

Gulfof**Mexico**



Operations: HSE

Health and Industrial Hygiene

Office Ergonomics
Safe Work Practice (SWP)

AMENDMENT RECORD

Amendment Date	Revision Number	Amender Initials	Amendment
06/23/2016	2	S.Swain	Updated the Remedy OES Re-assessment timeframe to reflect new 3-year update process.
07/08/2015	1	V.Murray, D.Liu, D.Haines, L.East, M. Glencross	Updated document template and custodian/authority. Minor non-technical updates.
06/06/2012	0	Director of Health and Safety, Health and Industrial Hygiene Team Leader	Initial issue as a controlled document

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1 Introduction

This Safe Work Practice provides Gulf of Mexico (GoM) Region Westlake office based employees and contractors with a process to recognize, evaluate, and control ergonomic hazards associated with the office environment. This Practice aligns with the Occupational Safety and Health Administration (OSHA) General Duty Clause 5(a)(1) and BP's Operating Management System (OMS) framework.

Remedy OES™ is the preferred ergonomic management tool for BP businesses, and it is required for GoM Region employees and contractors who work in an office environment for more than 90-days out of a calendar year.

2 Scope

This SWP applies to BP GoM Region Operations, Wells, and Projects personnel based at the Westlake office.

3 Key Responsibilities

3.1 US Risk Assessment Coordinator (RAC)

- A. Send invitations to employees / contractors to complete their individual Remedy OES™ self-assessment.
- B. Monitor Remedy OES™ risk status and produce monthly management information reports (MIR) for Remedy Implementation Lead.
- C. Refer a high risk individual to the Westlake Ergonomist following the individual's 20-day issue resolution review.

3.2 Remedy Implementation Lead (RIL)

- A. Provide the employee and contractor lists to the RAC.
- B. Coordinate Health and Industrial Hygiene expertise for investigations of potential work related ergonomics cases.
- C. Provide non-conformance list to line management by function.

3.3 BP Line Manager

- A. Receive notification when an employee or contractor is not in conformance with their Remedy OES™ self-assessment.
- B. Report employee and contractor's discomfort to the Occupational Health Advisor. Refer the contractor to the contract company's Case Management Team.
- C. Receive notification within 2 business days, if the contract company determines the ergonomic case to be work related, and notify the Occupational Health Advisor.
- D. When requested by the Occupational Health Advisor, complete an injury and illness report for the employee and submit to the worker's compensation claim adjuster.

3.4 Employee / Contractor

- A. Complete the online Remedy OES™ self-assessment after receiving the invitation.

- B. Implement Remedy OES™ recommendations and/or update their online self-assessment within 20 days if they are a potential moderate or high risk level.
- C. Complete a new self-assessment every 3 years.
- D. Update their self-assessment when the following occur: discomfort related to their work environment, completion of a face-to-face ergonomics assessment with the Westlake Ergonomist, use of new workstation equipment, or if they move to a new office/desk location.
- E. Report any discomfort associated with the work environment to the BP Line Manager, Contract Line Manager (if applicable), or Occupational Health Advisor.
- F. Work with the Line Manager to complete the injury and illness report to submit to the worker's compensation claim adjuster.

3.5 Westlake Ergonomist

- A. Perform face-to-face ergonomic assessments for each individual that remains at a potential moderate or high risk level after completion of the issue resolution review. If the individual is classified as home-based, Westlake Ergonomist will refer to a consultant Ergonomist to perform the face-to-face ergonomic assessment following the same protocol as the Westlake Ergonomist.
- B. Respond within 1 business day of receiving the referral from the RAC to individuals reporting discomfort.
- C. Recommend workstation or equipment modifications and controls based on musculoskeletal disorder (MSD) hazards/risks during face-to-face ergonomic assessment.
- D. Refer BP employees to the Occupational Health Advisor when ergonomic discomfort is identified (see Section 5.6).
- E. Provide documented recommendations of the assessment to the contract company if the contractor meets the referral requirements.
- F. Maintain an ergonomics program database to monitor trends in face-to-face assessments modifications, controls, and recommendations. Provide to the GoM Health & Industrial Hygiene Team on request.

