

Army Installation Program Development

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Current State

Civilian Sector

- Although the rate and number of occupational injuries and illnesses requiring days away from work fell in 2006, musculoskeletal disorders accounted for 30% of injuries and illnesses- the same percentage as 2005.
- Repetitive motion injuries account for longest time off the job.
- The trunk, including shoulders and back, was the body part most affected (34% of all cases) by work incidents.
- Sprains and strains represent 40 percent of cases.

Bureau of Labor Statistics 2006

www.bls.gov

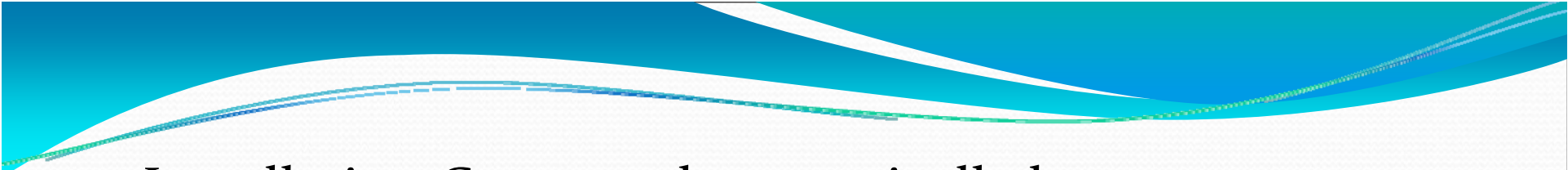


Ergonomics in the Army

Army Compensation Costs as values	2005	2006	2007	2008
BACK SPRAIN/STRAIN, BACK PAIN, SUBLUXATION, IVD DISORDERS	\$40,742,365.63	\$40,428,528.65	\$40,133,399.58	\$39,745,486.29
SEIZURES, CONVULSIONS	\$223,225.51	\$197,690.16	\$210,220.70	\$198,842.52
BACK CONDITIONS	\$40,965,591.14	\$40,626,218.81	\$40,343,620.28	\$39,944,328.81
ARTHRITIS/OSTEOARTHRITIS	\$540,040.23	\$298,912.22	\$269,683.98	\$228,947.34
BACK SPRAIN/STRAIN, BACK PAIN, SUBLUXATION	\$1,985,914.93	\$2,016,457.91	\$2,010,044.64	\$1,912,517.49
CARPAL TUNNEL SYNDROME/CUBITAL TUNNEL SYNDROME	\$3,051,433.43	\$3,091,658.38	\$3,189,733.29	\$3,026,038.39
CHONDROMALACIA	\$121,962.91	\$124,730.45	\$130,021.32	\$143,346.96
CONDITIONS OF TENDONS, ETC.	\$728,317.49	\$771,954.52	\$689,765.31	\$654,880.32
DISLOCATION	\$1,221,091.27	\$1,328,514.29	\$1,541,291.88	\$1,597,358.51
INTERVERTEBRAL DISC DISORDERS	\$588,747.00	\$598,559.47	\$578,237.78	\$590,417.39
MUSCULOSKELETAL CONDITION, OTHER	\$4,645,380.21	\$4,748,042.79	\$4,815,244.55	\$4,433,617.18
PAIN/SWELLING/STIFFNESS/REDNESS IN JOINT	\$0.00	\$19,548.75	\$166,303.43	\$491,498.44
PAIN/SWELLING/STIFFNESS/REDNESS IN JOINT	\$0.00	\$0.00	\$24,885.75	\$18,128.51
PAIN/SWELLING/STIFFNESS/REDNESS NOT IN JOINT	\$45,163.14	\$46,774.36	\$63,111.94	\$58,921.54
SPRAIN/STRAIN OF LIGAMENT, MUSCLE, TENDON, NOT BACK	\$18,818,844.15	\$20,508,920.22	\$19,937,154.88	\$19,525,616.89
STRAIN, MULTIPLE (OLD CODE)	\$49,676.58	\$42,065.60	\$52,167.69	\$62,216.66
MUSCULOSKELETAL CONDITIONS	\$31,796,571.34	\$33,596,138.96	\$33,467,646.44	\$32,743,505.62
and MUSCULOSKELETAL CONDITIONS)	\$72,762,162.48	\$74,024,667.61	\$73,601,046.02	\$72,488,991.91

Where are Army Installation Ergonomics Programs at now?

