Health and safety manual

for stewards serving on joint OH&S committees

This manual is provided by HEU to OH&S stewards serving on joint OH&S committees. Stewards finishing their terms should give this manual to new stewards.

For copies of this manual, contact the OH&S department of the HEU provincial office.
MANY THANKS to HEU members who shared their experiences and their ideas for this manual.
## Contents

### Chapter 1: OH&S stewards: A beginner’s guide
- Beginner's guide for HEU OH&S stewards ................. 10
- The three worker rights .............................................. 12
- HEU's safety philosophy .............................................. 13
- Legal duties of employers and workers ....................... 14
- Introduction to the WCB ............................................. 16
- WCB Regulation .......................................................... 18
- WCB courses and publications .................................... 20
- Introduction to OHSAH ............................................... 21
- Duties of HEU OH&S stewards .................................... 22
- Top 10 tips for being a great OH&S steward .............. 26

### Chapter 2: OH&S committees
- Joint OH&S committees ............................................. 30
- Committee duties ...................................................... 31
- Employer supports to the committee ......................... 32
- Committee set-up ...................................................... 34
- Terms of reference .................................................... 35
- Selecting union reps .................................................. 36
- Co-chairs .................................................................. 37
- Agendas ................................................................. 38
- Minutes .................................................................... 39
- Resolving issues ....................................................... 40
- Committee recommendations ................................... 41
- Union strategies for committee meetings ................... 42
- Top 10 tips for being a great committee rep .............. 46

### Chapter 3: Safety programs
- Employers’ overall safety programs ......................... 50
- Program requirements ............................................... 52
- Safety policy statements .......................................... 54
- Work procedures ..................................................... 55
- Training and supervision .......................................... 56
- Records and statistics .............................................. 58
- First aid services and equipment ............................. 60
- Program review ...................................................... 61
- Top 10 tips for monitoring a safety program ............. 63

### Chapter 4: Special programs
- Special programs found in HEU workplaces ............... 66
- WHMIS ................................................................. 68
- Biological hazards .................................................. 70
- Musculoskeletal injuries .......................................... 72
- Workload ............................................................. 74
- Violence .................................................................. 76
- Critical incident stress management ....................... 78
- Program evaluation ............................................... 79
- Top 10 tips for monitoring special programs .......... 80

Each chapter ends with an overview—a Top 10 list that summarizes the most important points.
Beginner’s guide for HEU OH&S stewards

The three worker rights

HEU’s safety philosophy

Legal duties of employers and workers

Introduction to the WCB

WCB Regulation

WCB courses and publications

Introduction to OHSAH

Duties of HEU OH&S stewards

Top 10 tips for being a great OH&S steward
Beginner's guide for HEU OH&S stewards

Health care is the most dangerous sector for workers in B.C. Everywhere our members work – in hospitals, long term care facilities, treatment centres, in the community – HEU members are at risk. Our members become injured in many ways, whether from lifting patients, caring for patients who are prone to violence, exposure to toxic chemicals, or doing stressful work in stressful times.

According to the Workers’ Compensation Board, one health care worker is injured every 74 minutes in B.C. In recent years, a record number of health care workers have been off the job due to injury or illness. Countless others have suffered work-related injury or illness but never made a claim.

This situation is unacceptable. There must be an end to the carnage in health care.

Throughout its history, the Hospital Employees’ Union has worked hard to protect its members from injury and illness on the job. Most recently, the union worked to establish the joint Occupational Health and Safety Agency for Healthcare (OHSAH) and to have the provincial government allocate funds for health and safety initiatives that protect healthcare workers.

Still, our most important challenge remains the same: protecting our members through prevention. To prevent injury and illness, we need to make sure that our members know their rights and know how to reduce risks in the work they do. We also need to make sure that employers act on their responsibilities.

Safety is an employer responsibility

Health and safety is important to the union. But it is important to employers, too – and not just because of their responsibilities under the law.

Employers contribute to the Workers’ Compensation Board according to how much the WCB must pay out to injured workers. In recent times, WCB claims have exceeded $60 million per year for workers injured in hospitals and related work. Across the province, nearly 400,000 days of work are lost each year due to health care workers becoming injured or ill on the job. Employers are paying the price – including higher and higher WCB rates – because of these injuries. With workers off the job, management must also cope with organizational problems to maintain a standard of care. It is in their best interests to prevent injuries and illness from occurring.

Advancing members’ rights

The job of HEU health and safety stewards is to take the union’s commitment to members’ health and safety and match it up with employers’ obligation to provide a safe workplace.

That’s why the work of health and safety stewards is so important. The best way for us to protect our members is to prevent injury and illness. And the best prevention is having HEU stewards, every day, at union workplaces across the province, advancing our members’ right to work without risk to our safety or our health.
The three worker rights

The law requires employers to protect workers from injury and illness. In B.C., these laws are built around three basic worker rights.

The right to know
Every worker has the right to know about all potential health and safety hazards in their work environment. Every employer has an obligation to provide the knowledge and training required. (See Section 115 of the Workers Compensation Act.)

The right to participate
Every worker has the right to participate in their workplace health and safety program through their representative on the joint OH&S committee. (See Sections 125 to 140 of the Workers Compensation Act.)

The right to refuse
Every worker has the obligation to refuse to carry out work that they believe could jeopardize their health and safety or that of co-workers, patients/clients or members of the public. (See WCB Regulation 3.12 and 3.13.)

HEU’s safety philosophy

The Hospital Employees’ Union has adopted the following philosophy in our approach to health and safety issues.

Prevention first
The most important part of health and safety is prevention. Injuries and illness must be stopped before they occur.

Quality health care
The quality of health care for patients and residents is directly related to the health and safety of health care workers.

Employer responsibility
Health care employers are responsible for creating safe and healthy working conditions.

Worker participation
HEU reps on joint OH&S committees are there to ensure that employers live up to their responsibilities. HEU stewards should play a role in all parts of workplace OH&S programs.

Worker rights
OH&S programs must be built upon the three worker rights set out by law: the right to know, the right to participate and the right to refuse.
Legal duties of employers and workers

The Workers Compensation Act explains that everyone has a role in ensuring that workplaces are safe. Specific responsibilities are set out in the Workers Compensation Act under Division 3 – General Duties of Employers, Workers and Others (Section 115 to 124). Generally, these duties are as follows.

Employers must:

- ensure the health and safety of all workers
- remove or correct any workplace hazards
- make sure that workers know about safety hazards they could be exposed to
- make sure that workers know their rights and duties
- establish health and safety policies and programs
- provide protective equipment, keep it in good condition, and make sure workers use it
- provide information, training and supervision to ensure that workers do their jobs safely
- make a copy of the WCB Regulation available to all workers and post a notice so they know where to find it
- consult and cooperate with joint OH&S committees and union stewards, and
- cooperate with WCB representatives and any other person carrying out a duty under the Workers Compensation Act or Regulation.

Part 3, Division 4 (Sections 125 to 140) sets out employer responsibility for establishing and maintaining joint OH&S committees. This is discussed further in chapter 2.

Supervisors must:

- ensure the health and safety of all workers under their supervision
- understand and comply with the Workers Compensation Act and Regulation
- make sure that workers under their supervision know about hazards where they work
- consult and cooperate with the joint OH&S committee and union OH&S stewards, and
- cooperate with WCB representatives and any other person carrying out a duty under the Workers Compensation Act or Regulation.

Workers must:

- take reasonable care to protect their own safety and the safety of other people
- carry out their work using established safety procedures
- use protective equipment, when required
- work without joking around or otherwise acting unsafely
- work without being impaired by alcohol or drugs
- report safety concerns to supervisors or employers
- consult and cooperate with joint OH&S committees and union OH&S stewards, and
- cooperate with WCB representatives and any other person carrying out a duty under the Workers Compensation Act or Regulation.

Part 2, Division 5 (Section 53) sets out worker responsibility for reporting all work-related injuries and occupational disease to their employer.

WCB Regulation 3.12 and 3.13 set out the obligation for all workers to refuse to do work that is not safe. This is discussed further in chapter 7.
Introduction to the WCB

The Worker’s Compensation Board provides compensation to workers who have become injured or ill because of their work. It also works to prevent injuries and illnesses. The WCB is an independent body that works with government, employers, workers, and workers’ compensation boards in other provinces. It collects fees from employers to cover its costs.

History of the WCB

Before the WCB was established in 1917, B.C. workers injured on the job had to deal directly with the employer on a case-by-case basis. Claims for compensation often ended up in court, and usually took years to resolve. At first, the court system generally favoured employers. Over time, however, the courts began to make employers pay more to their injured workers.

Through the creation of the WCB, a historic compromise was made. It was generally agreed that workers would give up the right to sue and, in return, they would be given immediate compensation if they were injured or became ill because of their work. The WCB began to focus on preventing injuries and illness.

Significant changes were made to the WCB Regulation in 1998 and to the Workers Compensation Act in 2002. The current Act and Regulation are outlined on pages 16 to 18 of this manual.

WCB goals

In addition to its role providing compensation to injured and ill workers, the WCB has a number of set goals, including:

• promoting a high standard of health and safety by employers and workers
• preventing work-related accidents, injuries and illness
• encouraging education on health and safety issues
• fostering cooperation between employers, workers and others
• promoting worker participation in OH&S programs
• supporting the rehabilitation and return to work of injured workers, and
• reducing the social and economic costs of worker injuries to improve the quality of life of all people.

WCB prevention department

WCB prevention officers and staff across B.C. are mandated to:

• work with employers, workers and unions on health and safety issues
• provide health and safety resources and training
• help establish workplace health and safety programs
• guide or perform inspections and investigations, and
• make orders to address health and safety concerns.

WCB officers can visit workplaces as part of a regular safety program, or because someone has made a complaint or asked for their help.

WCB orders

WCB officers can write orders to prevent workplace injuries or illness (see Division 12 of the Workers Compensation Act). In general, this includes the authority to order that:

• standards be established, action be taken or tests be conducted
• information be provided or posted
• equipment be provided or serviced
• reports or records be submitted
• work be stopped or work areas be shut down, or
• ”any other thing that the WCB considers necessary for the prevention of work related accidents, injuries and illnesses.”

The WCB has the legal authority to impose penalties against employers who do not follow standards or comply with orders.
CHAPTER 1
BEGINNER’S GUIDE

WCB Regulation

WCB rules that protect the health and safety of workers in B.C. are written out in the Workers Compensation Act and the Occupational Health and Safety Regulation (commonly known as the WCB Regulation). An excerpt from the Act and the Regulation come together in a set of four books.

HEU OH&S stewards should have a copy of the WCB Regulation or have easy access to one at all times. If necessary, bring copies to meetings with management, or on inspections or accident investigations. The employer is responsible for supplying a copy in the workplace. Stewards can also purchase a copy directly from Crown Publications (see page 192).

The Act and Regulation include four books.

Index and User Guide
The user guide explains in plain language how to read the Act and Regulation. The index covers all three of the other books.

Workers Compensation Act
This first book begins with an excerpt from the Workers Compensation Act (which is also available on its own). It covers topics such as:
- definitions of important words (for example, a workplace is broadly defined as “any place where a worker is or is likely to be engaged in any work and includes any vessel, vehicle or mobile equipment used by a worker in work”)
- compensation to workers (or their families)
- the basic rights and responsibilities of all workers and employers, and
- rules for accident investigations.

Parts 1 to 4 – Core Requirements
The first four parts of the Regulation cover most general information for workers and workplaces, including:
- rules for safety committees, safety programs, and workplace inspections
- the requirement that workers refuse unsafe work, and
- general safety requirements, such as
  - buildings and equipment (4.1 to 4.12)
  - emergency preparedness (4.13 to 4.18)
  - working alone (4.21 to 4.23)
  - violence in the workplace (4.27 to 4.31)
  - ergonomics (4.46 to 4.53)
  - lighting (4.64 to 4.69), and
  - air quality (4.70 to 4.83).

Parts 5 to 19 – General Hazard Requirements
This second book sets out requirements for general hazards found in many workplaces. Some that might apply to HEU workplaces include:
- chemical and biological substances (Part 5)
- biohazardous materials (Part 6.33)
- noise, vibration, radiation and temperature (Part 7), and
- personal protective clothing and equipment (Part 8).

Parts 20 to 33 – Industry/Activity Specific Requirements
The third book sets out requirements for particular industries. While there is no one section for health care, some sections might apply to some HEU workplaces. Part 30, for example, sets out specific requirements for laboratories.

New First Aid Regulation
In March 2004, a new Occupational First Aid regulation will come into effect. It sets out employer responsibility for first aid coverage, including conducting a risk assessment and providing each workplace with appropriate equipment, supplies, facilities, attendants and services.
WCB courses and publications

The Workers’ Compensation Board of B.C. has been considered a leader in safety training and one of the best publishers of workplace safety materials in North America.

Worksafe safety training

WCB partners with colleges, school districts and others to offer Worksafe education courses, such as:

- recognizing and controlling hazards
- investigating and controlling sprains and strains
- providing safety management training for supervisors, and
- preventing workplace violence.

Courses are always changing. Call the WCB to find out more.

Publications, videos and forms

HEU stewards can order WCB brochures, booklets, videos, posters and forms. Some are available for download from the WCB website; others must be purchased through an outside agency.

You can call to get a copy of the current publications catalogue, or download one from the WCB website. Contact information is provided on page 192.

Introduction to OHSAH

OHSAH is the Occupational Health & Safety Agency for Healthcare in B.C. It was created in 1998 in bargaining between HEU and other healthcare unions with HEABC (health care employers).

OHSAH is overseen by a board that has an equal number of union and management representatives.

The purpose of OHSAH is to:

- work with all members of the health care community to develop guidelines and programs designed to promote better health and safety practices and safe early return-to-work
- promote pilot programs and facilitate the sharing of best practices, and
- develop new measures to assess the effectiveness of programs and innovations in this area.

OHSAH offers training to joint OH&S committees at no cost. These courses help union and management committee representatives to learn their roles and responsibilities and to make their committees function effectively. This training also helps committee members to become familiar with OH&S programs and the Workers Compensation Act and WCB Regulation. Finally, it helps improve committee involvement in workplace investigations and inspections.

HEU stewards should insist that joint OH&S committees take advantage of OHSAH training. To contact OHSAH, see page 191.
Duties of HEU OH&S stewards

Deciding to become a union steward is a big step for any person. For some of us, speaking in public is not easy, especially in front of our employers. For others, finding the time is a challenge. For many of us, English is not our first language, and being a steward takes extra effort.

The work can be challenging, but it is also very rewarding. The actions of HEU OH&S stewards across B.C. protect members’ health – even save their lives.

These are some of the duties involved.

**Notify provincial office**
Once elected or appointed, let the provincial office know who you are and how to reach you. Use the form on page 174.

**Represent HEU on the joint OH&S committee**
OH&S stewards represent HEU members at joint health and safety committee meetings with the employer. Joint OH&S committees meet regularly (at least once a month) to address workplace safety concerns. The work of HEU representatives on joint OH&S committees is discussed in detail in chapter 2.

**Attend health and safety training**
Find out about training offered by HEU. Insist that your joint OH&S committee participate in training offered by OHSAH. Consider taking WCB safety courses.

**Act on members’ safety concerns**
OH&S stewards work on safety issues as they arise. Depending on the issue, this may involve working with a supervisor or the employer to fix the problem, filing a hazard report, bringing the issue to the joint OH&S committee, using the grievance procedure in the collective agreement, or organizing a campaign.

**Communicate with members**
Union work happens from the ground up. HEU OH&S stewards make sure that front line workers know what is going on, and bring their concerns to management, union leadership, and others. Some methods used by stewards include:

- speaking informally with members
- making reports at regular union meetings
- organizing meetings or workshops to address OH&S issues
- posting minutes, notices and posters
- including OH&S material in newsletters, or
- sending out memos or e-mail.

**Build safety awareness**
HEU stewards receive safety information and updates from the WCB, OHSAH, and HEU local and provincial offices. Stewards also gather information from newspapers or other sources on their own. Stewards get this information to members by handing out pamphlets or booklets, photocopying information pages, putting up posters or notices, handing out pins or showing videos. It is up to each steward – or union caucus – to decide how to best get information out to members.

**ACT! DON’T JUST REACT.**
It is important that OH&S stewards take the lead on health and safety issues. Don’t wait for an accident to happen. And don’t wait to react to employer proposals. Be the first to take action!
Organize members to act on their concerns
The employer and the union have many health and safety responsibilities. But it is important for workers to know that they have the right and responsibility to protect their own health and safety and that of their fellow workers.

In meetings, notices, or new worker orientations, HEU stewards should promote member awareness and action on health and safety issues.

Get backup on serious health and safety concerns
OH&S stewards are part of HEU locals. Serious concerns may require union support. The chief shop steward should be involved as soon as possible, and you may need to contact your servicing representative. Staff at the OH&S department at provincial office are also there to help. A WCB officer may also need to become involved. Check with the union about whom to involve.

Participate in inspections and investigations
Inspections and investigations are employer responsibilities, but OH&S stewards have a right and responsibility to be equal participants. These duties are discussed in chapters 5 and 6.

When to call for backup
Call your servicing rep or provincial office if:
- there is a serious safety concern and you need help
- HEU members are refusing unsafe work
- a steward is being harassed, intimidated or treated unfairly
- the employer appeals an order or a penalty of the WCB, or asks for a variance, or
- you are not sure about your rights or responsibilities as an HEU OH&S steward.

Case study
Claire works as a clerk in the central supply department. Near her work station is an open basin of Cidex, which used to sterilize surgical instruments. Claire can sometimes smell the chemical odour from her desk.

Claire began to have headaches, eye irritation and difficulty breathing. She talked to her union OH&S steward about her symptoms. The HEU steward investigated the work area and researched Cidex. She found out that because Cidex is toxic, the sterilization process for the surgical instruments should be done in a room with local exhaust ventilation.

Claire had always believed that her employer would not knowingly expose her to a hazardous situation. She learned that workers must depend on their own intuition and actions, and not on the “experts,” to ensure workplace safety.

Conduct new member orientations
It is management’s responsibility to ensure that every new worker receives an appropriate orientation before they start their job. Stewards should do their own orientation for new HEU members.

Mobilize members with health and safety campaigns
By organizing HEU members, stewards ensure that union involvement in health and safety is bigger than one committee meeting or helping one injured worker. This helps advance the union’s goals in a number of ways. Tools for organizing the membership are discussed in chapter 8.

Advocate for injured or ill members
Members may need stewards to advocate for them when they have been injured or become ill on the job. They may need help processing WCB or LTD claims. This is discussed in chapter 9.

Liaise with WCB officers
WCB officers visit workplaces as part of regular programs or when they have been called to respond to a safety concern or accident. Make sure WCB officers know who you are, and that you are actively involved in health and safety at your workplace. Get to know your WCB officer by asking them to attend a joint OH&S committee meeting and speak on a particular topic.

Arrange for backup from an alternate steward
Every steward needs an alternate to take their place if they cannot attend a committee meeting or other duty, or if they will be away from work or on holiday. Make sure your alternate has the information and resources they need. Follow up with them on what you missed.

Train new stewards
Encourage HEU members to become OH&S stewards, and mentor them to do their jobs effectively. Stewards’ work is easier and more effective when there are many to share the load.
Tips for being a great OH&S steward

1. Know your rights.
   - Learn about the rights of workers and union OH&S representatives set out in the Workers Compensation Act.

2. Learn about health and safety.
   - Talk to other HEU OH&S stewards.
   - Read safety publications and bulletins.
   - Get training through HEU, OHSAH or the B.C. Federation of Labour.

3. Show up for all meetings and obligations.
   - Show your commitment by never missing meetings, inspections, investigations, training or other duties.
   - Make sure you have an alternate to go when you can’t.

4. Act! Don’t just react.
   - Take the lead on safety initiatives.
   - Don’t wait for an accident, and don’t wait to react to employer proposals.

5. Talk to members.
   - Make sure everyone knows you are an OH&S steward. Wear your OH&S steward pin while you are at work.
   - Encourage co-workers to call you and make sure they know how to reach you.
   - Act on all member concerns as soon as you can.

6. Talk to the union.
   - Keep others informed about your work, including the union steward caucus at your workplace, your chief shop steward, your local, your local servicing rep, and the OH&S department at HEU provincial office.
   - Consider sharing your concerns and victories by calling the editors of your local HEU newsletter or The Guardian.

7. Talk to our allies in the labour movement.
   - Get to know the health and safety stewards for other unions in your workplace, such as BCNU, HSA or BCGEU. Learn about each other’s concerns and work on common goals.

8. Educate and mobilize the membership.
   - Choose tools that will work best at your workplace.
   - Post minutes or put up posters. Hold meetings or show videos. Organize campaigns, distribute buttons or stickers.
   - Adapt ideas to suit your needs.

9. Delegate.
   - Train members to act on health and safety issues when they arise.
   - Train new stewards to join your caucus.
   - Ask members if they have interests or skills that could help, such as making posters or interpreting the employer’s financial statements.
   - Ask for help when you need it.

10. Don’t back down.
    - Keep working on problems until they are solved.
    - Ask other stewards, your HEU local, or your servicing representative for help. If necessary, call the WCB.
Joint OH&S committees

Workers have the right to participate in decisions about health and safety at their workplace. HEU members do this through their stewards’ participation at joint OH&S committee meetings with the employer.

Joint OH&S committees are one of the most important ways for the union to ensure that the employers are meeting their health and safety responsibilities. The union’s right to participate in health and safety through OH&S committees is written into WCB legislation and HEU collective agreements.

In general, HEU stewards use joint OH&S committees to monitor their employer’s safety program and make sure that the employer responds to members’ concerns.

Committee duties

Section 130 of the Workers Compensation Act sets out a joint committee’s duty to:

- jointly develop terms of reference for the committee
- identify situations that may be unsafe or unhealthy and advise on how to address them
- address concerns and complaints related to the health and safety of workers
- consult with workers and the employer on improvements to health and safety
- make recommendations to the employer and workers
- make recommendations to the employer on education and training
- advise the employer on programs and policies
- monitor the effectiveness of employer training, programs and policies
- advise the employer about changes in the workplace that may affect health and safety, and
- ensure that accident investigations and regular inspections are carried out.

To fulfill these duties, the committee may need to participate in activities beyond those listed in Section 130. For example, a workplace facing concerns over the use of toxic chemicals may require that the committee be involved in research, worker surveys, consultation with experts and worker training strategies. HEU representatives should consider the duties listed in Section 130 to be a minimum.
Employer supports to the committee

The employer is required to provide basic support and services so that the committee can function properly. These duties should be written into the committee’s terms of reference.

Paid time for committee work
Sections 134 and 135 of the Workers Compensation Act state that the employer must give committee reps reasonable paid time away from work to perform their duties. This includes time to prepare for and attend meetings and other committee functions.

Paid time for educational leave
Each member of the joint OH&S committee is entitled to at least eight hours of paid education leave each year to attend health and safety courses, such as OHSAH training or courses approved by the WCB. Section 135 sets out that committee members can pass this paid leave to another committee member or an alternate. Employers are required to pay for tuition and expenses.

HEU collective agreements require an additional eight hours of education leave for union representatives during their first year on the joint OH&S committee.

Administrative support to the committee
The Workers Compensation Act sets out the employer’s responsibility to provide administrative support to the committee. In particular, Section 136 states that the employer must provide:

- meeting space
- equipment, and
- clerical support.

The employer must also provide information about:

- known or reasonably foreseeable health or safety hazards
- known experiences and safe practices of similar industries, and
- orders, penalties or prosecutions related to health and safety at the workplace.

Posting information
Under Section 138 of the Act, the employer must post:

- names and work locations of the committee members
- minutes of the last three joint committee meetings, and
- any WCB orders it has received in the past year.

Records
As part of its safety program, upon request the employer must provide records of:

- worker and supervisor training
- inspections (including corrective actions taken)
- investigations of accidents (or near misses)
- hazard reports
- equipment inspection and maintenance logbooks
- statistics on the frequency and severity of incidents.

This information must be provided to union committee representatives and kept for at least two years.
Chapter 2

OH&S Committees

Terms of reference

A committee’s terms of reference is its written agreement on how the committee will function. It might include:

- purpose of the committee
- duties and functions of the committee and its members
- membership representation and selection procedures, including a provision for alternates to attend
- key roles (co-chairs, minute-taker)
- terms of office (length of time members will serve)
- frequency, time and place of meetings
- quorum (minimum attendance to pass motions)
- decision-making or dispute resolution processes
- regular agenda items
- format for minutes
- provisions for calling special meetings, and
- visitor participation.

New committees should begin to address health and safety issues as soon as possible. Don’t get stuck on the terms of reference – this could be an employer tactic to stop the committee from talking about safety concerns. If necessary, limit the time that the committee spends talking about the terms of reference at each meeting, and then move on to other business.

Committee set-up

Division 4 of the Workers Compensation Act sets out the following general requirements for joint OH&S committees.

- Employers with 20 or more regular workers must set up a joint committee.
- Employers with 10 to 19 workers must have a worker designated as the health and safety representative.
- The WCB can order additional committees.
- Committees must have at least four members.
- At least half must be worker representatives.
- The committee must have two co-chairs, one selected by the worker representatives and the other selected by the employer representatives.
- Employer representatives should be those who act as managers at the workplace covered by the committee.
- Union representatives must be chosen by unions.

