HEALTH & SAFETY ESSENTIALS

1518 UFCW

WE FIGHT FOR FAIRNESS

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1

Introduction

INTRODUCTION

Why this guidebook matters

This guide will help UFCW 1518 members on their Health and Safety Committees to:

- ensure the employer eliminates or minimizes all workplace hazards;
- recognize key workplace hazards and recommend effective control measures;
- liaise with and respond to all union member complaints, and handle safety issues;
- understand their role as representatives and advocates for the right to safe and healthy workplaces;
- ensure compliance with all OHS regulations;
- evaluate and audit the effectiveness of the worksite health and safety program including violence prevention, injury prevention, education and training of all members;
- understand their roles and responsibilities under Occupational Health and Safety (OHS) legislation in BC;
- carry out all committee activities as stated in the *Workers Compensation Act* and in collective agreements.

Four Basic Health and Safety Rights for ALL!

Everything you read in this book comes from four basic rights. These basic rights will help prevent you and your co-workers from being injured and could save your life!

Every week, your union receives complaints from members whose biggest concern is their employer's violations of one aspect or another of the four basic health and safety rights. This guide will assist Health and Safety Committee members to understand what these rights mean in the workplace, and how to assist union members in making sure their rights are upheld.

You have rights as a worker:

1. The right to refuse unsafe work
2. The right to know about all potential hazards in the workplace.
3. The right to participate in workplace health and safety activities.
4. The right to no discrimination. You can't be fired or disciplined for participating in health and safety activities.

Your Health and Safety Committee

In BC, every workplace with 20 or more regularly-employed workers must have a joint Occupational Health and Safety Committee. Your Health and Safety Committee is made up of worker and employer representatives, and the number of worker representatives must be equal to or greater than the number of employer representatives.

Your union is responsible for selecting worker representatives on the committee. The committee is co-chaired by a worker representative (a union member), and an employer representative. Workers on the committee, in collaboration with their unions, have the sole right to select the union member to serve as co-chair (management does NOT get to pick the worker representative!). There must be a minimum of 50 percent union member representation on all our joint committees.

Members of the Health and Safety Committee have an important obligation to ensure that all health or safety hazards are identified and eliminated or controlled. They have a duty to represent our membership and advocate on their behalf before management.

Worker representatives are there to help members, and to ensure the employer complies with all health and safety requirements. If union members have a Health and Safety issue they would like raised at the next Health and Safety Committee meeting, please encourage them to tell their co-worker(s) on the Health and Safety Committee.

The committee is to be run democratically, and all committee members have a right to determine how the committee will carry out its duties. This includes the time for health and safety inspections and investigations, the participation of worker representatives, evaluation of educational programs, and the establishment of an effective democratically functioning committee.

In BC, the committee is an advisory body. The employer is responsible for ensuring the health and safety of all employees. The committee must, however, monitor the employer's compliance with health and safety legislation and regulations, and must advise the union, the employer, and WorkSafeBC when assistance with compliance is necessary.

Checklists & Forms for Committee Members

Within this guidebook are a number of checklists, forms, and surveys for Health and Safety Committee members. We recommend you read and review each section of the guidebook, and then use the checklist, form, or survey that best helps you fulfill your role as the Health and Safety Committee representative.

For additional checklists, forms and surveys for your guidebook, you can visit: memberresourcecentre.com. You may also contact the union and ask for more copies of the checklists to be provided.

2

Your Right to Refuse

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YOUR RIGHT TO REFUSE

Say NO to unsafe work!

Health and Safety Committee representatives: you have a special responsibility to ensure all union members understand and carry out their duty to refuse unsafe work. If this becomes an issue in your workplace, please call your union representative immediately and the WorkSafeBC inspector for assistance. The regulation and law, in full, is below for your reference.

It is vital ALL union members understand that under BC law, they are obliged to refuse unsafe work. If they are told to carry out work that is an undue hazard to their health or safety, or anyone elses, they must refuse to do so or they may be held responsible by their employer and WorkSafeBC for any accidents that occur. There are many situations when a worker is obliged to refuse to carry out hazardous work. Here are just a few such situations:

- working alone with potentially violent clients or family
- performing client lifts without proper assistance
- use of hazardous chemicals without training and instruction in the hazards
- use of unidentified cleaning agents
- remaining in an unsafe or hazardous work environment
- improperly secured weapons in homes
- presence of moulds
- presence of second hand smoke
- use of drugs and alcohol by clients
- unsecured animals
- dangerous driving conditions

If you are instructed to do any of the above, the first step is to immediately report to your supervisor/manager and state you are not able to carry out any work that puts you or your co-workers at undue risk, and that you are obliged, under the law, to refuse to carry out any activity that places you or your co-workers at risk of serious injury.

Then **report the issue** to:
1. your shop steward
2. worker co-chair
3. the union (your union representative)

If the situation cannot be resolved, you must call in a WorkSafeBC inspector. WorkSafeBC regulations clearly state members are not to perform unsafe work duties in the workplace, and this is a fundamental duty under the *BC Occupational Health and Safety Regulation* of the *Workers Compensation Act*.

The *Work Refusal Regulation* and your protection from discrimination is excerpted here for your reference:

3.12 Procedure for refusal

(1) A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the

unsafe condition to his or her supervisor or employer.

(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and
(a) ensure that any unsafe condition is remedied without delay, or
(b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of:
(a) a worker member of the joint committee,
(b) a worker who is selected by a trade union representing the worker, or
(c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

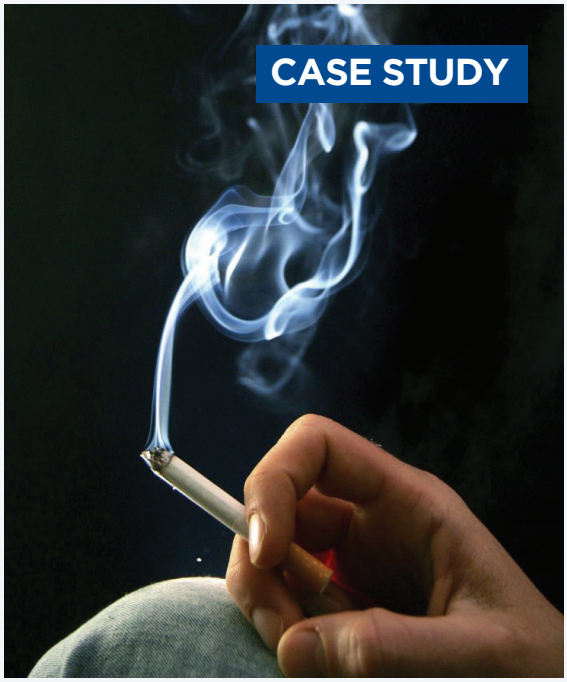
(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

3.13 No discriminatory action

(1) A worker must not be subject to discriminatory action as defined in section 150 of Part 3 of the *Workers Compensation Act* because the worker has acted in compliance with section 3.12 or with an order made by an officer.

(2) Temporary assignment to alternative work at no loss in pay to the worker until the matter in section 3.12 is resolved is deemed not to constitute discriminatory action.

Danger in the workplace



A community health worker suffered a severe asthmatic episode after exposure to smoke in a client's home.

She had entered the home in the past and had two previous episodes of difficult breathing. The first time difficult breathing occurred, she did not report the incident. The second episode required her hospitalization. She was assigned to this client a third time, and she refused to enter the premises.

What obstacles prevented her from refusing to work the first time this happened?

Was she required to refuse the work?

3

Your Right to Know

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YOUR RIGHT TO KNOW

Dealing with hazards in your work

Workers have the right to know the nature and risks of the potential hazards in their work. This section of your guidebook addresses a number of the hazards that UFCW 1518 community health sector members face every day when they go to work.

Repetitive Movements & Overexertion

Don't become a statistic! The majority of all work injuries suffered by UFCW 1518 members are musculoskeletal injuries (MSIs) – injuries caused by overexertion or repetitive movements.

Ergonomics refers to designing workplaces to ensure a healthy work environment. It is not about forcing workers to take on work demands that injure them in any way.

As a member of your Health and Safety Committee, you should never assume a worker did something wrong, nor simply blame the worker for doing something wrong when an incident occurs. Workplace ergonomic hazards cause 98 percent of all strains and sprain injuries (or nearmisses). As a committee member, it is important that whenever necessary, you participate in the investigation of the incident and have a full understanding of the background to the incident. Your union representative can often provide guidance and/or assist with such an investigation.

Information on Musculoskeletal Injuries (MSI)

What is a musculoskeletal (MSI) injury?

An MSI is an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels, or related soft tissue. MSIs include sprains, strains and inflammation that may be caused or aggravated by work.

Ergonomic hazards are parts of your job that can cause or contribute to an injury. To prevent overexertion injuries, you need to know what hazards you may come across. Three main types of hazards contributing to MSIs are:

- force (the effort put into moving or gripping
- something);
- repetition (same movement or same task performed over and over again, using the same muscle groups);
- awkward posture (when any part of your body bends or twists excessively, outside a comfortable range of motion).

Preventing MSIs

The first step towards prevention is recognizing what injuries we need to prevent! The following detailed explanations describe common injuries suffered by our membership. They are mostly caused by common ergonomic hazards due to lack of proper equipment (such as beds too low), areas too small to manoeuver in, no mechanical lifts, poorly designed workstations or overexertion due to high force, repetition and work pace. The following sections will assist committees in recognizing and documenting ergonomic hazards, and in making effective recommendations for prevention.

REMEMBER: Eliminating the hazard is the first priority, and required by regulations if at all possible. Never blame an injured worker for their injury! The committee representative's role is to advocate for safer workplaces, not to blame workers for becoming injured in unsafe workplaces. **We are member's advocates, not "safety cops"!**

Examples of Musculoskeletal Injury (MSI)

Common terms used interchangeably with MSI:

- musculoskeletal disorder (MSD)
- cumulative trauma disorder (CTD)
- repetitive strain injury (RSI)
- work-related musculoskeletal disorders (WMSD)
- overuse injury

Musculoskeletal injury (MSI) is defined as "an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue including a sprain, strain, and inflammation that may be caused or aggravated by work". (Occupational Health and Safety Regulation, Part 4, Section 4.46)

Signs and Symptoms of MSI

Sign- is observed and physically seen
Symptom- is subjectively felt by the individual, but not observed

Common signs and symptoms of MSI include:
Signs:

- redness
- swelling
- loss of full and normal joint movement
- weakness or clumsiness

Symptoms:

- pain – shooting, dull, sharp
- tenderness – to touch and during movement
- heat
- burning sensation
- tingling
- heaviness
- pins and needles
- numbness

Early signs and symptoms of MSI should not be ignored. Pain and discomfort that interfere with daily functioning are not a part of normal working tasks. Forcing yourself to work while enduring physical discomfort may aggravate the injury. Treatment may be required to prevent the injury from progressing to a worse level. In general, early stage MSI is treatable, damage is reversible, and further injury is preventable. Tissue damage that is sustained (usually evident by constant pain) may become require more aggressive treatment.

Potential Health Effects of MSI

An MSI may affect the ability to perform activities at work, at home, and in recreation. Early signs or symptoms of MSI may develop into a condition that may have long-term effects such as muscle strains, limited joint movement, or chronic inflammation of tissues.

Some potential long-term effects associated with discomfort include:

- sprain – damage to ligament resulting in joint instability
- strain – damage to tendon occurring when the muscle is forcibly stretched
- muscle spasm
- tendinitis – inflammation of the tendon
  Tendons are subjected to excessive tensile load from adjoining muscles and compressive and shear forces from adjacent bones. They are very strong and able to deform and return to their original state. There are two main types of tissues

that form tendons. One type resists tensile forces while the other provides flexibility. When a tendon is unable to adapt to a load, trauma causes disruption (tearing) of the fibres and inflammation follows.
- tenosynovitis – inflammation of the protective covering of a tendon
- neuritis – inflammation of a nerve
- bursitis – inflammation of a bursa
- myalgia – any kind of muscle pain.

Common MSIs

CARPAL TUNNEL SYNDROME

Pinching of the nerves that travel to the fingers and the muscle at the base of the thumb

Symptoms: Burning, tingling, and numbness in the fingers, weakening of fine finger movements

Risk factors: repetition (of wrist flexion, pinching), high force required

DE QUERVAIN'S TENOSYNOVITIS

Inflammation of the tendons that abduct and extend the thumb and share a tendon sheath that passes over a bony depression at the wrist (Figure 1). Tissue trauma is initiated when the two tendons rub against the bone. In response, the sheath around them thickens, creating more friction.

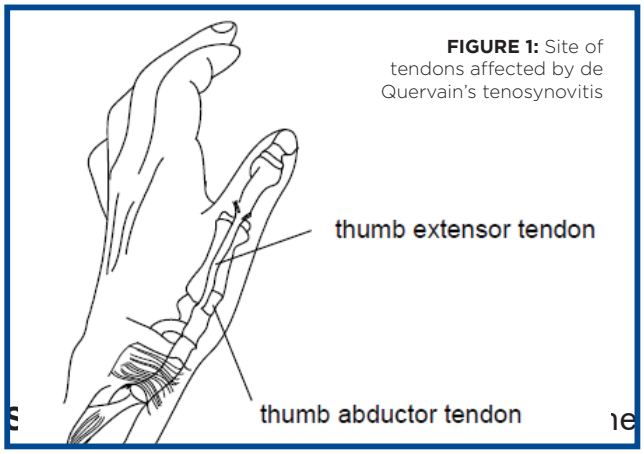

FIGURE 1: Site of tendons affected by de Quervain's tenosynovitis

thumb side of the wrist; possible clicking or catching of thumb on movement.

Risk factors: Repetitive activities requiring sideways motion of the wrist while gripping the thumb.

LATERAL EPICONDYLITIS (TENNIS ELBOW)

Inflammation of the forearm muscles that attach to the elbow and function to extend the hand at the wrist and supinate the forearm at the elbow (Figure 2).

Usually results from deterioration of the tendon that connects the forearm extensors to the bone at the elbow.

Symptoms: Recurring pain and tenderness on the outside of the upper forearm just below the bend of the elbow; occasionally, pain radiates down the arm toward the wrist.

Risk factors: Force overload as a result of repetitive gripping, twisting, and wrist extension.

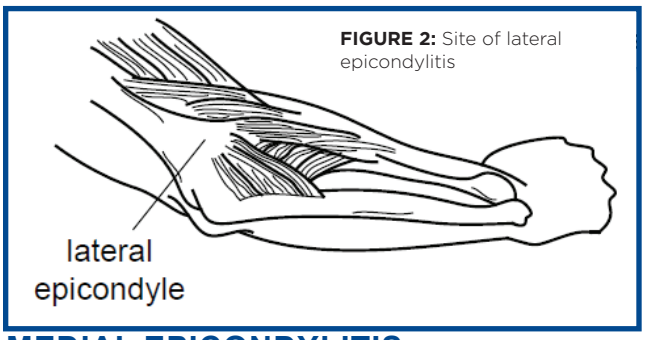

FIGURE 2: Site of lateral epicondylitis

MEDIAL EPICONDYLITIS

Inflammation of the forearm muscles that attach to the elbow and function to flex the hand at the wrist (Figure 3).

Usually results from deterioration of the tendon that connects the forearm flexors to the bone at the elbow.

Symptoms: Recurring pain and tenderness

on the inside of the upper forearm just below the bend of the elbow; the pain may spread down the forearm.

Risk factors: Force overload as a result of repetitive gripping, twisting, and wrist flexion.

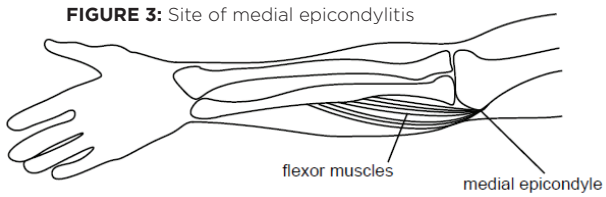

FIGURE 3: Site of medial epicondylitis

THORACIC OUTLET SYNDROME

Compression of the nerves and/or blood vessels that pass into the arms from the neck (Figure 4).

Symptoms: Tiredness and heaviness on elevation of arms, pain or tightness, headaches or dizziness and lightheadedness; pain in the shoulder, arm, or hand or in all three locations.

Risk factors: Repetitive shoulder abduction and adduction, working overhead, carrying heavy loads on the shoulder.

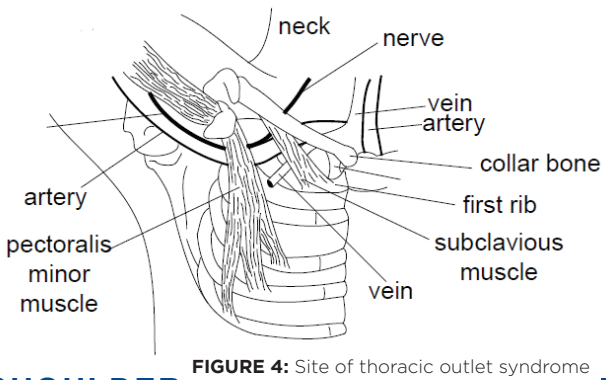

FIGURE 4: Site of thoracic outlet syndrome

SHOULDER TENDONITIS (ROTATOR CUFF SYNDROME)

When tendons or muscles of the rotator cuff tear; associated with limited range of shoulder motion or pain during shoulder movement (see Figure 5 A & B).

Symptoms: Weakness when lifting with the arm or shoulder, pain in shoulder, possibly extending down the arm and the pain worsens when area is pressed upon or while lifting objects.

Risk factors: Awkward postures, static postures, repetition (arm elevation, reaching), forces required

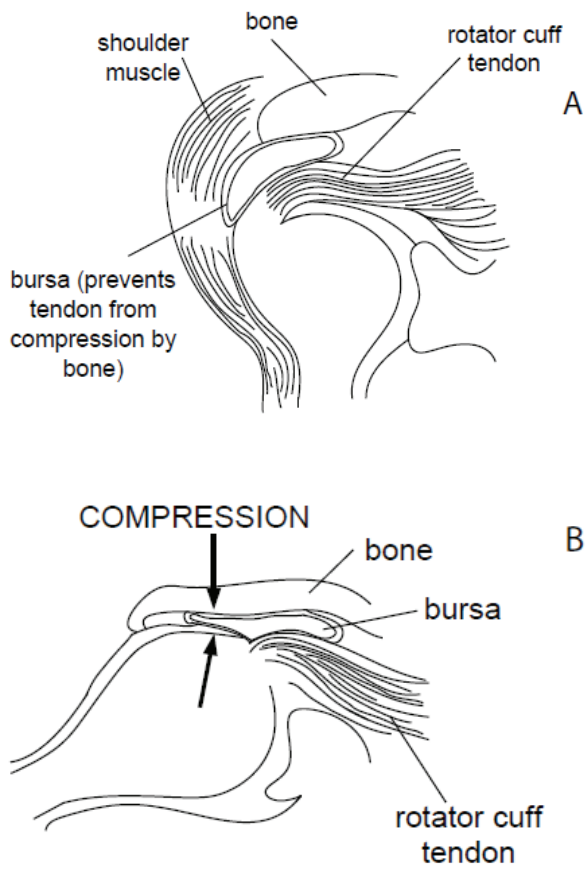

FIGURE 5:
A: Normal shoulder structure
B: Compression caused by repeated abduction and/or flexion of the shoulder

TENSION NECK:

Muscle pain from the neck to the shoulders (see Figure 6); may be associated with headache.

