HO-CHUNK NATION CODE (HCC)
TITLE 6 – PERSONNEL, EMPLOYMENT AND LABOR CODE
SECTION 8 – OCCUPATIONAL SAFETY AND HEALTH PROGRAM ACT OF 2002
SUBSECTION 12 – ERGONOMICS PROGRAM

ENACTED BY LEGISLATURE: MAY 20, 2002

CITE AS: 6 HCC § 8-12

1. **Authority**. See basic document (Occupational Safety and Health Program Act).

2. **Purpose**. The purpose of this subsection to the Occupational Safety and Health Program Act is to inform interested persons, including employees, that the Ho-Chunk Nation is committed to our employees' comfort and well being by identifying and correcting ergonomic risk factors on the job. This subsection applies to all work operations. The Occupational Safety and Health Department coordinates all safety and health programs for Ho-Chunk Nation. The Director of Occupational Safety and Health shall review each facility Ergonomics Program and provide guidance, as needed.

1. **Definitions**.

a. "Action Trigger" means a job incident has occurred that meets both of the following conditions:

(1) A Musculosketal Disorder (MSD) incident has occurred in that job.

(2) The employee's job routinely involves, on one or more days a week, exposure to one or more relevant risk factors as determined by the risk analysis.

b. "Administrative Controls" mean changes in the way that work in the job is assigned or scheduled that reduce the magnitude, frequency or duration of exposure to ergonomic risk factors. Examples of administrative controls for MSD hazards include:

(1) Employee rotation.

(2) Job task enlargement.

(3) Alternative tasks.

(4) Employer-authorized changes in work pace.

c. "Control MSD Hazards" mean to reduce MSD hazards to the extent that they are no longer reasonably likely to cause MSDs that result in work restrictions or medical treatment beyond first aid.

d. "Engineering Controls" mean physical changes to a job that reduce MSD hazards. Examples of engineering controls include changing or redesigning workstations, tools, facilities, equipment, materials, or process.

e. "Follow-up" means the process or protocols an employer or health care professional (HCP) uses to check on the condition of an employee after a work restriction is imposed on that employee.

f. "Health Care Professional (HCP)" means physicians or other licensed health care professionals whose legally permitted scope of practice allows them to provide independently or to be delegated the responsibility to carry out some or all of the MSD management requirements of this Act.

g. "Job" means the physical work activities or tasks that an employee performs. This ordinance considers jobs to be the same if they involve the same physical work activities or tasks, even if the jobs have different titles or classifications.

h. "Musculoskeletal Disorder (MSD)" means a disorder of the muscles, nerves, tendons, ligaments, joints, cartilage, blood vessels, or spinal discs. For purposes of this Act, this definition only includes MSDs in the following areas of the body that have been associated with exposure to risk factors: neck, shoulder, elbow, forearm, wrist, hand, abdomen (hernias only), back, knee, ankle, and foot. Injuries arising from slips, trips, falls, motor vehicle accidents, or similar accidents are not considered MSDs for the purposes of this Act.

i. "MSD Hazard" means the presence of risk factors in the job that occur at a magnitude, duration, or frequency that is reasonably likely to cause MSDs that result in work restrictions or medical treatment beyond first aid.

j. "MSD Incident" means an MSD that is work-related, and requires medical treatment beyond first aid, or MSD signs or MSD symptoms that last 7 or more consecutive days after the employee reports them to supervision. MSD signs are objective physical findings that an employee may be developing an MSD. Examples of MSD signs are:

(1) Decreased range of motion.

(2) Deformity.

(3) Decreased grip strength.

(4) Loss of muscle function.

k. "MSD Symptoms" mean physical indications that an employee may be developing

an MSD. For purposes of this Act, MSD symptoms do not include discomfort. Examples of MSD symptoms are:

(1) Pain.

(2) Numbness.

(3) Tingling.

(4) Burning.

(5) Cramping.