3.6 Occupational Health Advisor

- A. Receive notification of potential ergonomic discomfort and contact the employee for an interview.
- B. Provide the outcome of the interview to the individual's Line Manager, Westlake Ergonomist, and the Worker's Compensation claims adjuster, if an illness related to a workplace exposure is identified. If there are findings that are not work related, they must remain confidential and must not be reported to the Westlake Ergonomist or the BP Line Manager.
- C. Refer employee to an external healthcare provider (HCP) for further assessment and management, if considered appropriate.
- D. Inform the GoM Safety Programs Advisor as soon as practical if the case is presumed or determined to be work-related with possible OSHA recordability.
- E. Begin accommodation and/or case management protocol if employee requests work or environment adjustment unrelated to musculoskeletal symptoms or if musculoskeletal condition persists.
- F. Follow the accommodation process when an equipment purchase is not feasible.

3.7 GoM Safety Programs Advisor

Notify the Westlake HSSE Team of the information necessary to input data into the Westlake OSHA 300 Log within two days of becoming aware of the recordable work-related ergonomic case.

4 General Requirements

Individuals shall complete an initial assessment and every 3 years thereafter. In addition to the initial and 3-year requirements, the assessment shall be completed or updated when:

- A. Assigned a potential high or moderate risk level,
- B. There is a relocation or office move,
- C. Experiencing discomfort,
- D. Pregnant,
- E. There are changes in office equipment, or
- F. Major changes in the nature of work (i.e. mouse intensive).

For individuals that fail to complete their initial ergonomic self-assessment or subsequent issue updates, they will be placed on the non-conformance list.

5 Process

5.1 Remedy OES™ Self-Assessment

Individuals will receive an automated e-mail providing an invitation to complete Remedy OES™. The individual is then required to complete their Remedy OES™ online self-assessment to determine their potential ergonomic risk level.

Completion of the Remedy OES™ self-assessment includes the following steps:

- A. Personal Self-Assessment
- B. Basic Anatomy and Body Positioning
- C. Workstation Set-up
- D. RSI Guard (optional)

