



1.0 INTRODUCTION

NB Power is dedicated in providing a workspace that meets employees' physical needs. Successful office ergonomics provide ways for employees to self-assess their workspace and/or have their workspace assessed to meet their individual physical or health needs. It is the employee's responsibility to ensure their own health is taken care of to ensure optimal comfort and productivity not only for the workplace but for everyday living.

2.0 SCOPE

This standard applies to any NB Power employee who works in a NB Power Office. Some resources will be available to those with home workstation but is not extended to contract or consulting employees.

3.0 REFERENCES

	NB Power and IBEW Collective Agreements
Regulations 91-191	New Brunswick OHS Act & Regulations
Section 2.8	NB Power Corporate Safety Manual
	Personal Health Information Privacy and Access Act of New Brunswick
	Canadian Human Rights Act (CHRA)
CEA A-2-2018	Standard for Recording and Measuring Occupational Injury/Illness Experience and Transportation Incidents.
HR-76	Flexible Workplace Policy

4.0 TERMS AND DEFINITIONS

Ergonomics	Designing and arranging a work area to fit the employee so the work is safer and more efficient
Essential Job	Are the primary activities required to perform approximately 80% of the



Duties	job duties of a position.
Work Relatedness	Injuries/illnesses that occur while an employee is performing work on behalf of the employer for pay or compensation. The task must be directly related to the performance of work assigned

5.0 ROLES AND RESPONSIBILITIES

5.1 Employees

- Complete ergonomics education and self-assessment.
- Use the basic principles of ergonomics in their daily work for optimal health.
- Discuss with supervisor any requirements necessary for the employee's workstation.
- Discuss with supervisor the need for an internal assessment if necessary.
- Receive approval for internal and/or external ergonomic assessment from supervisor.
- Provide the necessary documentation if an external ergonomic assessment is required with Total Health nurse.
- Report any health or safety issues arising from ergonomic issues at the workplace.

5.2 Employer

- Provide employees with educational resources and self-assessment tool.
 - Assist employee with acquiring the necessary equipment through Facilities for their workstation.
 - Support employee with making the workspace changes to ensure proper ergonomics.
 - Ensure employees have completed Computer Based Training for Ergonomics (Fundamentals) before reaching out to an internal assessor.
 - Help direct employee to internal assessor if required.
 - Provide approval for employee ergonomic assessment to the Total Health Specialist.
 - Provide employee information to Total Health nurse for referral.
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5.3 Internal Assessor

- Arrange time with employee to complete internal ergonomic assessment.
- Provide recommendations with employee for any corrective actions needed.
- Complete documentation from the assessment and send to Total Health nurse.
- Follow up with employee to ensure recommended corrective actions are completed.

5.4 Total Health Service

- Ensure approval has been received for employee's external ergonomic assessment.
- Ensure referral form is completed and sent to our external service provider.
- Ensure external ergonomic assessment provider & employee have been in contact.
- Track and keep records of employee ergonomic assessment process.
- Provide the completed ergonomic assessment to employee to share with supervisor.
- Follow up with invoices that service provider has not received payment for.
- Support any injuries, accommodation or return to work related to workplace ergonomics.

5.5 Service Provider

- Contact employee for external ergonomic assessment once referral is received.
- Work with employee to schedule ergonomic assessment.
- Provide completed ergonomic assessment with recommendations to Total Health Services
- Provide employee with a follow-up assessment if needed.

5.6 Facilities

- Assist employees with office configurations as requested by supervisor.
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6.0 STANDARD

6.1 Background

This ergonomic three-phased process is intended to provide education, service and optimize resources to ensure the office ergonomic needs of NB Power employees are being met.

6.3 Process Steps

The office ergonomic assessment process is built in three phases. The phases are as follows:

- 1) Employee self assessment,
- 2) Internal Ergonomic Assessment
- 3) External Ergonomic Assessment.

Each phase of the assessment process is intended to assist the employee to achieve their ergonomic need. The phases must be completed in ~~subsequent~~ order to meet the requirement for the next phase.

Please refer to HR-76 Flexible Workplace Policy for guidelines around home office equipment.

6.3.1 Phase 1: Ergonomic Self Assessment

- 1) Complete the Computer Based Training (CBT) on the Learning Management System (LMS).
- 2) Complete the Office Ergonomic Self Assessment Tool (See Appendix A).
- 3) If needed, Supervisor requests changes to office equipment with Facilities, via the E-form Facilities Building Services located on Watts' up.

