

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

ASBESTOS

Did you know?

Employers, contractors and owners shall:

- Identify and keep a written record of the materials that they know or may be reasonably expected to know contain asbestos.
- Allow no worker to work in an asbestos process unless completely trained in the safe handling of asbestos for high risk, moderate risk or low risk asbestos processes.
- Warn of health risks.

Employers shall:

- Ensure that labelling, placarding, maps or plans are in place.
- Ensure that inspections take place and a written record be kept.
- Develop and implement an asbestos control plan in consultation with the committee that protects the health and safety of workers and ensures that every asbestos process is carried out to prevent the release of asbestos into the air.
- That surfaces are kept in good condition.
- That appropriate exhaust ventilation equipment is used.
- That personal protective equipment (PPE) is supplied and used.

OHS Regulations, Part XXIII, Sections 330 - 335

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

BLAMING THE WORKER

Why do employers blame workers for health and safety hazards?

Employers blame workers for health and safety hazards because it is cheaper and easier than addressing the root causes of those hazards. Addressing root causes – poor work organization and work processes, inadequate staffing levels and equipment maintenance, excessive workloads and overtime – takes time, effort, planning and money. More importantly, it means giving workers power to participate in fixing workplace hazards. Most employers don't want to share power because they perceive it as handing over control of the workplace to workers. However, it is necessary that workers have a say in how work is organized and carried out.

Some employer strategies have confused workers with talk of worker “well-being” and “workplace improvement”, but these strategies are just more attempts to blame the worker. Some strategies to watch out for are:

- Attendance Management or Sick Leave Program;
- Wellness Programs;
- Behavioural Science;
- Safety Incentive Programs;
- Workplace Improvement Plans;
- WorkSafe;
- Early Return to Work and the Early Intervention Programs.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

ATTENDANCE MANAGEMENT OR SICK LEAVE PROGRAMS

Attendance management often forces workers to attend work when they are legitimately sick. The program usually has attendance goals and creates an atmosphere of blame when a worker is sick.

A program that blames workers for being sick is unacceptable to CUPE members. It causes workers to come to work even when they are sick (sometimes called presenteeism). Employers should eliminate attendance management and instead focus on fixing the root causes of absenteeism like:

- Overwork;
- Excessive overtime;
- Understaffing;
- Stress;
- Low morale;
- Poor working conditions;
- Poor management skills;
- Poor work organization.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

WELLNESS PROGRAMS

Wellness programs focus on the individual health of workers. They usually involve free or reduced cost memberships to physical fitness centres, physical fitness sessions in the workplace, smoking cessation programs, healthy eating seminars, etc. Wellness programs are often paired with attendance management programs to achieve employer goals of reducing operational costs.

On the surface these programs appear to be worker-friendly, but they are not. Wellness programs focus on the individual health of workers instead of the root causes of hazards. Employers say that wellness programs create healthy workplaces, but what they really do is create sick workplaces by:

- Dividing workers (those who participate versus those who don't);
- Avoiding the root causes of health and safety hazards. Employers should focus on healthy work and workplaces;
- Blaming workers for unhealthy workplaces with the misleading message: "If you were just in better shape, there wouldn't be as many accidents and you wouldn't be sick."

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

BEHAVIOURAL SCIENCE

Behavioural science attempts to change the behaviour of individual workers. Employers ask workers to change their habits but don't make changes to substandard workplaces. Employers encourage workers to adopt "behaviour goals" to improve health and safety.

Behavioural science involves a lot of resources – both time and money – but the results are often negative for workers and employers. Workers still get injured and killed and employers waste valuable resources. Like all other programs that blame the worker, behavioural science only looks at the individual worker and fails miserably because it ignores the root causes of health and safety hazards.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

SAFETY INCENTIVE PROGRAMS

Closely related to behavioural science are safety incentive programs (SIPs), which award an individual worker or a group of workers for accumulating a certain number of days without an accident or fatality. Employers use SIPs to modify behaviour with rewards.

When a certain number of “accident free days” are reached, employers give a worker (or a group of workers) rewards like cash, time off, public recognition, parties, stock ownership, or some other prize. Some serious problems result from SIPs, including:

- Employers use SIPs as a substitute for real workplace changes to improve health and safety and leave root causes unaddressed;
- Due to peer pressure workers hide injuries and cover up accidents so that they or their co-workers can receive a reward;
- A majority of SIPs have goals that workers cannot achieve given poor workplace conditions and workers are further frustrated that the employer is not taking action to solve health and safety hazards.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

WORKPLACE IMPROVEMENT PLANS

Workplace improvement plans (WIPs) are used when employers have identified a problem – it could be organizational performance, budgetary, etc. – that needs fixing. WIPs (also known as performance improvement plans) are closely related to SIPs and behavioural science.

