



SAFETY ASSOCIATION OF SASKATCHEWAN MANUFACTURERS

**SASM Q4 Safety Meeting
Chateau Regina
1110 Victoria Avenue East
Regina, Sask
November 13, 2014
9:00 A.M.**

P.O. Box 4105, Stn. Main
Regina, SK S4P 3W5

Phone: 306-522-1658
E-mail: KenR@sasm.ca

In Attendance:

SASM

**Ken Ricketts
Rae Sloan**

**Cathy Glasser
Ijaz Chatha**

Members

**Collin Halvorsen – Jay's Welding Ltd.
Troy Richardson – Tolko
Greg Johnson – Tolko
Troy Schwan – SJ Fine Foods
Matt Scott – Seed Hawk
Steve Miller – Degelman
Frank Blandin – Bourgault
Linda Hall – PTI
Bobby Vuckovic – Meridian Manufacturing
Gary Van Wyk – GATX Rail
Debora Lee – Trailtech
Grant McCallum – Grain Millers Canada Corp.
Dan Sembalerus – Highline Mfg Ltd.
Claude Rouault – Highline Mfg Ltd.
Reide Baseden – Meridian Mfg**

Guest

**Annette Goski – WCB
Scott Coghlan – WCB**

1. Call to Order – 9:05 a.m. Welcome and Introductions

Cathy asked everyone to introduce themselves and explained that Ken was en-route from Saskatoon and would be along shortly. After introductions were complete Cathy delivered a presentation prepared by Aaron Unger of LRWS.

2. Vibration Mitigation – Cathy Glasser 9:30 a.m.

- a. Hand Arm Vibration (HAV):
 - i. Causes of HAV; and
 - ii. Effects of HAV.
- b. Whole Body Vibration (WBV):
 - iii. Causes of WBV; and
 - iv. Effects of WBV.
- c. Testing Results HAV;
- d. Use of Anti-Vibration Wrap; and

- e. Testing Results WBV.

3. Executive Director's Opening Comments 10:00 a.m.

Ken arrived during Cathy's presentation and following it he made his introductory comments. He reviewed the subjects for the round table and brought everyone up to date on issues affecting the membership including:

- a. WCB Base Rates;
- b. Loss Time Injuries;
- c. Loss Time Durations;
- d. Tracking of old ongoing claims;
- e. Air Quality Testing Details; and
- f. Noise Level Testing/Audiometric Testing.

Coffee break

4. WHMIS after GHS – Cathy Glasser (PowerPoint and handouts) 10:30 a.m:

- a. Critical importance of training workers on the new information;
- b. Safety Data Sheets (SDS);
- c. Supplier Labels;
- d. Workplace Labels; and
- e. Need for training by July 2015 or sooner if products with pictograms are present in the facility.

5. Super Safety Program at Highline/Bourgault – Claude Rouault (PowerPoint) 11:00 a.m:

- a. Introduction;
- b. Background;
- c. Team based- Self Directed;
- d. Activity based- No blame environment; and
- e. Incident elimination not incident identification

Claude provided a number of points to consider regarding the Super Safety Program and a good discussion of the pros and cons of such programs was held among everyone in attendance.

LUNCH 12:00 – 12:30 p.m. Soup/Subs in the Meeting Room

6. Return to Work (RTW) Programs and RTW Basics – Scott Coghlan 12:30 p.m.

- a. RTW Programs;
- b. RTW Plans:
 - i. Essential Criteria;
 - ii. Job option hierarchy;
 - iii. Benefits of RTW;
- c. Structure of RTW Programs;
- d. Duty to Accommodate;
- e. Workers' RTW Roles;
- f. Health Care Provider (HCP) RTW Role;
- g. Employer's RTW Role; and
- h. Conditions for Success.

7. Discussion – Ken Ricketts 1:20 p.m.

Ken brought up changes to the upper limit of wages per worker that must be reported to WCB for premium calculation purposes. He also mentioned that 6 of the 8 worst rate codes in Saskatchewan are in the manufacturing sector. He also pointed out that as of September 30th over half of SASM member firms had not had any claims at all in 2014.

Some information sent in by William Pugh of Morris Industries was handed out and discussed. It dealt with the subject of Automated External Defibrillators (AEDs) and their use on people who have pacemakers implanted.

