, tools, and/or work stations.

(b) Methods of intervention include engineering controls, administrative controls, and the use of personal protective equipment. The following controls should be used in the following order:

1. Engineering controls. Applying engineering controls to an ergonomic hazard is the preferred method of reducing or eliminating an ergonomic hazard. It is accomplished by designing or modifying a work station, work methods, or tools to eliminate excessive exertion, awkward postures, eye strain, and repetitive motions. Examples of ergonomic engineering controls include: vibration dampening wraps for power tools, task lighting, lift tables, carts and dollies, and adjustable work stations.

2. Administrative controls. Administrative controls reduce the duration, frequency, and severity of exposure to ergonomic stressors. Administrative controls include: reducing the number of repetitions of a specific task,

providing rest pauses to relieve fatigued muscle-tendon groups, increasing the number of employees assigned to the task, and job rotation to alleviate physical fatigue and stress of a particular set of muscles.

3. Personal Protective Equipment (PPE). A properly designed task that optimizes the capacity and capabilities of a worker with his or her working environment will eliminate the need for PPE. There is, however, PPE that can enhance this interaction. A good example of PPE used in ergonomic hazard prevention and control is slip-resistant gloves that optimize grip contact. It should be noted that most back belts and similar devices that claim to prevent back injury do not perform as claimed. They are considered medical devices and can only be used aboard MCLB Albany if prescribed by an employee's medical professional.

(c) Facility Modification, New Construction or Material Acquisition. Before purchasing any tool or piece of equipment, building a new facility, or modifying an existing one, ergonomic design criteria shall be considered.

(d) Medical Program. The medical element for this program shall meet the requirements of chapter 23 of reference (b).

(e) Training.

1. Commanders and directors will ensure that ergonomic awareness training is provided to all employees. Training shall enable each person to recognize musculoskeletal risks, as well as understand procedures used to minimize these risks.

2. The Risk Management Office maintains a safety training reference library with a variety of ergonomic videos available for organizations to use for training purposes. Additional training assistance can be obtained from the Occupational Nurse, Base Industrial Hygienist, Branch Health Clinic Industrial Hygienist and the Ergonomic Program Coordinator.

3. Awareness training shall be documented and available for review during safety and occupational health inspections by the Risk Management Office.

4. Refresher training will be provided when personnel are assigned to a new job with different risks, or when risks are newly identified in a job.

4. Administration and Logistics

a. Administration. None.

b. Logistics. None.

5. Command and Signal

a. Command. This order is applicable to this command and all tenant commands and organizations located aboard MCLB Albany.

b. Signal. This order is effective the date signed.

C. N. HALIDAY

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