

January 27, 2010

CAW LOCAL UNION PRESIDENTS AND RECORDING SECRETARIES (EXCLUDING QUEBEC)

11th INTERNATIONAL REPETITIVE STRAIN INJURY
AWARENESS DAY, FEBRUARY 18, 2010

Greetings,

Our members across the country continue to suffer the debilitating effects of Repetitive Strain Injuries (RSIs) or Musculoskeletal Disorders (MSDs). These injuries are having devastating effects on their lives.

RSIs and MSDs are an invisible epidemic. Do not wait until you are injured. With every new job there are growing pains, but when the pain continues it's time to take action. **Controlling MSDs Hazards in the workplace is not only the right thing to do...it's the law.**

MSD's are strongly linked to known hazards in the workplace and are the number one type of work related lost time claim reported to Workers' Compensation Boards. To avoid injury you should know the risks and how to avoid them "**BECAUSE WORK SHOULD NOT HURT**".

We will be focusing on a variety of activities around the **11th International Repetitive Strain Injury Awareness Day, February 28th, 2010**, as we continue to emphasize the need for **Ergonomic Regulations, Justice and Dignity for Injured Workers and Respectful Accommodation.**

As part of your awareness building activities, you can reproduce the Health and Safety Fact Sheets on shoulders, backs, wrists, arms and standing which can be downloaded from our website www.caw.ca under: *What We Do...Health and Safety Department... Health, Safety & Environment Fact sheets – Physical Hazards.*

Also available to download on the website is our RSI Day poster and leaflet. If you require any additional information, please e-mail your request to cawhsf@caw.ca.

On **February 28th, 2010**, participate in your area activities through your Labour Councils and other community organizations to continue raising awareness.

In solidarity,



KEN LEWENZA
National President

Attach. 1

SS:JT:lc:cope343
National Campaign RSI-Awareness 10.doc

cc: Peter Kennedy, Assistants, National Representatives, National Coordinators, NEB,
Health & Safety Coordinators

MYTHS ABOUT RSIs

RSIs know no limits regarding where and how they attack workers. Injuries can occur to the back, neck, shoulders, arms, elbows, wrists, and fingers. Injuries may also occur to the legs and feet though they are less common. Let's look at some of the familiar myths about RSIs.

Myth: RSIs, they are just in your head.

Just because there is no visible trauma does not mean an injury is non-existent. Those who make this claim have not themselves, suffered from an RSI. RSIs are injuries that rarely can be seen. Even so, countless researchers have shown that these injuries not only exist but can be extremely debilitating.

Myth: Most repetitive strain injuries are not work-related.

In spite of its everyday name, playing tennis seldom causes "tennis elbow". Although some non-work activities can contribute to repetitive strain injuries, the physical work stresses imposed by lengthy, repetitive work schedules are most often the cause.



Myth: Women are more vulnerable to RSIs than men.

Although women have had more workers' compensation claims for sprains and strains, workplace studies show when men and women are exposed to the same working conditions, the rate of development of symptoms is similar. However, women continue to do most of the jobs at the highest risk for repetitive strain injury.

Myth: Ergonomics is too costly. Employers cannot afford to invest in jobs designed to fit workers.

The costs of inefficiencies, product quality loss, worker lost time, worker turnover, workers' compensation and job redesign are far greater than the cost of applying ergonomic principles at the design stage. At the design stage, many ergonomic solutions require little or no capital investment. Rather, the investment should be in proper workplace planning. Even if the workplace or work station has been poorly designed, many ergonomic changes such as moving the height of a bench are low cost.

Myth: By using pre-employment screening methods like x-rays, medical exams, and functional assessments employers can screen out job applicants who are vulnerable to strains and sprains.

There is no test or measurement that can predict these disorders. All workers are at risk. In fact, many of these tests are considered discriminatory and thus illegal under human rights legislation.

Myth: No pain, no gain.

This slogan never applies to the workplace even though many like to compare workers to athletes. Pain is a warning signal generated by injury or disease. Workers do not gain by working in a way that hurts. The elimination of work practices that cause pain should be the goal.

Myth: It is safe to keep on working if you take aspirin or other pain relievers to reduce the pain.

Drugs may help to reduce inflammation and can reduce pain, but if workers continue to be exposed to the hazard, damage will increase. Treatment must include removal from the hazard so the affected tissues have time to heal.

Myth: Work and the natural effects of aging cause aches, pains, stiffness, and rheumatism. They are inevitable and you should ignore them.

Studies show workers do not develop RSIs when jobs are properly designed. Ignoring symptoms does nothing to change the working conditions and lessen their disabling impacts.