(6) Stiffness.

l. "Personal Protective Equipment (PPE)" means equipment employees wear that provide a protective barrier between the employee and an MSD hazard. Examples of PPE are vibration-reduction gloves and carpet layer's kneepads.

m. "Problem Job" means a job that the employer has determined poses an MSD hazard to employees in that job.

n. "Risk Factor" means, for the purpose of this Act, force, awkward posture, repetition, vibration, and contract stress.

o. "Work Practice Controls" mean the change in the way an employee performs the physical work activities of a job that reduce or control exposure to MSD hazards. Work practice controls involve procedures and methods for safe work. Examples of work practice controls for MSD hazards include:

(1) Use of neutral postures to perform tasks (straight wrists, lifting close to the body).

(2) Use of two-person lift teams.

(3) Observance of micro-breaks.

p. "Work-related" means that an exposure in the workplace caused or contributed to an MSD or significantly aggravated a pre-existing MSD.

4. **Policies and Requirements**. The Ho-Chunk Nation shall implement this Ergonomics Program at all facilities and sites to address the problem of musculoskeletal disorders (MSDs). MSDs are an issue of increasing concern because they continue to rise in occurrence.

a. Under this Subsection, teams of employees from each facility will evaluate jobs (see Appendices A, B, and C) that they have identified as having "problem areas" and develop and implement solutions to reduce job-related worker injury and illness.

b. Through this Ergonomics Program, the goal is to prevent the occurrence of work-related musculoskeletal disorders by controlling or eliminating the risk factors, which cause them. This program will ensure that all affected employees are aware of job-related risk factors and to provide information and solutions to alleviate them. The Ho-Chunk Nation promotes continuous improvement for the efficiency, comfort, and well being of all employees through a team effort of management and employee involvement.

c. The Nation shall not implement any policy or practice, which discourages employees from reporting work related problems or issues covered by this Ergonomics Program or which results in discrimination or reprisal against any employee who makes a report.

5. **Ergonomics Team**. The Director of Occupational Safety and Health is responsible for the overall Ergonomics Program. The Ergonomics Teams will develop objectives for ergonomic improvements within each facility and site, and methods for identifying and resolving these problem areas.

a. Ergonomics Teams are comprised of a cross section of facility and site employee representatives from various departments/areas and staff levels in each facility and site. Ho-Chunk Nation Management is committed to the success of this program by providing resources and the staff time necessary to identify and correct problem jobs.

b. The Team members will be trained to recognize problem jobs, identify risk factors, and develop solutions to reduce those factors. Elements of this training include the identification of workplace risk factors; job analysis methods, implementation and evaluation of control measures, and teamwork skills.

6. **Injury/Medical Management**.

a. Health care providers provide medical treatment for our employees with injuries or illnesses relating to ergonomic factors. They have visited our facility and are familiar with our specific workplace job procedures and the job risk factors.

b. The Nation encourages all employees to immediately report any symptoms of discomfort that may be associated with their job duties. In most cases, employees are to report to their immediate supervisor. Supervisors are responsible to recommend alternative work or medical evaluation for injured or ill employees.

c. Supervisors record and file written reports from the first observation of illness or injury through all subsequent follow-up activities. They are also responsible to forward information about the worker injury or illness for recording on the OSHA 200 Injury and

Illness Form. The supervisor may recommend that the job receive an evaluation from the Ergonomics Team.

d. Procedures for entering an MSD-related injury/illness on OSHD Form 200 (300) are as stated in 6 HCC § 8-20 *Recordkeeping*.

e. Work procedures that cause a worker injury or illness will be investigated and reported. This documentation provides vital information for the identification of job related risk factors so that the problems can be corrected before other injuries occur.

f. After a health care provider has treated an injured employee, the standard case management and return to work procedures will be used to monitor the recovery process and their return to work.

g. The Ergonomics Teams shall develop a list of light and restricted duty jobs that have low musculoskeletal risks. This list is a valuable resource for assigning duties to recovering employees until they can resume their normal job functions.

h. After verification of an employee's job-related injury or illness the Ergonomics Team will review the plan and re-evaluate the workstations to determine if additional practices, procedures, or redesign of the station could be implemented to prevent similar injuries.

7. **Identifying Problem Jobs**. There are several methods used to identify problem jobs that are most likely to result in ergonomic disorders. The Ergonomics Teams and the Director of Occupational Safety and Health will initially review and periodically monitor Ho-Chunk Nation injury and illness records such as the OSHA 200 (300) form and workers' compensation data to identify patterns of ergonomic-related injuries and illnesses.

a. Jobs shall be evaluated for the following risk factors:

(1) Rate and number of repetitions: performance of the same motion or motion patterns every few seconds for more than two hours at a time.