6.3.2 Phase 2: Internal Ergonomic Assessment

- 1) If initial self assessment is not satisfactory OR significant changes need to be made, the employee must request an internal ergonomic assessment through their supervisor.
- 2) Supervisor reaches out to an internal assessor from the list of approved assessors to conduct an assessment with the employee.
- 3) Internal Assessor completes the assessment with the employee and files the internal assessment with the employee's supervisor.
- 4) If employee's workstation is offsite (i.e. home office), the assessment can be done virtually.
- 5) If needed, supervisor requests changes to office equipment with Facilities.
- 6) Internal Assessor follows-up with the employee after changes have been made to their workstations to ensure ergonomic requirements are met.

6.3.3 Phase 3: External Ergonomic Assessment

- 1) Employee may request an external ergonomic assessment through their supervisor if the internal ergonomic assessment isn't satisfactory and/or the employee has a medical reason for assessment being required and provides a medical note.
 - 2) Employee or supervisor provides a copy of the medical note with the Total Health Nurse.
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- 3) Total Health Nurse sets up the external ergonomic assessment with a service provider.
- 4) Service provider schedules an external ergonomic assessment directly with the Employee.
- 5) Results of the assessment are shared with the Employee, Supervisor and Total Health Nurse.
- 6) If needed, Supervisor requests changes to office equipment with Facilities.

*The cost of the assessment as well as the recommended equipment/furniture will be paid by the respective department of the employee requesting/receiving the assessment.

APPENDICES

- Self Assessment form

DOCUMENT APPROVAL

Role	Name	Signature	Date
Author	Jennifer Donovan		October 13 2023
Reviewed By	Zach Fitch		October 7 2023
Approved By	Robin Condon	<i>R. Condon</i>	November 6 2023

REVISION RECORD

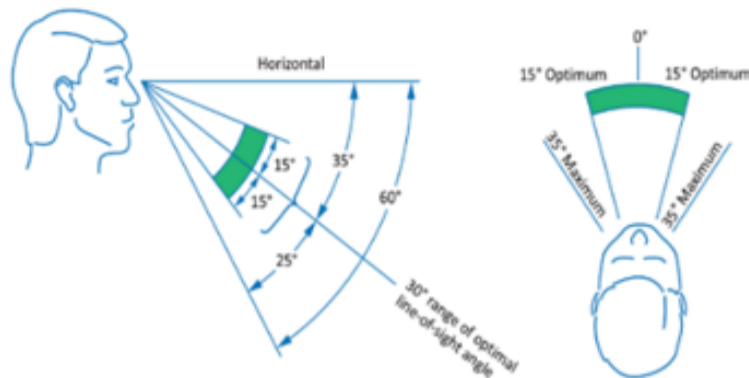
Revision #	Date yyyy/mm/dd	Revision Summary	Author	Reviewed By	Approved By

