SOSREDS underfunding hospitals

Government To Blame For Massive Layoffs

The threat of massive layoffs at hospitals around the province is overwhelm-
ingly rejected by the HLRA’s “final” classification and contract offer of March 12, 1982 and have voted to seek arbitration as a means of settling the dispute.

HEU members from around the province have overwhelm-
ingly rejected the HLRA’s “final” offer and contract offer of March 12, 1982 and have voted to seek arbitration as a means of settling the dispute.

HEU met with HLRA April 29 to discuss the overwhelming mandate given HEU’s bargain-
ing committee to settle the contract dispute by arbitration.

“HEU members have seen through HLRA’s “final” offer tactic which could have saved us wage and benefit increases well below the rate of inflation”, said HEU Secretary-Business Man-
ager Jack Gerow.

“HEU will now insist on sending our panel to arbitration as soon as possible to settle the Master Agreement”, Gerow said.

HEU has nominated Gerow as its arbitrator for a three-
member arbitration panel.

Patients in the hospital usually range in age from infants to 15-year-olds.

Judy Fisher, mother of a 15-

year-old boy who suffered serious brain damage in an accident 18 months ago, spoke highly of the job the staff at Sunny Hill does in helping children like her son.

“Children like my son require an awful lot of rehabilitation and stimulation. It’s a 24-hour job and the family doesn’t have the skills. Sunny Hill is an excellent facility and the staff are fantastic,” said Fisher.

“I appreciate that we’re in difficult financial times but these children can’t speak for themselves and the greater their rehabilitation, the lesser burden they’ll be on society in the future,” she said.

She added that recreation and nursing staff have been reduced and the hospital’s music therapy program cut out entirely so that children are sometimes left in hallways or watching television instead of getting attention and rehabilita-

tion.

Layoffs, reductions in hours and increased workloads have affected as many as 30 part-time and casual workers at the hospital, harming morale and cutting into programs, added O’Brien.

“Children living in Sunny Hill are losing the contact that we, that is the staff, give them. Many of the kids don’t see much of their families, so often we become their family. They are being cheated by the cuts,” she said.

Vote at UBC Finally Counted

HEU was the choice of the acute care, extended care and psychiatric care employees at the University of BC Health Sciences Center Hospital in Vancouver at the result of an LRB vote taken among the employees.

Employees at the Vancouver hospital voted 87 per cent in favour of joining HEU and cutting ties with the

Canadian Union of Public Employees (Local 116).

“We’re elated. It’s been a long
time coming,” said Jim Craig.

“We’ve long wanted to join HEU in the workplace. It’s just that CUPE kept blocking our road. We’re happy to be joining a B.C. union of health care workers,” said Craig.

continued on page 4

Russian roulette with the sick and injured of B.C.”

“Wants what the government is doing. It’s that they’re trying to hide behind local hospi-
tals of trustees and letting them take the criticism, only part of which they justly deserve.”

“Gowar said that local admin-

isters should stop acting like "Quislings" and stand up to the Minister of Health.

“They should act in a collec-
tive way and go on strike against implementing the So-
creed’s treacherous spending re-

strains. In short, the hospital administrators and boards of trustees should come down on the side of the patient and the worker — that’s their job.”

He said the announcement in April that 144 jobs covering ap-
proximately 250 workers at Lions Gate Hospital are in jeopardy

(“the majority of which are expected to be HEU members), should be a reminder to all of the effects of the govern-
ment’s Compensation Stabil-
ization Program.

“We said before that there was a danger of losing one out of ten hospital jobs because of this unbelievably insensitive government program. It looks as if our projections are woefully accurate,” added Gowar.

“Lions Gate Hospital is not over budget. It’s underfunded and that proposal that some-
body would have to cut dentists to pay for medical care is so

incredible, it is not worthy of any further comment. The loss of qualified health care workers and the effect that will have on the quality of health care is what we will draw attention to. The impact will be at a minimum, dangerously long waiting lists.”

Gerow said the deliberative underfunding from Victoria is a deeply political tactic and will be fought on that basis by the union.

He added that the layoffs are a province-wide epidemic that is occurring in all hospitals throughout B.C.
Repressive Restraint

Bill Bennett's Compensation Stabilization Program will go down in B.C. history books as one of the most reactionary and insensitive government schemes ever devised. Massive layoffs at hospitals throughout the province are, or are in the process of, taking effect because of this program. Hospitals in the North, Okanagan, Kootenays, on Vancouver Island, in the Fraser Valley and in Greater Vancouver announced in April that layoffs would be occurring.