When health and safety matters are identified within WIPs it usually means an employer singles out a worker for not performing health and safety duties. The worker is targeted and a plan is put into place to improve their “performance.” Like many other programs, WIPs focus on the worker when the real problems are with the workplace.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

WORKSAFE

WorkSafe Saskatchewan has an initiative that provides public information to raise awareness about workplace safety and injury prevention. They run advertising in papers, on radio, television, billboards and public transit. The ads contain information about taking a break, safe lifting, preventing falls, wearing safety gear and so on.

The most important part of the campaign is also the most misleading: that individual workers are responsible for unsafe workplaces and work practices. For example, the ad for preventing falls reads: "Make sure you're properly secured." The safe driving ad reads: "Check around the vehicle and buckle up before you turn the key." The heavy lifting ad reads: "When lifting heavy loads, get a buddy to help." There is a definite theme in all the ads: the worker, not the employer, is responsible for health and safety.

However, provincial health and safety legislation identifies the employer as being responsible for providing a healthy and safe workplace. The ads should be filled with information about changing work processes, holding employers accountable and tackling root causes of health and safety hazards.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

EARLY RETURN TO WORK AND THE EARLY INTERVENTION PROGRAMS

Early Return to Work (ERW) in Saskatchewan is a program that attempts to get injured workers back to work as soon as “medically” possible. The Workers’ Compensation Board (WCB) places a duty on injured workers to, “take all reasonable action to prevent the loss of earnings resulting from an injury/illness,” and to, “co-operate with the WCB in the development of a rehabilitation plan that is intended to return the worker to a position of independence in suitable productive employment.” It sounds good in theory but the practice is very different.

Often injured workers are rushed back to work too soon under the Early Intervention Program (EIP), with employers only concerned about ending a lost-time claim. The EIP pushes workers too early in their healing process to return to work. The whole process leads to blaming the worker for the injury and for taking too long to recover. Often injured workers get re-injured due to rushing back to work and then more blame gets directed at them.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

BLAMING THE WORKER

Why do employers blame workers for health and safety hazards?

Employers blame workers for health and safety hazards because it is cheaper and easier than addressing the root causes of those hazards. Addressing root causes – poor work organization and work processes, inadequate staffing levels and equipment maintenance, excessive workloads and overtime – takes time, effort, planning and money. More importantly, it means giving workers power to participate in fixing workplace hazards. Most employers don't want to share power because they perceive it as handing over control of the workplace to workers. However, it is necessary that workers have a say in how work is organized and carried out.

Some employer strategies have confused workers with talk of worker “well-being” and “workplace improvement”, but these strategies are just more attempts to blame the worker. Some strategies to watch out for are:

- Attendance Management or Sick Leave Program;
- Wellness Programs;
- Behavioural Science;
- Safety Incentive Programs;
- Workplace Improvement Plans;
- WorkSafe;
- Early Return to Work and the Early Intervention Programs.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

ATTENDANCE MANAGEMENT OR SICK LEAVE PROGRAMS

Attendance management often forces workers to attend work when they are legitimately sick. The program usually has attendance goals and creates an atmosphere of blame when a worker is sick.

A program that blames workers for being sick is unacceptable to union members. It causes workers to come to work even when they are sick (sometimes called presenteeism). Employers should eliminate attendance management and instead focus on fixing the root causes of absenteeism like:

- Overwork;
- Excessive overtime;
- Understaffing;
- Stress;
- Low morale;
- Poor working conditions;
- Poor management skills;
- Poor work organization.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

WELLNESS PROGRAMS

Wellness programs focus on the individual health of workers. They usually involve free or reduced cost memberships to physical fitness centres, physical fitness sessions in the workplace, smoking cessation programs, healthy eating seminars, etc. Wellness programs are often paired with attendance management programs to achieve employer goals of reducing operational costs.

On the surface these programs appear to be worker-friendly, but they are not. Wellness programs focus on the individual health of workers instead of the root causes of hazards. Employers say that wellness programs create healthy workplaces, but what they really do is create sick workplaces by:

- Dividing workers (those who participate versus those who don't);
- Avoiding the root causes of health and safety hazards. Employers should focus on healthy work and workplaces;
- Blaming workers for unhealthy workplaces with the misleading message: "If you were just in better shape, there wouldn't be as many accidents and you wouldn't be sick."

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

BEHAVIOURAL SCIENCE

Behavioural science attempts to change the behaviour of individual workers. Employers ask workers to change their habits but don't make changes to substandard workplaces. Employers encourage workers to adopt "behaviour goals" to improve health and safety.

Behavioural science involves a lot of resources – both time and money – but the results are often negative for workers and employers. Workers still get injured and killed and employers waste valuable resources. Like all other programs that blame the worker, behavioural science only looks at the individual worker and fails miserably because it ignores the root causes of health and safety hazards.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

SAFETY INCENTIVE PROGRAMS

Closely related to behavioural science are safety incentive programs (SIPs), which award an individual worker or a group of workers for accumulating a certain number of days without an accident or fatality. Employers use SIPs to modify behaviour with rewards.

