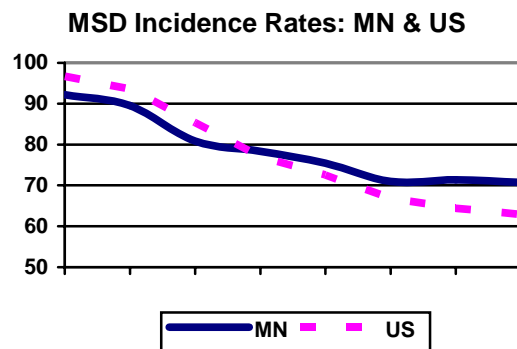


OSHA – EROGNOMICS BACKGROUND

Ergonomics is the study of work processes. Ergonomic interventions are designed to prevent musculoskeletal disorders (MSD) or injuries of the muscles, nerves, tendons, joints, cartilage or spinal discs. In 2000, the Clinton administration promulgated regulations to address MSDs. Its ergonomics standard was widely criticized by the business community because, among other reasons, it infringed upon states' workers' compensation laws and it was overly prescriptive. In early 2001, Congress passed and President Bush signed a resolution rescinding the standard and prohibiting the U.S. Department of Labor (DoL) from promulgating a similar standard in the future. That action led to further national activity and Minnesota's ergonomics debate.

Trends: According to the Bureau of Labor Statistics, during the last decade, the incidence rate of work-related musculoskeletal injuries has steadily dropped in Minnesota and the United States. This signals that employers have addressed MSDs without a state or federal mandate. In Minnesota, the incidence rate fell from 92.2 MSDs per 10,000 full-time equivalent workers in 1993 to 70.7 in 2000 – a 23-percent drop. The U.S. incidence fell at a slightly faster rate over that same period. The difference might be explained by the fact that the Minnesota and U.S. data measure slightly different things. The Minnesota work-related MSD trend is based on workers' compensation indemnity claims or claims where there were at least three days away from work. The U.S. data is based on claims that required at least one day away from work. The chart above shows the Minnesota and U.S. data.



Science: The 2001 National Academy of Science study on ergonomics demonstrates that more research is required. Its recommendations included a specific research agenda and better data gathering so the extent of MSDs in the workplace and the effectiveness of interventions are better known. More importantly, it recognized that “none of the common musculoskeletal disorders is uniquely caused by work exposures.” The report goes on to conclude that a “number of characteristics of the individual appear to affect vulnerability to work-related musculoskeletal disorders, including increasing age, gender, body mass index, and a number of individual psychosocial factors.”

Federal action: In April 2002, the DoL announced that it would establish voluntary industry specific guidelines to address MSDs. A voluntary approach rather than a mandatory standard was advanced because the DoL wanted to maximize employer flexibility and avoid a one-size-fits-all solution. The DoL developed guidelines for the poultry processing industry, nursing homes, grocery stores and meat packing industry. It plans to develop guidelines for the shipyard industry. The DoL will enforce the guidelines through OSHA's general duty clause. DoL also will undertake outreach and assistance targeted toward smaller businesses. This program is designed to inform employers on the costs and benefits of addressing ergonomic issues. Finally, the DoL will encourage ergonomics research because the science on MSDs is not settled.

Minnesota action: In 2002, 2003 and 2004, legislation requiring the Minnesota Department of Labor & Industry (DLI) to adopt a state ergonomics standard was debated. In 2002, the Senate included this provision in its omnibus jobs finance bill, but it did not become law. During the summer of 2002, the DLI created a task force to study the issue and provide recommendations to the department. The task force included representatives of the business community, organized labor, ergonomics consultants and academia. The task force was split on whether Minnesota should adopt an ergonomics standard. The task force agreed that DLI should conduct more outreach and education, especially with smaller businesses. In 2003 and 2004, the Senate Jobs Committee passed ergonomics legislation, but no action was taken on the Senate floor or in the Minnesota House.