Ken thanked everyone for attending.

8. Meeting Adjourned – 2:00 p.m.



P.O. Box 4105, Stn. Main
Regina, SK S4P 3W5
Phone: 306-522-1658


Meeting: SASM Q4 Safety Meeting – Open Forum
Chairman: Ken Ricketts
Date: November 13, 2014
Location: **Chateau Regina (1110 Victoria Avenue East), Regina**

Start Time	Description
8:45 – 9:00	Sign up & coffee
9:00 – 9:15	Introductions, & subjects for round table at 2:00
9:15 – 10:00	Vibration Study –completed by Aaron Unger LRWS
10:00 – 10:15	Coffee Break
10:15 – 11:00	Global Harmonization System – Cathy Glasser
11:00 – 12:00	Super Safety – Claude Rouault, Highline Manufacturing
12:00 – 12:30	Lunch break (provided)
12:30 – 1:15	Return to Work – WCB Style – Scott Coghlan, WCB
1:15 – 2:00	Executive Director Stats What's new and exciting at SASM? MSP & SMA
2:00 – 2:30	Round table, open discussion

Lunch is provided so please confirm attendance no later than November 7th, 2014

RSVP to: brendam@sasm.ca or call Brenda at (306) 522-1658

Vibration




**OCCUPATIONAL
HEALTH & SAFETY**

WorkSafeBC

Hand Arm Vibration (HAV)


- Hand Arm Vibration is caused by contact with vibrating tools and equipment.
- The vibrating equipment transfers the vibration to your hands and arms.



WorkSafeBC

Effects of Hand-Arm Vibration

- Tingling/numbness in fingers
- Decrease in sense of touch
- Pain and cold sensations in hands
- Bone cysts in fingers and wrists
- Loss of grip strength
- White fingers



WorkSafeBC

Whole Body Vibration (WBV)

- Whole Body Vibration is vibration that is transferred through the body by either standing or sitting on something that is vibrating.



Effects of Whole Body Vibration

- Lower back pain
- Abdominal pain
- Discomfort
- Chest pain
- Nausea
- Loss of balance
- Disc displacement
- Disc degeneration



Test Results

Vibration Testing

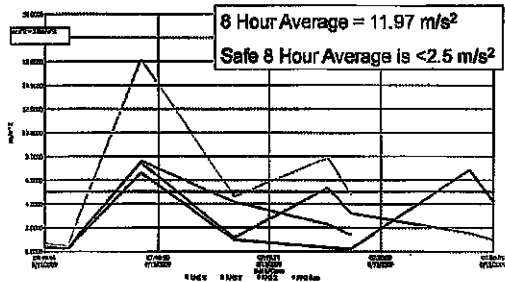
- Vibration levels were measured on a variety of tools using an accelerometer

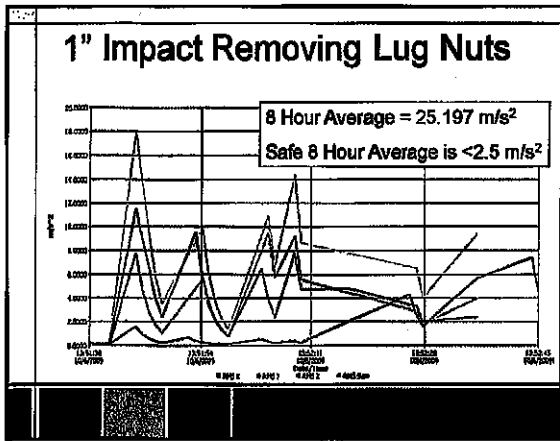


Testing Results - HAV

- Testing results so far are showing some hazardous results from a variety of tools.
- Some of the highest hazard tools were:
 - 1" Impact
 - Air Hammer
 - Air Chipper
 - 3/4" Impact