CASE STUDY

Edwin works as a care aide in a community care group home. There are 10 regular staff members, including four from HEU. Of the three houses, two are badly in need of repair. Some of the staff have been doing minor repairs on their own, even though none of them are qualified to do so. No one is surprised when one of Edwin’s co-workers slipped and fell because of a loose stair board that had been poorly hammered into place.

An HEU member at another group home told Edwin that the WCB Regulation and HEU collective agreement require employers to set up joint OH&S committees. Edwin downloaded a copy of the Regulation. He found out that, even though the staff is small, he and his co-workers have the right to appoint a representative to meet with the employer in place of a joint OH&S committee. The staff appointed Edwin to be their representative. With the help of a WCB officer, Edwin met with the employer and worked out the facility’s first formal safety program, including a plan to begin building repairs.

FULL UNION REPRESENTATION

There is no maximum number of committee members. Make sure there are enough committee reps to cover all members. Consider:

- the number of employees
- the seriousness of hazard concerns
- the number of unions or worker groups, and
- representation for all departments and shifts.

Juanita and Parm are the co-chairs, Nelson is the recorder, and I make the coffee. At risk of being a little obvious, we play the “key roles.”
Selecting union reps

Union members decide who will represent them on joint OH&S committees. Under Section 128 of the Workers Compensation Act:

- worker reps must be selected from workers at the workplace who do not exercise managerial functions
- if the workers do not select their own reps, the employer must assign them, and
- the employer or union can ask for advice from the WCB.

If HEU is the only union, OH&S reps are elected in the same way as other union stewards; they can also be appointed at any time.

If HEU is not the only union, it is important that the unions reach an agreement on their own, choosing committee reps according to their own criteria, such as the number of workers represented by each union, or the degree of hazard faced by workers. Not all unions need to be represented, but all workers should be fully informed by the selected representatives.

Any member can serve as an OH&S steward. No special experience or skills are required. However, some skills can be particularly helpful to the steward team, such as:

- commitment to attend meetings and report to members
- assertiveness in speaking about safety and members’ rights
- negotiating and conflict resolution skills
- meeting skills, such as chairing or minute-taking
- special skills, such as reading financial statements and budgets, analyzing statistics, writing proposals or using computers
- sensitivity to the needs of members who are women, people with disabilities, racial minority members, lesbian and gay, or First Nations members, and
- personal integrity that earns the respect of HEU members, stewards of other unions, and the employer, even if they don’t always agree.

Co-chairs

All joint OH&S committees should have two co-chairs: one chosen by management representatives on the committee and one chosen by the worker representatives.

In some workplaces, worker representatives are all HEU members. In others, several unions may have committee representatives. The worker representatives will have to decide amongst themselves who will serve as co-chair.

Serving as a co-chair requires more commitment than other committee members. Committee co-chairs:

- prepare and distribute the agenda
- ensure that worker committee reps (or their alternates) will attend
- consult with union members, committee reps, and other union reps (if appropriate) before the meeting
- chair the meeting with an unbiased viewpoint (allowing other HEU reps to argue the union’s position)
- keep the meeting moving by following the agenda and staying on topic
- arrange education (in consultation with the committee), which may include health and safety videos, guest speakers, or training sessions from equipment suppliers
- make sure that accurate and clear minutes are taken and posted, and
- forward recommendations to the employer.
Agendas

Agendas should be distributed and posted before joint OH&S committee meetings so that everyone can prepare in advance.

Agendas should:
- state the date, place and start/end time of the meeting
- name people who are expect to attend
- identify formal roles (co-chairs, minute taker)
- outline topics to be discussed, in order, such as:
  - introduction of new members
  - approval of previous minutes
  - employer submission of injuries (location, types, causes) and statistics (accidents, near-misses, illnesses, WCB claims initiated, etc.)
  - status of recent committee recommendations
  - reports from inspection and investigation teams
  - safety program review
  - “other business” (new issues brought to the committee’s attention), and
  - confirmation of the next meeting time and place.

Special agenda features might include:
- a number or letter system for regular agenda items
- a dating system to indicate when the issue was originally raised
- a start time for each item on the agenda, or
- the name of a member responsible for a particular agenda item.

Minutes

Minutes make clear to everyone – workers, the employer, the union, the WCB – what has been agreed and what is left to do.

In general, good minutes include:
- names of people at the meeting and those absent
- headings that match the agenda, with a brief summary of the discussion on each item
- clear description of decisions or actions required, and
- if necessary, a record of who voted in favour or against a committee decision.

Minutes should reflect the main points of discussion. If the committee cannot agree about an issue, the minutes should show the main points of disagreement. All decisions should be recorded in the minutes.

HEU stewards should insist that the minutes be action-oriented: that they clearly state what is to be done, by whom, by what date. The item should then be added to the next agenda for follow-up.

Finally, minutes should be posted for all members to read as soon as possible following the meeting. Copies should also be sent to parties named for specific actions to be taken. The employer must keep minutes for at least two years, and give them to the union or the WCB upon request.

There is little use in minutes that detail what was said, but don’t mention what is to be done about it. Use action-oriented minutes.
Resolving issues

Health and safety issues are usually resolved on the floor as they arise. Workers solve problems on their own or with a supervisor. If they cannot agree, members can call their OH&S steward for help. If the problem is still not resolved, and it is urgent, the steward can contact a WCB officer. If it is not urgent, the problem should be sent to the joint OH&S committee for a recommendation.

Most issues brought to the committee will be resolved through general discussion. These basic problem-solving steps help to keep discussion moving forward.

Step 1. Identify and define the problem.
Step 2. Discuss the cause of the problem.
Step 4. Decide on action to be taken.

If the committee cannot agree about a matter of health or safety, a co-chair of the committee may report this to the WCB. The board may then investigate and try to solve the problem.

Committee recommendations

While many issues can be resolved through general discussion, some serious concerns may require formal recommendations. Section 132 and 133 of the Workers Compensation Act set out a formal process for committee recommendations to the employer.

1. The committee makes a recommendation.
The committee works on the problem and comes up with a recommendation that is agreeable to everyone. Recommendations that require employer action are written out and given to the employer. If the committee cannot reach agreement on a safety issue, union reps should consider asking the WCB for advice or, if necessary, intervention.

2. The employer responds in writing.
The employer has 21 days to write back to the committee. It can:
   - agree with the recommendation
   - ask for more time to respond to the recommendation, or
   - explain why it does not agree with the recommendation.

3. If necessary, the WCB is contacted.
If the committee is not satisfied with the employer’s explanation, and cannot resolve the dispute, a co-chair may report this to the WCB. The WCB may then investigate and order an employer response.
CHAPTER 2
OH&S COMMITTEES

Focus on health and safety
The purpose of OH&S meetings is to talk about health and safety. When employers are not serious about health and safety, they may find ways to distract the committee from its job. Don’t discuss issues that are not about health and safety, and don’t get stuck on matters of process. Stick to the point and be persistent.

Build support among allies
It is critical that workers stand together on health and safety issues. Don’t let one member stand alone on an issue that affects everyone. Work with HEU members and other union members (or non-unionized co-workers) at your workplace.

HEU representatives on joint OH&S committees may want to meet with representatives of BCNU, HSA, BCGEU or other unions to discuss mutual concerns and build support for each other’s proposals.

That said, HEU stewards should always make sure that members’ health and safety issues are given first priority.

Union strategies for committee meetings
The committee is not there to serve the employer’s agenda – it is an equal meeting of the employer and the workers. The following strategies may help HEU stewards to promote a union agenda at joint OH&S meetings.

Make sure all HEU stewards attend every meeting
Attend all meetings or arrange for an alternate to go in your place. The union co-chair should help to make sure that HEU is fully represented at every committee meeting.

Consult each other and the membership
HEU stewards do not sit on the committee as individuals, but as representatives of the union. Positions taken by stewards should reflect HEU policy and the wishes of all members at the workplace.

Be prepared
Prepare for meetings by collecting evidence about the issues to be discussed. Gather reports or statistics, take photographs, draw maps, get statements from people, etc. Learn the basics about identifying and eliminating hazards. Be prepared to take the lead – don’t wait to react to the employer’s agenda.

Sit together at meetings
HEU stewards should sit together at committee meetings so as to easily talk to each other. If necessary, the union can call for a caucus. Stewards can then meet alone to set the union’s position.

Set goals
Work with each other and the membership to develop short and long term union goals. Make sure that the joint OH&S committee has its own short and long term goals. Conduct evaluations of your success at least once a year.

CASE STUDY
Kory and Kim were excited, but a bit nervous, to attend their first joint OH&S meeting as HEU representatives. Members from two other unions quickly welcomed them and gave them helpful advice.

Over the next few meetings Kory and Kim became familiar with the committee and their jobs as stewards. But there never seemed to be enough time to deal with the issues that they felt were important. The other unions were working very hard to force the employer to act on a serious problem affecting their members. The concerns affecting HEU members were not being heard. Kory and Kim did not feel comfortable asking the other unions to set their problem aside to deal with HEU’s concerns.

Kory and Kim called their local servicing rep for advice. They found out that they could use the HEU collective agreement to insist on a separate committee just for HEU issues. They continued to attend the other joint OH&S committee so that they could work in solidarity with stewards from the other unions.

Press the employer to ensure that the committee has enough time to address all items on the agenda. Make sure that new health and safety concerns are heard.

NO DIVIDE AND CONQUER
Don’t allow employer representatives to isolate or blame one member or steward. At meetings, back each other up as much as you can. Caucus with other union reps if you disagree. Reject any employer attempt to turn one union against another.
CHAPTER 2

OH&S COMMITTEES

45

HOSPITAL EMPLOYEES’ UNION HEALTH AND SAFETY MANUAL

Be firm and consistent
HEU stewards establish their power by acting with commitment and integrity. That means being prepared for meetings and following up on commitments. It means speaking up during meetings, making specific demands with clear time frames, and not backing down. It means showing the employer that HEU stewards will act on an issue until it is resolved.

The union’s goal is to establish a working relationship with management to improve the health and safety of HEU members. Stewards may not always be able to be friendly with management to accomplish this goal. By acting respectfully, but forcefully, stewards can work with management to accomplish union goals.

Get it in writing
Don’t leave the discussion of an issue until an action has been agreed. Once there is agreement, write down all of the specific details, including who will do what and by what date. Have this noted in the minutes or written up in a separate letter.

For actions requiring a response from management, write a formal recommendation.

Lobby for good management representatives
It is in the union’s best interests that the employer choose good representatives. Ask the employer to send reps who:
• are knowledgeable about the workplace
• have the authority to make change, and
• are likely to attend most meetings.

Limit employer “advisors”
“Technical advisors” or “special advisors” should be invited only by agreement of the whole committee. Advisors who often attend meetings should be made committee members. This is important because these advisors can be very knowledgeable about health and safety at the workplace and therefore dominate meetings. It is important that they be balanced with an equal number of union reps.

Get training
Advance the union’s training goals at every opportunity.
• Insist that the joint committee receive OHSAH training on effective committee functioning.
• Set aside time at each meeting for education, such as talks from suppliers, WCB officers, or safety experts.
• Make sure that all union reps receive at least eight hours of training per year.
• Request that the employer provide appropriate training for health and safety concerns brought to the committee.

Conduct evaluations
From time to time, HEU stewards should meet to assess whether the steward team is meeting its goals. The joint OH&S committee should also conduct self-evaluations. A sample committee self-evaluation form is provided on page 183.

If necessary, get help from the WCB
If the committee is at an impasse, and cannot agree on the problem or how to solve it, union stewards can ask the WCB for advice or, if necessary, intervention.

PROTECTION FROM DISCRIMINATION
Under the Workers Compensation Act, employers cannot take action against workers exercising a right covered by the WCB. For example, if a worker complains about a matter of safety, the employer cannot reduce her work hours, demote her, or transfer her to another department.

HEU stewards who feel they are being treated unfairly because they are stewards should contact their local or HEU provincial office.
Tips for being a great committee rep

1. **Hold the employer to its responsibilities.**
   - It is the employer's responsibility to ensure that the committee has the resources it needs to meet regularly and function effectively. Make sure your employer is meeting its obligations.

2. **Fill all worker seats on the committee.**
   - At least half of the committee must be worker representatives. Fill all worker vacancies immediately.
   - Make sure there are enough members to cover all areas.

3. **Know your duties.**
   - Duties of joint OH&S committee reps range from consulting workers to advising management. Learn about your duties and be prepared to act.

4. **Attend every meeting.**
   - Show your commitment by never missing a meeting.
   - Make sure an alternate attends when you can't. Prepare the alternate in advance and ask them what you missed. Review the minutes of any meetings you did not attend.

5. **Get training.**
   - Insist that the committee take OHS AH training to help it function effectively.
   - Be sure to receive the eight hours of training you are entitled to each year.

6. **Select a strong co-chair.**
   - Worker representatives should choose a co-chair with strong leadership skills. Excellent co-chairs consult union reps before meetings, chair with an unbiased viewpoint (allowing HEU reps to argue the union's position), and are always organized and on time. They represent the union well, but have the employer's respect.

7. **Insist on thorough agendas and minutes.**
   - Ensure that detailed agendas are distributed well in advance.
   - Insist that minutes indicate who will do what, by when.
   - Ensure that minutes from the last three meetings are posted where members can see them.

8. **Put it in writing.**
   - Note all committee decisions in the minutes.
   - Make formal written recommendations to the employer.

9. **Act until the issue is resolved.**
   - Keep notes about outstanding issues, and bring them up until they are resolved.
   - Mobilize the membership in support of union concerns.
   - If necessary, call the WCB.

10. **Conduct evaluations.**
    - Evaluate yourself as a committee rep. Are you fulfilling your duties?
    - Evaluate yourselves as a steward team. Are you meeting your goals?
    - Have the joint committee evaluate itself. Are you an effective committee? Are you improving workers' health and safety?
Safety programs
Employers’ overall safety programs

Safety programs ensure that employers make a long-term commitment to workplace safety. Too often employers are simply reactive – they respond to accidents that have already happened, or to hazards that have already been identified by workers. Safety programs reflect a broader, long-term commitment to continually improve workplace safety.

For example, let’s say a joint OH&S committee is approached by a group of employees in a particular department who complain of frequent repetitive strain injuries. The committee works with the department supervisor to develop a musculoskeletal injury prevention program. Over the next six months, these injuries are reduced by one half and everyone celebrates the effectiveness of the program. But, a year and a half later, the same employees complain again about a number of new repetitive strain problems.

This is a common story. Committees can respond to concerns one at a time, but real prevention requires long term commitment. Workers and supervisors must be committed to changing work processes, monitoring the effectiveness of these changes, and constantly looking for new, safer ways for workers to do their jobs. They cannot lose interest just because there hasn’t been an accident.

No one can predict the future. But a good prevention program will eliminate as much risk as possible.

Safety programs are an employer responsibility

Some people think that because there is a joint OH&S committee, the employer has met the requirement for a safety program. That’s not true. Under the WCB Regulation, all employers with 20 or more workers must have a formal occupational health and safety program. Employers with fewer than 20 workers are required to have an informal program, and can also be ordered by the WCB to implement a more formal OH&S program.

It is the employer's responsibility to clearly set out who is responsible for the program's coordination, implementation, enforcement and evaluation. There should be regular management meetings and meetings with supervisors to review and evaluate the program.

Safety programs are an employer responsibility. But it is the responsibility of joint OH&S committees to make sure that the employer meets its safety obligations. The committee can advise the employer on the kinds of safety concerns that should be included in the program.

The committee should also monitor the program and evaluate its effectiveness.
Program requirements

Safety programs vary according to each facility’s mission and goals. However, there are basic requirements for all workplace safety programs. These are set out in WCB Regulation 3.3; depending on the workplace, other sections may also apply.

At a minimum, safety programs must include:
- a written policy statement
- a joint OH&S committee (see chapter 2)
- regular workplace inspections (see chapter 5)
- accident investigations (see chapter 6)
- written work procedures
- training and supervision
- management meetings to review OH&S issues, and
- records and statistics.

Depending on the workplace, programs might also include:
- hazardous materials procedures (WHMIS) (see chapter 4)
- monitoring of workplace exposures
- health monitoring (such as regular hearing tests)
- first aid policies, procedures and equipment, and
- annual reviews.

Some HEU workplaces may also have special programs to address unique health and safety concerns, such as:
- ergonomics programs
- violence prevention programs
- back injury prevention programs, or
- workload safety programs.

These specialized programs are discussed in chapter 4.

WCB resources can help an employer to set up a safety program. They can also be used by HEU stewards on the OH&S committee to help monitor the employer's program responsibilities.

For more information, contact joint OH&S committee co-chairs Amy Tang (HEU) and John Lau (human resources).
Safety policy statements

The first step in developing a safety program is to write out a safety policy. The policy statement should be written (and reviewed on a regular basis) in consultation with the Joint OH&S committee. It should be provided to new employees and posted where supervisors and workers can see it.

Policy statements should include:

- a safety mission statement
- safety objectives
- a summary of the components of the safety program
- the authority and duties of staff responsible for overseeing the program
- expectations of
  - manager
  - supervisors
  - employees
- expectations of residents, patients, clients or visitors
- program review and evaluation.

When drafting safety policy statements, employers should be encouraged to include workers’ obligation to refuse unsafe work.

Work procedures

Workers are more likely to perform their jobs safely if there are standard procedures posted in their work area. Every workplace will have different needs. It is up to the employer to determine those needs, create the procedures, and update them as necessary.

Procedures that might be posted in a health care setting include

- lifting patients
- storing hazardous chemicals
- working alone
- preventing violence
- disposing of chemicals, or
- reporting and treating a needlestick injury.

Written work procedures should be reviewed when a job change occurs, new equipment is introduced, or following an accident or near-accident.

It is not difficult to create written work procedures. While it is helpful to do outside research or talk to health and safety experts, it is not necessary to wait for this to happen. Supervisors can talk to workers and supervisors, write a draft policy, and then get feedback. The WCB prevention division can help.

SAMPLE PROCEDURE

STORAGE ROOM LIFTING PROCEDURE

- Test the load.
- Clear the area.
- Avoid lifting from below knee level.
- Orient your body for ease of movement.
- Find your balance.
- Bend your knees – not your back.
- Hold the load close.
- Lift slowly and smoothly.
- Pivot with your feet – not your back.
- Push a load – don’t pull it.

Don’t carry a load that is too heavy! Find another solution: use a cart or dolly, empty the container part way, get help to share the load, or call the building manager to borrow mechanical lifting equipment.

Once you have a back injury, the risk of re-injury is four times greater.
CHAPTER 3
SAFETY PROGRAMS

Training and supervision

It is management’s responsibility to ensure that every new worker receives an appropriate orientation before they start their job. It is also the employer's responsibility to make sure that workers are properly trained to do required tasks safely.

New worker orientation
Supervisors should give new workers an orientation that emphasizes safety. This might include:

- a tour of the facility’s safety features, such as first aid room, safety equipment, fire exits, posted policies, etc.
- introduction to supervisors and clear understanding of who to talk to about safety concerns
- orientation to the OH&S safety policy and their responsibilities as a worker
- location of personal safety equipment, such as gloves, aprons or hearing protection
- procedure for doing their job safely, including demonstration, if necessary
- review of possible hazards.

HEU stewards should do their own orientation, including:

- ensuring that they have received a copy of the collective agreement and the HEU Constitution and Bylaws, and that they understanding their safety rights and responsibilities
- introduction to other OH&S stewards and committee reps, including from other unions, and
- ensuring that they understand their rights – the right to know, the right to participate, and the right to refuse unsafe work (as discussed on page 12).

Training
Employers are responsible for training workers to do their jobs safely. Safety programs should include a training policy that includes:

- a policy on who is to receive education and training, and when it is to be received
- a policy of providing new education every time there is a change in job duties or a change in equipment
- a system for providing workers with updates and refresher courses
- supervisor training in risk identification, assessment and control
- training for those responsible for equipment purchasing and facility design, and
- training for the joint OH&S committee.

The WCB recommends that management keep a record of worker training and review it periodically to ensure that training requirements have been met.

Disputes about training (or who should pay if outside training is required), should be discussed by the OH&S joint committee. A WCB officer may also be able to help.

Supervision
It is the supervisor’s job to ensure that workers follow safe procedures. Supervisor’s responsibilities can include:

- new worker orientations
- formal inspections and accident investigations
- informal daily inspections
- enforcement of safe practices (such as using protective equipment), and
- job instruction and demonstrations, or provision for outside training.
CHAPTER 3
SAFETY PROGRAMS

HOSPITAL EMPLOYEES’ UNION
HEALTH AND SAFETY MANUAL

Records and statistics

Employers must keep accurate health and safety records and make these available to the joint OH&S committee; upon request, the employer must also provide them to unions and the WCB. These records should include:

- incident reports
- first aid records
- reports of near-misses
- accident investigations
- workplace inspections
- training records, and
- payroll records showing days lost due to illness or work-related injuries.

Records and statistics help the employer and the joint OH&S committee to:

- diagnose trends or unusual conditions
- identify work areas or tasks at higher risk
- set prevention activities
- determine if controls are working and goals are being met.

For example, records can be used to generate statistics to show:

- total number of incidents or injuries over a specific period
- total and average number of days lost
- the frequency or severity of particular injuries or illnesses, or
- average cost per injury or illness.

The most common and important source for statistics are incident reports. The employer should give monthly summary reports to the committee at each joint OH&S committee meeting. Annual reports should be provided once a year.

WCB tools

The WCB provides information for calculating statistics in the Joint OH&S Committee Reference Guide and Workbook. The WCB also provides on-line tools for collecting data and generating reports.

CASE STUDY

Jerry and Victor represent HEU laundry workers on the OH&S joint committee. For years, many members in their area had complained of back strain and a few had suffered back injuries. The employer posted a new lifting procedure for heavy loads. Jerry and Victor wanted a number of changes to deal with the minor aches and pains that too often led to serious back problems.

Jerry and Victor began to collect records to support their concern. They started a campaign to get all members to report every incident, from minor twinges to muscle aches. Workers receiving therapy, and those who had received training on safe lifting.

Jerry and Victor presented this information to the next joint OH&S committee meeting. The employer representatives agreed that the evidence showed a need for thorough change. The committee made a recommendation to the employer that included training, new equipment and new staff person.

The committee evaluated the changes a year later. It found that back incidents had been cut by half, WCB claims for back-related therapies had been reduced by 40 per cent, and overall sick days were down 15 per cent.

The employer should give monthly summary reports of injuries and illnesses to the committee at each joint OH&S committee meeting.
First aid services and equipment

Under the WCB Regulation, all workplaces must have first aid equipment. In some cases, there may also be a need for a first aid room set aside for the treatment of workers. Some health care facilities can use existing treatment rooms (such as the ER) as the workers’ first aid area. Special guidelines must be followed.

In general, the first aid component of the safety program should include:
- a procedure for when, where and how to report for first aid
- a clear description of first aid services
- a plan for communicating first aid services to workers, and
- a system for keeping records and communicating incidents to the joint OH&S committee.

Program review

An OH&S review (also called an audit) is an evaluation of the effectiveness of a workplace safety program. The review provides a positive way to identify goals and set deadlines for improvements. It should be done by the employer in consultation with the joint OH&S committee.

In general, annual reviews allow the employer and the committee to:
- assess the OH&S program
- recognize achievements
- identify problems, and
- recommend what should be done, by whom, when.

There is no right way to do a review – each workplace will have different needs and resources. One sample process is to:
- appoint a person or subcommittee to conduct the review
- gather background documents (including policies, reports, statistics and minutes)
- survey and/or interview staff and management
- consult outside sources (such as the WCB or similar organizations)
- conduct an in-depth workplace inspection
- prepare a report, including recommendations and an action plan
- have the committee discuss the report and finalize the action plan, and
- follow up on the report at a specified date.

Audits may also be conducted by the WCB. For example, as part of a WCB effort to reduce injuries in health care, officers audited health care facilities across B.C. They found that the basic components of a general safety program were often absent. These audits led to recommendations and orders by the WCB.
Tips for monitoring a safety program

1. **Learn the components of a safety program.**
   - Review areas of the Workers Compensation Act and WCB Regulation that might apply to your workplace.

2. **Insist that the employer take responsibility.**
   - Worker reps on joint OH&S committees can offer advice and feedback, but it is the employer who must act.
   - Do not allow the employer to avoid responsibility by delegating tasks to worker committee reps.

3. **Promote the safety program.**
   - Make sure that the safety program information is posted where it will be seen by members and supervisors.
   - Make a reference to the safety program policy statement when speaking at the joint OH&S committee, and in documentation and recommendations to the employer.

4. **Ensure that program responsibility is clear.**
   - Make sure that the employer clearly sets out who is responsible for managing the safety program and its various components.
   - Make sure the employer instructs supervisors of their duties under the program.

5. **Review posted procedures.**
   - Follow up on posted policies and procedures. Are they useful to HEU members? Are they easy to access? Do they need to be updated?

6. **Conduct new member orientations.**
   - Review safety issues with new members, even if the employer has already given them a safety orientation.

7. **Analyze records and statistics.**
   - Make sure that at least one member of the union OH&S steward team is capable of conducting a detailed analysis of employer records and statistics.
   - If necessary, ask the WCB for give you resources or show you how to review records and calculate statistics.

