Computer Ergonomics Primary Intervention Initiative: Frequently Asked Questions

1. What is the Computer Ergonomics Primary Intervention Initiative?
   The Primary Intervention Initiative is an effort to reduce risks for computer-related repetitive strain injuries (RSIs) by using an Institute-wide risk communication and training strategy. Support will also be provided in the key intervention areas of health and fitness, work processes, and equipment.

2. Why do this? How many people are actually injured?
   The estimated number of people injured in any institution depends on the type of computer-related RSI being tracked and the work context. Based upon a recent study at Harvard and available data from MIT’s core health and safety team, we believe that approximately ten percent of the Institute has some injury that would benefit from intervention; we also believe that this program will go a long way towards helping us prevent injuries in the future.

   Historically, MIT Medical has seen over 200 people per year with some form of RSI. EHS performed an average of 280 site inspections per year in calendar 2002 and 2003 as a result of an injury or computer user concerns.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total # of Patient Visits</th>
<th>Total # of Patients</th>
<th>Males</th>
<th>Females</th>
<th>Grad</th>
<th>Undergrad</th>
<th>Employees</th>
<th>Other</th>
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3. Okay, but what are the costs?
   Costs of injury vary from very little to tens of thousands of dollars when direct
costs, such as medical expenses and lost work time, and indirect costs, such as replacement costs and career development costs, are taken into account. Both the injured individual and the Institute incur costs from injuries.

4. Why do this now?
MIT has been building intervention capacity to ameliorate the effects of injury and prevent injury over the last two decades. However, to this point, MIT has not had an Institute-wide systemic effort at preventing injury.

Computers have permeated every aspect of life at MIT. Support staff use computers for many aspects of their work. MIT’s core mission of research, teaching and service is also deeply dependent on computer usage. More recently, the Institute has recognized the expanding impact of computer usage on basic day-to-day tasks, as well as its effect on MIT’s community life. People are more apt to communicate through typing and the Internet than face-to-face.

5. Is MIT doing this in response to a regulatory requirement?
Currently, there is no Federal ergonomics regulation. MIT is initiating this program to move into line with corporate best practices and to set a standard for academic health and safety programs consistent with MIT’s historic position of leadership. This work is being supported as part of MIT’s positive initiatives.

6. How much will it cost to make the changes or modifications recommended by Remedy Interactive web training course?
Many of the modifications recommended by Remedy focus on postural and behavioral modifications that can be made with no financial outlay. The average cost of an ergonomic intervention is about $150.

7. What if there are other barriers to following through on inspection recommendations? (No budget for modifications, Principal investigator intransigence, etc.)
There are a variety of ways that Central EHS can help. Perhaps there is equipment already available at the Institute. The MIT Procurement Office is a great resource and has built relationships with supply-chain partners. Some MIT computer users have purchased equipment off of the web, including eBay. If finances are the
stated barriers to creating a healthier workplace, please let Central EHS know. Requesting a site visit may help you come up with other ideas for improving your workstation, for example, do you really need a fancy monitor riser when a thick book or ream of paper placed under your monitor will do? We want to help you break this barrier.

8. **What is the cost-benefit trade off for making interventions prior to injury?**
   
   As noted before, it is difficult to predict the cost of injury for a particular individual before they are injured.

   MIT EHS has developed a table of intervention options that we hope you will distribute so that people in your department, lab or center are aware of the menu of options available to them. It emphasizes the availability and effectiveness of a variety of interventions beyond desks, chairs, and keyboards. The severity of productivity impacts can be so severe that it makes sense in many cases to invest tens of dollars upfront to save thousands of dollars later on.

   As we build this program, we would like EHS coordinator feedback to help us more precisely describe cost-benefit trade offs at MIT.

9. **What are the productivity impacts of injury?**
   
   Central EHS has prepared a table describing the productivity impacts. Rather than thinking in dollar figures, it may be helpful to think in terms of the productivity loss from an inability to type. Despite the existence of voice-recognition technology, many common software tools cannot be run effectively in a competitive environment without human typing.

10. **Who can advise if I disagree on the recommended modifications?**
    
    EHS will do a site evaluation if requested, email environment@mit.edu.