When a certain number of “accident free days” are reached, employers give a worker (or a group of workers) rewards like cash, time off, public recognition, parties, stock ownership, or some other prize. Some serious problems result from SIPs, including:

- Employers use SIPs as a substitute for real workplace changes to improve health and safety and leave root causes unaddressed;
- Due to peer pressure workers hide injuries and cover up accidents so that they or their co-workers can receive a reward;
- A majority of SIPs have goals that workers cannot achieve given poor workplace conditions and workers are further frustrated that the employer is not taking action to solve health and safety hazards.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

WORKPLACE IMPROVEMENT PLANS

Workplace improvement plans (WIPs) are used when employers have identified a problem – it could be organizational performance, budgetary, etc. – that needs fixing. WIPs (also known as performance improvement plans) are closely related to SIPs and behavioural science.

When health and safety matters are identified within WIPs it usually means an employer singles out a worker for not performing health and safety duties. The worker is targeted and a plan is put into place to improve their “performance.” Like many other programs, WIPs focus on the worker when the real problems are with the workplace.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

WORKSAFE

WorkSafe Saskatchewan has an initiative that provides public information to raise awareness about workplace safety and injury prevention. They run advertising in papers, on radio, television, billboards and public transit. The ads contain information about taking a break, safe lifting, preventing falls, wearing safety gear and so on.

The most important part of the campaign is also the most misleading: that individual workers are responsible for unsafe workplaces and work practices. For example, the ad for preventing falls reads: "Make sure you're properly secured." The safe driving ad reads: "Check around the vehicle and buckle up before you turn the key." The heavy lifting ad reads: "When lifting heavy loads, get a buddy to help." There is a definite theme in all the ads: the worker, not the employer, is responsible for health and safety.

However, provincial health and safety legislation identifies the employer as being responsible for providing a healthy and safe workplace. The ads should be filled with information about changing work processes, holding employers accountable and tackling root causes of health and safety hazards.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

EARLY RETURN TO WORK AND THE EARLY INTERVENTION PROGRAMS

Early Return to Work (ERW) in Saskatchewan is a program that attempts to get injured workers back to work as soon as “medically” possible. The Workers’ Compensation Board (WCB) places a duty on injured workers to, “take all reasonable action to prevent the loss of earnings resulting from an injury/illness,” and to, “co-operate with the WCB in the development of a rehabilitation plan that is intended to return the worker to a position of independence in suitable productive employment.” It sounds good in theory but the practice is very different.

Often injured workers are rushed back to work too soon under the Early Intervention Program (EIP), with employers only concerned about ending a lost-time claim. The EIP pushes workers too early in their healing process to return to work. The whole process leads to blaming the worker for the injury and for taking too long to recover. Often injured workers get re-injured due to rushing back to work and then more blame gets directed at them.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

CO-CHAIRPERSON RESPONSIBILITIES

Workers and employer co-chairs are:

- Required to take training respecting their duties and the functions of the committee
- Required to receive information on:
 - Accidents causing serious bodily harm
 - Dangerous occurrences
- Required to:
 - Inspect the place of employment
 - Investigate accidents
 - Investigate dangerous occurrences
 - Investigate the right to refuse
- Required to keep those they represent informed
- Required to have opportunity for necessary activities including:
 - Examining log books, inspection reports or other records
 - To receive and investigate concerns during working hours
 - Hold special meeting as required
- Required to attend meetings called by an officer

NOTE: See specific sections for committee duties
(e.g. confined spaces, health care, etc.)

***OHS Act, Section 19
OHS Regulations, Part IV, Section 43***

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

CONFINED SPACES

Did you know?

- The employer and the Occupational Health Committee shall identify the kind of confined space a worker may be required or permitted to work in.
- The employer is required to use alternative means to do work so as to not require a worker to enter a hazardous confined space.
- The employer shall appoint a competent person to assess the hazardous confined space.
- The competent person shall:
 - Prepare a written report setting out the results of the assessment, tests and determinations.
 - Recommend special precautions and procedures.
 - Recommend personal protective equipment.
- The employer shall develop a written hazardous confined space entry plan.
- Verify with the worker if the competent person determines a confined space is not hazardous.