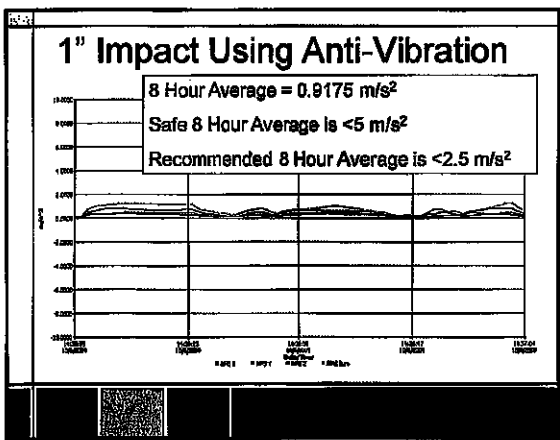
1" Impact - Removal of Lug Nuts

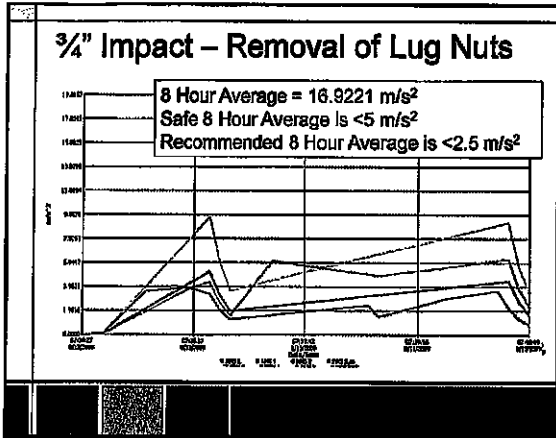


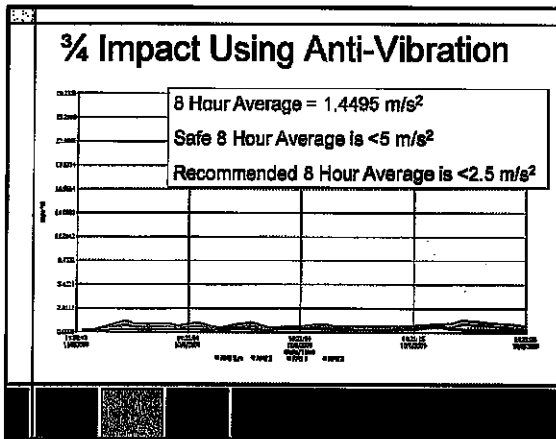


Use of Anti-Vibration Wrap

- An anti-vibration wrap was used on tools, and measurements were then taken again to assess the change