This calculated cutting of the health care system in B.C. is in itself unconscionable. HEU members, whose necessary jobs are a vital component of the health care system, are the first, it seems, on the government's firing line.

And there is the sick and injured in our province. Are they going to be turned away from our hospitals and health care facilities because of government callousness? Do B.C. Place and Northeast Coal take priority over the needs of B.C.'s sick and injured?

Bill Bennett is telling us yes to those questions when he and Minister of Health Jim Nielsen cruelly cut back the amount of funding to B.C. hospitals and health care facilities. With that Sacred spirit this government has its priorities upside down and out-of-touch with the true spirit of B.C.

HEU warned that layoffs would occur because of this ill-conceived government program and regretfully that is what is occurring.

Bennett and the Minister of Health Jim Nielsen are not the only villains however. The local administrators and boards of trustees must be fingered for not standing up to the government in a collective way and not doing the job they are supposed to do — that is, run the hospital in the best interests of B.C.'s sick and injured.
**ALLIANCE CAMPAIGN ENTERS SECOND STAGE**

The second stage of the alliance to save health care was advanced in late April with the distribution of the "Stop Eroding Health Care" buttons. HEU, along with five other health care locals, is a participant in the alliance. To date, HEU members should have received, filled out and returned the Alliance questionnaires that have been distributed to HEU units. Questions and "Report Forms" were handed out in order to monitor the erosion of health care in B.C. hospitals and health care facilities.

The "Stop Eroding Health Care" buttons can be worn both on and off the job. The "Report Forms" are for members to complete when they see specific incidents or on-going problems that result in sub-standard patient care or unsafe conditions for staff. The collected form should be returned to the shop steward or unit officer who will then forward it to the Provincial Office.

HEU members that wish to use the "Stop Eroding Health Care" buttons and "Report Forms" will help HEU and the alliance fight for more government health care outbacks.

The alliance is a joint venture of the Hospital Employees' Union, the B.C. Nurses Union, the Union of Registered Psychiatric Nurses of B.C., the B.C. Chapter of the Union of Operating Engineers, and BDBA, the Ambulance Employees' Union, CUPE Local 873, and the Health Sciences Association.

The alliance's main objectives are to fight for the preservation of health care standards by warning the public and all political parties of the dangers presented by the cutbacks and by questioning the political parties about their commitment to maintaining and improving health care.

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**Biennial Convention Unit Contributors**

HEU's Thirteenth Biennial Convention, scheduled for September 22 to 26, is rapidly approaching.

The convention call is being sent out to all eligible members in early August.

A final decision regarding the 56th Wage Policy Conference Call will be made at a later date, since it is not known at this time what the outcome of the convention will be or whether agreement presently being negotiated will be acceptable.

Under the HEU constitution and by-laws, the convention call has to be forwarded to all units and groups at least 90 days prior to the conference. According to the HEU constitution and by-laws, fifteen (15) units made a special contribution towards making the 1980 convention the success it was.

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**Beds 'Bounty'**

(Editors' Note: The following appeared in the Vancouver Sun May 4.)

VICTORIA — B.C. hospitals are being offered a $20,000-a-bed bounty under a government cost-cutting measure to convert acute-care beds to facilities for extended or long-term care patients, M.D. Dennis Coke charged Monday.

Coke told the house the offer was an April 17 letter to hospital administrators from assistant deputy minister Garson that included a $20,000 bonus for each extended care bed converted.

The letter lists a "one-time bonus of $20,000 per bed," which will be-paid to hospitals which can convert their number of rated acute beds and convert them to either extended or long-term care beds.

Coke said hospital administrators are "outraged" with the proposal, which he said would reduce government costs from about $350 a day for each acute-care bed to about $50 or $60 a day for every long-term care bed.

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**Hospitals object to guidelines**

Majority had made plans for a strike

By Rod Mickelburgh

The B.C. government's wage restraint program has severely damaged the ability of hospitals to bargain realistically with their employees, the hospitals' chief negotiators charged Monday.

Health Labor Relations Association president Peter McAllister said the arbitrary achievement of wage guidelines between eight and 10 per cent had created "a dead-end" for bargaining.

"The government interferences with legislatures, the worse off we seem to be," said McAllister, "the worse off we are, relative to our ability to pay."

"The more the government interferences with legislatures, the worse off the union's employees, the lower the union's abilities to pay."

"The hospitals...have on occasion threatened with sanctions...to threaten a strike, he said.

"This is the major...the ability to bargain with the government, and if necessary, to take a strike. A majority of the hospitals...are not willing to bargain...in the collective agreement."

The province's 118 public hospitals would have preferred to weather a strike, he said.