DEFINITION:

- a) **“CONFINED SPACE”** means an enclosed or partially enclosed space that:
- Is not primarily designed or intended for human occupancy, except for the purpose of performing work, and
 - Has restricted means of entrance and exit.
- b) **“HAZARDOUS CONFINED SPACE”** means a confined space that is or may become hazardous to a worker entering the confined space due to:
- The design, construction or atmosphere of the confined space;
 - The materials or substances in the confined space;
 - The work activities or processes used in the confined space; or
 - Any other conditions relating to the confined space

OHS Regulations, Part XVIII

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

DEFINITIONS

COMPETENT

OHS Regulations, section 2 (1)(l)

Means possessing knowledge, experience and training to perform a specific duty

COMPETENT WORKER

OHS Regulations, section 2(1)m

With respect to a particular task or duty, includes a worker who is being trained to perform that task or carry out the duty under close and competent supervision during that training

INSTRUCT

OHS Regulations, section 2(1)(jj)

Means to give information and direction to a worker with respect to particular subject matter

QUALIFIED

OHS Regulation (1)(xx)

Means possessing a recognized degree, a recognized certificate or a recognized professional standing and demonstrating by knowledge, training and experience, the ability to deal with problems related to the subject matter, the work or the project

DISCRIMINATORY ACTION

OHS Act 2(1)(g)

Means any action or threat of action by an employer that does or would adversely affect a worker with respect to any terms or conditions of employment or opportunity for promotion, and includes dismissal, layoff, suspension, demotion or transfer of a worker, discontinuation or elimination of a job, change of a job location, reduction in wages, changes in hours of work, reprimand, coercion, intimidation or the imposition of any discipline or other penalty, but does not include some specific temporary assignment of workers to alternate work.

SUPERVISOR

OHS Regulations, section 2(1)(ddd)

Means a person who is authorized by an employer to oversee or direct the work of workers

TRAIN

OHS Regulations, section 2(1)(eee)

Means to give information and explanation to a worker with respect to a particular subject matter and require a practical demonstration that the worker has acquired knowledge or skill related to the subject matter

INJURY

OHS Regulations, section 2 (2)

Includes any disease and any impairment of the physical or mental condition of a person

DANGEROUS OCCURRENCES

OHS Regulations, section 9(1)

Means any occurrence that does not result in, but could have resulted in, a condition or circumstance set out in subsection 8(1), and includes a number hazards including structural failures, accidental contact and detonations.

**ACCIDENTS CAUSING
BODILY INJURY**

OHS Regulations, section 8(1)

[Regulation 8(1)' an employer or contractor shall give notice to the division as soon as is reasonably possible of every accident at a place of employment that:

- a) causes or may cause the death of a worker; or
- b) will require a worker to be admitted to hospital as an in-patient for a period of 72 hours or more.

WORK RELATED AREA

OHS Regulations, section 2(1)(kkk)

Means all places that are ancillary to the place of employment, and includes lunchrooms, restrooms, first aid rooms, lecture rooms, parking lots under the control of the employer or contractor, offices and work camp living accommodations, but does not include a permanent living accommodation.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

HEALTH AND SAFETY AT WORK: WORKERS' RIGHTS

“THREE FUNDAMENTAL WORKER RIGHTS” provide the foundation on which an effective Occupational Health and Safety Program may be built:

- 1) Workers must have the **“RIGHT TO KNOW”** about dangers in the work environment

- 2) Workers must have the **“RIGHT TO PARTICIPATE”** in the day-to-day detection, evaluation and reduction of workplace hazards

- 3) Workers must have the **“RIGHT TO REFUSE”** to work in conditions known or believed to be unusually dangerous without fear of repercussion.”

ROBERT SASS
Former Associate Deputy Minister of
Labour
Government of Saskatchewan

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

HARASSMENT

Did you know?

- The OHS Act definition of health and safety includes the promotion and maintenance of a working environment that is free of harassment.

OHS Act, Section 2.(1)(p)(v)

- Employers shall ensure (as it is reasonably practicable) that the employer's workers are not exposed to harassment with respect to any matter or circumstance arising out of the workers' employment

OHS Act, Section 3.(c)

- Employers must develop a written policy in consultation with the committee that includes:
 - Commitment to make every reasonably practicable effort to ensure no worker is subjected to harassment
 - Commitment to take corrective action
 - Explanation of complaint mechanism
 - Procedure to inform of results of investigation
 - Employer to post and implement the policy

OHS Regulations, Section 36

- To take action against harassment, one of the following must be established:
 - repeated conduct, comments, displays, actions or gestures must be
 - a single, serious occurrence of conduct, or a single, serious comment, display, action or gesture, that has a lasting, harmful effect on the worker

OHS Act, Section 2.(3)

DEFINITION:

- **“HARASSMENT”** means inappropriate conduct, comment, display, action or gesture by a person:
 - i. Is directed at a worker
 - ii. Is made on the basis of race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place or origin, and
 - iii. adversely affects the worker's psychological or physical well-being and that the person knows or ought reasonably to know would cause a worker to be humiliated or intimidated; and
 - iv. Constitutes a threat to the health or safety of the worker

OHS Act, Section 2.(1)(I)

NOTE: Process may differ at each place of employment.
For assistance, please contact your staff representative.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

HEALTH CARE WORKERS

Did you know?

