



YUBA COMMUNITY COLLEGE DISTRICT

Office Ergonomics Program

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2 SCOPE

The Office Ergonomics Program applies to all Yuba Community College District employees whose job functions and office work environments possess risk factors that may contribute to repetitive work-related injuries.

3 PURPOSE AND AUTHORITY

The District has developed the Office Ergonomics Program to minimize occupational related Repetitive Motion Injuries (RMI) through implementation of work site evaluations, administrative and engineering control measures, and employee training. Proper ergonomic assessments potentially reduce, prevent, or eliminate the number of repetitive motion injuries, thus increasing employee productivity, quality, and efficiency, while decreasing workers' compensation claims.

The District is committed to an initiative-taking approach to ergonomics that seeks to anticipate and prevent ergonomic issues. The two most essential pieces of a successful ergonomics program are management commitment and employee involvement.

This program complies with the requirements of the California Ergonomics Standard:

- [California Code of Regulations, Title 8, Section 5110. Repetitive Motion Injuries](#)

4 DEFINITIONS

For purposes of this program, the following definitions apply:

Repetitive Motion Injuries (RMIs): Musculoskeletal injuries resulting from a job, process, or operation of identical work activity which have been the predominant cause of objectively identified and diagnosed musculoskeletal injuries to one or more employees reported within a twelve-months period. A licensed physician must objectively conduct the identification and diagnosis of the RMI.

Ergonomics: The study of the relationship between people, their work, and their physical work environment.

Licensed Physician: A person with an M.D. or D.O. degree licensed to diagnose within the scope of their practice.

Predominant Cause: If a work-related repetitive motion, task, process, or operation of identical work activity causes fifty percent of the injury.

Identical Work Activity: The same work-related repetitive motion task.

5 PROGRAM RESPONSIBILITIES

District

The District will provide:

- Written Office Ergonomics Program
- Office Workstation Ergonomic Setup - Self-Evaluation
- Access to Keenan Safe Colleges Training

College Administration

The college administration has overall authority and responsibility for implementing the provisions of this program. The college administration will:

- Ensure implementation of these procedures and program provisions.

Individual Manager/Supervisor

The manager/supervisor supports the program with adequate resources and active participation in the identification and control of ergonomic risk factors. The manager/supervisor will support the reporting system and will respond promptly to employee reports of discomfort.

Supervising others carries responsibility for knowing how to safely accomplish the tasks assigned to each employee, for providing appropriate assessments and for evaluating employee compliance.

The manager/supervisor will:

- Ensure employees receive functional and proper equipment.
- Ensure that employees complete the required Keenan Safe Colleges Office Workstation Ergonomics training.
- Encourage active participation by employees including completing the initial self-assessment.
- Ensure implementation of all work-site evaluation recommendations and develop a system to monitor their effectiveness.
- Allow and encourage employees to vary repetitive tasks when necessary.
- Support and encourage stretching at the worksite throughout the day.
- Provide effective engineering controls to reduce RMI risk factors, when recommended.

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- If the employee received new equipment, the supervisor should check in with the employee approximately one month after proving the new equipment. The supervisor will document all check-ins.

Any exposures that have caused Repetitive Motion Injuries shall, in a timely manner, undergo correction or if not capable of correction have the exposures minimized to the extent feasible. Administrative and engineering controls to consider in determining how to correct or minimize exposures:

Administrative Controls – task rotation, work pacing or work breaks

Engineering Controls – workstation redesign, adjustable fixtures, or tool redesign

Other control measures may be considered that would not impose additional unreasonable costs. After ensuring employees complete the online KSC training, self-evaluation, and equipment checklist, a supervisor may request an evaluation for an employee if concerns continue.

