OSHA COMPLIANCE FOR
Retail

Injury & illness records

HazCom

Slips, trips,
& falls

Workplace violence

Forklifts

Emergency exits

Ergonomics

J. J. Keller
& Associates, Inc.®
Since 1953

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J. J. Keller & Associates, Inc.

3003 Breezewood Lane
P.O. Box 368
Neenah, Wisconsin 54957-0368
Phone: (800) 327-6868
Fax: (800) 727-7516
JJKeller.com

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Introduction

Retail operations can present a wide variety of potential hazards for your workers that can lead to injuries, illnesses, and fatalities. In fact, the Bureau of Labor Statistics (BLS) reports that an average of 270 employees die each year on the job in the retail industry. This makes the fatality rate for the industry slightly lower than the national average rate for all industries. The non-fatal injury and illness rate is slightly higher for the retail industry than for all industries. Some potential hazards for workers in retail operations include: material handling, unsafe use of forklifts, blocked exit routes, or repetitive motion injuries.

OSHA COMPLIANCE FOR RETAIL is designed specifically for this industry. This publication takes you beyond what the regulations are and provides you with information on how to comply with them and implement them, as well as providing relevant information based on OSHA's own interpretations of the regulations. Used in conjunction with the OSHA regulations, this publication serves as an effective guide to implementing safety and health requirements in your workplace.

As you use the publication, consider the following as your roadmap.

Getting started with OSHA compliance

❏ **Determine which specific OSHA regulations you must comply with**. Even if you know you are covered by OSHA's "General Industry" regulations, you still have to narrow down the focus to those that are specifically applicable to your operations. Some will apply, some will not. **Note**: This publication is focused on federal OSHA requirements; some states, such as California, Oregon, Washington, Michigan, and Minnesota, have their own approved state OSHA requirements which take precedence over federal OSHA. See the **OSHA** section of this publication for information on state versus federal jurisdiction.

  – OSHA's list of most frequently cited standards by industry can help you narrow down the scope. Type in your NAICS code at the following website: https://www.osha.gov/pls/imis/citedstandard.html. However, many purchasers of this manual will have NAICS codes that fall under one or more of the following codes:

    ○ 441 Motor Vehicle and Parts Dealers

    ○ 442 Furniture and Home Furnishings Stores

    ○ 443 Electronics and Appliance Stores

    ○ 444 Building Material and Garden Equipment and Supplies Dealers

    ○ 445 Food and Beverage Stores

    ○ 446 Health and Personal Care Stores

    ○ 447 Gasoline Stations

    ○ 448 Clothing and Clothing Accessories Stores

    ○ 451 Sporting Goods, Hobby, Book, and Music Stores

    ○ 452 General Merchandise Stores

    ○ 453 Miscellaneous Store Retailers

    ○ 454 Non-store Retailers

- You can also use prior inspection history, as well as injury and illness data to determine areas on which to focus.

❏ **Determine which written plans** you must have. Written plans outline how the company will carry out various functions of a program. For example, most employers are required to have a Hazard Communication program; the written plan would include a list of hazardous chemicals used, who is responsible for obtaining missing safety data sheets, which workers are exposed to hazardous chemicals, the type of training used, the type of labeling system used, where safety data sheets are kept, and so on. See the **list of required plans** in the Recordkeeping section of this publication. Also, see **sample written plan templates**, which appear at the end of most sections in the publication.

❏ **Determine training requirements**. OSHA requirements vary in their specificity with regard to training. Some require refresher training, some do not. Some require documentation, some do not. Each employer should review the individual training requirements to determine those that apply. See the **Training Requirements At-a-Glance** section in this publication for a guide to the "what," "when," and "what documentation" for training.

❏ **Determine inspection requirements**. Regular inspection of machinery and equipment is critical, though the degree to which OSHA addresses inspections in the regulations vary. In some cases, a visual inspection pre-use is required, in others a more thorough inspection may be required. See the **Inspection Requirements At-a-Glance** section in this publication for a guide to the "what," "when," and "what documentation" of inspections.