Symptoms: Burning, tightness from the base of the head to the shoulders.

Risk factors: Static or awkward postures (neck flexion/extension and/or twisting)

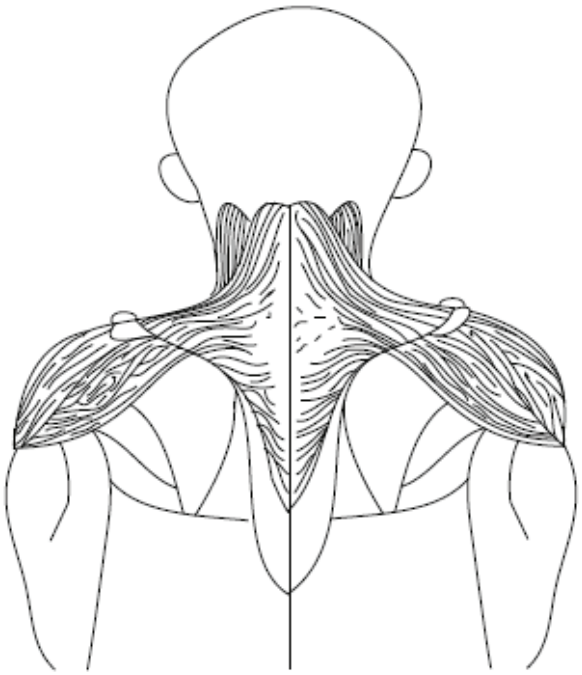

FIGURE 6: Site of tension neck

Stages of MSI

Stage 1:
Aching or fatigue may be present at work, but subsides with rest (i.e. overnight or on weekends). No effects on work performance are usually noticed, nor are there any objective signs of a problem. Symptoms of aching or fatigue may last for weeks or even months.

Stage 2:
Pain, aching, and fatigue is present at home and at work. Symptoms will affect work performance and may affect sleep. Visible signs of MSI may also be present. This stage may last for several months.

Stage 3:
Pain, aching, and fatigue may be present even when the affected limb is at rest. Performance of work duties is significantly affected and sleep will be affected. Visible signs of MSI will be present. This stage may last for months to years.

Hazards Causing MSI

Several hazards that may cause or contribute to the risk of development of an MSI are present at the same time and increase the risk of injury. The mere presence of an MSI hazard may or may not result in injury. Other aspects must also be taken into consideration such as duration, frequency, intensity, and the effect of multiple hazards.

The design of workstations and the demands of the work tasks produce hazards that increase the risk of MSI. The BC ergonomic regulation was designed to help you identify and control these hazards:

- Force
- Repetition
- Work posture (static and awkward)
- Duration
- Workstation design
- Work organization

Ergonomic Regulations

Your role in identifying ergonomic problems

The Health and Safety Committee has a key role to play in identifying ergonomic hazards and making sure they are addressed. The WorkSafeBC health and safety regulation requires that full consultation take place with both the committee and all affected workers.

It is essential that as a committee member, you know your rights around ergonomic issues. Therefore, it is a good idea to familiarize yourself with the regulations below, and consider how to use the regulation properly in order that you can provide the best protection possible for your co-workers and yourself! Please feel free to contact your union representative for more information about these regulations.

Risk Identification (section 4.47)

The employer must identify factors in the workplace that may expose workers to a risk of musculoskeletal injury (MSI).

Risk Assessment (section 4.48)

When factors that may expose workers to a risk of MSI have been identified, the employer must ensure that the risk to workers is assessed.

Risk Factors (section 4.49)

The following factors must be considered, where applicable, in the identification and assessment of the risk of MSI

(a) the physical demands of work activities, including

(i) force required
(ii) repetition,
(iii) duration,
(iv) work postures, and
(v) local contact stresses;

(b) aspects of the layout and condition of the workplace or workstation, including
(i) working reaches
(ii) working heights
(iii) seating, and
(iv) floor surfaces;
(c) the characteristics of objects handled, including
(i) size and shape,
(ii) load condition and weight distribution,
(iii) container, tool and equipment handles;
(d) the environmental conditions, including cold temperature;
(e) the following characteristics of the organization of work:
(i) work-recovery cycles;
(ii) task variability;
(iii) work rate.

Risk Control (section 4.5)

(1) The employer must eliminate or, if that is not practicable, minimize the risk of MSI to workers.
(2) Personal protective equipment may only be used as a substitute for engineering or administrative controls if it is used in circumstances in which those controls are not practicable.
(3) The employer must, without delay, implement interim control measures when the introduction of permanent control measures will be delayed.

Education and Training (section 4.51):

(1) The employer must ensure that a worker who may be exposed to a risk of MSI is educated in risk identification related to the work, including the recognition of early signs and symptoms of MSIs and their potential health effects.
(2) The employer must ensure that a worker to be assigned to work which requires specific measures to control the risk of MSI is trained in the use of those measures, including where applicable work procedures, mechanical aids and personal protective equipment.

Evaluation (section 4.52)

(1) The employer must monitor the effectiveness of the measures taken to comply with the Ergonomics (MSI) Requirements and ensure they are reviewed at least annually.
(2) When the monitoring required by subsection (1) identifies deficiencies, they must be corrected without undue delay.

Consultation (section 4.53)

(1) The employer must consult with the occupational Health and Safety Committee, if any, or the worker health and safety representative, if any, with respect to the following when they are required by the Ergonomics (MSI) Requirements:
(a) risk identification, assessment and control;
(b) the content and provision of worker education and training;
(c) the evaluation of the compliance measures taken.
(2) The employer must, when performing a risk assessment, consult with
(a) workers with signs or symptoms of MSI, and
(b) representative sample of the workers who are required to carry out the work being assessed.

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RESOURCE 1

Resource 1-1 through 1-3:
Ergonomic and MSI Prevention checklists

These checklists and forms will help you identify common ergonomic problems and recommend hazard controls. Please use them!

Resource 1-1: CHW Pain and Discomfort report
Resource 1-2: Lifting Hazards Checklist
Resource 1-3: Workstation Hazards
Resource 1-4: Ergonomic Hazard Control Recommendations

MSI ACTION PLAN:
1. Talk to your co-workers
2. Identify ergonomic hazards
3. Recommend changes to your workplace

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Resource 1-1:
CHW Pain and Discomfort Report

CHW Name: _____ Date: _____

Use this form to report any pain or discomfort to your Supervisor for reassessment of the related work task. Contact your Union/Worker OHS Representative for assistance and follow up.

Comment on the movement or activity that aggravates the pain or discomfort (e.g. *rolling the resident in bed*).

BODY MAP Shade in body parts where you have pain or discomfort	**TASK** Check (√) tasks that cause pain or discomfort
R L L R FRONT BACK	**Personal Care:** ❑ Mouthcare ❑ Shampoo/Shave ❑ Skincare ❑ Dressing ❑ Perineal care ❑ Catheter care ❑ Toileting ❑ Bathing/Bed care **Client Handling** ❑ Dressing/Changing ❑ Assisted walking ❑ Turning in bed ❑ Use of mechanical lift *Repositioning:* ❑ In bed ❑ In chair *Transferring:* ❑ from:_____ to:_____ ❑ from:_____ to:_____ ❑ from:_____ to:_____ **Meals/Activities:** ❑ Prepare meals ❑ Feeding client ❑ Grocery shopping ❑ Adult Day Care ❑ On-going appointments **Cleaning/Household:** ❑ Bed change ❑ Laundry ❑ Vacuuming ❑ Cleaning: _____ ❑ Floors (kitchen/bath)

❑ Is your pain or discomfort persistent?
❑ Getting worse?
❑ Does it affect your ability to work?
❑ Is it new and related to a specific incident?

Body area affected (from body map)	When? (What are you doing when you notice the ache/pain/ discomfort?)	What causes the problem or complaint?	What kind of ergonomic hazard is it?	What can be done immediately to avoid it?	What should be analyzed or investigated in more detail?

Home Care Risk Assessment Tool
HOME ASSESSMENT

Client Name: _____
Assessed by: _____
Date: _____

Section A - MSI Risk Assessment

☐ This is a reassessment.

	TASK	✓ CHW Assists	Identify hazards, injury prevention control measures, and instructions for CHW	✓ No issues
Personal Care	**Bathing** Bed bath/Sponge bath			
	Bath tub/Shower			
	Skincare			
	Shampoo/Shave			
	Mouthcare			
	Toileting			
	Perineal care			
Patient Handling	Dressing/Changing			
	Assisted walking			
	Repositioning in chair			
	Repositioning in bed			
	Use of lift equipment: floor lift or ceiling lift			
	Transfers From: To:			
	Transfers From: To:			
	Transfers From: To:			
DOT				

Signature:_____ Date:_____ 113

Home Care Risk Assessment Tool
HOME ASSESSMENT

Client Name: _____
Assessed by: _____
Date: _____

☐ This is a reassessment.

	TASK	✓ CHW Assists	Identify hazards, injury prevention control measures, and instructions for CHW	✓ No issues
Meals	Prepare meals			
	Assist client with eating			
	Assist client: In and out of vehicles			
	Assist client: Walking outside			
	Grocery shopping			
	Adult day care			
	Routine appointments			
Cleaning and Household Activities	Bed change			
	Laundry			
	Dusting			
	Vacuuming			
	Defrost and clean fridge			
	Clean oven			
	Kitchen cleaning/floor			
	Bathroom cleaning/floor			
	Interior window			
	Other cleaning tasks			

114 Signature:_____ Date:_____

Resource 1-2:
Lifting Hazard Checklist

MATERIALS HANDLING CHECKLIST "No" responses indicate potential problems areas		
1. Are the weights of loads to be lifted under 10 kilograms?	Yes ☐	No ☐
2. Are materials moved over minimum distances?	Yes ☐	No ☐
3. Is the distance between the object load and the body minimized?	Yes ☐	No ☐
4. Are walking surfaces		
level?	Yes ☐	No ☐
wide enough?	Yes ☐	No ☐
clean and dry?	Yes ☐	No ☐
5. Are objects		
easy to grasp?	Yes ☐	No ☐
stable?	Yes ☐	No ☐
able to be held without slipping?	Yes ☐	No ☐
6. Are there handholds on these objects?	Yes ☐	No ☐
7. When required, do gloves fit properly?	Yes ☐	No ☐
8. Is the proper footwear worn?	Yes ☐	No ☐
9. Is there enough room to maneuver?	Yes ☐	No ☐
10. Are mechanical aids used whenever possible?	Yes ☐	No ☐
11. Are working surfaces adjustable to the best handling heights?	Yes ☐	No ☐
12. Does material handling avoid	Yes ☐	No ☐
movements below knuckle height and above shoulder height?	Yes ☐	No ☐
static muscle loading?	Yes ☐	No ☐
sudden movements during handling?	Yes ☐	No ☐
twisting at the waist?	Yes ☐	No ☐
extended reaching?	Yes ☐	No ☐
13. Is help available for heavy or awkward lifts?	Yes ☐	No ☐
14. Are high rates of repetition avoided by		
job rotation?	Yes ☐	No ☐
self-pacing?	Yes ☐	No ☐
sufficient pauses?	Yes ☐	No ☐
15. Are pushing or pulling forces reduced or eliminated?	Yes ☐	No ☐
16. Does the employee have an unobstructed view of handling the task?	Yes ☐	No ☐
17. Is there a preventive maintenance program for equipment?	Yes ☐	No ☐
18. Are workers trained in correct handling and lifting procedures?	Yes ☐	No ☐

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Resource 1-3:
Workstation Hazards

WORKSTATION CHECKLIST "No" responses indicate potential problem areas.		
1. Does the work space allow for full range of movement?	Yes ☐	No ☐
2. Are mechanical aids and equipment available?	Yes ☐	No ☐
3. Is the height of the work surface adjustable?	Yes ☐	No ☐
4. Can the work surface be tilted or angled?	Yes ☐	No ☐
5. Is the workstation designed to reduce or eliminate		
bending or twisting at the wrist?	Yes ☐	No ☐
reaching above the shoulder?	Yes ☐	No ☐
static muscle loading?	Yes ☐	No ☐
full extension of the arms?	Yes ☐	No ☐
raised elbows?	Yes ☐	No ☐
6. Are the workers able to vary posture?	Yes ☐	No ☐
7. Are the hands and arms free from sharp edges on work surfaces?	Yes ☐	No ☐
8. Is a footrest provided where needed?	Yes ☐	No ☐
9. Is the floor surface free of obstacles and flat?	Yes ☐	No ☐
10. Are cushioned floor mats provided for employees required to stand for long periods?	Yes ☐	No ☐
11. Are chairs or stools easily adjustable and suited to the task?	Yes ☐	No ☐
12. Is there a preventive maintenance program for mechanical aids, tools, and other equipment?	Yes ☐	No ☐

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4

Violence Prevention

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VIOLENCE PREVENTION

Be prepared when you go to work

Why a violence prevention program?

Every day a community health worker is assaulted, or threatened with violence. Attacks have resulted in disabling injury, and loss of life. For far too long this problem has been accepted "as part of the job."

In a survey of Health and Safety Committees, almost all responded that workers they represent face a significant risk of violence.

You have the right to a work environment that is free of violence or the threat of violence. Developing a violence prevention program is the first step in controlling this occupational hazard.

Violence prevention programs work. Often simple solutions, once implemented, provide workers with needed protection.

What is violence?

Violence is not just a physical assault. Violence also refers to, for example, verbal abuse or unwanted sexual advances. Even if a worker is not physically injured, the threat of violence or stress from the fear of violence can lead to serious health problems.

Violence prevention is needed whenever a worker has reasonable cause to believe that he or she is at risk of violence. This would include, clients or anyone else who may threaten you and/or your family while at work.

Why are workers assaulted?

Each incident of violence has its own set of causes. Working with clients who may be frustrated, anxious, impatient, angry, or under the influence of drugs or alcohol, inevitably carries with it the potential for violence. These people may lash out against whomever is closest to them – often an employee.

Some specific factors which commonly play a role in increasing the risk of violence are:

- Improper or lax security measures;
- Failure to design safer work procedures, and appropriate emergency response;
- Failure to identify site-specific hazardous conditions and develop proper controls, policies and education programs;

What are the employers' obligations to reduce violence?

All employers whose workers are exposed to a risk of injury from violence must establish a Violence Prevention Program. This will need to include:

- Regular client-specific risk assessments;
- Policies and procedures that minimize risks to workers;
- Established procedures for reporting, investigating and documenting incidents of violence, and address:
  - ~ abusive clients and residents;
  - ~ power outages;
  - ~ aggressive or uncontrolled animals;
  - ~ late and after hours work assignments;
  - ~ access to workplace.

What about workers' participation in violence prevention programs?

All workers have a right to know if they are

at risk of violence, and what situations have occurred in the past and may occur again. They need to be trained in the policies and procedures covering all potential violent situations.

Worker representatives on the Health and Safety Committee need to participate in investigating all incidents and in evaluating the prevention program. Workers who are victims of violence will also need help, trauma counseling and knowledge of their compensation rights.

Organizing to Prevent Workplace Violence

Establish roles and responsibilities of the Health and Safety Committee:
The Health and Safety Committee is responsible for establishing recommendations that will be forwarded to the employer. In establishing the recommendations, the H&S Committee needs to consider the following:

- Environmental factors that could increase risk such as working alone; working at night; working outside; community crime profile; previous incidents of client's abusive behaviour.
- Information from all risk assessments.
- Workplace design and layout (relevant for employees working in offices).

Workplace procedures that could be changed to reduce risk, including:

- Late night work – check-in procedure.
- Safety to and from work. Park in well-lit areas close to workplace. Use an escort system when necessary.
- Worker's "Right to Refuse" unsafe work policy.
- Employer policies in place that clearly state worker's right to refuse services to client.

The Role of the Health & Safety Committee

TAKE ACTION

The Health and Safety Committee has a central role to play in violence prevention.

It should:
- assist in the development of policies and workplace design changes that will reduce the risk of violence on the job;
- regularly review all reports of incidents of violence, and ensure assistance is provided to those affected;
- take part in the development and implementation of training programs that will reduce the risk of on-the-job violence.

Travelling & Working Alone

Keep yourself safe

When you travel and work alone, you have a higher chance of being exposed to violent and aggressive behaviour. Your employer must have and use a written procedure for checking the well-being of a worker assigned to work alone or in isolation.

To keep yourself safe:

- Follow your employer's working alone policies and procedures.
- For community health workers providing a service to clients in their homes where there is a potential for violence, there must be a clear plan and alert system as appropriate.
- Carry a cellphone and phone numbers for police, fire, and ambulance, as well as your supervisor.
- Carry a personal alarm.

Working alone procedures must be reviewed at least once a year, or more often, if there is a change in work arrangements. Employers must ensure that workers who work alone or in isolation – and the people responsible for checking on them – receive training in these new policies and procedures.

It is especially important – in fact it is mandatory – that new or young workers be trained about these procedures before they start work!

The employer must assign someone to check in on you, and to keep a record of these check-ins. In addition to the checks that must occur at regular intervals throughout the work day, a check must also be done at the end of each shift.

- The frequency of check-ins should be decided with the input of the worker who will be working alone.

- The higher risk the activity, the shorter the time intervals between check-ins will be.
- The best kind of check-in is visual or two-way voice contact. If that is not practical, a system that allows the worker to call or signal for help (or which will send a call for help automatically after a pre-determined interval without a check-in) is required.

Workers should never be required to work alone in potentially dangerous situations. If a worker feels their personal safety is threatened, they must follow the established protocols and should leave the workplace immediately! When they are in a safe place, they should contact their supervisor to report their concerns.

Working Alone: Frequently Asked Questions

Q: What is the definition of "to work alone or in isolation?"

A: "To work alone or in isolation" is defined as working in circumstances where assistance would not be readily available to the worker (a) in case of an emergency, or (b) in case the worker is injured or in ill health.

Q: What is assistance that is readily available?

A: For assistance to be readily available, four conditions should be considered:

- Presence of others – are there other people in the vicinity?
- Awareness – will other persons be capable of providing assistance and be aware of the worker's needs?
- Willingness – is it reasonable to expect that those other persons will provide assistance?
- Timeliness – will assistance be provided within a reasonable period of time?

Q: Can workers from different employers provide each other with assistance?

A: Yes. If two or more workers of different employers are working together and each worker is capable of and willing to provide helpful assistance in a timely manner, then this qualifies as assistance that is readily available. Employers must ensure that the workers are capable of and willing to provide assistance and that the workers are aware of this arrangement.

Q: If a worker is supplied with an electronic means of communication, such as a phone, radio, or personal alarm, does this qualify as assistance that is readily available to the worker?

