Part D. Step 1 - *Where does it hurt?*

D.1 What's this part about?

The **symptoms** of health and safety problems - where people are "hurting" - are good places to start figuring out what's happening in your workplace.

Workplace safety and health committees need to pay attention to all kinds of symptoms, including "***stress***" and "***strain***". That's because of the way "health" is defined in the *Workplace Safety and Health Act*. (See Part C.)

Our "hurts" show up in different ways, some more visible than others. Injuries like a broken bone, cuts and burns are pretty obvious; ***aches and pains*** can't be "seen" quite so easily. Some symptoms of "job strain" are changes to behaviour and emotions, while **stressors** and some chemicals affect our cardiovascular and central nervous systems.

One way to get a handle on symptoms or effects is to put them into categories. This helps when making a body map (see Part F). To start with, consider these:

Aches and pains or MSIs - the most common kinds of symptoms in most workplaces. Specific aches and pains or musculoskeletal injuries (MSIs) include:

- arthritis
- back injuries and diseases
- bursitis
- carpal tunnel syndrome (CTS)
- epicondylitis (a.k.a. tennis or golfer's elbow)
- tendonitis (inflammation of a tendon)

The chart *Ergonomic hazards - examples of musculoskeletal injuries* (SH.7) lists the names of specific MSIs, their symptoms and what may cause them. The causes are linked to ergonomic hazards (see Part E).

Stress and strain/toxic stress are common symptoms in all kinds of workplaces. See *Workplace stressors have toxic effects* (SH.14) in the Safety and Health Toolbox for examples of common stress and strain/toxic stress symptoms.

Aches and pains - words we may use in general conversation. In the Manitoba law, work-related aches and pains are called musculo-skeletal injuries (MSIs).

Acute effects or symptoms - seen right away, direct results; often from a short-term exposure to a lot of something; relatively-easy to connect to the hazard/source.

Body map - a drawing showing the outline of the front and back of a body. Body mapping is an effective way to find out about many kinds of symptoms in groups of workers or entire workplaces. Can be used to record answers to surveys and make presentations about what's happening to employees in a workplace.

Chronic effects or symptoms - show up a long time after the exposure started or happened; occur often or continue for a long time; can be from repeated exposures to small amounts of something; often have a **latency period**; can be difficult to link to the hazard/source.

Latency period - the time between between the exposure and first signs of the disease; cancer can be 10 to 20 years; mesothelioma - the asbestos cancer - can be 40.

Local effects - occur where a hazardous substance contacts the body; tend to be easy to see.

Depending on the workplace, we may have other kinds of injuries and illnesses. Other symptoms of work-related hazards include:

- headaches
- broken bones (fractures)
- cuts
- rashes
- burns, scalds
- hearing loss
- allergies
- breathing problems (short and long-term)
- long-term diseases or illnesses (e.g. cancer, high blood pressure, other cardiovascular problems, and central nervous system effects)
- reproductive problems (including the ability to have children or healthy children)

Whatever the symptom, it may be an ***acute*** or ***chronic*** effect. Acute effects or symptoms include:

- burns, cuts, scrapes, bruises
- broken bones
- some allergic reactions (some skin rashes)

Chronic symptoms include:

- many aches and pains or MSIs (e.g. back problems, carpal tunnel syndrome)
- cancer
- respiratory problems (including allergic reactions)
- reproductive effects (including the ability to have children or healthy children)
- effects to the nervous system, heart, kidneys, liver and other organs
- long-term toxic stress or strain

Symptoms also have ***local*** or ***systemic*** effects. Local effects include a skin rash from using a harsh chemical, a broken bone or a strained ligament. Systemic effects include headaches, fatigue, anything affecting an organ in the body or poisoning.

We won't have symptoms or effects unless we are exposed to some hazard. It must be present and able to reach, affect or come in contact with our bodies or minds.

Musculoskeletal injuries (MSIs) - injuries to muscles and/or bones and the tissues related to them; are also called:

- cumulative trauma disorders (CTDs)
- musculoskeletal disorders (MSDs)
- overuse injuries
- repetitive strain injuries (RSIs)

Strain *or* ***toxic stress*** - the long-term effects of exposure to stressors; when it's work-related, may be called job strain. Can have physical effects on the body or cause changes to behaviour, emotions or other non-physical effects. The Manitoba Workers' Compensation Board does not accept claims for stress-related effects, unless it is from a single, very traumatic event.

Stress - the short-term effects of hazards called stressors or work organization issues. These hazards to the "mind" can become hazards to the body. The Manitoba Workers Compensation Board does not accept claims for stress-related effects, unless it is from a single, very traumatic event.

