

RESOLUTION AUTHORIZING THE FILING OF THE 2024 GRANT APPLICATION TO THE ASHTABULA COUNTY SAFETY COUNCIL, ASHTABULA COUNTY COMMISSIONERS

WHEREAS, Jamie Arcaro, Workers Compensation and Risk Specialist, has prepared a grant application to the Ashtabula County Safety Council for use of the purchasing ergonomic supports by various county offices; to-wit:

Grantor: Ashtabula County Safety Council, 1565 State Route 167, Jefferson, OH 44047

Purpose: ergonomic supports for various county offices

Amount: \$1,000.00

Term: 1 year

WHEREAS, the Commissioners feel submitting this grant application is desirable and necessary;
now

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio that an application be made to the Ashtabula County Safety Council for purchase of ergonomic supports in accordance with the terms outlined in the grant, with a copy of such application on file in this office.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2024-260

May 23, 2024

**RESOLUTION AUTHORIZING THE FILING OF THE GRANT APPLICATION TO THE
ASHTABULA COUNTY SAFETY COUNCIL, ASHTABULA COUNTY
COMMISSIONERS**

Upon the motion of Casey R. Kozlowski, seconded by J.P. Ducro IV.

VOTE:

**Kathryn L. Whittington
J.P. Ducro IV
Casey R. Kozlowski**

**Absent
Aye
Aye**

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio

Ashtabula County Safety Council 2024 Grant Application

Ashtabula County Safety Council Grant Program

PURPOSE: The purpose of the Safety Council Grant Program is to provide funds for safety interventions and to share those interventions with the Ashtabula County Safety Council (ACSC) member employers. Available to any ACSC member in good standing, the program assists grantees with the purchase of equipment that will substantially reduce or eliminate injuries and illnesses associated with a particular task or operation. Grantees are expected to partner with ACSC to establish safety intervention best practices for accident and injury prevention.

Grant Period:

Applications are to be accepted up to **June 1, 2024**, and the grant will be awarded by July 2024.

Amount: Up to \$1,000.00 will be awarded in 2024 by ACSC.

Eligibility requirements

To be eligible for a safety intervention grant, you must:

- Be an active ACSC member company in good standing.
- Demonstrate the need for safety intervention.

Program requirements

If selected as a grant recipient:

- The company will be expected to provide ACSC Grant Committee with documentation that may include but is not limited to original paid itemized invoices, proof of payment, employer contribution, and canceled checks that demonstrate you spent and applied all funds issued by ACSC toward the purchase of ergonomic, safety and/or industrial hygiene equipment, based upon the application details.
- Provide information on the effectiveness of the intervention.
- ACSC encourages grant recipients to provide a short presentation at a monthly council meeting to highlight their grant project.
- Provide authority to ACSC to publish safety intervention grant results, including but not limited to data, videos, specifications, and/or photos for the purposes of illustrating, educating, and training employers and employees.
NOTE: ACSC recommends you keep copies of all documentation.

Use of grant funds

- **Approved purchases:** The safety intervention grant shall be used only for the purchase of ergonomic, safety, and/or industrial hygiene equipment or training materials to substantially reduce or eliminate workplace injuries and illnesses. The company/organization receiving the grant is responsible for using the funds in the intended manner based on ACSC grant guidelines. Failure to follow ACSC guidelines may result in administrative, civil, or criminal action.

ACSC reserves the right to approve or deny any application based on research needs, program needs, and/or intervention effectiveness. The board committee reserves the right to deny any and all applications.

- **Purchases:** You may not use Safety Grants for salaries, wages, internal labor, or the cost of preparing the application. You must complete purchases within three months of receipt of the grant award.
- **Multiple grants:** You may apply for grant money each year.
- **Prior purchases:** You may not use grant money for safety interventions you have already purchased. This includes any or all of the following: ordered equipment, received equipment, or paid equipment. If you make the purchase/payment before receipt of the grant check, ACSC will consider the purchase retroactive and request the return of the funds.
- **Testing equipment:** Employers may test equipment before applying for a safety grant. ACSC grant funds will not be used to cover the cost of testing. Therefore, the agreement for the testing period is between the employer and the vendor. If the employer decides to test equipment and applies for grant funds to purchase the equipment, the baseline data must be from the two-year period prior to the test period.
- **External consultants:** You may not use the grant money for external consultant fees.