8. **Protect the privacy of injured and ill workers.**
   - The WCB Regulation allows union representatives to access first aid records. Committee reps should respect this right by treating confidential information with extreme caution.

9. **Look at long term safety.**
   - Force the employer to look beyond current incidents and concerns.
   - Make sure the employer has long term safety goals.

10. **Evaluate the program.**
    - Insist that the employer regularly review its own program at least once a year.
    - Actively involve the joint OH&S committee in yearly reviews.
    - If necessary, ask the WCB to step in.
CHAPTER 4

66 Special programs found in HEU workplaces
68 WHMIS
70 Biological hazards
72 Musculoskeletal injuries
74 Workload
76 Violence
78 Critical incident stress management
79 Program evaluation
80 CHAPTER OVERVIEW Top 10 tips for special prevention programs

Special programs
Special programs found in HEU workplaces

Employer safety programs reflect a commitment to the general health and safety of workers. In the health care sector, specialized programs are also required.

Provisions for special programs are included in HEU collective agreements. Where there is no contract language, members can call on the joint OH&S committee to recommend a program to the employer.

This chapter reviews common programs found at HEU workplaces.

Program basics

By their nature, special programs are tailored to meet the needs of individual workplaces, even individual departments or workers on their own. A good program may include the following steps.

Step 1: Consult
- assign a person or committee to oversee the program
- gather initial background information
- consult workers about what should be investigated

Step 2: Investigate
- gather detailed records and statistics
- survey workers about their perceptions and experiences
- gather external resources, such as WCB or OHSAS, or consult other workplaces

Step 3: Draft
- ensure that it states the employer's commitment
- make sure it clearly defines roles and responsibilities
- include draft policies and procedures, training, etc.
- review the draft program with workers, supervisors, management and the union
- get feedback from the WCB, OHSAS or another agency

Step 4: Implement
- advertise the program widely
- implement in stages
- slow down or make adjustments as required

Step 5: Evaluate and update
- evaluate the effectiveness of the program
- update the program as required

Union representatives should be included in all elements of a program, from design through implementation and evaluation.
WHMIS

The Workplace Hazardous Materials Information System (WHMIS) is a federal program to provide information about hazardous materials used in the workplace.

Under WHMIS, workers have the right to know about the products they use, including:

- identity – what it is
- hazards – how it can cause harm, and
- precautions – how workers can protect themselves.

The goal of WHMIS is to reduce injury and disease by giving workers information. This is done in three ways:

- WHMIS labels (basic information, found directly on the container)
- MSDS – Material Safety Data Sheets – (technical information, posted in the work area), and
- WHMIS training for workers.

Under WHMIS regulations, employers must:

- assign someone to be responsible for WHMIS
- establish an inventory of products controlled by WHMIS
- ensure that WHMIS labels (or their equivalent) are on all controlled products
- make MSDS easily available to workers
- identify and evaluate hazards associated with the products at their particular workplace
- establish controls to reduce risks, such as
  - substitution with a less hazardous product
  - engineering controls such as ventilation
  - administrative controls such as work procedures
  - personal protective equipment
- integrate WHMIS controls into the overall safety program
- review emergency procedures (first aid, spill control and firefighting) with the controlled products in mind
- provide WHMIS education and training for workers
- evaluate workers’ understanding and provide further training as required, and
- evaluate WHMIS materials and the WHMIS program on an annual basis.

HEU OH&S stewards monitor the effectiveness of the employer’s WHMIS program through the joint OH&S committee.

CASE STUDY

Staff at a group home complained that the bathroom disinfectant cleaner supplied by the employer was too strong and that they found the vapours noxious. The employer switched to another brand, but the staff didn’t find the new cleaning product any better. They reported the same runny noses and watery eyes as before. One HEU member said she experienced nausea and headaches, adding that they were getting worse each time.

The HEU OH&S steward at the group home insisted that the employer get its supplier to put proper WHMIS labels put on the new disinfectant. She also told the employer she wanted to see the MSDS information sheet required by WHMIS. She found out that the new product had much the same risks as the previous product, and that the symptoms experienced by staff were consistent with its use.

The joint OH&S committee reviewed the problem. Committee reps felt that all of the cleaning products supplied by the employer were much stronger than the group home needed. They wrote a formal recommendation asking the employer to change brands.

In the end, the employer found a new supplier specializing in cleaning products that were not toxic to users or the environment. The products were slightly more expensive, but improved worker safety and morale made the employer glad to have made the switch.
CHAPTER 4
SPECIAL PROGRAMS

HOSPITAL EMPLOYEES’ UNION
HEALTH AND SAFETY MANUAL

Biological hazards

By nature of their job, health care workers often become exposed to biological hazards that can threaten their health. Some examples include:

- antibiotic resistance bacteria (VRE, MRSA)
- chicken pox
- measles
- hepatitis
- infection
- lice
- HIV/AIDS
- ringworm
- scabies
- staphylococcus, and
- tuberculosis.

Detailed information about assessing, controlling and monitoring workers’ exposure to biological hazards is set out in WCB Regulation Parts 5 and 6.

In particular, Part 6 sets out the following requirements.

Exposure control plan
WCB Regulation 6.34 requires that the employer establish an exposure control plan if workers may be exposed to a biohazardous material (for example, if workers may be exposed to blood or body fluids).

Risk identification
Section 6.35 requires that the employer maintain a list of all job classifications and identify the tasks within each job that may have potential for exposure.

Control procedures
Section 6.36 requires that the employer:

- establish engineering and work practice controls that eliminate or minimize the risk of exposure
- ensure that personal protective equipment is available and used
- ensure that housekeeping practices keep the workplace clean and free from spills;
- ensure that contaminated laundry is isolated, bagged and handled as little as possible, and
- ensure that a system of universal precautions is implemented.

Labels and identification
Section 6.37 obliges the employer to meet labelling standards. Section 6.37(4) specifies that contaminated or possibly contaminated laundry or waste may be exempt if the materials are handled using universal precautions and an alternate form of hazard identification (for example, distinctive coloured bagging).

Education and training
Section 6.38 states that, as with other hazard-specific safety programs, the employer must train workers about the biological hazards program, including appropriate procedures.

Records
Section 6.41 requires that the employer keep a record of all workers who are exposed to biohazardous or potentially biohazardous material while on the job. The employer is also required to keep a record of all worker education and training sessions on the topic.

The WCB provides resources for dealing with some biological health hazards. See page 192 for contact information.

USE THE COLLECTIVE AGREEMENT
HEU collective agreements oblige employers to take reasonable precautions to limit the spread of infectious disease, including in-service seminars and free vaccinations.
Musculoskeletal injuries

Health care workers have the highest rate of injury in B.C. Nearly 75 per cent of these are musculoskeletal injuries.

WCB defines musculoskeletal injury (MSI) as an injury or disorder of the muscles, tendons, joints, nerves, blood vessels or related soft tissue, including sprain, strain or inflammation. MSIs are often caused by routine tasks, such as lifting, pulling, carrying, reaching or repeating the same movements over and over.

The WCB Regulation sets out specific requirements for MSI prevention in sections 4.46 to 4.53, which includes a detailed list of employer responsibilities and risk factors to be considered.

OHSASH MSI program implementation

As noted earlier, the Occupational Health and Safety Agency for Healthcare in B.C. (OHSASH) provides information and resources to health care facilities across the province.

At the request of employers and unions, OHSASH developed an implementation guide for MSI programs. The guide sets out employers’ obligations under the WCB Regulation, and provides resources that can be adapted to individual workplaces. OHSASH can also provide ergonomics consultations or education around ergonomics issues. See page 191 for contact information.

Patient handling

By far, the greatest risk of musculoskeletal injury to health care workers comes from repositioning and moving patients. For that reason, it is critical that OH&S stewards ensure that the employer meet its obligation to reduce risk in patient transfers. OHSASH provides a Safe Patient & Resident Handling booklet for workers and Reference Guidelines for Safe Patient Handling that may be useful to employers, union OH&S stewards and joint OH&S committees.

Because of the enormous risk to HEU members, campaigns to improve work procedures and obtain lifting devices are often a source of union campaigns. Information about organizing workers around safety issues is provided in chapter 8.

Reporting MSI symptoms

While MSIs are the most common type of injury in the health care sector, they are also the most difficult to identify. Members who make WCB claims for musculoskeletal injuries often have difficulty proving their claim. This is because MSIs usually come about gradually, rather than from one particular incident.

That’s why reporting early signs and symptoms is so important. The form on page 180 should be provided to any member who complains of even the slightest ache or twinge. Copies should be given to the employer and kept with first aid records. Members should continue to submit these forms for as long as they experience discomfort.

In HEU collective agreements negotiated in 2001, the employer and union agreed to eliminate all unsafe manual lifting. Use the collective agreement to improve patient handling.
Workload

Too often in recent years, injuries and illness in HEU workplaces have been caused by members who feel pressured to do too much, too fast, without enough staff or with inadequate work breaks. HEU collective agreements authorize the joint OH&S committee to:

- receive complaints regarding workload that are safety related
- investigate such complaints
- define the problem
- make recommendations for a solution.

The collective agreements also set out the employer’s responsibility to advise the committee within 21 days what steps have been taken to resolve the problem. If HEU is not satisfied with the employer’s response, it may refer the matter to an appointed industry troubleshooter for a written recommendation.

The following circumstances should be considered to determine whether workload has become a safety hazard:

- overtime is increasing
- breaks are being missed
- coverage is not being provided when staff are absent or on breaks
- shifts are ending with work not completed
- extra staff is being brought in an emergency basis
- injuries, sick time, WCB and LTD have increased
- staffing ratios have not increased with the number of beds filled, number of meals served, loads of laundry done, etc.
- workers are complaining of stress and fatigue, and
- morale and job satisfaction have declined.

Statistics can help provide the basis for a workload program. Ask for before-and-after breakdowns on the above data.

In considering workload safety programs, the joint OH&S committee should:

- gather information through:
  - membership surveys, interviews or risk mapping
  - incident and inspection reports and statistics
  - staffing rates, including:
    - back-up staffing for vacation, illness or other leave
    - casual call-in
    - overtime
- assess the problem
- recommend interim controls, such as:
  - reorganization of work routines
  - reprioritizing of work tasks
- recommend long term solutions, such as:
  - increased staff
  - deleted tasks
  - mechanical aids.

CASE STUDY

May Ling took pride in her work and usually had no trouble completing her tasks. An organizational change at her workplace led to an increase in her duties, which were now timed. Over time, the strain on May Ling became almost unbearable. She considered taking time off, but was worried there would be even more work when she returned. Her supervisor was sympathetic, but said there was nothing he could do to change the new organizational structure.

May Ling talked to her steward, and he talked to other members in the area. Many shared May Ling’s stress. They felt they were not consulted about the changes, and that there were better ways to get the same results.

The joint OH&S determined that the organizational changes were causing a health and safety concern in May Ling’s area. The committee recommended that management ease back on some of the changes until it had a chance to review the problem and make appropriate adjustments.

WORKLOAD CAMPAIGNS

For ideas around mounting a union campaign to deal with workload issues, check out chapter 8.

Keep the following tips in mind:

- start in a small area
- create a visible activity that will involve all members
- start step one in the grievance procedure
- prompt an investigation by the health and safety committee
- be sure to do the investigation on the employer’s time!
Violence

Violence in the health care sector has been increasingly acknowledged in recent years. The WCB now requires that employers determine whether there is a risk of violence to workers. Where there is a risk, employers must develop and implement a workplace violence prevention program. In general, section 4.27 to 4.31 sets out that the employer must:

- conduct patient risk assessments
- create policies and procedures to eliminate risk
- inform workers about risks they may face
- train workers to recognize and respond to problems
- appropriately respond to violent incidents, including reporting, investigation, and corrective action.

Violence prevention is also set out in HEU collective agreements:

When the Employer is aware that a patient/resident has a history of aggressive behaviour, the Employer will make such information available to the employee. Upon admission or transfer the Employer will make every reasonable effort to identify the potential for aggressive behaviour. In-service and/or instruction in caring for the aggressive patient/resident and on how to respond to patient/resident's aggressive behaviour will be provided by the Employer. The Employer shall make every reasonable effort to ensure that sufficient staff are present when any treatment or care is provided to such patients/residents.

The first part of this contract language begins with “When the employer is aware...” Through the joint OH&S committee, HEU stewards should ensure that the employer carries out a proper investigation of each new patient, resident or client to determine whether there is any violence in their history. The WCB Regulation can be used to enforce the employer’s obligation to prevent health and safety problems from arising.

Depending on the workplace, violence programs might include:

- assessment of risk factors, such as:
  - history of violent or criminal behaviour
  - substance abuse or reaction to medications
  - depression, fear, paranoia or confusion
  - seizures or post-seizure states
  - suicide plans
- policies and procedures, such as:
  - increased staff
  - emergency response teams
  - security personnel, searches, alarm systems, emergency codes, or patient isolation and restraint
- training, such as:
  - recognizing the potential for violence
  - controlling a violent incident
  - using reasonable self-defence
  - refusing unsafe work
- responses, such as:
  - reporting incidents or threats
  - involving the police
  - support for psychological or emotional abuse, and
  - critical incident stress management.

Meena is a care aide at an extended care facility. She often heard racial slurs and threatening language from patients. Management asked her to ignore it, attributing the patients’ behaviour to old age and psychological problems. Meena also noticed an increase in family complaints since staff on her shift was cut back. When an angry family member threatened to “knock your black head off” if his father didn’t get better care, Meena realized this was not an empty threat. Meena felt alone, increasingly stressed and eventually took sick time.

The HEU OH&S steward heard what happened and called Meena. She used an incident report to start an OH&S committee investigation into violence at the facility. Just a few months later, a violence prevention program was in place.
Critical incident stress management

It is not uncommon for health care workers to experience or witness critical incidents as part of their job. For example:

- aggression, violence, abuse or rape
- suicide or attempted suicide
- incidents involving multiple casualties
- closeness to patients going through trauma
- the injury or death of a child, or
- events that attract excessive media interest.

Critical incident stress occurs when these incidents occur beyond a person’s ability to cope with them. CIS affects people differently, and may occur during an incident or minutes, even years, later.

Cumulative stress may develop slowly in response to repeated exposures to stresses such as critical incidents. Post-traumatic stress disorder may set in. WCB claims for PTSD in the B.C. health care sector have doubled in recent years. CIS and PTSD cases are expected to continue to increase due to the changing nature of patient populations in B.C., and concerns such as the nursing shortage and the increase of new staff in high-risk critical care areas.

The WCB and some collective agreements have mandated that the employer provide support systems for employees and Critical Incident Stress Management (CISM) programs are now being launched in health care facilities. OHSAH is also developing information and resources for health care workplaces. Workplace EAP programs may also be of help.

Program evaluation

Evaluation is an essential part of any good program. Of course, evaluation should be tailored to the unique identity of a program, and to the varying needs of the workplace and HEU members. That said, there are some basic queries that can be used to build an evaluation.

- Has the program reduced injuries and illnesses?
- Do members know about the program?
- Have members received resources or training? Has the training included demonstrations and practice sessions?
- Do members know how to identify the hazards addressed by the program? Do they know how to reduce risk? Do they know how to report unsafe conditions?
- Have members been reporting information about the program? If not, why?
- Do members feel they have been consulted? If information was gathered from the members, have the results been communicated to members?
- Is it clear who is in charge of the program? Do workers, supervisors and managers understand their role?
- Is information about the program posted?
- Are policies or procedures about the program posted? Are they easy to read and understand? Are they detailed enough?
- Has the program been integrated into regular inspections? Have issues raised in the program been considered in investigations?

The WCB pamphlet Coping with Critical Incident Stress at Work provides basic information on getting a program started.

LET HEU MEMBERS BE THE JUDGE

It is not unusual for employers to call a safety initiative a success even though most HEU members never even knew about it. Evaluation of special programs should include a questionnaire specifically written for HEU members. Find out whether they think the program is working.
**Tips for special prevention programs**

1. **Talk to HEU members.**
   - Make sure HEU members are informed and involved.

2. **Build on existing programs.**
   - Were programs implemented and then forgotten? Check to see whether policies and procedures are in place, training is being conducted, and that the program has been recently evaluated.

3. **Start new programs.**
   - OH&S stewards often provide the impetus required for the joint OH&S committee and/or the employer to start a program. If you see a need, act on it.

4. **Use the collective agreement.**
   - Check collective agreements for language regarding special programs and employer obligations.
   - If you see areas for improvement, forward your concerns to the HEU bargaining committee.

5. **Delegate program responsibility among your steward team.**
   - It may be hard for every steward to know a lot about many different programs. Assign monitoring duties among your committee members according to your experience and interest.
   - Get the training you need to be effective in the program area assigned to you.

6. **Work with the WCB, OHSAH and other agencies.**
   - Agencies such as the WCB and OHSAH, or Health Canada (which administers WHMIS), have resources to help design and implement programs.
   - Sign up with agencies to receive updates and bulletins related to your program.
   - If the employer is not meeting the needs of the program, involve the WCB.

7. **Work with other unions.**
   - Most of the programs reviewed in this chapter pose serious concerns for members of other unions. For example, talk to HSA members about working together on WHMIS concerns. Talk to BCNU members about violence. Talk to CUPE or BCGEU members about ergonomics. Back each other up.

8. **Keep records.**
   - Remember that the records and statistics you compile may be used to promote a program, revise a program to make it more effective, or help an HEU member with their WCB or LTD claim. Keep records in order, and pass them on to your successor when you finish your term.

9. **Communicate with the union.**
   - Let your HEU local know what you’re doing.
   - Inform HEU provincial office of your successes and failures.
   - Ask your local newsletter or *The Guardian* about running a story on your program.
   - Ask for help when you need it.

10. **Evaluate and update the program.**
    - Make sure that the program is evaluated at least once a year, and that it is improved whenever required.
CHAPTER 5

84 Workplace inspections
86 Employer role
87 OH&S steward role
88 What to look for
90 Hazard ratings
92 Hazard controls
95 The WCB Regulation for specific hazards
96 Inspection procedure
98 Inspection checklists

100 CHAPTER OVERVIEW Top 10 tips for a great inspection

Inspections
Workplace inspections

Workplace inspections prevent accidents. Inspections should be done regularly, even when there have been no accidents or complaints.

Inspections should also be done when there are changes in the workplace, such as:
- redesign or renovation of work areas
- staff changes
- new procedures or schedule changes, and
- new equipment or changes to old equipment.

Finally, inspections should be done if there are problems, such as:
- workers who are not properly trained
- supervisors who do not enforce safe procedures
- safety equipment that is not used properly, or
- excessive workload that has led to workers taking shortcuts or other risks.

Types of inspections

There are several kinds of workplace inspections.

Informal inspections
Informal inspections include daily and ongoing checks of equipment and work practices. This type of inspection is built into the regular work day or work week. It is extremely important.

Regular planned inspections
Regular planned inspections are required by the WCB. They should be done at least once a month by a supervisor and at least one union health and safety steward. The joint OH&S committee must ensure that regular inspections are carried out. (See Section 130 of the Workers Compensation Act and Section 3.8 of the WCB Regulation.)

Equipment inspections
Some tools and equipment may require regular inspection as instructed by the manufacturer, because of standards (such as the CSA) or laws (such as the Fire Code). For some items, such as stretchers and their wheels, the joint OH&S committee should set inspection schedules. (See Section 3.6 of the WCB Regulation.)

Special inspections
Special inspections must be made when there is an equipment malfunction or an accident.

WCB official inspections
Official inspections by WCB officers can occur as part of a regular program, because a complaint has been made, or because of an accident. (See Sections 178 to 186 of the Workers Compensation Act.) Union stewards can call the WCB and request an official inspection (see WCB Contacts on page 192).
Employer role

Employers are required to conduct workplace inspections as part of their overall safety programs. The general requirements for workplace inspections are set out in Sections 178 to 186 of the Workers Compensation Act and Section 3.5 to 3.8 of the WCB Regulation.

To ensure well-planned inspections, employers should:

- clearly assign overall responsibility for inspections
- set out specific guidelines for when particular areas will be inspected
- implement a thorough planning process, including reviewing records (accidents, committee minutes, etc.), creating floorplans or risk maps (noting hazards, past accidents), and creating inspection checklists
- ensure that members of the inspection team are properly trained and knowledgeable about work areas
- clearly assign specific tasks, including conducting, reporting, distributing, correcting and follow-up
- provide inspection report forms and hazard report forms
- provide inspection equipment (similar to the equipment used in investigations, listed on page 114)
- set out procedures for special inspections (equipment malfunction, accident, report of unsafe conditions, etc.)
- show management commitment by being involved in the inspection process and quickly responding to reported hazards
- set out a clear process for sending inspection information to the OH&S committee
- keep long term, easily accessible inspection records.

OH&S steward role

Inspections give OH&S stewards an important opportunity to participate in the health and safety of HEU members.

Union participation in workplace inspections is set out in Section 3.8 of the WCB Regulation. Section 182 of the Workers Compensation Act sets out the guidelines for union representation on inspections conducted by WCB officers.

Union involvement in inspections is not just a formality. People talk more freely about safety-related problems with someone they know and trust. OH&S stewards have a unique knowledge of:

- workers’ roles and responsibilities
- workplace procedures
- equipment and machinery, and
- working conditions at the facility.

With the information learned on an inspection, stewards can:

- be aware of rising concerns
- keep members and the union informed
- inform joint OH&S committee members about safety concerns
- monitor progress toward goals, and
- if necessary, liaise with the WCB.
What to look for

Inspections are about looking for hazards. In general, there are two types of hazards: health hazards and safety hazards. Sometimes the two overlap.

Health hazards
Health hazards generally include any condition or substance that will cause or enhance an illness. Health hazards can cause acute illness (exposure is so high that even though it is only short-term, the health effects are immediately detected) or chronic illness (this develops over a longer period of time as a result of low-level exposures, and symptoms do not necessarily become apparent for years).

Health hazards are generally divided into five categories.

- **Ergonomic hazards** – health hazards that arise from poor design of the work process or environment (for example, tendonitis due to poor equipment design).
- **Chemical hazards** – illness caused by exposure to toxic gases, liquid or solids (for example, acute asthma as a result of exposure to glutaraldehyde, or cancer as a result of exposure to formaldehyde).
- **Biological hazards** – health hazards that exist with exposure to bacteria, viruses, fungi or parasites (for example, hepatitis C as a result of being poked with an exposed needle stick).
- **Physical hazards** – hazards that are caused by physical energy sources (for example, cancer caused by radiation, or hearing loss caused by excessive noise).
- **Psychosocial hazards** – hazards that arise from work organization and certain physical conditions (for example, insomnia due to shiftwork, or stress due to workload).

Safety hazards
Safety hazards are hazards that may lead to a workplace accident. They may cause an accident on their own or in combination with other hazards. Although the distinction between health hazards and safety hazards may sometimes be vague (for example, tendonitis as a disease caused by an ergonomic hazard versus tendonitis arising from an injury due to accident), it is helpful to think of safety hazards as those that may cause an unplanned chance event.

Safety hazards are generally divided into five categories.

- **Materials and products hazards** – hazards created by unmonitored or improperly used materials (for example, certain cleaning materials that can cause slippery floors if not used properly).
- **Equipment hazards** – hazards caused by the continued use of unsafe or poorly maintained equipment (for example, a lifting accident caused by a wheelchair wheel coming unlocked).
- **Human factors** – hazards that arise from human error (for example, picking up a box without testing its weight). Safe workplaces always allow for some element of human error.
- **Work organization** – hazards that arise from the way that the work is carried out (for example, an LPN is told to work on three floors and the elevator is broken).
- **Environmental conditions** – hazards that are part of the general environment (for example, a trip and fall due to poor lighting).
Hazard ratings indicate the seriousness of workplace hazards. They help determine what should be fixed first. There are many good systems – the following ABC system is common and easy to use. OH&S stewards should keep an ongoing list of ratings made at their workplace, and use it as a guide.

“A” Hazard
- Immediate action required. Discontinue activity.
- Potential for permanent disability, loss of life or limb, or extensive loss of equipment or material.
- Examples include: violent patient or visitor confronting a staff member; care aide lifting heavy patient on her own; blocked exit; electrical cords across main hallway; no sharps container available for used needle.

“B” Hazard
- Urgent situation. Requires action as soon as possible.
- Potential for serious injury or illness, or property damage that would cause disruption in care.
- Examples include: broken stair tread; spilled oil in hallway; fire extinguisher missing; outside light out; frayed electrical wire; book shelves not secured; fire evacuation route not posted.

“C” Hazard
- Not an emergency, but could cause an accident.
- Potential for minor injury, illness or non-disruptive property damage.
- Examples include: torn carpet in staff lounge; violence procedure missing from bulletin board; cluttered supply room that force workers to bend awkwardly; air quality concerns; loose ceiling tiles; coat hooks at eye level; sharps procedure not posted by containers.