A: NO. If the worker cannot be seen or heard by persons capable of offering and willing to offer assistance in a timely manner, then he or she is working alone or in isolation. Electronic means of communication may be one way to control hazards identified for a worker working alone or in isolation, but they do not remove the employer's obligation to meet the other working alone or in isolation requirements.

For example, a community health worker, working alone and who is dispatched to situations where there is risk of violence, may be provided a communication device as part of the hazard identification and control process. A communication device may be one way to reduce hazards of working alone or in isolation; however, the worker is still considered to be working alone or in isolation.

Q: What are some examples of workers who may be working alone or in isolation?

A: Common situations and occupations where a worker may be working alone or in isolation include:

- A worker who meets clients out of the office such as a home care worker, or a social service worker;
- A worker who does hazardous work with no regular interaction with other people, a worker in the freezer area of a cold storage

facility or a night cleaner in a plant, or late night cashier
- A worker who is isolated from other workers or public view such as a security guard, custodian, night shift worker in a community care or out patient department.

Q: Provisions say that identified hazards that cannot be eliminated should be reduced using engineering controls. What is an engineering control?

A: "Engineering controls" are defined in the Regulation as the physical arrangement, design or alteration of workstations, equipment, materials, production facilities or other aspects of the physical work environment, for the purpose of controlling risk. Examples of engineering controls include installing physical arrangements in the workplace to separate a worker from customers and the public by locked doors, pay windows, protective barriers that are substantial enough to prevent access to the worker.

Q: The provisions say that identified hazards that cannot be eliminated or reduced using engineering controls, should be reduced using administrative controls. What is an administrative control?

A: "Administrative controls" are defined in the Regulation as the provision, use and scheduling of work activities, including staffing. Examples of administrative controls include rearranging the work so that more than one person is always present in the workplace or prohibiting high risk work activities during times when a worker is working alone.

What Happens After Violent Incidents?

What is PTSD?

Post Traumatic Stress Disorder (PTSD) is the way a person reacts to emotional stress or physical injury, assault or other forms of extreme stress outside of everyday experience. It can include physical pain from the assault, as well as anger, anxiety, depression, fatigue and preoccupation with the event. Other common symptoms are depression, flashbacks, and nightmares. PTSD also does serious damage to family relations and social life.

Should PTSD be treated?

Yes. Voluntary individual counselling is the best form of treatment for an assaulted worker. Often, however, assault victims fail to seek help and blame themselves for the incident

Post-traumatic stress/referral services

The employer, in the event of an incident of assault, should provide counseling and support for the affected employee. In BC, WorkSafeBC offers free critical incident debriefing services. Also, once a WorkSafeBC claim is filed, workers are compensated for lost days of work, counselling sessions, hospitalization and other relevant expenses.

Basic Steps for Identifying & Preventing Workplace Violence

Reporting and Documenting

When recommending reporting and documenting procedures, consider:

- physical assaults;
- other threats against the worker;
- aggressive behaviour;
- risks that occur outside the workplace;
- stalking family members.

Communications

Assess communication systems that are in place and whether they consider:

- how workers are checked if working alone;
- how workers are informed of any potential risk of violence;
- who is responsible for emergency assistance and who makes the contact.

Incident Response

Evaluate:

- how workers are able to respond to an incident;
- who is responsible for intervening in case of an incident, and if so, what training is required;
- if peer diffusion should be part of the program;
- if critical incident stress debriefing is required and provided within 24 hours;
- how a joint investigation must be carried out;
- what the protocols are for contact with blood or body fluids:
  a) for the worker;
  b) for clean up.

Training Needs

Recommend types of training and who should be trained.

Consider:

- training on all of the processes and procedures that are to be implemented by the employer;
- priority lists for training;
- time frame for training to occur;
- training on how to conduct a risk assessment.

The Employers' Responsibility for Preventing Violence

The employer has a responsibility to inform workers who may be exposed to the risk of violence as to the nature and the extent of the risk. This obligation includes a duty to provide information related to the history of violence.

The employer is responsible for establishing procedures, policies and work environment arrangements that minimize or eliminate the risk to workers from violence on the job. Corrective actions must be taken in response to recommendations from the Health and Safety Committee.

Once the policies and procedures and work environment arrangements that the employer has established are implemented, staff are required to be trained.

RESOURCE 2

Resource 2-1:
Violence and Risk Assessment Checklist

This will help you assess and identify hazards associated or potentially contributing to violent incidents, and recommend hazard controls.

Resource 2-2:
Survey: Have You Experienced Violence or Aggression While at Work?

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Resource 2-1:
Violence Risk Assessment Checklist

Home Care Risk Assessment Tool
HOME ASSESSMENT

Client Name: _____
Assessed by: _____
Date: _____

Section E – Violence and Working Alone

☐ This is a reassessment.

VIOLENCE - Risks Client related ☐ Non client related ☐	✓present or history	Describe risks, injury prevention control measures, and instructions for CHW. Identify who the risks apply to.	✓ No issues
Verbal aggression against CHW			
Aggression with/against objects			
Physical aggression against CHW			
Sexual abuse			
Other (state type)			
Pets:			
Community Profile ☐ Evidence of obvious criminal activity. Description:			
Unauthorized visitors ☐ Yes ☐ No Description:			
WORKING ALONE - Risks	Describe risks, injury prevention control measures, and instructions for CHW		✓ No issues
Isolated Workplace? ☐ Yes ☐ No Description: (i.e., remote, rural, limited communications, etc) ☐ Location remote or rural ☐ Location off the main roads, at a dead-end, or has limited daily traffic ☐ Parking is more than one block away or in an underground garage ☐ Limited or unreliable communications ☐ No safe location from which to call for assistance. ☐ Limited access by walking or bus (transportation); evening/night visits ☐ Obstructions /entrapment areas that limit ability to get away safely (e.g. shrubs, fences, yard clutter, etc.)			

CHW is able to communicate with the supervisor or employer via (tick all that apply)

☐ Telephone at client's home ☐ Cell phone ☐ Pay phone located @ _____ ☐ Other (state):

Signature:_____ Date:_____ 117

Resource 2-2:
Survey: Have you Experienced Violence or Aggression While at Work?

This survey allows your Health and Safety Committee to gather information related to any history of aggression or violence against employees, and will assist us in having an effective violence prevention program put in place.

Please take the time to respond to the questions, and if you require any assistance, please contact your Health and Safety Committee or shop steward.

Check off the box next to your response or fill in the blanks as required. If more than one response is applicable, then check off as many boxes as required.

Violence means the attempt or actual exercise by a person, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that the worker is at risk of injury.

Section 1

1. Have you ever been subject to an act of violence in your workplace?
   ☐ Yes ☐ No

2. How many times have you been subjected to an actual incident of violence in the last:
   ☐ Week___ ☐ Month___ ☐ Year ___

3. What was the nature of the incident?
   ☐ robbery
   ☐ bomb threat
   ☐ physically assaulted
   ☐ sexually assaulted
   ☐ subjected to verbal aggression
   ☐ other (specify)

4. Were you exposed to blood or body fluids?
   ☐ Yes ☐ No

5. Does the employer have post-exposure protocols in place?
   ☐ Yes ☐ No

6. If you were subjected to verbal aggression, were the threats to:
   ☐ injure you
   ☐ kill
   ☐ damage or destroy personal property
   ☐ other (specify)

7. Were others close enough to provide assistance?
   ☐ No, I was alone ☐ Yes, police
   ☐ Yes, other staff

8. Prior to the incident, did you suspect that a violent situation might arise?
   ☐ No ☐ Yes, warning from co-workers
   ☐ Yes, warning from supervisor
   ☐ Yes, escalation of a client's behaviour
   ☐ Yes, prior incidents at location

9. Would you say that the incident was related to lack of sufficient security measures?
   ☐ Yes ☐ No

10. Would you say that this incident occurred as a result of unsafe work procedures?
    ☐ Yes ☐ No

11. Does the employer have a process in place for reporting incidents?
    ☐ Yes ☐ No

12. Did you report this incident?
    ☐ Yes ☐ No

13. Did you file a WorkSafeBC report?
    ☐ Yes ☐ No

14. Did the health and safety committee receive a copy of the report?
    ☐ Yes ☐ No

15. Was an investigation conducted by the Health and Safety Committee?
    ☐ Yes ☐ No

16. Was any action taken after the incident?
    ☐ change work policy/procedure
    ☐ implemented a violence training package
    ☐ increased security
    ☐ other (specify)

17. Where did the incident(s) of violence occur? (please list)

_____
_____
_____
_____
_____
_____
_____
_____

18. What time did the violence occur?
    ☐ dayshift
    ☐ afternoon shift
    ☐ night shift

19. If a robbery, was:
    ☐ cash taken
    ☐ product taken

20. If a bomb threat, was location evacuated and secured?
    ☐ Yes ☐ No

21. Did the act of aggression result in having to take time off work?
    ☐ Yes ☐ No
    How long? _____

22. Does the employer have a policy regarding violence?
    ☐ Yes ☐ No

23. Are there policies and procedures in place?
    ☐ Yes ☐ No

24. Are on-site risk assessments made?
    ☐ Yes ☐ No

25. Have you received training in the recognition of the potential for violence?
    ☐ Yes ☐ No

26. Do you feel that violence in your job is increasing?
    ☐ Yes ☐ No

27. Does the employer have debriefing or counseling available to staff?
    ☐ Yes ☐ No

28. Are you ever alone during working hours (for example, no other staff present?)
    ☐ Always
    ☐ Over 75 percent of the time
    ☐ 50 percent & 75 percent of the time
    ☐ 25 percent & 50 percent of the time
    ☐ Under 25 percent of the time
    ☐ Don’t know if I'm alone

Section 2

In this section, we are interested in your understanding of current workplace policies, procedures and practices which are related to minimizing on-the-job risks and dealing with "aggressive acts".

29. Does your workplace have a written policy about the following? (check as many as apply)
    - ☐ how to handle bomb threats;
    - ☐ how to handle robbery or shoplifting;
    - ☐ when and how to request the assistance of police;
    - ☐ what to do about a threat of violence;
    - ☐ how to report "aggressive acts" or incidents;
    - ☐ what to do about harassment;
    - ☐ there are no written policies.

30. If there is a bomb threat, are you:
    - ☐ notified immediately;
    - ☐ instructed to evacuate;
    - ☐ not notified;
    - ☐ involved in search.

31. During the past two years have you or your co-workers raised with management any of the following issues about violence?
    - ☐ working alone;
    - ☐ levels of staffing;
    - ☐ alarm systems;
    - ☐ training;
    - ☐ other (specify) _____

Section 3

This section deals with any training that you may have received which would help you deal with aggressive incidents in the workplace.

32. Have you received specific training about how to recognize and deal with potentially violent persons or situations?
    - ☐ no training received;
    - ☐ yes, during orientation period in present job
    - ☐ no specific training, but have received relevant information from supervisor.

Section 4

In this section, we have a few questions about your workplace and what measures, if any, could be usefully implemented to minimize possible risks frrom aggression.

33. I believe that current policies, guidelines and security measures of my workplace are adequate in addressing potentially violent situations.
    - ☐ strongly agree;
    - ☐ agree;
    - ☐ no opinion;
    - ☐ disagree;
    - ☐ strongly disagree.

34. I frequently worry about my personal safety on the job.
    - ☐ strongly agree;
    - ☐ agree;
    - ☐ no opinion;
    - ☐ disagree;
    - ☐ strongly disagree.

35. I believe that work procedures contribute to actual or potential violence in my workplace.
    - ☐ strongly agree;
    - ☐ agree;
    - ☐ no opinion;
    - ☐ disagree;
    - ☐ strongly disagree.

I recommend the following to address concerns about potential violence (specify). (Attach a separate page if necessary)

PLEASE RETURN TO YOUR HEALTH AND SAFETY COMMITTEE WORKER REPRESENTATIVE

5

Chemical & Biological Hazards

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CHEMICAL & BIOLOGICAL HAZARDS

Hazards are all around you!

Your union often receives reports of exposures to hazardous chemicals in the workplace. We are also informed of young and new workers who receive little or no education and training regarding safe chemical handling, recognition of symptoms of exposure, how to access information, or understand the information on a Material Safety Data Sheet (MSDS).

Most hazardous exposure hazards occur during regular maintenance and cleaning operations or when renovation and construction work takes place.

Major sources of complaints include:

- Use of corrosive solvents to clean, disinfect or strip equipment and premises;
- Exposure to hazardous dusts during renovation work;
- “Bystander" exposure to construction debris, paint fumes, cementing compounds and glues;
- Toxic fume exposure due to improper use of mobile equipment indoors.

Whenever there is potential for exposure to hazardous substances, employers must ensure that the worker is fully aware of the potential health hazard. WorkSafeBC’s *Health and Safety Regulation* requires all workers be provided with hazard information and effective work procedures to prevent exposure, and be trained in safe use, storage, and disposal of a product containing chemical ingredients. (Regulation 5.2)

- Most, if not all chemical hazards encountered, will be covered by the Workplace Hazardous Materials Information System (WHMIS);
- Your right to know about their hazardous properties is addressed through information disclosed on Material Safety Data Sheets (MSDS) and labels;
- The education and training requirements of the WHMIS regulation must be met for all workers exposed to chemical products. (Regulation 5.3-5.6);

Types of Health Effects

Health effects due to occupational exposures include:

Acute Health Effects

Acute health effects are those that occur during the exposure or within hours after exposure. The probability of such effects is typically low at low levels of exposure, but will likely occur above a certain level (threshold level). The severity of such effects increases with exposure level.

Chronic Health Effects

These are illnesses that occur as a result of low-level exposure over many years. Occupational cancers are one of the most serious chronic effects that can occur several years after the original exposure. The period between the exposure and development of disease is known as the latency period. The probability of cancer occurring increases with the level of exposure; however, the severity of the cancer is not affected by the dose.

Teratogenic Effects (Effects on the developing fetus)

Certain exposures may not affect the exposed persons, but can cause developmental abnormalities in the fetus. Known teratogens include certain drugs, infections, alcohol and ionizing radiation.

Genetic Effects

Malformations, abnormalities and diseases can occur in descendants of exposed parents. Ionized radiation is known to cause genetic disorders.

Methods of Entry

Toxic chemicals can enter the body through one or more of the following routes:

Inhalation

Inhalation is the main route of entry for hazardous chemicals. Airborne dusts, vapours, gases, and mists can be directly inhaled into lungs. Insoluble inhaled materials are deposited into the lungs for long durations of time and can cause lung disease. Soluble inhaled materials can be absorbed and passed into the bloodstream, and the brain.

Ingestion

People can unknowingly eat or drink toxic chemicals such as lead oxide through contaminated foods, drinks and tobacco. These toxic chemicals are absorbed from the digestive system into the blood and then reach the whole body.

Skin

Some chemicals can be absorbed through the skin in quantities that can cause harmful effects. Such compounds include solvents, organic lead compounds, organic phosphate

pesticides, phenols, cyanides, toluene, xylene and aromatic amines.

Workplace Environmental Risks

Tobacco Smoke

The issue of tobacco smoke in the homes of union members' clients is a relatively easy problem to deal with, because the laws governing worker safety on this issue are very clear. A worker does not have to work in an environment where there is tobacco smoke present, and that includes a workplace that is another person's home!

The rule is simple. The space must be aired out at least one hour before the worker enters the workplace, or in homes or situations where there is air circulation equipment in place, the room(s) must have had time to achieve two complete air exchanges. The odour left behind from tobacco smoke, while unpleasant to work around, is not considered to be a health risk. However, some workers are more sensitive than others to such residue. Report any symptoms of exposure if this affects you.

Mould

A serious and potentially dangerous air contamination found in some of the homes community health workers work in is mould.

There are hundreds of different moulds to be found in people's homes. Some are benign enough to be used in making cheese; others are nasty and toxic enough to cause serious illness, and even death.

Since health care authorities and agencies stopped providing basic house cleaning service to the elderly and infirm several years ago, the presence of moulds and bacteria has become all too common. In their ignorance of

reality, the government, the health authorities, and the service agencies themselves somehow missed the very obvious: those who require home care are unable to keep their homes to the same standards of cleanliness they could when they were healthier. An 80-year-old person with a walker is going to have trouble cleaning their house.

It is not unusual for our members to find food left out and dishes covered with food mould and bacteria. Nor is it uncommon to find water-generated mould on walls and elsewhere in the houses.

In some cases, mould growth is so bad workers have immediate physical reactions to the presence of mould.

Symptoms of poor air quality or mould include:

- headaches
- drowsiness
- runny noses or nose bleeds
- sore throats
- eye irritation
- unusual and persistent coughing or congestion
- general breathing difficulties

Signs of mould in the workplace include:

- water damage
- discolouration
- stains (moulds often appear as dark spots or stains or patches)

SECTION 4.79 OF THE OHS REGULATION STATES:
The employer must ensure that the indoor air quality is investigated when… complaints are reported…An air quality investigation must include…sampling for airborne contaminants suspected to be present in concentrations associated with the reported complaints.

Tell members of your Health and Safety Committee about mould complaints. The employer must investigate such complaints.

Chemicals & Cleaning Products

Take a look under the sink!

Using cleaning products, chemicals or pesticides in your client's home can put you at risk of exposure to chemicals. Some chemicals in household products can irritate or burn your eyes and skin, or even your lungs. Please use all household products with care!

Become familiar with the symbols describing the hazards presented by household products. You should also read all product labels to identify possibly harmful substances.

Possible signs & symptoms of chemical exposure:

- Dry or red skin
- Blisters
- Itchiness
- A burning sensation
- Stinging eyes
- Coughing
- Dry throat
- Shortness of breath
- Headache
- Dizziness
- Blurred vision

HAZARD PICTOGRAMS

CORROSIVE:
This product can cause burns to your skin and to mucous membranes, which may result in permanent damage.

EXPLOSIVE:
This product may explode if heated of punctured. May cause objects to be released at high speeds.

FLAMMABLE:
This product or its vapour can cause fire quickly if heated.

POISON:
This product may result in serious illness or death if ingested, absorbed, or inhaled.

What You Can Do to Prevent Exposure to Harmful Chemicals

- Don't use a product if you are unfamiliar with it or have not been trained to use it safely.
- Use personal protective equipment such as gloves and respiratory equipment as you have been trained.
- Always follow instructions on product labels. Do not use a product if you cannot read the label or if there is no label.
- Use products in well-ventilated areas.
- Dilute the product as required by the manufacturer.
- Keep cleaning cloths separate from cloths used for food preparation.
- Know how to clean up spills safely.
- Do not mix cleaning products. Chemical reactions may occur and create toxic vapours.
- Know what to do if a product comes in contact with your skin or eyes.
- If you experience any signs or symptoms of exposure, stop using the product immediately, and move to an area with fresh air.

Alternative cleaners are recommended, such as water and baking soda mixtures. These are safer, do a good job, and even save your client money!

