OSHA’S Ergonomics Standard
Myths and Facts

OSHA’s new ergonomics standard, issued November 14, 2000, targets the nation’s biggest job safety and health problem: work-related musculoskeletal disorders. The new standard will prevent hundreds of thousands of injuries each year by requiring employers to implement ergonomics programs and fix jobs where MSDs occur.

Despite the fact that these safeguards have been in progress for 10 years and despite the fact that the science behind the standard was further supported by a major report by the National Academy of Science and the Institute of Medicine on Musculoskeletal Disorders and the Workplace, these important protections came under immediate attack by business associations and conservative Republicans in Congress.

These attacks are nothing new. For years, the business community and its friends in Congress have hurled scurrilous charges at OSHA, falsely claiming that the problem didn’t really exist and that there was no science behind ergonomics. Even if the problem did exist, they claim, employers are taking care of the problem themselves, without OSHA’s interference.

Below are some of the more common attacks and the true facts about the new ergonomics standard.

Myth: OSHA’s ergonomics standard is a massive and complicated 600-page regulation.

Fact: The actual OSHA standard is only 9 pages long, written in plain English, and is accompanied by 16 pages of fact sheets and appendices. The remaining pages comprise the “Preamble”, background materials required by the regulatory process. Over 150 pages consist of a summary and explanation of how the standard works and discusses the comments made during the public comment period. Most of the rest of the Preamble consists of the extensive scientific and economic justification of the standard.

The standard simply seeks to require employers who have ergonomic problems in their workplaces to implement a program similar to successful programs already implemented by thousands of employers around the country.
**Myth:** The ergonomics standard is not based on sound science.

**Fact:** The National Academy of Sciences and the Institute of Medicine recently released their long awaited report on *Musculoskeletal Disorders and the Workplace*. The report, requested by industry groups and conservative Republicans who opposed an OSHA ergonomics standard, finds that the science strongly supports the fact that exposure to ergonomic hazards in the workplace causes injuries and that these injuries can be prevented through ergonomic interventions in the workplace. The report calls MSDs an important national problem and strongly supports the approach that OSHA took toward addressing the issue in its final Ergonomics Program Standard.

This is the third comprehensive review of the scientific literature in the past four years that has come to the same conclusions. The National Institute for Occupational Safety and Health (NIOSH) published a comprehensive review of the data on the relationship between MSDs and the workplace in 1997. The NAS also came to similar conclusion in an earlier report published in 1998.

In addition, a 1997 study by the General Accounting Office found that employers’ ergonomic programs were effective at reducing injuries. The most successful programs followed a flexible approach similar to that taken by OSHA in its draft standard. The study found that these programs reduced MSDs and associated costs for those employers. GAO also found that the programs and specific job fixes were not necessarily costly or complex for the employers.

**Myth:** The National Academy of Sciences report warns against “generic solutions” to complicated ergonomic problems, yet OSHA has issued just the kind of “one-size-fits-all, Washington-knows-best” rule that the NAS report warns against.

**Fact:** Just the opposite. The standard outlines a flexible, programmatic approach to defining and controlling ergonomic hazards. It represents widespread current practice for protecting workers from musculoskeletal disorders.

This programmatic approach, based on five basic elements - Management Leadership and Employee Participation, Job Hazard Analysis and Control, Training, Medical Management and Program Evaluation - was strongly supported by the NAS report. The programmatic approach provides a framework for employers; it does not dictate how employers are to address the problems. This approach has proven to be effective in small and large companies from a variety of industries. OSHA fully expects employers to tailor these basic program elements to meet the specific characteristics of their workplace and work organization.

When it comes to choosing solutions for specific ergonomic hazards, the OSHA standard is flexible. The standard allows the employer to choose any appropriate control measures that are effective in reducing exposure to risk factors that are likely to cause MSDs. It does not require any specific solutions to any hazards.
Myth: The standard will cost the economy over $100 billion a year and will drive small businesses into bankruptcy.

