



Telecommuting Safety Program

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DOCUMENT REVISION LOG

Document: **Telecommuting Safety Program**

ACRONYMS & DEFINITIONS

EHS	Environmental Health and Safety
EOHS	Employee Occupational Health Services

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1. PURPOSE

This program outlines safe work practices that must be followed by all employees who work remotely.

2. SCOPE

This program applies to all UNM employee that telecommute in any capacity (routine telecommuting, remote work, or situational telecommuting).

3. ROLES AND RESPONSIBILITIES

3.1. Environmental Health & Safety

- Implements and maintains this program.
- Develops and reviews applicable training programs.
- Provides resources and guidance.
- Investigates reported incidents/near misses.

3.2. Supervisors

- Enforce this program.
- Approve the tasks the employee will be performing remotely.
- Ensure employees are trained in the tasks they will be performing remotely.
- Review safety checklist (see Attachment A) with telecommuting employees and mitigate (to the extent possible) any hazards discovered.
- Ensure employees have the appropriate equipment to perform their tasks safely in a remote environment.
- Revoke telecommuting privileges if it is determined by the supervisor that the employee is working in an unsafe manner.

3.3. Employees

- Follow the same safety procedures while telecommuting as they would onsite.
- Maintain a safe work environment.
- Complete the safety checklist (Attachment A) and correct any hazards discovered.
- Reach out to supervisor or EHS for assistance with mitigating hazards in the remote setting.

- Report any incidents or near misses as soon as possible to their supervisor, EOHS, and EHS
<https://ehs.unm.edu/accident-incident-spill-reporting/index.html> or Risk Services
<https://risk.unm.edu/reporting-an-incident.html>

4. PROGRAM REQUIREMENTS

4.1. Workspace

- An area specifically for work should be clearly defined.
- The work area should be well illuminated. It is preferable to have the illumination coming from the side or from behind.
- Means of egress need to be unobstructed.
- The work area should be well ventilated.
- Storage must be organized to minimize fire risk.
- If heavy items are placed above the floor, the stand must be sturdy and placed close to a wall.
- A First Aid Kit should be accessible.
- A list of emergency contact numbers should be easily accessible.
- A working smoke detector should be present.
- An evacuation plan should be in place.

4.2. Equipment

- Employee-provided equipment must be free from defects and suitable for its intended use.
- Employer-provided equipment must be:
 - Free from defects;
 - Suitable for its intended use; and
 - Only used for its intended task or purpose.
- UNM is not responsible for the cost, repair, or replacement of employee-provided equipment.
- Defects with employer-provided equipment should be reported immediately so it can be repaired or replaced.
- Extension cords must have grounding conductors.
- Extension cords must not be connected or “daisy-chained”.
- Phone lines and electrical cords shall be secured to avoid tripping hazards.
- Surge protectors should be used for computers, fax machines, and printers.

- Computer components should be away from direct sunlight or heating sources.

4.3. Ergonomics

NOTE: EHS will not perform ergonomic assessments in remote workspaces but can provide guidance.

- Ergonomics training is available on Learning Central.
- Office equipment (desk, chair, computer, etc.) should be appropriately designed and arranged to prevent undue strain on any part of the body.
- Please see Attachment B for resources and work station arrangements.
- It is important to take breaks and stretch, preferably once every 30 minutes.

4.4. Reporting

- Any injuries, incidents, or near misses must be reported in the same manner they would be onsite.
- Injuries, incidents, or near misses are considered work-related only if they occur while work is being performed.
 - Examples:
 1. If an employee drops a box of office supplies on his or her foot, it is work-related.
 2. If an employee cuts his or her finger while performing a work task, it is work-related.
 3. If an employee trips over a child while rushing to answer a work-related phone call, it is not work-related.
 4. If there is a fire in an employee's work area because of faulty wiring, it is not work-related.
- The New Mexico Workers' Compensation Act Poster is included as Attachment C.

