

Statement of

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before the

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Ergonomic Issues

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Paul Fontana's Testimony on Ergonomic Plan
Senate Committee on H, E, L, & P
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Chairman Kennedy, Senator Gregg and members of the Committee on Health, Education, Labor and Pensions, my name is Paul Fontana and I am appearing before you as both a small business owner and an Occupational Therapist who works in the area of ergonomics on a regular basis. I am honored to be invited to present my thoughts regarding this important issue affecting the business community, and thank you for allowing me the opportunity to speak with you.

I am the owner and President of the Fontana Center for Work Rehabilitation in Lafayette, Louisiana. This is a small business with 40 full time employees working in providing industrial Injury Prevention, Rehabilitation and Return to Work Programs, outpatient Occupational and Physical Therapy, Massage Therapy and Fitness and Health programs to business and individuals. Working in south Louisiana means that much of my industrial work deals with companies involved either directly or indirectly with the oil and gas industry - both drilling and production companies as well as the wide range of supporting industries from service companies to water transportation and shipping. However, I service a full range of industrial customers from the beverage industry, transportation and warehouse industry, mining industry (salt mines), municipalities, power and electric companies and manufacturing facilities.

As part of the injury prevention program, I perform onsite analysis of the various jobs and quantify the essential physical requirements of each job and develop the company's written physical job descriptions. Based on these essential functioned physical job descriptions, I develop and implement 4 - 5 hour tests to screen the new hire employees and ensure that each employee is able to safely and efficiently perform the essential job functions before they go to work. Each test is job specific involving participation in actual job simulated tasks in a non climate controlled environment closely simulating the job - although in a safe environment. In doing so, we have seen companies injury rates drop substantially. For example, one of the major drilling companies in the Gulf of Mexico with over a thousand workers in the Gulf has recently become one of my customers after they identified that they were spending 75 % of their injury management dollars (\$ 7 million) on workers who had worked less than 2 hitches (2 weeks). Another major drilling contractor in the Gulf of Mexico who has been testing all new hire employees with me for over 7 years reported no lost time accidents or modified return to work instances for any employee during his/her first 4 months of employment. Another customer of mine, a small tugboat company with less than 100 employees was in jeopardy of going out of business in 1990 because they could not afford their insurance premiums after many years of high injury rates. After implementing the new hire testing program along with back education and safe lifting training and some simple ergonomic changes, the company reported only one on the job musculoskeletal injury over a 6 year period. Their annual insurance premiums have dropped \$ 800,000 over the past 5 years.

Companies understand that they do not have control over many of their expenses. They pay relatively the same for salaries, benefits, supplies, equipment, etc as their competitors. What they do have direct control over is the cost of their productivity and workers compensation insurance through injury prevention programs. As they have seen the positive results in reduced incidences in injuries, I am being called upon to assist them with other injury prevention solutions. With my Occupational Therapy training and my knowledge of anatomy and physiology, kinesiology, medical conditions and pathology as well as biomechanics, I am able to assist them with ergonomic programs - either on a case by case injured worker basis or to help set up or implement the entire program from management and employee education, to job site analysis, physiologic hazard identification and abatement issues. Furthermore, as an Occupational Therapist with 26 years of experience in this aspect of my profession, I am regularly retained to teach ergonomic principles to other professionals and business leaders and employees throughout Louisiana and the United States.

As a member of the Independent Association of Drilling Contractor's subcommittee looking at the

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ergonomics issue, I assisted the committee in developing the testimony for the initial hearings on the Clinton ergonomic rule. At the conclusion of the 2 days of meetings I told the subcommittee, "Ergonomics is good for business. It will reduce injuries, save money and is good for our employees." I am pleased to see the movement towards industry specific guidelines as this is the direction that many of my customers, including the drilling contractors through the IADC, were moving.

Over the past 4 - 5 years I have seen a continual increase in the call from businesses to assist them with the implementation of an ergonomic program - either for the company or plant or for a specific individual who needs some help. Some of the individual cases that I have personally worked on include an executive secretary to a high school principal, a bank teller, an invasive cardiologist, many secretarial and other office type personnel (accountants and data entry personnel), welders, truck drivers and forklift operators, packers, medics and ambulance personnel, nurses and nurse aides, various plant workers, field and plant operators or mechanics, helicopter pilots and oil field drilling and production workers.

