



OSHA
Public Meeting

**Proposed Rule
to Revise the
Occupational Injury and Illness
Recording and Reporting Regulation**

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Presented by

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Chairwoman

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Ergonomics Committee**



On behalf of the American Industrial Hygiene Association (AIHA), thank you for the opportunity to provide these remarks regarding OSHA's proposed rule to revise the Occupational Injury and Illness Recording and Reporting Regulation as it applies to the recording of Musculoskeletal Disorders (MSDs) on the OSHA 300 Log.

AIHA is the premier association serving the needs of professionals involved in occupational and environmental health and safety practicing industrial hygiene in industry, government, labor, academic institutions, and independent organizations. The AIHA mission is to promote healthy and safe environments by advancing the science, principles, practice, and value of industrial and occupational hygiene. AIHA is not only committed to protecting and improving worker health, but the health and well-being of adults and children in our communities. One of AIHA's goals is to bring "good science" and the benefits of our workplace experience to the public policy process directed at worker health and safety.

I am Trisha Seeley and I am the current Chair of the AIHA Ergonomics Committee. I also hold the designation of Certified Professional Ergonomist and have been in the profession for 12 years. The AIHA Ergonomics Committee is comprised of 75 members from industry, academia, consulting, labor and government. The majority of our committee members hold the designation of CPEs—Certified Professional Ergonomists—who have worked for decades within, with or for companies that already tabulate their MSDs. In fact, we all agree that separating out the MSDs from acute/traumatic injuries is the first and essential step in the reduction of MSD injuries.

The AIHA position statement on ergonomics lists the goals of MSD reduction:

- decrease risk of musculoskeletal injuries and illnesses
- decrease worker discomfort and improve the quality of work life
- improve worker performance.

AIHA supports the proposed recordkeeping rule as an effective, long term strategy to improve occupational health. This rule will be most helpful for those industries and organizations that have not already addressed MSDs in their workplaces and require accurate data to initiate their efforts. It will further assist companies already monitoring MSDs to benchmark against other organizations.

One difficulty in relying totally upon insurance company reports for tracking of these disorders is the lack of consistency of this data. There are differences from state to state in how workers' compensation bureaus define and compensate for MSDs. There are also vast differences in how insurance companies compile, analyze and provide this data to the companies they insure. Having a well-defined, common method of recording injury and illness data such as is being proposed by OSHA for MSDs, will provide consistency of data and allow for better benchmarking.

Data

Inclusion of the MSD column on the OSHA 300 illness and injury log facilitates the collection of data on musculoskeletal disorders. There is almost universal agreement that "what is not measured is not managed".

Bureau of Labor Statistics (BLS) data indicates MSDs—operating under their definition—are responsible for 29% of the lost work day cases.¹ When "repeated trauma" was last reported in the OSHA 300 log—though also including occupational hearing loss- it accounted for 67% of all occupational illnesses.² To not analyze such a significant portion of the occupational injury/illness incidences is not in the interests of U.S. commerce and industry.

The OSHA 300 log already includes columns for respiratory disease and skin disease. These categories are very broad and are associated with a variety of exposures. For example, respiratory disease may include cancer, chronic obstructive pulmonary disease, and pneumoconiosis, among others, regardless of the cause. The etiology of these diseases is not exclusive to the occupational environment. Similar arguments apply to skin diseases. The inclusion, therefore, of an MSD column on the OSHA 300 log conforms with the approach exemplified by the current log, since MSDs are also not easily attributed to a one time, single factor exposure.

Definition

OSHA promises to provide training and guidance in the definition of what an MSD is, as well as, what it is not. It is the position of the AIHA that OSHA's recommendation for "DO NOT INCLUDE" language and specific lists of common MSDs as proposed in Section 1904.12 is important in making this new recordkeeping requirement useful, accurate, and relatively painless. Back injuries, including herniated spinal discs, should be included as proposed, as well as tarsal tunnel syndrome and Reynaud's phenomenon. AIHA also supports the inclusion of subjective symptoms—including pain, burning or numbness—as defined in Section 1904.12(b)(3) as long as the symptoms meet all four requirements of the proposed rule.

