

## WASHINGTON LABOR DEPARTMENT TACKLES CUMULATIVE TRAUMA DISORDERS AT AGENCY

SEATTLE — (By a BNA Staff Correspondent) — A study of musculoskeletal problems in the claims section of the Washington Department of Labor and Industries showed a high incidence of cumulative trauma disorders, which are often linked with use of video display terminals, the department announced Jan. 15.

The study, conducted by the department's safety and health assessment research program (SHARP), created by the 1990 legislature, found about 70 percent of 35 claims showed evidence of cumulative trauma disorders, including carpal tunnel syndrome, the department said.

The claims were filed by staff members in the department's claims initiation unit in the industrial insurance division. The unit is an area of "intense VDT usage" and of "reports of musculoskeletal problems that may be related to work activities," the study said. The department has suggested a number of stretching exercises for employees in the study, ways to modify work stations, and changes in job tasks to begin alleviating immediate problems, according to the news release.

An "ergonomics action team" will develop other interventions that can be first tested in the industrial insurance unit and used throughout the agency, the department said.

The study, released Jan. 7, said the SHARP researchers found the following prevalence rates for cumulative trauma disorders among the 35 employees of the industrial insurance office: 39 percent for hand/wrist; 24 percent for neck; 15 percent for shoulder; and 9 percent for both elbow and back. The statistics were based on physical examinations and questionnaires, the study said.

It said 18 percent of the employees had abnormal median nerve conduction results consistent with carpal tunnel syndrome, "but not all of these had symptoms."

"Overall job satisfaction was rated fairly [high] to very high, irrespective of CTD status (except for neck CTDs)," the study said.

According to an observation of employee work activities, 80 percent of their time was spent seated and more than 60 percent of the time was spent actually striking keys on the keyboard.

"Postures were generally 'correct,'" the summary said. But very little task variability occurred, resulting in high levels of pressure on muscles and tendons in the neck and upper extremities, the study said.

Roland Lund, a department spokesman, said the ergonomics study team will develop ergonomics awareness training for employees in the claims initiation unit. Six months after training begins, SHARP researchers will do a follow-up study on the results of the training program, Lund told BNA.

Copies of the study, *Cumulative Trauma Disorders in Claims Initiation Baseline Findings*, may

be obtained from: Washington Department of Labor and Industries Public Affairs, Mail Stop HC-130, Olympia, Wash. 98504; 1-(800) 547-8367, Ext. 3-1553.

## Recordkeeping

### STUDY CLAIMS BLS DATA UNDERSTATE WORKPLACE INJURIES, ILLNESSES

Data compiled by the Bureau of Labor Statistics "significantly underestimate" the incidence of workplace injuries and illnesses, according to a University of California study.

The study, published in the January *American Journal of Public Health*, based its conclusion on a pattern of underreporting—and misclassification of work-related illnesses as injuries—it found in the semiconductor industry.

The study's authors reviewed health clinic records for 1984 at 10 semiconductor manufacturing sites to evaluate the reporting completeness for conditions that the companies considered work-related. The sites were selected from member companies of the Semiconductor Manufacturing Association, a national trade association of semiconductor manufacturing firms.

The authors determined whether injury and illness cases as listed in company daily clinic logs were reportable under 1984 BLS guidelines. They then compared their results with the sites' OSHA 200 logs, in which employers are to record all reportable cases.

Of 416 randomly selected work-related cases, 101 met OSHA reporting criteria, the review showed. Only 60 percent of those cases, however, were recorded on the companies' OSHA 200 log. BLS data is drawn from a sample of about 280,000 establishments' OSHA logs. If the 60 percent reporting figure is representative of other industries, the "incidence [of work-related injuries and illnesses] may be nearly 70 percent higher than reported," the authors said. The underestimation is "most significant" for occupational illness, of which only 44 percent of the work-related cases were recorded on the employers' OSHA logs. This "suggests that the incidence may be almost 130 percent higher than reported," according to the study.

The study's authors, all with the university's Department of Internal Medicine, are Stephen A. McCurdy, Marc B. Schenker, and Steven J. Samuels.

The researchers also said that misclassification of occupational illnesses as injuries may be indicative of "important inconsistencies in the OSHA 200 reporting system." While all occupational illnesses must be reported under the system, occupational injuries are reported only if they meet specific criteria reflecting severity, they said.

Moreover, the classification of injury and illness in the OSHA system is based on exposure duration instead of on a biological index such as the nature or severity of the medical condition, the researchers said. Thus, people who are "unfamiliar with this classification system might use a more biologic and intuitive approach and classify certain illnesses, such as repetitive trauma disorders or chemical burns, as injuries," they explained. □