In all these types of businesses I see that the number of musculoskeletal injuries that are not from a slip, trip or fall continues to decrease. When I work with a business I evaluate the company's OSHA logs to determine incident patterns and high risk areas. I have the opportunity to speak with a number of the employees who are performing the job to understand their physical complaints, what they feel are the most difficult areas of their job as well as what they feel would resolve their physical complaints. When I go out into the field and observe them work I will often see ergonomic solutions the employees have implemented on their own in an attempt to resolve problems they find in their jobs. I tell the employees that I am not there to tell them how to do their job. They are the experts in how to do their jobs. I am the expert in the anatomy and physiology and the biomechanics of the body. Once I see what they do, I can determine what the physiological hazard is in the way they do what they do. Between the two of us, we will find a better way to resolve their complaints and not cause additional complaints. This approach establishes a true partnership between myself and the employee. The abatement solution becomes "their" solution.

Proposed Comprehensive Plan to Reduce Ergonomic Injuries - Voluntary Guidelines

I have reviewed much of the information on the Administration's proposal for establishing voluntary - industry and task specific - guidelines to control ergonomic related problems. I am pleased by what I see. As a small business owner, I believe the new proposal offers a flexible, cost effective plan that I will be able to implement. The proposal will allow me to develop a format that works for me to ensure that I am meeting the needs of my employees while at the same time that I am able to continue to function and operate in the small business world. Even if my area of expertise was not in the ergonomic arena, the proposal allows for compliance assistance, training grants and work place outreach areas where I will be able to get needed assistance. The bottom line for me as a small business owner with 40 full time employees (39 of which the Fontana Center is the primary source of income) is that I have to ensure that my employee's are able to work continually at the job in a safe and efficient manner while at the same time that I am not overburdened with the process of complying with a regulation. I believe the new voluntary guidelines allow me to do this.

As an Occupational Therapist who works with business every day on injury prevention and return to work programs, I have seen a continual willingness from the business community to take positive steps to ensure things on the job (job modifications, technique changes, administrative controls, etc.) do not adversely affect their employees' health. Business, whether it be private enterprise or government, must run in a cost effective manner. Business leaders clearly see the cost of treating injured workers continually climbing. One of the areas a company has significant control over is the costs associated with a worker's injury. (This cost is not only in dollars spent by the employer but also includes the pain and

suffering of the injured employee and the change of his/her role in the family structure.)

Over the past 16 years that I have been a small business owner, I have seen a continual increase in companies inquiring about injury prevention and ergonomic programs. This indicates to me that company managers do see that the incorporation of a comprehensive injury prevention and ergonomic program is really good business and not just "feel good P.R."; it really pays off.

The table below indicates what this pay off can be in terms of real dollars. For example, if a company is operating at a 4% profit margin and incurs one injury at a total cost of \$10,000, the sales force would have to generate an **additional** \$250,000 in sales to offset the cost of the injury ($\$250,000 \times 0.04 = \$10,000$). The additional cost associated with lost production due to employee absence, recruitment and training of replacement personnel, etc. only adds to the true cost of an injury.

Injury Costs (dollars)	Company Profit Margin				
	2%	4%	6%	8%	10%
\$ 10,000	500,000	250,000	167,000	125,000	100,000
\$ 20,000	1,000,000	500,000	333,000	250,000	200,000
\$ 50,000	2,500,000	1,250,000	833,000	625,000	500,000
\$ 75,000	3,750,000	1,875,000	1,250,000	938,000	750,000
\$ 100,000	5,000,000	2,500,000	1,667,000	1,250,000	1,000,000
\$ 500,000	25,000,000	12,500,000	8,333,000	6,250,000	5,000,000

Sales necessary to offset the cost of accidents and injuries at different profit margins.

*Donald Blowski, Ph.D., P.E., C.P.E.
 University of Utah*

When one combines all the costs of an on the job injury and accompanying medical management and rehabilitation and compares that to the amount of sales the company will have to generate to pay for the injury, the benefit of preventing injuries really becomes apparent.

When a company takes care of its injury prevention, management and return to work issues, it will see a decrease in the cost of doing business. It will see a positive reflection in their bottom line. As its insurance modifier decreases so does its insurance premiums. Now the company's cost of doing business is better than its competitor who is not taking the same preventative action. It will be a stronger company, better able to compete in any market because its costs are less than its competitors. Like the example of the small tugboat company that I service, their insurance premiums have dropped over \$ 800,000 over a 5 year period. Although they continue to pay the same for rope, salaries, fuel, etc. as their competitors, they save so much on their

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insurance costs that they are able to fund the company's retirement plan, increase salaries and upgrade their boats. This resulted in increased employee retention and decreased turnover. Many of their competitors are now turning to similar types of programs so as to compete in the same market. All of this was accomplished without government mandated regulations.