- Some strong programs
- Many mediocre programs
- Some non-existent programs
- External Program Analysis
 - Northeast Region Installations
 - Focus group discussions

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- Installation Commanders typically have
 - Infrequent experience with ergonomics
 - Low visibility of ergonomics
 - Limited awareness of the Army ergonomics program and offerings
 - Safety and IH typically
 - Are primarily civilian offices
 - Have ergonomics as a low priority
 - See a sporadic effort and inconsistent maintenance
 - Suffer a lack of accountability for ergonomics
 - Lack support and funding

Attitudes- Things we've heard

- “Show me the bodies”
- “Ergonomics is Frivolous”
- “Ergonomic Injuries Cannot be Prevented”
- “Military are not Affected”
 - “Some of the military supervisors were not convinced that ergonomics-related health problems were real. Some believe that these injuries are imagined or are contrived to make a claim or get off work. These supervisors carried a sense of bravado bordering on arrogance regarding their civilian counterparts who were judged to be older and less physically fit.”

No OSHA Standard – So Why Evaluate??

- DODI 6055.1- Requires installations to have program
- AR 40-5 Preventive Medicine
- AR & DA PAM 385-10 Army Safety Program
- DA PAM 40-21 Army Ergonomic Program
- Data: Ergonomics-related injuries/illnesses
 - 50% of civilian compensation claims *AND* costs.
 - Over 30% military clinic visits and limited duty prescriptions.
- ***Ergonomics is Good Business Sense***



Developing an Ergonomics Program

Elements of a successful ergonomics program

- Command support is essential for integrating ergonomics into SOHAC, identifying an installation ergonomic officer and subcommittee, signing policy
- Ergonomics is a required part of any safety and health program
- Committed management
- Clear policy with written objectives, goals and metrics.
- Identify tools, materials and training.
- Clear ergonomics program leader and supporting sub-committee.



Start with Documentation

Does your policy:

- State that full cooperation is expected from all levels
- Assign responsibilities
- Failure to implement is unacceptable
- Include an evaluation process for review of program status
- State that the program review results will have command visibility

When writing your policy did you:

- Include metrics on how you will measure program success. When assessing the program later these metrics will be very important.
- Use your understanding of the installation when assigning responsibilities and developing the ergo team.
 - Enact a subcommittee charter signed by the commander.
 - The policy should be written by the ergo team so everyone is clear on requirements and assists in program design.
 - Team often includes IH, OH, Safety, Medical Professionals, FECA, Union, CPOC.

Help with Writing Policy

- DODI 6055.1 Describes critical program elements including:
 - Workplace analysis
 - Hazard prevention and control
 - Health Care Management
 - Education and Training
 - Program Evaluation and Review
 - Acquisition
 - Computer/electronic accommodations (CAP)
- DA PAM 40-21 Template for written plan
- Tech Guide 220 Technical tools to do program requirements in DA PAM
- Available at www.ergoworkinggroup.org

Action Plan

- Brief commander and provide baseline program assessment. Commander assigns installation ergonomic officer (IEO)
- Ensure ergo is a standing agenda item on installation program meetings. i.e. Safety, IH, OH, Preventive Medicine, whomever is appropriate based on committee makeup and installation personnel.
- Recognize initial time commitment

Requirements for Installation Ergonomics Officer

- Qualified health or safety professional
- Completed 40-hour course
- Chair Subcommittee
- Develop and implement policy and plan
- Ensure Subcommittee members trained
- Ensure record keeping and program evaluations



Key Players - Subcommittee

- IH
- OH
- Safety
- Medical (OT/PT, OHN, PA)
- Personnel
- Tenants
- Unions
- Directorates of Contracting, Logistics, Public Works
- Civilian Personnel Office
- Workers Compensation Office

Provide Ergonomic Training

- 40 hour training for committee members
- Team members provide training for the installation.
- Provide train the trainer topic briefs for each meeting.
 - Choose a topic currently important to the installation.
- USACHPPM can assist with: 40 hour course, 2 day advanced courses, ergo news, ergo fix, web access to all policies, documents, posters, pamphlets, on-site evaluations, distance evaluations, desk top assistance etc.