- Health care facilities are prescribed as a high hazard place of employment.
- Require a program which includes a plan for:
 - Training;
 - Identification of risks;
 - Measures to reduce, eliminate or control risks;
 - A way for workers to participate in the writing and evaluation of the plan.
- Additional protection includes requirements for:
 - Lifting
 - Cytotoxic drugs
 - Hazardous waste
 - Contaminated laundry
 - Ethylene oxide sterilizers
 - Anaesthetic gases
- The employer and the committee shall review all programs, training, policies, procedures and work practices at least every three (3) years.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

INVESTIGATING WORKPLACE ACCIDENTS

Did you know?

- That the co-chairpersons of the Health and Safety Committee, or their designates, shall investigate accidents that cause or may cause death, or that hospitalizes a worker for 24 or more hours
- The co-chairpersons, or their designates, shall investigate any dangerous occurrence

Purposes of investigations:

- To locate and identify the true accident cause(s)
- To indicate or suggest corrective measures necessary to prevent a recurrence
- To review the company safety program in light of the accident

Elements of the investigation:

- WHO?** Get names of everyone involved, witnesses, everyone near or present
- WHAT?** Described materials and equipment involved. Exact names of any chemicals involved should be obtained. Check for defects
- WHERE?** Describe exact location. Make note of all relevant facts such as poor lighting, weather conditions, etc.
- WHEN?** Note exact time and date and other important factors such as shift change or stage of work cycle
- HOW?** Describe sequence of events before, during and after the accident
- WHY?** Find all possible direct and indirect causes
- CONCLUSION** Recommend corrective actions supported by reasons.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

LIFTING PATIENTS

Did you know?

LIFTING PATIENTS

The employer shall develop a written program in consultation with the committee, to include:

- Procedures to be used in assessing when assistance to move is required
- Procedures and techniques that workers must use
- Provision of mechanical devices
- Ensure the use and maintenance of mechanical devices by workers
- Ensure instruction in the causes of injuries
- Ensure workers are trained
- Consult and review injuries with the committee and take appropriate action to prevent injuries

The employer shall not *require or permit* a worker to lift or move patients until there has been an assessment to determine what the above procedures should be.

OHS Regulations, Section 470

SUPERVISION

An employer shall appoint a competent person(s) to supervise who is knowledgeable about, and experienced in the following:

- Safe work practices and procedures
- Safe handling, use and storage of hazardous substances
- Techniques for safely mobilizing, lifting, holding, turning, positioning and transferring patients, residents and clients
- Handling, use, maintenance and storage of personal protective equipment
- Appropriate response to any emergency situation at the place of employment

OHS Regulations, Section 469

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

LIFTING and HANDLING LOADS

Did you know?

LIFTING AND HANDLING LOADS

- An employer shall provide suitable equipment for handling heavy or awkward loads
- Where equipment is not “reasonably practicable” adapt heavy or awkward loads to facilitate lifting and minimize manual handling
- Employers/contractors shall ensure no worker engages in manual lifting that is likely to be injurious
- Workers must receive proper training in safe methods of lifting

OHS Regulations, Section 78

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

MRSA

What is MRSA?

Methicillin-resistant Staphylococcus aureus (MRSA) is a type of bacteria. It can cause skin infections that are usually red, swollen, tender and quite painful. These infections can look like pimples, boils or blisters. MRSA is resistant to certain antibiotics, making it harder to treat than other bacterial infections. MRSA infections usually involve skin disease but, left untreated, can also cause pneumonia and blood and bone infections.

How is MRSA spread?

- MRSA is found on the skin and can survive on surfaces for more than 24 hours.
- Usually MRSA is spread by direct physical contact with a carrier. For example, pus from skin sores can spread MRSA to other parts of a person's body or to other people who have cuts and scrapes.
- MRSA can be spread through contact with infected towels, sheets and personal items like razors.
- There is substantial evidence that MRSA can be spread by contact with infected objects like computer keyboards, door handles, pens, telephones, bedside tables, bed rails, and other hospital equipment.
- Long-term care facilities, hospitals and childcare centres are prone to MRSA outbreaks. Healthcare workers, and people in close contact with healthcare workers are at increased risk of MRSA infections.

What can be done?

- Push employers to create MRSA infection control policies and procedure that protect workers.
- Demand that employers provide workers with information on patients who have MRSA infections in order to exercise precaution.
- Thorough and frequent cleaning of all surfaces, doorknobs, handrails, bed sheets, etc. Consistent cleaning of workplaces plays a vital role in preventing and controlling infection.
- Develop and exposure control plan before an outbreak occurs.
- Use precaution and assume that multiple transmission routes can spread MRSA.