In 1989 - 90 I saw an increase in interest in companies for the post hiring assessment programs that I was providing for business and industry customers. I have seen a continued interest from businesses, both large and small, regarding assistance with setting up ergonomic programs for either a specific individual who is having some problems to setting up a comprehensive ergonomic program company or plant wide even after the Clinton rule was repealed. Furthermore, the Bush proposed plan to reduce ergonomic injuries allows for OSHA to investigate those businesses who do not respond to the call to make the work place free of all recognizable hazards and force compliance through regulatory means under the general duty clause of the OSH Act. I believe that this is one of the roles of our federal government - to bring important issues to light, encourage the business community to follow through, and provide the support and direction necessary to allow business to make good business decisions. This system is already working.

When we look to voluntary guidelines, the auto industry and meat packing industries have provided the rest of the business community with some valuable "guidelines" to follow in regards to establishing programs that work well. I utilize a similar format approach with the business customers who come to me for help with program assistance and implementation. The program involves both the management and employee team in the identification of high risk areas, use of internal or outside professionals with specialized training in anatomy and physiology, medical conditions and bio-mechanical principles to identify the physiological hazards in the job, and both of these groups to identify potential abatement remedies to ameliorate the physiological concerns. This approach has resulted in wonderful success stories of reduced injuries, increased production and happier and safer employees who are able to work many years to come.

One of my customers, a salt processing mine, was experiencing high numbers of relatively minor but costly injuries. Over a period of years this resulted in a decrease in profitability from the salt processing operations and an inability to compete with the larger salt producers in the area because their cost per ton of salt was substantially higher than the larger producers. The plant's management team made a concerted commitment to total safety. Zero injuries became the company's safety goal. A two year plan was formulated. The company hired the Fontana Center to perform on site job analysis of every job in the plant and quantify the physical requirements of each position. Next, all management and hourly employees underwent extensive training in the anatomy and physiology of the spine, instruction in proper body mechanics and lifting postures and techniques and a comprehensive stretching and warm up program. Each team underwent "on-site" training in any problem material handling situations they might face. I reviewed the OSHA logs to determine the immediate and obvious problem areas as well as interviewed the employees to ascertain their impression of the problem areas they face every day. From this, I performed an on-site ergonomic analysis of each work area and, with the hourly employee, identified the physiological hazards that were present in each job along with recommended abatement recommendations for each hazard. Often times the

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employee knew exactly what needed to be done to resolve the issue. Having the company's ergonomic specialist confirm their recommendation was a validation of the recommendation. Where possible, estimated back compression forces and shoulder moments were calculated to give management personnel some comparison as to why a specific area needed to be resolved and which one was a higher priority.

Many of the abatements involved minimal to no additional cost other than an hour or two of a maintenance personnel's time. Abatements like job rotation every 2 hours instead of every 2 weeks and the implementation of a regular stretching program resulted in reports of immediate "well-being" from the hourly workers. These measures cost nothing in terms of real dollars to the company. Other items, such as a series of custom built scaffolds and stairways were relatively expensive (under \$10,000). However, when the shoulder moment and back compression forces were calculated and compared to figures supported by NIOSH, the company quickly made the investment. This, along with a new processing technique, actually resulted in an increase of production by almost 5 % a year.

With the success of the ergonomic program and the post hire assessment of all new hire employees and the return to work program of injured workers, came an increase in morale by the hourly employees. As production increased and injuries went down the company's cost per ton of salt also went down so the company was somewhat more competitive with the larger producer competitors. In 2001, the company invested \$ 700,000 in an automated packaging and pelletizing unit. This eliminated all of the repetitive motion hazards that we were unable to eliminate in any other manner. This has resulted in allowing the plant to operate 24 hours a day instead of 16 hours and increased production by 40 %. The employees who were working these two areas now rotate through a 24 hour per day (8 hours a day) schedule. The company has decreased their cost per ton to such a degree that the company is not going to reduce the workforce by the two employees who are no longer needed on that job. These employees have been reassigned to a quality control position.

Over the past 5 years, the salt mine has successfully completed 1,000,000,000 man-hours without a loss time accident or modified return to work program.

