

Minutes

Occupational Health Committee

OHC # 359

Name: City of Martinsville
 Mailing: 37 Centennial Dr S Phone: 306-931-2166 Meeting Date: 28-Nov-19
 Address: P.O. BOX 970 Fax: 306-933-2468 Next Meeting: tba
 Martinsville, SK S0K 2T0

Employer Co-Chairperson: Matt Gruza

Employee Co-Chairperson: Teresa Jankoski

Management Members	Title	Present	Absent	Employee Members	Title	Present	Absent
Don Crowe	Parks/Facilities Mgr	x		Heather Braun	Planning Clerk	x	
Scott Loyns	Engineer	x		Teresa Jankoski	Payables Clerk	x	
Matt Gruza	Director of Infrastructure & Planning	x		Larry Bressers	Facilities Maint.		x
Trent Kolbe	Human Resources	x		Jamie Mitchell	PW Foreman	x	
				Joe Cassano	Roadways Foreman	x	

ITEM NO	PROBLEM OR CONCERN	ACTION TAKEN OR PROPOSED	TARGET DATE
	Give full explanation and details divide old/new concerns	Name person responsible	
1	Old Business: Update on the Jacket/Coveral situation for outside works. New sample jackets have been brought in for staff to try on. Disposable coveralls and COM coveralls will be on hand for staff such as custodians to use.		
2	New Business: Reviewed 5 new Incident reports Discussion of implementing "Safety Boards" in all facilities similar to the one at the PW Shop to standardize an dedicated area for all Safety related informaiton. Committee Structure/Membership - Changes may include fair and equal representation from each department. Implementing a "Member at Large" member for each meeting. Further discussion at the next meetings. With regards to current committee Heather Braun and Teresa Jankoski (Employee Co-Chairperson) have stepped down from their positions on the committee OHSC Committee Training - Each member of the committee will be required to take the Level 1 & 2 OHS training. Once 2020 training schedule is out training dates can be scheduled. Suggestion: Develop new forms for reporting, "near miss", other incidents that are easy to fill out by employees. As well as some form/card for employees to fill out for any safety related concerns. Inspections: Sports Center/Heritage Center	Trent/Matt will work with Don to arrange placement of these boards in Parks Shop, Sports Center and City Hall Trent/Matt Trent Scott is working on several different forms/cards. Inspection Report attached	TBA 2020

Other Business (Including requests to Occupational Health and Safety)

Incident Reports attached to OHSC copy of Minutes

Distribute copies:

Employer
 City Hall
 Fire Hall
 MAP
 Sports Center
 Library
 Public Works


 Employer Co-Chairperson

 Employee Co-Chairperson

In my opinion the above is an accurate record of this meeting

Inspection Report

Areas Inspected: Sports Center & Heritage Building

Attended by: Matt, Scott L, Trent, Heather, Teresa, Jamie, Wayne, Don and Joe

Number of Buildings Inspected: 2

Date of inspection: November 28, 2019

Date of Report: November 29, 2019

Definitions

Probability

- * frequent (workers are frequently at risk)
- * probable (the hazard is likely to cause harm)
- * occasional (workers are occasionally at risk)
- * remote (the hazard could cause harm, but is very unlikely to do so)
- * improbable (the hazard is unlikely to ever cause harm)

Severity

- * catastrophic (death and/or severe destruction)
- * critical (serious injury and/or property damage)
- * marginal (minor injury and/or property damage)
- * negligible (no injury and/or property damage)