Blood & Bodily Fluid Exposures

Be prepared

Sharps

Be careful when disposing sharp objects! Needles, knife blades, box cutters and other sharp surfaces may carry biohazards including HIV and hepatitis B and C viruses.

The employer must supply impervious gloves and tongs or pliers to pick up and move needles and other sharps, as well as approved containers for sharps disposal.

You should be trained in workplace procedures on bio-hazardous materials.

- Be alert when handling garbage bags or waste containers. Watch for sharps sticking out of the bag or container. Do not reach into waste containers with your bare hands.
- Do not compress garbage bags, hold them against your body, use bare hands to pick them up, or use your hands to support them from underneath.
- Never reach blindly. Look before reaching behind furniture and equipment.

What to Do When an Exposure Occurs

The following exposure incidents are potentially harmful:

- skin is punctured with a contaminated sharp object.
- a mucous membrane (the eyes, nose, or mouth) is splashed with blood and certain body fluids.
- non-intact skin is splashed with blood and certain body fluids.

Blood and body fluid contact with intact skin is not considered to be a risk for the spread of bloodborne pathogens. You should, however, thoroughly wash your hands and other affected areas immediately. If you have any further concerns, contact your family physician or nearest health unit office

Exposure to blood and potential bloodborne disease is always possible during a violent incident. If you are exposed, **follow these steps:**

1. Get First Aid immediately:

- If the mucous membranes of the eyes, nose, or mouth are affected, flush with lots of clean water at a sink or eyewash station.
- If there is a sharps injury, allow the wound to bleed freely. Then wash the area thoroughly with non-abrasive soap and water.
- If an area of non-intact skin is affected, wash the area thoroughly with non-abrasive soap and water.

2. Report the incident:

Report the incident as soon as possible to your supervisor and First Aid attendant, or occupational health staff. This should not cause significant delay in seeking medical attention.

3. Seek medical attention:

Preferably within two hours at the closest hospital emergency room, or at a health care facility if there is no hospital emergency room in the vicinity. Immunizations or medications may be necessary. These may prevent infection or favourably alter the course of the disease if you do become infected. Blood tests should also be done at that time. You may need to see your family doctor within the next five days for follow-up, such as, counseling and medications.

4. Complete WorkSafeBC claim forms:

If the exposure incident occurred at work, the employer and worker must complete and submit the appropriate WorkSafeBC claim forms.

Contagious Diseases

As a community health worker, you may come in contact with infectious diseases such as hepatitis, HIV, influenza (flu), tuberculosis, measles, and chicken pox. To protect yourself, you need to become familiar with how diseases are spread and how to prevent exposure.

You are at risk of exposure to these diseases if:

- Infected blood or body fluids come into contact with the tissues lining your eyes, nose, or mouth.
- Infected fluids come in contact with a cut in your skin.
- You are poked with a needle that is contaminated with infected blood.

What you can do to prevent exposure to blood borne diseases:

- Handle all blood and body fluid materials as if they were infectious. No blood or body fluid should come into contact with you.
- Complete all three doses of your hepatitis B vaccination. (Vaccination against hepatitis B must be made available at no cost to the worker, upon request, for all workers who have, or who may have occupational exposure to hepatitis B virus.)
- Use proper hand-washing procedure.
- Use appropriate personal protective equipment (including gloves, gown, goggles, & face shield) as you were trained.
- Handle sharps safely.

Hand Washing Works!

Hand washing is on of the best ways to minimize the risk of getting or spreading infection. By removing disease causing material from your hands, you avoid infecting yourself when touching your eyes, nose, or mouth. You also avoid contaminating common objects (e.g. phones, keyboards, and doorknobs) and infecting others. Follow proper hand washing procedure using soap with warm running water. If water is not available, use a waterless hand cleanser that contains at least 70 percent alcohol.

Chemical Hazards and Material Safety Data Sheets (MSDS)

Regulation 5.4 of the BC *Health and Safety Regulations* bans the use of any “controlled product”, unless the education and training requirements for all workers potentially exposed to the hazard are fully complied with. This means that any worker who may be in the vicinity of a chemical hazard needs to know the information regarding the hazard, the health effects of exposure, the required protection, and be able to locate the MSDSs.

Health Effects from Poor Indoor Air Quality

Health and comfort effects believed to arise from poor indoor air quality are collectively known as Sick Building Syndrome (SBS). The symptoms generally include headache, fatigue, dry throat, shortness of breath, skin irritation, dizziness, itchy eyes, bleeding nose and general malaise or non-specific illness. Causes of these health effects are varied, but can include:

- air contaminants entering the building, biological agents such as mould, fungi and substances from plants;
- emissions from furniture, carpets, carpet glues, paints and varnishes;
- tobacco smoke, carbon dioxide, body odours, perfumes;
- toxic gases, vapour fumes, etc. from laboratories, photocopiers, and other processes and activities taking place inside the building; and
- indoor environment factors such as temperature, humidity, noise and lighting.

6 STEPS FOR PREVENTING Chemical Exposures At Work

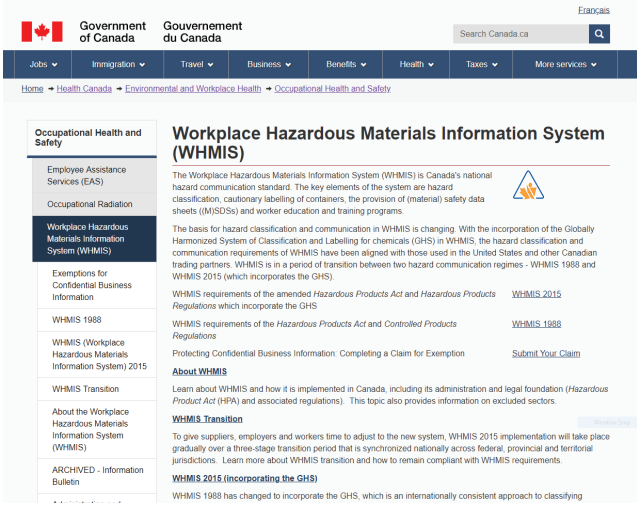
1. Always review the health and safety sections of the Material Safety Data Sheet (MSDS) for all chemical products prior to use. DO NOT USE if this information is not available, not reviewed, or not understood by all workers potentially exposed to the product.
2. Ensure that all necessary protective equipment is supplied and used.
3. Ensure ventilation to the area is sufficient to ensure symptoms of exposure do not occur.
4. Report all symptoms of exposure immediately to First Aid and remove the worker from the area and into fresh air.
5. Ensure no worker access to spill areas or other contaminated work areas.
6. Ensure the WHMIS program is up to date and that all workers are educated.

The Workplace Hazardous Material Information System (WHMIS)

Use these tools to ensure our right to know is respected

WHMIS is Canada's 'Right To Know' legislation for workers and employers. For the sake of every worker's safety and health, it is extremely important it be thoroughly implemented, and that all workers are effectively trained and educated about hazardous materials.

A WHMIS implementation plan checklist, can be found at WHIMS online (see blue box). This is an essential tool for you to monitor and check your WHMIS program. It was developed by WorkSafeBC, in consultation with unions, employers, and government. Please make time to look up and use this checklist, and most importantly, make time to ensure all the activities listed are carried out as part of your committee duties.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Occupational Health and Safety

- Employee Assistance Services (EAS)
- Occupational Radiation
- Workplace Hazardous Materials Information System (WHMIS)
- Exemptions for Confidential Business Information
- WHMIS 1988
- WHMIS (Workplace Hazardous Materials Information System) 2015
- WHMIS Transition
- About the Workplace Hazardous Materials Information System (WHMIS)
- ARCHIVED - Information Bulletin

Workplace Hazardous Materials Information System (WHMIS)

The Workplace Hazardous Materials Information System (WHMIS) is Canada's national hazard communication standard. The key elements of the system are hazard classification, cautionary labelling of containers, the provision of (material) safety data sheets ((M)SDSs) and worker education and training programs.

The basis for hazard classification and communication in WHMIS is changing. With the incorporation of the Globally Harmonized System of Classification and Labelling for chemicals (GHS) in WHMIS, the hazard classification and communication requirements of WHMIS have been aligned with those used in the United States and other Canadian trading partners. WHMIS is in a period of transition between two hazard communication regimes - WHMIS 1988 and WHMIS 2015 (which incorporates the GHS).

WHMIS requirements of the amended *Hazardous Products Act* and *Hazardous Products Regulations* which incorporate the GHS — WHMIS 2015

WHMIS requirements of the *Hazardous Products Act* and *Controlled Products Regulations* — WHMIS 1988

Protecting Confidential Business Information: Completing a Claim for Exemption — Submit Your Claim

About WHMIS

Learn about WHMIS and how it is implemented in Canada, including its administration and legal foundation (*Hazardous Product Act* (HPA) and associated regulations). This topic also provides information on excluded sectors.

WHMIS Transition

To give suppliers, employers and workers time to adjust to the new system, WHMIS 2015 implementation will take place gradually over a three-stage transition period that is synchronized nationally across federal, provincial and territorial jurisdictions. Learn more about WHMIS transition and how to remain compliant with WHMIS requirements.

WHMIS 2015 (incorporating the GHS)

WHMIS 1988 has changed to incorporate the GHS, which is an internationally consistent approach to classifying

Find WHMIS online at:
https://goo.gl/nraHTi

RESOURCE 3

Resource 3-1:
Home Care Checklist

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Resource 3-1:
Home Care Checklist

Home Care Risk Assessment Tool
HOME ASSESSMENT

Client Name: _____
Assessed by: _____
Date: _____

Section C - Chemical Hazards

☐ This is a reassessment.

Product Name – List products CHW will use in home	Indicate health hazard, injury prevention control measures, and instructions for CHW. Attach additional page if more space is required.	✓ No issues

Section D – Biological Hazards and Infection Control

☐ This is a reassessment.

Infectious disease source: ☐ Client ☐ Other household member ☐ **No Issues**
Name/describe the disease:
Potential transmission routes:

CHW exposure risk identification	Preventative control measures	Additional instructions to CHW
Airborne pathogens: ☐ Infectious client sneezing/coughing ☐ Sneezing/coughing on handled objects ☐ Disrupted dust/animal waste **Blood and body fluids** ☐ Sharps (needles, razors) in the home ☐ Catheter care/pericare ☐ Handling biohazardous waste ☐ Handling contaminated laundry/bedding ☐ Handling of Other Potentially Infectious Materials (OPIMs) ☐ **Presence of cytotoxic drugs**	☐ Use safety engineered devices ☐ Use designated sharp container ☐ Compliance with Universal Precaution ☐ Hygiene practice ☐ Hand washing technique ☐ Use double gloves where appropriate Use PPE, including: ☐ Gloves ☐ Gowns ☐ Mask or respirator ☐ Goggles ☐ Face shields ☐ Shoe covers ☐ Other controls, specify:	☐ Required safe work procedures. Specify: ☐ Training and education required. Specify: ☐ Other instructions:
☐ Food Safe: cross contamination in food prep		
Pet waste:		
Vermin (e.g.: rodents, insects)		

116 Signature:_____ Date:_____

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6

Your Right to Participate

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YOUR RIGHT TO PARTICIPATE

Defend your rights and the rights of your co-workers

Your "right to participate" refers to a core duty of Health and Safety Committee representatives. The right to participate includes your right to take part in workplace inspections, consulting with co-workers, consulting with the union and WorkSafeBC representatives, or any number of other actions that help make your workplace safe and healthy. It is essential that you take advantage of this right, and make sure that your rights and the rights of your co-workers are being properly respected in accordance with the *Workers Compensation Act*.

Workplace Inspections

Although WorkSafeBC has the right to enter and inspect client's homes this is rarely done, unless there is a serious unresolved issue. It is therefore especially important that there be policies and procedures in place to ensure necessary inspections and reporting of hazards by the workers themselves, in liaison with the worker representatives on their Health and Safety Committee.

The home care risk assessment tool was designed for this purpose. Sections of it are included as resources in this guide. **You can find the complete tool at: goo.gl/HkQpjn**

The Inspection

Every inspection must examine both potential problems and existing problems. Inspect the entire residence.

The Health and Safety Committee is required to participate in inspections and investigations of the workplace as stated in the *Workers Compensation Act* and in BC's *Health and Safety Regulations*. Health and Safety Committees plan, conduct, report, and monitor workplace inspections – a very important part of the overall occupational health and safety program.

Look for these types of workplace hazards:

- Ergonomic Hazards – repetitive and forceful movements, vibration, temperature extremes, and awkward postures arising from improper work methods and improperly designed workstations, tools, and equipment;
- Safety Hazards – isolated work areas, inadequate machine guards, unsafe workplace conditions, unsafe work practices;
- Biological Hazards – organisms such as viruses, bacteria, fungi, and parasites;
- Chemical Hazards – toxic materials used, produced and disposed of; could be solid, liquid, vapor, gas, dust, fume or mist;
- Physical Hazards – noise, vibration, energy, weather, heat, cold, electricity, radiation, pressure

Inspection report

CHW Home Risk Assessments can be obtained at goo.gl/HkQpjn. Assesments must indicate the client's home or area inspected, the date, and the inspection team's names and titles. State exactly what has been detected and accurately identify its location: instead of stating mould, state mould on kitchen ceiling.

Follow-up and Monitoring

Review the information obtained from regular inspections to identify where immediate corrective action is needed. Identify trends and obtain timely feedback. Analysis of inspection reports may show the following:

- priorities for corrective action
- insight about why accidents are occurring in particular areas
- need for training in certain areas
- areas and equipment that require more in-depth hazard analysis

Inspections serve a useful purpose only if remedial action is taken immediately to correct shortcomings. Causes, not symptoms alone, must be rectified.

The Health and Safety Committee should review the progress of the recommendations, especially regarding the education and training of employees. The committee should study the information generated from regular inspections and look for trends. This action helps maintain an effective health and safety program.

Inspecting your Workplace

WorkSafeBC says employers must ensure regular inspections and investigations. Below is a passage from the inspection report from their prevention division:

WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

WORKERS' COMPENSATION BOARD OF BRITISH COLUMBIA
6951 Westminster Highway, Richmond, BC
Mailing Address: PO Box 5350, Vancouver BC, V6B 5L5
Telephone 604 276-3100 Toll Free 1-888-821-7233 Fax 604 276-3247

INSPECTION REPORT

WORKER AND EMPLOYER SERVICES DIVISION

An employer who fails to comply with the Occupational Health & Safety Regulation or Board orders or directions is subject to sanctions as prescribed in the Workers Compensation Act.

The Occupational Health & Safety Regulation requires that one copy of this report remain posted in a conspicuous place at or near the operation inspected for at least seven days, or until compliance has been achieved, whichever is the longer period.

An affected employer, worker, owner, supplier, union or member of a deceased worker's family may, within 90 calendar days of this report, in writing, request the Review Division of the WCB to conduct a review of an order, or the non-issuance of an order, in this report by contacting the Review Division at the Board's Richmond Office. The time limit may be extended in certain circumstances. Employers requiring assistance can contact the Employers' Advisers at 1-800-925-2233--workers can contact the Workers' Advisers at 1-800-663-4261.

Date of Issue	Number	Activity Time Recorded*	Travel Time Recorded*	Employer
2007/10/03	2007154900043	3.00	1.75	VANCOUVER COASTAL HEALTH AUTHORITY

Order No.	2	Decision	DN	WCB Reference	WCA115.(2).(c)	

There was no evidence NSHS had developed site specific policies and procedures to designed to eliminate or reduce the incidence of injuries and to supplement the general VCHA safety program.

This is in contravention of the Workers Compensation Act Section 115 (2) (c).

An employer must establish occupational health and safety policies and programs in accordance with the regulations.

The employer is ordered to develop and implement specific policies and procedures which expands VCHA OHS Program, such as,

(a) a statement of NSHS' aims and the responsibilities of the management, supervisors and workers,

(b) provision for the regular inspection of premises, equipment, work methods and work practices, at appropriate intervals, to ensure that prompt action is undertaken to correct any hazardous conditions found,

(c) appropriate written instructions, available for reference by all workers, to supplement this Occupational Health and Safety Regulation,

e) provision for the prompt investigation of incidents to determine the action necessary to prevent their recurrence,

(g) provision by the employer for the instruction and supervision of workers in the safe performance of their work.

Employer's Compliance Action	Date		Decision		Initials	

Employer Representative	Officer of the Board
Mary Ackenhusen	Richards, Stacey

52B17 (R05/2007) Printed: 2007/10/01 13:11 Reprinted: 2007/11/22 10:03 PAGE: 9

Incident Investigations

Our committee worker representatives often ask the following key questions:

What triggers the need for an investigation and how can we enforce our right to participate?
Often an employer will only initiate an investigation if there is a time loss accident or if there is no time loss and the worker clearly states they will be seeing a doctor as a result of an injury. While both these situations require an investigation, the *Workers Compensation Act* and regulations also require investigations into all incidents with the potential for causing injury or disease:

Incidents that must be investigated

PART 3 SECTION 173

(1) An employer must immediately undertake an investigation into the cause of any accident or other incident that

(a) is required to be reported by section 172,

(b) resulted in injury to a worker requiring medical treatment,

(c) did not involve injury to a worker, or involved only minor injury not requiring medical treatment, but had a potential for causing serious injury to a worker, or

(d) was an incident required by regulation to be investigated.

Furthermore, the regulations define what we mean by an “incident”:

Definition of an “Incident”

An incident is an accident or other occurrence that resulted in, or had the potential for, causing an injury or occupational disease.

We recommend that committee members discuss which incidents will trigger an investigation, when there is no time loss or need for medical treatment. It is your responsibility to ensure that those situations with a potential to cause serious injury be investigated. Sometimes this is obvious. For example, a near miss, with broken equipment or falling materials could have caused serious acute injury where a full incident investigation would be needed. But what about the many incidents where workers report pain or occurrence of a potential MSI? The answer is that these should also be investigated, because pain or loss of function in the back or arm, shoulder or other body area can lead to serious and disabling conditions.

How can we enforce our right to participate in an investigation?
The *Act* requires your participation:

> *"Workers Compensation Act*
> Duties and functions of joint committee S.130
> i) to participate in inspections, investigations and inquiries as provided in this Part and the regulations"

Further, many incidents and MSIs are caused by ergonomic hazards or risk factors which under regulation must be assessed and controlled. Assessing an ergonomic risk is a form of investigation, and requires participation of the committee and consultation with the workers affected.

What is the purpose and desired outcome of investigations?
Investigating incidents is an important tool for making a healthier and safer work environment. Incidents are preventable. The investigation needs to find the root causes which resulted in an incident so effective recommendations for prevention can be made.

Incident forms are useful for collecting the specific details such as who was involved,

what happened, when, what injury or illness occurred. The best forms give you guidance and space to analyze the root or underlying events or causes of the incident. Almost all workplace incidents or potential injury are a result of interactions between one or more of the following work environment factors:

- biological
- chemical
- work organization
- ergonomic
- physical

By asking the 5 WHYs we can begin to analyze the underlying causes of the incident.

