Self-Assessment Tool

Base Name: _____ **Date:_____**

Address: _____

Base POC: _____ **Phone: _____**

E-mail Address: _____ **Interviewer (if applicable): _____**

Base Resources (list personnel/speciality area/training):

Personnel	Specialty Area	Training

Table 1. General Program Management

Structure	Yes (2)	In progress (1)	No (0)	**Process**	Yes (2)	In progress (1)	No (0)	**Outcome**	Positive change observed (2)	Measured; no positive change (1)	Baseline measured; no changes expected (1)	Not measured (0)
Management endorsement of Ergo Subcommittee.				Ergo Subcommittee holds regular meetings.				WMSD rate.				
Resources allocated (personnel and funds).				Records are kept on meeting minutes, discussions, and decision summaries.				Turnover rate.				
Installation Ergonomics Officer/Ergo Subcommittee chairperson identified.				Records are kept on action items/hazard abatement tracking log.				Absenteeism rate.				
Major players identified and duties assigned (including the record keeper).				Ergo Subcommittee provides feedback/status information to management and employees.				Production output.				
Ergo Subcommittee formed.				Employee involvement/suggestions sought.				Product quality.				
Employee representative on Ergo Subcommittee (may be union).				Employees are given credit for ideas.				Morale (worker opinion survey).				
Written policy in place.				Managers' performance reviews include ergonomic issues.								
Policy to consider ergonomics in plant/equipment planning process.				Information on ergonomics program is disseminated (e.g., bulletin boards, newsletter, and posters).								

Structure	Yes (2)	In progress (1)	No (0)	**Process**	Yes (2)	In progress (1)	No (0)	**Outcome**	Positive change observed (2)	Measured; no positive change (1)	Baseline measured; no changes expected (1)	Not measured (0)
				Ergonomics program elements implemented and integrated with other activities (e.g., Health Promotion and Wellness, CPO Worker Compensation Committee, regular IH and safety inspections, purchasing and design).								
				Periodic program/policy review (annual) to set/re-set priorities.								
Score: _____ of possible 16				**Score: _____ of possible 20**				**Score: _____ of possible 12**				
Remarks:												

Table 2. Workplace Assessment

Structure	Yes (2)	In progress (1)	No (0)	**Process**	Yes (2)	In progress (1)	No (0)	**Outcome**	Positive change observed (2)	Measured; no positive change (1)	Baseline measured; no changes expected (1)	Not measured (0)
Written policy in place.				OSHA 200 log accurate and up-to-date.				Severity Rate.				
Communication link established; feed-in communication (e.g, from health care providers, safety, IH, CPO).				Regular passive surveillance (e.g., quarterly, monthly) of existing records (injury/illness record review, accident report review, sentinel event notification).				Incidence Rate.				
Passive surveillance trigger for active surveillance defined (e.g., one suspected WMSD).				Rates calculated: Severity Rate Incidence Rate Prevalence Rate				Prevalence Rate.				
Process described to respond to high risk area/injury.				High risk areas identified through passive surveillance.				Surveillance Timeliness: *# active assessments within time limit* / *Total # active assessments*				
Documented assessment process/ procedure (includes formation of action team).				Periodic employee surveys (e.g., Job Requirements/Physical Demands Survey).				Report Timeliness: *# reports released within time limit* / *Total number of active surveys*				
Frequency of periodic surveys defined.				Active surveillance performed in response to passive surveillance trigger.								

Structure	Yes (2)	In progress (1)	No (0)	**Process**	Yes (2)	In progress (1)	No (0)	**Outcome**	Positive change observed (2)	Measured; no positive change (1)	Baseline measured; no changes expected) (1)	Not measured (0)
Documented guidelines for use of risk assessment codes (RACs)				Active surveillance survey within ____ days of injury, complaint or concern.								
Prioritization criteria established (based on mgt priorities, mission, etc).				Walk-through ergonomic surveys performed in conjunction with regular assessments and inspections.								
Time limits to initiate active surveillance in response to injury, complaint, or concern established.				Assessment includes items such as task documentation, measurement, and video.								
Time limit to complete assessment and release report established.				Employee input solicited.				.				
				Survey results compiled and documented.								
				RACs assigned based on assessment results.								
				Assessment results/high hazard areas presented to management, supervisors, and employees.								
				Assessment/recommended changes/reassessment tracked and documented.								