Time of performance

- **Making the purchase:** Employers must make equipment purchases within three months of ACSC issuing the grant check. ACSC will consider allowing additional time, up to a maximum of three months, upon the employer's request. You must make the extension request within the initial three-month period.
- **When to purchase:** You may not make the purchase and then request reimbursement. If approved, ACSC will issue the check approximately three weeks after approval. Upon receipt of your grant check, you may make your purchase. You cannot order or purchase approved safety intervention equipment prior to receipt of the grant check.

Disqualification

- **Disqualification from the program:** If for any reason the employer participating in the safety intervention grant program fails to satisfy one or more of the criteria established in the application and instructions, ACSC may disqualify the employer from the program. Disqualification will result in the termination of ACSC's obligations under this agreement, and ACSC reserves the right to recover grant monies by a variety of methods.

Grant review process

- After ACSC receives the completed application it will be reviewed to ensure you have addressed all questions and completed all forms. ACSC then sends the application to the Board Committee for review.
- The committee evaluates the applications individually, approving or denying them based on merit. If approved, you will be notified and a check will be issued. If denied, ACSC will notify you by letter. You may re-apply for grant money more than once.
- **Conflict of interest:** If any board committee member works for a company that has applied for grant money, they will excuse themselves from the evaluation process for that decision period.
- **Signature on application and agreement:** Member company representatives are required to sign the application and agreement, signifying that they are either the owner, chief executive officer, chief financial officer, plant manager, or other person having fiduciary responsibilities with the employer.

Steps to apply

Complete the application that follows providing all the information requested. Employers applying for a safety intervention safety grant must answer all questions, and complete the agreement. All signatures must be original.

DEADLINE: Applications must be received by June 1, 2024.

Mail the completed application to: **Ashtabula County Safety Council**
C/O: A-Tech
Attention: Jennifer Swickard, Manager
1565 State Route 167
Jefferson, Ohio 44047

If you have questions, contact us: acsc@atech.edu or 440-576-5547

Instructions

Please type or print clearly. Sections I-VI, are required for a complete application.
Please arrange your application in the order of the sections.

Section I: Employer information

Name of employer: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Employer BWC – Safety Council policy number: _____

Employer contact name: _____ Title: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Section II: Description of the problem

1. Provide a brief explanation of your organization and a description of the current situation, e.g. tasks involved and process.

2. Safety Need – Quantify the loss experience or need for the area affected by your proposal. Supporting information may include:

- Injury/illness incidence rates;
- Injury/illness severity rates;
- Monetary impact of injuries/illnesses;
- Types of injuries/illnesses.

Section III: Proposed intervention

1. **Description** – Provide a description of the intervention. A thorough description should include:

- A description of how the intervention works. Supporting materials could include diagrams, photographs, videos, brochures, and links to Web sites.
- Training requirements.
- Does the proposed intervention create any additional risks/hazards to the task or operation? If yes, how will these hazards be addressed?

2. **Safety** - Describe specifically, how the intervention will eliminate or substantially reduce the risk of injury.

3. **Productivity/quality** – Describe the impact, in quantitative terms that your proposed intervention will have on productivity and quality of the operation.

4. **Cost-effectiveness** – Describe how cost-effective the proposed solution will be. Supporting materials could include a cost/benefit analysis or return on investment calculation. This analysis should include injury prevention.

Section IV: Implementation, measurement, and reporting

1. **Implementation plan** – Describe your plan to implement the solution. Please include:

- The person responsible for the implementation;
- The timetable for completion. Supporting materials could include a timeline or Gant chart.



Section V: Budget

Step 1: Please provide the proposed budget for the project.