ACTION PLAN

Incident investigations require time and attention to detail. Incident investigations also require the ability to interview those involved with probing questions about the work situation, the events leading up to the incident, and the problems that may underlie the incident. It requires good listening skills, and an empathetic investigator.

Remember, never simply blame the victim. It is not only counterproductive, nor the objective of the investigation, but it reflects an inadequate understanding of what causes accidents at work.

CASE STUDY

Analyzing an Incident Using the 5 WHYs

Anne, a community health worker, enjoyed working with her elder client, who required 24-hour care. Her client was suffering from senile dementia and was sometimes violent. One evening the client struck Anne across the neck. She suffered a bruise but then thought nothing of it, and did not report it.

Two weeks after being struck by the client, Anne suffered a massive stroke during a nightshift at the client's home. She fell to the floor in the hallway and called out for help. Her client came out, then went back to bed, not understanding what was going on. Anne was left lying on the floor for hours. Finally the client remerged and an ambulance was called.

Anne had suffered a stroke and now suffers from partial paralysis. Doctors have linked the client's blow to her neck as the cause of a blood clot that led to the stroke. The incident investigation that followed made it clear there are a number of wide-ranging problems that led to this tragic incident. Using the "5 Whys", review the following questions:

Q: Why did Anne not report the first incident?
A: Because she thought these incidents were, "part of the job"
Q: Why did Anne believe they were "part of the job"?
A: Anne believed caring for the elderly often means suffering from uncontrolled bouts of violence, and that the employer expects us to deal with such incidents, and does not require us to report them.
Q: Why was Anne left alone?
A: Because there is no working alone policy in place or enforced
Q: Why was there no working alone policy?
A: Because there was no method of checking on workers well being during the night.
Q: Why was there was no method of checking on workers during the night?
A: Because staffing levels are too low.
Q: Why were WorkSafeBC regulations not followed?
A: …

These questions demonstrate there were a number of underlying issues that led to this incident. Incident investigations must address the 'root causes' of an incident if we are to be effective at preventing future accidents.

Health and Safety Committees: Making it Work for the Members

We have Health and Safety Committees throughout UFCW 1518 workplaces in BC, and our worker co-chairs and representatives have achieved many successes in identifying and eliminating hazards that have previously led to injuries to union members. They have done this in spite of circumstances when there is often a lack of resources provided for them on site, and obstacles they encounter in having hazards dealt with effectively.

What are the Indicators of a "Healthy" Joint H&S Committee?

A good Joint Health and Safety Committee:

- has good cooperation between management and worker representatives, and gets things done;
- solves problems and makes decisions;
- implements changes and creates a sense of progress.
- develops clear and honest communications and strive to resolve conflicts and protect the membership at large.

Committees are able to achieve their goals when all the duties and responsibilities of the joint committee are understood and carried out. In order for this to happen there has to be respect for the "joint" nature of the committee, its co-chairs, and equal participation of all members.

Common Problems

When committees struggle for results, they often report the following problems:

- They do not have time allotted to properly carry out their responsibilities;
- They do not directly participate in investigations and inspections;
- Worker representatives or worker co-chairs are not selected properly;
- Meetings are irregular;
- Response to recommendations is slow and disputes unresolved.

Each problem above undermines the committees' effectiveness and, like a vicious circle, the existence of any one of these deficiencies leads to another.

Solutions

First of all, it is important to realize that each of the problems above are addressed both in the *Workers Compensation Act* and in our collective agreements. The selection of members, duties of the committee, time for committee activity, rights and recommendations and the responsibility of the employer to respond in writing to all committee recommendations are detailed in *Division 4 – Joint Committees and Worker Representatives* of the *Workers Compensation Act*.

Sections 125-140 of the *Workers Compensation Act* require that:

- ONLY workers select their Health and Safety Committee reps, through their union;
- the committee must participate+6 in inspections and investigations;
- there must be reasonable time allotted, with pay, to attend all meetings and carry out committee duties;
- the committee is to be co-chaired, and it is to determine its "own rules of procedure, including rules respecting how it is to perform its duties and functions."

Refer to excerpts from the *Workers Compensation Act* (Resource 5-1) for a full description.

In addition, the collective agreement you work under incorporates, by reference, all of the rights and responsibilities detailed in the *Act*. Failure to respect these terms is therefore a violation of the collective agreement.

Terms of Reference

Health and Safety Committees should jointly determine their terms of reference. These reaffirm their mandate, their rules of operation, and should address how the committee will carry out key duties. When this is clearly spelled out, disputes that may arise over participation, or how to resolve disagreements generally are much easier to resolve.

Terms of reference should include:

- Purpose
- Key duties and functions
- Reporting relationship
- Membership representation
- Meetings and frequency
- Quorum and attendance
- Co-chairing and shared responsibilities
- Agenda preparation and pre-meeting circulation
- Decision-making and dispute resolution
- Minutes

The terms of reference should clearly state and reaffirm the committee's mandate and duties as legislated by the *Workers Compensation Act*. Meetings should be regularly scheduled, and it is recommended they be set at least a year in advance on the same week and day of each month. Worker representatives need to select alternatives for those times they are unable to attend. Worker and employer co-chairs should alternate chairing the meeting.

Consult with your union's health and safety department for additional information regarding a term of reference for your worksite.

Dispute Resolution Criteria for Prioritizing Problems

If your committee cannot agree on how to address a hazard, there are specific requirements under the law.

The employer is required to respond in writing to the committee within 21 days. The employer's response must address any recommendations not acted upon, give reasons, and propose alternatives if the employer agrees to take some action.

If members of the committee do not agree the action taken corrects the hazard, WorkSafeBC is mandated to assist the committee come to a resolution, and to order regulatory violations corrected.

In addition, all committee members are encouraged to contact their union for assistance. The union will then contact the employer, and is often successful in resolving the problem.

Consider the following when prioritizing problems that must be dealt with:

- Degree to which the problem poses a health or safety hazard to workers;
- Number of workers likely to be affected;
- Relative severity (or potential severity) of the consequences of the problem.

Checklists and Health and Safety Program Audits

The union has developed a series of checklists and audits for your use. These are useful when evaluating the effectiveness of your committee, will help you identify problem areas that need attention, and help focus attention on important elements of the required health and safety program.
We recommend that you set aside time for

your committee to use these resources and jointly discuss the results. Your union can assist worker representatives and co-chairs in this process.

The UFCW Health and Safety Report Card (Resource 4-1) is focused on the on-site program and the committee functions at that worksite. The program audit is intended as an annual audit of the workplace program. The committee checklist is a thorough audit of your committee and can be used separately. We encourage you to discuss the results of these audits with your union representative.

It is recommended that a full committee audit take place at least once per year, or more frequently if there are ongoing problems.

Another resource included at the end of this section is a New Worker Orientation Checklist (Resource 4-2). This covers all the education that a new worker is required to receive as mandated by the regulations.

Our Health and Safety is NOT for Sale!

Workers have been struggling to protect their health and safety for centuries.

It has been over 200 years since the first industrial diseases were documented among workers in Europe. Over 125 years ago, Canadian workers struck for better working conditions and the eight hour day. Shortly after that, the first Royal Commission in Canada denounced the widespread injury amongst Canadian workers. The first workers compensation legislation was brought forward in Canada nearly 100 years ago.

Throughout the 1900s, Canadian workers waged strikes and protests over health and safety conditions. Workers struck for over three months in the mines of Newfoundland just to get personal lockers to protect their families from being contaminated by work clothes full of asbestos. BC workers walked off the job over 40 years ago to demand their right to refuse to work with dangerous cancer causing chemicals be respected. In 1972, North America's first *Occupational Health and Safety Act* was enacted in Saskatchewan, enshrining the three basic worker rights: the right to know the hazards of their work, the right to participate in eliminating these hazards and the right to refuse unsafe work.

UFCW 1518 shares this proud history and in many ways. It has led the fight for better health and safety conditions in BC, and advanced legislation in violence prevention and ergonomics that was the first of its kind in North America.

What does all this mean to you and our members now, in the 21st century?

First of all, it is important for UFCW 1518 members to know their history, and we all need to appreciate that each and every health and safety right was hard fought. If these rights are not defended, and not exercised, they will be watered down and lost.

You have rights to a healthy and safe workplace – but it truly is a case of "use them or lose them".

Second, without your participation advocating on behalf of all our members, whatever we may have achieved in legislation, regulation, and collective agreement language means little. The goodwill and support of your employer or a regulatory agency like WorkSafeBC cannot be guaranteed, nor relied upon. No one will protect workers' health and safety more effectively nor more diligently than the workers themselves. This is fundamental, and understanding and acting upon it is the most important lesson a committee member can learn, and teach to co-workers.

Third, our strength is in our collective action and support for one another. Workers through their unions have built a strong foundation for promoting and protecting our health and our safety at work. There will be more battles for you to lead. There will be temporary setbacks, but more importantly, you will also celebrate many victories and advances made. Use this guidebook and its resource materials to help you along the way. It is one tool among many.

Finally, let's underline this: your strength – our strength as a union – relies on the commitment of our members, and your commitment as a union representative and worker advocate to promote and protect our most precious asset: our health is not for sale!

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RESOURCE 4

Resources 4-1 through 4-4:
Your Right to Participate in Health and Safety Committee Inspections and Investigations
These checklists and forms will help you assess and identify workplace health and safety hazards, recommend hazard controls, and show new workers their rights.

Resource 4-1: UFCW 1518 Health and Safety Report Card
Resource 4-2: UFCW 1518 New Worker Health and Safety Orientation Checklist
Resource 4-3: WorkSafeBC Recommended Orientation Content for New Workers
Resource 4-4: Information on H&S Committees from the *Workers Compensation Act of BC*

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Resource 4-1:
UFCW 1518 Health and Safety Report Card

HEALTH AND SAFETY AUDITORS:
Use this checklist to help you evaluate your health and safety program and committee. Place a check in the appropriate column beside each item.

- D/K=Don't Know;
- N/I=Needs Improvement;
- N/A=Not Applicable.

You may check more than one box per item if you wish. Note that there is room to add your own comments and items at the end of each question. Then discuss priority improvements with the rest of your UFCW 1518 committee representatives. A full committee audit is to be conducted at least once a year or more frequently if you are having problems.

Section 1: Is an overall evaluation of the workplace programs. This may be completed separately from the remaining sections. It may be used as a stand alone report card on a workplace's program implementation. You are asked to grade the overall implementation of program at the end of this section.
Sections 2-4: Address committee activity outcomes and process in detail.

Section 1 Health and Safety Program Issues	Yes	No	D/K	N/I	N/A
1. Does the workplace have an effective violence prevention program? a) Are all members trained? b) Are policies and procedures adequate to protect members? c) Are new hires familiar with all policies and procedures when first assigned work? d) Are workers informed of their need to seek medical assistance after every violent incident or threat of harm? e) What improvements are needed?					
2. Does the workplace have an effective ergonomics and (MSIP) program? a) Are hazards identified and eliminated when reported to management? b) Are all workers trained to recognize signs and symptoms of MSI? c) Are all MSI incidents reported and investigated? d) Are workers encouraged to identify and report any hazards? d) Are new workers immediately trained in MSI hazard recognition and procedures for reducing risk?					
3. What improvements to the MSI program are needed? Comment on each department as necessary.					

Section 1 Health and Safety Program Issues	Yes	No	D/K	N/I	N/A
4. a) Are all members using mobile and powered equipment properly trained? b) Are new hires trained before using such equipment? c) Is proper protective clothing supplied and worn? d) Are lockout procedures in place? e) Are all workers using or maintaining power equipment trained in lockout? Comment:					
5. Is FoodSafe training in place and implemented? Comment:					
6. Is there First Aid coverage on all shifts? Comment:					
7. Are attendants on shift posted so all members are informed? Are all workers reporting signs or symptoms of injury and any incidents to First Aid? Is emergency transportation provided for workers in need of medical attention? Are First Aid reports kept confidential? Does management respect the authority of the First Aid attendant?					
8. a) Do all members receive WHMIS training before handling hazardous chemicals? b) Are new hires adequately educated and trained in chemical hazards of materials they are using, signs and symptoms of exposure and steps to take if they are exposed? Comment:					
9. a) Is WHMIS training adequate and provided by the safety committee? b) If checklists and checkoffs are used are they effectively training workers? c) Are floor stripping procedures safely implemented? d) Is ventilation adequate? e) Are workers not assigned to work in areas where chemical vapors are present?					
10. Are members informed of all health and safety hazards and prevention measures addressing them? Comment:					

Section 1 **Health and Safety Program Issues**	**Yes**	**No**	**D/K**	**N/I**	**N/A**
11. a) Is there regular consultation with members regarding hazards in theirdepartment and job? b) Is the worker safety committee rep involved? Comment:					
12. Do all members know who the worker reps are on their store Health and Safety Committee? a) Is the safety committee participating in all health and safety orientation and training? b) Are worker committee reps involved in incident investigations? c) Are incidents reported, investigated and recommended controls implemented and signed off? Comment:					
13. Are members encouraged to report hazards to their worker reps and their union? Comment:					
14. Are workers aware of all corporate health and safety policies and procedures that affect their job?					
15. Are corporate policies adhered to? Implemented by this location's management?					
16. Do workers know their basic rights under the *Workers Compensation Act*? a) Right to know all hazards at work? b) Right to participate in identifying and controlling hazards? c) Duty to Refuse Unsafe Work.					
17. Are workers aware of their duty to report all signs or symptoms of injury and to report any injuries requiring a doctor's visit to the WorkSafeBC?					
General Comments: Please list general comments you may have in assessing the overall program at this workplace. In addition, comment on any serious deficiencies observed, or otherwise addressed above.					

Section 1 Health and Safety Program Issues	Grade
Overall evaluation: Please rate this workplace's program: **A** = Hazards are identified, eliminated and there is excellent worker and committee participation in all elements of the program. Workers are well informed and trained to safely perform their duties, can identify unsafe situations and report these to management and their worker representatives on the Health and Safety Committee. **B** = Hazards are usually identified, somewhat modified and there is good worker and committee participation in all elements of the program. Workers are informed and usually trained to safely perform their duties, can mostly identify unsafe situations and report these to management and their worker representatives on the Health and Safety Committee. **C** = Hazards are sometimes identified, sometimes addressed and there is some worker and committee participation in all elements of the program. Workers are usually informed and usually trained to safely perform their duties, can mostly identify unsafe situations and report these to management and their worker representatives on the Health and Safety Committee. **D** = Hazards are often not identified, often not addressed and there is poor worker and committee participation in all elements of the program. Workers are not well enough informed nor trained to safely perform their duties, cannot identify unsafe situations and do not report these to management and their worker representatives on the Health and Safety Committee. Failing grade: **C** or **D**	

Section 2 Committee Effectiveness and Participation	Yes	No	D/K	N/I	N/A
1. Is injury data regularly collected and analyzed? Comment: Do you recommend prevention measures as a result of analyzing this data?					
2. Does the committee regularly follow up on the implementation of decisions and recommendations? Comment:					
3. Has the committee successfully identified and prioritized significant hazards or problems? Comment:					

Section 2 Committee Effectiveness and Participation	Yes	No	D/K	N/I	N/A
4. Are there unresolved issues that the committee has not been able to address well? Comment:					
5. Do worker representatives participate in incident investigations and monthly department and workplace inspections? Comment:					
6. Does the committee audit investigations in which it is not directly involved? Comment:					
7. Does the committee make clear, specific recommendations to address hazards and other occupational health and safety (OH&S) issues? Comment:					
8. Does the employer implement committee recommendations consistently? Comment:					
9. Does the committee conduct an orientation session for new members? For new employees? Comment:					
10. Has the employer provided written responses to committee recommendations within the 21-day time limit? Comment:					
11. Do employees perceive that the committee is performing a useful function? Comment:					
12. Has the number of complaints that the Committee representative have to address decreased? Comment:					

Section 3 Committee Functions	Yes	No	D/K	N/I	N/A
1. Do committee members agree on the basic goals and purposes of the committee? Comment:					
2. Do committee members feel free to express themselves honestly and directly during committee meetings? Comment:					
3. Does the committee work through problems in a systematic, logical way? Comment:					
4. Were worker representatives and co-chairs selected through the union and shop stewards? Comment:					
5. Does the worker co-chair fully participate in preparing agenda and facilitating the meetings? Comment:					
6. Do members of the committee attend most of the meetings? Comment:					
7. Do committee members have alternates in case they are unable to attend a regularly scheduled meeting? Comment:					
8. Do committee members have an opportunity to contribute to the agenda? Comment:					
9. Do committee members receive agendas several days in advance of the meetings? Comment:					
10. Is the committee actively involved in all of the major workplace health and safety initiatives? Comment:					
11. Does the committee regularly use incident investigation reports, workplace inspection reports, First Aid reports and health and safety statistics to inform decisions? Comment:					

Section 3 Committee Functions	Yes	No	D/K	N/I	N/A
12. Are forms used adequate? Do they address workplace hazards and hazard control? Comment:					
13. Does the committee receive and discuss complaints from employees? Comment:					
14. Does the committee communicate well to management and union employees about its activities? Comment:					
15. Are committee meetings posted on designated OH&S bulletin board(s)? Comment:					
16. Are committee minutes prepared and distributed to committee members on time? Comment:					
17. Do members of the committee attend most of the meetings? Comment:					
18. Do committee members have adequate time and resources to carry out their responsibilities? Comment: (How is time allocated? Does the committee as a whole determine this? How many hours a week does the Worker Co-Chair require? Is this allocated?)					
19. Does the committee regularly evaluate its own work and processes? Comment:					
20. Are committee members using their annual eight hour educational leave? Comment:					

Section 4 Committee Structure and Procedures	Yes	No	D/K	N/I	N/A
1. Does the committee have agreed Terms of Reference? Comment: (are Terms of Reference developed by the committee and site specific?)					
2. Are committee roles and responsibilities clearly defined jointly by all committee members? Comment:					
3. Is the committee the right size? Comment:					
4. Are there at least as many union as employer representatives on the committee? Comment:					
5. Are departments adequately represented on the committee? Comment:					
6. Does the committee always use a clear, written agenda? Comment:					
7. Does the committee produce clear, action-oriented minutes of every meeting? Comment:					
8. Do the minutes specify who is responsible for carrying out committee decisions? Comment:					
9. Do the minutes specify deadlines for the completion of activities based on committee decisions? Comment:					
10. Do the minutes accurately summarize the content of committee discussions? Comment:					

Section 4 Committee Structure and Procedures	Yes	No	D/K	N/I	N/A
11. Does the committee report to the 'right' person representing the employer? Comment:					
12. Does the committee receive the necessary support from the employer? Comment:					

Please provide other information you think helpful and which would improve your location's health and safety program.

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Resource 4-2:
New Workers Orientation Checklist

Contact Information

Employee's Name and Position:	
Date of Orientation:	
Supervisor's Name:	
Phone:	Email:
Worker Health and Safety Representative's Name:	
Phone:	Email:
Union Steward:	
Phone:	Email:

If any of the following applies, complete and document a workplace orientation. Worker is:

- A new worker under 25 years old
- New to the workplace
- Returning to a workplace where hazards have changed during their absence
- Affected by a change in the hazards of the workplace
- Relocated to a new workplace with different hazards from the previous workplace

Orientation must be completed before a worker begins work at a workplace.