INSERT SIGNATURE



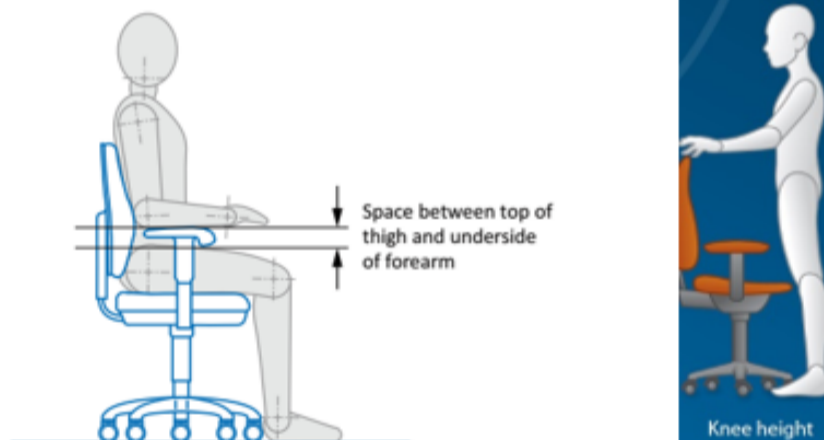
Appendix A - Self Assessment form

OFFICE ERGONOMIC WORKSTATION ASSESSMENT																	
Employee name:	Supervisor:																
Work Group:	Date:																
<p><u>OVERVIEW</u></p> <p>The following basic procedure should be followed when an employee is assigned to an office workstation. The procedure is intended to provide a consistent approach to ensure proper setup and use of a workstation including desk, chair, and computer to reduce the risk of musculoskeletal injury (MSI). If an employee experiences discomfort while working at a workstation, the employee is encouraged to report this discomfort to their supervisor so that the appropriate steps can be taken to eliminate or reduce these risk factors.</p>																	
JOB STEPS for Standard Workstation																	
<p>The height of the workstation (while sitting) should be at elbow height and if the key board tray is being used then height of the <u>work station</u> should be calculated from the tip of the keyboard to the floor surface.</p> <p>The furniture shall accommodate the relevant anthropometric characteristics of the user using the workstation ¹.</p>																	
<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Height of the user (cm/ft)</th> <th style="padding: 5px;">Height of the workstation (Inches)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">152-159.9 cm (5'-5"299)</td> <td style="padding: 5px;">24"</td> </tr> <tr> <td style="padding: 5px;">160-167.9 cm (5'3"-5'599)</td> <td style="padding: 5px;">25"</td> </tr> <tr> <td style="padding: 5px;">168-174.9 cm (5'6"-5'899)</td> <td style="padding: 5px;">26"</td> </tr> <tr> <td style="padding: 5px;">175-182.9 cm (5'9"-5'1199)</td> <td style="padding: 5px;">27"</td> </tr> <tr> <td style="padding: 5px;">183-190.9 cm (6'-6"299)</td> <td style="padding: 5px;">28"</td> </tr> <tr> <td style="padding: 5px;">191-197.9 cm (6'3"-6'599)</td> <td style="padding: 5px;">29"</td> </tr> <tr> <td style="padding: 5px;">198 - 205.9 cm (6'6"-6'899)</td> <td style="padding: 5px;">30"</td> </tr> </tbody> </table>		Height of the user (cm/ft)	Height of the workstation (Inches)	152-159.9 cm (5'-5"299)	24"	160-167.9 cm (5'3"-5'599)	25"	168-174.9 cm (5'6"-5'899)	26"	175-182.9 cm (5'9"-5'1199)	27"	183-190.9 cm (6'-6"299)	28"	191-197.9 cm (6'3"-6'599)	29"	198 - 205.9 cm (6'6"-6'899)	30"
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<p>Horizontal placement of monitor:</p> <ul style="list-style-type: none"> i. A single monitor shall be located directly in front of the user so there is no twisting of the head/neck and/or torso. ii. Where two monitors are used, and one is used more frequently than the other, the primary monitor shall be located directly in front of the user. 																	



- iii. Where two monitors are used equally, both monitors shall be positioned side by side, touching each other, and the point where they meet shall be directly in front of the user.
- iv. A good way to see if your monitor is far enough is to sit in your neutral position (with the chair pulled in where you would normally sit while typing) and straighten your arm in front of you. If your hand touches the monitor, it is likely too close. If you find yourself leaning forward to view your screen, the monitor is likely too far away.

b. Work chair parameters: Proper posture & having an adjustable chair are the key aspects for having ideal comfort:



- i. **Seat tilt:** Tilt the seat pan approximately 5° to offload the sit bones:
- ii. **Seat Pan Width:** The chair should be wide enough to avoid pressure on the side of the thighs:
- iii. **Seat Pan Length:** While seated, there should be a 5-7cm gap (roughly 2-3 fingers) between the base of the chair and behind the knees:
- iv. **Armrest:** The armrest should **NEVER** prevent you for getting close to the desk. The arm rests should not restrict any natural movements, if the armrests cause any problems, consider removing the arm rests:
- v. **Height:** While standing, the base of the chair should align with just below the knees. While seated, your feet should be able to rest flat on the floor or a footrest, and your hips and knees should be at 90 degrees:
- vi. It is important to regularly **change positions** because remaining in static position for long periods of time is not good for you:



vii. **Micro breaks** improve blood circulation, decrease the level of discomfort, increase productivity & decrease the chance of errors.

viii. **Frequent breaks** throughout the day (Take 30 to 60 seconds breaks every half hour).

c. **Laptop computers:** Where laptops are used for **extended durations**, the user shall be provided with one of the following:

- i. a docking station with an external monitor, keyboard, and non-keyboard input device (e.g., mouse); or
- ii. an external keyboard and non-keyboard input device, with the laptop screen used as the monitor and positioned accordingly.



EMPLOYEE SELF-ASSESSMENT

Employee assesses their own equipment set up and makes the necessary adjustments according to Step 1 above. The employee must trial the new set up for a minimum of 2 weeks.

The following SWP should be followed to prevent MSIs.

Features of an ergonomic adjustable chair include:

- Seat pan – Adjustable in height and length.
- Back rest with lumbar support - Easily adjustable in height and angle.
- Arm rests – At proper height or adjustable, and allow you to get close to your workstation.