---

**Sample Inspection Report**

- **Date:** April 11, 2004
- **Time:** 11:00 a.m.
- **Area:** West Wing, 4th Floor

**Continued by:** Chris Lim, HEU OH&S steward; Doris Lau, 4th floor day supervisor

<table>
<thead>
<tr>
<th>Area</th>
<th>Hazard</th>
<th>Action taken</th>
<th>Hazard rating</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stairs</td>
<td>Empty boxes in stairwell</td>
<td>Moved to hallway</td>
<td>B</td>
<td>Doris will call maintenance today</td>
</tr>
<tr>
<td>Rm. 401</td>
<td>Aide using chair to reach top shelf</td>
<td>Stool located</td>
<td>B</td>
<td>None</td>
</tr>
<tr>
<td>Rm. 404</td>
<td>Wet floor from leaking water pipe</td>
<td>Wiped, set bucket, called maintenance</td>
<td>B</td>
<td>Doris will check tomorrow</td>
</tr>
<tr>
<td>Rm. 407</td>
<td>Sharps container missing</td>
<td>Ordered from central supplies</td>
<td>A</td>
<td>Doris will deliver today</td>
</tr>
<tr>
<td>Lounge</td>
<td>Torn carpet</td>
<td>Put taped</td>
<td>C</td>
<td>Doris will call facility manager</td>
</tr>
<tr>
<td>Path</td>
<td>Light burned out</td>
<td>Called maintenance</td>
<td>B</td>
<td>Doris will check tomorrow</td>
</tr>
<tr>
<td>Nursing station</td>
<td>Poor ergonomics (computer monitor too low on desk)</td>
<td>Used blocks to raise monitor</td>
<td>C</td>
<td>Chris to discuss ergonomics audit with OH&amp;S committee</td>
</tr>
<tr>
<td>Supply</td>
<td>Cluttered; awkward access to supplies on shelf</td>
<td>Quick cleanup</td>
<td>C</td>
<td>Chris to assign staff to sort and clean</td>
</tr>
<tr>
<td>Back hall</td>
<td>Fire extinguisher missing</td>
<td>Called fire safety coordinator</td>
<td>B</td>
<td>Doris to check on Friday</td>
</tr>
</tbody>
</table>
Hazard controls

Once a hazard is identified, the next step is to determine the best way to control it. While hazard control can be complex, there are some simple rules that apply to most situations.

Control requirements

To be effective, hazard controls must meet the following criteria.

- The hazard must be adequately controlled. For example, it is not enough to reduce exposure to carcinogens (cancer-causing agents) by 80 per cent.
- The control must not cause discomfort or stress on the worker and must not create new hazards. For example, using latex gloves as a form of personal protective equipment may create a new hazard in the form of latex allergies.
- The control must protect all workers who could be exposed. For example, protective equipment for x-ray technologists may be an adequate solution for the technologists but, with a portable x-ray machine, other hospital workers must also be protected.
- The hazard must be eliminated, not only for the workers, but for patients and the community. For example, a ventilation system that does not clean the exhaust air would not be considered an adequate hazard control.

Types of control

In general, hazards can be controlled in three places: at the source, along the path to the worker, or at the worker.

It is a general rule that controls are less effective as they move away from the source. For example, where a toxic chemical is being used, the most effective control mechanism would be to replace or neutralize the chemical at its source. The next most effective mechanism would be to control it with the use of ventilation. The least effective control would be to have the worker wear a gas mask.

Control at the source

Control at the source might include:

- substitution of the hazard with a non-hazardous substance or process
- isolation or enclosure of the hazard, or
- automation or mechanization of the hazardous procedure.

Control at the source is usually the most effective way to eliminate workplace hazards, but it is often the most expensive.

Control along the path

Control along the path to the worker might include:

- ventilation
- machine guards or barriers, or
- general maintenance.

Control at the worker

Control at the worker might include:

- personal protective equipment, or
- administrative controls.

Control at the worker is usually the least effective way to protect workers. It is, however, also the cheapest and is therefore most often chosen by the employer.

While, in some cases, control at the worker is unavoidable, OH&S stewards should keep in mind the points made on page 108-111 about challenging the idea of the “careless worker” as a focus of health and safety prevention. Aside from being ineffective, this method rarely protects all those exposed to the hazard.

The WCB has booklets and videos to help you to conduct inspections, including how to identify hazards and assess risks. These materials are available from the WCB.

See page 192 for contact information.
CHAPTER 5

INSPECTIONS

HOSPITAL EMPLOYEES’ UNION

HEALTH AND SAFETY MANUAL

WCB Regulation for specific hazards

The WCB Regulation sets out obligations for specific hazards. HEU stewards should consult the Regulation for particular work areas before (and perhaps also during) inspections.

For example, the WCB Regulation for General Conditions (Section 4.01 to 4.106) sets out obligations for hazards that apply to most HEU workers, including:

- buildings and equipment (4.1 to 4.12)
- emergency preparedness (4.13 to 4.18)
- working alone (4.21 to 4.23)
- violence in the workplace (4.27 to 4.31)
- ergonomics (MSI) requirements (4.46 to 4.53)
- illumination (lighting) (4.64 to 4.69), or
- air quality (4.70 to 4.83).

Other parts of the WCB Regulation that might apply to some HEU workers include:

- chemical and biological substances (including WHMIS) (Part 5)
- biohazardous materials (Part 6)
- noise, vibration, radiation and temperature (Part 7), or
- personal protective clothing and equipment (Part 8).

The WCB OH&S Regulation is written in clear language that should be understood by everyone. You don’t need a scientific or legal background. If you want help understanding a particular section of the Regulation, call the WCB or the union office.

THE UNION’S POSITION ON STAFFING

The union should not allow employers to discriminate in hiring to avoid a hazard concern. For example, hiring strong care aides is not a solution to a violence problem. Contracting out is also not an acceptable solution.

The cost of controls

Sometimes the best way to eliminate a hazard is also the most expensive. For example, it is probably much cheaper to buy respiratory gear for a worker than to install a ventilation system in the workplace. Management often makes these kinds of decisions based on a cost-benefit analysis. It is the job of OH&S stewards to get the best prevention mechanism in place.

There is increasing support for the principle that employers should not be allowed to profit by ignoring health and safety requirements. This principle is now reflected in the penalty section of the Workers Compensation Act, in section 218. It states that employers can be fined an amount that is equal to any money they saved by ignoring a health or safety hazard. Therefore, management’s usual reliance on a cost-benefit analysis to assess safety risks no longer always applies.
Inspection procedure

While no two HEU workplaces are alike, the following steps can be used by almost any facility or department. Adapt them to meet the needs of your particular workplace.

**Step 1: Prepare for the inspection**
- Be clear about your role and responsibilities.
- Tour the work area ahead of time without management. Take notes about what should be inspected. Ask members in the area whether they have health or safety concerns.
- Make sure you know who will participate on the inspection team (e.g. supervisor, manager, safety coordinator, reps from other unions, OH&S committee reps, etc.). There should always be at least two people.
- Review previous inspection, investigation and hazard reports. Check that concerns have been addressed.
- Review your checklist of items to watch out for. Use the checklist provided in this manual, WCB lists, lists created at your workplace, or make up your own.
- Obtain an inspection report form. Use the form provided in this manual, WCB forms, forms created at your workplace, or make up your own.
- Bring supplies: clipboard, pen, floorplan, tape measure, out-of-service tags, supplies to make postings, flashlights and, if necessary, cameras to photograph work areas.

**Step 2: Conduct the inspection**
- Take your time. Cover all areas. Look for off-the-floor and out-of-the-way items. Check work areas and procedures. Talk with workers and supervisors.
- Check your list. Note each item on your report.
- If possible, act immediately. If you cannot, decide who should be notified, when, and by whom.

**Step 3: Complete the inspection report**
- Use the inspection report form to identify:
  - the area (4th floor storage room)
  - the hazard and cause (wet floor from leaking faucet)
  - the danger involved, if necessary (staff may slip or fall)
  - the short-term action required (clean up; place bucket)
  - the long-term action required (plumbing repair)
  - the hazard rating (agreed it is a B hazard), and
  - follow-up – who will do what, by when (supervisor will call building maintenance before 3 p.m. today).
- Add any “carry-over” items from previous inspections. Note the date the item was first identified.
- Note actions taken as well as any decision not to act.
- If necessary, complete a separate hazard report (page 175).
- Distribute the report widely:
  - supervisors, management
  - joint OH&S committee members
  - safety coordinators
  - other personnel (e.g. maintenance department), and
  - HEU members (post on the union bulletin board).

**Step 4: Follow up**
- Note dates for action to be taken. Check that it was done.
- Make recommendations to the joint OH&S committee.
- Check areas on a random basis to assess whether general recommendations have been implemented.
- Review inspection reports to:
  - highlight need for training
  - determine why accidents are happening in certain areas, and
  - indicate need for more in-depth hazard analysis.
- If necessary, use the WCB to ensure action is taken (see Section 133 of the Workers Compensation Act).
Inspection checklists

Every workplace has its own unique safety concerns. Use the following guide to develop a checklist for your workplace.

**General work areas**
- designed for safe movement
- clean and uncluttered
- floors free of hazards (spills, torn carpet, worn tread)
- stairways and ramps clear (handrails, ice)
- shelving, etc. properly braced
- free of sharp edges, jagged splinters, protruding objects
- out-of-use equipment or supplies removed

**General work procedures**
- supervisors know their responsibilities
- new worker orientations in place
- workers trained to do their jobs safely
- process for reporting hazards known
- hazard warnings posted
- workload not excessive

**Environment**
- free of dust, gases, fumes, sprays
- fans, ventilation in order
- free of excessive heat, noise
- restroom, lunchroom sanitation
- task areas lit, no glare or reflection

**Known hazards**
- chemicals, flammables, toxins procedures in place
- system for handling infectious materials in place
- lock-out used for hazardous materials and areas
- ventilation systems in good order
- personal protective equipment in good order, used
- violence procedures in place

**Ergonomics**
- work surfaces correct height, adjustable
- chairs and casters, adjustment, stability
- lifting, posture, repetitive motion procedures in place

**Machinery and equipment**
- equipment functions properly
- lifts available and in good order
- beds, wheelchairs, carts in good order
- parts (belts, cables, electrical) in good order
- use of equipment doesn’t require strain
- guards and protective equipment in good order, used
- procedures posted and staff properly trained
- manufacturer’s information available
- inspection and maintenance procedures in place and records in order

**Electrical**
- wires, switches, controls, fuses in good order
- circuits not overloaded
- extension cords not overloaded or posing tripping hazard
- ground wires in place where required
- breaker panels known, access clear

**Safety/emergency equipment and procedures**
- fire extinguishers marked, inspected
- emergency lighting in order
- first aid supplies in order, location known
- fire exits marked and kept clear
- warnings and signal devices in order
- first aid/emergency/evacuation procedures in place

**General**
- first aid supplies, first aid room, procedures posted
- overhead hazards: ceiling tiles secure, no objects along ledges or near open windows
- outdoor areas free of hazards

** POSSIBLE ACTION**

The inspection team might recommend:
- changes in work procedures
- improved design
- installation of a guard or safety device
- enquiries to an equipment manufacturer
- procedures notification to all supervisors
- improved protective equipment
- worker training, or
- increased staff.

**BUILD YOUR OWN CHECKLIST**

These suggestions are very general. Make sure your workplace has specific, detailed inspection checklists that include complex health and safety concerns.

For example, consider these hazards specific to workers in laundry departments:
- heat stress
- infectious disease
- dermatitis
- punctures from needles
- electrical hazards
- burns
- lifting and pushing
- slips and falls
- noise
- toxic chemicals, and
- radioactive materials.

**BEAR IN MIND**

When creating your own inspection checklist:
- worker training, or
- increased staff.

**BUILD YOUR OWN CHECKLIST**

These suggestions are very general. Make sure your workplace has specific, detailed inspection checklists that include complex health and safety concerns.

For example, consider these hazards specific to workers in laundry departments:
- heat stress
- infectious disease
- dermatitis
- punctures from needles
- electrical hazards
- burns
- lifting and pushing
- slips and falls
- noise
- toxic chemicals, and
- radioactive materials.

**BEAR IN MIND**

When creating your own inspection checklist:
- worker training, or
- increased staff.

**HOSPITAL EMPLOYEES’ UNION HEALTH AND SAFETY MANUAL**

**POSSIBLE ACTION**

The inspection team might recommend:
- changes in work procedures
- improved design
- installation of a guard or safety device
- enquiries to an equipment manufacturer
- procedures notification to all supervisors
- improved protective equipment
- worker training, or
- increased staff.

**BUILD YOUR OWN CHECKLIST**

These suggestions are very general. Make sure your workplace has specific, detailed inspection checklists that include complex health and safety concerns.

For example, consider these hazards specific to workers in laundry departments:
- heat stress
- infectious disease
- dermatitis
- punctures from needles
- electrical hazards
- burns
- lifting and pushing
- slips and falls
- noise
- toxic chemicals, and
- radioactive materials.

**BEAR IN MIND**

When creating your own inspection checklist:
- worker training, or
- increased staff.
Tips for a great inspection

1. Know your rights.
   • Find out about your role and responsibilities as the union’s health and safety representative on workplace inspections. Be aware of the employer’s responsibilities.
   • Get copies of past inspection reports and WCB orders from the employer.
   • Insist on being a part of all inspections. Play an active role, equal to others on the inspection team.
   • If necessary, ask the WCB or the union for help.

2. Plan ahead.
   • Plan a procedure that works best for your workplace.
   • Do research ahead of time. Talk to members, look at records, draw a map of areas to be inspected.
   • Create your own checklist. Keep adding to it.

3. Take your time.
   • Search all areas, examine each piece of equipment, talk to all relevant personnel.
   • Look for short and long term problems and solutions.

4. Learn to identify and control hazards.
   • Learn about the range of hazards – from one-time accidents to long-term health problems.
   • Learn to use a hazard rating system.
   • Find out which kinds of controls best protect workers.

5. Act fast.
   • Solve problems during the inspection or call someone who can.
   • File formal reports stating who will solve the problem, and when.

6. Communicate your results.
   • Post copies of your report where members will see them.
   • Make sure copies go to management, the joint OH&S committee and any staff named in the report.

7. Follow up.
   • Set dates and check back to make sure changes were made.

8. Know the law.
   • Learn about the different kinds of inspections required by law, and what they should include.
   • Read relevant sections of the Workers Compensation Act and the WCB Regulation. If necessary, refer to them during the inspection.

9. Attend every inspection.
   • If you can’t go, send an alternate, or any HEU member.
   • If no one from HEU can attend, ensure that a representative of another union plans to attend.
   • If you miss an inspection, read the report and follow up on it.
   • If the employer has no planned inspections, work to have one scheduled, and don’t back down.
   • If necessary, ask the WCB or the union for help.

    • Watch for updates from the union, the WCB, OSHA or other organizations that provide safety information.
Investigations
Incident investigations

The goal of all safety programs is to prevent injury and illness. When an incident happens, employers are required to investigate to find out what happened and make sure it doesn’t happen again.

Investigations are not just for accidents. Investigations are for all incidents that cause injury or illness, or could have caused injury or illness (called “near misses”).

It is important that stewards play an active role in investigations. The union’s right to participate is set out in Section 174 of the Workers Compensation Act. If an employer refuses to conduct an investigation, OH&S stewards may want to contact the WCB.

When serious incidents happen, it often turns out that there were earlier minor incidents that were not properly investigated at the time. It is critical that HEU stewards take incidents seriously every time. That means conducting thorough investigations.

Investigations are not about blaming people. They are simply a gathering of facts. The investigators’ job is to identify as many causes and solutions as possible.

Types of investigations

There are several kinds of workplace investigations.

Incident investigations

Under Section 173 of the Workers Compensation Act, an investigation must be done for every incident that requires medical attention, even if it seems minor and the member will probably not make a WCB claim. An investigation report must be available to the WCB.

Near-miss investigations

Under Section 173 (c), an investigation must be done if an incident could have caused serious injury or illness. For example, a chemical spill, or a bad fall without serious injury.

Special investigations required by the WCB

The WCB Regulation requires investigations under special circumstances, such as:

- refusal of unsafe work
- violence in the workplace
- concerns over indoor air quality, or
- exposure symptoms to hazardous substances.

Investigations of reported hazards

Hazards identified by workers or discovered during inspections may require investigation (such as an investigation into whether a cleaning agent may be causing breathing difficulties). This type of investigation does not need to be filed with the WCB.

Investigations by WCB officer

Official investigations may be done by WCB officers if there is a serious incident or if the workplace is having trouble with an investigation. An HEU steward should participate.
Employer role

The general requirements for accident investigations are set out in Sections 172 to 177 of the Workers Compensation Act.

To ensure well-planned investigations, employers should:
- clearly assign overall responsibility for investigations
- set out specific guidelines for when investigations are to occur, and make clear that any serious accident requires WCB involvement on the inspection
- make clear that union OH&S stewards should participate in all investigations
- ensure that members of the investigation team are properly trained and knowledgeable about work areas
- clearly assign specific tasks, including conducting, reporting, distributing, correcting and follow-up
- provide investigation report forms and hazard report forms
- provide investigation equipment (see list on page 114)
- set out procedures for special investigations (equipment malfunction, violence, etc.)
- show management commitment by being involved in the investigation process and quickly responding to reported hazards
- set out a clear process for sending investigation information to the OH&S committee
- keep long term, easily accessible investigation records, and
- compile investigation statistics to help identify areas of rising concern (see pages 58 to 59).

OH&S steward role

The WCB requires that worker representatives (OH&S stewards) be included in all investigations.

Union involvement in investigations is not just a formality. Members may speak more freely with a union rep than with a steward about what happened and what should be done.

OH&S stewards can also contribute to the investigation report because of their unique knowledge of:
- workers’ roles and responsibilities
- workplace procedures
- equipment and machinery, and
- working conditions at the facility.

OH&S stewards bring the union’s perspective to investigations. That means rejecting attempts to simply blame the worker, looking at causes from the workers’ perspective and considering all possible ways to prevent a similar incident.

With the information learned on investigations, OH&S stewards can also:
- be aware of rising concerns
- keep members and the union informed
- inform joint OH&S committee members about safety concerns, or
- if necessary, contact the WCB.
The myth of the careless worker

Before HEU stewards engage in incident investigations, it is worthwhile to review the old model for looking at incidents and consider how our ideas have changed.

History

Before workers’ compensation, employers were often sued by injured workers. To protect themselves, employers tried to blame workers for the incidents that had caused their injuries. As a result, a whole industry was built around the idea of scientifically proving theories about workers being careless. People went so far as to imply that certain hereditary traits, racial traits or language problems contributed to the development of the “accident prone worker.”

These theories persisted even after the creation of workers compensation systems. Learned academics on the subject postulated that between 85 and 90 per cent of accidents were caused by an error or fault on the part of the worker.

Unfortunately, the persistence of this approach caused a reliance on safety measures that started and stopped at the worker. Workers were told to “work safe,” to “think safety” and to “be careful.” If and when the safety initiative went beyond education and posters, it usually involved things like personal protective equipment (making the workers work with awkward gear rather than replacing the hazardous element) or personal back care programs designed to help the worker withstand the physical pressure placed on either him or her by a badly organized work process.

All in all, these prevention initiatives have two things in common. They are cheap. And they are the least effective prevention mechanism available to workers.

Alternative approaches to accident assessment

A better approach to assessing the causes of accidents involves the acceptance of several principles.

- Everybody makes mistakes at some point. It can happen to any worker. Management must foresee this and plan for it.
- Accidents are usually caused by a combination of hazards.
- Hazards are often made up of a combination of unsafe workplace conditions.
- Workplace conditions are within the control of the employer. It is the employer’s responsibility to correct unsafe conditions.

By keeping these principles in mind, OH&S stewards can develop a more effective approach to assessing the causes of incidents and determining how to prevent them.

The recommendations that flow from this more comprehensive understanding of causes are more likely to address all of the hazards that result in an accident. They are more likely to include suggestions that not only prevent the incident from happening to the victim, but also prevent the incident from happening to other workers.
CHAPTER 6  INVESTIGATIONS

HOSPITAL EMPLOYEES’ UNION  HEALTH AND SAFETY MANUAL

110  111

Gina had been working at Sun Lake Lodge as a care aide for six months. She had come to Canada from Guyana six years earlier. Her husband had since died of cancer, leaving her to raise their three children. She had trouble getting a job because she struggles with English. She works part-time on the night shift at Sun Lake and also works part-time at another nursing home.

On the day of her accident, Gina’s childminder was sick and she had to make last minute arrangements. When she arrived at work 20 minutes late, her supervisor told her she would lose pay and was being reported to the administrator.

The supervisor then told Gina that a staff member was sick and Gina would have to cover two floors. Gina said she didn’t understand. The supervisor said she didn’t have time to argue. She left her home number in case of any “serious” problems.

Gina checked her residents. She then tried to phone to check on her children, but could not get an outside line. She visited the other floors to see who else was on duty. There was one registered nurse at a station far from where Gina worked.

Gina then checked the floor beneath her. Two patients needed attention. When she was finished and went to return to the upper floor, the elevator wouldn’t come. The door to the stairs would not open all the way because a wheelchair had been left on the staircase landing. Gina put the wheelchair against the wall in the hallway.

For the next three hours, Gina was kept busy between the two floors. She had no time for a break. At 4 a.m. she sat down and within a minute dozed off. She woke to a resident yelling from the floor below. Gina ran down the stairs and slipped on a worn step. She caught herself, but had twisted her ankle and felt pain as she continued down to the floor below. She found a patient lying on the floor, apparently having tripped over the wheelchair that Gina had left against the wall. Gina limped to the nearest telephone to call the RN, but changed her mind and came back to the resident. She lifted the woman and suddenly felt severe pain in her back.

There are usually four or five reasons why an accident happened – sometimes more. The investigator’s job is to identify as many as possible.

CASE STUDY

Most accidents are never reported. OH&S stewards should be aware of the reasons why workers may not want to report an incident:

• not wanting to spoil safety record
• not wanting to go to first aid
• fear of medical treatment
• fear of filling out forms
• concern that supervisor will be mad
• not wanting to be central person in an investigation, or
• not wanting to lose time.

The employer’s “careless worker” assessment

• Gina was trying to go too fast.
• Gina should have moved the wheelchair out of the way.
• Gina should not have fallen asleep.
• Gina should not have brought her stress to work.

Recommendations

• Gina should be given another course in Think-Safe.
• Gina should learn the protocol around reporting hazards and getting them removed (i.e. the wheelchair).
• The elevator should be fixed.

The union’s “workplace conditions” assessment

• The workload was excessive. Gina felt pressure to rush. She could not safely cover two floors at the same time.
• There was a breakdown in communication between Gina and her supervisor.
• The broken wheelchair was left in the stairwell.
• The elevator was broken.
• Gina felt pressured to rush her work as much as possible.
• Gina engaged in an improper lift.

Recommendations

• Increase staff.
• Implement maintenance and inspection procedures for equipment, including wheelchairs, elevators and stairs.
• Develop a workplace “safety as a priority” culture so that workers know they will be supported when they wait for assistance instead of acting alone.

The second assessment recognizes that incidents usually have a number of causes and require comprehensive solutions. It will likely be more effective at preventing another incident.
Investigation reports

An investigation must determine certain facts and the report must show them. The requirements for investigation reports are set out in Section 3.4 of the WCB Regulation. In general, incident investigation should include the following.

- **WHO** was involved or injured?
  Were there witnesses? (Names, job titles.)

- **WHERE** did the incident happen?
  (Name of department, machine, location, etc.)

- **WHEN** did the incident occur?
  (Date, exact time of day, shift.)

- **WHAT** happened?
  (A brief description of the incident.)

- **WHAT** were the immediate and basic causes?
  (Conditions, procedures, equipment, acts, sequence of events that preceded the incident.)

- **WHY** was the unsafe act or condition permitted?
  (Lack of training, supervision, rule enforcement, maintenance.)

- **HOW** can a similar incident be prevented?
  (Must be specific and provide recommendations for corrective action.)

Investigations and reporting to the WCB are employer responsibilities. It is the union OH&S steward's job to make sure that the employer fulfills its responsibilities.

You can use WCB forms, forms created at your workplace, or the HEU form on page 178.
Investigation procedure

Every investigation has its own needs. Stewards should use their own judgement to add steps that are specific to the incident and the workplace.

Investigation kit
The WCB recommends that the employer provide ready-to-use investigation kits prepared in advance. These might include:

- incident investigation forms and checklists
- clipboards, paper, pens and pencils
- floor plans, tape measure and ruler
- “DO NOT ENTER” tape, out-of-service tags and supplies to make postings, and
- flashlight, camera, film and flash.

Step 1: Visit the scene

- Ensure the injured are cared for.
- Secure the scene so that no one else is injured.
- Keep the incident scene as undisturbed as possible. (Section 172 of the Act sets out that a person must not disturb the scene of an incident, except to help the injured, prevent further injuries, protect endangered property, unless they are directed by a WCB officer or the police.)
- Make a record of the incident scene. Take photographs, draw sketches or maps, take measurements, etc.
- Identify and interview all witnesses separately and individually as soon as possible (see Interviews below.)
- Start the incident investigation report.

Step 2: Conduct interviews

One of the main methods of gathering information in an incident investigation is interviewing the people who were at the incident scene. Interviews should also be conducted with anyone who can give relevant information, even if they were not present. An example would be the supervisor who gave instructions at the start of the shift or a trainer who instructed the worker, even months earlier. The following are suggested techniques for conducting interviews.