Employer Responsibilities

Your employer has the responsibility to:

- ❑ Ensure workers' health and safety
- ❑ Establish an occupational health and safety program (OHS Regulation 3.3)
- ❑ Inform workers of the hazards in their workplace
- ❑ Ensure that you are properly trained, educated and supervised to protect your health and safety
- ❑ Inspect the workplace to correct unsafe conditions
- ❑ Provide and maintain equipment and personal protective equipment
- ❑ Consult with the joint health and safety committee or worker health and safety representative and respond to their recommendations
- ❑ Provide first aid should you be injured
- ❑ Investigate reports of injury and disease, near-misses, and complaints of unsafe conditions

Note: Collective agreements for unionized workplaces may contain articles that exceed the requirements of the Workers Compensation Act *and the Occupational Health and Safety Regulation. Ensure you obtain a copy of the OHS articles within your collective agreement.*

Worker Rights

You have the right to:

- ❑ A safe work environment
- ❑ Health and safety information, instruction, and training
- ❑ Know the hazards to which you are likely to be exposed
- ❑ Equipment, including personal protective equipment (PPE)
- ❑ Be represented by and participate in health and safety activities
- ❑ Refuse unsafe work
- ❑ Not be discriminated against (i.e., fired or disciplined) for exercising any right or carrying out a health and safety responsibility (i.e., refusal of unsafe work, reporting a hazard or injury, or filing a claim)

New Worker Orientation Checklist *(cont.'d)*

FOR HEALTH CARE AND SOCIAL SERVICES

Worker Responsibilities

You have the responsibility to:

- ❑ Follow safe work procedures and safety rules
- ❑ Use protective clothing, devices, and equipment appropriately
- ❑ Report hazards and unsafe situations to your supervisor
  - In person
  - By phone or email
  - With a hazard/incident report form
- ❑ Refuse any task you believe poses undue risk of injury or disease
  - Immediately report the situation to your supervisor (you might be assigned to other work).
  - If you feel the work continues to be unsafe, contact your worker safety representative to investigate.
  - If you feel the work still continues to be unsafe and you have not been assigned to other work, contact WorkSafeBC for a determination.
- ❑ Cooperate with the joint committee and others working to improve health and safety
- ❑ Not engage in horseplay or work while impaired
- ❑ Report injuries or disease immediately to your supervisor and follow your company's reporting procedure
  - Seek first aid, and
  - If necessary, seek further medical attention. Tell your doctor that your injury was work related.

Emergency Procedures

First Aid:

- ❑ Know when to call first aid
- ❑ Demonstrated how to call for first aid
- ❑ Showed location of first aid room
- ❑ Identified the first aid attendant(s)

Fire:

- ❑ How to respond to fire or smoke
- ❑ Evacuation procedures

Chemical and Body Fluid Spills:

- ❑ Know when and how to alert help
- ❑ Demonstrated spill clean-up procedures and supplies

Other:

- ❑ Severe seasonal weather
- ❑ Natural disaster
- ❑ Power failure

Workplace Hazards, Safety Policies, Procedures, and Practices

Overexertion from patient and material handling (leading to back, shoulder, or arm injuries):

- ❑ How to assess risk
- ❑ Use of equipment
- ❑ Safe handling techniques (including manual lifting restrictions)

Exposures (including review of exposure control plan):

- ❑ Blood and body fluids (BBF)/Infectious diseases (HIV/AIDS, HBV, HCV, TB, etc.)
  - Standard precautions, incl. protective equipment, hand-washing
  - Hepatitis B vaccination
  - What to do if exposed to BBF (including getting to a hospital within 2 hours of being stuck by a needle)
- ❑ Chemical hazards (cytotoxins, anesthetics, latex, cleaners)
  - Safe practices to minimize exposure
  - WHMIS symbols, labels, Material Safety Data Sheets
- ❑ Radiation
  - Sources
  - Protective measures and monitoring

Falls (slipping and tripping):

- ❑ High risk areas (hallways, bathrooms, parking lots, sidewalks, stairs)

Working alone:

- ❑ Check-in procedure

Violence (the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes *any threatening statement or behaviour* that gives a worker reasonable cause to believe that she or he is at risk of injury):

- ❑ Informed of history of violence by client or at site
- ❑ Procedures to minimize risk/respond to violent incidents
- ❑ Provided information on accessing critical incident stress debriefing

Other:

Relevant demonstrations should be given during the orientation when reviewing this section.

Documentation of a worker's orientation must be kept.

Resources

- *Workers Compensation Act* Sections 115-124 (General Duties of Employers, Workers and Others)
- Occupational Health & Safety Regulation Sections 3.22-3.25 (Young or New Workers)
- Web sites: www.ohsah.bc.ca or WorkSafeBC.com.

Resource 4-3:
WorkSafeBC Recommended Orientation Content for New Workers

Topic	Things to discuss	Resources
Worker rights and responsibilities	Responsibility to follow the Regulation and other Health and safety rules Responsibility to use PPE when required Right to refuse unsafe work	Regulation: Part 3, Rights and Responsibilities Regulation: Sections 115-117 (*Workers Compensation Act*)
Falls from elevation (including ladder safety)	Fall protection system being used Fall protection procedures Proper use of fall protection equipment Ladder safety Inspection and maintenance of ladders and fall protection equipment	Regulation: Part 11, Fall Protection An Introduction to Personal Fall Protection Equipment
Slips, trips & falls	Keeping work areas free of clutter Removing tripping hazards (such as loose cords) Cleaning up spills promptly	Regulation: Sections 4.39-4.41 *Health and safety for Hospitality Small Business*, page 6 *Health and safety for New Retail Workers*, page 11
Lockout (for machinery and power tools)	Define lockout Types of lockout When to lock out Review procedures for specific equipment	Regulation: Part 10, De-energization and Lockout Lockout
Guarding (for machinery and power tools)	Types and purposes of guards Inspection and use of guards Requirement to leave guards in place	Regulation: Sections 12.1-12.6 *Safeguarding Machinery And Equipment* Safeguarding in Manufacturing
Lifting and moving objects or people (strains and sprains)	Demonstrate safe lifting technique Use of specialized equipment for lifting or moving materials or people Storage priorities (heavier items at lower heights and lighter items higher up)	Regulation: Sections 4.46-4.53 *Handle With Care: Patient Handling and the Application of Ergonomics (MSI) Requirements*
Electrical Safety	Procedures for de-energization and lockout When and how to use PPE Maintaining safe distances from exposed power lines or cables	Regulation: Part 19, Electrical Safety *Working Safely Around Electricity*

Topic	Things to discuss	Resources
Forklifts and other mobile equipment	Maintaining eye contact with equipment operator Speed limits and locations of travel lanes Equipment inspection and maintenance Load limits and procedures for safe operation	Regulation: Part 16, Mobile Equipment *Safe Operation of Lift Trucks*
Confined spaces (for example, working in tanks, silos, vats, rail cars, hoppers, or sewers)	Hazards of specific confined spaces Procedures for working safely in specific spaces	Regulation: Part 9, Confined Spaces *Hazards of Confined Spaces* *Confined Space Entry Program: A Reference Manual*
Person protective equipment (PPE)	When and how to use specific PPE Where to find PPE Limitations of protection Storage, maintenance, and inspection	Regulation: Part 8, Personal Protective Clothing and Equipment
Chemical, biological, and physical hazards	Potential health effects of exposure Common roots of exposure Ways to prevent exposure How to recognize signs and symptoms of exposure	Regulation: Part 5, Chemical and Biological Substances Regulation: Part 6, Substance Specific Requirements
WHMIS	Reading and understanding labels Reading and understanding MSMSs Location of MSDSs Hazards of products being used Control measures and appropriate PPE	Regulation: Sections 5.3-5.19 *WHMIS at Work*
First Aid and emergency procedures	Names and locations of First Aid attendants Locations of First Aid kits Locations of fire exits Locations of fire extinguishers and how to use them	Regulation: Sections 3.14-3.21 Online First Aid Assessment Tool

Resource 4-4:
Workers Compensation Act (Sec. 125-140)

Division 4 — Joint Committees and Worker representativeresentatives

When a joint committee is required

125 An employer must establish and maintain a joint health and safety committee

(a) in each workplace where 20 or more workers of the employer are regularly employed, and

(b) in any other workplace for which a joint committee is required by order.

Variations in committee requirements

126 (1) Despite section 125, the Board may, by order, require or permit an employer to establish and maintain

(a) more than one joint committee for a single workplace of the employer,

(b) one joint committee for more than one workplace or parts of more than one workplace of the employer, or

(c) one joint committee for the workplace or parts of the workplaces of a number of employers, if the workplaces are the same, overlapping or adjoining.

(2) An order under subsection (1) may

(a) specify the workplace, workplaces or parts for which a joint committee is required or permitted, and

(b) provide for variations regarding the practice and procedure of a joint committee from the provisions otherwise applicable under this Part or the regulations.

Membership of joint committee

127 A joint committee for a workplace must be established in accordance with the following:

(a) it must have at least 4 members or, if a greater number of members is required by regulation, that greater number;

(b) it must consist of worker representatives and employer representatives;

(c) at least half the members must be worker representatives;

(d) it must have 2 co-chairs, one selected by the worker representatives and the other selected by the employer representatives.

Selection of worker representatives

128 (1) The worker representatives on a joint committee must be selected from workers at the workplace who do not exercise managerial functions at that workplace, as follows:

(a) if the workers are represented by one or more unions, the worker representatives are to be selected according to the procedures established or agreed on by the union or unions;

(b) if none of the workers are represented by a union, the worker representatives are to be elected by secret ballot;

(c) if some of the workers are represented by one or more unions and some are not represented by a union, the worker representatives are to be selected in accordance with paragraphs (a) & (b) in equitable proportion to their relative numbers and relative risks to health and safety;

(d) if the workers do not make their own selection after being given the opportunity under paragraphs (a) to (c), the employer must seek out and assign persons to act

as worker representatives.

(2) The employer or a worker may request the Board to provide direction as to how an election under subsection (1) (b) is to be conducted.

(3) The employer, or a union or a worker at a workplace referred to in subsection (1) (c), may request the Board to provide direction as to how the requirements of that provision are to be applied in the workplace.

Selection of employer representatives

129 (1) The employer representatives on a joint committee must be selected by the employer from among persons who exercise managerial functions for the employer and, to the extent possible, who do so at the workplace for which the joint committee is established.

(2) For certainty, an individual employer may act as an employer representative.

Duties & functions of joint committee

130 A joint committee has the following duties and functions in relation to its workplace:

(a) to identify situations that may be unhealthy or unsafe for workers and advise on effective systems for responding to those situations;

(b) to consider and expeditiously deal with complaints relating to the health and safety of workers;

(c) to consult with workers and the employer on issues related to occupational health and safety and occupational environment;

(d) to make recommendations to the employer and workers for the improvement of the occupational health and safety and occupational environment of workers;

(e) to make recommendations to the employer on educational programs promoting the health and safety of workers and compliance with this Part and the regulations and to monitor their effectiveness;

(f) to advise the employer on programs and policies required under the regulations for the workplace and to monitor their effectiveness;

(g) to advise the employer on proposed changes to the workplace or the work processes that may affect the health or safety of workers;

(h) to ensure that accident investigations and regular inspections are carried out as required by this Part and the regulations;

(i) to participate in inspections, investigations and inquiries as provided in this Part and the regulations;

(j) to carry out any other duties and functions prescribed by regulation.

Joint committee procedure

131 (1) Subject to this Part and the regulations, a joint committee must establish its own rules of procedure, including rules respecting how it is to perform its duties and functions.

(2) A joint committee must meet regularly at least once each month, unless another schedule is permitted or required by regulation or order.

Assistance in resolving disagreements within committee

132 If a joint committee is unable to reach agreement on a matter relating to the health or safety of workers at the workplace, a co-chair of the committee may report this to the Board, which may investigate the matter and attempt to resolve the matter.

Employer must respond to

committee recommendations

133 (1) This section applies if a joint committee sends a written recommendation to an employer with a written request for a response from the employer.

(2) Subject to subsections (4) and (5), the employer must respond in writing to the committee within 21 days of receiving the request, either

(a) indicating acceptance of the recommendation, or

(b) giving the employer's reasons for not accepting the recommendation.

(3) If the employer does not accept the committee's recommendations, a co-chair of the committee may report the matter to the Board, which may investigate and attempt to resolve the matter.

(4) If it is not reasonably possible to provide a response before the end of the 21 day period, the employer must provide within that time a written explanation for the delay, together with an indication of when the response will be provided.

(5) If the joint committee is not satisfied that the explanation provided under subsection (4) is reasonable in the circumstances, a co-chair of the committee may report this to the Board, which may investigate the matter and may, by order, establish a deadline by which the employer must respond.

(6) Nothing in this section relieves an employer of the obligation to comply with this Part and the regulations.

Time from work for meetings and other committee functions

134 (1) A member of a joint committee is entitled to time off from work for

(a) the time required to attend meetings of the committee, and

(b) other time that is reasonably necessary to prepare for meetings of the committee and to fulfill the other functions and duties of the committee.

(2) Time off under subsection (1) is deemed to be time worked for the employer, and the employer must pay the member for that time.

Educational leave

135 (1) Each member of a joint committee is entitled to an annual educational leave totalling 8 hours, or a longer period if prescribed by regulation, for the purposes of attending occupational health and safety training courses conducted by or with the approval of the Board.

(2) A member of the joint committee may designate another member as being entitled to take all or part of the member's educational leave.

(3) The employer must provide the educational leave under this section without loss of pay or other benefits and must pay for, or reimburse the worker for, the costs of the training course and the reasonable costs of attending the course.

Other employer obligations to support committee

136 (1) The employer must provide the joint committee with the equipment, premises and clerical personnel necessary for the carrying out of its duties and functions.

(2) On request of the joint committee, the employer must provide the committee with information respecting

(a) the identification of known or reasonably foreseeable health or safety hazards to which workers at the workplace are likely to be exposed,
(b) health and safety experience and work practices and standards in similar or other industries of which the employer has knowledge,
(c) orders, penalties and prosecutions under this part or the regulations relating to health and safety at the workplace, and
(d) any other matter prescribed by regulation.

Committee reports

137 (1) After each joint committee meeting, the committee must prepare a report of the meeting and provide a copy to the employer.

(2) The employer must
(a) if so requested by a union representing workers at the workplace, send a copy of the reports under subsection (1) to the union,
(b) retain a copy of the reports for at least 2 years from the date of the joint committee meeting to which they relate, and
(c) ensure that the retained reports are readily
accessible to the joint committee members, workers of the employer, officers and other persons authorized by the Board or the minister.

Employer must post committee information

138 At each workplace where workers of an employer are regularly employed, the employer must post and keep posted
(a) the names and work locations of the joint committee members,
(b) the reports of the 3 most recent joint committee meetings, and
(c) copies of any applicable orders under this Division for the preceding 12 months.

Worker health and safety representative

139 (1) A worker health and safety representative is required
(a) in each workplace where there are more than 9 but fewer than 20 workers of the employer regularly employed, and
(b) in any other workplace for which a worker
health and safety representative is required by
order of the Board.

(2) The worker health and safety representative must be selected in accordance with section 128 from among the workers at the workplace who do not exercise managerial functions at that workplace.

(3) To the extent practicable, a worker health and safety representative has the same duties and functions as a joint committee.

(4) Sections 133 to 136 apply in relation to a worker health and safety representative as if the representative were a joint committee or member of a joint committee.

Participation of worker representative in inspections

140 If
(a) this Part or the regulations give a worker representative the right to be present for an inspection, investigation or inquiry at a workplace, and
(b) no worker representative is reasonably available, the right may be exercised by another worker who has previously been designated as an alternate by the worker representative.

7

Additional Resources

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RESOURCE 5

Resources 5-1:
Community Health Collective Agreement

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Resource 5-1:
Community Health Collective Agreement

ARTICLE 22 - OCCUPATIONAL HEALTH AND SAFETY

22.1 Statutory Compliance

The Employer and employees recognize the need for a safe and healthful workplace and agree to take appropriate measures in order that risks of accidents and/or occupational disease are reduced and/or eliminated. The Employer and the union agree to cooperate in the promotion of safe working conditions, the prevention of accidents, the prevention of workplace injuries and industrial diseases and the promotion of safe working practices.

There shall be full compliance with all applicable statutes and regulations pertaining to the working environment.

22.2 Client Information

The Employer shall provide employees with information in its possession regarding a client, resident or client's home which is necessary for the employee to safely carry out his/her duties.

22.3 Occupational Health and Safety Committee

(a) The Parties agree that a Joint Occupational Health and Safety Committee will be established. The Committee shall govern itself in accordance with the provisions of the Occupational Health and Safety Regulations made pursuant to the Workers' Compensation Act. The Committee shall be between the Employer and the union, with equal representation, and with each Party appointing its own representatives.

The union agrees to actively pursue with the other health care unions, where more than one (1) union is certified with the Employer, a Joint union/Employer Committee for the purposes of the Occupational Health and Safety Regulations.

(b) Employees who are members of the Committee shall be granted leave without loss of pay or receive straight-time regular wages while attending meetings of the Joint Committee. Employees who are members of the Committee shall be granted leave without loss of pay or receive straight-time regular wages to participate in joint workplace inspections and joint accident investigations at the request of the Committee pursuant to the WCB Occupational Health and Safety Regulations. Committee meetings, workplace inspections and accident investigations shall be scheduled during normal working hours whenever practicable.

(c) The Occupational Health and Safety Committee shall have as part of its mandate the jurisdiction to receive complaints or concerns regarding workload problems which are safety-related, the right to investigate such complaints, the right to define the problem and the right to make recommendations for a solution.Where the Committee determines that a safety related workload problem exists, it shall inform the Employer. Within twenty-one (21) days thereafter, the Employer shall advise the Committee what steps it has taken or proposes to take to rectify the safety related workload problem identified by the

Committee. If the union is not satisfied with the Employer's response, it may refer the matter to the Industry Troubleshooter for a written recommendation.

(d) No employee shall be disciplined for refusal to work when excused by the provisions of the Workers' Compensation Act or regulations.

(e) The Occupational Health and Safety Committee may use the resources of the Workers' Compensation Board and/ or the Health Care Occupational Health and Safety Agency to provide information to the Committee members in relation to their role and responsibilities. The Committee will assist in increasing the awareness of all staff on such topics as: workplace safety, safe lifting techniques, dealing with aggressive clients/residents, WHMIS and the role and function of the Occupational Health and Safety Committee. The Committee will assist in fostering knowledge and compliance with the Occupational Health and Safety Regulations by all staff.

(f) The Employer, in consultation with the Occupational Health and Safety Committee, shall institute a written procedure for checking the well-being of employees assigned to work alone or in isolation under conditions which present a risk of disabling injury, if the employee might not be able to secure assistance in the event of injury or other misfortune. This procedure will be reviewed by the Committee as it deems necessary.