Chair & Keyboard:

- Adjust seat pan height so your feet rest firmly on the floor ① and Knees are bent approximately 90°-130°②. Re-adjust for different thickness of soles or heels.
- Adjust seat pan length so that an approximate two to three finger space is left between the edge of the chair and the back of your knees. ③
- Sit at the back of the chair - Adjust backrest height so that lumbar support is positioned in the natural curve of your lower back. ④
- Adjust backrest angle so your hips are bent approximately 90°-120° and your upper body is upright.
- Adjust armrests so that elbows are bent approximately 90°⑤ with shoulders down and relaxed.
- Keyboard, mouse and work surface, should be at elbow height.⑥
- Forearms and hands should be parallel to floor. ⑦
- A keyboard which is too high (and not adjustable) will require you to raise your seat height to attain the correct position. In these cases, a suitable footrest will be needed if your feet do not touch the floor.
- If using a document holder, place it as close as possible to your monitor.
- The "B" key on your keyboard should be centered with the belly button, and legs on the keyboard should be flattened to prevent wrist extension.
- The mouse should be positioned directly beside the keyboard to minimize reach distance.



Avoiding Eye Strain – Monitor & Lighting – Take an eye break every few minutes!

- Top of the monitor should be slightly below eye level and about 60 to 90cm from your eyes⑧, and directly in front of you. Your neck should be relaxed.
- Control the amount of light or lighting by using blinds and/or by reducing or increasing the number or intensity of light bulbs or tubes.
- Minimize glare by moving monitor, altering monitor angle, redirecting light source, or by using other methods.

Maintaining Good Posture - Move, stand, walk, stretch!

- Spread tasks that involve moving throughout the work day.
- Stand, move, and stretch frequently, so you accumulate at least 4 minutes of movement per hour.
- Sit at the back of your chair and straighten your back and shoulders against the backrest every 5 to 10 minutes.
- Minimize reaching and twisting. Place your phone and tools within easy reach.
- Stand while using the phone; reading; eating; cleaning your desk; etc.
- Take a longer path when walking to a printer, water fountain, meeting, washroom, etc.
- Move parts of your legs frequently while you are seated at your work station.

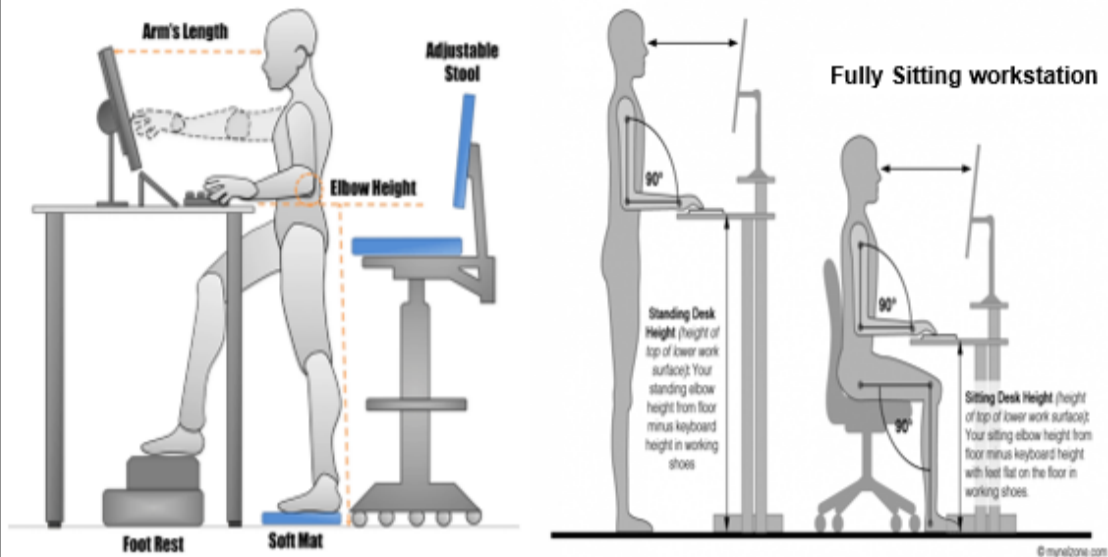
If you start experiencing pain or discomfort or need further assistance, you should:

- Discuss your problem with your supervisor/manager.
- Your supervisor/manager can request an ergonomic assessment as per this Safe Job Procedure.
- If discomfort or pain persists, consult your family physician/other health professional.