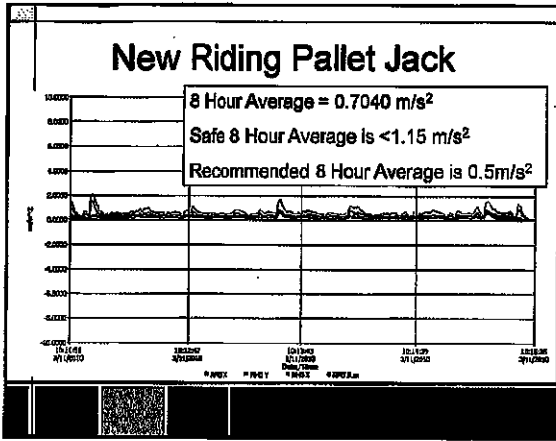


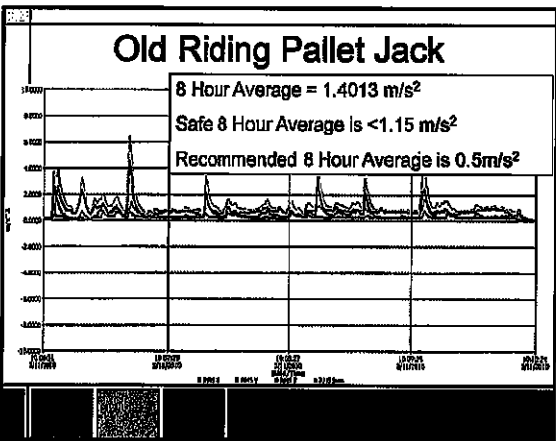


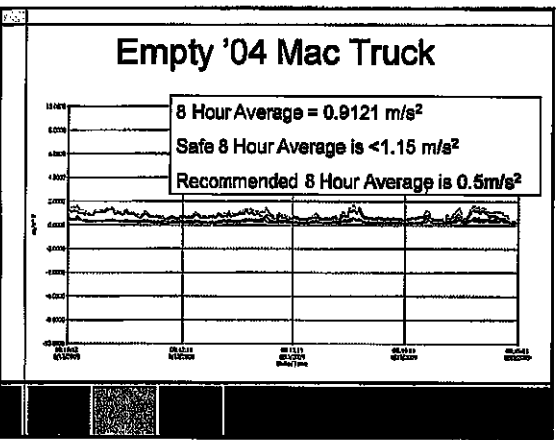


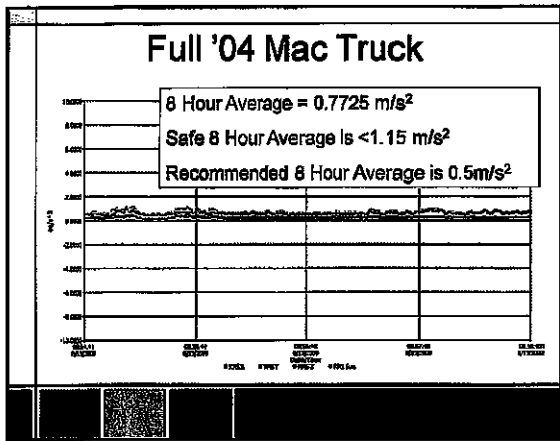
Testing Results - WBV

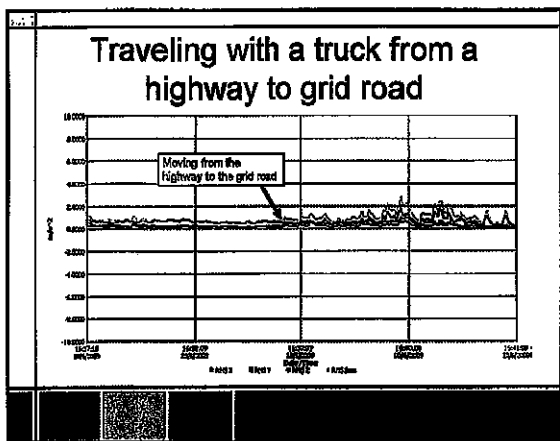
- Testing results for whole body vibration are dependant on a variety of factors:
 - Age of the vehicle
 - Repair of the vehicle
 - Who drives the vehicle
 - Where the operator drives the vehicle
 - What the vehicle is carrying

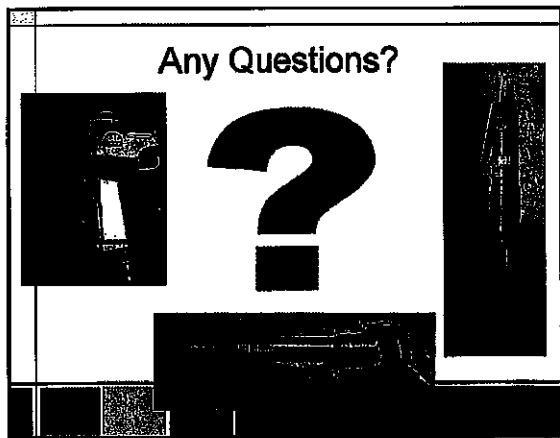














Return To Work Programs

Return To Work Basics

Scott Coglian
Account Manager

Prevention
Saskatchewan Workers' Compensation Board



Disability Management

Safety

Proactive way of reducing both the human and the financial impact of injury

- Easiest claim/injury to manage is the one that never occurred

Return-to-Work

Once injury has occurred RTW is the next best way to reduce the human and financial impact of injury

- RTW is a proactive way of being reactive



Return to Work Program and Plan

Effective Return to work is comprised of two main components

- Return to Work Program
- Return to Work Plan



Why RTW is the Right Thing to Do

- RTW can contribute to the physical and psychological well being of injured workers
- Can assist in protecting the employability of injured workers and standing by them when they are at their most vulnerable
- Recognizes injured workers can still make a valuable contribution to the workplace even if unable to perform any or all his/her pre-injury job duties



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Workers' Compensation
Board

Duty to Accommodate

Under Human Rights employers have legal obligations to find work accommodations for people with disabilities

No employer shall refuse to employ or continue to employ or otherwise discriminate against any person or class of persons with respect to employment, or any term of employment, on the basis of a prohibited ground.