(g) The Employer will provide orientation or in-service which is necessary for the safe performance of work, the safe use of equipment, safe techniques for lifting and supporting clients/residents and the safe handling of materials and products. The Employer will also make readily available information, manuals and procedures for these purposes. The Employer will provide appropriate safety clothing and equipment. The Employer will promote processes that provide the most effective ways to safely perform work. These processes will include consideration of safety measures such as timely risk assessment tools, environmental ergonomic adjustments, care design and redesign for clients, sufficient staffing, and in-services/ team meetings. The Occupational Health and Safety Committee shall have as part of its mandate the jurisdiction to make recommendations on these measures, supported by available resources (eg., from OHSAH, WCB).

(h) The Occupational Health and Safety Committee may make recommendations on ergonomic adjustments and on measures to protect pregnant employees as far as occupational health and safety matters are concerned.

22.4 Aggressive Behaviour

(a) Aggressive behaviour means the attempted or actual exercise by a person, other than an employee, of any physical force so as to cause injury to an employee, and includes any threatening statement or behaviour which gives an employee reasonable cause to believe that the employee is at risk of injury.

(b) When the Employer is aware that a client/ resident has a history of aggressive behaviour, the Employer shall provide employees with information in its possession regarding a client or resident which is necessary for the employee to safely carry out his/her duties. Upon admission, transfer or assignment the

Employer will make every reasonable effort to identify the potential for aggressive behaviour.

(c) Where employees may be at risk from aggressive behaviour, in-service and/or instruction on how to respond to aggressive behaviour will be provided by the Employer. The Occupational Health and Safety Committee shall be consulted on the curriculum. Where a risk of injury to employees from violence is identified in accordance with Section 8.90 of the Protection of Workers from Violence in the Workplace Regulations, the Employer will, in consultation with the Committee, establish appropriate physical and procedural measures to eliminate or, where that is not possible, minimize risk. The Employer shall make every reasonable effort to ensure that sufficient staff are present when any such treatment or care is provided. It is understood that this provision is at no cost to the Employer.

(d) Critical incident stress defusing shall be made available and known to employees who have suffered a serious work related traumatic incident of an unusual nature. Leave to attend such a session will be without loss of pay.

22.5 Vaccination and Inoculation

(a) The Employer agrees to take all reasonable precautions to limit the spread of infectious diseases among employees, including in-service seminars for employees. Where the Employer or Occupational Health and Safety Committee identifies high risk areas which expose employeer to infectious or communicable diseases for which there are protective immunizations available, such immunizations shall be provided at no cost to the employee. The Committee may consult with the Medical Health Officer. Where the Medical Health Officer identifies such a risk, the immunization shall also be provided at no cost. The Employer shall provide hepatitis B vaccine, free of charge, to those employees who may be exposed to bodily fluids or other sources of infection.

(b) An employee may be required by the Employer, at the request of and at the expense of the Employer, to take a medical examination by a physician of the employee's choice. Employees may be required to take skin tests, x-ray examination, vaccination, and other immunization (with the exception of a rubella vaccination when the employee is of the opinion that a pregnancy is possible), unless the employee's physician has advised in writing that such a procedure may have an adverse effect on the employee's health.

22.6 Video Display Terminals

The Employer shall ensure that any new office equipment or facility required for use in conjunction with VDTs shall meet the standards recommended by the Workers' Compensation Board.

22.7 Transportation of Accident Victims

Transportation to the nearest physician or hospital and return transportation to the worksite or the employee's residence for employees requiring medical care as a result of an on-the-job accident shall be at the expense of the Employer. Return transportation to the employee's home shall not be provided by the Employer where someone at the employee's home can reasonably provide such transportation.

22.8 Injury Pay Provision

(a) An employee who is injured on the job during working hours and is required to leave for treatment or is sent home for such injury shall receive payment for the remainder of his/her scheduled and assigned hours on that day provided the injury results in the employee being approved for a Workers' Compensation Board claim.

(b) Employees eligible for sick leave coverage pursuant to Article 28 shall have the option to access such coverage for the first day of absence due to injury. Where an employee is subsequently approved for a WCB claim for the same injury, the sick leave credits paid for the first day of injury shall be reinstated to the employee.

22.9 Investigation of Accidents

(a) Except in the case of a vehicle accident occurring on a public street or highway, the Employer must immediately initiate an investigation into the cause of every accident which resulted in injury requiring medical treatment by a medical practitioner or had a potential for causing serious injury.

(b) Accident investigations must be carried out by persons knowledgeable of the type of work involved and, if feasible, include the participation of one (1) union Occupational Health and Safety Committee member or, if not available, a union steward, and one (1) Employer representative.

(c) Copies of the accident investigation reports must be forwarded without undue delay to the Occupational Health and Safety Committee.

(d) In the event of a work related employee fatality, the Employer shall notify the union designate of the nature and circumstances of the accident as soon as possible.

22.10 Emergency Travel Kit

Where employees are required to use their personal, or the Employer's, vehicle for work in isolated or areas with hazardous road conditions, and where there is agreement at the local level regarding the provision of an emergency travel kit, the Employer will provide such a kit. The Occupational Health and Safety Committee will make recommendations on the contents of the emergency kit.

22.11 Employee Workload

The Employer shall ensure that an employee's workload is not unsafe as a result of employee absence(s). Employees may refer safety related workload concerns to the Occupational Health and Safety Committee for investigation under Article 22.3.

RESOURCE 6

Resources 6-1 through 6-9:
Health and Safety Bulletins

Resource 6-1: First Aid: A Basic Right of All Workers
Resource 6-2: Educational Leave for Workers - *Worker's Compensation Act*
Resource 6-3: Refuse Unsafe Work
Resource 6-4: Asbestos
Resource 6-5: Hazardous Chemical Mists and MSDS
Resource 6-6: Reporting RSIs
Resource 6-7: Rights of Health and Safety Committee Members
Resource 6-8: Needlestick Injuries
Resource 6-9: Safe Disposal of Needlesticks and Sharps

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Resource 6-1:
First Aid: A Basic Right of All Workers

It really is pretty simple:

1. All workers have a right to First Aid
2. Employers must provide coverage
3. The First Aid attendant has sole authority to render treatment
4. Workers records are confidential
5. No employer shall interfere with any of the above

But simple and clear as these requirements are, some managers still ignore them. This is why it is important you are informed about your rights.

Here two common situations our members have encountered: Management attempts to override the First Aid attendants authority, and tells a worker not to report. Management attempts to tell a worker to use a clinic instead of a doctor of their choice.

These examples are violations of WorkSafeBC law.

Members have a right to report all injuries or symptoms of injury, including stress due to verbal harassment or violence. These rights were reaffirmed in the official Inspection report into these incidents from WorkSafeBC.

First Aid attendants must not allow anyone to override their authority over a patient, including management, unless they agree to pass the case over to another First Aid attendant.

In addition, if needed, workers MUST have access to transport to seek medical attention, and the First Aid attendant has the authority to request this. They are NOT to follow any orders from management attempting to override this authority. Further, no management or worker other than the First Aid attendant and the injured worker can have access to their record book. A worker may authorize another to see their record, for purposes of treatment or investigation.

All UFCW 1518 members must understand they have a right and obligation to access and seek First Aid, that their records are confidential, and no one can deny this right.

Further, First Aid attendants must not allow their authority to be illegally overruled by management or anyone else. They must report all attempts to do so to the union, and we will follow up with WorkSafeBC.

WorkSafeBC Regulations

3.19 – First Aid Records

(1) The employer must maintain at the workplace, in a form acceptable to the Board, a record of all injuries and exposures to contaminants covered by this Regulation that are reported or treated.

(2) First Aid records must be kept for at least 3 years.

(3) First Aid records are to be kept confidential and may not be disclosed except as permitted by this Regulation or otherwise permitted by law.

(4) First Aid records must be available for inspection by an officer of the Board.

(5) Workers may request or authorize access to their First Aid records for any treatment or report about themselves.

3.21 - First Aid Attendant Responsibilities

(1) The First Aid attendant must
(a) promptly provide injured workers with a level of care within the scope of the attendant 's training and this Part,
(b) objectively record observed or reported signs and symptoms of injuries and exposures to contaminants covered by this Regulation, and
(c) refer for medical treatment workers with injuries considered by the First aid attendant as being serious or beyond the scope of the attendant 's training.

(2) A First Aid attendant must be physically and mentally capable of safely and effectively performing the required duties, and the Board may at any time require the attendant to provide a medical certificate.

(3) The First Aid attendant is responsible, and has full authority, for all First Aid treatment of an injured worker until responsibility for treatment is accepted:
(a) at a place of medical treatment,
(b) by an ambulance service acceptable to the Board, or (c) by a person with higher or equivalent First Aid certification.

(4) The First Aid attendant does not have authority to overrule a worker's decision to seek medical treatment or the worker's choice of medical treatment.

Resource 6-2:
Educational Leave for H&S Committee members

Know your right to education!

The *Workers Compensation Act* states (as excerpted below): The employer must provide the educational leave under this section without loss of pay or other benefits and must pay for, or reimburse the worker for, the costs of the training course and the reasonable costs of attending the course.

Any health and safety courses offered through the BC Federation of Labour Health and Safety Centre are subsidized and approved by the WorkSafeBC. WorkSafeBC has repeatedly ordered employers to ensure that reasonable access to these courses is allowed, including the payment of expenses as per the law. All employers must comply with the *Act* – otherwise, a formal complaint will be lodged, and the union will request both the tuition, and that fines be applied under the *Workers Compensation Act*.

Workers Compensation Act:

Educational leave

135.

(1) Each member of a joint committee is entitled to an annual educational leave totalling 8 hours, or a longer period if prescribed by regulation, for the purposes of attending occupational health and safety training courses conducted by or with the approval of the Board.

(2) A member of the joint committee may designate another member as being entitled to take all or part of the member's educational leave.

(3) The employer must provide the educational leave under this section without loss of pay or other benefits and must pay for, or reimburse the worker for, the costs of the training course and the reasonable costs of attending the course.

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Resource 6-3:
Right to Refuse Unsafe Work

Be safe ... it's your right and your responsibility!

It is vital all union members understand that under BC law, they are obliged to refuse such work. If they carry out work that creates an undue hazard due to their lack of training, they will be held responsible by their employer and WorkSafeBC for any accidents that might occur.

There are many situations when a worker is obliged to refuse to carryout hazardous work. Here are just a few such situations:

- working alone with potentially violent clients or family
- performing client lifts without proper assistance
- use of hazardous chemicals without training and instruction in the hazards
- use of unidentified cleaning agents
- remaining in an unsafe or hazardous work environment
- improperly secured weapons in homes
- presence of moulds
- presence of second hand smoke
- use of drugs and alcohol by clients
- unsecured animals
- dangerous driving conditions

If you are instructed to do any of the above, immediately report to your supervisor/manager and state you are able to carry out any work that does not put you or your co-workers at undue risk, but that you are obliged, under the law, to refuse to carry out any activity that places you or your co-workers at risk of serious injury.

Immediately report the issue to your shop steward, worker cochair for your store's Health and Safety Committee, and the union. If the situation cannot be resolved, you must call in a WorkSafeBC inspector.

Health and Safety Committee representatives: you have a special responsibility to ensure young and new workers are properly trained. If they are not, you must instruct them on their duty to refuse unsafe work. If there is an issue with this in your store, please call in your union Representative immediately and the WorkSafeBC inspector for assistance. The regulation and law, in full, is below for your reference.

Refusal of Unsafe Work

3.12 Procedure for refusal

(1) A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer.

(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and

(a) ensure that any unsafe condition is

remedied without delay, or
(b) if in his or her opinion the report is not valid, must so inform the person who made the report.

(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of:
(a) a worker member of the joint committee,
(b) a worker who is selected by a trade union representing the worker, or
(c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

3.13 No discriminatory action

(1) A worker must not be subject to discriminatory action as defined in section 150 of Part 3 of the *Workers Compensation Act* because the worker has acted in compliance with section 3.12 or with an order made by an officer.
(2) Temporary assignment to alternative work at no loss in pay to the worker until the matter in section 3.12 is resolved is deemed not to constitute discriminatory action.

Resource 6-4: Asbestos

Get asbestos out of our workplaces!

Asbestos-caused cancers kill more Canadian workers than any other occupational disease. In British Columbia alone, 48 workers, several as young as 52 years old, had fatal claims accepted for asbestos cancers in 2005. Cancer control scientists have reported fewer than one in five deaths due to asbestos are even reported to WorkSafeBC. It is estimated that there are over 250 BC workers a year who are dying from this preventable cancer … that is over 1000 BC workers in the next four years!

Asbestos cancers are increasing dramatically in all provinces, and health scientists report that this trend will continue through 2020. Over the next decade, thousands of Canadians will die from this terrible disease. Stats Canada has just released the devastating survival statistics for mesothelioma, an asbestos-caused cancer. 95 percent of all victims will not survive five years after diagnosis. This is the worst survival rate of all cancers recorded.

Asbestos can still be found in many of our members' workplaces. It may be part of old floor tiles, checkstand linoleum covers, or contaminated insulation materials. All BC workplaces are required to have a full inventory completed. Any asbestos containing materials must be labeled, and no work carried out on them during construction or renovations without notice to WorkSafeBC and full protective measures taken by skilled removal crews.
Your Health and Safety Committees have the right to your worksite inventories. Each committee MUST demand a copy of it, and ensure that the materials are NOT exposed in any way. No renovation work should be carried out until asbestos material has been properly identified and procedures are put in place to remove this material.

Support the worldwide movement to ban asbestos!

Canada is a major exporter of chrysotile asbestos, mostly to developing countries with no controls over its use. The World Health Organization (WHO) has called on all member countries to immediately stop the use of asbestos. WHO estimates that at least 90,000 men, women and children die due to asbestos exposures each year.

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Resource 6-5:
Hazardous Chemicals & Material Safety Data Sheets

Using chemicals covered by the *Canadian Hazardous Products Act* without ensuring that all workers working near that product have access to current Material Safety Data Sheets (MSDS), and are specifically trained in the health hazards associated with exposure to that product, is illegal.

All workers must have access to MSDS, and be trained in the contents of the sheets. Serious injury may occur if this requirement is not complied with.

Workers exposed to such a product without the required training, access to MSDS, and appropriate protection must leave the vicinity immediately and report to First Aid. Committees should ensure that the product is NOT USED until the required information is on site and available to workers.

An employer must ensure that general WHMIS Education is provided to worker on:

- Major hazards of controlled products in use at the workplace
- Rights and responsibilities
- Content required on labels and MSDS, and the significance of this information

5.4 Prohibition

(1) An employer must ensure that a controlled product is not used, stored or handled in a workplace unless all the applicable WHMIS requirements concerning labels, identifiers, MSDSs and worker education and training are complied with, except as provided in subsection (2). An employer may store a controlled product in a workplace while actively seeking information required by subsection (1).

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Resource 6-6:
Reporting RSIs

First Aid attendants must record all reports of repetitive strain injury and its symptoms

Repetitive Strain Injuries (RSIs) are a very serious hazard in the jobs that UFCW 1518 members perform. First Aid attendants failing to record injury symptoms reported to them by members are violating their responsibilities and the *Workers Compensation Act*.

Workers also have the right to request a copy of their First Aid report. A refusal to provide this report is also a violation of law.

Section 3.19 of WorkSafeBC regulations states: "Workers may request or authorize access to their First Aid records for any treatment or report about themselves."

Section 3.21 states the First Aid attendant must:

(a) promptly provide injured workers with a level of care within the scope of the attendant's training and this Part,
(b) objectively record observed or reported signs and symptoms of injuries and exposures to contaminants covered by this Regulation, and…

The union will take any and all actions necessary to see that First Aid attendants who refuse to properly carry out their duties will be removed.

Furthermore, the union will file a formal complaint to WorkSafeBC and ask that such persons have their First Aid certification revoked.

Union members and all workers have a right to a healthy and safe workplace, and the union has zero tolerance for such blatant violations of worker's rights.

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Resource 6-7:
Health and Safety Committee Member Rights

Health and Safety Committee members might experience a lack of management support to fulfill their duties. The most common problems are:

- Not enough time for committee meetings or duties
- Lack of direct participation in inspections and hazard identification and control
- Irregular meetings
- No response to recommendations
- Problems remain unresolved

The law requires that all employers ensure that our committee members are scheduled adequate time and resources to carry out all duties under the *Workers Compensation Act*.

Duties and Functions of Joint Committee

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(a) to identify situations that may be unhealthy or unsafe for workers and advise on effective systems for responding to those situations;

(b) to consider and expeditiously deal with complaints relating to the health and safety of workers;

(c) to consult with workers and the employer on issues related to occupational health and safety and occupational environment;

(d) to make recommendations to the employer and the workers for the improvement of the occupational health and safety and occupational environment of workers;

(e) to make recommendations to the employer on educational programs promoting the health and safety of workers and compliance with this Part and the regulations and to monitor their effectiveness;

(f) to advise the employer on programs and policies required under the regulations for the workplace and to monitor their effectiveness;

(g) to advise the employer on proposed changes to the workplace or the work processes that may affect the health or safety of workers;

(h) to ensure that accident investigations and regular inspections are carried out as required by this Part and the regulations;

(i) to participate in inspections, investigations and inquiries as provided in this Part and the regulations;

(j) to carry out any other duties and functions prescribed by regulation.

Time from Work for Meetings and Other Committee Functions

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(1) A member of a joint committee is entitled to time off from work for

(a) the time required to attend meetings of the committee, and

(b) other time that is reasonably necessary to prepare for meetings of the committee and to fulfill the other functions and duties of the committee.

(2) Time off under subsection (1) is deemed to be time worked for the employer, and the employer must pay the member for that time.

This means that in addition to a minimum meeting once per month, members have a right to time to participate in inspections, and incident investigations. They must also have time to consult with the members they represent.

In addition, the employer must respond to committee recommended actions within 21 days of notice, and must correct hazards identified in inspections without delay.

If management does not address hazards when committee members identify a problem, be advised that WorkSafeBC Regulation 3.12 requires all workers to not carry out any work practice that may cause undue risk of injury.

Whenever our members have insisted their rights be respected we have had positive results. It is unfortunate that this is not the case throughout the employers stores.

- Whenever you are not given time and resources to do your job on the committee, the employer is violating the law and our collective bargaining agreement.
- You must be scheduled to attend the monthly meeting, and your committee worker co-chair, and other worker reps must decide how they will participate in departmental, store and incident investigations.
- If you are a committee rep, and your rights are being violated it is essential that you immediately contact your union representative. Your union representative will address this directly with store management. The union can also intervene on your behalf, with your employer, and if necessary, WorkSafeBC.
- If this cannot be resolved then we will ensure that your union representative files a grievance on your behalf, to finally resolve the issue.

Remember: Management must ensure you are scheduled time for both meetings and all the other duties under the *Workers Compensation Act*. If they refuse to do so we will file formal complaints with the company, WorkSafeBC, and through the grievance procedure.