Note: You may only use Safety Grants to purchase ergonomic, safety, and/or industrial hygiene equipment. You may not use Safety Grant for recouping the cost of any prior and/or ongoing interventions or for rented or leased equipment. In addition, you may not use Safety Grants to pay for salaries, wages, internal labor, or any costs associated with preparing the application. **You must make all grant purchases after the award date.**

Step 2: To determine the total project cost:

The total amount of the project: \$1,000.00

Total amount requested by ACSC, (up to a maximum of \$1,000.00): \$1,000.00

The total amount supplied by the employer: _____

By my signature, I agree to fully comply with the terms and conditions of the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal, and/or administrative penalties as the result of any false, fictitious and/or, misleading, or fraudulent statements made and/or if funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget and/or itemized proposal submitted.

Name of duly authorized representative (please print):

Jamie Arcaro

Signature of duly authorized representative:



Title: Workers Compensation & Risk Specialist

Date: May 23, 2024

AGREEMENT

Section VI.

This is an AGREEMENT between Ashtabula County Safety Council (hereinafter, ACSC) and

(Employer) _____ with its principal place of business located in

_____, Ohio and ACSC, having offices at A-Tech, Jefferson, OH, entered into the day,

month and year set out below.

Distribution of grant monies — Subject to the conditions precedent in this agreement and subject to available ACSC resources, the employer and ACSC mutually understand and agree that the total sum of the grant to be issued by ACSC shall not exceed \$1,000.00 per grant project. If the employer has not received the maximum amount of money available through the Safety Grant program, the employer may reapply and have its application approved to enter into another agreement.

Employer responsibilities — The employer participating in the safety intervention grant program, in consideration of a grant given to it, promises to fully comply with the program requirements as outlined in the Application and Instructions and OAC 4123-17-56, all of which are fully incorporated herein by reference. **The employer will be responsible for using the awarded grant in the manner for which it is intended, and will be required to provide ACSC with documentation. This documentation may include but is not limited to, copies of invoices, canceled checks, credit card statements, and/or another type of receipts to confirm that all funds were spent and applied toward the approved intervention.** The employer understands that approved safety intervention equipment may not be rented or leased. The employer agrees to allow an ACSC safety consultant to conduct a comprehensive safety evaluation of their overall safety practices. Further, the employer agrees not to eliminate jobs due to participation in the safety intervention grant program. All interventions must receive approval prior to purchase in order to qualify for the grant, and any proposed changes must be agreed to by ACSC prior to making the change. The employer agrees to allow ACSC to publish safety intervention grant results including, but not limited to, data, videos, specifications, and/or photos for the purposes of illustrating, educating, and training employers and employees.

Time of performance — Employers must make equipment purchases within three months of ACSC issuing the grant check. ACSC will consider allowing additional time, up to a maximum of three months, upon the request of the employer. However, the extension must be made **within** the initial three-month period. Within 30 days of the three-month purchase period, the employer will be required to provide ACSC with a check for all unused grant monies, a copy of the approved budget and itemized expense report, copies of paid invoices/receipts pertaining to all equipment and/or services purchases, and copies of all canceled checks to support that all invoices associated with the project were paid in full.

Disqualification — If for any reason the employer participating in the safety intervention grant program fails to satisfy one or more of the criteria established in the Application and Instructions, OAC 4123-17-56, and this agreement, including, but not limited to, the requirement of maintaining active membership, and the obligations described in the Employer Responsibilities and Time for Performance sections, the employer may be disqualified from the program. **Disqualification will result in the termination of ACSC's obligations under this agreement. ACSC reserves the right to recover grant monies by a variety of methods.**

Disclaimer — If implemented correctly by the employer, the goal of the safety intervention grant program is to substantially reduce or eliminate injury and illness in the workplace and, hence, claims associated with the affected processes. ACSC does not guarantee or warrant that the implementation of such a plan will result in a substantial reduction or elimination of injuries and illnesses in the workplace. In the event of an injury or occupational disease arising from the implementation of the program, the employer and the employee's sole and exclusive remedy shall be pursuant to workers' compensation laws of the appropriate jurisdiction. In no event, shall ACSC be liable for any damages in contract or in tort.

