



Panel seeks strategies to reduce RSIs in Ontario

By Vanessa Mariga

The Ontario government has struck a panel of employer and labour groups to collaborate and brainstorm ways to reduce the growing problem of work-related repetitive strain injuries (RSIs).

The panel is part of the government's plan to reduce workplace injuries by 20 per cent by 2008, labour minister Chris Bentley announced earlier this year.

"In 2003, there were over 40,000 musculoskeletal injuries to workers, largely due to overexertion or ergonomic problems," Bentley said in a Ministry of Labour statement. "That's over 40 per cent of all workplace lost-time injuries."

The panel held its first meeting in March and plans to report back to the minister in seven months with strategies on how to reduce ergonomic injuries in Ontario's manufacturing sector. Cathy Walker, Canadian Auto Workers (CAW) national director of health and safety, also sits on the panel and explains that RSI rates soar within the manufacturing sector because workers are typically under the gun in these industries.

"A lot of the work is quite repetitive and there's companies that put more pressure on workers to produce harder and faster. They [the workers] simply can't keep up," she contends.

According to Statistics Canada, one out of every 10 Canadians between 2000 and 2001 had an RSI serious enough to limit their activity, with work-related activities cited as the most common cause — specifically within the manufacturing, processing, and transport or equipment operating sectors.

While the CAW has bargained ergonomic provisions into its collective agreements, Walker says she'd like to see micro breaks allowed for assembly line workers.

Dr. Donald Cole, a senior scientist at the Institute for Work and Health and an associate professor at the University of Toronto's department of epidemiology and community medicine, agrees with Walker that micro breaks are a good idea. "But the quality of our evidence to demonstrate improvement or reduction in risk isn't as good as we would like it to be," he cautions. "So I wouldn't guaran-

tee that if you institute micro breaks you would get rid of your RSI problem — it's only part of what should be done."

John Macnamara, a panelist and the general manager of health and safety at Dofasco, says that within his company physical-demand analysis is used to identify and assess work that may be posing a problem, as well as matching individual's capabilities to work. He says Dofasco has benefited from this strategy and notes that the panel will also be embarking on a similar process over the next seven months.

"The purpose of the panel is primarily to identify best practices so that we can share, or make recommendations so that hopefully it will get shared all across the province," he says.

Vanessa Mariga is editorial assistant of OHS CANADA.

Drowsy drivers least alert during the day: study

By Trisha Richards

Swerving over lanes and missing stop signs in mid-afternoon may not be evidence that a motorist is intoxicated or in a fit of road rage. The driver might just be having a little siesta.

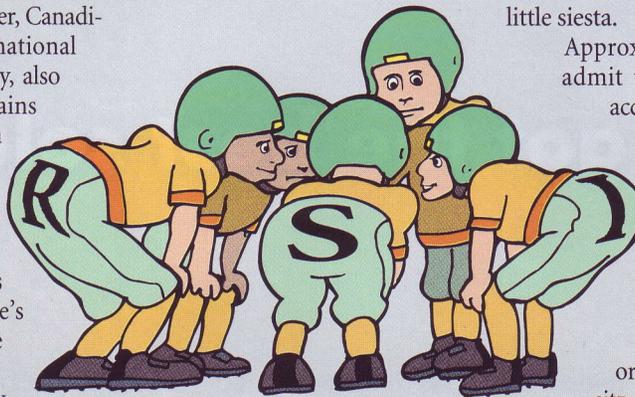
Approximately 4.1 million Canadian drivers admit they have fallen asleep at the wheel, according to results from a public opinion survey by the Traffic Injury Research Foundation (TIRF). "The Road Safety Monitor: Drowsy Driving Report," which was conducted by telephone to 1,209 drivers, found the afternoon to be one of the most common times to doze off on the road.

This time is called the "afternoon dip" or the "post-lunch dip," says Dr. Jeffrey Lipsitz, medical director of the Sleep Disorders Centre of Metropolitan Toronto. "And, this

lunch dip in our alertness actually has nothing to do with whether you had lunch or not." People are biologically programmed to be tired at that time of day, he explains, and in some cultures, it is also known as siesta time.

Employees who work shifts or drive through the night are more likely to be sleepy at the 4 am to 6 am time period, he adds. "In fact, that's the time when we see the greatest number of fatigue-related crashes in relationship to the number of vehicles on the road." And it also happens to be just before rush hour.

Dr. Doug Beirness, vice-president of research for TIRF and lead author of the report, says he was surprised by the findings because, according to official crash rates, only one to two per cent of crashes have falling asleep as a casual or contributing factor to the crash. "Yet, our survey indicates one in five admit to nodding off," he explains. Possibly even more surprising is that 57 per cent of



respondents believe that drowsy driving isn't a serious road safety issue, the report revealed.