(2) Postures and limb positions: fixed or awkward work postures such as overhead work, twisted or bent back, bent wrist, stooping, or squatting, for more than a total of two hours.

(3) Vibration: use of vibrating or impact tools or equipment for more than a total of two hours.

(4) Loads/lifted: lifting, lowering, or carrying of anything weighing more than 25 pounds (11.34 kg) more than once during the work shift.

(5) Loads/static: holding a fixed or awkward position with arms or neck for more than ten seconds.

(6) Muscle forces: continually pulling or pushing objects.

(7) Work pace: piece rate or machine paced work for more than four hours at a time (legally required breaks cannot be included when totaling the four hour limit).

b. Ergonomics Teams will identify using Appendices A, B or C, as appropriate, those jobs at each facility or site as having ergonomic risk factors.

c. Ergonomics Team members shall participate in evaluating new equipment and processes for potential risk factors. They also evaluate hand tools to determine if the designs are ergonomically suitable for the intended use and appropriate for the workers who use them.

8. **Solutions**. When a job, process, or equipment has been evaluated, the Team shall complete a risk inventory checklist (Appendix A). Through this checklist, problems are identified for correction and supervisors and employees in the affected areas are notified. The Ergonomics Team, in conjunction with those affected employees, will develop possible solutions, choose the most appropriate, implement the changes, and follow up to determine the effectiveness.

a. For each problem job that has been changed, a file of the improvements and changes completed shall be maintained. The file shall contains documentation of the ergonomic-related illnesses or injuries, the actual changes made, and any similar incidents that occurred after the changes were implemented.

b. These files are kept at facility in the office of safety or human resources.

9. **Employee Training**. The Ho-Chunk Nation's management staff will receive copies of this ordinance, and train each employee who works at a job with exposure to specific risk factors and each employee in a job where a work-related musculoskeletal disorder has been recorded.

a. The following ergonomic elements will be taught to all employees:

(1) How to recognize workplace risk factors associated with work-related musculoskeletal disorders and the ways to reduce exposure to those risk factors.

(2) The signs and symptoms of work related musculoskeletal disorders, the importance of early reporting, and medical management procedures.

(3) Reporting procedures and the person to whom the employee is to report workplace risk factors and work-related musculoskeletal disorders.

(4) The process the Ho-Chunk Nation is taking to address and control workplace risk factors, each employee's role in the process, and how to participate in the process.

b. Employees shall have the opportunity to practice and demonstrate proper use of implemented control measures and safe work methods that apply to the job.

c. Each employee involved in job analysis will be trained in job analysis methods, especially as they relate to identifying workplace risk factors, and evaluation and implementation of control measures.

10. **Compliance Time Frames**. The following table will help determine when and if sections of this Ergonomics Program apply.

Action	Time Frame
Determine if a job meets the action trigger	Within 7 calendar days after determining that the employee has experienced an MSD incident
Initiate MSD Management	Within 7 calendar days after determining that a job meets the action trigger
Initiate Management Leadership and Employee Participation	Within 30 days after determining that a job meets the action trigger.
Initiate Job Hazard Analysis	Within 60 calendar days after determining that a job meets the action trigger.
Implement Initial Controls	Within 90 calendar days after you determine that the employee's job meets the action trigger.
Train current employees, supervisors or team leaders.	Within 90 calendar days after you determine that the employee's job meets the action trigger.
Implement Permanent Controls	Within 2 years after you determine that a job meets the action trigger.
Evaluate Program	Within 3 years after you determine that a job meets the action trigger.
Discontinue your Ergonomics Program for a job, except for maintaining controls and training related to those controls.	When you have reduced exposure to the risk factors in that job to levels below those described in the basic Screening tool.

11. **Administration and Enforcement**.

a. Constant awareness of and respect for ergonomic hazards and compliance with all safety rules are considered conditions of employment. Supervisors and individuals in the Departments of Personnel and Labor reserve the right to issue disciplinary warnings to employees, up to and including termination, for failure to follow the guidelines of this

Program.

b. Also see paragraph 12 of basic document (Occupational Safety and Health Program Act).