Report all violations of your rights.

Resource 6-8:
Needlestick injuries

Any employee who discovers a syringe must immediately contact the management representative in charge. Do not attempt to collect or touch the syringe yourself.

Never place needles in regular garbage under any circumstances – you may create a hazard for others.

Do not use your hands to feel or reach into any area or container if you can't see the contents or if you don't know what's there. Use a long-handled stick or other object to explore hidden spots or empty containers by turning them upside down.

What to Do When an Exposure Incident Occurs:

The following exposure incidents are potentially harmful:

- Skin is punctured with a contaminated sharp.
- A mucous membrane (the eyes, nose or mouth) is splashed with blood and certain body fluids.
- Non-intact skin is splashed with blood and certain body fluids.

If any of the above exposure incidents occur, follow these steps:

1. Get First Aid Immediately

- If the mucous membranes of the eyes, nose or mouth are affected, flush with lots of clean water at a sink or eyewash station.
- If there is a sharps injury, allow the wound to bleed freely. Then wash the area with a non-abrasive soap and water.
- If an area of non-intact skin is affected, wash the area thoroughly with non-abrasive soap and water.

2. Report the incident

Report the incident as soon as possible to your supervisor and First Aid attendant. This should not cause significant delay in seeking medical attention.

3. Seek Medical Attention Immediately

Seek medical attention immediately - preferably within two hours – at the closest hospital emergency room, or at a health care facility if there's no hospital emergency room in the vicinity. Immunizations or medications may be necessary. These may prevent infection or favorably alter the course of the disease if you do become infected. Blood tests should also be done at that time. You may need to see your family doctor within the next five days for follow-up, such as counseling and medications.

4. Complete WorkSafeBC Claim Forms

If the exposure incident occurs at work, the appropriate claims forms must be prepared and submitted to the WorkSafeBC. For any questions about these types of claims, you may contact the WorkSafeBC Occupational Disease Service at 604-231-8842.

Blood and body fluid contact with intact skin is not considered to be a risk for the spread of bloodborne pathogens. You should, however, thoroughly wash your hands and other affected areas immediately.

Q. What infections can be caused by needlestick injuries?

A. Needlestick injuries can expose workers to a number of bloodborne pathogens that can cause serious or fatal infectious. The pathogens that pose the most serious health risks are:

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human immunodeficiency virus (HIV) - the virus that causes AIDS

All First Aid workers should have a hepatitis B vaccination unless they are immune because of previous exposure. HBV vaccine has proved highly effective in preventing infection in workers exposed to HBV. However, no vaccine exists to prevent HCV or HIV infections.

Q. Who is at risk of needlestick injuries?

A. Any worker who may come in contact with needles is at risk, including utility clerks or anyone moving or contacting waste containers with public access.

Q. Do certain work practices increase the risk of needle stick injury?

A. Past studies have shown that needlestick injuries are often associated with these activities:

• Failing to dispose of used needles properly in puncture-resistant sharps containers;

• Emptying garbage containes without proper protective gloves and safe handling procedures in place.

Q. How can I protect myself from needle stick injuries?

A. Ensure that all workers at risk have been trained in safe procedures.

- Wear puncture resistant gloves when handling any refuse.
- Do not handle discarded needles. Refer to the safe procedures in the WCB booklet “Bloodborne Pathogens”.
- Use the devices with safety features provided by the employer. Safety gloves should be provided for anyone handling refuse that could possibly contain needles.
- Promptly dispose of used needles in appropriate sharps disposal containers. Ensure they are conveniently located.
- Report all needlestick and sharps-related injuries promptly to First Aid to ensure that you receive appropriate followup care. Never put compression on a needlestick injury. It must be allowed to bleed freely. The wound should be washed with soap and water and you should report to Emergency.
- Tell your employer and your Health and Safety Committee member about any needlestick hazards you observe.
- Participate in education and training related to infection prevention.
- First Aid attendants should get a hepatitis B vaccination. Your employer should cover the cost.

If you have not been trained in safe work practices and provided proper protective equipment, do not handle any materials that may be contaminated with discarded needles.

You have an obligation to refuse to perform any work that is unsafe under BC *OHS Regulation 3.12* and the *Workers Compensation Act*. Contact the WorkSafeBC Prevention Line for Immediate assistance: 604-276-3100.

Resource 6-9:
Safe Disposal of Needlesticks and Sharps

How to pick up sharps discarded in public places.

Needles and other items (e.g. condoms) that may carry the HIV and the hepatitis B and C viruses are often thrown away in streets, parking lots, bushes, regular garbage, public washrooms, etc

Management representatives are not to pick up sharps and other items without the proper equipment and personal protective equipment (PPE) and must follow the safe job procedures as stated below.

Never place needles in regular garbage under any circumstances – you may create a hazard for others.

Do not use your hands to feel or reach into any area or container if you can't see the contents or if you don't know what's there. Use a long-handled stick or other object to explore hidden spots or empty containers by turning them upside down.

How to Pick Up a Sharp and Place It In a Sharps Container

Follow the steps below to pick up improperly discarded sharps and other items that could carry HIV and the hepatitis B and C viruses:

1. Have disposable waterproof gloves (such as natural rubber latex, neoprene, nitrile and vinyl) and a proper sharps container ready.
2. Put the gloves on. Place the sharps container next to the needle or other item. Do not hold the container in your hand, or you might accidentally jab yourself.
3. Use tongs to pick up the needle (or other item) and place it into the sharps container. If tongs cannot be found, pick up the needle by its shaft with your gloved hand. In both cases, place the needle into the sharps container, pointed end first, away from you. Do not insert your fingers into the opening of the container and keep your free hand out of the way.
4. Remove and discard the gloves and then wash your hands with soap and water (refer to procedures on the next page).
5. Do not fill the sharps container to the brim. When it is about three quarters full, replace it with a new one and properly dispose of the old one.

Safe Job Procedures

How to Remove Disposable Gloves:

Remove disposable gloves as soon as possible if they become damaged or contaminated. Otherwise, remove them after you have completed the task at hand. Do not wash and reuse your gloves – use new gloves for each new task. Follow the steps below to ensure your hands do not contact any blood or body fluids:

1. With both hands gloved, grasp the outside of one glove at the top of the wrist. Peel off this glove from wrist to fingertips while turning it inside out, as you pull the glove off your hand and away from you. Hold the glove you just removed in your gloved

hand.

2. With the ungloved hand, peel off the second glove by inserting your fingers on the inside of the glove at the top of your wrist. Turn the glove inside out while pulling it away from you, leaving the first glove inside the second.

3. Dispose of the entire bundle promptly in a waterproof garbage bag.

4. Wash your hands thoroughly with soap and water as soon as possible after removing the gloves and before touching non-contaminated objects and surfaces.

Directions for Washing Hands:

Hand washing is one of the best defenses against spreading infections. It stops you from spreading infectious material from your hands to other areas of your body and other surfaces you may touch, and vice versa.

1. Wet hands under warm running water.

2. Lather hands with liquid soap for at least 20 seconds, scrubbing vigorously. Avoid using brushes that could damage the skin.

3. Wash all surfaces of the hands and fingers (even under the nails).

4. Rinse thoroughly under warm running water, directing the water from the fingertips backward to the wrists and arms.

5. Dry hands with paper towel. Use the towel to turn off the faucet. Discard the towel after use.

Blood and Bodily Fluid Contact

Precautions

Disposable latex gloves must be used by all persons whenever contact with blood or other body fluids is anticipated. Discard gloves after each use.

CPR ventilators must be used whenever giving mouth-to-mouth resuscitation.

Cleanliness is essential to preventing infection. All persons must wash their hands:

- Before and after contacting casualties
- Before and after handling wounds, dressings or bandages, or First Aid instruments
- Whenever hands are visibly soiled
- Before eating
- After using the toilet
- After blowing or wiping the nose

First Aid Treatment Procedures:

1. Always wear gloves.
2. If necessary, a plastic apron should be worn.
3. Contaminated bandages, pads and dressings can be disposed of down the toilet, passed on to ambulance for disposal or may be disposed of in the compactor.
4. Remove gloves and place in a strong plastic bag. Bag can be passed on to ambulance attendant for disposal or placed in the compactor.
5. Contaminated clothing should be laundered.
6. Wash hands thoroughly using a germicidal soap from a First Aid kit.

Cleaning Spills of Blood and Other Contaminated Materials:

1. Put on plastic gloves and, if splashing is expected, chemical goggles.
2. If necessary, a plastic apron should be worn.
3. Visible material should be removed with

disposable towels and placed in a strong plastic bag.
4. Entire area must be wiped thoroughly using towels and a 1:10 solution of bleach and water.
5. Towels must again be placed in the strong plastic bag.
6. Where necessary, aprons, shoes and goggles should be wiped to decontaminate them.
7. Remove gloves and place in a strong plastic bag and sealed. Bag can be passed on to ambulance attendant for disposal or may be disposed of in the compactor.
8. Contaminated clothing should be laundered.
9. Wash hands thoroughly using a germicidal soap from a First Aid kit.

Occupational Exposure Incident

What to do when an exposure incident occurs:

The following exposure incidents are potentially harmful:
• Skin is punctured with a contaminated sharp.
• A mucous membrane (the eyes, nose or mouth) is splashed with blood and certain body fluids.
• Non-intact skin is splashed with blood and certain body fluids.

If any of the above exposure incidents occur, follow these steps:

1. **Get First Aid immediately.**
- If the mucous membranes of the eyes, nose or mouth are affected, flush with lots of clean water at a sink or eyewash station.
- If there is a sharps injury, allow the wound to bleed freely. Then wash the area with a non-abrasive soap and water.
- If an area of non-intact skin is affected, wash the area thoroughly with non-abrasive soap and water.

2. **Report the incident**
Report the incident as soon as possible to yoursupervisor and First Aid attendant. This should not cause significant delay in seeking medical attention.

3. **Seek medical attention immediately**
Seek medical attention immediately - preferably within two hours – at the closest hospital emergency room, or at a health care facility if there's no hospital emergency room in the vicinity. Immunizations or medications may be necessary. These may prevent infection or favorably alter the course of the disease if you do become infected. Blood tests should also be done at that time. You may need to see your family doctor within the next five days for follow-up, such as counseling and medications.

4. **Complete WorkSafeBC claim forms**
If the exposure incident occurs at work, the appropriate claims forms must be prepared and submitted to WorkSafeBC. For any questions about these types of claims, you may contact the WorkSafeBC Occupational Disease Service at 604-231-8842.

Blood and body fluid contact with intact skin is not considered to be a risk for the spread of bloodborne pathogens. You should, however, thoroughly wash your hands and other affected areas immediately.

1518 UFCW

RESOURCE 7

Resources 7-1:
Duty to Accomodate

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Resource 7-1:
Duty to Acccommodate

What is the Duty to Accommodate?

Many of our members suffer on and off the job due to injury, and this pamphlet addresses the employer's "duty to accommodate" in such circumstances. Injuries often affect a person's ability to perform certain tasks pertaining to their job. The "duty to accommodate" means the employer is obliged to look for ways to modify/eliminate those tasks and ensure you can continue to work and enjoy the rights and benefits under your collective agreement.

Fair access to employment is a fundamental legal right for all Canadians. Canadian and BC Human Rights legislation prohibits any discrimination against persons for reasons of physical or mental disability, gender, family status or religious belief. The Supreme Court of Canada has further ruled that all employers must seek to accommodate persons with injury and disability by ensuring work and work processes are designed and modified to ensure equal access to all Canadians.

What are my Employer's Responsibilities?

All employers must attempt to ensure workers with a disability are accommodated in the workplace, short of undue hardship on their business. "Undue hardship" is a strict legal test, and the employer must demonstrate significant disruption to the point of endangering the viability of their ongoing operations. Arbitration awards and court decisions have repeatedly addressed this and defined the responsibilities of employers in looking for suitable accommodations.

These include:

- Designing workplaces, procedures and work rules to ensure persons with physical restrictions due to injury or disabilities can access work
- Modifying existing jobs to enable injured workers to return to work
- Looking for alternative jobs or combining tasks if required to accommodate

Employers are not required to create jobs or tasks that do not presently exist, nor are they required to accommodate persons with disabilities if to do so would create significant hardship on their ability to operate the worksite or cause significant impact on the rest of the workforce. It is the employer's responsibility to ensure disruptions are minimized when implementing a workplace accommodation.

What are Workers' Rights & Responsibilities?

If you have an injury or disability that restricts your ability to perform your usual job duties, you have a right to seek a workplace accommodation. The accommodation should minimize the impact on both you and your co-workers. If at all possible, you should be accommodated in your per-injury job. If this is not possible, job modifications should be discussed and a trial period to determine your capabilities should be scheduled. Workers seeking an accommodation must supply a clear description of any limited capabilities they have that would affect their ability to perform their job. Medical verification will be required. You have a right to complete confidentiality and any medical information

the employer may require is limited to only that needed to acquire your accommodation. Workers must cooperate with the employer in seeking appropriate accommodation.

The Role of Your Union

Your union is committed to ensuring both your rights and the rights of all members for a fair accommodation process are respected. While the employer is responsible for developing and implementing a proper accommodation arrangement, the union must also be involved to ensure the best arrangements are made.

It is the unions objective to return all workers who have restricted capabilities to their jobs, and to ensure equal and fair access to all. At the same time we seek to ensure our injured member's rights are fully respected, we also ensure that there is little impact on co-workers. It is very important the union and all of its members work together to support each other in this process.

If you are seeking an accommodation, or need more information, it is very important you contact your union representativeresentative for assistance, guidance and support.

FAQs

Q: My doctor has advised me that I can no longer perform all of the duties required of my position due to an injury, illness, or disability. Who should I contact?

A: Immediately contact your manager and union representative . You will be asked by the employer to have your doctor complete a form outlining the duties you are not able to perform. After receiving the medical information, you will meet with management, employer representatives and your union representative to discuss the possibilities of accommodating, modifying or changing your duties.

Q: I'm on WorkSafeBC benefits and have been informed that since I cannot return to my occupation, I must begin a job search program to maintain any benefits. Do I have to quit my job with my employer?

A: No! If you are unable to return to the position you held previously, and you cannot be accommodated through changes to your pre injury duties, your Collective Agreement allows you to find alternate employment (after retraining) within your certification and in some cases to cross certifications. Please contact your union representativeresentative for the details and to discuss any issues regarding your continued employment.

Q: There are parts of my job I can do, within my medical restrictions but some I cannot. Can my union representative assist with modifying my duties?

A: Yes. If your job can be modified, or you are able to perform certain tasks then your union representativeresentative will try and arrange for this.

Q: My doctor has written a note to my employer asking that I be accommodated due to my medical restrictions. Is this enough information?

A: Often it is not. A more detailed description of your limitations is often required in order to determine the best possible accommodation plan for you.

Q: Will I still be entitled to my scheduled hours (by seniority) if I am accommodated due to a disability?

A: Yes, whenever this is possible. The employer must look at all of the duties available to you and try to ensure they schedule as close to your position as possible. Every effort will be made to accommodate you. Be aware this could take time and cannot impact the hours of a more senior worker.

Q: Are all accommodations permanent?

A: No. You are responsible to report any significant changes to your condition. These arrangements can be reviewed periodically. If you recover from a chronic condition, you will no longer require a special arrangement. If you are finding it difficult to continue in an accommodation, we can address any new issues that arise. Please contact both your employer and union representativeresentative.

Q: Is there a time limit?

A: No. However, you should call your union Representative as soon as you are aware of the need for an accommodation.

Q: Am I still covered by WorkSafeBC?

A: Yes. All workers have a right to be covered by WorkSafeBC benefits should they become injured during the course of their employment. Should your disability become such that you are unable to continue working completely then you are eligible for disability benefits from WorkSafeBC or, if not you may file a long-term disability claim if you are a regular employee in a posted position. If you need assistance appealing any decisions by WorkSafeBC contact your union for assistance.

Q: What constitutes 'undue hardship' for the employer?

A: Job modifications must be implemented unless they significantly impact the viability of the operation of the employers' work site. The courts have made this a high standard and all reasonable attempts to accommodate workers with disabilities must be made. There are no dollar value limits set or established.

Q: What is 'undue hardship' on other members?

A: Any arrangement that results in another member losing hours or benefits, (other than through normal operation of seniority) would be an undue hardship. In conjunction with the employer, we will seek to avoid any disruption if at all possible. At the same time we expect all of our members and employers to assist in finding the best possible outcome for injured employees.

Q:What if I am dissatisfied with an accommodation proposal?

A: Whenever a member is dissatisfied with an accommodation arrangement, you should contact the union for advice and assistance.

Please remember the accommodation process in Community Healthcare is a new and evolving one. Many questions can arise in the course of each individual case. If you wish to discuss the "duty to accommodate" please contact your union representativeresentative.

1518 UFCW

RESOURCE 8

Resources 8-1:
What To Do If You Are Hurt at Work

1518 UFCW

Resource 8-1:
What To Do If You Are Hurt at Work

If you have been injured at work, filed a claim, and now have a WorkSafeBC decision letter you do not agree with and wish to appeal, it is vital you contact us right away, as there are very strict appeal deadlines. An appeal of a WorkSafeBC decision must be filed within 90 days of the date of the letter, so the sooner you contact us, the better we can assist you!

All UFCW 1518 members have access to this service, which gives members the right as a worker to appeal WorkSafeBC decisions, or to question decisions made by WorkSafeBC. Workers who don't have a union providing this type of representation typically have to go to the expense of hiring a lawyer to take on WorkSafeBC for them – as a UFCW 1518 member, you get this service free!

Remember - we're here to help, but can only help with the appeal once a decision has been made and you have something concrete from the WorkSafeBC to show us. For example, the union can assist members when:

- you receive a letter from WorkSafeBC that states a claim is denied
- WorkSafeBC stops paying you wage loss
- WorkSafeBC refuses to pay for certain medical treatments
- WorkSafeBC has accepted a claim, but refused to reimburse the member after they sent in a receipt you get something in the mail from WorkSafeBC you don't understand

Basically, in order to act on your behalf, the union needs a letter of some kind that you have received from WorkSafeBC before we can get involved. Once you have the letter from WorkSafeBC and have contacted the union (preferably well before the 90 day deadline), the file will be reviewed. The union's lawyer reviews the decision letter, a file is created, and you are then sent an information package about the appeal process.

Once the member has contacted the union, we take care of filing the appeal by the deadline. We write letters and any submissions needed to be made on your behalf. Members are kept informed at all times and copied on all correspondence. We also represent members at WorkSafeBC hearings whenever necessary.

UFCW 1518 members can take advantage of this service by calling 604-526-1518 or toll-free 1-800-661-3708. "It is crucial that all members report their injuries immediately and seek medical attention if required," says UFCW 1518 President Ivan Limpright. "Having all of this information properly documented will go a long way to ensure you are protected from unforeseen circumstances."

"Please contact us if you have any concerns with any WorkSafeBC issues," says Limpright. "One simple phone call to the union can prevent members from having to endure a long appeal process before members get what they deserve."

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