

PHASE 2. WORKSITE ANALYSIS

Phase 2 is designed to identify, target, assess and monitor ergonomics-related concerns throughout the installation. There are two subsections in this phase – passive and active surveillance. All of the information, checklists and examples needed to complete the tasks in phase 2 are included in the attached *Ergonomics in Action, Booklet II: Worksite Analysis* (attachment 1).

1. Passive Surveillance.

a. Passive surveillance involves the systematic analysis of existing injury and illness records. These records may include injury logs, clinic records, safety reports and workers' compensation claims.

b. The primary purposes of passive surveillance in to establish a baseline level of work-related musculoskeletal disorders (WMSDs) and to identify and target potential problem areas. Both military and civilian workers should be included in the passive surveillance effort.

(1) Military data. The best source of general military injury and illness data is the Defense Medical Surveillance System (DMSS). This database provides data on hospitalizations and clinic visits which can be segmented by ICD-9 diagnosis, location, MOS, gender, age group or rank. To register to access this data through the Defense Medical Epidemiologic Database (DMED) web site, contact <http://amsa.army.mil>. The ICD-9 codes that are typically related to ergonomic design issues are provided in attachment 2.

(2) Civilian data. Workers' compensation records can provide a good source of information for potential problem areas. The DOD Injury Compensation / Unemployment Compensation (ICUC) database is the best source of compensation information. Your local FECA claim coordinator has direct access to this system. We are currently working with the ICUC office to allow safety and occupational health personnel direct access to this database and with the Defense Occupational and Environmental Health Readiness System (DOEHRS) to establish a data transfer agreement. If you are interested in accessing this data, continue to monitor the DOD Ergonomics Working Group website for information when these arrangements are completed (<http://chppm-www.apgea.army.mil/ergowg2/index.htm>).

The DOD Ergonomics Working Group identified Department of Labor Nature of Injury codes (NOI) that are typically related to ergonomic design issues. These codes are also provided at attachment 2.

2. Active Surveillance. Active surveillance involves actively collecting information from the worksite, either through a worker/soldier survey or from an assessment conducted by one of your team members.

a. Job Requirements / Physical Demands Survey (JRPD). To facilitate data collection from work areas you have identified as potential high-risk areas based on the results of your passive surveillance analysis, Job Requirement/Physical Demands surveys are included in this package (attachment 3). These surveys can be scanned on your ADS scanner (contact the USACHPPM Ergonomics Program for the scanner format file) or send the completed surveys to USACHPPM for scanning. The scanner will read the responses and create an Excel spreadsheet. The data can be analyzed using an Excel macro (contact USACHPPM for a copy of the macro).

b. Defense Occupational and Environmental Health Readiness System (DOEHRS). An ergonomics module is included in the DOEHRS program and scheduled for release within the next few months. The ergonomics module includes a computerized assessment tool which is linked to case studies, providing not only a measurement of risk exposure but also probable causes of problems and potential solutions. The DOEHRS website at <https://dohrswww.apgea.army.mil/> can provide more information about the program and deployment schedule.

3. Phase 2 Tasks.

a. Identify and document target existing reports for passive surveillance.

b. Establish and document rationale for:

(1) The passive surveillance trigger(s) or other sentinel events for an active surveillance investigation (e.g., one potential WMSD).

(2) Frequency of passive surveillance (e.g., real-time, monthly, quarterly)

(3) Time limit to initiate active surveillance in response to injury, complaint or concern. Define priorities based on level of potential risk, number of workers affected, criticality of work area on mission accomplishment, injury/illness incidence rates, case severity or number of risk factors and exposure level. Establish active surveillance time limits accordingly.

c. Establish process to include ergonomic considerations in routine safety and industrial hygiene surveys and assessments. Typical questions to include in the regular survey are:

(1) Does the task include:

(a) Performance of the same motion or motion pattern every few seconds for more than a total of 2 hours/day?

(b) A fixed or awkward work posture (e.g., overhead work, twisted or bent back, bent wrist, kneeling, stooping, squatting) for more than a total of 2 hours/day?

(c) Exposure to localized or whole body vibration (e.g., the use of vibrating or impact tools or equipment) for more than a total of 2 hours/day?

(d) Forceful hand exertions for more than a total of 2 hours/day

(e) Unassisted frequent or forceful manual handling for more than a total of 2 hours/day?

(2) Have there been any employees or service members with WMSDs in the same or similar jobs recorded?

d. Establish an active surveillance process to include :

(1) Formation of action team or identification of areas of responsibility (e.g., who is responsible for office / industrial areas) to investigate potential problem areas.

(2) Identification of surveys (e.g., the JR/PD), checklists and methodologies to investigate problem areas.

(3) Collection and consideration of employee input. Both the JR/PD and employee focus groups provide a mechanism to collect this information.

(4) The assignment of a risk assessment code (RAC).

e. Conduct local passive surveillance. Identify and prioritize target areas for active surveillance (e.g., the top 5 or 10 worksites).

f. Conduct active surveillance. Ensure results of assessment are documented and communicated to management, supervisors and employees. Establish the re-assessment time frame and document results of follow-up.

g. Develop, document and maintain an ergonomics problem/priority list and tracking log.

h. Brief Command on results of passive and/or active surveillance efforts (optional but recommended).

i. Communicate results of assessment and action plan to workers/soldiers, supervisors and management.

3 Attachments

1. [Booklet II](#)
2. ICD-9 and Nature of Injury codes
3. JRPD survey