Ohio elections law: Grantee hereby certifies that no applicable party listed in Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13 has made contributions in excess of the limitations specified under Divisions (I), (J), (Y) and (Z) of O.R.C. Section 3517.13

Conflicts of interest and ethics compliance certification: Grantee affirms that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict, in any manner or degree, with the performance of services which are required to be performed under any resulting Contract. In addition, Grantee affirms that a person who is or may become an agent of Grantee, not having such interest upon execution of this Contract shall likewise advise ACSC in the event it acquires such interest during the course of this Contract.

Grantee agrees to adhere to all ethics laws contained in Chapters 102 and 2921 of the Ohio Revised Code governing ethical behavior, understands that such provisions apply to persons doing or seeking to do business with ACSC, and agrees to act in accordance with the requirements of such provisions; and warrants that it has not paid and will not pay, has not given and will not give, any remuneration or thing of value directly or indirectly to ACSC or any of its board members, officers, employees, or agents, or any third party in any of the engagements of this Agreement or otherwise, including, but not limited to a finder's fee, cash solicitation fee, or a fee for consulting, lobbying or otherwise.

Non-Discrimination and Equal Employment Opportunity: The Grantee will comply with all state and federal laws regarding equal employment opportunity and fair labor and employment practices, including Ohio Revised Code Section 125.111 and all related Executive Orders.

Authority — The person signing below for the employer states that he or she is either the owner, chief executive officer, chief financial officer, plant manager or other person having fiduciary responsibilities with the employer; and the employer agrees that that the signer or his, or her successor, will have the authority to oversee the carrying out the employer's responsibilities after ACCSC issues the grant check. The signer's authority shall continue until the employer notifies ACSC of the name of the successor.

By initialing this box, the employer agrees that prior purchases have not been made. The employer also confirms understanding that any changes to the original intervention requested must receive prior ACSC approval.

Initials



12/7/2023

Provide authority to ACSC to publish safety intervention grant results, including but not limited to data, videos, specifications, and/or photos for the purposes of illustrating, educating, and training employers and employees.

By my signature, I agree to fully comply with the terms and conditions of this agreement and the program and to use all monies solely for the purposes intended. I further understand I may be subject to civil, criminal and/or administrative penalties as the result of any false, fictitious and misleading or fraudulent statements made and/or if funds are not used, or are misused, misapplied, or misappropriated in any way and/or are used for purchases and/or services not associated with the approved budget and/or itemized proposal submitted.

Modifications: The parties may, in writing and by mutual agreement, amend, modify, supplement or rescind the terms of this agreement.

In witness whereof, the parties hereunto affix their signatures this day of May 23, 2024.
Month Day

Employer's full legal name: Ashtabula County

Federal tax I.D.: 34-6000128

Name (please print): Jamie Arcaro

Title: Workers Comp. & Risk Specialist

Signature: 