Item #	Location	Hazard Classification		Hazard Description	Recommendation	Corrective Action (Date and by)	Type of Action	
		Probability	Severity				Temporary	Permanent
1	Sports Ctr	Occasional	Marginal	Upper Mezzanine - chairs piled to by emergency exit south west door	Move chairs			X
		Occasional	Marginal	Staff Room - Fire extinguishers on floor in front of Electric panel	Move Fire Extinguishers appropriate distance from panel			
		Occasional	Critical	Maint. Room - table saw's safety guard not	Guard needs to be put on before staff use it next			
				Rink side - Ice dividers stacked against wall block safe access to pathway along the rink	They need to be moved to a better location			
				Zamboni Room - 2 1/2 gallon gas cans on floor in the room	Gas cans should be stored properly			
				Zamboni Room - Red hose laying on floor is tripping hazard	Move red hose off floor, store properly			
2	Heritage Bldg	Occasional	Critical	Main Entry Door - No emergency exit sign	Have Don look into a possible Fire Inspection to see if sign is required			
		Occasional	Critical	Furnace Room - space heater on constantly	Have Don ask at Fire Inspection if this is permitted.			

CITY OF
MARTENSVILLE
INCIDENT REPORT

LOCATION: _____ DATE: SEPT. 6TH / 2019 TIME: 8: AM
DEPARTMENT: PARKS N REC. FACILITY/AREA: PARK SHOP
TYPE OF INCIDENT: AIR QUALITY / WESTSIDE SHOP
WHO INVOLVED PUBLIC: ALL STAFF + PUBLIC

ADDRESS / PHONE NO. (if known): _____

TOWN STAFF: _____

WHAT OCCURRED: STAFF HAS COMPLAINED
ABOUT AIR QUALITY IN WEST
(OLD) SIDE OF SHOP / AIR
PUNGENT & STALE UPON ENTERING
BUILDING / RAIN WATER INTO NORTH
SIDE / HAVE HAD HIGH RATE
OF STAFF SICK DAYS, RUNNING
NOSES / IRRITATED EYES, HEADACHE
MOODS / WATER ALSO HAS HEADS
IN NORTH CORNER - MAIN PART

ACTION TAKEN: I HAVE PRESENT DON +
UP WITH TASK FOR NEXT
WEEK:

STAFF NAME & SIGNATURE: [Signature] DATE: SEPT. 16TH / 2019

MGR. / SUPERVISOR COMMENTS: _____

Revisited at Nov 26 / 19 @ OHS meeting

Occupational Health and Safety Concern Form

This concern form is to report a potential or existing hazard which you believe presents a risk to the health or safety of individuals in your workplace. Please submit to your principal or supervisor and keep a copy for your records. Any hazard which is identified as immediately dangerous to life or health must be brought to the Principal/Supervisor's attention without delay and all steps reasonable to control the hazard must taken immediately.

Section 1 – (To be completed by worker)

Name of worker: <u>City Hall Admin Staff</u>	School/location: <u>City Hall</u>	Bargaining unit: <u>Cupe 2582</u>
Room/area of concern: <u>City Hall - work station</u>	Date submitted to principal/supervisor: <u>Nov 22/19</u>	

Health and Safety Concern

Describe the concern, its background and possible suggestions for resolution:

- Assess work stations for proper ergonomic set up to help staff with repetitive strain injuries ex. back, neck - work space analysis + set up assistance shoulder, eye strain - optional stand up desks

Section 2 – (To be completed by principal/supervisor)

Response from principal/supervisor – within 7 working days (holidays excepted) of receipt from worker
Identify the corrective action proposed or taken (see reverse for further step)

Actions taken: None required ☐ OHS ☐ Facilities ☐ Other ☐ (specify) _____

Signature of principal/supervisor	Date Concern Form returned to Worker:
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Section 3 – (To be completed by worker)

Issue Resolved _____ Unresolved _____

After Section 3 is completed, worker forward copy to bargaining unit office and principal/supervisor forwards to OHS Division.

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Section 1 – (To be completed by worker)

Name of worker: <u>Auburn Kuyek</u>	School/location:	Bargaining unit:
Room/area of concern: <u>Public Works Shop</u>	Date submitted to principal/supervisor: <u>11/27/2019</u>	

Health and Safety Concern

Describe the concern, its background and possible suggestions for resolution:

I have a concern with the air quality in our shop. When welding with both exhaust fans on and doors open the air quality becomes very poor. When washing equipment in the shop it creates a very humid environment and when the soap is used as well in these conditions it makes it hard to breathe. Even running equipt. in the shop for a short period of time sucks with exhaust fans on.