Stressors - also called work organization hazards. Causes the short-term effects called "stress", and the long-term symptoms called "strain" or "toxic stress".

Symptoms - what people feel or experience, especially when uncomfortable or in pain. This is different from what a nurse or doctor finds when they look at you. At work, they are the effects of health and safety problems or hazards.

Chemical and biological health hazards have four main routes of entry into the body. They can get into your body by:

- inhalation (breathing through the nose/mouth)
- ingestion (eating something directly/indirectly)
- injection (through the skin, usually with a sharp object)
- absorption (through the skin, the rate for which depends on the part of the body)

For exposure to other kinds of hazards, see Part E.

Systemic effects *or* ***symptoms*** - are found at a different place than where the hazardous substance entered the body; may start with local effects; often harder to find and connect with the hazardous substance.

Reporting injuries, illnesses and diseases

In Canada, most health and safety statistics come from workers' compensation boards. To be counted, workers or their survivors must make claims for injuries, illnesses, diseases and deaths, and boards must accept the claims.

If a claim is not made or is not accepted, it won't be counted. Each year a number of injuries, illnesses or deaths don't get into "the system". This under-reporting means we don't have a full or accurate picture of what's happening in our workplaces.

The employer's safety and health program should have a method for reporting and recording injuries and illnesses that happen at the workplace. This is particularly important when identifying incidents involving first-aid-only injuries and near-misses.

What information can we get about symptoms?

Get the lost-time injury and illness information and the first-aid only reports to find out what your workplace's experience is. Compare in-house data with previous months and years. Make outside "checks" with similar workplaces or sectors within the province, or possibly nationally or internationally.

Compare your workplace data to the rest of the sector in the province. The Manitoba Workers Compensation Board (WCB) publishes annual reports and month-to-month statistics in electronic format:

Did you know?

Workers say they don't report injuries, illnesses and diseases to worker compensation boards because:

- people don't know their rights or the reporting process
- English as an additional language (EAL)/plain language barriers
- "comp" pays less than wages
- fear of reprisals, harassment
- hard to make connection between the effect/symptom and job
- care providers may not want to deal with the workers' compensation system;
- "too much hassle" to report
- the injury/illness is just "part of the job"
- "I can't afford to take time off"
- others have tried and not had claims accepted
- it's easier to use sick days or private insurance
- worker is discouraged by co-workers/family from making a claim
- surviving families don't report deaths that may be work-related (e.g. cancer or heart problems)

http://www.wcb.mb.ca/publications/injury_stats.html
http://www.wcb.mb.ca/publications/current.html.
For paper versions, call 954-4321 or 800-362-3340.

The Association of Workers' Compensation Boards of Canada (AWCBC) publishes information from boards across the country. They include:

- Key statistical measures:
  http://www.awcbc.org/english/board_data-key.asp
- National Work Injuries Statistics Program (NWISP):
  http://www.awcbc.org/english/NWISP_Stats.asp
- Sector specific information is available at:
  http://www.awcbc.org/english/Industry_Specific_Info.asp

Did you know?

Other sources of information for safety and health statistics and reports:

Statistics Canada
http://www.statcan.ca/english/pub/index.htm.
Health Canada
http://www.hc-sc.gc.ca
Centre for the Study of Living Standards
http://www.csls.ca/reports/csls2006-04.pdf

D. 2 Why is it important to pay attention to symptoms?

Symptoms are a key part of workers' experiences of health and safety.

It's especially important for young workers, women and workers of colour who are often exposed to different hazards than white men. As a result, their symptoms will be different and may not come out unless the right questions are asked or conversations started. All workers' experiences are important sources of information to committee members.

Symptoms provide clues about health and safety hazards. They are logical starting points or triggers that lead to hazards and making changes to prevent injuries, illnesses and deaths. Symptoms also can be used to calculate the cost of health and safety problems as opposed to the costs of fixing them.

Sometimes, a lot of people must be affected for you to "see" these links. At other times, there are "classic" symptoms even if only a few workers are involved. Maybe it's one person or a small group who have symptoms and questions about them. Don't dismiss the concerns. You may be seeing the "canaries" that warn of what may happen to others. (See "Did you know?" box at side.)

Keeping track of symptoms is one way to figure out how effective the employer and the committee are.

Did you know?

Coal miners carried **canaries** in cages to warn if methane gas was present. People called "canaries" are the "early warning signs" of problems.

COMMITTEE ACTIVITY

In your committee, discuss:

How many workers are hurt doing a certain job?

Are "our" numbers higher or lower than what happens elsewhere?