- Put the witness at ease. Hostile or defensive witnesses can hurt the investigation and negatively affect other people involved.
- Reassure each witness of the investigation’s main purpose. The investigation is not to blame anyone – it is to find causes so that incidents can be prevented. Responsibilities may be pointed out, but this is only to help prevent another incident.
- Ask the witness to tell you what happened. Listen carefully and do not interrupt. This gives them a chance to think about what happened. Do not take notes yet.
- When they are finished, ask them to tell their story again. This time take notes. Ask questions to fill in the gaps.
- Do not hide your notes. Let them see what you are writing. Do not use a tape recorder.
- Ask further specific questions if required.
- Avoid questions that lead the witness or imply answers.
- Go over your notes to ensure the witness agrees with your interpretation of their story.
- Ask the witness for their suggestions as to how the incident could have been avoided.
- Encourage the witness to contact you at a later date if they think of something else.
- Be sure to thank them for their help.

Investigation procedure

Every investigation has its own needs. Stewards should use their own judgement to add steps that are specific to the incident and the workplace.

Investigation kit
The WCB recommends that the employer provide ready-to-use investigation kits prepared in advance. These might include:

- incident investigation forms and checklists
- clipboards, paper, pens and pencils
- floor plans, tape measure and ruler
- “DO NOT ENTER” tape, out-of-service tags and supplies to make postings, and
- flashlight, camera, film and flash.

Step 1: Visit the scene

- Ensure the injured are cared for.
- Secure the scene so that no one else is injured.
- Keep the incident scene as undisturbed as possible. (Section 172 of the Act sets out that a person must not disturb the scene of an incident, except to help the injured, prevent further injuries, protect endangered property, unless they are directed by a WCB officer or the police.)
- Make a record of the incident scene. Take photographs, draw sketches or maps, take measurements, etc.
- Identify and interview all witnesses separately and individually as soon as possible (see Interviews below.)
- Start the incident investigation report.

Step 2: Conduct interviews

One of the main methods of gathering information in an incident investigation is interviewing the people who were at the incident scene. Interviews should also be conducted with anyone who can give relevant information, even if they were not present. An example would be the supervisor who gave instructions at the start of the shift or a trainer who instructed the worker, even months earlier. The following are suggested techniques for conducting interviews.

- Put the witness at ease. Hostile or defensive witnesses can hurt the investigation and negatively affect other people involved.
- Reassure each witness of the investigation’s main purpose. The investigation is not to blame anyone – it is to find causes so that incidents can be prevented. Responsibilities may be pointed out, but this is only to help prevent another incident.
- Ask the witness to tell you what happened. Listen carefully and do not interrupt. This gives them a chance to think about what happened. Do not take notes yet.
- When they are finished, ask them to tell their story again. This time take notes. Ask questions to fill in the gaps.
- Do not hide your notes. Let them see what you are writing. Do not use a tape recorder.
- Ask further specific questions if required.
- Avoid questions that lead the witness or imply answers.
- Go over your notes to ensure the witness agrees with your interpretation of their story.
- Ask the witness for their suggestions as to how the incident could have been avoided.
- Encourage the witness to contact you at a later date if they think of something else.
- Be sure to thank them for their help.
Step 3: Evaluate the evidence
Gather your evidence together. Include records, such as previous inspections, audits and investigation reports relating to the particular area. Evaluate this evidence and use it to draw conclusions.

- Be objective – don’t start with a fixed opinion. And don’t draw conclusions on the first cause you identify.
- Use a checklist to make sure you’ve considered all possible factors.
- Evaluate evidence depending on whether it is direct, circumstantial (assumptions based on limited facts) or hearsay (heard through a second or third person).

The following are common mistakes in incident investigations.

- Looking for only one basic cause.
- Believing carelessness is a cause of incidents.
- Assuming contradictory evidence means someone is lying.
- Conducting interviews as if in a courtroom.
- Forgetting about the personal feelings of others.
- Failing to keep information confidential.

Step 4: Write the report and recommendations
Obtain an investigation report form. Use WCB forms, forms created at your workplace, or the HEU form on page 178.

- Include events leading up to the incident.
- Describe the events in chronological order.
- Be specific – include dates, times, places, people involved, conditions, acts, etc.
- Attach diagrams, photos, equipment information, etc.
- Make clear recommendations.
- Remember that the report should provide readers with as much information as a witness would have provided, if not more.

Step 5: Follow-up
This is the final and most important step of the incident investigation procedure. If the recommendations are not implemented, the contributing factors could cause another incident. As mentioned above, Section 3.9 of the WCB Regulation requires that the employer act immediately.

- Specify who is responsible for corrective action.
- Establish a timeline for the completion of corrective action.
- Establish a system of follow-up to ensure that corrective action is completed.
- Distribute the report widely – this may include:
  - supervisors, management
  - joint OH&S committee members
  - safety coordinator
  - personnel involved (e.g. maintenance department), and
  - HEU members (posting on the union bulletin board).
- Confirm that the action taken has cured the problem.

DON’T SETTLE FOR A BAD REPORT
If you don’t agree with the employer’s findings, submit your own report on behalf of the union.
Investigation checklist

The following checklist is adapted from a WCB guide to help investigations get started. OH&S stewards should add to it as required.

It is common for investigation reports to oversimplify what happened. This often means that only one obvious cause is reported. However, most incidents are the result of several causes working together. The investigator’s job is to identify as many as possible. Throughout your investigation, consider how the following factors may have played a role.

Notification
- If the incident was serious, was the WCB notified?
- What was the date, time and exact location of the incident?
- Were the supervisor, employer and worker’s OH&S steward notified?

Documentation
Would it help to attach to the investigation report:
- diagram, map or sketch of the work area?
- body map of affected areas?
- measurements?
- photos?
- policies or procedures?
- inspection reports?
- hazard reports?
- reports from previous investigations?
- equipment instructions or maintenance reports?

Member
- What is the member’s name and contact information?
- What is the member’s occupation and experience?
- What general training did the member receive for this job?
- Did the member receive a safety orientation? A union safety orientation? Training to identify and control risk?
- Was the member generally familiar with the WCB Regulation? With the duty to refuse unsafe work?
- Was the member injured or ill at the time of the incident?
- Did mental or physical disabilities contribute to the incident?
- Was the member stressed? Was the stress work related?
- What does the member believe caused the incident?
- How does the member believe the incident could be prevented in the future?

The work being performed
- Was the member experienced or trained in the task they were doing at the time of the incident?
- Was the member familiar with policies, procedures or relevant parts of the WCB Regulation for this task? Was information posted?
- Was the workload excessive? Does the member feel they were rushed?
- Was the work organized safely?
- Does the member feel they were adequately supervised?
- Was the member using personal protective equipment or clothing? Did they know how to use it?
- Had the member, or anyone else, experienced the same or a similar problem before the incident? Had the previous problem been reported to a supervisor?
- Did scheduling, hours of work, or overtime contribute to the incident?
Supervisor

- What is the supervisor's name and occupation?
- What is the supervisor's training and experience?
- Was the supervisor trained to do the task that was being supervised?
- What instructions were given to the supervisor by the employer?
- Was the supervisor's workload excessive?
- What was the supervisor's knowledge of the member?
- What was the method of supervision?
- Was the supervisor familiar with their duties under the WCB or other safety regulations?
- Was the supervisor familiar with WCB or other safety regulations that relate to the incident?
- Was the supervisor aware of any earlier complaints or hazard reports related to the incident?
- What does the supervisor believe caused the incident?
- How does the supervisor believe the incident could be prevented in future?

Other parties involved in the incident

- What is their job and work experience?
- How were they involved in the incident?
- If they were advising the member at the time, how would they answer the supervisor's questions (even if they are not a supervisor)?
- What do they believe caused the incident?
- How do they believe the incident could be prevented in future?

First aid

- Were services available? Was treatment given?

Persons with information

- How do others remember the incident? What do they consider to be the causes and solutions?
- What are people at work saying about the incident in casual conversations?

Equipment

- What was the general condition of equipment involved in the incident?
- What is the make, model and serial number?
- What information is available about the equipment?
- Was the equipment suitable for the task?
- Were maintenance information and records up to date?
- Was the layout of the equipment operation safe?

Work area

- What were the general conditions in the area?
- Were any conditions unsafe?
- Did clutter or uncleanliness contribute to the incident?
- Did lighting, noise, temperature or ventilation contribute to the incident?
- Did weather, wind or terrain contribute to the incident?

Employer

- Was an investigation kit available to the team?
- Were records available to the investigation team?
- What further information would have aided the investigation?
- Had regular inspections been performed?
- What is the condition of the employer's safety program?

Consider all of the possible causes. Look for unsafe conditions and unsafe acts. Ask why unsafe acts were carried out.
Tips for a great investigation

1. **Act fast.**
   - Take a leadership role as soon as an incident occurs.
   - If a member is injured, act as their patient advocate.
   - Make sure there is no further risk of injury to others.
   - Start to take notes for your report right away.

2. **Assert yourself.**
   - OH&S stewards have a right and responsibility to investigate.
   - Identify other investigators (supervisor, WCB officer, etc.).
   - Play an active role. Get copies of all documents.

3. **Report every incident to the WCB**
   - If necessary, remind the employer that, under the Workers Compensation Act, it is illegal to try to prevent you from making a report.

4. **Investigate all possible factors.**
   - Even if the cause seems obvious (a trip over an extension cord), consider all contributing factors (rushing due to short staffing, tired due to scheduling, poor lighting, electrical problems, no regular inspection, etc.)

5. **Talk to HEU members.**
   - Talk to members about the incident, even if you have already conducted a formal interview as part of the investigation team. Members may say more if a supervisor or the employer is not around.

6. **Take your time.**
   - Search all areas, examine each piece of equipment, talk to all relevant personnel.
   - Look for short and long term problems and solutions.

7. **Write a clear report.**
   - Be clear, direct and thorough.
   - Make specific recommendations – name those responsible for taking action and set dates.
   - If there are outstanding hazards, complete a hazard report form (see page 175).
   - If you don’t agree with the employer’s findings, submit a separate investigation report on behalf of the union (use the form on page 178).

8. **If necessary, contact WCB and HEU.**
   - A WCB officer is normally involved if an incident is serious. You can also ask for their help.
   - If you think a member’s rights are being violated, the collective agreement is being ignored, or members’ health and safety continues to be at risk, call for union backup.

9. **Support injured members.**
   - Offer to help injured members with their WCB claims or problems with the employer.

10. **Follow up.**
    - Bring concerns to the joint OH&S committee.
    - Work with the employer to develop a consensus on what should be done.
    - Follow up on hazards identified during the investigation.
Refusing unsafe work

When to refuse

Procedure for refusing unsafe work

Protection from employer discipline

Top 10 tips for refusing unsafe work
Refusing unsafe work

The right to refuse unsafe work is a fundamental worker right. It is at the heart of the union’s efforts to prevent workplace accidents and illness. When all attempts at prevention and hazard control fail, a member who believes she is at risk can walk away from hazardous work without being punished by the employer.

In B.C., refusing unsafe work is not just a right – it’s the law. HEU members are breaking the law if they proceed with work that they have reason to believe is unsafe for any person – themselves, co-workers, patients, clients or visitors.

The law recognizes that workers know better than anyone whether a particular set of factors or circumstances are about to combine in such a way as to create a hazard. Members need only have a reasonable belief that a job is unhealthy or unsafe. They can stop the work without having to prove it.

It is important for HEU health and safety stewards to understand when and how members should refuse unsafe work. Case studies on pages 128 and 129 can help stewards to determine when it is appropriate for members to refuse.

Obligation to refuse unsafe work under the WCB

Normally, a worker who refuses an order from the boss is accused of “insubordination” and can be disciplined or lose their job. When it comes to safety, workers have an obligation to refuse the boss’s orders.

The WCB Regulation set out a particular process for refusing unsafe work. It is important that members – with the help of OH&S stewards – follow this process carefully to avoid disciplinary action from the employer.

The right to refuse hazardous work is established under law and is, in fact, an obligation.
When to refuse

The following four case studies help to demonstrate when it is appropriate for HEU members to refuse to do unsafe work.

**CASE STUDY  Caring for a violent patient**

HEU LPNs working on a long-term care ward have good relationships with most residents, but a few are difficult. One patient, a 65-year-old man weighing 300 pounds, is unpredictably violent, especially when he is being dressed or undressed. He has slapped several workers. So far no one has been seriously harmed.

**Analysis:** The LPNs have the right to refuse to work with this patient under these circumstances. Not only do they believe he can cause them harm, but physical abuse also has a psychological component – it is emotionally damaging to be hit. The LPNs have a duty to care for the resident, but it is up to the employer to find a solution that protects their physical and psychological safety.

**CASE STUDY  Aides hold sit-in over unsafe lifting**

HEU aides in a large housekeeping department are upset at being told to turn over bed mattresses working alone. The matter was heard by the joint OH&S committee, but was not resolved. A grievance was filed. After many delays, the union members felt they weren't getting anywhere and decided to hold a sit-in. They told management they were exercising their right to refuse unsafe work, as set out in the WCB Regulation. They refused to do any of their normal work until the issue was resolved.

**Analysis:** The aides have the right to refuse to do the unsafe work, but they cannot refuse to perform other duties that pose no safety risk. This job action is not supported by the WCB's right-to-refuse legislation. In fact, the WCB Regulation states that employers can temporarily assign workers to other tasks until the matter is resolved. As long as there is no loss in pay, reassignment is not considered to be discriminatory action under Section 3.13 of the WCB Regulation.

**CASE STUDY  Safe spraying of pesticides**

An HEU member employed as a groundskeeper is trained to work with pesticides. She has been asked to spray an insecticide onto some plants and flowers on the hospital grounds. She knows the insecticide is dangerous unless she has personal protective equipment, including a suit and breathing device. She has the equipment to do the job safely and is about to start spraying. She then notices that the wind would carry the spray across a public sidewalk and past the air intake of the hospital ventilation system. Her supervisor insists it is safe to proceed. She disagrees.

**Analysis:** This member has an obligation to refuse to spray under these circumstances because it could cause harm to others. In this case, co-workers, patients and the general public could have been harmed.

**CASE STUDY  Possible gas leak**

An HEU member in sterile supply is required to load and unload the gas autoclaves used for sterilizing operating room equipment. She wonders how she would know if the gas was leaking, as there is no device to monitor for this. She doesn’t know a lot about the gas used – ethylene oxide, or EtO – but she’s heard it is dangerous. When she asked her department manager why there was no monitoring device, he told her not to worry. The device was on order and would arrive in a few weeks. Besides, she would be able to smell the gas if it was leaking. Still, the member was not convinced. She was afraid that the manager might not know enough to make a decision about whether the work was safe.

**Analysis:** If the member believes it might be unsafe to work without a monitoring device, she has the right to refuse. This member is playing it safe – she has a right to do so. At this point, it is her belief versus the employer's belief.

As it turns out, EtO is a dangerous gas, even at low levels. You cannot smell it until it reaches a very dangerous level – a monitoring device must be used. The employer was wrong to say the gas would smell. By then, this member would have been dead.
Procedure for refusing unsafe work

The procedure for refusing unsafe work is set out WCB Regulation 3.12. In general, this involves four steps.

**Step 1: Report the problem to the employer**
Members who refuse to perform a work process or use a piece of equipment must immediately report the circumstances of the unsafe condition to their supervisor or employer. Members should inform the employer that they are exercising their right to refuse unsafe work under WCB Regulation 3.12.

**Step 2: Investigate the problem**
The supervisor or employer who receives the report must then immediately investigate the matter. If there is no resolution, the member can continue to refuse to carry out the work. An HEU steward should now be involved.

**Step 3: Re-investigate with a larger team**
If the investigation does not resolve the situation and the refusal continues, the employer must investigate the matter again. This investigation must include the member who made the report and a worker member of the joint OH&S committee, a worker selected by the union, or, if there is no committee or union, any other reasonably available worker selected by the worker.

**Step 4: Notify a WCB officer**
If the second investigation does not resolve the situation and the refusal continues, the member and the employer must ask a WCB officer to investigate the matter. The member and OH&S steward should attend. The officer will decide that the work is safe or issue an order to the employer. OH&S stewards should make sure that the order is posted and a copy sent to the union office.

Some decisions by WCB officers can be appealed to a WCB tribunal. This right is set out in Division 14 of the Workers Compensation Act, Sections 207 to 210.
Protection from employer discipline

The most common reason for a work refusal to end up before an arbitrator or judge is an employer attempt to punish workers who take action.

WCB Regulation 3.13 states that a worker who has genuinely exercised his or her right under the WCB Regulation must not be subject to any sort of disciplinary action by the employer. Prohibition against discriminatory action is also set out in Section 150 to 153 of the Workers Compensation Act.

Protection from discriminatory action includes:
- no suspension, layoff or dismissal
- no demotion or loss of opportunity for promotion
- no transfer or duties, change of location of workplace, reduction in wages or change in working hours
- no coercion or intimidation
- no imposition of any discipline, reprimand or other penalty, and
- no discontinuation or elimination of a worker’s job.

The process for resolving such a complaint is set out in Section 152 and 153 of the Act.

Some of the general (and often contradictory) themes that have emerged from arbitrations and the courts include the following.

- The employee’s right to be protected from discrimination after having exercised the right of refusal will depend in part on whether it is determined that “the average employee at the workplace having regard to his or her general training and experience would, exercising normal and honest judgement, have reason to believe that the circumstances presented an unacceptable degree of hazard.”
- The employee’s safety concerns will be accepted even if they differ from that of the average employee if the particular employee has a specific medical condition that makes the employee more vulnerable to the hazard.
- Repugnance, unpleasantness and fear of only very minor injuries are generally not seen to be sufficient to justify a work refusal.
- Employees are entitled to receive pay for the period of time over which they are exercising their right to refuse, provided that they remain available for alternate work assignments.
- Temporary assignment to alternate work at no loss in pay until the matter is resolved is not considered to constitute discriminatory action.

It is important that HEU members – with the help of OH&S stewards – carefully follow WCB guidelines for refusing unsafe work. This will help to stop employer attempts to take disciplinary action.
Tips for refusing unsafe work

1. Support the member.
   - If a member believes that their work poses a health or safety hazard, support them. Let them know you are there to help.

2. Follow the legal procedure.
   - To avoid discipline, it is critical that the member use the WCB process for refusing unsafe work.
   - Obtain the exact wording of WCB Regulation 3.12 and follow it to the letter.

3. Contact the union.
   - Call your servicing representative, local office or the provincial office OH&S department if you need information or advice.
   - Be sure to let someone know if the situation has become serious or if a member is being disciplined.

4. Work productively with the employer.
   - Be open about what the member is doing and why.
   - Get help from the joint OH&S committee.
   - Try your best to work out a quick solution without compromising safety.

5. Investigate.
   - Gather as much information as you can. Visit the library, search the Internet or call the WCB or OHSAH (see Contacts, pages 186 to 193).
   - You are not required to produce a written report and you don’t have to prove your case beyond the shadow of a doubt, but the more information you have, the better.

6. Take notes.
   - Record who you talked to and what was said.
   - If you think it might be helpful, forward your notes to the joint OH&S committee.

7. Organize support.
   - Talk to co-members, other staff and reps from other unions. Ask for their support.
   - If this incident might affect other members, consider mounting a campaign to bring about widespread change.

8. Get backup.
   - Involve other stewards.
   - Make sure there is an alternate assigned to fill in if action is required while you are unavailable.

9. Call the WCB
   - Call WCB officers for information and advice.
   - If, after a thorough investigation, the member and the employer can’t agree, a WCB officer should be notified.

10. Don’t give in.
    - Take all of the legal steps available to you until the member is satisfied that the work is safe.
CHAPTER 8

138 Organizing members around health and safety
140 Organizing tools
144 Actions and campaigns
145 Organizing strategies
146 Risk mapping
150 Body mapping

152 CHAPTER OVERVIEW Top 10 tips for mobilizing the membership

Organizing members
Organizing members around health and safety

HEU stewards help members one-on-one and play an important role on OH&S committees. However, no contribution will be as effective or far-reaching as organizing the membership around health and safety issues.

**Members care about health and safety**
Stewards sometimes report that members just don’t seem to care. However, survey after survey has shown that people do care about safety conditions in their workplace. Also, members are often more likely to get involved with the union over a health and safety issue than with any other issue.

**Health and safety affects everyone**
Almost all health and safety issues have an immediate effect on other workers. As a result, it is often easier to get many people involved in an activity that promotes health and safety.

**Grievances can take a long time**
While it may be the best course of action, resolving a grievance can take a long time. Some health and safety issues are too urgent to wait. By mobilizing the membership, stewards may be able to resolve a safety issue faster than through a grievance.

**Member input is critical**
It is difficult for HEU stewards sitting in a joint OH&S meeting to determine what, exactly, members want. A mobilized membership help stewards know what issues to put on the agenda. And a knowledgeable and active membership helps committee reps and union leaders to make the right decisions.

**Activism shows that the workers are united**
While joint OH&S committees can be very effective, the employer may not always act on their recommendations. Sometimes issues arise that cannot be solved through the committee. Sometimes it is necessary to get more people involved.

Organized initiatives show that HEU members are united and willing to take action. This can persuade management to act or to get back to work on issues that are stalled.

**A mobilized membership prevents accidents**
Organized safety initiatives raise awareness of health and safety issues. That means workers are taking fewer risks on the job. And when HEU members are actively involved in health and safety, it shows. Everyone in our workplaces – other unions and health professionals, patients and families, supervisors and managers – knows that HEU is serious about health and safety. This creates a climate where people take care, and it can save lives.

**Mobilizing members allows us to:**
- demonstrate the strength and power of the union
- involve and empower members who have not been active
- close the gap between leaders and members
- develop new activists and leaders, and
- cultivate local self-reliance.

Of all HEU steward duties, mobilizing members brings the greatest rewards.

BUILDING A CULTURE OF SOLIDARITY

All union actions help to build a culture of solidarity. And it is easier to organize HEU members around health and safety than with any other issue.

Mobilizing members allows us to:
- demonstrate the strength and power of the union
- involve and empower members who have not been active
- close the gap between leaders and members
- develop new activists and leaders, and
- cultivate local self-reliance.

---

**Management wasn’t responding to our requests for better cooling here in the laundry, so we installed the pool as a “work-to-rule” measure....**
Organizing tools

There are many tools that can be used to organize HEU members around health and safety issues. Stewards can draw from some of these ideas to design methods that best serve the members at their workplace.

Identify yourself

Introduce yourself to members who may not know you. Make sure that everyone knows you are an HEU health and safety steward, and that they can come to you to talk about safety concerns.

- Speak up at meetings. Identify yourself as an HEU OH&S steward.
- Wear a pin or button that lets co-workers know you are a OH&S steward.
- Post your photo and contact information with OH&S postings. Let people know they can approach you to talk about safety.
- Participate in union newsletters. Talk to the editor about including OH&S steward information.

Talk to members

Talking with the membership is an ongoing job for HEU stewards. By talking with workers, stewards can identify concerns and determine solutions. Talking to members might include:

- informal conversations in the workplace
- one-on-one meetings
- group meetings
- regular membership meetings, or
- a special meeting or workshop to talk about health and safety concerns.

Conduct a member survey

Use a questionnaire or survey to learn about past accidents that may not have been reported, present concerns, or issues that could become a problem. Ask about training needs. Ask specific safety questions and find out if there are gaps in what workers need to know. Get members’ ideas for actions or campaigns, or use a survey to gauge member support for planned activities.

Whatever the nature of your survey or questionnaire, consider the following guidelines:

- know your objectives
- be clear with members about the purpose of the survey
- use plain language
- ask specific questions, followed by space (or time) for members to expand on their answers
- make personal contact when distributing or collecting surveys – allow opportunities for questions
- compile data that can be easily summarized and reported
- thank everyone for their time, and
- most importantly – communicate the results!

HEU campaigns should follow three basic principles:
- no harm to clients, patients, or the public
- minimum risk and harm to our members, and
- maximum pressure on the employer.

SAMPLE POSTER

HEU SAFETY QUESTIONNAIRE

Concerned about safety?

- noise?
- chemicals?
- lighting?
- allergies?
- lifting?
- equipment?
- evacuation plan?
- repetitive strain?
- air quality?
- ergonomics?
- contagious diseases?
- HEU OH&S stewards in the West Wing want to know about members’ safety concerns. Please fill out the questionnaire and leave it in the envelope on the bulletin board. Or talk to one of us:
  — Amy Jones, John Lau and Cindy Stine
HEU OH&S stewards

Please complete your survey by April 30.
143

CHAPTER 8
ORGANIZING MEMBERS

Post on the union bulletin board
All HEU collective agreements require employers to provide a union bulletin. Items on the union bulletin board might include:
• contact information for OH&S stewards and alternates
• joint OH&S committee minutes, inspections or investigation reports
• HEU posters, notices, survey results or articles
• safety alerts from the WCB or other organizations, and
• general health and safety information.

Initiate training
HEU members who learn about safety issues and union concerns around safety will be better able to identify and eliminate hazards in their work environment. To initiate member training, you can:
• organize training or information sessions
• bring in guest instructors
• take training concerns to management, and
• report to members about training you have received.

Look for allies
Seek out sympathetic managers and joint OH&S committee reps, members of regional health boards or community health councils, workers in other HEU departments, committees or locals, and other unions or community activists.

File group grievances
If you decide to file a grievance, organize members around a general (policy) grievance. This prevents management from targeting an individual or making only cosmetic changes.

Spread the word
Let other HEU members know what you’re doing to improve health and safety at your workplace. Call your local HEU newsletter editor, or call The Guardian editor at provincial office.