Section 16(1), The Saskatchewan Human Rights Code

In general, once a worker has requested an accommodation and the disability has been shown to exist, the onus shifts to the employer to initiate the RTW process

Having a RTW program in place already (with the defined forms, procedures, policies etc.) assists employers and unions in meeting this legal duty



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Duty to Accommodate

An employer shall modify an employee's duties or reassign the employee to other duties if:

- a) The employee becomes disabled and the disability would unreasonably interfere with the performance of the employee's duties and*
- b) It is reasonably practicable to do so*

Section 2 - 41
The Saskatchewan Employment Act

This legislation makes it clear that an employer must look beyond the injured worker's original pre-injury job when seeking an accommodation. The employer must be able to prove what efforts have been taken in the search in order to establish if it was, or was not, reasonably practicable to do have modified or reassigned duties



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Undue Hardship and Roles & Responsibilities

Employers must only accommodate up to the point of "undue hardship". The WCB cannot say in any specific case whether or not an employer is in a circumstance under which the duty applies and/or whether an employer has fulfilled its obligation up to the point of undue hardship. The standard, however, is high.

For more assistance in understanding and fulfilling "Duty to Accommodate" roles and responsibilities (employers, workers & unions) see:

"Guide for Managing the Return to Work"
"A Place for All: Guide for Creating an Inclusive Workplace"
Canadian Human Rights Commission
(Archived documents for reference/research)
web site: www.chrc-ccdo.ca - publications



WCB Legislation

A worker shall:

- a) *take all reasonable action to mitigate the loss of earnings resulting from an injury; and*
- b) *if the circumstances require, cooperate with the board in the development of a rehabilitation plan that is intended to return the worker to a position of independence in suitable productive employment."*

[91] The Workers' Compensation Act, 2013



WCB Legislation

The board may terminate or reduce payment to a worker of any compensation based on the worker's loss of earnings

- (a) *if the worker's loss of earnings is not related to the effects of the injury; or if*
- (b) *without limiting the generality of clause (a), if without good reason, the worker is not available or declines to accept a genuine offer of employment in an occupation in which the worker, in the opinion of the board in consultation with the worker, is capable of engaging;*

[101] The Workers' Compensation Act, 2013



WCB Legislation

Duty of employer to co-operate to achieve worker's return to employment

An employer shall co-operate with the board and the worker to achieve the early and safe return of an injured worker to his or her employment

[53] The Workers' Compensation Act, 2013



Worker's RTW Role



"The worker will:

- *Get any medical aid needed*
- *Report the injury/illness to his/her employer and the WCB*
- *Follow the treatment plan set out by the health care provider*
- *Actively participate in return to work plans"*

(Saskatchewan WCB "Recovery and Return to Work for Injured Workers", revised 09/2011)



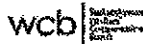
Medical Articles or Policies

Canadian Medical Association

- *Policy: "The Physicians role in helping patients return to work after an illness or an injury", (Update 2013)*

American College of Occupational and Environmental Medicine (ACOEM)

- *"Preventing Needless Work Disability by Helping People Stay Employed", 2006*



Sask. Medical Association

Spring 2006 – College of Physicians and Surgeons of Saskatchewan and the Saskatchewan Medical Association developed a joint position paper on the role of physicians in the RTW process:

"Role of Physicians in Certifying Illness and/or Assessing Capacity for Work", 2006



Saskatchewan Medical Association's Sick Slip

- This slip is available to Saskatchewan physicians to complete, offered by the SMA as an alternative to a "Time off work note", or using a Rx pad
- SMA's "Medical Certificate/Sick Slip"

www.sma.sk.ca/data/1/rec_docs/52_Medical_Certificate.pdf



HCP's RTW Role



- "While caring for an injured worker, the health care provider will:
- Set out a treatment plan
- Start return to work planning by listing any restrictions the worker has because of the injury
- Give the list to the worker to share with the employer
- Report the injury to the WCB"

WCB's "Recovery & Return to Work for Injured Workers", 05/2011



Employer's RTW Role

"The employer will:

• Report the injury to the WCB within five days of becoming aware of the injury

• Initiate and lead return to work planning;

• Use the list of restrictions from the health care provider to adjust job duties so the worker can return to work while recovering

• Continue to adjust the worker's duties as their condition improves, based on updates provided by the care provider; and

• Ask the WCB for help with return to work planning, if needed"

WCB's "Recovery & Return to Work for Injured Workers", 032011



A Working Partnership

There is a partnership at work to return injured workers to their normal life activities, including work, as soon as it is medically safe.