Section 2 – (To be completed by principal/supervisor)

Response from principal/supervisor – within 7 working days (holidays excepted) of receipt from worker

Identify the corrective action proposed or taken (see reverse for further step)

Actions taken: None required ☐ OHS ☐ Facilities ☐ Other ☐ (specify) An H-vac
System was installed a couple years ago. Welding ventilation was asked for in budget talks for 2020, not sure yet if approval has been passed. Air quality testing before and after welding ventilation install could be done to assure it is adequate. Will bring to OHC for discussion.

Signature of principal/supervisor 

Date Concern Form returned to Worker: Nov 27/19

Section 3 – (To be completed by worker)

Issue Resolved _____ Unresolved _____

After Section 3 is completed, worker forward copy to bargaining unit office and principal/supervisor forwards to OHS Division.

The paramedics were called to the MAP Sunday morning at 9:50am.

A woman was playing in the SAVA league, when she heard a sudden 'pop' in her knee. Not knowing what it could be, she went off to the side of the court to rest while a teammate of hers came to the front to grab an ice pack. A man on one of the other teams witnessed the woman hurt her knee, and he made his way to the men's washroom. We aren't sure how long he was in there before another man entered the bathroom and found the first guy laying in the corner of the shower unresponsive and unconscious. No one was sure if he had fainted, had a seizure or what had happened, but it was as a result of him witnessing the girl hurt her knee. The man who found him called out from the bathroom, "Someone call the paramedics!!!" The man who called 911 rushed out to the lobby and asked for the address, which is the point in which Semona and I became aware of the situation – this was at 9:50 in the morning. Semona went to find the man, and when she found him he was responsive and was being assisted by two other players who were Registered Nurses. The RNs put a cold towel around his neck, as the man was feeling queasy, looking pale and was sweaty. After a couple minutes the man was able to recall the date and time. The man went to watch volleyball on the first court, but then made his way over to the second minutes after; he was accompanied the entire time and was never left alone.

The Martensville Fire Department arrived at 10:05 am, where I directed them down the hallway to the second court where the man was sitting with Semona, the RNs, and a couple others. The situation was getting crowded, so Semona came up front. The paramedics from Saskatoon arrived at 10:17am with a gurney. Semona directed them to the second court where they helped the man and the woman with the hurt knee. At 10:30, all of the paramedics left with the woman on the gurney, while the man remained on court 2 to watch volleyball – still accompanied by others sitting with him. The ambulance finally took off at 10:44am from the parking lot.

Ambulance #: 1935

We filled out an incident report, but this is the full story.

-Madison & Semona

Madison & Semona
Semona & Madison

CITY OF
MARTENSVILLE
INCIDENT REPORT

LOCATION **DATE:** Sept. 27, 2019 **TIME:** 11:45 am
DEPARTMENT: Parks & Recreation **FACILITY/AREA:** Centennial Drive by The Adobe
TYPE OF INCIDENT: Minor injury
WHO INVOLVED **PUBLIC:** _____

ADDRESS / PHONE NO. (if known): _____

TOWN STAFF: Orin McPhail

WHAT OCCURRED While whippersnapping Centennial I was hit in the left eye by a small rock. It ricocheted off the buckle of my trimmer harness and under my helmet facemask and under my safety glasses. I was able to get the ~~pebble~~ pebble out from under my top eyelid. Eye was pretty sore and vision a bit blurry

ACTION TAKEN Contacted Brian at 12:30 (approx.) as eye was still sore and a bit blurry. Was told to go get it looked at by a Dr. I went and saw Dr. Walker at Martensville Collective Health & Wellness. She took a good look at my eye, checked for any more debris and after checking for any significant damage she gave me antibiotic prescription to play it safe.

STAFF NAME & SIGNATURE: Orin McPhail *[Signature]* **DATE:** Sept. 27, 2019

MGR. / SUPERVISOR COMMENTS: _____