Ashtabula County Safety Council

Name (please print): _____

Title: _____

Signature: _____

ACSC Safety Grant Safety Request for Proposal 2024

Provider Category	Professional Category: Primary Care												Percent of Total
	In-Network				Out-of-Network				Total				
	Visits	Services	Unique Claimants	Paid Amount	Visits	Services	Unique Claimants	Paid Amount	Visits	Services	Unique Claimants	Paid Amount	
Family Medicine	1,332	1,983	582	\$165,563	5	5	*	\$283	1,337	1,988	585	\$165,846	8.7%
Nurse Practitioner	1,238	1,795	550	\$134,881	19	31	8	\$62	1,257	1,826	552	\$134,943	7.1%
Pediatrics	490	973	185	\$78,994	0	0	*	\$0	490	973	185	\$78,994	4.1%
Internal Medicine	521	674	193	\$71,003	4	4	*	\$680	525	678	194	\$71,683	3.8%
General Practice	77	81	32	\$5,267	0	0	0	\$0	77	81	32	\$5,267	0.3%
Clinical Nurse Specialist	1	1	*	\$118	0	0	0	\$0	1	1	*	\$118	0.0%
Primary Care	3,659	5,507	1,036	\$455,825	28	40	14	\$1,025	3,687	5,547	1,040	\$456,850	24.0%
Provider Category	Professional Category: Specialty Care And Other												Percent of Total
	In-Network				Out-of-Network				Total				
	Visits	Services	Unique Claimants	Paid Amount	Visits	Services	Unique Claimants	Paid Amount	Visits	Services	Unique Claimants	Paid Amount	
Radiology : Diagnostic Radiology	991	1,387	467	\$104,861	6	9	8	\$308	997	1,396	469	\$105,169	5.5%
Clinical Medical Laboratory	821	3,629	447	\$53,967	16	135	12	\$14,107	837	3,764	451	\$68,074	3.6%
Obstetrics & Gynecology	274	389	145	\$62,880	2	2	*	\$0	276	391	147	\$62,880	3.3%
Emergency Medicine	200	275	158	\$52,936	0	0	0	\$0	200	275	158	\$52,936	2.8%
Counselor : Professional	776	835	63	\$52,076	53	95	7	\$130	829	930	70	\$52,206	2.7%
Ambulance : Land Transport	13	27	10	\$21,045	20	40	15	\$30,532	33	67	23	\$51,577	2.7%
Orthopaedic Surgery	157	261	72	\$51,474	0	0	0	\$0	157	261	72	\$51,474	2.7%
Allergy & Immunology	114	147	19	\$50,493	0	0	0	\$0	114	147	19	\$50,493	2.6%
Nurse Anesthetist, Certified Registered	119	122	104	\$45,801	1	1	*	\$100	120	123	105	\$45,901	2.4%
Durable Medical Equipment & Medical Supplies	412	1,047	91	\$43,375	3	3	*	\$0	415	1,050	92	\$43,375	2.3%
Ophthalmology	145	290	68	\$40,058	0	0	0	\$0	145	290	68	\$40,058	2.1%
Physician Assistant	359	495	216	\$39,906	6	9	6	\$0	365	504	221	\$39,906	2.1%
Anesthesiology	113	132	77	\$36,910	1	1	*	\$39	114	133	78	\$36,950	1.9%
Internal Medicine : Rheumatology	59	91	29	\$36,700	0	0	0	\$0	59	91	29	\$36,700	1.9%
Internal Medicine : Cardiovascular Disease	222	321	90	\$33,485	1	1	*	\$48	223	322	91	\$33,533	1.8%
Pathology : Anatomic Pathology & Clinical Pathology	273	845	186	\$30,941	3	3	*	\$148	276	848	187	\$31,089	1.6%
Dermatology	180	260	102	\$29,997	0	0	0	\$0	180	260	102	\$29,997	1.6%
Surgery	103	120	55	\$24,316	1	1	*	\$207	104	121	55	\$24,523	1.3%
Psychiatry & Neurology : Neurology	98	126	50	\$20,259	0	0	0	\$0	98	126	50	\$20,259	1.1%
Ambulance : Air Transport	1	2	*	\$19,884	0	0	0	\$0	1	2	*	\$19,884	1.0%
Internal Medicine : Hematology & Oncology	120	158	29	\$19,702	0	0	0	\$0	120	158	29	\$19,702	1.0%
Internal Medicine : Gastroenterology	84	103	62	\$18,649	2	3	*	\$34	86	106	63	\$18,683	1.0%
Otolaryngology	95	142	56	\$18,385	0	0	0	\$0	95	142	56	\$18,385	1.0%
Home Infusion	10	40	*	\$18,236	0	0	0	\$0	10	40	*	\$18,236	1.0%
Optometrist	153	293	127	\$16,772	0	0	0	\$0	153	293	127	\$16,772	0.9%
Neurological Surgery	20	33	11	\$15,705	0	0	*	\$0	20	33	11	\$15,705	0.8%
Chiropractor	730	1,704	132	\$15,449	0	0	*	\$0	730	1,704	134	\$15,449	0.8%
Urology	71	81	41	\$15,189	0	0	0	\$0	71	81	41	\$15,189	0.8%
Social Worker : Clinical	210	221	34	\$14,765	0	1	*	\$0	210	222	35	\$14,765	0.8%
Radiology : Radiation Oncology	48	68	*	\$13,159	0	0	0	\$0	48	68	*	\$13,159	0.7%
Clinic/Center : Urgent Care	111	190	97	\$13,089	0	0	0	\$0	111	190	97	\$13,089	0.7%
Physical Therapist	213	649	25	\$12,398	0	0	0	\$0	213	649	25	\$12,398	0.7%
Clinic/Center	224	873	220	\$12,194	46	49	*	\$0	270	922	223	\$12,194	0.6%
Psychiatry & Neurology : Psychiatry	94	125	24	\$12,091	6	9	*	\$0	100	134	27	\$12,091	0.6%
Pharmacy : Specialty Pharmacy	16	22	*	\$11,299	0	0	0	\$0	16	22	*	\$11,299	0.6%
Counselor : Mental Health	145	145	19	\$11,271	4	4	*	\$0	149	149	20	\$11,271	0.6%
Hospitalist	66	65	14	\$11,017	0	0	0	\$0	66	65	14	\$11,017	0.6%