- *Health Care Provider*
- *The WCB*
- *The Employer*
- *The Injured Worker*



Union's RTW Role



It is recommended that unions:




- Are consulted or kept informed of:
 - RTW program development
 - Program improvement (program review)
- Provide RTW plan advice and guidance, when necessary or requested (during individual RTW planning)
- Support and promote the RTW program



Conditions for Success

- Management commitment
- Collaboration
- Flexibility
- Setting realistic objectives
- Consistency
- Positive work environment
 - Supportive climate
 - Focus on safety
- Training and orientation
- Continuous Improvement

St. John Training Centre - Yorkton

21 - 1st Ave. North

Yorkton, Sk. S3N 1J3

Ph: 783-4544 Fax: 783-0199

Email: sjayorkton@sk.sja.ca

DATE: Nov. 4, 2014

TO: William - Morris Industries Fax: 782-5250

FROM: Judy Purdue
Location Manager

RE: AEDs and Pacemakers

William ... as per your query re considerations on use of AED with casualty who has a pacemaker implanted, the following is an excerpt taken from the St. John Ambulance Reference Guide:

"AEDs and pacemakers..... - Some people have pacemakers implanted under their skin to help the heart maintain a normal rhythm. Defibrillator pads should not be placed directly over the pacemaker site but should be approximately one inch away."

William, the usual site for the pacemaker implantation is in the patient's left chest area just below the collarbone. Note on your AED where they show pad placement - which is usually one pad on casualty's right upper chest and the other pad on left lower side, so in most cases will be well away from any implanted pacemaker.

Hope this helps. Let me know if any questions.



Medtronic

Medtronic of Canada Ltd
Cardiac Rhythm Disease Management
Patient Services
99 Hereford St
Brampton ON L6Y 0R3
www.medtronic.ca

tel 888-660-4616

Dear Patient,

Many individuals with a Medtronic implanted heart device (pacemaker or defibrillator) have questions about whether electrical interference from certain electrical tools, appliances, and other equipment will affect their heart device. We are providing this technical information relevant to your Medtronic implanted heart device to help you determine whether you may safely use such equipment, or safely be in an environment where such equipment is in use. There may also be other conditions about your health that may limit how you may use such equipment. Therefore, we encourage you to discuss all related factors with your physician.

Background Information

Medtronic implantable heart devices are designed to operate normally when you are in the majority of work and home environments or while using most electrical tools, appliances or other equipment. While effects are unlikely and are typically temporary, sources for potential effects to the heart device can include:

- "Conducted electric currents" flowing through the body. They are felt as an electrical shock. Sources of conducted electric currents may include:
 - Electrical equipment that is poorly maintained, improperly grounded, or connected to a faulty outlet.
 - Improper electrical safety practices such as working on "live" wires.

Low level current leaks from electrical equipment or improper wiring may be detected by a heart device even when it is not felt by the patient. If a stronger current leak is present, an electric shock from the power source is felt. Conducted currents should be avoided. Your Medtronic heart device is not likely to be damaged or reprogrammed in the event that you do receive a minor electrical shock.

- "Radiated electric/magnetic fields" are invisible energy fields that spread through space. These fields are very common in most environments. Common sources of radiated electromagnetic fields include high-voltage power lines, radio transmission towers, electric motors, cell phones, security gates, or two-way radios.
- "Static magnetic fields" are primarily created by magnets. A static magnetic field is also created around any conductor carrying direct current (DC). Common sources are permanent magnets, DC electromagnets, or certain electric motors.

A Medtronic heart device will operate normally in fields that are below the established field intensity limits. These limits (also referred to as levels of susceptibility) are listed on page 4 of this document. Limits are established by using national and international standards. These standards are developed as a result of collaboration between manufacturers, regulators, and physicians. You should contact your physician if you have exposed your heart device to fields that exceed the recommended limits and are concerned or not feeling well.