Appendices:

A. General Ergonomics Risk Analysis Checklist
B. Workstation Checklist
C. Task Analysis Checklist

Legislative History:

1/9/02	Legislature posts for 45-day Public Review.
5/20/02	Enacted as Ergonomics (6 HCC § 8-12) by Legislative Resolution 5/20/02E.

APPENDIX A (GENERAL ERGONOMIC RISK INVENTORY CHECKLIST) TO SUBSECTION 12 (ERGONOMICS PROGRAM) TO SECTION 8 (OCCUPATIONAL HEALTH AND SAFETY PROGRAM ACT) TO TITLE 6 (PERSONNEL, EMPLOYMENT AND LABOR CODE) OF THE HO-CHUNK NATION CODE (HHC)

GENERAL ERGONOMIC RISK INVENTORY CHECKLIST

Check the appropriate response if your answer is "yes" to the question.

A "yes" response indicates that an ergonomic risk factor may be present which requires further analysis.

1. Manual Material Handling
- **___ Is there lifting of loads, tools, or parts?**
- **___ Is there lowering of tools, loads, or parts?**
- **___ Is there overhead reaching for tools, loads, or parts?**
- **___ Is there bending at the waist to handle tools, loads, or parts?**
- **___ Is there twisting at the waist to handle tools, loads, or parts?**

2. Physical Energy Demands
- **___ Do tools and parts weigh more than 10lbs?**
- **___ Is reaching greater than 20 in.?**
- **___ Is bending, stooping, or squatting a primary task activity?**
- **___ Is lifting or lowering loads a primary task?**
- **___ Is walking or carrying loads a primary task activity?**
- **___ Is stair or ladder climbing with loads a primary task activity?**
- **___ Is pushing or pulling loads a primary task activity?**
- **___ Is reaching overhead a primary task activity?**
- **___ Do any of the above tasks require five or more complex work cycles to be done within a minute?**
- **___ Do workers complain that rest breaks and fatigue allowances are insufficient?**

3. Other Musculoskeletal Demands
- **___ Do manual jobs require frequent repetitive motions?**
- **___ Do work postures require frequent bending of the neck, shoulder, elbow, wrist, or finger joints?**
- **___ For seated work, do reaches for tools and materials exceed 15 in. from the worker's position?**
- **___ Is the worker unable to change his or her position often?**
- **___ Does the work involve forceful, quick, or sudden motions?**
- **___ Does the work involve shock or rapids buildup of forces?**
- **___ Is finger-pinch gripping used?**
- **___ Do job postures involve sustained muscle contraction of any limb?**

4. Environment
- **___ Is the t temperature too hot or too cold?**
- **___ Are worker's hands exposed to temperatures less than 70° F?**
- **___ Is the work place poorly lit?**
- **___ Is there glare?**
- **___ Is there excessive noise that is annoying, distracting, or producing hearing loss?**
- **___ Is there upper extremity or whole body vibration?**
- **___ Is air circulation too high or too low?**

5. General Workplace

___ **Are walkways uneven, slippery, or obstructed?**
___ **Is housekeeping poor?**
___ **Is there inadequate clearance or accessibility for performing tasks?**
___ **Are stairs cluttered or lacking railings?**
___ **Is proper footwear worn?**

6. Tools

___ **Is the handle too small or too large?**
___ **Does the handle shape cause the operator to bend the wrist to use the tool?**
___ **Is the tool hard to access?**
___ **Does the tool weigh more than 9 lb.?**
___ **Does the tool vibrate excessively?**
___ **Does the tool cause excessive kickback to the operator?**
___ **Does the tool become too hot or too cold?**

7. Gloves

___ **Do the gloves require the worker to use more force when performing job tasks?**
___ **Do the gloves provide inadequate protection?**
___ **Do the gloves present a hazard of catch points on the tool or in the workplace?**

8. Administration

___ **Is there little worker control over the work process?**
___ **Is the task highly repetitive and monotonous?**
___ **Does the job involve critical tasks with high accountability and little or no tolerance for error?**
___ **Are work hours and breaks poorly organized?**

NAME OF EMPLOYEE: _____

POSITION HELD: _____

DEPARTMENT: _____

SUPERVISOR: _____

PERSON TAKING INVENTORY: _____

DATE OF INVENTORY: _____

APPENDIX B (WORKSTATION CHECKLIST)

WORKSTATION CHECKLIST

"No" responses indicate potential problem areas that should receive further investigation.