Ergo team meetings

- Initial meeting- discuss current program status and develop Installation Ergonomic Policy.
- Discuss and identify key objectives and timelines.
 - What are the goals of your ergonomics program at your installation and in what order should they be tackled.
 - You may want to start with training all committee members, an awareness campaign and briefing command, managers, supervisors on the goals of the program and key objectives including any injury and cost data currently available.

Ergo Team Meetings-Injuries

- Discuss current injuries and determine which are potentially work related musculoskeletal injuries.
- Several questions you should be looking to answer when brainstorming, visiting sites and reviewing data and assessing the installation's program:
 - Where and what type of injuries are occurring?
 - Where is the compensation money being spent?
 - Is anyone reporting discomfort or is under-reporting suspected?
 - How often is data reviewed and by whom?
 - Have any trends developed?

Ergo Team Meetings

Worksite Evaluations

- At first work as a team of 2-4 subcommittee members.
- Perform some evaluations. Be sure to include the problem, give short term low cost solutions in addition to any long term higher cost solutions, and finally go back to review the site after changes have been made.
 - Photographs and video work wonders in getting the point across.
- As a team review evaluations, reports and recommendations.
- Make additional recommendations where needed and wherever possible confirm that the recommendations have been followed up on.
- Provide these evaluations with a cost benefit analysis to the command.

Marketing and Communication

- Web based online requests for assistance and email follow up.
- Fact Sheets
- Logo or Slogan
- Articles in local publications, local television stations.
- Posters, flyers, stickers etc. with point of contact information.
- Videos
- Success Stories



Assessing Your Ergonomics Program

Program Assessment

- Should assess the implementation, progress and effectiveness of the installation ergonomics plan.
- Can be done by internal (IEO or subcommittee) or external sources (OSHA or USACHPPM on request)

So how do we get there and
what do we measure?

Gathering Data: What are potential Data sources?

- Worker's Compensation claims
- Injury and Unemployment Compensation (ICUC)
- Defense Medical Surveillance System (DMSS)
- Bureau of Labor Statistics (BLS)
- Internal installation specific injury forms
- Active Surveillance



What questions should you ask of your data?

- Where are injuries occurring?
- What type of injuries are occurring?
- Where is compensation money being spent?
- What additional sources of data are available?
- How often is data collected and reviewed?
- How is data used and by whom?
- Who sees the data reports?



Measure Installation Awareness level


- Is ergonomics included in orientation sessions?
- Is ergonomics included in civilian annual training?
- Is ergonomics included in newcomer safety briefings?
- Add POC for ergonomic concerns for overall installation and each tenant organization to website.
- Provide posters, Ergo News appropriate for various work areas, link to websites.

Assessing your program

- Need to evaluate current program status, what has already been done, what has worked and not worked.
 - Review any reports or recommendations previously completed.
 - Were recommendations applied?
 - Did recommendations alleviate the problem?
- Determine critical issues at your particular installation.
 - Interview key personnel.
 - Brainstorm with your ergonomics team.
 - Perform active surveillance through site visits
 - Review data

How often and to whom?

- At least semi-annually
- Results of evaluation given to Commander and Safety and Occupational Health committee.
- Results communicated to top management and workplace personnel.
- Ideally, in addition to a formal report the ergonomics program is a living program continually assessing itself and it's environment and responsibilities and adjusting the focus and effort accordingly.



Finally, how well is the current program meeting what you have determined the program should look like?

- What are key objectives for this installation? How well are you meeting those objectives?
- Hopefully you have:
 - Decreased FECA and military work related injury costs
 - Decreased costs associated with bad furniture and equipment purchases.
 - Improved ability to meet mission by decreasing injuries and lost time.
 - Improved overall health and wellness of your workforce

Questions?

- USACHPPM
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