❏ **Survey workers** on safety and compliance needs. Workers can provide valuable input on hazardous conditions and potential controls.

❏ **Set up an incident investigation protocol** with a focus on root-cause analysis.

❏ **Implement a safety committee** with representation from all areas of the operations. (Some states require safety committees; federal OSHA does not, though they encourage their use.)

❏ **Document injuries and illnesses** (unless you are exempt) on OSHA recordkeeping forms. (See the Recordkeeping section of this publication).

Due to the constantly changing nature of government regulations, it is impossible to guarantee the absolute accuracy of the material contained herein. The Publisher and the Editors, therefore, cannot assume any responsibility for omissions, errors, misprinting, or ambiguity contained within this publication and shall not be held liable for any loss or injury caused by such omission, error, misprint, or ambiguity presented in this publication.

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Ergonomics

ez Explanations™
summaries from the J. J. Keller® subject-matter experts

Ergonomics is the science of fitting the job to the worker. In the workplace, ergonomic principles are used to make alterations to a job so that it conforms to the person doing that job, rather than to force the person to fit the job. Redesigning various job functions to match a person's stature will reduce stress on the body and eliminate many potential injuries associated with the overuse of muscles, unnatural postures, and repetitive motions.

The ergonomic approach is based largely on the assumption that work activities which involve less force, repetition, vibration, weight, and forms of static or constrained postures are less likely to cause injuries and musculoskeletal disorders (MSDs). The goal of an ergonomics safety program is to eliminate potential sources of problems (risk factors) and to make safe work practices a natural result of tool and workstation design without depending on specific worker capabilities or work techniques.

Achieving an ergonomically sound workplace does not have to be difficult or expensive. Often, through careful analysis, you will find simple solutions to reduce or eliminate ergonomic risk factors that could result in MSDs. This may involve evaluating and redesigning tasks, workstations, tools, lighting, and equipment to fit workers' physical capabilities and limitations. By analyzing workers' motions and positions as they do their jobs, it is possible to identify tasks that create stress on the body.

Scope

Technological advances, which result in more specialized tasks and increased repetition are often major causes of ergonomic problems. Consequently, workers' hands, wrists, arms, shoulders, backs, and legs may be subjected to thousands of repetitive twisting, forceful, or flexing motions during a typical workday. When this occurs on the job, the stress on those body parts builds up over time and results in MSDs.

The goal of a workplace ergonomics program is to reduce or eliminate the risk factors that lead to MSDs. Identifying these risk factors in your workplace is the first step toward making changes that will improve the safety and health of all workers.

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Regulatory Citation

- General Duty Clause of the OSH Act 5(a)(1)

 Compliance Point

General Duty Clause citations — Necessary elements

The General Duty Clause ranked 13 th out of the 72 most frequently violated standards for the retail industry in fiscal year 2015. The average General Duty Clause penalty cost $3,318. The following elements are necessary for OSHA to support a General Duty Clause violation:

- Employees are exposed to a hazard;

- The hazard is *recognized* , which can come from many ways, including industry recognition or the employer's own recognition because of previous injuries;

- The hazard is likely to cause death or serious physical harm; **and**

- There is a *feasible and useful method* to correct the hazard.

Key Definitions

- **Awkward postures** mean the position your body is in and affects muscle groups that are involved in physical activity. Awkward postures include repeated or prolonged reaching, twisting, bending, kneeling, squatting, working overhead with your hands or arms, or holding fixed positions.

- **Contact stress** means pressing the body against a hard or sharp edge can result in placing too much pressure on nerves, tendons, and blood vessels. For example, using the palm of your hand as a hammer can increase your risk of suffering an MSD.

- **Fixed posture** means prolonged muscle contraction without movement such as maintaining an unsupported posture or prolonged gripping of a tool.

- **Forceful exertion** means the amount of physical effort required to perform a task, such as heavy lifting or pushing/pulling, or to maintain control of equipment or tools. The amount of force depends on the type of grip, the weight of an object, body posture, the type of activity, and the duration of the task.

