

## Safe Work Practice (SWP)

<b>Name of Task:</b> Computer Workstation	
<b>Department/Unit:</b> This practice applies to all employees who use a computer.	
<b>Personal Protective Equipment or other required equipment or other safety considerations:</b> N/A.	
<b>Hazards:</b> Eye strain/visual fatigue, Headaches, Carpal tunnel syndrome or other repetitive strains, Stiffness, pain in lower back, neck and shoulders, tendonitis.	
<b>Required Training</b>	N/A
<b>Steps to be taken to complete task safely:</b>	
1	Take breaks from the seated posture- time spent seated should be no more than one hour.
2	Adjust the angle of chair pan and backrest tilt throughout the day.
3	Use lumbar support anytime you are exposed to the seated posture.
4	Adjust armrests.
5	Take mini-breaks (2-5 minute sessions of stretching) to prevent gradual build up of muscular strains.
6	Position mouse at same height as keyboard.
7	Position keyboard at a height that allows elbows to remain at a 90 degree angle or greater and neutral wrist posture.
8	Adjust monitor to promote neutral neck posture, with the top of the screen at eye level or slightly lower.
9	Position monitor at arm's length when seated in front of the keyboard maintaining proper posture.
10	Use foot rest when chair height does not allow feet to be supported comfortably on the floor.
11	Use document holder to maintain a neutral head position when transferring information from documents into computer.
<b><i>If an emergency situation occurs while conducting this task, or there is an equipment malfunction, shut the equipment off immediately and follow the lock out procedure. Report any hazardous situation to your instructor/supervisor immediately.</i></b>	
<b>Responsibilities, Completion and Review</b>	
<i>Management and workers to ensure all duties performed in accordance to training, established health and safety regulations/guidelines, policies and procedures (e.g. utilizing personal, protective equipment as per SAFE Work Procedures). 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>	
<b>Completed by and Date:</b>	<b>Approved by:</b>
<b>Last Reviewed / Revised by and Date:</b>	<b>Note:</b> This task will be monitored periodically to ensure compliance and effectiveness.