Enrollment and Engagement Report

CEBCO

February 2024

Report Period: 2023-03-01 to 2024-02-29



CEBCO

Executive Summary



Activity for the Last 12 Months

Current Members

679

Performing Sessions

(members completing 1+ session)

557

Total Sessions

9k

Completion Rate

(% of advancing members that complete program)

80.5%

Net New Activity Year to Date

91 YTD

49 this month

vs. 42 prior month

204 YTD

146 this month

vs. 158 prior month

2.1k YTD

1k this month

vs. 1.1k prior month

94.8% YTD

30 this month

vs. 37 prior month

Member Experience

9.1/10

Avg. Member Satisfaction

"You have been so helpful and I appreciate what you've done."

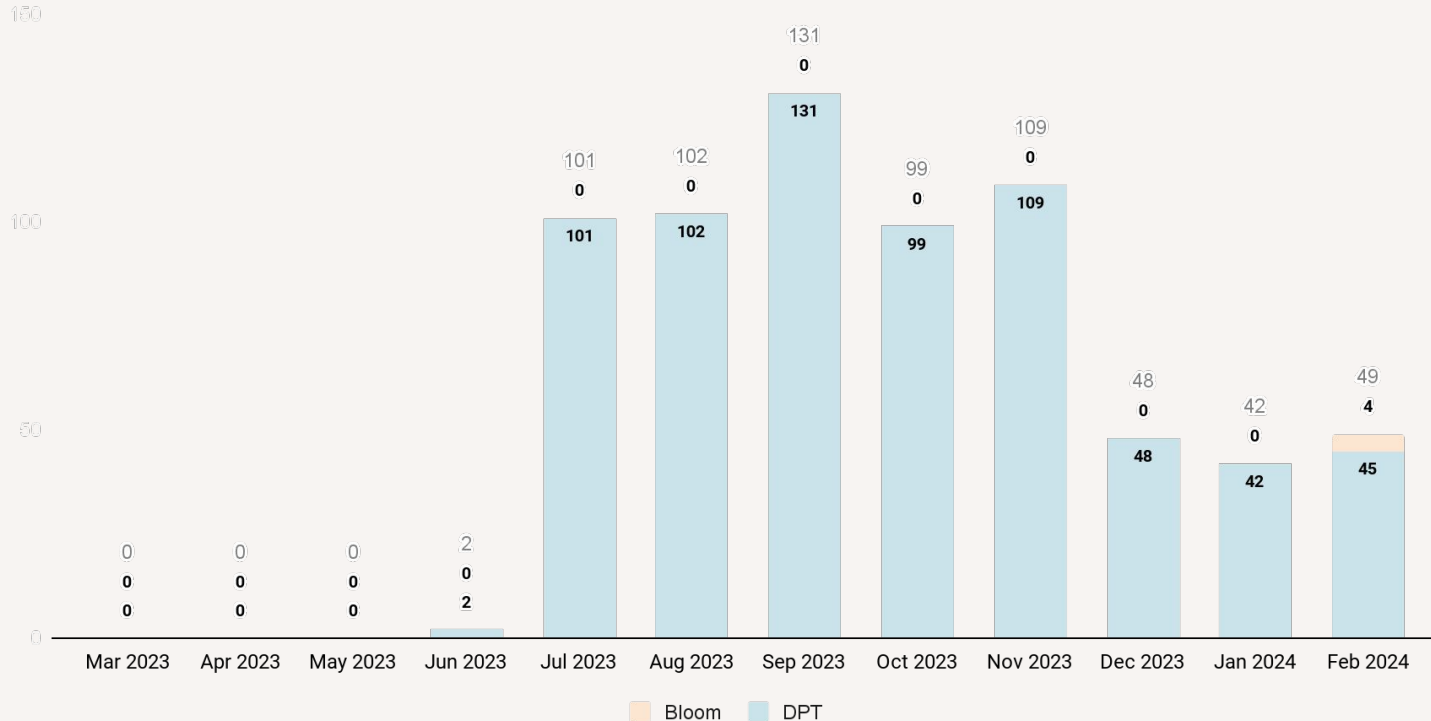
Sword Member

The measurement period represents the last 12 months as of the end of the prior month (unless noted)



Program Growth Last 12 Months

Membership has **increased** by **49** this month
Compared to 42 the previous month



Membership represents people that are newly enrolled

Baseline Member Characteristics

The average member is **female** with **moderate pain** and reporting **6.4 hours impaired** per week



Last 12 Months



Feb

Average Age	50.3	50.3
Largest Gender Group (% of members)	74.7% female	84.4% female
Surgical Intent (0-100)	10.5%	7.4%
Pain Level (0-10)	4.9	5
Anxiety (% of members)	38.3%	40%
Depression (% of members)	26.1%	28.9%
Work Impairment (% of working hours)	15.9%	14.6%

The measurement period represents the last 12 months as of the end of the prior month (unless noted differently)
* indicates zero new enrollments



neck

13.3% curr. mo.



shoulder

8.9% curr. mo.



elbow

4.4% curr. mo.



wrist/hand

4.4% curr. mo.

Upper Body



low back

31.1% curr. mo.



knee

8.9% curr. mo.

Lower Body



hip

26.7% curr. mo.



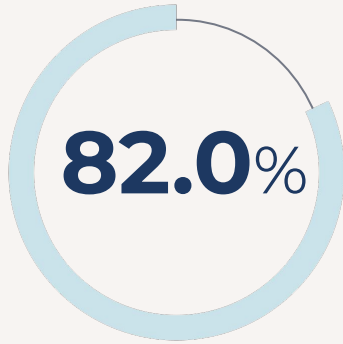
ankle