Build safety awareness
HEU stewards have access to current information about health and safety concerns. Use this information to educate workers so they can take action for themselves. Tools for building members’ safety awareness include:
• new worker orientations
• stickers, posters, and pamphlets
• safety policies and procedures, and
• information sessions, including videos or guest speakers.

CASE STUDY
HEU stewards at a care centre brought members’ growing concerns about mould to the joint OH&S committee. Management reps said the mould wasn’t serious, and would go away on its own in summer. They refused to make a formal recommendation to the employer to examine the problem.

The OH&S stewards handed out questionnaires and got an immediate response from members. They were able to show the employer that concerns about mould had increased considerably over the past year. Many staff felt the mould was making them ill, and several members with allergies and asthma felt that their long-term health was at risk.

OH&S stewards used the survey results to get the employer to act. Working with OHSAH, the employer hired an environmental consulting company. Tests revealed that mould was a problem.

Because the mould was widespread and took time to remove, stewards used a follow-up survey to identify the areas causing the most trouble for members, and also to highlight water leaks that could cause mould in future.

The two surveys showed broad support for job action. The steward team handed out stickers for members to wear when they worked in mouldy areas. They also created mould alert posters that staff could put up in mouldy areas to alert supervisors, residents, families and the employer.

The action raised safety awareness among HEU members, strengthened union involvement, and forced the employer to keep acting on its promises.

HEU members are increasingly using e-mail and the Internet to organize campaigns and keep members up to date.
Actions and campaigns

Actions and campaigns are designed to educate, mobilize, persuade, and pressure people to make changes. They let the employer know that the union is serious about health and safety. They can also be used to raise awareness with co-workers, patients, families, health care practitioners and the community.

Campaign initiatives might include:
- wearing identical buttons that refer to the safety issue
- signing petitions or sending group letters to management
- distributing or posting leaflets, notices, posters, stickers, cartoons, lists, or diagrams
- documenting the problem through interactive posters, missing person reports, or missed break calendars
- holding a meeting or organizing a rally
- wearing masks, colours or costumes, performing songs or skits, or using other direct awareness-raising tactics, or
- mounting a public campaign through handouts, letters to the editor, or phone-in shows.

Campaigns are most effective when they get people involved, get the message to management in a creative and collective way, are fun, educate people and – last but not least – bring about an acceptable resolution to a problem.

Organizing strategies

The success of an action or campaign will usually depend on careful planning. These are some general steps to keep in mind.

Step 1: Investigate and educate
Members are most likely to get involved if they feel they have all of the information. Start by investigating all components of the problem and educating members on what you’ve learned. Whenever possible, involve members in the research process.

Step 2: Plan.
Clearly establish what members hope to achieve, and how they want to achieve it. Develop specific demands, not just vague ideas. Set priorities, make concrete proposals and include a timeline for action and evaluation. Work out problems until all members (and, if possible, other allies) are on-side.

Step 3: Act up
Whether the action is wearing a button, handing out leaflets, signing a petition or holding a rally, keep it lively. Set a beginning and stop time – a short action is usually more effective than a long one that loses energy.

Step 4: Report
Make a written record of the action in posters, posted minutes, a story in the local newsletter – wherever others will hear about it. Provide a synopsis at membership meetings. Make sure that members who were not involved hear about it.

Step 5: Evaluate
Briefly review the successes of the action. Did it meet members’ goals? What would you do differently next time?

Step 6: Celebrate!
Organizing actions takes a lot of hard work. Be sure to set aside some time to celebrate.
Risk mapping

Risk mapping is an excellent tool for bringing together members around health and safety issues.

Workers are often reluctant to complain about safety, or even to speak up about an issue, if asked on a walk-around inspection. And even when members do speak up, it’s hard to act on each problem in isolation. Also, it can be hard to get members involved in problems that don’t seem to affect them directly.

With risk mapping, workers have the benefit of other people’s comments. It can help some workers to work effectively in a group or committee, and can build confidence and empowerment on safety issues. It can also build solidarity so that union strength stands behind the concerns of all members.

With risk mapping, health and safety decisions start with workers, not professionals or management. This can improve morale and build the union’s strength.

OH&S stewards may want to use this exercise to:
- get members talking about safety (for example, as an icebreaker at a meeting)
- identify areas to be included on inspections
- make recommendations to the joint OH&S committee
- mobilize the membership to take action on safety, and
- build solidarity among the membership.

There is nothing difficult about risk mapping.
It does not require experience or sophisticated materials. Any large piece of paper and pens will do. Use a variation of the following four steps, as they work best for you.

Step 1: Plan the activity
You will need to decide what kind of risk mapping will work best for your workplace. These are some of the planning steps you may want to consider:
- form a planning committee
- conduct research on past incidents or known hazards
- obtain or draw a floorplan of the area
- gather supplies: essential supplies include paper and markers (as well as wall space and masking tape); optional supplies include flip charts, overhead projector, coloured markers, post-it notes (colour, if possible), self-sticking coloured dots or labels, and supporting documents such as floor or fire plans
- survey the members about their experiences
- transfer the findings onto a risk map
- decide whether you want to include all information on the map (physical layout of the area, workers (these can be stick people), drawings of any hazards that exist, including labels (e.g. “hot equipment”) or whether you want to save some of this detail for the group session
- appoint a facilitator to discuss the map with workers.

A GREAT WAY TO LEARN
Mapping is becoming a popular education tool:
- it involves members
- it uses images rather than words, which may help cross language barriers
- it shows that individual concerns may relate to everyone, and
- it gets people thinking about their workplace and their union in a new way.

No one knows more about hazards at the workplace than the workers. Risk mapping allows you to learn from their experience.

TO DEVELOP OUR RISK MAP, WE ASKED OURSELVES WHAT SORT OF TROUBLE BILLY FROM "FAMILY CIRCUS" MIGHT GET INTO AT OUR WORK SITE.
Step 2: Review the map with workers
Begin the exercise by outlining the goals of the activity and setting guidelines for confidentiality.
Present the draft map you have made. Work as a group to:
- add to the map
- make changes
- determine the extent of problems
- brainstorm action to be taken
- set priorities.

It may be helpful to use systems to organize the map. For example, coloured markers or shapes (circles, squares, triangles) could be used to indicate the type of hazard (physical, chemical, ergonomic) or their seriousness. For example:
- blue = biological
- green = chemical
- red = physical
- black = stress
- purple = work design hazards

Step 3: Prioritize
Members sometimes uncover so many health and safety problems that they don’t know where to begin. For prioritizing safety concerns, you may want to consider whether it is serious, easy or difficult to correct, affects a small or large group of people, or whether it is widely seen as a problem by other workers/supervisors.

You may want to use the following activity to help prioritize the concerns that have been raised.
- Ask members to list the problems that have been identified. Record them on a chart.
- Ask questions (outlined above) to help determine the seriousness of the problem.

Step 3: Take action
The members should decide what action should be taken. Every action should include the name of the person responsible and the date by which it will be done. Action can include short term action, long term action, or both. For example, workers may choose to:
- take action on personal concerns raised in the session
- correct a hazard themselves
- use a hazard report to request that the problem be fixed by management
- have warnings or procedures posted
- use the information to request further involvement of a health and safety professional or WCB inspector
- obtain training or education for workers who need it
- send recommendations to the joint OH&S committee
- conduct a campaign around a safety issue, or
- contact HEU or the WCB for assistance.

Finally, it may be helpful to keep the risk map posted (re-drawn on smaller paper, if necessary) and update it as improvements are made or new hazards are identified. A version of the map (or written summary) should be given to the joint OH&S committee.
Body mapping

Use the steps set out for the risk mapping activity, working with a drawing of the human body. Include the following steps.

- Make participants as comfortable as possible. Remember that it is difficult for some people to talk about their own health concerns, and that others will easily dismiss concerns as “just growing older.” Raise the issue of confidentiality; if you think you might show the map to the health and safety committee or to the employer, tell members in advance. Make sure that names aren’t used on the map.
- Provide drawings of the front and back of the body.
- You may want to use colour markers, dots or post-it notes to identify themes, for example:
  - red = aches and pains
  - blue = cuts and bruises
  - green = illnesses
  - black = everything else
- Identify the area (eyes) and symptom (tired, sore) and then look at possible causes (computer monitor, poor lighting).
- Workers may want to complete their own body map and then work together to make a common map. Try to include the health concerns of workers who are off the job due to illness or injury.
- For the group map, consider having members mark body areas with colours dots (or pen, stickers or post-it notes) and see where there are clusters or patterns. Then go through the dots one at a time and have members explain what they represent.

FOLLOW THROUGH

- Write up and distribute your results to members.
- Follow through on the action plan.
- Consider sharing results with the joint OH&S committee.

These are only a few possible symptoms and causes. Members will be able to identify many more.

<table>
<thead>
<tr>
<th>Possible explanations for common body complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>head</td>
</tr>
<tr>
<td>eyes</td>
</tr>
<tr>
<td>ears</td>
</tr>
<tr>
<td>nose and throat</td>
</tr>
<tr>
<td>neck and back</td>
</tr>
<tr>
<td>chest and lungs</td>
</tr>
<tr>
<td>arms, wrist and hands</td>
</tr>
<tr>
<td>blood/heart</td>
</tr>
<tr>
<td>legs and knees</td>
</tr>
<tr>
<td>feet and ankles</td>
</tr>
</tbody>
</table>
Tips for mobilizing the membership

1. Talk to members.
   - What are members’ biggest safety concerns?
   - What do members feel are the best solutions?

2. Plan, plan, plan.
   - Research the problem.
   - Research the activity or action you have planned – anticipate problems. Improve on past actions.
   - Assign duties to as many people as possible.

3. Be creative.
   There are as many solutions as there are safety concerns.
   - Stickers, buttons, posters, brochures get the message out.
   - Petitions, signed banners, letters pressure the employer.
   - Meetings and rallies help bring people together.
   - Unusual activities can bring new enthusiasm. How about a protest picnic? Wearing only red? Making up a song or a skit, a poem or a play? An interactive poster? A phone-in?

5. Gauge member support.
   - Are all members on-side? What would make it better?
   - Will they show up? Are there scheduling problems? Do they need a ride? Childcare? A translator?

   - Inform and involve co-workers, patients, clients and families.
   - Keep in touch with other stewards and union leaders, your local servicing representative, and the provincial office.
   - Work with other unions – ask for their support.

4. Spread the word.
   - Make sure all members know about the activity well in advance. Be specific about dates and places.
   - Ask for continuous member input and involvement.

7. Keep it strong and short.
   - Aim for short, powerful activities and actions. Avoid over-ambitious plans that can lose energy over time.
   - Always set an end time or date.

8. Be loud.
   - Be seen and heard by co-workers, patients, clients and families. Take up space, and be as visible as possible.
   - Make sure the employer hears about your strength and successes.

9. Report back to members.
   - Report to members through postings, newsletters and membership meetings. Make sure members know what they missed.

10. Celebrate your successes!
    - Report back to members about what you accomplished.
    - Send news to your HEU local and the provincial office.
    - Set aside time for organizers to evaluate and celebrate.
## CHAPTER 9

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>156</td>
<td>Members' claims for WCB and LTD benefits</td>
</tr>
<tr>
<td>158</td>
<td>WCB claims</td>
</tr>
<tr>
<td>162</td>
<td>WCB appeals</td>
</tr>
<tr>
<td>163</td>
<td>Research assistance from stewards</td>
</tr>
<tr>
<td>164</td>
<td>Long-term disability benefits</td>
</tr>
<tr>
<td>166</td>
<td>Other benefits and financial support</td>
</tr>
<tr>
<td>167</td>
<td>Return to work programs</td>
</tr>
<tr>
<td>168</td>
<td>Duty to accommodate</td>
</tr>
<tr>
<td>169</td>
<td>HEU People with disAbilities committee</td>
</tr>
</tbody>
</table>

### Top 10 tips for supporting WCB and LTD claims

**WCB and LTD claims**
Members’ claims for WCB and LTD benefits

While most of the work of HEU’s OH&S stewards is focused on prevention, members also need the assistance of OH&S stewards when they become ill or injured at work.

When an injury or illness occurs, OH&S stewards provide members with support, information, and access to other resources. Once they have the information they need to get started, members handle WCB and LTD claims on their own or with the support of HEU staff at provincial office. However, it is important for OH&S stewards to have a general understanding of benefits so they can give injured members the best general advice.

While injured members are off the job, OH&S stewards are often their primary connection to their workplace and the union. Stewards help injured and ill members to stay informed and continue to be active in the union. OH&S stewards can also help members return to work.

For all WCB and LTD claims, there are three critical concerns.

Report incidents as soon as possible
Reporting is the absolute key to establishing benefits for injured or ill members. Even before a member is disabled from work, OH&S stewards should make sure that members know the importance of making a report, even for a minor back twinge or a muscle ache that may be getting worse. Members should report any work-related incident that requires them to seek medical attention, including physiotherapy, chiropractor visits or massage (which can be covered by WCB even if there is no loss of work time).

Record important details
It is critical that members keep accurate records to support their claim. Documentation is particularly important if claims are appealed. Ensure that members keep a thorough record of:

- personal notes, including details on the work incident, causes of their disability, who they talked to, how they felt each day, their mobility, and their progress
- medical visits related to the claim, including copies of lab results, specialists’ reports, treatments, medications
- information from the WCB, including notes on telephone conversations and copies of letters, and
- contact with the employer, including discussions about return to work.

Keep members in touch with the union
Members away from work because of injury or illness should remain actively involved with the union. Stewards can help to direct injured or ill members to the resources they need, and provide a contact for union information. Stewards may also help members with their return to work.
HEU members who are injured or become ill while doing their work are eligible to apply for compensation from the Workers’ Compensation Board. The WCB pays wage-loss benefits and reimburses workers for medical expenses. In some cases, WCB may also pay for a permanent disability pension or retraining for a new job.

Basic information covering compensation for workers is set out in Section 5 and 6 of the Workers Compensation Act. However, the day-to-day requirements for processing members’ claims is subject to change. OH&S stewards can contact the WCB and order current information brochures by mail.

The WCB provides injured workers with information and resources to process their claim. Most members can handle claims on their own. However, it is helpful for HEU OH&S stewards to know about the WCB process so that they can help members get started, or support them if they disagree with a WCB decision.

Stewards should ensure that members have current WCB information pamphlets to help guide them through the claims and appeals procedures.

**Step 1: Member receives first aid or medical attention.**

Of course, when an injury or illness occurs, the member’s medical needs are the first priority. A steward should be involved as soon as possible, acting as an advocate or providing support as required.

- Whenever possible, the member should see the first aid attendant first. The attendant and worker should complete WCB Form 7A – First Aid Report.
- If necessary, the member should see their own doctor (the same day, if possible, though there is no time limit). The doctor will complete WCB Form 8 – Physician’s First Report.

Stewards should ensure that members understand the importance of regular doctor’s visits throughout their claim. The frequency of visits should be decided between the worker, the doctor, and the WCB. Doctors provide the WCB with regular progress reports (WCB Form 11). A claim could be denied or terminated if the injured worker did not seek regular medical attention to help treat their injury or illness.

**Step 2: Member reports to the employer and/or applies for compensation.**

As soon as possible, the member should report the illness or injury to the employer. First, a supervisor should be informed and a record should be made, even if the incident does not seem serious or the member will not be away from work.

- If the member intends to make a WCB claim, the member completes WCB Form 6 – Application for Compensation & Report of Injury or Occupational Disease.
- If the member does not intend to make a WCB claim, the member completes WCB Form 6A – Worker’s Report of Injury or Occupational Disease to Employer.

OH&S stewards can help members to make their application as complete as possible – inaccurate and incomplete application forms are one of the most common reasons for denial or delays of a WCB claim.

Workers have one year from the date of the incident to file a WCB claim. An investigation team – including an HEU OH&S steward – should conduct an investigation as soon as possible. The investigation report may help support a member’s claim.
Workers have one year from the date of the incident to file a WCB claim. If the injury is caused by repetitive strain, the one year period begins on the date of the last injury; for occupational disease, from the date the worker first became disabled by the disease.

The WCB can make an exception if there were special circumstances. Language problems have been held in the past to constitute special circumstances, as have cases where workers became disabled long after the original injury. However, any delay is likely to have a negative impact on a member’s claim.

**Step 3: The employer reports to the WCB.**

Employers must submit a report to the WCB within three days of an injury or reported illness. The employer must complete and submit the report even if they disagree with the worker’s claim.

Members should not be surprised if the employer challenges their claim, even if supervisors were supportive. The WCB raises or lowers employers’ WCB premiums according to the cost of the WCB claims made by their employees. Some employers may try to challenge a valid claim to try to save money. For that reason, members should be aware that what they say to their employer about their injury or recovery could be submitted to the WCB to support the employer’s position.

- Employers report using WCB Form 7 – Employer’s Report of Injury or Occupational Disease. If the worker received first aid, Form 7A (see above) is also attached.

If the employer fails to report on time, the WCB may proceed with a claim based only on the worker and doctor reports.

**Step 4: The WCB makes a decision about the claim.**

Claims for compensation are considered by a WCB adjudicator once they have received the member’s application, the employer’s report and the doctor’s report. If more information is required, the WCB will call the worker. In general, the more complicated the claim (repetitive strain, for example), the longer it will take the WCB to investigate and make a decision.

Once there is enough information to accept the claim, a first payment will be mailed. (If the employer continues to provide regular paycheques, WCB will pay the employer).

WCB generally provides 90 per cent of a worker’s pre-disability net pay. In some cases (such as with the facilities sub-sector agreement), HEU members who are permanent employees may also be entitled to an employer top-up to their full rate of pay, called “injury on duty” pay.

If WCB denies the claim, the worker will receive a letter explaining why and advising them of their right to appeal.

**CASE STUDY**

Sally hurt her back at work in 1983. Years later, in 1995, she needed surgery. She received six months of wage loss benefits from the WCB while she recovered from her surgery. She appealed.

Later the WCB paid her a small monthly pension of $85, saying she had a small permanent physical impairment as a result of her injury, but concluded that she could return to work as a care aide. She appealed again.

The WCB said that if she didn’t return to work, this was partly caused by other non-WCB problems that represented at least 50 per cent of her disability. She appealed again. It was argued at her appeal hearing that she was disabled from all work and all the problems stemmed from her work injury in 1983.

She won! The Review Board ruled that she was entitled to receive a full loss of earnings pension, which paid her all her lost wages since 1995. She received a cheque from the WCB for over $120,000.
WCB appeals

All WCB decisions are subject to appeal. Members whose wish to appeal a decision should contact HEU provincial office. A union WCB representative will handle the appeal, including representing them at a WCB appeal hearing.

Process
When an HEU member files a compensation claim, a WCB staff member decides whether to allow the claim. The member should be provided with a decision letter explaining the reasons for the decision.

If the HEU member disagrees with the decision, they can have it reviewed by the Review Division. The request must be made within 90 days of the decision date, unless there are exceptional circumstances.

If the member disagrees with the review decision, they have 30 days from the date of the decision to appeal it to the Workers’ Compensation Appeal Tribunal. The WCAT is independent from the WCB. It is the final level of appeal for most issues.

Other benefits while waiting a WCB decision
While waiting for a WCB appeal, members may be eligible to receive LTD, EI, CPP or social assistance. These benefits are explained further on page 166.

Summary of review and appeal process

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCB decision letter</td>
<td></td>
</tr>
<tr>
<td>Review Division</td>
<td>Time limit: 90 days from the decision letter. Decision is normally within 150 days.</td>
</tr>
<tr>
<td>Workers’ Compensation Appeal Tribunal</td>
<td>Time limit: 30 days from the Review Division decision. Decision is normally within 180 days.</td>
</tr>
</tbody>
</table>

Research assistance from stewards

Stewards do not normally play a significant role in the claims or appeal process. However, there is one area where the expertise of a workplace OH&S steward is invaluable: providing documentation to prove that an injury or illness is work-related. This is particularly true when an injury or illness is not caused by a specific incident – such as repetitive strain injury, where the injury occurs over time.

There is often a great deal of information that is discussed and distributed through the health and safety committee that would be extremely relevant to the processing a WCB appeal. These might include:

- incident reports
- injury statistics
- hazard control program audits (such as MSI, violence, chemical exposure control)
- WCB statistics
- WCB orders
- minutes of the OH&S committee discussing the hazard in question
- other assessments (private ergonomic assessment), and
- member interviews or surveys.

Depending on the nature of the WCB appeal, this information may help an injured worker to successfully appeal a WCB decision to deny their claim.
Long-term disability benefits

Almost all HEU members have long term disability insurance through their employer. This coverage was won through union bargaining and appears in almost all collective agreements. It applies to all regular full-time and part-time workers, regardless of whether their injury or illness is work related. If an injury or illness is work-related and the WCB denies the worker's claim, LTD benefits would then apply.

Most HEU members are insured through the Health Care Benefits Trust (HBT), whose plan is administered by Great West Life Assurance Company. Members are eligible for LTD after five months away from their job.

The requirements for LTD claims are similar to those required for the WCB, including reports to be filed by the member, the employer and the member's doctor. Support documents, such as specialists' reports, lab tests, etc., may also be required.

LTD claims should be submitted within 45 days of the member becoming eligible (such as the end of a WCB claim or the five month waiting period). It's a good idea for members to apply for LTD before their WCB benefits end.

HBT generally pays 66 per cent of the member's gross pre-disability pay, or 70 per cent of the first $2,800 of current monthly earnings plus 50 per cent of the amount above $2,800, whichever is higher ($2,800 amount is adjusted every four years).

To qualify for LTD benefits for the first two years, members must be unable to perform the duties of their own occupation.

To qualify for LTD benefits after two years, members must be unable to perform the duties of any occupation for which they are qualified that pays at least 70 per cent of the current rate of pay for their former occupation.

Members unable to return to their job may be able, or required, to pursue job retraining through LTD (or through WCB, EI or HLAA programs). Members are entitled to have the union involved when they are negotiating retraining options.

Before a case is closed

Termination of LTD benefits can be appealed to a Claims Review Committee. Members should call HEU provincial office or their servicing representative for assistance.

CASE STUDY

John was a housekeeper in Kelowna. He injured his back and couldn’t return to work. While the WCB considered his case, he decided to take matters into his own hands. He sold his house and moved his wife and four kids to a small town in the north.

He mortgaged his new home and started a business selling medical supplies to the community. It took a number of years, but he succeeded in earning enough to support his family.

Meanwhile, the WCB wheels turned slowly. Eventually they offered to give him $10,000 toward his business instead of retraining him. (They had offered him a six-month community college course to become a travel agent. They had no job for him, but tried to convince him that the course would lead to re-employment.) He appealed the decision and requested that the WCB pay him over $100,000 since that is what it cost him to move, set up his business and feed his family during the four years he was fighting with them.

Ultimately, he received $60,000. Unfortunately, he’d also spent two years on LTD and had to repay much of the WCB money to the insurance company.
Other benefits and financial support

WCB’s current policy is to mail a first compensation cheque within 17 days from when a worker is first disabled. However, in practice, it has taken HEU members several weeks, in some cases months, to process the required information and receive a first payment. This is particularly true for complicated claims or those requiring a medical investigation. Members who do not have enough sick leave benefits from the employer, or have delays with their WCB claim, may require interim financial assistance.

While waiting for their claim, members may be able to access Employment Insurance or welfare benefits. EI provides 15 weeks of assistance for workers who can provide medical evidence supporting their sickness or disability. In some cases, EI is approved faster than WCB claims. Social assistance (welfare) provides income assistance based on financial need. However, EI and social assistance must be repaid once the member begins to receive WCB or LTD benefits.

Members may also wish, or may be required, to apply for Canada Pension Plan disability benefits if their injury or illness is prolonged. CPP benefits are payable after four months of disability to those with a severe and prolonged illness or injury that prevents them from working at any job. LTD, EI and social assistance payments are normally reduced by the amount of CPP disability benefits received.

Return to work programs

Members returning to work are often at a much higher risk of re-injury or relapse. It is critical that members receive assistance to make their return to work as safe as possible.

Most HEU collective agreements set out the process for returning workers to their jobs. Some HEU workplaces also have return to work committees. These committees should be involved in work returns, even if the injury or illness seems minor.

Return to work programs should adjust to meet the needs of individual members. They might include:

- graduated return to work, such as beginning with two or four hour shifts while strength is rebuilding
- modified return to work, where tasks or equipment are changed to meet the worker’s needs (funding for special equipment may be paid by WCB or LTD)
- refresher training or skills upgrading
- vocational rehabilitation to provide education or training needed for a related job, or even to start a new career (tuition and fees may be paid by WCB, LTD, or EI).

In general, members’ jobs are held for two years. After two years, they may be returned to the same job, a different job at the same employer, or a new job with a different employer.

Members may want to involve the WCB’s Vocational Rehabilitation Services Department. The WCB works closely with the worker, the employer, the union, and health care providers to ensure a timely and safe return to work. OHSAH can also be involved in all stages, providing technical assistance and helping acquire equipment. HBT also has a rehabilitation department to assist members on LTD who are returning to work.

Members having any difficulty returning to work should contact their servicing representative.