5. ATTACHMENTS

5.1. Attachment A – Self-Certification Safety Checklist

5.2. Attachment B – Ergonomic Resources and Work Station Arrangements

5.3. Attachment C – Workers' Compensation Act Poster

ATTACHMENT A

SELF-CERTIFICATION SAFETY CHECKLIST

SELF-CERTIFICATION SAFETY CHECKLIST

Work Space	
Is there a clearly defined work space that is kept clean and orderly?	
Does the work space adequately accommodate workstation, equipment, and materials?	
Is the work space free from excessive noise and distractions?	
Is the work area adequately illuminated, preferably with the lighting to the side or behind the line of vision?	
Are floors clear and free from hazards?	
Is carpeting well secured and free from fraying?	
Have throw rugs been removed to prevent tripping?	
Are exits free of obstructions?	
Is the area well ventilated?	
Equipment	
Are supplies and equipment (both personally-owned and company-provided) in good condition?	
Is storage organized to minimize fire risk?	
Are radiators and portable heaters kept away from flammable materials?	
Do extension cords have grounding conductors?	
Is any wiring or cords frayed or exposed? If so, replace immediately.	
Are phone lines and electrical cords secured in order to avoid tripping?	
Do electrical enclosures have tight-fitting covers or plates?	
Are surge protectors used for computers, fax machines, and printers?	
Is the electrical system adequate for the equipment being used?	
Is equipment turned off when not in use?	
Are heavy items securely placed on sturdy stands close to walls?	
Are computer components away from direct sunlight & heat?	
Are your files and data secure?	
Do you have an inventory of equipment, including serial numbers?	
Do you have and run anti-virus software?	
Fire & Safety	
Is a First Aid Kit available?	
Is a portable fire extinguisher present?	
Is a working smoke detector present?	
Is there an evacuation plan in place?	
Ergonomics	
Are chair casters secure and rungs/legs sturdy?	
Is the chair adjusted appropriately?	
Is your back adequately supported in the chair?	
Are your feet adequately supported by the floor or a footrest?	
Is the top of your computer screen at eye level?	
Is there space to rest your arms when not using the keyboard?	



Telecommuting Safety Checklist

Emergency Contacts	
Police	911
Fire	911
Hospital	
Primary Care Provider	
EOHS	505-272-8043
Supervisor	

Employee Signature:

Supervisor/Reviewer Signature:

ATTACHMENT B

ERGONOMIC RESOURCES AND WORKSTATION ARRANGEMENTS

ERGONOMIC RESOURCES AND WORK STATION ARRANGEMENTS

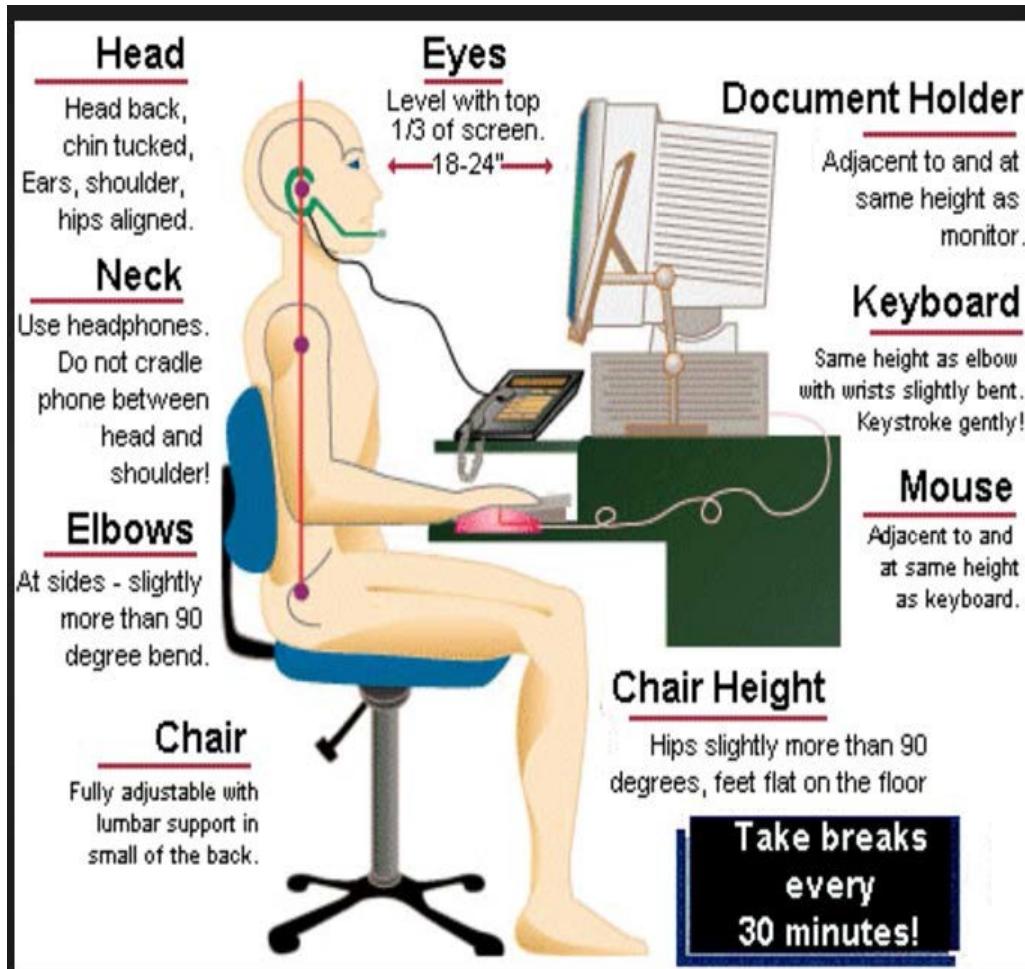
Resources

<https://ehs.unm.edu>

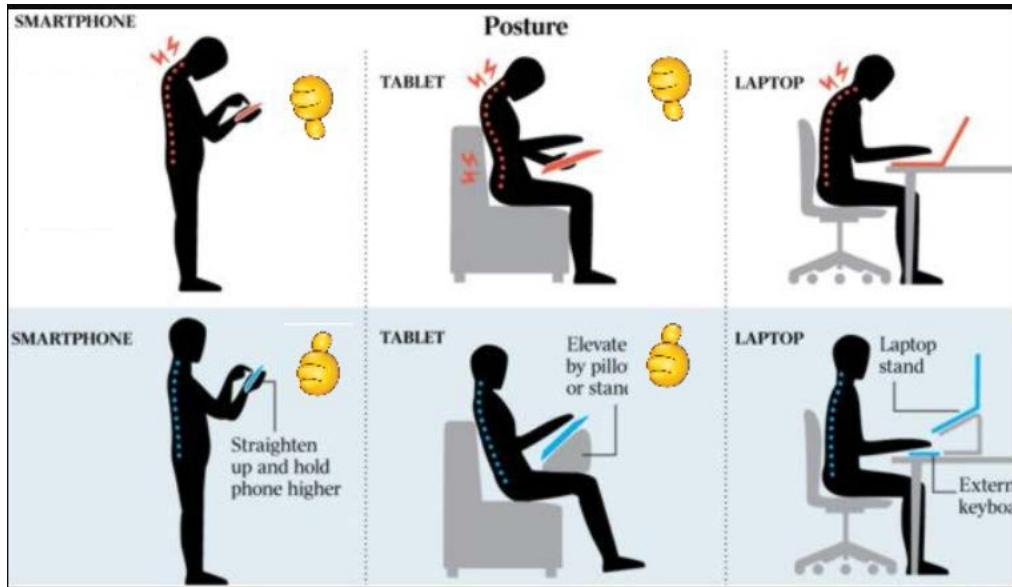
<https://ehs.unm.edu/occupational-safety/ergonomics/ergonomic-guidelines.html>

<https://ehs.unm.edu/occupational-safety/ergonomics/posture-guidelines.html>

Workstation Setup



Smartphone, Tablet, and Laptop Use



ATTACHMENT C

WORKERS' COMPENSATION ACT POSTER

WORKERS' COMPENSATION ACT

If You Are Injured At Work Si Se Lastima En El Trabajo

- 1) **Notice --** In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.
- 2) **You have the right** to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.
- 3) **Claims information --** Contact your employer's Claims Representative.

- 1) **Aviso. --** En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.
- 2) **Usted tiene el derecho** a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.
- 3) **Información acerca de Reclamaciones. --** Contáctese con el representante de reclamaciones de su compañía.

Employer's Insurer / Claims Representative:

Name: Risk Services
Phone #: 505-273-1573
Address: MC01 1210, 1 University of New Mexico, Albuquerque, NM 87131

Note: Employer must fill in this insurer / claims representative information.



YOUR RIGHTS

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs.

You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.

If you are off work for more than 7 days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

Ombudsmen are located at the following offices:

Albuquerque:
1-800-255-7965
1-505-841-6000

Farmington:
1-800-568-7310
1-505-599-9746

Las Cruces:
1-800-870-6826
1-505-524-6246

Las Vegas:
1-800-281-7889
1-505-454-9251

Lovington:
1-800-934-2450
1-505-396-3437

Roswell:
1-866-311-8587
1-505-623-3997

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PART 2 OF 2



SUS DERECHOS

Si se lastima en el trabajo:

Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.

Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es él que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.

Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.

Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

If You Need HELP Call:

Ask for an Ombudsman

Si Usted Necesita Ayuda Llame Al:

Pregunte por un Ombudsman

1 - 8 6 6 - W O R K O M P (1-866-967-5667)

Visit our website at: www.workerscomp.state.nm.us

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

USE A NOTICE OF ACCIDENT FORM TO REPORT YOUR ACCIDENT TO YOUR SUPERVISOR

EMPLOYER: You are required by law to post this poster where your employees can read it and to post Notice of Accident forms with it. This poster without Notice of Accident forms does not comply with law. You have other rights and duties under the law.