- **Musculoskeletal disorders (MDS)** are injuries and disorders of the soft tissues (muscles, tendons, ligaments, joints, and cartilage) and nervous system of the upper and lower limbs, neck, and lower back that are caused, precipitated or exacerbated by sudden exertion or prolonged exposure to physical factors such as repetition, force, vibration, or awkward posture.

- **Repetition** is doing the same motions over and over again places stress on the muscles and tendons. The severity of risk depends on how often the action is repeated, the speed of movement, the number of muscles involved, and the required force.

- **Sprain** means overstretching or overexerting a ligament resulting in a tear or rupture of the ligament.

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- **Strain** means overstretching or overexerting a muscle or tendon.

Summary of Requirements

An employer who has an effective ergonomics program that reduces or eliminates ergonomic risk factors in the workplace will likely see lower injury rates as MSD incidences go down and an increase of productivity because performing the job is now easier and more comfortable for workers.

Employers should:

- Assess their workplace for any ergonomic risk factors.
- Develop a written ergonomic program.
- Work with employees to recognize, reduce, eliminate ergonomic risk factors.
- Design workstations and processes to fit the worker.
- Eliminate awkward, forceful, and uncomfortable positions.
- Reduce or modify work that requires heavy lifting, twisting movements, and awkward material handling.
- Train employees to recognize ergonomic risks and how to report injuries, illnesses, and risk factors.

In Depth

As the workforce continues to age and medical costs continue to escalate, the cost of ergonomic hazards in the workplace will continue to rise. If you look beyond the dollars and cents side of the issue, however, there is at least one other reason why you should be concerned with ergonomic hazards in the workplace — OSHA can cite and fine employers for ergonomic hazards using the General Duty Clause.

? Did You Know

Ergonomic enforcement

While there is not a specific federal regulation that requires employers to rid the workplace of ergonomic hazards, OSHA has cited and fined companies with a pattern of injuries resulting from ergonomic hazards under the General Duty Clause. **Note**: Some states such as California and Washington have ergonomic standards.

Fundalmentals of an Ergonomics Program

In many ways, developing an ergonomics program is no different from developing any other safety program. A safety program geared toward a specific topic should provide employees with information and training about the subject, and spell out the company's position supporting safety procedures, the worker's responsibilities to maintain those safety procedures, appropriate control measures that have been implemented, how and where to report problems, and the process for evaluating the program to ensure its effectiveness. These fundamental elements, along with many others, can be applied to programs for lockout/tagout, confined spaces, and handling hazardous materials as well as to ergonomics.

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In this chapter, you will find step-by-step guidelines to walk you through developing an ergonomics program. Use these fundamentals in conjunction with detailed information in other chapters of this manual to "flesh-out" your program.

Step 1: Provide management leadership

Management leadership and commitment provides the motivating force and the resources for organizing and controlling activities within an organization. In effective ergonomics programs, management regards the protection of employee health and safety as a fundamental value of the organization, and incorporates objectives for the success of this program into its broader company goals.

It is the employer's basic obligation to demonstrate leadership by developing ways for employees to report MSDs, responding promptly to those reports, and involving management in the overall ergonomics program. Ensuring that policies and practices encourage and do not discourage the early reporting of MSDs, their signs and symptoms, MSD hazards, and employee participation in the ergonomics program is essential to the success of the program.

Demonstrate leadership

To be effective, management leadership must be active rather than passive. Leadership that is limited to a "paper program," such as having written policies and procedures neatly packaged in a binder that sits on a shelf, would not meet the intention of the standard. Effective management leadership will be known throughout the organization via active engagement in the ergonomics process and appropriate follow-through on commitments.

Leadership may be demonstrated by participating in plant walkarounds, holding meetings with employees on ergonomic issues, and monitoring reports on program effectiveness. Involvement that shows commitment to the company's ergonomics program can be demonstrated through the following 10 methods.