2.2% curr. mo.

% of enrolled members

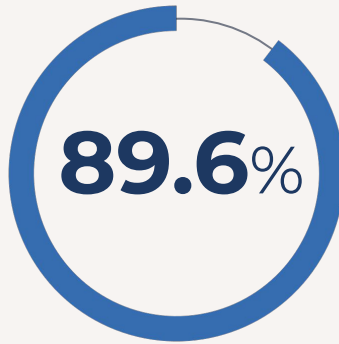
Member Engagement Journey

The program completion rate is **80.5%**



Engaged
(% of screened members)

Members that have initially engaged in the program



Advancing
(% of engaged members)

Members that are advancing through the program by meeting the 3s milestone



Completed
(% of advancing members)

Members that have completed the program by meeting the 9s milestone

The measurement period represents the last 12 months as of the end of the prior month (unless noted differently)

Engaged = 1st therapy session

3s milestone = 3rd therapy session; engaged for a minimum of 4 weeks

9s milestone = 9th therapy session; engaged for a minimum of 8 weeks

Standing desks have gained popularity as a way to combat the negative effects of prolonged sitting. Here's how they can be beneficial:

1. **Reduced Sedentary Time:**
 - Standing desks encourage you to spend less time sitting, which is crucial for overall health.
 - Sitting for extended periods has been linked to health issues like heart disease, obesity, and back pain.
2. **Calorie Burn:**
 - Standing burns more calories than sitting. Studies suggest that standing can help you shed **88 calories per hour**, compared to **80 calories** while sitting.
 - Walking burns even more calories, with an impressive **210 calories per hour**.
3. **Less Back Pain:**
 - Prolonged sitting can lead to muscle tightness and lower back discomfort, especially if you have poor posture.
 - Standing desks seem to alleviate back pain, although the optimal duration of standing for this benefit remains unclear.
4. **Increased Productivity:**
 - Research shows that call center employees using standing desks were **45% more productive** on a daily basis compared to those who sat during their shifts.