GET IT IN WRITING

Members who are returning to work with job modifications should receive a new job description. The job description should be reviewed by the member’s doctor. If duties are added later, and the member believes they are unsafe for her, she should refuse to do the work, as set out in chapter 7.
Duty to accommodate

Under B.C. human rights law, there is a duty for employers and unions to take reasonable measures to accommodate people with disabilities. Sometimes that means removing systemic barriers or adding new equipment so that people with disabilities can be hired.

Often the duty to accommodate means that adjustments must be made so that workers who have been ill or injured can return to their jobs, or to a similar job at the same workplace.

Duty to accommodate is a complex and evolving legal issue. Each case requires a creative approach and sensitive education for those involved. HEU stewards and servicing representatives should be there to help throughout the process.

In general, the duty to accommodate requires that employers take reasonable measures to accommodate an injured or ill worker, to the point of undue hardship, such as financial losses or the safety of patients or staff. These effects must be proven and can be challenged.

HEU and employers have expressly adopted the principles of the B.C. Human Rights Code into collective agreements. The duty to accommodate may be the subject of a grievance.

Stewards who recognize a human rights issue regarding the duty to accommodate should ask the affected member to contact their HEU servicing representative as soon as possible.

HEU People with disAbilities committee

HEU members who live with disabilities come together through the union’s People with disAbilities committee.

The caucus works to:

- provide resources and support to members with disabilities
- educate co-workers and the union about disability issues
- advance the union’s goals around disability issues, and
- work in solidarity with others outside the union.

Committee members have a wide range of experience living with disabilities. Some are working with a disability, some are away from work on WCB, LTD or CPP. Some are visibly disabled, but most live with disabilities that are not visible.

Every HEU member who has a disability is a welcome member of the committee. A steering committee of nine members is elected at HEU equity conferences and meets four times a year.

The committee sends out regular newsletters and bulletins, including information regarding WCB and LTD claims. The committee also operates a toll-free support line. See page 186 for contact information.
Tips for supporting WCB and LTD claims

   - Report to the employer and the WCB.
   - Report even if the incident did not seem serious or the member does not intend to be away from work.

2. **Advise the member to start a journal.**
   - Take notes after every conversation with the employer, the WCB, or health care providers.
   - Take notes on how they felt each day, their mobility, their progress.
   - Keep copies of all documentation, including letters and medical reports.

3. **Encourage members to get everything in writing.**
   - Any decision made by the employer, the WCB, or another party may be subject to appeal. But first, the member will need to get the decision in writing.

4. **Support member appeals.**
   - If a member believes they have been denied a fair claim, encourage them to start an appeal by calling HEU provincial office.
   - If required, gather workplace information and OH&S committee resources to support the member's claim.

5. **Keep up member contact with the WCB or LTD insurer.**
   - Members should be in regular contact with their WCB or LTD representative, before and after a claim is accepted.
   - If necessary, offer to call the WCB to arrange a translator.

6. **Support members in being strong self-advocates.**
   - Encourage members to direct their own claim, to speak up on their own behalf, ask as many questions as required, and appeal any decision they believe is unfair.

7. **Back up members who are worn out.**
   - On top of their injury or illness, members may also have to endure a gruelling process to have their claims accepted or to keep them going. Offer your support. Help them to take it one step at a time and avoid burnout.

8. **Keep members away from work up to date.**
   - OH&S stewards often receive information and updates that may be useful to members who are away from work on WCB or LTD claims. Forward information to members you think might be affected.

9. **Connect members with the People with disAbilities Committee.**
   - Members who become permanently disabled because of an injury or illness will benefit from the support and resources offered by the People with disAbilities Committee.

10. **Keep injured and ill members active in the union.**
    - Members are an important part of the union, even when they are not coming to work.
    - Counter member isolation by keeping in regular contact. If possible, involve them in functions with co-workers.
<table>
<thead>
<tr>
<th>Page</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>174</td>
<td>OH&amp;S steward form</td>
</tr>
<tr>
<td>175</td>
<td>Hazard report</td>
</tr>
<tr>
<td>176</td>
<td>Joint OH&amp;S committee recommendation</td>
</tr>
<tr>
<td>177</td>
<td>Workplace inspection report</td>
</tr>
<tr>
<td>178</td>
<td>Incident investigation report</td>
</tr>
<tr>
<td>179</td>
<td>Workload incident report</td>
</tr>
<tr>
<td>180</td>
<td>Violent incident report</td>
</tr>
<tr>
<td>181</td>
<td>MSI early signs and symptoms report</td>
</tr>
<tr>
<td>182</td>
<td>Member OH&amp;S survey</td>
</tr>
<tr>
<td>184</td>
<td>Joint OH&amp;S committee self-evaluation</td>
</tr>
</tbody>
</table>

**Forms**
OH&S stewards

| LOCAL NAME _____________________________________________ | DATE ______________________ |
| Facility name and mailing address |

**UNION CO-CHAIR**

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
</table>

| NAME | First name ________________________________ | Last name ______________________________________ |
| HOME ADDRESS | Street | |
| | City | Postal code |
| HOME | Tel | Fax | E-mail |
| WORK | Tel | Fax | E-mail |

**OH&S STEWARD**

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
</table>

| NAME | First name ________________________________ | Last name ______________________________________ |
| HOME ADDRESS | Street | |
| | City | Postal code |
| HOME | Tel | Fax | E-mail |
| WORK | Tel | Fax | E-mail |

**ALTERNATE**

<table>
<thead>
<tr>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
</table>

| NAME | First name ________________________________ | Last name ______________________________________ |
| HOME ADDRESS | Street | |
| | City | Postal code |
| HOME | Tel | Fax | E-mail |
| WORK | Tel | Fax | E-mail |

Does your facility have two joint OH&S committees with management – one with all unions and one just HEU?  

- YES
- NO

Please fill out this form whenever a change takes place and return it to:  

HEU Provincial Office  
5000 North Fraser Way, Burnaby, B.C. V5J 5M3  
FAX 604.739.1510
HEU health and safety hazard report form

Use this form to make a formal report of a hazard that requires action from the employer. The form is particularly helpful for taking action outside of joint OH&S committee meetings or following up on informal workplace observations. For more information about identifying and correcting hazards, see pages 88 to 95.

HEU health and safety hazard report

Date ___________________ Time ___________________ Area ___________________ Hazard rating ___________________

HEU OH&S steward ___________________________________________________ Phone ____________________________

Submitted to _________________________________________________________ Date of submission ___________________

Description of area containing the hazard

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Hazard and danger involved

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Action taken

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Follow-up required

__________________________________________________________________________

__________________________________________________________________________

Copies sent to:  
- [ ] Area supervisor  
- [ ] Joint OH&S committee management co-chair  
- [ ] Joint OH&S committee union co-chair  
- [ ] Other (safety officer, maintenance department) ____________________________
Joint OH&S committee recommendation

To ______________________________________________________ Date _____________________________________

From Joint OH&S committee

________________________________________________ ______________________________________________

Co-chair signature – employer representative Co-chair signature – worker representative

Please respond by: ____________________________ (Within 21 calendar days)

OH&S issue
(Give a short, clear and complete description of the issue. Describe what, why, who, where and when.)

Committee recommendation
(Include reasons for your recommendation. For complex issues, list options, steps involved and suggested time frame for implementation/completion. Attach another page if necessary.)

cc: Appropriate manager, safety coordinator, etc.

Employer response
(If you accept this recommendation please include a time frame for completion. If you reject the recommendation, please include your reasons.)

Signature ____________________________ (Department head or designate)

Date returned ____________________________

Committee comments (Note any follow-up or additional action required by the committee)
The employer should provide an inspection form, but this form can also be used. It is based on a WCB sample form that is set out on pages 98 to 99 of this manual. For more information about inspections, see chapter 5. For more information, see chapter 5.

### Workplace Inspection Report

**Date** ________________________  
**Time** ________________________  
**Area** ____________________________________

**Conducted by** __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Area</th>
<th>Hazard</th>
<th>Action taken</th>
<th>Follow-up</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more information about inspections, see chapter 5. The employer may provide an inspection form that is set out in this manual. The employer may also use this form. It is based on a WCB sample form but this form can be used without.
Incident investigation report

Member ____________________________________________________________ Age ________ Sex ________

Length of service ___________ Time on present job ___________ Occupation ____________________

Date of accident ___________ Time of accident ___________ Date of report ___________

Nature of incident ________________________________________________________________________________________

Member’s account of the incident

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Basic cause and contributing factors

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Recommended corrective action

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Action by

Management review by ___________ Date to be implemented ___________

Investigation team

Copies sent to:  
- Member involved  
- Supervisor  
- Joint OH&S committee co-chairs  
- Joint OH&S committee union reps  
- Other (safety officer, maintenance department) ___________________________
Workload incident report

This report will help HEU and your workplace Occupational Health and Safety stewards to act on workload issues and make recommendations to the employer through the joint OH&S committee.

Workplace/department ________________________________ Date __________________________

Workload problem

Check all that apply:
❑ not enough staff scheduled
❑ absent staff not replaced
❑ missed break/short meal break
❑ unscheduled shift extension

________________________________________________________________________________________

How has this problem affected others – patients, residents, clients, workers?
________________________________________________________________________________________

What tasks could not be completed?
________________________________________________________________________________________

Is this an isolated incident or a regular problem?
________________________________________________________________________________________

How did the employer (supervisor) respond to your concern?
________________________________________________________________________________________

If workload is causing a serious safety hazard:
• contact your HEU OH&S steward or shop steward
• file a hazard report with your supervisor, and
• consider your obligation to refuse work that is unsafe.
Violent incident report

Member ________________________________ Job title __________________________ Work location __________________________

Nature of incident _________________________________________________________________________________________

Date and time of incident __________________________ Location of incident __________________________

Witness name and contact information ______________________________________________________________________

Date and time reported to supervisor __________________________ Supervisor’s name __________________________

Member’s account of the incident _____________________________________________________________________________

Basic cause and contributing factors ___________________________________________________________________________

Immediate action taken _____________________________________________________________________________________

Recommended corrective action ______________________________________ Action by __________________________

Incident investigation initiated? ____________________________________________________

Reported to police? (provide report number) ____________________________________________

Member provided:  ❑ defusing? (within 8 hrs)  ❑ debriefing? (within 72 hrs)  ❑ advised to consult physician?

Inspection team:
❑ Member involved  ❑ Supervisor
❑ Joint OH&S committee co-chairs  ❑ Joint OH&S committee union reps
❑ Other (safety officer, maintenance department) __________________________________________
MSI early signs and symptoms report

This form is for HEU members who may be experiencing early signs and symptoms of musculoskeletal injury. Complete the form and submit it to a supervisor to resolve the problem and to create a record in case the problem becomes more serious.

Name ____________________________________________ Date ______________________________

Occupation ____________________________________________________________________________________________

Department ____________________________________________ How long in present job ______________

Place a check by the word(s) that best describe the problem:

- aching
- pain
- swelling
- tingling
- weakness
- stiffness
- burning
- numbness
- cramping
- reduced range of motion
- loss of colour
- other

How severe is the problem? __________________________ (now) __________________________ (when it was worst)

Ratings: (7-8) severe, (5-8) hurts but not intense pain, (3-4) some discomfort but can continue to work and (1-2) minor irritation but want to report it.

Does this problem surface at any particular time of day? ________ a.m. ________ p.m.

Is there any particular task that seems to make the problem worse while you are performing it?

________________________________________________________________________________________________________

Is there any particular task that seems to make the problem worse after you have performed it?

________________________________________________________________________________________________________

THIS SECTION IS TO BE FILLED OUT BY THE MEMBER’S SUPERVISOR

Please verify job task information provided by employee and the corrective changes taken:

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Signature ___________________________ Date ___________________________
HEU MEMBER SURVEY
OH&S questionnaire

This questionnaire will help HEU OH&S stewards to identify and act on members’ health and safety concerns. All safety concerns identified through this questionnaire will be presented as general union concerns to the joint OH&S committee. If you need help with a safety concern specific to you, please contact your HEU OH&S steward.

Type of work
What is your job? _________________________________________________________________________________________

Do you usually work during the day or at night?  
❑ day  ❑ night  ❑ both

How many hours do you work each week? __________________________________________________________________

Work conditions
My job requires me to work very fast  
❑ agree  ❑ disagree

My job involves a lot of repetitive work  
❑ agree  ❑ disagree

My supervisor is willing to listen to me when there are problems at work  
❑ agree  ❑ disagree

Workload
I usually have enough time to get my job done  
❑ agree  ❑ disagree

I take all of my regularly scheduled breaks  
❑ agree  ❑ disagree

I am not asked to do an excessive amount of work  
❑ agree  ❑ disagree

Infectious disease
How often do you:
• give injections or draw blood?  
❑ regularly  ❑ occasionally  ❑ never

• handle instruments contaminated with blood  
❑ regularly  ❑ occasionally  ❑ never

• handle patients’ blood, tissues or other bodily fluids  
❑ regularly  ❑ occasionally  ❑ never

Ergonomics
Do you do heavy lifting on your job?  
❑ regularly  ❑ occasionally  ❑ never

Do you work on a computer keyboard?  
❑ regularly  ❑ occasionally  ❑ never

Does your work require a lot of repetitive hand movement?  
❑ regularly  ❑ occasionally  ❑ never

If yes, do you suffer any kind of strain, pain, aches or other symptoms that you think might be associated with lifting? What kind of symptoms? __________________________________________________________________

Physical safety
Are there any of these potential hazards where you work?  
❑ objects falling on you  ❑ slipping and/or falling
❑ burns  ❑ electric shock  ❑ excessive heat  ❑ physical attacks  ❑ other __________________________________________________________________

If yes to any of the above, please tell us more about it. __________________________________________________________________
Chemicals
Please list chemicals you work with that you know (or suspect) are hazardous (cleaning fluids, exhaust fumes, etc.)

Have you received written information about the hazards of working with these chemicals? ☐ yes ☐ no
Have you been trained to properly handle these chemicals? ☐ yes ☐ no
After working with these chemicals, do you ever notice:
☐ difficulty breathing  ☐ headaches  ☐ dizziness
☐ burning sensation in eyes or throat  ☐ skin rashes or redness  ☐ other symptoms
Have you ever had “burns” from the chemicals or products you work with? ☐ yes ☐ no
If yes, please describe ________________________________

Respiratory hazards
The air in my work area does not circulate well ☐ yes ☐ no ☐ not sure
The air in my work area is often stuffy or stale ☐ yes ☐ no ☐ not sure
My work area is too crowded ☐ yes ☐ no ☐ not sure
My work area is dusty ☐ yes ☐ no ☐ not sure
I often have sore throats, cough or runny nose ☐ yes ☐ no ☐ not sure
My co-workers often have sore throats, cough or runny nose ☐ yes ☐ no ☐ not sure
If yes to either, do you believe these symptoms are work related? ☐ yes ☐ no ☐ not sure
If yes to any of the above, what do you think is causing these symptoms?

Health and safety perceptions
I was trained to do my job safely ☐ agree ☐ disagree
I know the policies and procedures for safety hazards in my workplace ☐ agree ☐ disagree
I am familiar with WCB regulations about the kind of work I do ☐ agree ☐ disagree
I know that I have a legal obligation under the WCB regulations to refuse to do work that I think may cause a health or safety risk to me or another person ☐ agree ☐ disagree
I received a health and safety orientation when I started my job ☐ agree ☐ disagree
I received a union health and safety orientation when I joined HEU ☐ agree ☐ disagree
I know my HEU OH&S stewards ☐ agree ☐ disagree
I regularly hear news from the joint OH&S committee from HEU OH&S stewards ☐ agree ☐ disagree
I regularly hear news from the joint OH&S committee from the employer ☐ agree ☐ disagree
I feel that my employer takes every reasonable precaution to ensure my health and safety ☐ agree strongly  ☐ agree  ☐ no opinion  ☐ disagree  ☐ disagree strongly
In my opinion, the biggest health and safety concerns at my workplace are:

Please provide additional comments on the back of this page, or attach a separate sheet.
Please return this questionnaire to:
Joint OH&S committee self-evaluation

Committee structure
☑☑ Has written terms of reference.
☑☑ Has at least four committee members, half representing workers.
☑☑ Chaired equally by employer and union co-chairs.
☑☑ Names and work locations of members and alternates are posted.
☑☑ Has received OHSAH or other training totalling 8 hours per year for each member.

Meetings
☑☑ Meets at least once a month.
☑☑ Distributes agendas in advance to allow preparation.
☑☑ Reviews minutes to ensure that action has been taken.
☑☑ Reviews and discusses inspection reports.
☑☑ Reviews and discusses investigation reports.
☑☑ Provides enough time to complete agenda items, including new issues.
☑☑ Distributes minutes to employer and workers.
☑☑ Posts last three minutes and keeps accessible two-year archive.

Duties and functions
☑☑ Identifies health and safety concerns and recommends action.
☑☑ Considers worker concerns and acts quickly.
☑☑ Consults with workers, employer and others when required.
☑☑ Advises employer on workplace programs and monitors their effectiveness.
☑☑ Advises employer on education programs and monitors their effectiveness.
☑☑ Assigns representatives to participate in inspections, as required.
☑☑ Assigns representatives to participate in investigations, as required.
☑☑ Ensures that inspections and investigations are carried out.

Committee recommendations
☑☑ Committee writes recommendations when required.
☑☑ Recommendations are direct, do-able and complete (the employer does not need to request explanation).
☑☑ Co-chairs are aware that they may report to WCB if committee is unable to reach agreement on matters of health or safety.
☑☑ Co-chairs are aware that they may report to WCB if the employer rejects recommendations or does not reply within 21 days.

Scoring
Score four points for each Yes item.
Less than 36 Immediate action should be taken. An effective committee is not in place.
37 to 60 Some committee activities exist, but planning and organization is required.
61 to 83 Committee is active but needs some improvement.
84 to 100 Committee meets recommended minimum WCB compliance.

Action plan
The checklist should be used to create an action plan for improvements to the committee.
Set target dates and, if appropriate, the committee members responsible.
Members on the People with disAbilities Committee have a wealth of experience with claims and return to work, and can offer advice and support.

The committee has regional representatives: call the committee phone line for more information.

E-mail: pwd-info@pop.alberni.net
Web: www.alberni.net/PeopleWithDisAbilities/
Labour contacts

B.C. Federation of Labour
5118 Joyce Street, Suite 200, Vancouver, BC V5R 4H1
Tel: (604) 430-1421 • Website: www.bcfed.com
E-mail: bcfed@bcfed.com
HEU is a member of “the Fed,” which represents 450,000 workers through their unions. The Fed promotes the health and safety of workers through union education and political action.

B.C. Nurses’ Union
4060 Regent Street, Burnaby, BC V5C 6P5
Tel: (604) 433-2268 • Website: www.bcnu.org
BCNU represents 26,000 registered nurses and registered psychiatric nurses across B.C. HEU works with sisters and brothers at BCNU to advance shared goals and to fight for quality public health care in B.C.

Canadian Labour Congress
Suite 201 – 5118 Joyce Street, Vancouver, BC V5R 4H1
Tel: (604) 430-6766 • Website: www.clc-ctc.ca
E-mail: pacific@clc-ctc.ca
Through CUPE, HEU is also a member of the CLC, Canada’s largest labour organization. Like the B.C. Federation of Labour, the CLC promotes the health and safety of workers through union education and political action.

Canadian Injured Workers Alliance
PO Box 10098, Thunder Bay, Ontario P7B 6T6
Tel: (807) 345-3429 • Toll Free: 1-877-787-7010
Website: www.ciwa.ca • E-mail: ciwa@norlink.net
CIWA is a national network of injured worker groups that provides a forum for exchanging information and experiences of injured workers groups across Canada.

Canadian Union of Public Employees
Suite 500, 4940 Canada Way, Burnaby, BC V5G 4T3
Tel: (604) 291-1940 • Website: www.cupe.bc.ca
CUPE National – Health & Safety Branch: 21 Florence St., Ottawa Ontario K2P 0W6 • Tel: (613) 237-1590 • Website: www.cupe.ca • E-mail: cupehs@cupe.ca
HEU is part of CUPE – the largest union of health care and public sector workers in Canada. CUPE National’s Health & Safety Branch coordinates OH&S resources for locals across Canada. A regional health and safety representative can be reached at the B.C. office.

Health Sciences Association of B.C.
Suite 300 – 5118 Joyce Street, Vancouver, BC V5R 4H1
Tel: (604) 439-0994 • Website: www.hsabc.org
HSA represents 10,000 health care and social services professionals across B.C. HEU works with sisters and brothers at HSA to advance shared goals and to fight for quality public health care in B.C.

International Labour Organization
Occupational Health and Safety Branch Secretariat,
4 route des Morillons, 1211 Geneva 22, Switzerland
Tel: (41 22) 799-6715 • Website: www.ilo.org
The ILO is a United Nations specialized agency established in 1919 to seek the promotion of social justice and internationally recognized human and labour rights. The ILO formulates international labour standards, and provides resources to advance the health and safety of workers around the globe.

RESOURCES AT CUPE NATIONAL
The Health and Safety Branch of CUPE national office maintains an extensive database and resource library. The branch can provide members with guidelines, back-grounds, fact sheets, alert sheets and briefs on topics ranging from ventilation and repetitive strain, to guidelines for health and safety programs or violence prevention. Contact CUPE to find out more.
Health and safety contacts

Association of Workers’ Compensation Boards of Canada
6551 Mississauga Road, Mississauga, Ontario L5N 1A6
Tel: (905) 542-3633
The AWCBC provides information and advisory services to member organizations – such as B.C.’s WCB – and other interested parties. Publishes annual work injury statistics.

Canadian Centre for Occupational Health and Safety
250 Main Street East, Hamilton, Ontario L8N 1H6
Tel: (905) 572-4400 • Toll-free: 1-800-263-8466
Website: www.ccohs.ca • E-mail: inquiries@ccohs.ca
CCOHS is a national corporation governed by a council with representatives from employers, labour and government. CCOHS offers information, products and services.

Canadian Standards Association
Head Office: 178 Rexdale Boulevard, Rexdale, Ontario M9W 1R3
Tel: (416) 747-4044
CSA provides resources and research documents for safety standards in Canada.

Guide to Occupational Health and Safety Information in B.C.
The Guide to Occupational Health and Safety Information in B.C. is managed by the WCB. It provides health and safety information in three parts: a directory of information centres, annotated lists of Internet sites and CD-ROM databases, and a bibliography of printed material. It can be accessed online at www.worksafebc.com

Institute for Work and Health
250 Bloor Street East, Suite 702, Toronto, Ontario M4W 1E6
Tel: (416) 927-2027 • Web: www.iwh.on.ca
E-mail: info@iwh.on.ca
IWH is devoted to the study of work-related injuries and disabilities, the Institute offers a wide selection of research publications for free or at nominal charges.

The National Institute of Disability Management and Research
3699 Roger Street, Port Alberni, BC V9Y 8E3
Phone: (250) 724-8781 • Website: www.nidmar.ca
NIDMAR help employers and unions implement disability management programs. It offers materials such as videos, how-to manuals, outreach support and research information.

Occupational Health & Safety Agency for Healthcare in B.C.
Suite 301 – 1195 West Broadway, Vancouver, BC V6H 3X5
Tel: (604) 775-4034 • Website: www.ohsah.bc.ca
OHSAH is an independent body that works with unions and employers to improve the health and safety of health care workers in B.C. An overview of OHSAH is provided on page 21.

U.S. Occupational Safety & Health Administration
OSHA Coordinator for International Affairs
Room N3641, 200 Constitution Avenue, Washington, D.C. 20210
Tel: (202) 693-2400 • Website: www.osha.gov
OSHA is the branch of the U.S. Department of Labor that establishes and enforces protective work standards.

Workers Health and Safety Centre
15 Gervais Drive, Suite 802, Don Mills, Ontario M3C 1V8
Tel: (416) 441-1939 • Toll-free: 1-888-869-7950
Website: www.whsc.on.ca
WHSC is an Ontario health and safety organization providing information and resources about worker’s safety.
Workers’ Compensation Board of B.C.

The WCB was established in 1917 as an independent body to oversee the health and safety of workers in B.C. An overview of the WCB is provided on pages 16 to 20.

Health and Safety Emergency and Accident Reporting
Tel: (604) 276-3100 • Toll Free: 1 888 621-SAFE (7233)
After Hours: Toll free 1-866-WCB-HELP (922-4357)

To order WCB publications, videos or forms
A publications catalogue, as well as some downloadable publications and forms, are available from the WCB website. To purchase materials, contact Benwell Atkins Moore at 1-866-271-4879, or email moore-wcb.customer.service@ca.moore.com
To purchase a copy of the WCB Regulation, contact Crown Publications at (250) 386-4636, by email to crown@pinc.com, or on the Internet at www.crownpub.bc.ca

Kamloops
321 Battle Street, Kamloops B.C., V2C 6P1
Tel: (250) 371-6003 • Toll Free: 1 800 663-3935
Claims Inquiries: 1 888 922-6622

Kelowna
2045 Enterprise Way, Kelowna B.C., V1Y 9T5
Tel: (250) 717-4313 • Toll Free: 1 888 922-4466
Claims Inquiries: 1 888 922-6622

Nanaimo
4980 Wills Road, Nanaimo B.C., V9T 6C6
Tel: (250) 751-8040 • Toll Free: 1 800 663-7382
Claims Inquiries: Tel: 1 877 280-1515

Nelson
524 Kootenay Street, Nelson B.C., V1L 6B4
Tel: (250) 352-2824 • Toll Free: 1 800 663-4962
Claims Inquiries (Toll Free) • 1 888 922-6622

Prince George
1066 Vancouver Street, Prince George B.C., V2L 5M4
Tel: (250) 561-3700 • Toll Free: 1 800 663-6623
Claims Inquiries: (250) 561-3715

Terrace
4450 Lakelse Avenue, Terrace B.C., V8G 1P2
Tel: (250) 615-6605 • Toll Free: 1 800 663-3871
Claims Inquiries: 1 800 663-6623

Victoria
4514 Chatterton Way, Victoria B.C., V8X 5H2
Tel: (250) 881-3418 • Toll Free: 1 800 663-7593
Claims Inquiries: Tel: 1 877 280-1515
Glossary for beginners

This list provides simple definitions for some of the key words used in this manual. If you need help understanding words that are not listed here, ask other stewards, your local servicing representative, or the OH&S department at HEU provincial office.