- Issuing policy statements:
  - Treat ergonomic efforts as furthering the company's goals of maintaining and preserving a safe and healthful work environment for all employees;
  - Expect full cooperation of the total workforce (managers, supervisors, employees, and support staff) in working together toward realizing ergonomic improvements;
  - Assign lead roles to designated persons who are known to "make things happen;"
  - Give ergonomic efforts priority with other cost reduction, productivity, and quality assurance activities; and
  - Work to gain the support of the local union or other worker representatives.
- Initiating meetings between employees and supervisors allow full discussion of the policy and the plans for implementation.
- Setting goals that become more concrete as they address specific operations. Goals give priority to the jobs posing the greatest risk.
- Committing resources to:
  - Training employees to be more aware of ergonomic risk factors for work-related musculoskeletal disorders;
  - Providing detailed training and instruction for those expected to assume lead roles or serve on special groups to handle various tasks;

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- Bringing in outside experts for consultations about start-up activities and difficult issues, at least until in-house expertise can be developed; and

- Implementing ergonomic improvements as may be indicated.

- Providing release time or other compensatory arrangements during the workday for employees expected to handle assigned tasks dealing with ergonomic concerns.

- Furnishing information to all those involved in or affected by the ergonomic activities to be undertaken. Misinformation or misperceptions about such efforts can be damaging: If management is seen as using the program to gain ideas for cutting costs or improving productivity without equal regard for employee benefits, the program may not be supported by employees.

    For example, management should be up-front regarding possible impacts of the program on job security and job changes. All injury data, production information, and cost considerations need to be made available to those expected to make feasible recommendations for solving problems.

- Tracking the results of the ergonomic efforts to indicate both the progress that has been made and the plans that need to be revised to overcome apparent problems. Reporting results of the program and publicizing notable accomplishments also emphasize the program's importance and maintain the interest of those immediately involved and responsible.

- Creating committees or teams to receive information on ergonomic problem areas, analyze the problems, and make recommendations for corrective action.

- Establishing a procedure to encourage prompt and accurate reporting of signs and symptoms of MSDs by employees so that these symptoms can be evaluated to determine if the report qualifies as an MSD incident.

- Communicating periodically with employees about the ergonomics program and their concerns about MSDs. Seriously taking into consideration their reports of potential problems and suggestions for improving job operations or conditions.

Assign and communicate responsibilities

Assign and communicate responsibilities for setting up and managing the ergonomics program so managers, supervisors and employees know what is expected of them and how they will be held accountable for meeting those responsibilities. All individuals with responsibility for the ergonomics program must understand how they will be held accountable for ensuring the success of the program in controlling MSDs in the workplace. For example, performance evaluations may be modified to include an assessment of whether or not ergonomic problems had been addressed.

Provide resources and training

Provide those persons designated to play a role in the ergonomics program with the authority, resources, information, and training necessary to meet their responsibilities. Adequate authority, resources, and training is vital for those employees responsible to carry out the program. If, for example, an employee is assigned responsibility for evaluating a potential MSD hazard, that employee would need access to relevant information about the job creating the potential hazard, adequate knowledge to competently evaluate the job, sufficient time to evaluate the job, and the authority to recommend changes to the job if it is found to present MSD hazards.

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Authority

The delegated ability to take action. Such delegated authority is essential if decisions are to be made in a timely manner and progress is to be made in accomplishing ergonomic program goals. Individuals assigned a particular responsibility under the ergonomics program must have the authority they need to discharge those responsibilities.

Resources

The provisions necessary to develop, implement, and maintain an effective ergonomics program. Resources include money (such as the funds needed to purchase equipment to perform job hazard analysis, develop training materials, and implement controls), personnel and the work time to conduct program responsibilities, such as job hazard analysis or training. The resources needed to meet program responsibilities under this standard will vary with circumstances.