Structure	Yes (2)	In progress (1)	No (0)	**Process**	Yes (2)	In progress (1)	No (0)	**Outcome**	Positive change observed (2)	Measured; no positive change (1)	Baseline measured; no changes expected) (1)	Not measured (0)
				Ergo problem/priority list developed, documented, and maintained.								
				Justification for assessment/ intervention prioritization and selected strategies documented.								
Score: _____ of possible 20				**Score: _____ of possible 32**				**Score: _____ of possible 10**				

Remarks:

Table 3. Hazard Prevention and Control

Structure	Yes	In progress	No	**Process**	Yes	In progress	No	**Outcome**	Positive change observed	Measured; no positive change	Baseline measured; no changes expected	Not measured
	(2)	(1)	(0)		(2)	(1)	(0)		(2)	(1)	(1)	(0)
Written policy in place.				Multiple solutions are considered and compared against standards/criteria.				Severity Rate (SR)				
Documented process to control hazards.				Employee and supervisor suggestions and input for solutions solicited.				Incidence Rate (IR)				
Prioritization process/criteria established, described, and justified.				Justification for control selection documented.				Prevalence Rate (PR)				
Time limits to respond to high, medium, low risk problems established.				Improvements have clearly defined goals.				Restricted Days Rate: *# restricted (light duty) cases* / *Total number of WMSD cases*				
Control recommendations time limit: recommendations identified within ___ days for high risk area.				Implementation and systematic, organized follow-up schedule developed and documented.				Readiness Rate: *# active duty personnel NOT on profile* / *Total number of active duty in unit*				
Follow-up evaluation process and criteria defined.				Implementation plan and schedule are in accordance with RAC guidelines.				Job Requirements/Physical Demands Survey - changes in risk exposure, discomfort.				
				Implementation plan communicated and coordinated with management, supervisors, and workers.				Implementation Rate: *# recommendations implemented* / *Total number of recommendations*				

Structure	Yes	In progress	No	**Process**	Yes	In progress	No	**Outcome**	Positive change observed	Measured; no positive change	Baseline measured; no changes expected	Not measured
	(2)	(1)	(0)		(2)	(1)	(0)		(2)	(1)	(1)	(0)
				Job improvements and re-assessments are documented in an abatement tracking log.				Implementation Timeliness: *# high risk recommendations implemented in time schedule* *Total # high risk recommendations implemented*				
				Control solution results are evaluated at defined intervals, documented, and tracked.				Employee survey: satisfaction/dissatisfaction post implementation of control.				
				Results of controls are communicated to management, supervisors, employees.								
				Ergonomic design standards applied for tool and equipment purchases.								
				Industry monitored for new ideas/solutions.								
Score: _____ of possible 12				**Score: _____ of possible 24**				**Score: _____ of possible 18**				
Remarks:												

Table 4. Health Care Management

Structure	Yes	In progress	No	**Process**	Yes	In progress	No	**Outcome**	Positive change observed	Measured; no positive change	Baseline measured; no changes expected	Not measured
	(2)	(1)	(0)		(2)	(1)	(0)		(2)	(1)	(1)	(0)
Written policy in place.				Health care provider (physician, occ OHN, IH, OT/PT) involved in the management of WMSDs.				WMSD rates: Severity rate, incidence rate, and prevalence rate by area risk designation.				
Qualified physician, OHN, or other appropriate health care provider administers program.				WMSD trends monitored and reported based on medical records.				Recovery rate: *# returned to full duty / Total number restricted duty cases*				
Written procedures/protocol/ algorithm reflecting best practices.				Periodic medical surveillance conducted for high risk groups.				Recurrence rate: *# WMSD cases re-opened / Total number of WMSD cases*				
Documented WMSD investigation protocol.				Early reporting encouraged through supervisor/worker awareness training and other methods.				Evaluation timelines: *# cases evaluated within time limit / Total number of early reporting cases*				
Communication link described in protocol and established between health care personnel and ergonomics committee.				Adherence to investigation and treatment protocols periodically monitored.				Team follow-up: *# cases ergo team responded to evaluate request on time / Total number of restricted duty cases requiring workplace eval*				

Structure	Yes	In progress	No	**Process**	Yes	In progress	No	**Outcome**	Positive change observed	Measured; no positive change	Baseline measured; no changes expected	Not measured
	(2)	(1)	(0)		(2)	(1)	(0)		(2)	(1)	(1)	(0)
Time limit to evaluate employee early reporting compliant established.				Evaluation and periodic re-evaluation of protocols to ensure continued reflection of best practices.				Protocol adherence monitored (e.g., under established quality assurance process).				
Time limit for ergonomics team to respond to provider request for work-place evaluation for light duty/return to work established (developed jointly by provider and ergo subcommittee).				Established communication links between health care providers and ergonomics subcommittee are used and periodically monitored.								
				Workplace assessed to ensure job requirements are appropriate and ergonomic risks are eliminated or reduced to an acceptable level for returning/light duty employees.								
				Break-in period/work hardening/ reconditioning outlined for new/ returning employees.								
				Employees instructed in and encouraged to follow fitness, warm-up, stretching, work hardening and reconditioning practices.								
Score: _____ of possible 14				**Score: _____ of possible 20**				**Score: _____ of possible 12**				