Fact: By preventing injuries, the standard will result in significant cost savings for employers and the economy. OSHA estimates annual costs at $4.5 billion while overall savings would be $9 billion per year. Testimony at the OSHA hearings by businesses that had implemented effective ergonomic programs and hundreds of documented success stories prove both small and large businesses will save workers compensation and retraining costs, while improving efficiency and productivity.

In addition, a recent study by the Office of Technology Assessment (OTA)\(^1\) showed that OSHA has traditionally *overestimated* the costs and *underestimated* the benefits of standards. This study was responding to the fact that for the past 30 years, industry associations have claimed that OSHA significantly underestimates the costs of proposed standards. OTA found that part of the reason that OSHA overestimates costs is that the agency fails to take into account for the success that American businesses have had in developing new technologies that are much more cost effective and efficient than OSHA was able to predicted in its proposals.

For example, when OSHA’s cotton dust regulation was proposed in 1978, employers said it couldn’t be done and would cost $2.3 billion, driving the industry into bankruptcy. OSHA estimated that it would cost $280.3 million. After the standard was issued, textile mills reduced cotton dust exposures and met the “impossible” limits OSHA found feasible. The result? Bossiness–brown lung–has been virtually eliminated among the 100,000 workers facing cotton dust exposures 20 years ago. Productivity in textile mills has skyrocketed and it only ended up costing the industry $82.8 million, less than one-third of OSHA’s estimate.

Myth: This regulation is not needed because companies are clearly addressing these problems themselves.

Fact: According to employer reports, each year more than 600,000 workers suffer serious work-related musculoskeletal disorders. All told, nearly 2 million workers suffer MSDs as a result of their jobs each year. While the Bureau of Labor Statistics data shows that the rate of MSDs is falling, they still are the nations biggest and most costly job safety problem. Year after year, MSDs make up one third of all lost worktime injuries suffered by American workers, and cost our economy close to $50 billion every year. While a number of American businesses have taken action, the injury data show that most still are not adequately addressing the problem.

Furthermore, the true extent of work-related MSDs in this country is seriously under-reported according to state workers compensation data and testimony at the OSHA hearings. OSHA conservatively estimates that BLS statistics underestimate the rate of MSDs by half.

**Myth: The ergonomics standard requires employers to respond to problems that were caused outside of the workplace**

**Fact:** The OSHA standard only covers work-related MSDs. A report of an MSD must meet two tests to ensure that MSDs addressed by the standard are work-related before an employer is required to take any action. First, the employee's injury must meet the definition of a work-related MSD incident. Second, the employee’s job must routinely involve (on one or more days a week) exposure to risk factors at levels that pose a potential risk (e.g. 4 or more hours of computer work, 2 or more consecutive hours of highly repetitive work.) Only where both tests are met does the employer have to evaluate the job to identify hazards and provide MSD management to the injured employee.

OSHA has been clear that factors outside the workplace can cause MSDs, just as exposure outside the workplace can cause hearing loss and a number of other illnesses that also result from workplace exposure. Nevertheless, there is strong scientific support, confirmed once again by the recent NAS report, that workplace exposures cause MSDs and it is OSHA’s statutory obligation to require employers to reduce those exposures to the extent feasible.

**Myth: The ergonomics standard is forcing employers to respond to MSDs caused by psychosocial factors such as job satisfaction, monotonous work, work pace, interpersonal relations in the workplace, and work demand stress that were documented by the National Academy of Sciences report.**

**Fact:** The NAS does identify the influence of psychosocial issues in the development of MSDs. And like the NAS, OSHA also recognizes that psychosocial factors play a role. But the best evidence shows that biomechanical effects (such as heavy lifting or repetitive movements) play a much greater role in causing MSDs. There is also much better evidence that reducing exposures to biomechanical stressors can effectively reduce the risk of MSDs. Finally, it is unclear whether psychosocial issues cause MSDs or whether MSD-related pain causes job dissatisfaction and workplace stress.