"Our members were willing to hold the line at the bargaining table, and if necessary, take a strike. A majority of the hospitals...are not willing to bargain...in the collective agreement."

McAllister said the government should have immediately amended the restraint program to limit wage increases, but was concerned that the program was not being limited by the government.

"The government...would not...to reduce the program..." he said.

McAllister said the program was not being limited by the government.

The hospitals' "final offer" to the HEU had been an increase of 3 per cent, retroactive to Jan. 1, plus a 4.6 per cent boost for the final 12 months of a 15-month term.

McAllister said it was a "bad bargain for both parties," but said it is all the hospitals can afford, when their budget deficits and increased costs have combined to limit their ability to bargain.

Despite its opposition to the restraint program, the B.C. government has been forced to sign new contracts with the hospitals.

The HEU has threatened to strike if the government does not agree to new contracts within two weeks.

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**The Province**

Vancouver, B.C., April 27, 1982, 26 (ed.) (outside Lower Mainland)
HEU's Overlander Unit recently donated $350 to the Kamloops Child Development Centre. Shown here handing the cheque to Centre Director Gerry Elliott are (from left) Jen Jenson, Bonnie Groff, Karen Godin, Noreen White and Darrel Parenteau.

Kamloops News photo

At Malaspina Lodge

The B.C. Labour Relations Board has rejected an unfair labour practice complaint made by the owners of the Malaspina Lodge that HEU has bargained in bad faith with respect to contract negotiations.

In a decision handed down March 19, the LRB ruled that HEU's claims under Section 6 of the B.C. Labour Code but rather was deemed to be a legitimate "hard bargaining." 

"We therefore conclude that the Union was merely bargain- ing hard and was not in breach of either Section 6 of the Labour Code or Section 6 of the ESA," stated the decision.

Section 6 of the Labour Code, in part states: "No trade-union or employer shall fail or refuse to bargain collectively in good faith in the Province and to make reasonable efforts to conclude a collective agree- ment...."

The LRB made it clear over and over again in the decision that HEU had acted in good faith during negotiations with Sunshine Inn Ltd., the owners of Malaspina Lodge.

Malaspina Lodge is a long- term care facility in Nanaimo on Vancouver Island that houses 109 residents.

HEU has been firm from the outset of negotiations in March, 1987 and has come out with 41.6 jobs. Union officials said the Master Agreement would be the last time they would be negotiating in a long term collective agreement.

After a series of meetings, HEU became disillusioned with the progress of talks and applied for provincial mediator. Although some progress was reached, HEU became frustrated with the process and in October 1985, asked the mediator to report on the outcome of one meeting.

HEU has applied under Essential Services Disputes Act (ESDA) for an arbitration board to decide the terms of the collective agreement. The question of whether ESDA applies to this employer is a matter before the LRB in another application.

The Board completely reject- ed the employer's argument that HEU had walked away from mediation at a time when the Malaspina owners said collective bargaining had taken on some serious problems.

"The Union's justification for taking the firm across the line for collective bargaining was not a malicious one. This Union has been working towards conditions at parity with the acute care hospitals, for long-term care facilities, for a number of years," said the LRB decision.

HEU justifies its hard stance in respect of the terms of its Master Agreement because health care in the province is part of an overall system. HEU has argued that maintaining the long-term care sector cannot be ultimately separated from the rest of the health care system.

HEU's position on implementation of the Master Agreement is based on the health care field is from the same source — the provincial government. Therefore, it is clear that the Board's conditions of employment for all organized employers in that industry are appropriate.

The Board concluded that HEU was not deliberately refusing to bargain.

"The Union ... is entitled to take firm positions on any clause or clauses in the collective agreement provided it is willing to consider the other side's arguments and has the inten- tion of concluding a collective agreement. It is a matter of agreement between the parties that the Board did intend to conclude a collective agree- ment."

B.C. Medical Association

To "Look Into" CU&C

[Editor's Note: The article below appeared in a recent issue of The B.C. Medical Association News Publication. The CU&C is a non- profit organization that strives to provide medical and dental coverage to B.C. residents at the lowest possible price. CU&C has taken a strong public stand against all attacks on Medicare including the BCMA's unsuccessful attempt to "double bill" patients. HEU Secretary Business Manager Jack Gero was recently re-elected Vice-President on the CU&C Board of Directors.]

"Delegates to the Board have expressed concern, both their own and from members they represent, about the actions and activities of the CU&C organization. This quasi-political group which provides "extended benefits" to its clients has been charged by BCMA members with interfering with medical practice. Most of the complaints appear to be related to the composition of forms and other advocacy procedures on behalf of our patients. These have, it is reported, been requested in an arbitrary, and, at times, high-handed way.