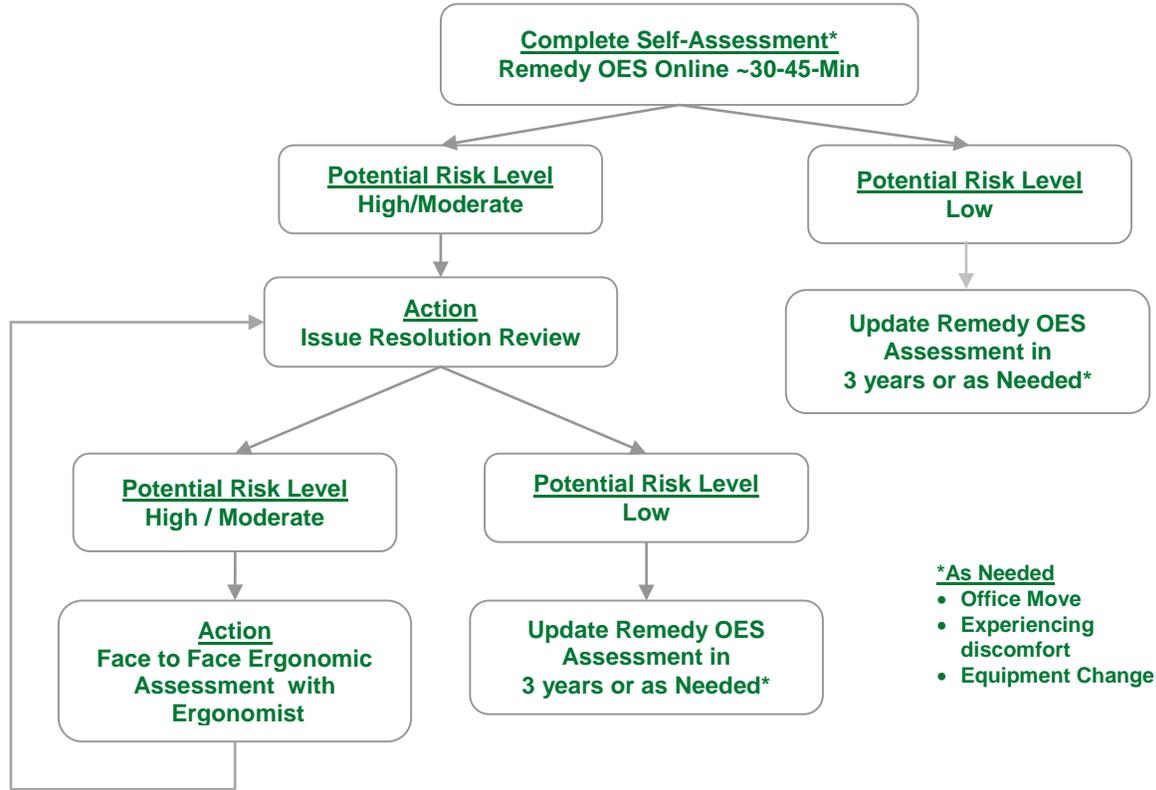
5.2 Potential Low Ergonomic Risk

If the individual's potential risk level is determined to be low, then the individual needs to update their Remedy OES™ self-assessment in 3 years or as needed (i.e., office moves, experiencing discomfort, equipment change).

5.3 Potential Moderate or High Risk

If an individual's potential risk level is determined to be moderate or high, the individual will receive an e-mail with detailed recommendations to minimize their risk. After 20 days, the individual will receive an email to review and update the issues in Remedy OES™ to re-assess their potential risk level. During the process of issue resolution review, only questions pertaining to the potential risks identified are presented which should reduce the amount of time the individual spends updating their assessment. After the assessment update, if the individual's risk level reduces to low, then the individual is required to update their Remedy OES™ assessment in three years or as needed. If the individual remains at a high or moderate risk level, then a face-to-face assessment with the Westlake Ergonomist is required.

Figure 1 - Remedy OES™ Process



5.4 Westlake Ergonomist Referral

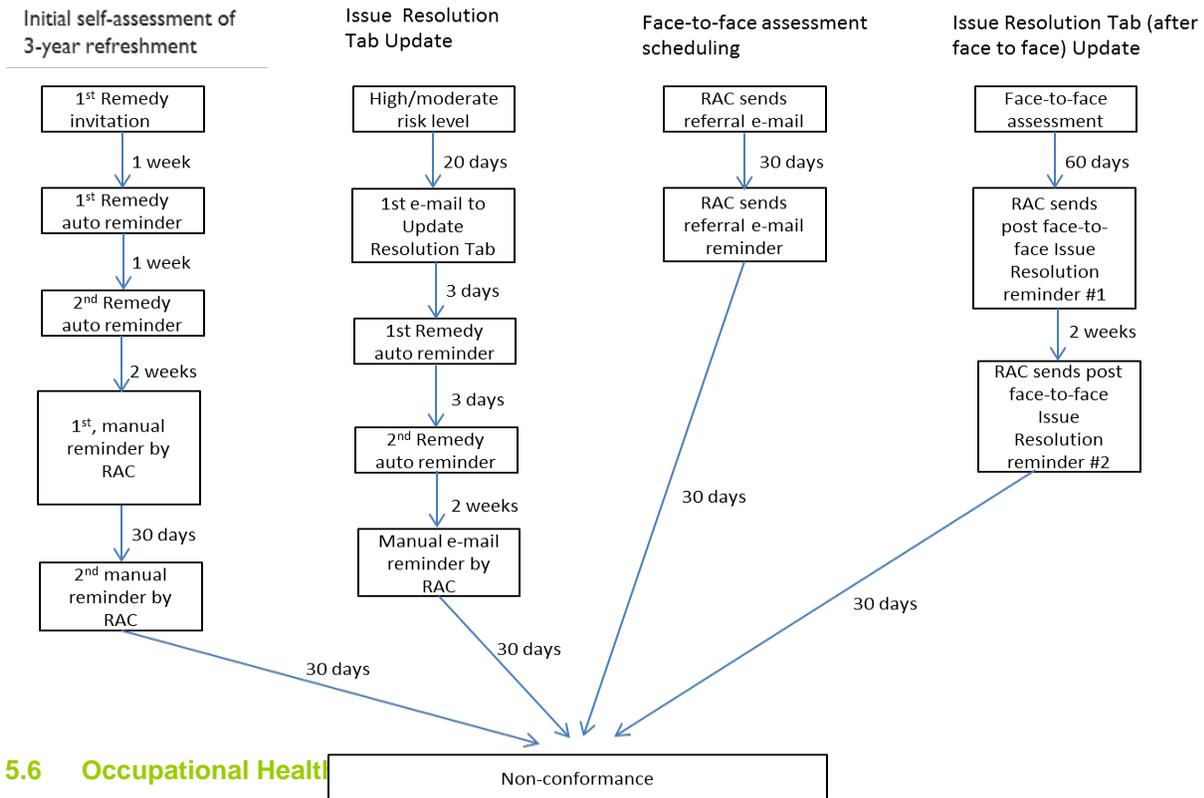
After being identified as potential high or moderate risk and completing the face-to-face ergonomic assessment, the Westlake Ergonomist may recommend feasible engineering, work practice and administrative controls for the MSD hazards identified. The assessment is then entered into the ergonomic database. The recommendations are sent to the individual with instructions to procure recommended items. E-mail reminders are sent to the individual to update their Remedy OES™ issues to re-assess their potential risk level 60 days after their face-to-face ergonomic assessment.