Potential Heart Device Interaction

If you are in direct contact with an electric current (conducted current), or if your Medtronic heart

device senses an electromagnetic field that exceeds its established limits, the normal function of the heart device could be affected. The heart device could temporarily 1) withhold therapy that is needed, or 2) deliver therapy that is not needed (for example, a defibrillator could deliver an unnecessary shock). It is unlikely to cause damage or adjustments to the programming (settings) of your Medtronic heart device. Your heart device should return to normal operation after the interference has ceased.

If you feel dizzy, feel rapid or irregular heartbeats, or suspect your heart device is being affected, move away from the source of interference and/or turn the item off. If your symptoms continue or do not improve, contact your doctor.

General Rules

To reduce the risk of permanent or temporary effects to your implanted heart device, we recommend that you:

- Follow all established electrical safety precautions.
- Use battery powered tools, appliances, and equipment when practical.
- Protect yourself from electrical current that may leak from improperly grounded electrical items. Make sure that all electrical items are well maintained and properly grounded to avoid an electrical shock. The use of a ground-fault-interrupt [GFI] outlet is a good safety measure.
- Do not enter an area that has posted warning signs.
- Maintain the minimum distance from certain electrical tools, appliances, and other equipment as mentioned in the patient manual you received with your heart device.
- In some situations it may be best to conduct a worksite survey to measure the fields present in your work environment. Observe the maximum allowable field strengths listed in the table on page 4 of this document. Individuals doing the testing will need to know these maximum allowable field strengths in order to select appropriate test equipment and to map safe distances.

Guidelines

Determining whether you can safely use certain electrical tools, appliances or other equipment, or safely be in an environment where such equipment is in use depends on many factors. It is not possible for Medtronic to know the specific conditions which apply in your specific situation, thus Medtronic can not guarantee our information is applicable to your specific situation. Most items are safe to use, and some should be kept a minimum distance from your heart device. The following guidelines may be referenced for safe use with your implanted heart device and are some of the common questions patients have. You may be able to apply this information to other items or situations you encounter that are not referenced in this letter. Please contact Medtronic Patient Services for further assistance.

Maintain a distance of at least 6 inches between your heart device and:

- ◆ Electric powered and battery powered home and garden equipment such as hedge clippers, leaf blowers, and weed trimmers
- ◆ Electric powered and battery powered tools such as drills, circular saws, routers, sanders, and screwdrivers
- ◆ Electronic Article Surveillance (EAS) towers (located in store entrance/exit). Walk through these areas as you normally would. Do not stand or linger around the detection equipment.
- ◆ Hand-held airport security screening wands
- ◆ Soldering guns

Maintain a distance of at least 12 inches between your heart device and:

- ◆ Car battery chargers of 100 amps or less
- ◆ Portable gas or diesel generators of 20 kW (or 20 kVA) or less
- ◆ Components of gasoline ignition systems as found in gasoline powered tools and equipment including lawn mowers, snow blowers, automobiles, and gasoline/propane/compressed natural gas forklift engines while the motor is running

Maintain a distance of at least 2 feet between your heart device and:

- ◆ Electric motors that are up to 400 horsepower including those associated with bench mounted tools, air compressors, and electric powered forklifts while the motor is running
- ◆ Jumper cables (at the moment the vehicle is being started)
- ◆ Electronic Article Surveillance (EAS) deactivators (located at the registers in stores usually by the price scanners).

Radio Equipment - Determining a safe distance from the antenna of a radio transmitter depends on many factors such as transmitter power, frequency and the antenna type. The following guidelines are suggestions for safe use of radio equipment. However, if the antenna transmits in a very directional pattern, it may be necessary to maintain a farther distance from the antenna at the strongest part of the pattern.

Maintain a distance of at least 6 inches between your heart device and:

- ◆ Antennas of cellular phones, amateur radios, ham radios, walkie talkies of 3 watts or less.