Structure	Yes	In progress	No	**Process**	Yes	In progress	No	**Outcome**	Positive change observed	Measured; no positive change	Baseline measured; no changes expected	Not measured
	(2)	(1)	(0)		(2)	(1)	(0)		(2)	(1)	(1)	(0)

Remarks:

Table 5. Education and Training

Structure	Yes (2)	In progress (1)	No (0)	**Process**	Yes (2)	In progress (1)	No (0)	**Outcome**	Positive change observed (2)	Measured; no positive change (1)	Baseline measured; no changes expected) (1)	Not measured (0)
Written policy in place				Worker ergonomic training covers recognition of basic risk factors, WMSD symptoms, reporting procedures, and standard solutions.				Post test (retention): employee knowledge, awareness of ergo risk factors, and can describe improvements based on risk factors.				
Communication method to identify training needs established with committee members, health care providers, CPO, etc.				Target training groups identified.				Follow-up check on results of training: information retained, workstation changes made, behavioral change.				
Time limit to offer training after identification of high risk area established.				Group training needs and program outlined.				High risk training rate: *# employees in high risk areas trained* / *total # employees identified in high risk areas*				
				New employees and supervisors receive ergonomic awareness training in orientation training.				Training response rate: *# training sessions meeting high risk time limit* / *total number of high risk training sessions*				
				Supervisor training on ergonomic risk factors and program conducted.								

Structure	Yes (2)	In progress (1)	No (0)	**Process**	Yes (2)	In progress (1)	No (0)	**Outcome**	Positive change observed (2)	Measured; no positive change (1)	Baseline measured; no changes expected) (1)	Not measured (0)
				Annual training conducted for high risk areas.								
				Special/focused training conducted for high risk/special problem/ concern area.								
				Training tailored to target audience.								
				Information disseminated by bulletin board, posters, informational publications, etc to increase general worker awareness.								
				Health care personnel monitor and/or are involved in training.								
Score: _____ of possible 6				**Score: _____ of possible 20**				**Score: _____ of possible 8**				
Remarks:												

Table 6. Program Assessment

Structure	Yes (2)	In progress (1)	No (0)	**Process**	Yes (2)	In progress (1)	No (0)	**Outcome**	Positive change observed (2)	Measured; no positive change (1)	Baseline measured; no changes expected (1)	Not measured (0)
Assessment criteria established and documented based on management input.				Trend analyses performed. -Severity rate (SR) -Incidence rate (IR) -Prevelance rate PR) -				Trend analyses results. -SR - -IR - -PR - - -				
Frequency of assessments established (e.g., quarterly, semi-annual, annual)				Regular reports on assessments prepared and submitted.				Lost work day claims rate: $\frac{\textit{\# lost work day claims}}{\textit{total number of claims}}$				
				Results of assessments communicated to management, supervisor, employees.				45-day Rate: $\frac{\textit{\# cases out over 45 days}}{\textit{total lost workday cases}}$				
				Program and criteria modified as indicated in response to assessment findings.				Recurrence rate: $\frac{\textit{\# WMSD cases reopened}}{\textit{total number of WMSD cases}}$				

Structure	Yes (2)	In progress (1)	No (0)	**Process**	Yes (2)	In progress (1)	No (0)	**Outcome**	Positive change observed (2)	Measured; no positive change (1)	Baseline measured; no changes expected (1)	Not measured (0)
				Data gathered from a variety of sources, including: ➢ Personnel (workers comp: man-days/hours, etc) ➢ Resource management (workers comp costs, budget status for ergo plan, equipment/supplies costs, contract costs) ➢ Safety (accident numbers, rates) ➢ Engineering (facility modifi-cation costs) ➢ Employees (notice of hazard reports, employee complaints to OSHA/union)				Discovery-Resolution Timeliness: $\frac{\textit{\# cases within discovery-resolution time limit}}{\textit{total number of cases}}$				
								Employee satisfaction.				
								Cost-benefit analysis - cost savings or avoidance				
								Production rate changes.				
Score: _____ of possible 4				**Score: _____ of possible 10**				**Score: _____ of possible 16**				
Remarks:												