Refer to Figure 1 Remedy OES™ Process for the Sections 5.1 to 5.4.

5.5 Remedy OES™ Process Non-Conformance

In Sections 5.1 - 5.4, if the individual fails to complete the required self-assessment, issue resolution review or scheduling a face-to-face assessment after the e-mail reminders from the Remedy system and the RAC, the individual will be placed on a non-conformance list sent monthly to the RIL. Refer to Figure 2 Remedy Non-Conformance Flow Chart.

Figure 2: Remedy Non-Conformance Flow Chart

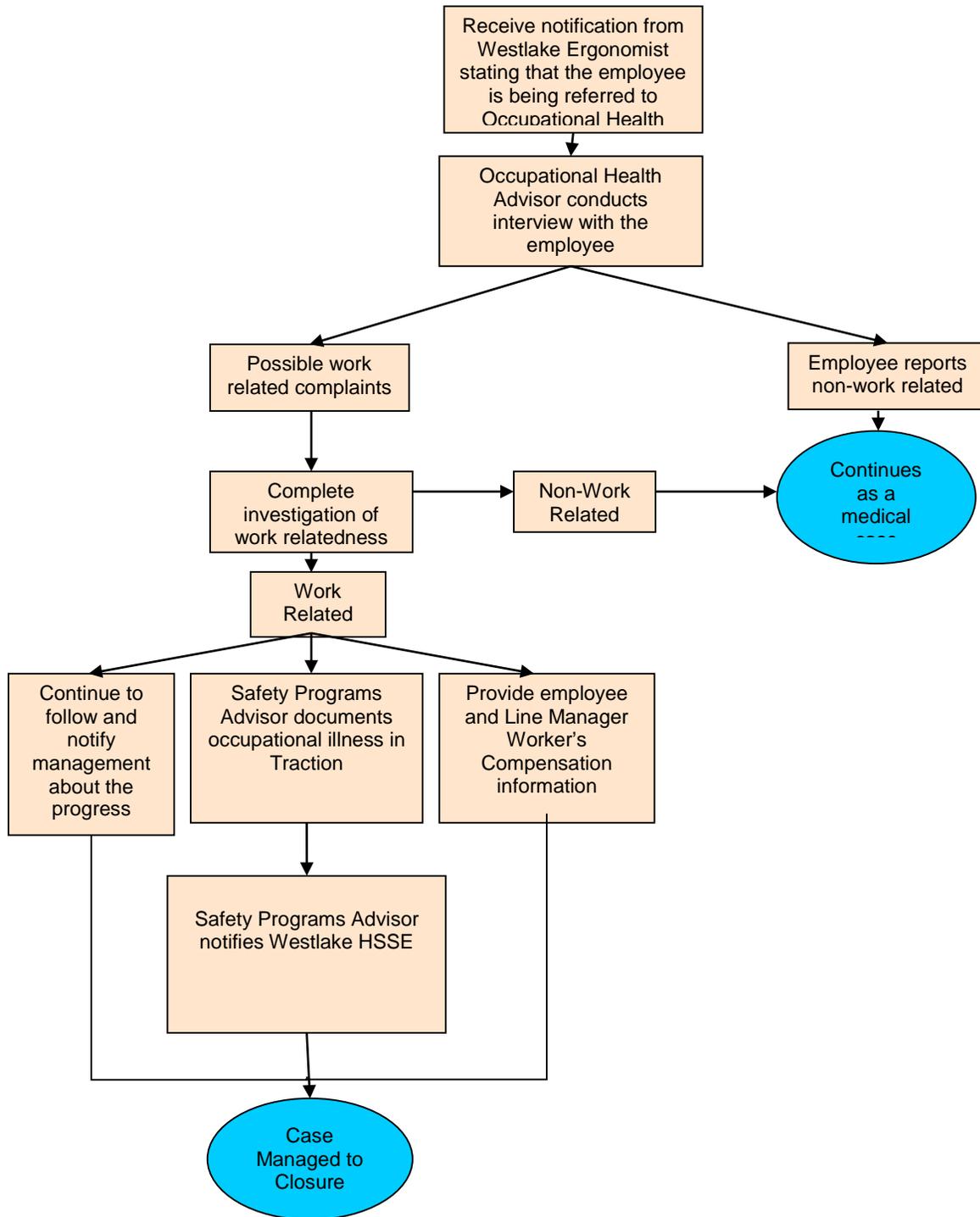


5.6 Occupational Health

- A. The Occupational Health Advisor is notified by the Westlake Ergonomist whenever any of the following occurs with a BP employee:
1. Employee reports persistent discomfort even after workstation modifications and controls are recommended and implemented.
 2. Employee reports pain associated with work activities and has a history of MSD.
 3. An ergonomic intervention is requested in order to accommodate a pre-existing musculoskeletal problem.
 4. Employee’s supervisor has recommended that employee have an ergonomic assessment for reported MSD symptoms.
 5. Employee is using a medical device (such as an wrist splint or brace) to relieve work-associated MSD symptoms.
 6. Employee has reported seeing a HCP for a MSD symptom that is possibly related to the work place or work activity.
 7. Medication accommodation requested for condition unrelated to musculoskeletal symptom.
- B. If the employee is referred to an external HCP by Occupational Health Advisor, work history information necessary for conducting an MSD evaluation shall be provided to the HCP by Occupational Health.
- C. The external HCP will provide a written opinion about the employee’s medical conditions related to the MSD hazard in the employee’s job. This report shall be directed to GoM Occupational Health and be considered confidential.

- D. The written opinion will include recommendations concerning temporary work restrictions and follow-up when indicated. The written report will provide a statement that the HCP informed the employee about the results of the evaluation and any medical conditions resulting from exposure to MSD hazards that require further evaluation or treatment. The written report will provide a statement that the employee was informed of other physical activities that could aggravate the MSD during the recovery period.