- Education of workers, patients and visitors on MRSA.
- Grouping infected patients in health care settings and limiting worker exposure to infected patients.
- Combining tasks to limit the number of workers entering areas with infected patients.
- Access to effective hygiene and hand-washing facilities.
- Use gloves, gowns and other appropriate PPE.
- Put MRSA planning and prevention on the joint occupational health and safety committee agenda.
- CUPE members who contract occupational MRSA need to file a workers' compensation claim. Filing a claim is an important step in getting occupational MRSA recognized as a compensable disease. If you get sick and don't file a claim right away, you could limit your chances of receiving compensation when occupational MRSA becomes recognized as a compensable disease.
- Demand that employers fulfil their legal duty to follow the *Occupational Health and Safety Regulations* (1996, R.R.S. c. O-1.1. Reg. 1), Section 85, Exposure Control Plan. You can find the regulation at: <http://www.canlii.org/sk/laws/regu/o-1.1r.1/2008115/whole.html>

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

MRSA

What is MRSA?

Methicillin-resistant Staphylococcus aureus (MRSA) is a type of bacteria. It can cause skin infections that are usually red, swollen, tender and quite painful. These infections can look like pimples, boils or blisters. MRSA is resistant to certain antibiotics, making it harder to treat than other bacterial infections. MRSA infections usually involve skin disease but, left untreated, can also cause pneumonia and blood and bone infections.

How is MRSA spread?

- MRSA is found on the skin and can survive on surfaces for more than 24 hours.
- Usually MRSA is spread by direct physical contact with a carrier. For example, pus from skin sores can spread MRSA to other parts of a person's body or to other people who have cuts and scrapes.
- MRSA can be spread through contact with infected towels, sheets and personal items like razors.
- There is substantial evidence that MRSA can be spread by contact with infected objects like computer keyboards, door handles, pens, telephones, bedside tables, bed rails, and other hospital equipment.
- Long-term care facilities, hospitals and childcare centres are prone to MRSA outbreaks. Healthcare workers, and people in close contact with healthcare workers are at increased risk of MRSA infections.

What can be done?

- Push employers to create MRSA infection control policies and procedure that protect workers.
- Demand that employers provide workers with information on patients who have MRSA infections in order to exercise precaution.
- Thorough and frequent cleaning of all surfaces, doorknobs, handrails, bed sheets, etc. Consistent cleaning of workplaces plays a vital role in preventing and controlling infection.
- Develop and exposure control plan before an outbreak occurs.
- Use precaution and assume that multiple transmission routes can spread MRSA.

- Education of workers, patients and visitors on MRSA.
- Grouping infected patients in health care settings and limiting worker exposure to infected patients.
- Combining tasks to limit the number of workers entering areas with infected patients.
- Access to effective hygiene and hand-washing facilities.
- Use gloves, gowns and other appropriate PPE.
- Put MRSA planning and prevention on the joint occupational health and safety committee agenda.
- Union members who contract occupational MRSA need to file a workers' compensation claim. Filing a claim is an important step in getting occupational MRSA recognized as a compensable disease. If you get sick and don't file a claim right away, you could limit your chances of receiving compensation when occupational MRSA becomes recognized as a compensable disease.
- Demand that employers fulfil their legal duty to follow the *Occupational Health and Safety Regulations* (1996, R.R.S. c. O-1.1. Reg. 1), Section 85, Exposure Control Plan. You can find the regulation at: <http://www.canlii.org/sk/laws/regu/o-1.1r.1/2008115/whole.html>

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

MUSCULOSKELETAL INJURIES

Did you know?

- Where a risk of musculoskeletal injury (MSI) is identified, the employer or contractor shall, along with the committee, review activities in place of employment that may cause or aggravate the MSI.

Where an MSI is identified, an employer shall:

- Inform each worker of the risk, signs and common symptoms.
- Provide effective protection:
 - Equipment to reduce the harmful effects of an activity;
 - Implement appropriate work practices;
 - Implement work schedules that incorporate rest and recovery periods.
- Provide instructions in safe performance of work including work practice, procedures, equipment and personal protective equipment (PPE).
- When MSIs are identified, review activities of other workers doing similar work and to take corrective actions.

DEFINITION:

“MUSCULOSKELETAL INJURY” means an injury or disorder of the muscles, tendons, ligaments, nerves, joints, bones or supporting vasculature that may be caused or aggravated by any of the following:

- Repetitive motions;
- Forceful exertions;
- Vibration;
- Mechanical compression;
- Sustained or awkward postures;
- Limitations on motion or action;
- Other ergonomic stressors.

OHS Regulations, Section 81

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

NORWALK VIRUS

What is Norwalk virus?

Norwalk virus causes diarrhea and/or vomiting in infected individuals. Infections from the virus usually happen during the winter season. Norwalk virus infections have been linked to outbreaks of vomiting and/or diarrhea in institutions like long term care facilities, schools and hospitals. The virus is related to Norwalk-like viruses (NLV) or noroviruses. Norwalk virus got its name from an outbreak in a school in Norwalk, Ohio in 1968.

How does Norwalk virus spread?

Norwalk virus is found in the stool and vomit of infected individuals. The virus is spread very easily from person to person by contact with the contaminated hands of those infected or by contact with contaminated objects like doorknobs, handrails, tables, etc. Airborne transmission is a possibility and can be used to explain the rapid transmission in institutions and workplaces. Norwalk virus can survive on surfaces for up to 12 hours. Those infected can spread the virus from the time they start to feel ill up to at least three or four days after they recover.