The OSHA standard does not seek to force employers to address psychosocial issues. The standard only requires the employer to take action to reduce workplace exposures after an employee reports an MSD and the employer has identified workplace exposures that pose an MSD hazard.
**Myth:** The standard requires employers to provide medical care for employees injured by MSD hazards on the job.

**Fact:** MSD management, required by the standard, only requires the employer to provide the injured employees with access to a health care professional (HCP) for evaluation and follow-up of the MSD. The employer or the HCP may also impose necessary work restrictions during the employee’s recovery period. The standard does not require medical treatment or require employers to pay for medical treatment such as physical therapy, medication or surgery.

**Myth:** The standard requires employers to provide time off and reduced work responsibility with full pay when Workers Compensation already addresses this issue.

**Fact:** The standard provides 100% of pay and benefits to workers who are on restricted work, and 90% for workers who must be off of work due to a work-related MSD. WRP is necessary because, unlike most OSHA standards that require employer action when workers are exposed to hazards, the Ergonomics Program Standard only requires action after an injury has been reported. The standard's success in protecting workers, therefore, depends on workers' willingness to report injuries as soon as they occur.

Early reporting and intervention are essential to preventing permanent damage or disability. There is substantial evidence in the record, however, that workers are reluctant to report MSD injuries because they fear losing pay, being fired, or being subjected to other forms of discrimination. Knowing that they will not lose pay as a result of a necessary work absence will make employees more willing to come forward to report their injuries and to participate in the MSD management process. Employers may deduct any workers' compensation payments the employee receives from the amount of WRP benefits paid to the worker.

**Myth:** The OSHA standard’s Work Restriction Protection supercedes state workers’ compensation laws and is violates Section 4(b)4 of the OSH Act.

**Fact:** The WRP provisions of the standard are not compensation, but assurances that workers will not face significant financial disincentives to report MSDs or their signs and symptoms. WRP and workers' compensation have totally different rationales and serve vastly different purposes. WRP, in stark contrast to workers' compensation, is solely a preventive health program. Payments to workers are not intended to be, nor do they operate as compensation for injury sustained, but rather are associated with and essential to the overall operation of WRP as a preventive health program. The criteria for restrictions under the ergonomics standard have no relationship to the criteria for compensation, nor do they have any bearing on whether an injury or illness is compensable.
OSHA has been including WRP in its health standards for more than 20 years. Previously referred to as medical removal protection or MRP, it was first included in the lead standard, and is also in the standards on benzene, cadmium, formaldehyde, methylene chloride, and methylenedianiline (MDA).

OSHA’s authority to include MRP in its standards was upheld by the D.C. circuit court in 1980. In upholding OSHA’s lead standard, the court found that MRP does not supercede workers compensation or violate 4(b)4 because it leaves the state workers’ compensation systems wholly intact. Steelworkers v. Marshall, 647 F.2nd 1189, 1236 (D.C. Cir. 1980).

The Attorneys General of 17 states - Arkansas, California, Colorado, Connecticut, Georgia, Indiana, Iowa, Kentucky, Maryland, Minnesota, Mississippi, Missouri, New Mexico, New York, Oklahoma, Washington and Wisconsin - filed comments with OSHA stating that the WRP provisions of the ergonomic standard would not affect or supercede the workers compensation laws in their states and did not violate section 4(b)(4) of the OSHAct.

Myth: The OSHA standard forces employers to slow their production lines, hire additional employees or restrict the way employees can type, use their mouse or lift items.

Fact: If an employee suffers a work-related MSDs or MSD signs and symptoms, and the employee is exposed to certain MSD hazards, the employer must take action to control exposures. No specific control measures or methods are mandated. Rather, it is entirely up to the employer to choose the measures that will reduce exposures. Very often the solutions is as simple as raising a keyboard tray or providing a higher platform on which a worker can stand.

The standard also includes “safe harbors” where OSHA is prohibited from citing the employer if exposures are reduced to a certain level. But even if exposures are not reduced to the “safe harbor” level, the employer is free to develop any other effective solution that will reduce exposures to levels that are not likely to cause MSDs.