- E. The occupational health referral process can be seen in Figure 3 - Occupational Health BP Employee Referral Process below.

Figure 3: Occupational Health BP Employee Referral Process



5.7 Occupational Health Referral for Contractors

- A. The contractor is directed by the Westlake Ergonomist to contact the BP Line Manager and Contractor Line Manager regarding possible MSD whenever any of the following occurs:

1. Contractor reports persistent discomfort after ergonomic changes.
 2. Contractor reports pain associated with work activities and has a history of MSD.
 3. An ergonomic intervention is requested in order to accommodate a pre-existing musculoskeletal problem.
 4. Contractor's BP Line Manager has recommended that contractor have an ergonomic assessment for a reported MSD symptom.
 5. Contractor is using a medical device (such as a wrist splint) to relieve a work-associated MSD symptom.
 6. Contractor has seen a HCP for a MSD that is possibly related to the work place or work activity.
- B. If the contractor reports discomfort associated with MSD hazards, it is the contractor company's responsibility to direct their employee to their preferred HCP in accordance with the contractor's case management plan.
 - C. Work history information necessary for conducting a MSD evaluation shall be provided to the HCP by the responsible Line Manager.
 - D. The external HCP will provide a written opinion about the contractor employee's medical conditions related to the MSD hazard in the employee's job. Any findings not related to the workplace exposure to MSD hazards must remain confidential and must not be reported to the Westlake Ergonomist or the BP Line Manager. The Contractor Line Manager is responsible for informing the BP Line Manager if the case is determined to be work-related.
 - E. The Westlake Ergonomist should be included on the Case Management Team in accordance with the Westlake Campus Property Management (WLCPM) Case Management Procedure and will assist in meeting the recommendations of the HCP.