Why are our numbers higher? lower?

Is the trend going up or down?

D. 3 What tools will help us learn more about symptoms?

- ✓ Body maps
- ✓ Workplace maps
- ✓ Surveys
- ✓ Interviews and informal conversations

Did you know?

It's important to look for the patterns of symptoms inside and outside of a workplace. Patterns help us analyze what's happening in our workplace and make us more aware of what symptoms and/or hazards we need to look for.

D. 4 Next steps

If you know about the symptoms in a workplace, you can:

- make a body map using the instructions in the committee activity box on the next page
- use the hazard categories from page C-4 (and SH.2) to make a **workplace map** (see instructions in Part F and SH.12), and analyze it using the same questions as you used for the body map(s)
- put together a list of symptoms by work area/ job or other worker-related categories that may help you analyze them (e.g. age, sex, job) and see what patterns turn up
- calculate the numbers affected and compare that to what you'd expect or what studies say are "normal"
- find out what workers think cause the hazards behind them (see Parts E and F)
- for MSI symptoms or aches and pains, use the SOBANE approach to take preventive action (see Part F)
- research or ask questions of health and safety specialists to find out what kinds of hazards might cause them (see Parts D and E and the *Resource Guide*)
- work with people who can help you make sense of the information (see *Resource Guide*)

Workplace map - drawing of the physical layout of a workplace or work area, with information about the people and hazards in the space.

COMMITTEE ACTIVITY

1. What's happening to us?

Start by looking at what's happening to people on the committee or with workers from one department or work area. If there are not very many employees, include all.

Use the body map in the Safety and Health Toolbox (SH.12) or draw one showing the front and back of a body.

Have each person answer these 3 questions. Record answers to each question with a different colour or symbol on the body map.

- *Where are your aches and pains?*
- *Where does "stress" show up in your body?*
- *Where do you have other symptoms?*

Each person should have one mark for each spot where they have a symptom. If three people have an ache and pain in their left shoulder, there will be three marks in that area.

When all the results are recorded, discuss them:

- *What do you see?*
- *How does this compare with the workers compensation claims filed?*
- *Who has reported their marks on the map to WCB? If not, why not? If yes, what happened?*

2. What's happening to others in our workplace?

Repeat the first committee activity with others in the workplace. Discuss it using the same questions.

3. What's happening with WCB claims or other reported symptoms?

Get copies of WCB claims made in the last year or more. Include first aid only records and other information about people taking time off (e.g. absenteeism, long term disability). Assign each category a colour/symbol and record on the body map.

Compare the body map with the others you have made. Analyze what's going on:

- *What do you see?*
- *What kinds of symptoms are reported?*
- *What do we know about where they come from? (department/ work area, job)*
- *Which ones are not getting into "the system"?*
- *What do we know about where these symptoms come from? (department/work area, job)*

4. In general, consider these questions:
   - *What kinds of MSIs are common in our workplace?*
   - *What kinds of stress and strain are common in our workplace?*
   - *What other symptoms are common in our workplace?*
   - *Which kinds of symptoms are acute effects and which are chronic effects?*
   - *What routes of entry are common?*
   - *What do we know about who's reporting and not reporting symptoms or making claims? (e.g. age, sex, heritage, language, department, job)*

D.5 What's the law say about symptoms? Who has to do what?

Section 8 of *The Workplace Safety and Health Act,* states there is no connection between it and *The Workers' Compensation Act*.

The Workplace Safety and Health Act applies to Manitoba workplaces and their "players", regardless of what happens in terms of workers' compensation. As well, workers can file compensation claims whether or not the health and safety law was followed.

Who?	What are they supposed to do?	WSH Act	WSH Regulation
Employer	send *Employer's Report of Injury* form to WCB (on-line/call)		
	let committee/rep look at any log book, assessment, report, record that employer must keep		3.12
	give information about lost-time injuries to committee/rep		3.13
	give copy of report on hearing tests & noise levels to committee/ rep		12.6(3)(b)
Worker	send *Worker Incident Report* to WCB (call in)		
	workers who become ill/ injured must report to first aid room/ area		5.3
Workplace safety & health committee/ Representative	must not disclose worker's personal health information		3.14
Physician/other qualified persons	chief occupational medical officer (COMO) can do health surveillance of workers	50(1)	
	others must give COMO reports about persons made ill or injured at work	51(1)	

The authors' wording presented above does not replace the Province of Manitoba's legislated Act and Regulations. The official versions can be found on-line at http://www.gov.mb.ca/labour/safety/actregnew.html or by contacting the Manitoba Workplace Safety and Health Division office.