Training

For each employee involved in the ergonomics program, effective ergonomics training should cover these topics, as they relate to your company's program:

- Company's ergonomics program and their role in it;
- Signs and symptoms of MSDs and ways of reporting them;
- Risk factors and any MSD hazards in jobs within their scope, as identified by the job hazard analysis;
- Company's plan and timetable for addressing the MSD hazards identified;
- Controls used to address MSD hazards; and
- Employee's role in evaluating the effectiveness of controls.

Additionally, employees involved in the management of the ergonomics program must receive training in how to set up, manage, and evaluate an ergonomics program; and how to identify and analyze MSD hazards and select and evaluate measures to reduce the hazards.

Examine policies and procedures

Examine existing policies and practices to ensure they encourage and do not discourage reporting and participation in the ergonomics program. This is necessary to ensure the early reporting of the symptoms and signs of MSDs, as well as meaningful employee participation in the ergonomics program.

The objective is that employees must feel free to report MSD signs and symptoms as early as possible, because doing so prevents pain and suffering and averts disability, not only for the employee who reports the MSD but also for others who have comparable jobs. Early attention to MSD reports will also reduce workers' compensation and other related costs for that injury. To achieve this objective, all MSDs must be reported so that they can be promptly assessed to determine whether they are the result of a problem job.

Communicate ergonomics information

Communicate periodically with employees about the program and their concerns about MSDs. Periodic communication between an employer and his or her employees means a regular, two-way exchange of information in which employees receive information about the ergonomics program and its progress, and the employer receives information about MSDs that is of concern to the employees.

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The frequency of this exchange of information should accurately reflect the needs of a given workplace. More frequent communication would be expected during the start-up phase of an ergonomics program, when MSD signs or symptoms are reported, and prior to the implementation of workplace changes. At a minimum, communications must be often and timely enough to ensure that employees have the information necessary to protect themselves from MSDs, and have effective input into the operation of the ergonomics program.

Demonstrate the effectiveness of your communication methods by periodically checking to see whether employees have accurate information about the process for reporting MSD signs or symptoms. Employees should be able to state the various steps of this process, or at a minimum, the first step in the reporting process. Additionally, review the reports yourself to determine whether employees are actually reporting MSD signs or symptoms and if they are reporting them early.

Step 2: Ensure employee participation

Management leadership and employee participation are complementary. Employee involvement is essential to identifying existing and potential hazards and developing and implementing effective hazard abatement. Employee participation also helps to secure employee buy-in to the ergonomics program and provides the means through which they develop and express their own commitment to safe and healthful work, as well as sharing in the overall success of the company.

Employee insight

For an ergonomics program to be effective, active employee participation is essential in its development, implementation, and evaluation. When it comes to job hazard analysis and control, no one knows the job better than the employee who does the job on a regular basis. They are also most likely to have valuable input regarding the most effective and inexpensive solutions to MSD hazards related to their jobs.

Employees who perform jobs that have identified MSD hazards are in the best position to know whether or not the ergonomics program and control measures are effective as implemented or if they need to be modified. To effectively eliminate MSD hazards, employers and employees must form a partnership, with each contributing his or her unique expertise to achieve the goals of the ergonomics program.

Factors determining employee involvement

The nature, form, and extent of how employers will provide opportunities to participate will vary among workplaces. Each workplace and workforce is different, and what will be effective will vary, depending on such factors as:

- The nature of the MSD hazards,
- The number and type of problem jobs in the workplace,
- Past experience with employee participation programs,
- The presence or absence of a union,
- The general safety and health culture of the workplace,
- Relevant state or local laws, and
- The employer's financial resources.

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Committee/team involvement in ergonomic solutions

Employee participation in solving ergonomic problems in the workplace may occur through direct or individual input or through a joint labor/ management safety and health committee. Ergonomic problems typically require a response that crosses a number of company areas. In addition to supervisors and workers on the job floor, hazard identification through job task analyses and review of injury records or symptom surveys, as well as the development and implementation of control measures, may require input from:

- Safety and hygiene personnel,
- Health care providers,
- Human resource personnel,
- Engineering personnel,
- Maintenance personnel, and
- Ergonomics specialists.