5.8 Recordkeeping

Remedy OES™ maintains ergonomic self-assessments indefinitely. Face-to-face ergonomic assessments performed by the Westlake Ergonomist are housed in the Westlake ergonomic tracking database. Case management records are housed in Medgate.

6 Definitions/Acronyms

Terms	Description
Administrative Controls	Changes in the way that work is assigned or scheduled in order to reduce the magnitude, frequency or duration of exposure to ergonomic risk factors (i.e., employee rotation, job task enlargement, alternative tasks, and employer-authorized changes in work pace.)

Case Management Process (Medical Case Management Process)	Involves a case manager with defined roles and responsibilities managing return to work for both occupational and non-occupational injuries and illness. The case manager understands the need to provide reasonable assurance that those persons placed in the office work environment be physically fit to safely perform their assigned duties without excessive risk or harm.
Contractor	A BP supervised individual under a contractual relationship to supply BP plc or one of its subsidiary companies with goods and / or services.
Engineering Controls	Physical changes to a job or work station that eliminate or materially reduce the presence of MSD hazards.
Ergonomic Hazard	The presence of one or more ergonomic risk factors in a job or work station.
Ergonomic Risk Factors	Aspects of a job that pose a biomechanical stress to the worker (e.g., forceful exertion, awkward posture, contact stress, repetition, cold temperatures, etc.)
Ergonomics	The study of the interaction between human beings, their work, tools they use and the environment in which they function.
Health Care Professional (HCP)	Physicians or other licensed health care professionals whose legally permitted scope of practice allows them to independently provide or delegate the responsibility for diagnosis and / or management.
Line Management	Employees whose primary responsibility is the direction and oversight of other employees. May also be referred to as Manager, Supervisor, Superintendent, or Lead Person.
Musculoskeletal Disorder (MSD)	Disorder of the muscles, nerves, tendons, ligaments, joints, cartilage or spinal discs.
Musculoskeletal Disorder (MSD) Hazards	Physical work activities and / or conditions present in the workplace that present ergonomic risk factors that are reasonably likely to cause or contribute to a MSD. MSD hazards are also called ergonomic stressors or ergonomic risk factors. Exposure to a MSD hazard depends on the duration, frequency and magnitude of each risk factor or to a combination of risk factors.
Non-conformance	Non-conformance list includes individuals that fail to complete their initial ergonomic self-assessment or subsequent issue resolution review or face-to-face assessment scheduling.

<p>Remedy Office Ergonomics Suite (OES)TM</p>	<p>Remedy Office Ergonomic Suite (OES)TM is an interactive workplace illness / injury prevention system that provides personal advice on working safely in an office environment as well as providing recommendations for improvement. It provides ergonomic education and awareness through an online ergonomic workstation assessment that is self-administered and takes approximately 45-minutes to complete. The assessment tracks and analyzes the employee's results and is then able to objectively assess exposure and identify the employee's individual risks. Remedy OESTM then intervenes, providing tools and guidance to best working practices by offering self- administered solutions that help reduce the individual's risk level. If the individual's risk is not reduced through the Remedy OESTM intervention, then a face-to-face ergonomic assessment is administered. Remedy OESTM can be used as a tool to identify, remediate and prevent workplace injury and illnesses associated with office environments. It can help reduce ergonomic risks and protect employees from workplace hazards.</p>
<p>RSIGuardTM</p>	<p>RSIGuardTM is a desktop ergonomic software tool that reduces the impact of repetitive work through personal break reminders and stretches.</p>
<p>Work Station Assessments</p>	<p>A systematic approach to evaluating the worker, tasks and work environment with the purpose of making specific recommendations for furniture, equipment and tool modifications, posture and work techniques.</p>

7 Key Documents/Tools/References

- A. OSHA 29 U.S.C. 654, 5(a)1
- B. Remedy OESTM Tool
- C. RSIGuardTM Tool
- D. Westlake Campus Property Management (WLCPM) HSSE Procedure Manual
<http://pmkms.bpweb.bp.com/CoESharedContent/Pages/WLPMHSSEProcedures.aspx>
 - WLCPM Ergonomics Program
 - WLCPM Case Management Procedure

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