More recently it has been brought to the Board's attention that CU&C was restricting provision of some of its services to requests or prescriptions originating from only certain physicians. The case in point was that of a Glucosan blood-glucose measuring instrument. A request by a hospital doctor, only be- ing honored if it originated from an internist. The Board felt that it was not the perogative of a private paying agency to determine who was qualified to prescribe such items.

The CU&C was outspoken in its opposition to the doctors during last year's negotiations, and is on record as being interested in exploring alternative methods of providing health care through the use of salaried physicians in clinics and by other means.

The Executive Committee of the BCMA has been given the task of looking into the functions and activities of the CU&C, particularly as they affect physicians. Any experiences and information that the membership can contribute to the study would be welcomed. Such material should be forwarded to Dr. Rigby as soon as possible."

The Hospital Guardian, May, 1982/Page 4

Cutback: No Solution, Says Nanaimo Member

By DAVID PATTERSON

Trailer, Nanaimo Unit

"Due to financial restraints caused by the Government of British Columbia, we are forced to reduce our staff. It causes us much disappointment at this time, but, we regret to inform you that your services are no longer financially useful to us. Therefore, until such time as there is a turn around in the economy, we are forced to lay you off." Could this happen to you? It could and it is at Nanaimo Regional General Hospital. Though at the time of this writing no one has been laid off, the Union and the Administration answered, "No, this is not so, however, here are just a few the restraints that face HEU members at Nanaimo Regional General Hospital:

1. Due to budgets, no relief coverage for sick time, and 50% cover- age for vacation time.
2. Due to budgets, casual employees no longer have the opportuni- ty to be rolled ahead to part time.
3. At the time of this writing there are 8 Graduate Nurse Positions available, but absolutely no Postings for Practical Nurses, Dietary, Housekeeping, or for that matter any Posting in which an HEU member may apply. (seven positions have been vacated, but because of attrition, they have not been posted).
4. There is no longer a Male Float Pool, due to budget restraints. The Male Pracitcials have all been put on staff positions, but I should say, if a patient has a diase (or a catheter, they, (Male Pracitcals), are pulled from their floor to go asst. If the floor is busy, then a replacement is sent to help that floor. (This is depending if the extra help is available). If the floor is not really that busy, then the floor is one Practice, one male practiced. However, long the Male Practice is away, these are just a few of the restraints we are already suffering, could it get worse? According to the administration of NRGH in a meeting with Chair, Unions, "Chairman - Heuress and Vice Chairperson, Dave Tegue, It was reported that administration felt, they are going to be $750,000 dollars under budget for the new fiscal year. If this is so, the administration said they would be forced to cut back. When asked, "Is there going to be a cut in services?" The answer was, "For the time being, the budget is not set."

These are just a few of the restraints that we are already suffering, could it get worse? According to the administration of NRGH in a meeting with Chair, Unions, "Chairman - Heuress and Vice Chairperson, Dave Tegue, It was reported that administration felt, they are going to be $750,000 dollars under budget for the new fiscal year. If this is so, the administration said they would be forced to cut back. When asked, "Is there going to be a cut in services?" The answer was, "For the time being, the budget is not set."

It is essential that we unify. We must work together, in order to win our rights. We must not falter, for the 4,000 plus employees need us to help them.

Vote At UBC

HEU Secretary - Business Manager Jack Gero was at the forefront of those urging health care workers at UBC to join HEU because they preferred belonging to a union over the association of hospital workers.

"Also, the benefits in our Master Agreement are superior to any currently available," said HEU's voting call. The vote was a clear sign, he said, that the UBC workers wanted a "trade union home that represented workers in health care settings." It "happens that CUPE isn't a continued from page 1

Summerland Unit

Officers

The Summerland Unit offi- cers elected for 1982 are: Mary Grohs, Chairperson; Ron Olles- keys, Vice-Chairperson; Eva Austen, Secretary-Treasurer; Allie McGillivray, Trustee; Betty Clayton, Trustee; Doris Hoes, Trustee. Members at large are: Norah Nicholson, Warden and Conductor.

Vote At UBC

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Dangers of Asbestos:
Inhalation of small asbestos fibers over a period of time can result in asbestosis, a breathing disease which usually kills within fifteen years at onset of symptoms; lung cancer; and mesothelioma (cancer of the chest lining) which is always fatal. Mesothelioma occurs after very little exposure to crocidolite asbestos (the most dangerous of four types) typically.

Uses of Asbestos:
Asbestos has been used for fireproofing, insulating, wrapping around water pipes, compressing into floor tiles, and lining furnaces and air ducts. Heating and insulation workers, electricians and clothing ironers, are commonly exposed. Asbestos that was incorporated into walls, floors, siding, and insulation decades ago is still there.