1.	**Does the workspace allow for full range of movement?**	**YES**	**NO**
2.	**Are mechanical aids and equipment available?**	**YES**	**NO**
3.	**Is the height of the work surface adjustable?**	**YES**	**NO**
4.	**Can the work surface be tilted or angled?**	**YES**	**NO**
5.	**Is the workstation designed to reduce or eliminate;**		
	Bending or twisting at the waist?	**YES**	**NO**
	Reaching above the shoulder?	**YES**	**NO**
	Full extension of the arms?	**YES**	**NO**
	Raised elbows?	**YES**	**NO**
6.	**Are the workers able to vary posture?**	**YES**	**NO**
7.	**Are the hands and arms free from sharp edges on work surfaces?**	**YES**	**NO**
8.	**Is an armrest provided where needed?**	**YES**	**NO**
9.	**Is a footrest provided where needed?**	**YES**	**NO**
10.	**Is the floor surface free of obstacles?**	**YES**	**NO**
11.	**Are cushioned floor mats provided for employees required to stand for long periods?**	**YES**	**NO**
12.	**Are chairs or stools easily adjustable and suited to the task?**	**YES**	**NO**
13.	**Are all task elements visible from comfortable positions?**	**YES**	**NO**
14.	**Is there a preventive maintenance program for mechanical aids, tools, and other equipment?**	**YES**	**NO**

Name of employee: _____

Workstation: _____

Job Position: _____

Person taking Inventory: _____

Date of Inventory: _____

APPENDIX C (TASK ANALYSIS)

TASK ANAYLYSIS

"No" responses indicate potential problem areas that should receive further attention.

1.	**Does the design of the primary task reduce or eliminate**		
	Bending or twisting of the back or trunk?	**Yes**	**No**
	Crouching?	**Yes**	**No**
	Bending or twisting the wrist?	**Yes**	**No**
	Extending the arms?	**Yes**	**No**
	Raised elbows?	**Yes**	**No**
	Static muscle loading?	**Yes**	**No**
	Clothes wringing motions?	**Yes**	**No**
	Finger pinch grip?	**Yes**	**No**
2.	**Are mechanical devices used when necessary?**	**Yes**	**No**
3.	**Can the task be done with either hand?**	**Yes**	**No**
4.	**Can the task be done with two hands?**	**Yes**	**No**
5.	**Are pushing or pulling forces kept minimal?**	**Yes**	**No**
6.	**Do the workers judge required force acceptable?**	**Yes**	**No**
7.	**Are the materials**		
	Able to be held without slipping?	**Yes**	**No**
	Easy to grasp?	**Yes**	**No**
	Free from sharp edges and corners?	**Yes**	**No**
8.	**Do containers have good handholds?**	**Yes**	**No**
9.	**Are jigs, fixtures, and vises used where needed?**	**Yes**	**No**
10.	**As needed, do gloves fit properly and are they made of the proper fabric?**	**Yes**	**No**
11.	**Does the worker avoid contact with sharp edges when performing the task?**	**Yes**	**No**
12.	**When needed, are push buttons designed properly?**	**Yes**	**No**
13.	**Do the job tasks allow for ready use of personal equipment that may be required?**	**Yes**	**No**

14. Are high rates of repetitive motion avoided by

Job rotation?	**Yes**	**No**
Self-pacing?	**Yes**	**No**
Sufficient pauses?	**Yes**	**No**
Adjusting the job skill level of the worker?	**Yes**	**No**

15. Is the employee trained in

Proper work practices?	**Yes**	**No**
When and how to make adjustments?	**Yes**	**No**
Recognizing signs and symptoms or potential problems?	**Yes**	**No**

Name of employee: _____

Workstation: _____

Job Position: _____

Person taking Inventory: _____

Date of Inventory: _____