Myth: Employers with existing ergonomics programs would have to scrap them and start all over. No employer with an existing ergonomics program would qualify under the Grandfather Clause.

Fact: The standard permits employers with existing ergonomic programs to continue their programs, instead of complying with the specific requirements of the rule if they contain the basic elements of the program and are effective at reducing exposures and injuries. Many employers’ existing programs would qualify under the “Grandfather Clause.” During the hearings, employers expressed concerns that they would not qualify under the Grandfather clause because they did not have Work Removal Protection (WRP). OSHA therefore granted one year after the
effective date of the standard for “grandfathered” programs to develop an MSD management program that includes WRP.

**Myth: The entire burdensome standard is triggered by one incident.**

**Fact:** One MSD does not trigger the entire standard, it only requires the employer to screen the job to determine if workers are exposed to ergonomic risk factors. Only if exposures are significant (e.g. more than 4 hours a day of computer use) are other parts of the standard triggered. In addition,

- This is a job-based rule. Most jobs have fewer than 5 workers doing the same job, so one real work-related incident is significant. Waiting for two incidents in a five person job means waiting for 40% of the workforce in that job to suffer an MSD.
- The vast majority of workplaces do not even have a single incident in a given year.
- Input from employers during the hearings indicated that employers with good ergonomics programs routinely respond to single MSD incidents.

**Myth: This standard was rushed through for political reasons.**

**Fact:** The ergonomics standard is the result of more than 10 years of work. Republican Secretary of Labor Elizabeth Dole announced the initiation of the standard-making process in 1990. Since then, OSHA has sponsored numerous public stakeholder meetings and best practices conferences to collect information about the extent of the problem and effective solutions. Following release of the proposal in November 1999, there was an extensive written comment period and nine weeks of public hearings. Hundreds of workers, industry representatives and experts from around the world testified in public hearings. In 1999 the Department of Labor set the end of 2000 as the target for issuing the final standard and OSHA was successful in that effort.

**Myth: The NAS Report on *Musculoskeletal Disorders and the Workplace* confirms that the issue of causation of MSDs is complicated and that more research and more accurate statistics are needed. OSHA should stay the rule and re-open the record until the necessary research can be completed.**

**Fact:** No one contends that we know everything there is to know about the prevalence or causes of musculoskeletal disorders. But there have been thousands of studies about MSDs and the NAS report confirms that we know enough to act. The weight of the evidence shows that prolonged exposure to workplace risk factors is linked to the occurrence of MSDs and that workplace interventions can reduce the risk of MSDs in the workplace.
We also don’t know everything there is to know about the causes of heart disease. But no one is advocating that we delay reducing exposure to cigarette smoke, lowering high cholesterol, or getting more exercise until all research is completed and we know all of the answers.

No one is opposed to more research on the causes and prevention of MSDs. But we know enough right now how to prevent most of them. To delay action is to subject hundreds of thousands of workers every year to painful, disabling injuries.

**Myth:** The NAS panel was biased. There was not one employer on the 19-member panel.

**Fact:** The NAS report was a review of the scientific literature on work-related musculoskeletal disorders. The panel was made up of some of the world’s leading scientific and medical experts on ergonomics and related fields. Nineteen independent scholars were commissioned to examine the scientific literature. The panel examined over 800 studies. They also received briefings by a number of individuals from industry, the Bureau of Labor Statistics, the Livermore National Laboratory, the United Auto Workers, and researchers in the field. They visited two auto assembly plants and received commissioned papers from a variety of sources.

The panel reached strong conclusions about the causation of MSDs and their solutions. Those conclusions were based on the scientific literature and were consistent with every other comprehensive review of the literature conducted over the past several years.

There were no employers on the NAS panel and there were no worker representatives on the panel. The panel was charged with looking at the science. It was not intended to be a forum for management and labor representatives to argue their positions; that was the purpose of the OSHA hearings.