Employee Responsibilities

Employees are the essential element to the success of the program. All employees are responsible for using safe work practices; following all directives, policies, and procedures; and assisting in maintaining a safe work environment. Awareness and compliance with all District safety rules and programs are conditions of employment. Employees will:

- Complete Keenan Safe Colleges Office Workstation Ergonomics training.
- Complete the self-evaluation as required (updates, after a workstation evaluation, relocation of workstation, etc.). Comments should be included.
- Adjust their worksite/task operation to fit their work needs.
- Use the appropriate tools, equipment, parts, materials, and procedures in the manner established and report when they are not in good condition.
- Vary their work tasks throughout the day, when possible.
- Stretch at their workstations throughout the day.
- Take responsibility for personal health and safety.
- Report all suspected Repetitive Motion Injuries or symptoms of an RMI and unsafe/unhealthful work practices and conditions to their supervisor.
- Report all Repetitive Motion Injuries objectively identified and diagnosed by a licensed physician suspected 50% or more causation from a job, process, or operation.

- Maintain an awareness of the symptoms, consequences, risk factors, and risk reduction strategies for RMI.

6 TRAINING

Employee Training

Managers/Supervisors will maintain training records and will include the name of the employee, the completion date, and the subject(s) covered.

Managers/Supervisors will provide the training to employees as follows:

1. Upon establishment of the program.
2. Upon completion of an office workstation evaluation.
3. Upon hire of all new potentially exposed employees.
4. Upon new job assignments for which the employee did not previously receive training.

Managers/Supervisors will provide an explanation of the information contained in this document to all employees to include:

1. The exposures which have been associated with Repetitive Motion Injury.
2. The symptoms and consequences of injuries caused by repetitive motions.
3. The importance of reporting symptoms and injuries.
4. Methods used to minimize RMIs.

7 APPROVED EQUIPMENT

All furniture and equipment purchased for the purpose of this program must be approved by the Maintenance and Operations and Informational Technologies Departments. Approved equipment may include:

- Monitor and/or laptop.
- Docking station
- Monitor Arms or monitor risers.
- Laptop stands.
- Chair
- Keyboard
- Mouse
- Wrist rest for keyboard
- Wrist rest for mouse
- Document Holder
- Headset
- Floor mat

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- Extras
 - Keyboard Tray (5'6" and under only)
 - Footrest (an alternative to using a keyboard tray)
 - Sit/Stand

Equipment provided should allow for maximum adjustability.

Broken Equipment

With a manager/supervisor's approval, broken equipment or equipment that is no longer properly functioning will be immediately replaced. An ergonomics evaluation is not necessary to order new identical equipment.

Unused Equipment

The manager/supervisor may remove and store unused equipment to allow other employees to use it as needed at their office workstation.

8 PROCEDURE OUTLINE

Supervisor/Manager Responsibilities:

- Provide information to employees about Ergonomics Program and Repetitive Motion Injury (RMI) Plan
- Evaluate employee workstation.
- Provide functional and proper equipment.
- Ensure employee completes Office Ergonomics Keenan Safe Schools training online.
- Document training completion.

Employee Responsibilities:

- Complete required training and read program materials.
- Conduct office ergonomics self-assessment.
- Report workstation issues to supervisor.

Purchases Not Due to Accommodation or Injury

If the ergonomic equipment being purchased is not due to a Repetitive Motion Injury with adequate documentation from a physician, request for accommodation, or other workplace injury, departments/supervisors providing equipment to an employee will:

- Utilize the appropriate department budget to purchase the equipment.
- Coordinate the purchase and delivery of furniture with Maintenance and Operations (M & O).

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- Coordinate the purchase and delivery of computer related equipment with Information Technology (IT).

REPETITIVE MOTION INJURY PLAN

The Repetitive Motion Injury plan is a component of the Office Ergonomics Program put in place to mitigate and help prevent Repetitive Motion Injuries. When a supervisor or an employee identifies a Repetitive Motion Injury it will be brought to the attention of Human Resources.

Supervisor/Manager Responsibilities:

- Report any RMIs to Human Resources
- Conduct worksite assessment (only if ≥ 2 RMIs in 12 months)
- Evaluate employee tasks/processes with identical activities.
 - Identify exposure risks.
- Control of Exposures:
 - Administrative Controls: task rotation, breaks, pacing
 - Engineering Controls: workstation redesign, adjustable tools
- Consider cost-effective alternatives.

Employee Responsibilities:

- Report:
 - Diagnosed RMIs ($\geq 50\%$ work-related)
 - Suspected RMIs or unsafe practices
- Use appropriate form to document injury and submit to Human Resources (HR).