Maintain a distance of at least 12 inches between your heart device and:

- ◆ Antennas of amateur radios, ham radios, marine radios, walkie talkies, citizens band (CB), of 3-15 watts

Maintain a distance of at least 2 feet between your heart device and:

- ◆ Antennas of amateur radios, ham radios, marine radios, walkie talkies of 15-30 watts

Maintain a distance of at least 3 feet between your heart device and:

- ◆ Antennas of commercial and government dispatch radio equipment of 30-50 watts

Maintain a distance of at least 6 feet between your heart device and:

- ◆ Antennas of commercial and government dispatch radio equipment of 50-125 watts

Additional Notes

- ◆ Diesel engines with mechanical injectors do not affect an implanted heart device. There are no distance precautions to maintain as they do not have an electrical ignition system.
- ◆ The use of chainsaws and welding equipment is not recommended. If required to use, you may obtain guidelines to help make these activities safer by going to our website, www.medtronic.ca, or by contacting Medtronic Patient Services for guidelines (888-660-4616).
- ◆ Locations in power plants can exceed the field intensity limits and may be discussed with the plant's safety officer. Typical locations may be:
 - in the immediate vicinity of the generators (which is normally fenced off)
 - in the areas around the main power bus or transmission lines (which is normally fenced off)
 - in the area near the large pump motors associated with the turbines
 - in the area near the large positive draft motors associated with conventional power plants
 - below the transmission lines leaving a substation (which is normally fenced off)

Lastly, while Medtronic is not in a position to provide on-site environmental testing, we can serve as a resource for your physician, site surveyor, or employer to help determine the level of site evaluation or testing that may be required. Medtronic is available to assist in reviewing the results of a site survey. The decision to return to work is one that must be made by the patient, employer, and physician. We are also available to discuss any other device-related questions you may have. If we can provide further assistance, we invite you to contact us.

Regards,

**CRDM Patient Services Department
Medtronic of Canada Ltd
888-660-4616**

Table of Maximum Allowable Field Strengths

In cases where a worksite is being evaluated for actual leakage currents and fields, the following table lists the maximum allowable field strengths for Medtronic heart devices:

Electromagnetic Source	Maximum Allowable Field Strength
Electric Field - 50/60 Hz AC Power Frequency Sources such as: power lines, electric service panels, transformers, power plants, electrical substations	Medtronic pacemakers/defibrillators are designed to operate normally in electric fields measuring: 6,000 volts per meter
Electric Field - High Frequency 150 kHz and up Radio Frequency (RF) Sources such as: radio transmitter antennas, television transmitter antennas, cellular telephone antennas, RF welding equipment, dielectric heaters, radar	Medtronic pacemakers/defibrillators are designed to operate normally in electric fields measuring: 100 volts per meter Note: Medtronic pacemakers and defibrillators are designed to operate normally within RF levels that meet the government Maximum Permissible Exposure (MPE) limits.
Modulated Magnetic Field - 50/60 Hz AC Power Frequency Sources such as: motors, generators, transformers, metal detectors, store security gates, AC/DC welding equipment, and power tools	Medtronic pacemakers/defibrillators are designed to operate normally in modulated magnetic fields: 1 gauss (or <0.1 millitesla or <80 amps per meter) for frequencies up to 10 kilohertz (kHz)
Modulated Magnetic Field - High Frequencies above 10kHz Sources such as: radio transmitter antennas, television transmitter antennas, cellular telephone antennas, RF welding equipment, dielectric heaters, radar	Medtronic pacemakers/defibrillators are designed to operate normally in modulated magnetic fields: 1 amp per meter (or <12.5 milligauss) for frequencies greater than 10 kilohertz (kHz)
Static Magnetic Field (DC) Sources such as: permanent magnets, DC electromagnets, battery powered tools, DC welding equipment, uninterrupted power supply equipment	Medtronic pacemakers/defibrillators are designed to operate normally in static magnetic fields measuring: 5 gauss

Measuring an Electromagnetic Field

A survey or measurement of the electromagnetic fields around a source or in a work area can identify the strength of a field. Various meters can be used to survey a field, such as:

1. An extremely low frequency (ELF) meter - measures the AC electric fields at power frequency 50 Hz/60Hz
2. A radio frequency (RF) meter - measures high frequency electric fields of radio and microwave fields
3. A gauss meter - measures AC and/or DC magnetic field strengths
4. An extremely low frequency (ELF) gauss meter - measures AC magnetic field strengths at power frequencies of 50Hz/60 Hz/400Hz

In some cases, a doctor may arrange for a heart device patient to wear an ambulatory heart monitor as a means to assess his/her heart activity while in their work environment.