Furthermore, motorists don't have to be travelling long distances for fatigue to get the best of them. Information from TIRF says 44 per cent of respondents indicated they had only been driving an hour when they nodded off. "It could be that sleepiness has nothing to do with how long you've been driving behind the wheel," says Dr. Beirness. "If you are sleepy, you are sleepy."

Dr. Lipsitz warns against using "band-aid maneuvers" to keep one's self alert behind the wheel. These include methods like blaring loud music or rolling down the window. Coffee, sugar or other stimulants may wake you up physically, but they do not ensure mental alertness, the Canada Safety Council adds.

To ensure driver attentiveness, The Canadian Trucking Association and the Ontario Trucking Association have formed a joint task force, Project ALERT. The associations suggest listening to talk radio tapes to keep your brain stimulated and alert; getting proper sleep and rest during your time off; and consulting a physician if you experience sleep difficulties.

Trisha Richards is a writer in Toronto.

Provincial skid steer training recommended

By Vanessa Mariga

Ontario skid-steer operators may be put to the test before zipping and buzzing around in the heavy-duty micro-machinery.

The jury from a coroner's inquest into the death of Kenneth Barrett, a Toronto construction worker, recommended that all operators of skid steers, also referred to as front-end loaders, be required to pass a provincially-mandated training course before getting into the driver's seat of these small, but quick machines.

On May 15, 2002, Barrett, an employee of C. Aurora Paving, was installing a driveway at a Toronto residence when a skid steer reversed and ran over him. He died from blunt-force injuries to the chest.

Doug McVittie, assistant general manager of the Construction Safety Association of Ontario, explains that while accreditation currently is not required to operate this class of equipment, there is a full spectrum as to the degree of training given to operators.

"There are some very idiosyncratic things about that particular class of equipment that aren't a problem with other kinds of equipment just because they are designed and operated so differently," McVittie says.

A safety hazard alert released by the Canadian Centre for Occupational Health and Safety says that skid steers become especially dangerous when carrying a load in a raised position because the tractor's centre of gravity is raised and moved forward, reducing its stability.

Bill Arthur, health and safety trainer for Battlefield Equipment Rentals in the Greater Toronto Area, says that roll-overs are a common concern when operating a skid steer and is an area covered in his company's training program.

He explains that without a load, 70 per cent of the weight is on

the back of the machine where the engine compartment is located. When carrying a heavy load in the bucket, it forms a counter-weight and creates a "teeter-totter effect" when an operator is going over bumps, Arthur uses as an example.

To mitigate the risk, Arthur teaches operators to carry their load close to the ground, about two and a half feet high, and to avoid driving across slopes.

Lito Romano, program director at the Universal Workers Union Local 183 training centre, says that he would support a mandated program. But Romano probably shouldn't hold his breath for such a program.

Belinda Sutton, Ontario Ministry of Labour spokesperson, says that the ministry has yet to receive the recommendations from the coroner's office, but that it's not likely that the mandatory program would be developed.

"Given the wide variety of workplace equipment and the new pieces of equipment that are constantly brought to the market, it would be impracticable to require a training program for each piece of equipment," she says.

Vanessa Mariga is editorial assistant of OHS CANADA.

Docs told to take a dose of their own medicine

By Pegah Aarabi

It seems that some female physicians need to take a bit of their own medicine when it comes to health care advice. After finding that some female physicians tend to neglect their health, the Ontario Medical Association (OMA) recently hosted a wellness seminar in Ottawa that targeted this group.

"Survey results [from past seminars] have consistently shown that women physicians want nutrition, fitness and stress relief programs [but] they don't prioritize themselves," says Dr. Gail Beck, an Ottawa-based psychiatrist who was involved with the OMA seminar. "The bottom line is time constraint. Women physicians see fewer patients but spend more time with patients."

Although the concern over the well being of female physicians is not new, says Dr. Beck, the issue is now being brought to the forefront because of the changing face of the medical industry. Female physicians make up nearly 31 per cent of practicing physi-

cians in Ontario today, she points out, but make up 58 per cent of the enrollment rate in Canadian medical schools.

For Dr. Neda Amani, a sole practitioner in Toronto, and Dr. Stephanie Kate Ashe, a family physician in Etobicoke, Ontario, the struggle seems to be in finding a good work-life balance.

"Balancing a busy family practice and a family, particularly with physician shortages, is the biggest stress," says Dr. Amani. "I've been forced into working full-time because of the cost of my practice and the high demand from patients."

While Dr. Ashe manages to work part-time she also says finding the right balance between work and family is difficult and made even more stressful by the unique demands on female physicians.