Another customer of mine is an oilfield service company who was employing me for several years to teach regular back education and safe lifting techniques to all their employees. I was asked to work with the accounting department to see if we could resolve some musculoskeletal complaints some of the employees were reporting. There are approximately 15 data input and accounting employees in their financial section. In working with these individuals it was apparent that the company needed to purchase some ergonomic chairs specifically evaluated to meet the individual needs of almost half of the department. The Manager of this department was relatively new on the job - working there only 2 - 3 weeks. She was not at all interested in us requesting specialized chairs for these 7 - 8 workers. Her exact words were, "We have a special arrangement to buy ergonomic chairs from a supplier. All the chairs are the same so we get a great deal." She did not see that by the very fact that all the chairs were identical, they would, in all likelihood, not "fit" some of the workers. (Proper ergonomic chairs requires more than simply a chair with moving parts. It requires chairs that fit the worker and his/her needs.)

The Manager was experiencing serious back, neck, shoulder and upper extremity pain and discomfort after only 2 - 3 weeks on the job. She did not report any of the discomfort she felt in the job to her supervisor because, as she later told me, she attributed this to working 13 - 15 hour days. She reports now thinking at the time that she would not be able to stay in this job long term if she continued to feel this way. When one of my therapists was attempting to convince her of the need for specialized chairs for these employees, he noticed that the Manager's

workstation did not fit her needs. The Manager told us that she inherited the office that she reports was ergonomically set up for her predecessor. Her predecessor was 6 foot 3 inches tall and she is 5 foot 3 inches tall. My associate replaced her chair with a loaner specifically chosen to fit her needs. In addition, she was provided with some education on bio-mechanical ergonomic techniques (stretching and posture exercises). In addition, he corrected some simple ergonomic physiological hazards that involved rearrangement of the office according to her size and needs. With the implementation of the stretching and posture exercises and the re-engineering of her worksite, after two days the Manager reported that she was "cured"! From this one experience we were given approval to individualize the ergonomic abatement plan for each of her employees. The results have been similar across the board.

Neither of these examples would have been successful had the employees not taken personal responsibility in following through with the bio-mechanical Tools to Fight Back (TTFB) that were specifically designed by a trained professional to give each person control over their individual symptoms. The use of voluntary guidelines as proposed by OSHA allows for this type of response to ergonomic problems. Engineering changes alone will not resolve every situation. It is equally imperative that the employee be held accountable and responsible for taking an active role in his/her care. The employer's role is to hire the appropriately trained health care provider or ergonomic specialist who is proficient with these techniques, provide the correct equipment modifications and changes recommended by the professional, ensure that the employee has sufficient education and training so as to understand the "why" behind the tool(s) that has been chosen by the professional as the best response for this employees unique and specific problem, along with providing the encouragement and time to perform the TTFB on the job site. The employee's role is to fully participate in and follow through with these abatement plans.

The Overturned OSHA Ergonomic Rules

I am knowledgeable of the requirements of the OSHA rule that were initially proposed under the Clinton Administration. In addition to working with my business customers in ensuring their implementation, I taught other therapists throughout the country the requirements of the rule. As a small business owner, I also had the task of implementing these rules in my own business. I would like to briefly share my experiences from both standpoints.

As a provider and a professional whose work is to establish and implement ergonomic programs for business and industry customers I believe that the proposed rules would have been a tremendous boost to my business. It was my belief that I would be able to work full time in this area, even to the point of having to hire and train additional occupational therapists to meet the growing ergonomic needs of my customers. Just from the standpoint of servicing the 40 or so businesses that I currently provide injury prevention, rehabilitation and return to work programs to, I believe that it would have required 2 - 3 additional therapists working almost exclusively in ergonomics to meet their needs.

Although this would have been a boom to my own business, I was not in favor of the rule as proposed because in my opinion they would not have been good for my customers' businesses. As an occupational therapist who has served on several committees for the American Occupational Therapy Association I know that AOTA was in support of the Clinton Administration rule. However, I felt that the rule needed some major changes. I work with business and industry representatives every day on issues that will affect their business and I know that if it is not good for their business, in the long run, it will not be good for my business.