Under-desk footrests offer several benefits and can significantly enhance your comfort and well-being while working. Here are some key advantages:

1. **Improved Blood Circulation:** Footrests promote better blood circulation, which can help prevent issues like **varicose veins**. By elevating your feet slightly, you encourage healthy blood flow.
2. **Comfort for Shorter Individuals:** If you're shorter in stature, footrests keep your feet planted, providing a more comfortable sitting experience. No more dangling feet!
3. **Enhanced Sitting Position:** Elevating your feet allows you to sit in a more comfortable position in your chair. It also helps you lean into the support of your chair, promoting a **neutral posture**.
4. **Ergonomic Support:** For remote workers spending long hours at their desks, footrests create a more ergonomic setup. They allow you to maintain proper posture and reduce strain on your lower back and legs.

Wrist supports can be incredibly beneficial when you spend long hours at your desk. Let's explore how they help:

1. **Pain Relief and Comfort:** Wrist supports provide **temporary relief** from wrist pain caused by conditions like arthritis, tendonitis, or carpal tunnel syndrome. They offer **support and stability**, allowing your wrist to rest comfortably during typing or other activities.
2. **Protection During Healing:** If you've injured your wrist, a brace can protect the affected area as it heals. It prevents excessive movement and promotes faster recovery for fractures or tendon injuries.
3. **Reducing Strain:** Frequent typing or texting can strain your wrists. Wrist supports help maintain a **neutral wrist position**, reducing strain on tendons and ligaments. This is especially important for preventing repetitive stress injuries.
4. **Ergonomic Typing:** Properly positioned wrist supports enhance your **ergonomic setup**. They allow for more comfortable typing and rest breaks, reducing the risk of conditions like Carpal Tunnel Syndrome.

Office chair back supports play a crucial role in maintaining good posture and spinal alignment, especially during prolonged periods of sitting. Here's how they help:

1. **Lumbar Support:** A **lumbar back support** fills in the gap between the lumbar spine and the seat, supporting the natural inward curve of the lower back. This helps prevent slouching and promotes better posture.
2. **Reducing Discomfort:** Back supports provide targeted support to the lower back areas, alleviating pressure on the spine. By maintaining proper alignment, they help reduce discomfort and prevent chronic pain conditions associated with extended sitting.
3. **Preventing Strain:** Prolonged sitting without proper support can strain the spine and surrounding muscles. Back supports distribute the load more evenly, reducing the risk of strain and fatigue.
4. **Adjustability:** High-quality office chairs with back supports are adjustable. They allow you to customize the support level, ensuring optimal comfort and minimizing stress on your back.

Anti-Fatigue Mat There are many benefits of installing anti-fatigue matting in the workplace which can save costs and improve productivity. Here are some of the main benefits:

1. Anti-fatigue matting can protect employees from injury. Prolonged standing on hard surfaces has been linked to the development of the following health complaints:
Postural muscle fatigue, Lower limb disorder, Joint and spine compression, Foot problems such as flattening of the arches, Muscle tension, Bone and muscle pain, Varicose veins and circulation problems. Installing anti-fatigue matting around workstations can help to reduce worker fatigue and the host of musculoskeletal problems which this can cause over time.
2. Anti-fatigue mats can prevent slips, trips and falls at work. Slips, trips & falls accounted for one third of employee accidents reported to the HSA in 2020/21 and are responsible for a significant amount of absence from work.
3. Provides insulation from cold floors. Cold concrete factory floors can be a source of discomfort for workers in winter and can lead to a loss of productivity. Anti-fatigue matting is an effective insulator which can improve comfort in cold conditions, while the insulation can help to reduce heating costs in the workplace.
4. Increases productivity. The discomfort caused by standing on concrete floors decreases productivity of the workforce as aches and pains develop. Minor aches and pains can lead to more serious conditions developing, ultimately resulting in absenteeism from work.