Purchase of Ergonomics Equipment

If the purchase of ergonomics equipment is due to a Repetitive Motion Injury with adequate documentation from a physician, or request for accommodation reported by the employee or supervisor, Human Resources will:

- Utilize the appropriate budget to purchase the equipment.
- Coordinate the purchase and delivery of furniture with Maintenance and Operations (M & O).
- Coordinate the purchase and delivery of computer related equipment with Information Technology (IT).

9 FORMS SECTION

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Office Workstation Ergonomics: Self Evaluation Checklist

Following completion of this checklist, please discuss any concerns or requirements with your supervisor. The employee and supervisor should retain a copy of all completed assessments.

YES	NO	Chair
		Are your feet flat on the floor or on a footrest with knees and hips at the same height?
		Is the backrest of the chair adjusted to provide lumbar support?
		Is there 2-3" of space from the front of the chair seat to the back of your knees?
		Are arm rests available for support when needed and out of the way when necessary?
		Do you know how to use all the chair adjustment features?
YES	NO	Keyboard and Mouse
		With shoulders relaxed and elbows at 90 to 110 degrees, is the keyboard under the palms of the hands?
		Do you use the keyboard and mouse without planting or pivoting your wrists on the desk or wrist support?
		Does the keyboard lay flat (not propped up on legs)?
		Is your mouse positioned next to the keyboard the same height as the keyboard?
		Is the mouse comfortable to use?
YES	NO	Monitor
		Single monitor: Is monitor positioned directly in front of you? Dual monitors: Are they centered or with the main monitor centered?
		Is your monitor easily viewed while sitting back supported by the Chair? Monitor position should be approximately an arm's length away.
		Is the top of the monitor screen at or slightly lower than eye level? If using bi-focal or progressive lenses, the monitor may need to be lower to maintain neutral neck position.
		Is monitor positioned to avoid glare from a light source like a window or light fixture?
YES	NO	Work Practices
		Do you take time to move or change positions at least every 30 minutes?
		Do you use a headset or speakerphone if writing or keying while speaking on the phone or in a meeting?
YES	NO	Work Environment
		If using laptop for prolonged periods of time, consider using: <ul style="list-style-type: none"> • A full-sized external keyboard and mouse • A plug-in or docking station with full sized monitor or laptop stand.
		Is the underside of the desk free from clutter?
		Are you giving your eyes a break by looking away from the monitor?
		Are frequently used items within easy reach?

* All answers should be "YES." Please use the "NOTES" section to address "NO" answers.



Office Workstation Ergonomics: Self Evaluation Checklist

NOTES:

Employee Completing Assessment

Name: _____ Date: _____

Division/Supervisor

Name: _____ Date: _____

REPETITIVE MOTION INJURY REPORT FORM

(Employee should have licensed physician complete and provide to Human Resources)

California Code of Regulations, Title 8, Section 5110 requires employers with 10 or more employees to establish and implement a program to minimize repetitive motion injuries if two or more employees, within a 12-month period, report objectively identified and diagnosed repetitive motion injuries predominantly caused (50% or more) by a repetitive job, process or operation of identical work activity. The California Division of Occupational Safety & Health considers information customarily relied upon to diagnose repetitive motion injuries include physical examinations and tests such as electromyography, x-rays, computerized tomographs, and magnetic resonance imaging.

I have conducted an examination of _____
and have objectively identified and diagnosed the following repetitive motion injury:

The employee participates in the following activities away from work, which may contribute to the repetitive motion injury:

The combination of these non-work activities accounts for _____ percent of the repetitive motion injury.

Activity: _____ Percent _____

Activity: _____ Percent _____

Activity: _____ Percent _____

Activity: _____ Percent _____

It is my opinion that this repetitive motion injury is 50% or more caused by the following work-related repetitive job, process, or operation: (be specific)

Activity: _____ Percent _____

Activity: _____ Percent _____

Activity: _____ Percent _____

Activity: _____ Percent _____

REPETITIVE MOTION INJURY REPORT FORM

(Employee should have licensed physician complete and provide to Human Resources)

Based on the following:

I suggest the following controls of the exposure from the above listed job, process, or operation:

Additional comments/suggestions:

Printed Name

Signature

Date