I would like to briefly explain some of my beliefs and concerns with the previous OSHA rule:

1. The previous rule would indicate that essentially any musculoskeletal injury other than a slip, trip and fall could be considered an ergonomic injury. This is just not the case. As an occupational therapist, I am called upon to assist with keeping a person with musculoskeletal complaints on the job or to assisting in returning the worker to work in an expedient manner. Part of my involvement with this process is to assess the situation from an ergonomic standpoint. More often than not, it seems, the job does not have sufficient risk factors to have been the **cause** of the musculoskeletal injury but elements of the job may be present in sufficient quantity to prevent the healing process from occurring in a timely manner. By making every musculoskeletal problem an ergonomic situation, it seemed the company would have to spend more time trying to prove the ergonomic hazards in the job were not strong enough to cause the problem, instead of addressing the aspects of the job that may hinder healing.

We do not work in a vacuum. What the individual does during the non-work hours can be equally (or more) important to either causing musculoskeletal injuries or preventing them from recovering. The activities they participate in for play, leisure and physical daily living play critical roles in whether the individual has sufficient down time and rest to promote healing. A transportation specialist with a salt mine was reporting signs and symptoms of upper extremity musculoskeletal problems. His job requires 3 - 4 hours a day at a computer. However, seldom is it continual data input for extended periods of time where he does not perform other tasks. I determined that his work station had a few ergonomic problems that could be easily abated. In addition there were some bio-mechanical ergonomic exercises that I recommended him to perform. As I explored what he did on his off time, he disclosed that he played the organ for 5 - 6 hours every evening. In my opinion, his leisure time activities had more to do with causing his musculoskeletal problems than the worksite.

Another injured worker I worked with was a draftsman for a manufacturing plant in Houston. He had been treated by an occupational therapist from a local outpatient facility but was reporting no success in reducing his symptoms. He had been evaluated by the facility's ergonomic team and had tried every mouse and joystick on the market as well as several different chairs, arm supports and station reorganization. He continued to complain of serious debilitating pain. I was asked to come in as an outside expert to assess whether there was anything they might have missed. In my opinion, he was being properly treated. He was on anti inflammatory medication, was properly splinted and all appropriate adaptive equipment was tried. His comment to me was that "nothing helped". However, he admitted that he was feeling better over the past 4 months. When

asked what had changed over this period he insisted that nothing was different. In exploring his job and off work activities he admitted that he had previously been working on his home computer for 6 - 8 hours a night but that over the past 4 months he was no longer doing this. I told him that it was my belief that this is the reason for his recovery over this time period. Before he quit "working" the extra 6 - 8 hours a day at home, his body did not have sufficient time to promote the healing that the splinting and anti inflammatory medication was trying to do . The individual would not admit that this was the case. His case was resolved when he quit his job and moved back to his home in the northeast.

2. Musculoskeletal injuries are generally the result of either repetitive or sustained micro trauma or repetitive macro trauma over time causing a degenerative process to the structure (tendons, discs, joints, muscles, etc). Over time this can result in an inability of the tissue to recover on its own. When the symptoms are first noticed, this is not a medical problem but rather a technique problem. If nothing is done to correct the technique a medical problem may develop (over time). Engineering changes alone will seldom resolve all the issues. For bio-mechanical ergonomic tools to be effective, a trained professional needs to evaluate the employee with the physical complaints and prescribe the right tool to resolve the unique problem of the individual. The employee's active participation in the bio-mechanical ergonomic solutions (what I am referring to as Tools to Fight Back or TTFB) is often equally as important as the administrative and engineering changes. The previous OSHA rule did not address the necessity of the individual to take responsibility for and to be an active participant in preventing the "technique problem" from becoming a medical problem. (Example, a person who is just starting to play tennis begins to experience tenderness along the posterior lateral aspect of their elbow. This is the beginning of a problem commonly called tennis elbow. This is signs of a technique problem. This individual does not need to seek medical attention for the relief of the symptoms but rather should seek out a good tennis coach. The individual is rotating the forearm in such a manner as to be irritating to the extensor muscles of the forearm. If they continue doing whatever they are doing to irritate these structures the symptom will become a medical problem in time. Anything they do that likewise pronates and supinates their forearm will likewise irritate these structures - wringing out a dish rag, carrying luggage, shaking hands, using a computer mouse or playing tennis with poor technique.)

