

to specific characteristics of jobs or working conditions. This requires evaluation of each individual case to determine the part of the body affected, the nature of the job performed by the injured employee and other relevant data. Such information is currently available in the case-description section of the 300 Log and in the 301 Incident Report. Evaluation of these case-entry data, particularly the job title and the description of the injury and affected body part contained in Columns C and F on the 300 Log, will enable employers, workers and OSHA to identify specific types of MSDs, to link specific MSD injuries to specific ergonomic risk factors, and to identify trends in certain jobs or work practices over time.

The MSD column would not assist with the kind of detailed analysis necessary to effectively abate MSDs at the establishment level. Conscientious employers, employees and authorized representatives who wish to address MSDs in their workplaces will do so, as they have in the past, by examining the entire Log, whether or not an MSD column is implemented. Some employers and others may wish to use the § 1904.12 definition of MSD as part of their comprehensive records analysis or they may wish to use a different definition more suited to their specific working conditions. For example, nursing home employers may wish to focus particularly on back cases in analyzing the effectiveness of patient lifting and repositioning abatement measures. On the other hand, employers and others who do not wish to perform a comprehensive analysis would not be able to use an MSD column as a substitute for the analysis.

To the extent that the aggregate total of MSD cases is of some relevance, the number can easily be determined without a column. Based on the description-of-injury information in column F of the Log, one can very quickly identify which cases are MSDs under the § 1904.12 definition, or an alternative definition such as the one in OSHA's meatpacking guidelines. The MSD column is simply not necessary for this purpose. For these reasons, OSHA concludes that the MSD column would not be a useful tool at the establishment level.

A related point argued by some is that an MSD column is needed to ensure effective enforcement of the general duty clause. However, the column has never been in effect and has not been a factor in enforcement of the clause. It is difficult to see the utility of simply checking an MSD column given the detailed nature of the information needed by OSHA to sustain a general

duty clause citation. The case description data in the 300 and 301 forms is available to assist OSHA in its inspection activities. This information permits a more comprehensive understanding of MSDs in workplaces than would a single aggregate statistic produced by a column. Accordingly, there is no need for an MSD column on the Log for enforcement purposes.

The other justification cited for the MSD column is that it is necessary to improve the accuracy and usefulness of the national injury and illness statistics. However, OSHA concludes that MSD column would not materially improve the national statistics on MSDs. The national statistics already include comprehensive information about MSDs that result in days away from work, including the total number and incidence rate of these disorders. As to other MSDs, the MSD column would allow the Bureau of Labor Statistics (BLS) to calculate the total number of these cases, but not to analyze their characteristics in any way. OSHA does not believe that a new statistic on total MSDs would be useful without the ability to assess the specific characteristics of these disorders. To obtain additional data necessary to allow BLS to assess the characteristics of MSDs that do not require days away from work would require significant changes to the BLS survey system not contemplated in the proposed recordkeeping rule and not requested by any party.

Overview of the BLS Statistical Program

BLS is responsible for producing the national injury and illness statistics. BLS currently publishes two categories of statistics on non-fatal injuries and illnesses. One category consists of detailed information about injuries and illnesses that require days away from work to recuperate; the other category consists of aggregate totals for all types of injuries and illnesses combined.

The first category of statistics, called case characteristics, is derived from a survey eliciting information from participating employers on a sample of injuries and illnesses resulting in days away from work. The survey provides detailed information about the specific characteristics of these cases, including the employee's age, sex, occupation and length of service; the employer's industry classification; the number of days away from work that were required; the part of the body affected; the source of injury (e.g., bodily motion or position, machinery, fire, toxic substance) and the causal event or exposure (e.g., overexertion, repetitive motion, fall, explosion).

BLS produces information on MSDs from those days away from work cases for which characteristics data are collected. BLS categorizes a case as an MSD using information on the nature of the injury and illness and the event or exposure leading to the injury or illness, as reported by the employer. Cases reported as MSDs by BLS include those in which the nature of the injury is a sprain, strain, tear, soreness, hernia, carpal tunnel syndrome or other similar type of injury to the soft tissue structures, and in which the causal event is bodily movement, such as bending, climbing, reaching, twisting, overexertion, or repetition. See BLS report *Lost-worktime Injuries and Illnesses: Characteristics and Resulting Time Away From Work 2000*, available on the BLS Internet site (www.bls.gov).

The BLS case characteristic data permit detailed analysis of different types of MSDs by employee age and sex, occupation, industry sector, severity of disorder, type of causal event, type of bodily motion and other relevant characteristics. As a result, the BLS data can be highly useful in identifying the most serious MSDs and the conditions leading to them, and in pinpointing high-risk industries and occupations. For example, the BLS Supplemental Tables for calendar year 2000 contain a detailed breakdown of lost-worktime MSDs by type, severity, source of injury, event or exposure, and other characteristics. The breakdown also presents the aggregate number of lost-worktime MSDs that occurred by major industry sector. See *Case and Demographic Characteristics for Work-related Injuries and Illnesses Involving Days Away From Work, Supplemental Tables for 2000*, Table 11. Additional Tables for 2000 contain detailed breakdowns of specific types of MSDs, such as carpal tunnel syndrome, tendonitis and repetitive motion injuries. See *Id.*, Tables 3 and 9.

The case characteristic data are also helpful in identifying significant information on the incidence of specific disorders. For example, in 2000, the latest year for which case characteristic data are available, the BLS statistics show that carpal tunnel syndrome accounted for the highest median number of days away from work of any disabling injury or illness, that repetitive motion and typing resulted in the longest absences from work among the leading events and exposures, and that truck drivers, nursing aides and non-construction laborers were the occupations with the greatest numbers of aggregated MSDs, accounting for one out of five of these disorders. See the BLS report *Lost-Worktime Injuries and*