JOB STEPS for Sit/Stand Workstation (Figure 1)

Fully Standing Workstation



Considerations for determining suitable postures¹ (i.e. sitting or standing)

Postures	Considerations
Sitting	<ul style="list-style-type: none"> concentrated and focused work is performed; can include demanding visual requirements (e.g., computer work, proofing documents, combined telephoning and computer tasks) majority of tasks are performed while seated but allow for movement through multiple postures and brief periods of standing (including microbreaks) user does not lift or handle items weighing more than 4.5 kg
Standing	<ul style="list-style-type: none"> job requires considerable movement away from the workstation or movement within the workstation user lifts or handles items weighing more than 4.5 kg (e.g., while working in a shipping and receiving office setting and handling incoming materials)
Semi-standing (e.g., on a sit stand stool)	<ul style="list-style-type: none"> user performs a variety of tasks, the majority of which are suited to standing but some of which are better suited to semi-standing user needs to be at eye level with clients/customers who are standing it can be an accommodation for a user who cannot fully sit and/or fully stand
Sit to stand: a) Alternating between sitting and standing (see Figure 1)	<ul style="list-style-type: none"> long durations of concentrated and focused work performed in seated posture few alternative tasks or opportunities occur that require getting up from the seated posture
b) Alternating between sitting (e.g., on a high stool) and standing at a standing height workstation	<ul style="list-style-type: none"> user needs to be at eye level with clients who are standing user performs a variety of tasks, the majority of which are suited to standing but some of which are better suited to sitting job requires movement away from the workstation to other equipment (e.g., a printer) user lifts or handles items weighing more than 4.5 kg user performs frequent reaching to exchange items with customers who are standing slow periods of service are common during which the user can benefit from sitting

When using a sit to stand workstation remember to:

- change postures regularly between sitting, standing and moving, to avoid prolonged sitting or standing at your workstation
- listen to your body (especially if you experience discomfort or pain) and alternate between sitting, standing and moving
- seek medical advice from your health provider regarding and precautions for standing if you are pregnant or have a pre-existing musculoskeletal problem.
- start standing for short periods and gradually build up to longer standing periods over time
- consider the type of footwear worn i.e. low heel and supportive is preferable (consider leaving a pair at work)
- when standing, position your chair to avoid creating a trip hazard for yourself or others



<p><u>Total Health</u></p> <p>If required, the Total Health Nurse can provide advice on this procedure, and on recommendations made by assessors. Recommendations made by an external assessor, occupational therapist, doctor or other medical professional can be reviewed by internal assessors or a Total Health Nurse, to assist with decision making.</p>
<p style="text-align: center;">Responsibilities, Completion and Review</p> <p><i>Management and employees to ensure all duties are performed in accordance to training, established health and safety regulations/guidelines, policies and procedures (e.g. utilizing personal, protective equipment as per safe work practices). Notify Manager or designates (i.e. supervisors) of all occurrences, injuries, illnesses or safety and health concerns which are likely to harm themselves, co-workers, or any others who enter the premises.</i></p>
<p>Approved by:</p>
<p>Completed by and Date:</p>



Exercises to perform:



5 seconds each side



3-5 seconds 3 times



10-20 seconds 2 times



10-20 seconds



10 seconds each side



8 seconds



5 seconds each hand



10 seconds each arm



8 seconds



5 seconds each hand



5 seconds



15 seconds



PHYSICAL DISCOMFORT SURVEY

The physical discomfort survey is to be completed as needed and given to your manager, depending on your responses the manager may need to ask more questions to see what may be causing any described discomfort.

This survey can also be used at any time if conditions change, you move to a new workstation, or you start feeling pain and discomfort. Please refer to the above procedure to make sure you are set up in neutral ergonomic positions. If the self-assessment or internal assessment described in the site safe job procedure above do not resolve the discomfort, fill out this physical discomfort survey and send to your manager/director. Your manager/director will determine if an external assessment is required. External assessments are done by professional ergonomist, occupational therapist, physiotherapy.

Employee Details:	
Name	
Date:	
Job Title	
Brief Job Description	

Rate your physical discomfort (how much) using the scale of 0-10 (0 being no pain and 10 being serve pain)

Neck		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Shoulders		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Elbows		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Upper Back		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Forearms		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Lower Back		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Wrist/Hands		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Hips		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Thighs		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Knees		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Ankles/feet		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Lower Legs		<input type="checkbox"/> right <input type="checkbox"/> left
How often?	How much?	
<input type="checkbox"/> Never		
<input type="checkbox"/> Occasionally		
<input type="checkbox"/> Often		
<input type="checkbox"/> Always		

Other: _____	
How often?	How much?
<input type="checkbox"/> Never	<input type="checkbox"/>
<input type="checkbox"/> Occasionally	<input type="checkbox"/>
<input type="checkbox"/> Often	
<input type="checkbox"/> Always	