What are the symptoms?

Most infected individuals experience one to three days of nausea, vomiting, stomach cramps and/or diarrhea. Symptoms may include fever, headache, muscle aches and fatigue. The illness begins about one to two days after exposure to the virus. Infected individuals usually recover within two to three days from the onset of the symptoms.

Who is affected?

Everyone is at risk of contracting Norwalk virus. The symptoms of infection may be more severe for older individuals, young children and those with medical conditions that make them vulnerable to infection.

Frontline health, social service, school and municipal workers are particularly at risk. However, when it comes to Norwalk virus all workers can be exposed in workplaces.

What are the hazards?

Norwalk virus affects the physical and psychological health of union members.

Major outcomes of a Norwalk virus outbreak include:

- Stress and burnout for workers without proper staffing support;
- Panic and anxiety for all workers due to fear of contracting Norwalk virus;
- Shortage of health care workers to care for the sick;
- Infection of the wider community.

Identify the problems

Norwalk virus must be recognized as an occupational health and safety hazard in your workplace. Inspections are important in identifying potential ways in which a Norwalk outbreak could affect the workplace. For example, contact with clients or the public should be noted and minimized during an outbreak. Inspections can help identify poor work organization and practices that can lead to occupational exposure to Norwalk virus.

What can be done to prevent worker exposure?

Employers must be ready to implement a prevention plan that should be created with the input of union members. The goal of a prevention plan must be to eliminate exposure to the infectious virus as much as possible. Methods of control should be the same as for other occupational hazards and should follow the hierarchy of controls:

- Engineering controls;
- Administrative controls; and
- Personal protective equipment.

Engineering controls

Engineering controls should be a key component of an infection control plan.

Planning and actions include:

- Using isolation and negative pressure rooms to reduce exposure.
- Proper ventilation with high efficiency particulate air (HEPA) filtration units.
- Plans for altering the physical space of workplaces to prevent the spread of the virus.
- Segregation in self-contained areas for those with Norwalk virus.

Administrative controls

- Thorough and frequent cleaning of all surfaces, doorknobs, handrails, etc. Consistent cleaning of workplaces is a key component to preventing and controlling outbreaks.
- Develop an exposure control plan before an outbreak occurs.
- Use precaution and assume that multiple transmission routes can spread Norwalk virus.
- Stocking and managing the distribution of personal protective equipment (PPE).

- Staffing that accommodates high rates of sick leave.
- Testing exercises that identify weak planning on the part of the employer.
- Education of workers, patients and visitors on Norwalk virus.
- Grouping infected patients in health care settings and limiting worker exposure to infected patients.
- Combining tasks to limit the number of workers entering areas with infected patients.
- Access to effective hygiene and hand-washing facilities.

Personal Protective Equipment

The use of surgical-type masks will not provide protection for workers or the general public. Workers must have the proper personal protective equipment (PPE). PPE should include:

- Fit-tested N95 respirators or more protective NIOSH-certified respirators for all workers.
- Gloves, face shields, gowns and other appropriate PPE.
- Develop policies and procedures to ensure N95 respirators are fit-tested annually or if facial features change.
- All workers who are fit-tested with N95 respirators must carry identification indicating the type and size of respirator. Workers need to receive training on all aspects of PPE (putting on, wearing, removal, disposal, etc.).

Strategies for change

The following strategies can help prevent exposure to Norwalk virus:

- Put Norwalk virus planning and prevention on the joint occupational health and safety committee agenda.
- Demand regularly scheduled cleaning and disinfection of all equipment and facilities.
- Ask for better workplace design and work procedures to prevent occupational exposure to Norwalk virus.
- Put the issue on the bargaining table.
- Sponsor union education on the issue of occupational exposure to Norwalk virus.
- Create an occupational Norwalk virus policy for union workplaces starting with a statement acknowledging that occupational exposure to Norwalk virus is a health and safety hazard. Every step should be taken to prevent the hazard.
- Plan collective job action around the issue of occupational exposure to Norwalk virus where employers fail to address workers' concerns.
- Union members who contract occupational Norwalk virus need to file a workers' compensation claim. Filing a claim is an important step in getting occupational Norwalk virus recognized as a compensable disease. If you get sick and don't file a claim right away, you could limit your chances of receiving compensation when occupational Norwalk virus becomes recognized as a compensable disease.

Collective agreement and other rights

Union members are called upon to assist in the event of a Norwalk virus outbreak. During an outbreak, members must have the confidence to know that their collective agreement rights will be respected. If workers become ill, they should not suffer loss of pay, benefits or other rights for the duration of their illness. In addition to contract rights, this is an important public health measure. It encourages workers to be vigilant about their own health and their potential to infect others with the virus. A failure to respect workers' rights and to guarantee pay will serve as a disincentive to report symptoms and to stay away from public contact at work.