At this level, typical committee/team functions consist of:

- Discussing ways to resolve safety and health issues,
- Making recommendations for task forces or working groups to plan and carry out specific actions, and
- Approving use of resources for such actions and providing oversight.

Develop a committee/team to meet your company's structure

Committee make-up and function at the department level are more localized, since they are directed to issues specific to departmental operations. Composition here can be limited to workers from the department or area engaged in similar jobs who, with their supervisors and others, such as maintenance, propose ways for reducing work-related problems, including those posing injury or disease risks. Because of their smaller size and opportunities for closer contacts among members, such committees are often considered a work group.

No single form or level of worker involvement fits all situations or meets all needs. Much depends on the nature of the problems to be addressed, the skills and abilities of those involved, and the company's prevailing practices for participative approaches in resolving workplace issues.

Factors Affecting Worker Participation in Workplace Problem Solving

Committee or Work Group Approach	Direct Worker Input
Work group sizes of 7 to 15 afford ample interaction and cohesive actions.	Procedures are in place that facilitate worker direct reporting to responsible officials on real or alleged problems. Both formal and informal channels can be used.
Work group leaders committed to the process of group problem solving increase chances of success, as does prompt recognition and rewards from higher-level management.	Campaigns are undertaken to solicit worker reports of potential problems and suggestions for improvement in job operations or conditions.
Precautions need to be taken to prevent supervisors, managers, or other team members from dominating discussions or intimidating workers.	Periodic surveys are undertaken to obtain worker reactions to workplace conditions that may suggest or confirm problems.

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Factors Affecting Worker Participation in Workplace Problem Solving, Continued

Committee or Work Group Approach	Direct Worker Input
Adoption of orderly procedures in (1) defining problems, (2) data gathering and analysis, and (3) developing proposed remedies and plans for implementation ensure likely acceptance and support.	Timely feedback and indications of actions taken in response to worker inputs have motivating qualities. Publicizing suggestions implemented and results in newsletters are similarly reinforcing.
Training is needed in the technical aspects of the target problems as well as group interaction, For the latter, workers need training in communication skills; supervisors, in feedback and listening skills.	Workers are most likely to detect hazards having physical, structural features or distinct environmental characteristics. They tend to be less aware or more accepting of risks posed by functional or procedural practices. More hazard awareness training is needed.
Work group expectations and goals need to be realistic; solving easier problems first can build confidence to overcome later frustrations. Committees that oversee work groups engaged in problem solving should not overextend their roles in dictating or implementing solutions. A top-down approach sends the wrong signal in efforts to promote worker participation.	

NIOSH *Elements of Ergonomics Programs 1997*

Step 3: Provide MSD information

Providing basic information to all employees about ergonomics, MSDs, MSD signs and symptoms, and MSD risk factors is essential so that musculoskeletal disorders can be identified and controlled early. Because MSDs can be found in such a wide spectrum of jobs, all employees should receive awareness level training. Include the following information about MSDs in your training:

- Common musculoskeletal disorders (MSDs) and their signs and symptoms;

- The importance of reporting MSDs and their signs and symptoms early and the consequences of failing to report them early;

- How to report MSDs and their signs and symptoms in your workplace; and

- The kinds of risk factors, jobs, and work activities associated with MSD hazards.

It's also a good idea to post MSD information in a conspicuous location in your workplace, such as an employee bulletin board or, if all employees have access, electronic posting is a good alternative.

Step 4: Develop an MSD reporting system

A reporting system is important for a successful ergonomics program. In order for you to know that MSDs are occurring, employees must have a mechanism for reporting this information. If an accessible reporting system is not made available to employees, they will be discouraged from reporting MSD signs and symptoms and the ergonomics program will fail. A system that is well known is one way to ensure employee participation in the ergonomics program.

Develop ways for employees to promptly report MSDs, their signs and symptoms, and MSD hazards and make that process known to them, so that reports are received in a timely and systematic manner. These reporting systems may be either formal or informal, depending on the nature and size of the company.