AIHA recommends inclusion of a list of risk factors for MSDs in order to assist OSHA record keepers — who are familiar with the work and tasks of their own employees — within companies. Referring to risk factors has been found helpful by companies who already do their own MSD reporting. These risk factors would include such items as

- Awkward, twisted postures
- Extended forward bending of trunk
- Trunk rotation
- Whole body and/or upper extremity vibrations
- Forceful upper body exertions
- Work above heart level
- Repetitive work

- Extended static work without possibility of repositioning
- Long durations
- Extended reaches
- Heavy, awkward lifting
- Forceful wrist deviation or pinch grips
- Neck extension
- Forceful exertions with exposure to pressure points
- Extended work without adequate footing

These general risk factors have been identified from the peer-reviewed research literature over the past several decades as problematic for the soft muscle tissues subject to MSD development over a period of time.

Underreporting

There is also substantial evidence of underreporting of MSDs, as noted by the U.S. House of Representatives Committee on Education and Labor hearings in 2008³ and the Government Accountability Office (GAO) in 2009⁴. Injury under-reporting is particularly egregious in the case of MSDs as contrasted with acute/traumatic injuries because the cause of an MSD is not a single, identifiable, and observable incident such as occurs with such acute injuries as burns, fractures, or cuts. Since MSDs occur over time the question “what were you doing when the injury occurred” is irrelevant. Workers are often not educated to report long term discomfort or pain which may have been treated over months and years by a medical professional and never reported as work-related. They may need to report an injury on the day it occurs, a requirement not applicable to MSDs.

Workers often assume that MSDs are simply age-related or arthritic. The fact is, however, that whether an MSD is reported in the OSHA log or is “hidden” by non-reporting, the company still pays for it, either through workers’ compensation or through its own health insurance premiums and medical claims. It will be of substantial benefit to draw further attention to the actual injury/illness picture by capturing MSD data.

Conclusion

It is important to remember that MSDs are, in general, preventable. The science exists to design interventions that will minimize the development of MSDs in the workplace and many companies have already benefitted from internal processes for addressing MSDs. These companies each began with the acknowledgment that MSDs are extremely expensive in human, productivity and monetary terms by looking at internal data. By requiring these companies to report usable and consistent data, OSHA can assist industry in identifying priorities for resource allocation to prevent future MSDs. This recordkeeping change will also assist OSHA by showing the benefits of its efforts with prior and post implementation injury/illness data.

AIHA pledges our full assistance to OSHA to see that this proposed rule accomplishes its intended objectives. AIHA's concern continues to be the prevention of MSD risks to workers and others.

I ask that my written comments be submitted for the record and have attached to these comments a copy of the AIHA adopted position statement on the issue of restoring the MSD column to the OSHA 300 log.

On behalf of AIHA, thank you for this opportunity to participate and present our views. I would be happy to answer any questions you may have.

References

¹ BLS, "Lost-Worktime Injuries and Illnesses: Characteristics and Resulting Time Away From Work, 2007."

² BLS, "Workplace Injuries and Illnesses in 2000," available on the BLS Webpage at <http://www.bls.gov>.

³ *Hidden Tragedy: Underreporting of Workplace Injuries and Illnesses*, A Majority Staff Report by the Committee on Education and Labor, U.S. House of Representatives, June 2008, <http://edlabor.house.gov/publications/20080619WorkplaceInjuriesReport.pdf>

⁴ OSHA, “ US Department of Labor welcomes GAO’s report on under-reporting of workplace injuries and illnesses” News release on the U.S. Department of Labor website, November 16, 2009, <http://www.dol.gov/opa/media/press/osha/osha20091418.htm>.