I had a secretary who was reporting serious upper back, scapular and neck problems. As part of the training I offer to my professional staff, I hired the founder of the McKenzie Institute of North America, Mr. Wayne Rath, PT to teach my staff the McKenzie / Duffy Rath treatment approach to bio-mechanical spine

problems. Mr. Rath is one of the top 3 - 4 therapist in North America trained in the bio-mechanical treatment approach to spine injuries. While he was in Lafayette for these 4 days of training, I had my secretary assessed by Mr. Rath. He confirmed that the ergonomic re-engineering we had performed at the worksite addressed all the appropriate concerns. He furthermore concurred that the bio-mechanical ergonomic program we had established for the employee was both the cure and the prevention for her complaints. When the secretary addressed her needs by following the exercises and posture changes we instructed her to do she stated her symptoms would go away. She resigned from my employment approximately 3 - 4 months later to return to her home town to work. During her exit interview, she complained that she still had the symptoms in her shoulder and scapular area and that we did not do enough to resolve her complaints. She admitted that she did not continue to do the bio-mechanical ergonomic exercises that she had been taught. Had she continued to work for me she would have eventually gone out on workers compensation because of the continued progression of her complaints. Yet, there is little else that we could have done for her to keep her in her job. I would have been faced with a long term workers compensation claim and eventually an increase to my premiums because she did not live up to her responsibility in addressing her problems.

When I travel to offshore drilling and or production facilities, I often have 4 - 5 hours of continual computer work to do on my lap top computer. As a contractor offshore, I do not have access to an office but rather have to work in the sleeping quarters which are not set up with ergonomic friendly spaces. I have found that if I put my lap top on the bed and lean forward with my forearms resting on my knees I do not get any symptoms of repetitive motion problems or fatigue in my arms and hands. I perform my bio-mechanical ergonomic stretches (my TTFB) every 20 minutes and I do not get fatigue in my upper back, neck and shoulders. Without these measures I would be in serious discomfort by the end of a day or two. Knowing what to do and following through with the corrective measures makes all the difference.

If we always do what we always did we will always get what we always got. If we expect to get different results, if we expect not to hurt at the conclusion of a specific task, we have to be willing to do something different.

3. The previously proposed rule would have created a "new workers compensation system". As a provider of return to work programs I often times have difficulty returning an injured worker to work when he/she is satisfied to receive 66 % of their hourly wage. Giving them 90 % of their after tax earnings would make this nearly impossible. As a small business owner, my current workers compensation

insurance policy would not have covered this additional financial payout, thus making me pay for it directly. If I have to spend additional money on insurance issues, I do not have money to give raises, bonuses, buy equipment or provide additional training to my staff, etc.

4. The previously proposed rule did not allow for creative flexibility depending on the situation, size of the business, needs of the situation, etc. This one size fits all approach would put a tremendous burden on smaller businesses who simply do not have the manpower and or resources to implement the full scope of the program as previously required.
5. The cost to implement the education aspect of the previous OSHA rule would have been tremendous. One of my smaller drilling contractors asked me what it would cost for me to travel to all 20 rigs they had in the Gulf and educate all their employees on the risks of musculoskeletal injuries. I would have to spend a minimum of 2 days out on each rig to ensure I reached both crews (45 - 75 people) and each hitch. Travel to a drilling rig can be a time consuming and expensive operation. At a cost of my daily consultation rate of \$ 1,000/day, that would have cost a minimum of \$ 40,000 to train the men and women who worked on the 20 rigs. Plus there would be additional cost to set up and implement the training of any individual who was not present on the rig on the day that I taught the course.

Summary

6. Incorporating proper ergonomic principles into the work place makes good business sense because it keeps our employees healthy, improves their productivity and reduces injuries. Along with a reduction in injuries will come a reduction in cost to the employer which makes the employer a more competitive company. The bottom line is that incorporating a good ergonomic program into the process will save the company money and help it continue to compete in the marketplace. A competitive company is a stable employer.
7. The new strategy is flexible, calling for industry or task specific guidelines which will allow all businesses to reduce ergonomic injuries without being overburdened.
8. Business and industry managers understand the benefits of the safer workplace. This is why I see zero incidents as realistic safety goals by businesses from all walks and manner of work. Industry is working towards eliminating the ergonomic hazards inherent in the jobs or on individual's work sites even without

a mandated government requirement. Employers are stepping up and making the changes to their work areas because it is good business.

9. Government's role is to bring these important concerns to the forefront and ensure they are not forgotten. The current and previous administrations have done that. Furthermore, under the new OSHA strategy, OSHA can enforce serious recognized ergonomic hazards under the general duty clause.

Respectfully submitted by Paul Fontana, President/Owner of the Fontana Center for Work Rehabilitation, Inc, 709 Kaliste Saloom Road, Lafayette, LA 70508.