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Large employers will probably decide that a formal reporting system, including written documentation, is appropriate to ensure that nothing is overlooked. For employers with fewer than 10 employees, on the other hand, oral reporting systems are adequate.

Your company may already have reporting system in place that can be adapted to accommodate MSD reporting. Regardless of how methods are tailored to meet the needs of a specific workplace and workforce, the process must be systematic and accessible to all employees.

? **Did You Know**

Workers' Compensation claims in retail industries

A study considered more than 1.5 million workers' compensation claims filed between 2010 and 2014. Analysis of the data shows that material handling accidents were the top cause of injuries. It was also determined that material handling accidents made up 40 percent of injuries in retail industries.

Source: *The Travelers Companies, Inc. Injury Impact Report*

Respond to MSD reports

Prompt responses to employee reports of MSDs, MSD signs and symptoms, or MSD hazards are necessary so that they know that their reports have been received and seriously considered. A timely and good faith response is essential to reinforce the reporting and information exchange process. Quick responses to employee reports are a way to demonstrate management leadership in the program.

Designate at least one person to receive and respond to employee reports, and to take appropriate action. Depending on your workplace, that responsibility may be designated to front-line supervisors, a safety officer or safety committee, an occupational health nurse, or in small companies, the employer may encourage workers to report MSD signs and symptoms directly to him or her.

Step 5: Determine if the MSD is work-related

When an employee reports an MSD or the signs or symptoms of an MSD, you will need to determine whether the reported MSD signs or symptoms have been caused by the worker's job.

At this point, you can get a health care professional (HCP) involved in making this determination. HCPs are physicians or other licensed health care professionals whose legally permitted scope of practice (e.g., license, registration or certification) allows them to provide independently or to be delegated the responsibility to carry out some or all of the MSD management.

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What are MSDs?

A musculoskeletal disorder (MSD) is a disorder of the muscles, nerves, tendons, ligaments, joints, cartilage, blood vessels, or spinal discs. MSDs in the following areas of the body have been associated with exposure to risk factors: neck, shoulder, elbow, forearm, wrist, hand, abdomen (hernia only), back, knee, ankle, and foot.

MSDs include muscle strains and tears, ligament sprains, joint and tendon inflammation, pinched nerves, and spinal disc degeneration. Injuries from slips, trips, falls, motor vehicle accidents, or similar accidents are not considered MSDs.

MSD medical conditions include low back pain, tension neck syndrome, carpal tunnel syndrome, rotator cuff syndrome, DeQuervain's syndrome, trigger finger, tarsal tunnel syndrome, sciatica, epicondylitis, tendinitis, Raynaud's phenomenon, hand-arm vibration syndrome (HAVS), carpet layer's knee, and herniated spinal disc.

MSD signs and symptoms

MSD signs are physical conditions indicating that an employee may be developing an MSD. Examples of MSD signs are:

- Decreased range of motion,

- Deformity,

- Decreased grip strength, and

- Loss of muscle function.

MSD symptoms are physical indications that an employee may be developing an MSD. Examples of MSD symptoms are:

- Pain,

- Numbness,

- Tingling,

- Burning,

- Cramping, and

- Stiffness.

What is work-related?

Employee signs and symptoms warrant further investigation to determine if they are work-related when they result in one or more days away from work, days of limitations on the work activities or temporary transfer to alternative duty, medical treatment beyond first aid, or persistent MSD signs or symptoms that last more than one week.

Work-related means that a workplace exposure caused or contributed to an MSD incident or significantly aggravated a pre-existing MSD. It does not mean that an MSD is considered to be work-related if the work contributes in some minor or vague way. Rather, the work contributes to an MSD if a specific physical work activity or condition can be identified as having contributed in some way to the onset of the MSD. If nothing specific can be identified as a factor, then work is not considered to have contributed to the MSD.

Significant aggravation occurs only when risk factor exposures in the workplace aggravate a pre-existing MSD to the extent that it results in an outcome that it would not otherwise have caused.

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