**accident**  An unexpected event that causes injury or damage.

**appeal**  A review of a decision made by an inspector, court or tribunal, requested by persons who disagree with the decision.

**arbitration**  A method of settling disputes whereby another person (or group) makes a decision for the two parties. Arbitration is often the last step in the grievance process.

**audit**  A review of the employer's activities to protect the health and safety of workers.

**bargaining**  A method of determining wages, hours, and other conditions of employment through direct negotiations between the union and employer.

**carcinogen**  A substance or agent that causes cancer.

**ceiling limit**  The maximum level of exposure to a hazard that is allowed at any time.

**collective agreement**  An agreement in writing between the union and the employer. It covers everything from what people will be paid to steps the employer will take to improve worker safety.

**communicable disease**  An infectious disease that can be spread from person to person or animals to humans.

**community worker**  A worker who provide service to the community in private homes or other locations, including social service workers. The work location may be mobile or fixed. (See in-patient facility).

**compensation**  Payments made to someone who has been injured or has lost property.

**contract**  See collective agreement.

**disability**  An impaired physical or mental ability. A disability can be temporary (such as a broken leg or tuberculosis) that could eventually heal, or permanent (such as a severed spinal cord or HIV/AIDS) that will not eventually heal.

**duty to accommodate**  The legal duty of employers to take reasonable steps to employ (or return to work) people with disabilities.

**employee**  A person who works under a contract of employment or apprenticeship, whether express or implied, oral or in writing.

**employer**  A person, business, government, organization, society, firm, etc. that employs workers. In this manual, "employer" may also refer to managers or supervisors who have been given responsibility for meeting employer obligations.
environment  See workplace environment.

equipment  Machine, appliances, apparatus or tools.

ergonomics  The field of study that deals with designing or changing work environments to meet the needs of workers. Ergonomics considers the human body, movement, and human behaviour to avoid illness and injury, such as MSI.

first aid  Help given to an injured or ill person until proper medical treatment is available.

grievance  A complaint against the employer by the union. The procedure for handling a grievance is set out in the collective agreement.

hazard  Something that could cause harm. See also health hazards and safety hazards.

health and safety  See OH&S.

health and safety committee  See joint OH&S committee.

health hazards  Objects or situations that can cause illness, either acute (immediately detected) or chronic (developing over a longer period).

incident  An accident, situation or near-miss that caused harm, or could have caused harm.

injury  Physical or emotional harm to an individual resulting in broken bones, lacerations, bruises and contusions, scratches, bites, breaks in the skin, strains and sprains, or other pain and discomfort, immediate or delayed.

in-patient facility  A hospital, convalescent hospital, nursing home, board and care facility, homeless shelter, developmentally disabled facility, correction facility or any facility which provides 24 hour staffing and health care, supervision and protection. (See community worker).

inspection  A formal, routine check of the workplace to identify and control hazards.

inspector  A person participating in an inspection.

investigation  A careful examination of the sequence and cause of events that led to an incident.

joint OH&S committee  A health and safety committee that is made up of employer and union representatives. The WCB requires a joint OH&S committee in all workplaces with more than 20 workers. HEU collective agreements also allow for separate joint OH&S committees to address HEU issues.

labour movement  Unions working together to improve conditions for all workers.

local  Like many unions, HEU is divided into locals that represent members within a large facility or a small geographic region. Locals have their own staff, elect their own officers, and conduct day-to-day administration of the collective agreement.

legislation  Written laws (such as the Workers Compensation Act and the WCB Regulation).
long term disability
LTD generally refers to insurance programs that provide income to injured or ill HEU members who are away from work for long periods.

Material Safety Data Sheet (MSDS)
A form containing information on a chemical product. Employers must have an MSDS available to workers for each hazardous chemical used in the workplace.

member
In this manual, a member is someone who belongs to the Hospital Employees’ Union.

mental harm
Anxiety, fear, depression, inability to perform job functions, post traumatic stress syndrome, inability to sleep or other manifestations of emotional reactions to an assault or abusive incident.

mentor
To train someone by giving guidance and feedback. Experienced HEU stewards act as mentors for new stewards.

musculoskeletal injury (MSI)
An injury or disorder of the muscles, tendons, joints, nerves, blood vessels or related soft tissue, including sprain, strain or inflammation. MSIs are often caused by routine tasks, such as lifting, pulling, carrying, reaching or repeating the same movements over and over.

near-miss
An incident that could have caused injury or illness, but did not.

negligence
A legal concept referring to the failure to take the reasonable care required.

OH&S
The term occupational health and safety refers to the health and safety of workers on the job.

OH&S steward
A worker appointed by union members to represent them on health and safety issues.

OHSAH
The Occupational Health and Safety Agency for Healthcare in B.C. works with unions and employers to improve the health and safety of health care workers.

personal protective equipment (PPE)
Equipment or clothing provided as a “last resort” measure to protect an employee against one or more risks to his or her health and safety.

regulations
(as in the WCB Regulation) Safety rules set out by the Workers' Compensation Board, that all employers in B.C. must follow.

risk
The chance that a hazard will cause harm.

risk assessment
A tool used to determine the risks involved with a particular activity.

safety
See OH&S.

safety committee
A committee established by the employer to monitor safety matters at a place of work. Under the WCB Regulation, employers are required to set up a joint OH&S committee, where half of the committee representatives are elected by the union.

safety program
(also OH&S program or health and safety program) A document or collection of documents outlining the employer's commitment to health and safety.

steward
(also shop steward) A union member elected to represent members on union issues. OH&S stewards are elected to represent members on health and safety issues.
steward team  (see also union caucus) A collection of stewards who work together on a particular issue.

union An organization of workers that have come together to further their rights and bargain collectively with employers.

union activist A union member who actively participates in union activities.

union caucus The union representatives on a committee. (For example, HEU stewards on the joint OH&S committee meet on their own as a union caucus.)

universal precautions Safety steps that are taken regardless of whether a known risk is present. For example, using gloves when handling body fluids of all patients, not just those who are known to have an infectious disease. (Also known as a “standard precaution.”)

violence An act or attempted act by a person (such as a patient, resident or visitor) to use force that can cause injury. This includes threatening statements or behaviour that gives a worker reasonable cause to believe they are at risk.

WCB The Workers’ Compensation Board (in this manual, specifically the Workers’ Compensation Board of B.C.), an independent public body that oversees worker health and safety in the province. “WCB” may also refer to the compensation that the WCB pays to injured or ill workers.

Workers’ Compensation Act and WCB Regulation Laws and rules governing health and safety in B.C. workplaces.

WHMIS The Workplace Hazardous Materials Information System is a federal program with a goal of increasing safety by informing workers about hazardous materials used on the job.

worker See employee.

worker representatives The term often given to workers who represent non-unionized employees in the workplace.

working conditions Conditions pertaining to the workers’ job environment, such as hours of work, safety, rest periods, etc. Many of these are included in the collective agreement and subject to collective bargaining.

workplace Any place where a worker is (or is likely to be) engaged in their work. Depending on the work involved, workplaces range from facilities and care centres, to public spaces or private homes and vehicles.

workplace environment All factors (such as heating, lighting, ventilation, toilets, overall design) related to the physical condition of the workplace.

workstation The area where someone works. For example, a desk workstation might include a desk, chair, computer, mousepad, telephone, shelving, filing cabinets and the immediate environment around the desk.
Index

accident (definition) .......................................................... 194
accident investigations ........................................ 58, 104, 102-123
accommodate, duty to .................................................. 168
actions and campaigns ....................................................... 144, 136-153
agendas for committee meetings .......................................................... 38
AIDS ............................................................................. 70
air quality ........................................................................ 19, 95, 115
allies in the labour movement ........................................... 19, 27, 43, 81, 115, 142
alternate stewards ................................................................. 25
antibiotic resistance bacteria ................................................. 143
anti-stress guide (HEU) .................................................... 149
appeal (definition) ............................................................... 194
appeal of WCB claims decisions ............................................ 162
appeal of WCB order by employer ............................................ 24
appeal of WCB safety decisions ............................................. 17
arbitration (definition) ......................................................... 194
audit (definition) ................................................................. 194
audit of employer safety program ......................................... 61
B. C. Federation of Labour ..................................................... 188
B.C. Nurses’ Union (BCNU) ................................................... 27, 43, 188
back injury ........................................................................ 194
bargaining (definition) .......................................................... 194
BCGEU ................................................................. 27, 43
biological hazards .............................................................. 19, 69, 70, 88, 95
boards of directors (employer) ...................................................... 15
body mapping ................................................................. 150
building repairs (case study) .................................................. 34
buildings and equipment ...................................................... 19, 95
campaigns ......................................................................... 136-153
Canada Pension Plan (CPP) benefits ...................................... 166
Canadian Labour Congress .................................................. 188
Canadian Standards Association .............................................. 190
Canadian Union of Public Employees (CUPE) ...................... 189
carcinogen (definition) ....................................................... 194
careless worker myth .............................................................. 13, 108-111
Case studies
back injuries ............................................................. 59, 110, 128, 165
building repairs ............................................................... 34
chemical hazards .............................................................. 69, 129
gas leak ........................................................................... 129
incident reports ................................................................. 77
investigations ..................................................................... 110
kitchen accidents ............................................................... 40
laundry workers ................................................................. 59
member surveys ................................................................. 142
mobilizing members ......................................................... 40, 142
mould ............................................................................ 142
records and statistics .............................................................. 59
refusing unsafe work ......................................................... 128
separate committees for HEU issues ...................................... 43
small workplaces ................................................................. 34
stress ............................................................................. 75
violence ........................................................................... 77, 128
WCB and LTD claims ..................................................... 160, 165
workload ........................................................................ 110
catalogues, WCB publication and video .................................. 20
caucus by the union(s) .......................................................... 25
ceiling limit (definition) ..................................................... 194
chairs of joint OH&S committees ........................................... 37, 47
checklist for inspections ...................................................... 98
checklist for investigations ................................................... 118
chemical hazards .............................................................. 19, 69, 88, 95
chemicals (case study) ......................................................... 24
chicken pox ....................................................................... 70
chief shop steward involvement .......................................... 24
claims for WCB and LTD benefits ......................................... 156
co-chairs of joint OH&S committees ..................................... 37, 47
collective agreement (definition) ................................................. 194
collective agreement on lifting .................................................. 72
collective agreement on violence ........................................... 76
collective bargaining (definition) ............................................. 195
committees .......................... see joint OH&S committees
communicable disease (definition) ........................................... 195
community worker (definition) .............................................. 195
compensation (definition) ..................................................... 195
complaints to WCB ................................................................. 17
conflict resolution .................................................................... 40
contract (definition) ............................................................. 195
contracting out ........................................................................ 94
contractors, duties of ............................................................ 15
critical incident stress management ....................................... 78
CUPE ...................................................................................... 189
definitions used by WCB ........................................................... 18
disAbilities caucus, HEU people with .................................... 169
disability (definition) ............................................................ 195
discipline, protection from .................................................... 24, 45, 132
discrimination, protection from ........................................... 12
duty to accommodate .............................................................. 168
duty to accommodate (definition) ........................................... 195
electing OH&S stewards ......................................................... 36
emergency preparedness .......................................................... 19, 95
employee (definition) ............................................................ 195
employer (definition) ............................................................. 195
employer appeal of WCB order ................................................. 24
employer discipline, protection from .................................... 24, 45, 132
employer duty to report injuries to WCB ................................. 14
employer penalties from WCB ............................................... 17
employer records ................................................................... 33
employer reps on joint OH&S committees ............................... 44
employer responsibility, HEU philosophy on ......................... 13
employer role in inspections .................................................. 86
employer role in investigations ............................................. 106
employer safety programs ....................................................... 50
employer supports to the committee ....................................... 32
employer training and supervision ......................................... 56
employer WCB premiums ...................................................... 11
employment insurance (EI) benefits ....................................... 166
environment (definition) .......................................................... 196
environmental conditions ...................................................... 89
equipment (definition) ........................................................... 196
equipment and buildings ......................................................... 19, 89, 95
equipment inspections ............................................................ 85
ergonomics ............................................................................ 19, 72-73, 88, 95, 196
ergonomists, WCB provided .................................................. 17
evaluation of committee effectiveness .................................... 45, 47, 185
evaluation of employer safety programs .................................... 61
evaluation of special programs ............................................... 79
evaluations of steward team .................................................... 47
first aid (definition) .............................................................. 196
first aid equipment ................................................................. 19, 52, 60
first aid records .................................................................... 58
forms, downloading or obtaining WCB .................................. 20
Forms in this manual .............................................................. 172
OH&S steward form ............................................................. 174
Hazard report ........................................................................ 175
Joint OH&S committee recommendation ................................ 176
Workplace inspection report .................................................. 177
Incident investigation report .................................................. 178
Workload incident report ....................................................... 179
Violent incident report .......................................................... 180
MSI early signs and symptoms report .................................... 181
Member OH&S survey ........................................................... 182
Joint OH&S committee self-evaluation ................................... 185
glossary of terms used in this manual ..................................... 194
grievance (definition) ............................................................. 196
grievances ............................................................................ 138, 143
harassment by employer ....................................................... 24, 45, 132
legal duties of supervisors .......................................................... 15
legal duties of workers ................................................................ 15
legislation (definition) .............................................................. 197
legislation (Workers Compensation Act) ................................... 18
lice ....................................................................................... 70
lifting ................................................................................... 54, 55, 72-73
local (definition) ..................................................................... 197
long term disability (definition) .............................................. 198
long-term disability benefits .................................................. 154-171
LTD claims ........................................................................... see WCB and LTD claims
management representatives on joint committees ................... 44
Material Safety Data Sheet (definition) .................................. 198
Material Safety Data Sheets (MSDS) ....................................... 68
measles .................................................................................. 70
member (definition) ............................................................... 198
member survey ........................................................................ 141
member survey (case study) ..................................................... 142
member survey form ................................................................ 182
mental harm (definition) ........................................................ 198
mentor (definition) ................................................................. 198
minutes of joint OH&S committees ........................................... 39
mobilizing HEU members ....................................................... 136-153
mould (case study) ............................................................... 142
moving patients .................................................................... 72
MSDS ..................................................................................... 68
MSI (definition) ........................................................... 198
MSI (musculoskeletal injury) .................................................... 54, 72
MSI early signs and symptoms form ..................................... 181
MSI, WCB Regulation for ....................................................... 19
myth of the “careless worker” .................................................. 13, 108
National Institute of Disability Management ......................... 191
near-miss, worker duty to report ............................................ 15
near-miss (definition) ............................................................ 198
near-miss investigations ........................................................ 105
needlestick injury ................................................................. 55
negligence (definition) ........................................................... 198
new member orientations ...................................................... 25
new worker orientation .......................................................... 56
noise ..................................................................................... 19, 95
notifying WCB of injury or illness ......................................... 14
obligation to refuse unsafe work ........................................... 126
Occupational Health & Safety Agency for Healthcare ... see OHSAH
OH&S committee evaluation form .......................................... 185
OH&S committee recommendation form ............................. 176
OH&S committee training ..................................................... 21

**OH&S committees** .......................................................... 28-47

Joint OH&S committees ......................................................... 30
Committee duties ................................................................. 31
Employer supports to the committee ..................................... 32
Committee set-up ................................................................. 34
Terms of reference ............................................................. 35
Selecting union reps ............................................................ 36
Co-chairs .............................................................................. 37
Agendas ............................................................................... 38
Minutes ............................................................................... 39
Resolving issues ................................................................. 40
Committee recommendations ............................................... 41
Union strategies for committee meetings .............................. 42
Top 10 tips for being a great committee rep ........................... 46

OH&S contacts ....................................................................... 190
OH&S resources ................................................................. 23
OH&S specialists .................................................................. 17
OH&S steward (definition) .................................................... 199
OH&S steward form (to HEU) ............................................... 174
OH&S stewards, appointing or electing ................................. 36
OHSAH ................................................................................. 10
OHSAH (definition) .............................................................. 199
OHSAH guide on MSI programs .......................................... 72
OHSAH joint training .......................................................... 21
OHSAH, introduction to .......................................................... 21
orders, WCB

Organizing members ................................................................. 136-153
- Organizing members around safety ........................................... 138
- Organizing tools ......................................................................... 140
- Actions and campaigns .............................................................. 144
- Organizing strategies ................................................................. 145
- Risk mapping ............................................................................. 146
- Body mapping ............................................................................. 150
- Top 10 tips for mobilizing the membership ................................. 152

orientations, new worker ............................................................... 24
paid time for committee work ....................................................... 32
payroll records .............................................................................. 58
penalties, WCB imposed on employer ........................................... 17
people with disabilities and HEU ................................................ 169
personal protective clothing and equipment ................................. 19, 95
personal protective equipment (definition) ................................... 199
posters, WCB ................................................................................. 20
post-traumatic stress disorder ....................................................... 78
prevention, HEU philosophy on ................................................... 11, 13, 16
program evaluation ........................................................................ 79
protection from discrimination ..................................................... 12
protection from employer discipline ........................................... 24, 45, 132
psychosocial hazards ................................................................... 88
publications, WCB ......................................................................... 20
questionnaires ........................................................................... 140
radiation ......................................................................................... 19, 95
recommendations by joint OH&S committees ............................... 41
records and statistics .................................................................... 33, 58, 71

Refusing unsafe work ................................................................. 124-135
- When to refuse ............................................................................ 128
- Procedure for refusing unsafe work .......................................... 130
- Protection from employer discipline ......................................... 132
- Top 10 tips for refusing unsafe work ........................................ 134
-regulations (definition) ................................................................. 199

Regulation (WCB), employer duty to provide a copy ............... 18
reporting incidents and near-misses .......................................... 58, 105, 111
repositioning patients .................................................................. 72
research for member WCB and LTD claims ............................... 163
resolving issues ............................................................................ 40
resources for stewards .................................................................. 23
return to work programs ............................................................. 21, 167
ringworm ......................................................................................... 70
risk (definition) ............................................................................ 199
risk assessment (definition) ........................................................ 199
risk mapping ................................................................................ 146
safety (definition) ......................................................................... 199
safety awards ................................................................................ 60
safety committee .......................................................................... 199
safety orientations, union ............................................................ 56
safety program (definition) .......................................................... 199

Safety programs .......................................................................... 48-64
- Employers’ overall safety programs ......................................... 50
- Program requirements ............................................................... 52
- Safety policy statements ........................................................... 54
- Work procedures ......................................................................... 55
- Training and supervision ........................................................... 56
- Records and statistics ............................................................... 58
- First aid services and equipment .............................................. 60
- Program review .......................................................................... 61
- Top 10 tips for monitoring a safety program ............................. 63

safety training, WCB ..................................................................... 20
scabies ........................................................................................... 70
self-evaluation of joint OH&S committees ................................... 45
servicing representatives .............................................................. 24
small workplaces (case study) ....................................................... 34
social assistance (welfare) benefits ............................................. 166
solidarity with other unions ....................................................... 19, 27, 43, 81, 115, 142
solving problems .......................................................................... 40
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special programs found in HEU workplaces</td>
<td>66</td>
</tr>
<tr>
<td>WHMIS</td>
<td>68</td>
</tr>
<tr>
<td>Biological hazards</td>
<td>70</td>
</tr>
<tr>
<td>Musculoskeletal injuries</td>
<td>72</td>
</tr>
<tr>
<td>Workload</td>
<td>74</td>
</tr>
<tr>
<td>Violence</td>
<td>76</td>
</tr>
<tr>
<td>Critical incident stress management</td>
<td>78</td>
</tr>
<tr>
<td>Program evaluation</td>
<td>79</td>
</tr>
<tr>
<td>Top 10 tips for monitoring special programs</td>
<td>80</td>
</tr>
<tr>
<td>specialists in health and safety</td>
<td>17</td>
</tr>
<tr>
<td>sprains</td>
<td>72-73</td>
</tr>
<tr>
<td>sprains, training on controlling</td>
<td>20</td>
</tr>
<tr>
<td>staphylococcus</td>
<td>70</td>
</tr>
<tr>
<td>statistics, injuries in health care</td>
<td>10</td>
</tr>
<tr>
<td>sterilization equipment (case study)</td>
<td></td>
</tr>
<tr>
<td>steward (definition)</td>
<td>199</td>
</tr>
<tr>
<td>steward alternates</td>
<td>25</td>
</tr>
<tr>
<td>steward duties</td>
<td>22</td>
</tr>
<tr>
<td>steward team (definition)</td>
<td>200</td>
</tr>
<tr>
<td>strains</td>
<td>72-73</td>
</tr>
<tr>
<td>stress</td>
<td>74-75, 78</td>
</tr>
<tr>
<td>stress, case study</td>
<td>75</td>
</tr>
<tr>
<td>stress, HEU guide for dealing with</td>
<td>149</td>
</tr>
<tr>
<td>supervision and training</td>
<td>56-57</td>
</tr>
<tr>
<td>supervisor safety management training</td>
<td>20</td>
</tr>
<tr>
<td>supervisors’ duties</td>
<td>15, 57</td>
</tr>
<tr>
<td>surveys (case study)</td>
<td>142</td>
</tr>
<tr>
<td>symptoms, recording early</td>
<td>73</td>
</tr>
<tr>
<td>temperature</td>
<td>19, 95</td>
</tr>
<tr>
<td>terms of reference for joint committees</td>
<td>35</td>
</tr>
<tr>
<td>“think safety” philosophy</td>
<td>13</td>
</tr>
<tr>
<td>three worker rights</td>
<td>12</td>
</tr>
<tr>
<td>training and supervision</td>
<td>56</td>
</tr>
<tr>
<td>training for joint OH&amp;S committees</td>
<td>21, 45</td>
</tr>
<tr>
<td>training for union OH&amp;S stewards</td>
<td>22</td>
</tr>
<tr>
<td>training, WCB</td>
<td>20</td>
</tr>
<tr>
<td>tuberculosis</td>
<td>70</td>
</tr>
<tr>
<td>U.S. Occupational Safety &amp; Health Administration</td>
<td>191</td>
</tr>
<tr>
<td>union (definition)</td>
<td>200</td>
</tr>
<tr>
<td>union activist (definition)</td>
<td>200</td>
</tr>
<tr>
<td>union caucus</td>
<td>25</td>
</tr>
<tr>
<td>union caucus (definition)</td>
<td>200</td>
</tr>
<tr>
<td>union safety orientations</td>
<td>56</td>
</tr>
<tr>
<td>unions, working with other</td>
<td>19, 27, 43, 81, 115, 142</td>
</tr>
<tr>
<td>universal precautions (definition)</td>
<td>200</td>
</tr>
<tr>
<td>unsafe work, refusing</td>
<td>125 to 135</td>
</tr>
<tr>
<td>vaccinations</td>
<td>71</td>
</tr>
<tr>
<td>vibration</td>
<td>19, 95</td>
</tr>
<tr>
<td>videos, WCB</td>
<td>20</td>
</tr>
<tr>
<td>violence</td>
<td>20, 76-77, 95</td>
</tr>
<tr>
<td>violence (definition)</td>
<td>200</td>
</tr>
<tr>
<td>violent incident report form</td>
<td>180</td>
</tr>
<tr>
<td>WCB – The Workers’ Compensation Board</td>
<td>16-20</td>
</tr>
<tr>
<td>audits of safety programs</td>
<td>61</td>
</tr>
<tr>
<td>calling anonymously</td>
<td>16</td>
</tr>
<tr>
<td>contact information</td>
<td>192</td>
</tr>
<tr>
<td>courses</td>
<td>20</td>
</tr>
<tr>
<td>definitions</td>
<td>18</td>
</tr>
<tr>
<td>employer penalties</td>
<td>17</td>
</tr>
<tr>
<td>employer premiums</td>
<td>11</td>
</tr>
<tr>
<td>forms, obtaining</td>
<td>20</td>
</tr>
<tr>
<td>history</td>
<td>16</td>
</tr>
<tr>
<td>inspections</td>
<td>85</td>
</tr>
<tr>
<td>introduction to</td>
<td>16</td>
</tr>
<tr>
<td>investigations</td>
<td>105</td>
</tr>
<tr>
<td>library</td>
<td>20</td>
</tr>
<tr>
<td>officers</td>
<td>25</td>
</tr>
<tr>
<td>orders</td>
<td>17</td>
</tr>
<tr>
<td>prevention department</td>
<td>17</td>
</tr>
<tr>
<td>publications</td>
<td>20</td>
</tr>
</tbody>
</table>