Conclusion

Employers must work with unions to ensure a comprehensive prevention strategy is in place. It is important that the strategy protect workers who will be expected to respond to the needs of the public in the event of an outbreak. The strategy must above all protect the health of frontline public sector workers, including health care workers and emergency responders.

Employers have a legal duty to provide a healthy and safe workplace. This responsibility is known as the general duty clause. Preventing occupational Norwalk virus is necessary for a healthy workplace.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

OCCUPATIONAL HEALTH AND SAFETY MEANS

- i) The promotion and maintenance of the highest degree of physical, mental and social well-being of workers;

- ii) The prevention among workers of ill health caused by their working conditions;

- iii) The protection of workers in their employment from factors adverse to their health;

- iv) The placing and maintenance of workers in working environments that are adapted to their individual physiological and psychological conditions; and

- v) The promotion and maintenance of a working environment that is free of harassment

OHS Act, section 2. (1)(p)

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

SUPERVISORS

Did you know?

All Employers shall ensure that:

- All work at a place of employment is sufficiently and competently supervised
- A supervisor must ensure that workers they supervise comply with the Act and Regulations.
- Supervisors have sufficient knowledge of:
 - Act and Regulations – apply to place of employment
 - Safety program – at place of employment
 - Safe handling, use storage, production and disposal of chemical and biological substance
 - Need for and use personal protective equipment (PPE)
 - Any other matters
 - Matters and hazards in health care facilities (Section 469.1 , Additional requirements re supervisors in health care facilities)

OHS Regulations, Section 17

- Employers in health care facilities are must also be sure that their supervisors are competent person(s) who are knowledgeable about, and experienced in the following:
 - Safe work practices and procedures
 - Safe handling, use and storage of hazardous substances
 - Techniques for safely mobilizing, lifting, holding, turning, positioning and transferring patients, residents and clients
 - Handling, use, maintenance and storage of personal protective equipment
 - Appropriate response to any emergency situation at the place of employment

OHS Regulations, Section 469

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

TIPS FOR WORKPLACE INSPECTIONS

Did you know?

- An Occupational Health Committee member shall be allowed to do workplace inspections.

OHS Regulations, Sections 22.1(i), 28.1, 48.(1)

EFFECTIVE INSPECTIONS:

- Plan the inspection. Allow at least one week between the inspection and the Joint Occupational Health Committee meeting.
- Use floor plans or block diagrams of the workplace.
- Use a legend to explain hazard codes.
- Review past inspection reports, health and safety committee minutes, accident and illness reports in preparation for an inspection.
- Use hazard check lists during an inspection.
- Allow time to do an inspection. Use a note pad or clip board to make more extensive notes.
- Talk to workers and supervisors. Allow an opportunity for a worker to speak confidentially.
- Set time lines for a response from management.
- Set time lines for compliance by management.
- Get worker agreement on time lines.
- Keep workers informed of inspection findings and outcomes.
- Use union meetings as one way to evaluate effectiveness of inspections.

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

TRAINING OF WORKERS

You must be trained:

- When beginning work or, when moved

- You must be trained about:
 - Fire and emergency
 - Location of first aid
 - Identification of prohibited areas
 - Precautions re: physical, chemical or biological hazards
 - Any procedures, plans, policies and programs
 - Any matters to ensure health and safety while at work

- You are not permitted to work unless
 - Trained and experienced
 - Under close and competent supervision

OHS Regulations, section 19

NOTE: Check specific sections (e.g. confined spaces)

DID YOU KNOW?

Occupational Health & Safety Fact Sheet

EXCAVATION, TRENCHES, TUNNELS AND EXCAVATED SHAFTS

Did you know?

- As soon as it is reasonably possible, an employer, contractor, or owner shall give notice to the division of the intention to:
 - a) Dig an excavation, a trench or an excavated shaft:
 - i. That is more than five metres deep; and
 - ii. That a worker will be required or permitted to enter

OHS Regulations, Section 7.(1)

- There are four (4) types of soil defined in the OHS Regulations (Section 257 (e) – (h)), and that each type of soil requires specific instructions on the required slope and angle of the trench

OHS Regulations, Section 260.(2)

- There are specific requirements for protection against cave-in of trenches

OHS Regulations, Section 263

- The employer or contractor is obligated to ensure that workers are instructed in and comply with the requirements of the OHS Regulations, Section 263.
- The employer or contractor shall accurately establish the location of all underground pipelines, cables and conduits in the area where work is to be done and shall ensure that those locations are conspicuously marked.

OHS Regulations, Section 259

DEFINITIONS:

“**TRENCH**” means an elongated dug-out area of land whose depth exceeds its width at the bottom.

REMEMBER: *Section 19(4) of the OHS Regulations:*

You are not permitted to work unless you are trained and experienced or under close and competent supervision.