

MIDWESTERN INSURANCE ALLIANCE

Loss Control Newsletter

February 2000



Midwestern Insurance Alliance maintains the goal of providing our insureds with a wide range of loss control services. Only one of which is this monthly *Loss Control Newsletter*. To become aware of the many other services offered, contact Loss Control Manager, Keith Wertz at (502) 429-9990 or send e-mail to krwertz@midwesterninsurance.com

ERGONOMICS (Part 1 of 2)

Terms and Definitions

If ergonomics sounds Greek to you, then you're correct! The word itself comes from the Greek language. *Ergo* means "work" and *nomos* means "law," therefore, ergonomos means "law of work."

Ergonomics, however, means different things to different people. To an ergonomist, it means designing the workplace to ensure that employees are not being harmed by their job. To an engineer, it means maximizing employee productivity and reducing the chance of injury. To an occupational health professional, ergonomics is a plan to encourage employees to report early symptoms and ensure that medical intervention or treatment is provided. To the supervisor, ergonomics is a way to improve the employee's job satisfaction. And finally, to the employee, ergonomics is an indication that management is concerned about safety and welfare. It's all a matter of perspective and impact.

Practically speaking, ergonomics is the science of fitting the job to the worker.

When there is a mismatch between the physical requirements of the job and the physical capacity of the worker musculoskeletal disorders (MSDs) can result. For example, workers who must repeat the same motion throughout their workday, who must do their work in an awkward position, who must use a great deal of force to perform their jobs, who must repeatedly lift heavy objects, or who face a combination of these risk factors are most likely to develop MSDs.

Looks Like Alphabet Soup

Musculoskeletal disorders (MSD) are also known as:

- repetitive stress injuries (RSI)
- repetitive motion injuries (RMI)
- cumulative trauma disorders (CTD)
- occupational overuse syndrome (OOS)

Although given a number of different names and acronyms, they are all injuries and disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. They do not include injuries resulting from slips, trips, falls or similar accidents. Examples of MSDs include carpal

tunnel syndrome, tendinitis, sciatica, herniated disc and low back pain.

What a Pain!

Just how serious a problem are work-related MSDs? They are the most prevalent, most expensive and most preventable workplace injuries in the country. In addition, work-related MSDs have become a leading cause of lost-workday injuries and worker's compensation costs.



According to the Occupational Safety and Health Administration:

- MSDs account for 34% of all lost-workday injuries and illnesses
- More than 620,000 lost-workday MSDs are reported each year

- MSDs account for \$1 of every \$3 spent for worker's compensation.
- Carpal tunnel syndrome (CTS), one form of MSD, results on average to more days away from work than any workplace injury. The median days away from work for CTS is 25 days, as compared to 17 days for fractures and 20 days for amputations
- Workers with cases of severe injury can face permanent disability that prevents them from returning to their jobs or handling simple, everyday tasks like picking up their child, combing their hair, or pushing a shopping cart

Many direct, indirect, and hidden costs are associated with these MSD injuries, which may include the following:

- Higher medical costs
- Increased worker's compensation costs
- Lost and restricted workday cases
- Cost of retraining injured employees
- Cost of training new employees to perform the job of injured workers
- Decreased productivity and quality
- Poor employee morale
- Excessive material waste

What Causes Work-Related MSDs?

These occupational injuries occur where there is a mismatch between the physical requirements of the job and the physical capacity of the worker. Prolonged exposure to ergonomic risk factors, particularly in combination or at high levels, is likely to cause or contribute to any MSD or aggravate the severity of a preexisting MSD. The longer and more often the exposure to ergonomic risk factors, the longer the time needed to recover. Risk factors include force, repetition,

awkward postures, static postures, vibration, and cold temperatures.

Having just reviewed the list of risk factors, mentally inventory the jobs that exist in your company. Do any of them contain some of these factors? Or even worse - all of these factors? Have any of your employees sustained the common, low back injury?

What Are Possible Solutions, If Any?

MSDs are avoidable and are often very easy to prevent. Adding a book under a monitor, or padding a tool handle are typical of the fixes used in ergonomics programs. Solutions that fit the work to the worker are achieved by companies that implement an ergonomics program. Thousands of employers have adopted them. In fact, a study by the General Accounting Office found employers' ergonomics programs effective at reducing injuries. Practical experience in solving ergonomics problems is plentiful. Ergonomic interventions may include:

- Adjusting the height of working surfaces to reduce long reaches and awkward postures
- Putting work supplies and equipment within comfortable reach
- Providing the right tool for the job and the right handle for the worker
- Varying tasks for workers (job rotation)
- Encouraging short, authorized rest breaks
- Reducing the weight and size of items workers must lift
- Providing mechanical lifting equipment
- Using telephone headsets
- Providing ergonomic chairs or stools
- Supplying anti-fatigue floor mats

Controlling MSDs is only one of many reasons for establishing ergonomic programs. Well-run ergonomic programs have been effective in improving quality and productivity, improving employee satisfaction, and reducing turnover and absenteeism. They can also help improve the competitiveness of a company. Setting up an effective program will help to control skyrocketing costs of injuries. The price of putting a program into action will be minor compared to the money saved on workers' compensations costs. Money will also be saved on medical bills because injuries will be identified, treated, and stopped before the case progresses to a more expensive stage.

Tell Me More, Tell Me More

The next edition of this newsletter will list the elements of successful ergonomic programs and discuss the currently proposed OSHA Ergonomics Program Standard. In the meantime, take a critical look at your workplace in regards to the previously listed ergonomic risk factors.

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and
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