Asbestos in B.C. hospitals has been found in ceiling insulation, boiler rooms, penthouses, incinerator rooms, laundry ceilings, hot water tanks, callings of patient wings, and insulation of structural elements.

Appearance of Asbestos:
The appearance of asbestos insulation differs greatly from one application to another. Particularly in the appearance of California scour, the color may vary from shades of white, grey or blue, if in its natural form, or any colour may have been used in decorating or sealing. The presence of asbestos in insulation material cannot be determined via physical examination. A laboratory analysis must be performed to confirm the presence of asbestos.

Inspection Reports from Sixteen Hospitals:
HEU has copies of 96 asbestos inspection reports from sixteen hospitals. Of the sixteen:
1. One hospital, Saugus, has the most dangerous type of asbestos—crocidolite. Five hospitals have the second most dangerous type of asbestos, amosite.

Six hospitals have asbestos insulation, but their reports are not specified.

HEU members at Vernon Jubilee Hospital (from left) Evelyn Davis, Elise Wataha, Albert Sonntag and Shirley Breen are shown here preparing a meal at the Okanagan House. Via Albert and Shirley became local celebrities at least around the hospital for a day when this photograph appeared in the Vernon Daily News earlier this year.

The Hospital Gazette, May, 1982 | Page 5

Did you know . . .

"Bumping"

"It is agreed that in instances where a job is eliminated, either by automation or change in methods of operation, employees affected shall have the right to transfer to a job in line with seniority provided such transfer does not affect a promotion and provided, further, the employee possesses the ability to perform the duties of the new job. Employees affected by such reassignment of duties shall similarly transfer to jobs in line with seniority and stability."

― Article III, Section 3 (Page 10)

Master Agreement

Some Important Facts

The Dangers of Asbestos

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― Article III, Section 3 (Page 10)
Schedule For Classification of Clerical Workers

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<tr>
<th>DATE</th>
<th>LOCATION OF CLASSIFICATION NEGOTIATIONS</th>
<th>HOSPITALS TO BE CLASSIFIED</th>
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<th>Bella Coola</th>
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Employee "Deception" Classification Bulletin

On April 13, 1982 HRRA issued another Employee "Deception" Bulletin. This one was on Classification. Printed below is HRRA's Bulletin together with HEU's facts on each point.

HLRA BULLETIN
Re: HLRA/HEU Master Collective Agreement
Final Report

On March 12, 1982 HLRA tabled a final offer with your Union Bargaining Committee. One part of that offer was the completed matches on all unclassified positions.

HLRA's offer was not complete. Many positions were missing! About 25% of clerical positions, for example, were not accounted for. All of the clerical jobs at Vancouver General were missing. Does this mean these people are not entitled to any classification adjustment?

Also, when HLRA matched jobs, they went by job descriptions, not actual work performed. As a result, HLRA under rated and under valued the work of many HEU workers.

HEU FACTS

Throughout negotiations, your Union Bargaining Committee stated to HLRA that they would not sign a new Collective Agreement until all broadening of unclassified jobs was completed. The proposal tabled by HLRA would have resolved virtually all of the matches and would have allowed for the payment of retroactive monies to January 1, 1980 in those cases where the new pay rates were higher.

Also, HLRA agreed to waive the right to recover any over-payment of wages if the new rates were lower, provided all employees were placed on the appropriate broadened scale. This proposal meant that no employee would have to pay back any monies as a result of broadening, even though HLRA has a binding arbitration award that states it can recover such over-payments.

While it looks good on the surface, HLRA has selfish motives for this proposal. HLRA was willing to give up the right to recovery because they would save more money over a longer period of time as they matched their inappropriate matches. For example, the senior Renal Technician at Trail Hospital has been matched by HLRA by $1.26 per hour less than he is presently getting. HEU cannot accept this under valuing of members' capabilities by HLRA.

The only response we've had from your Union Bargaining Committee is that they reject the entire offer. They have not given us their matches on any items except clerical and stores positions. Without agreement, we cannot pay out retroactive monies or implement new rates of pay.

Our goal is to resolve the broadening issues as quickly as possible. HEU's goal is to get a fair deal for HEU members. HLRA's proposal may be quick, but it is not fair.

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More Photos on the Job

HEU Members At Penticton Regional Hospital

Marg Wood is a housekeeping aide.

Ann Park works in the laundry department.

Sylvia Kruger is a CSD aide.

Hazel Keller is a switchboard operator.

Elizabeth Anderson is a medical steno.

Danny Johnson is a CSD orderly.

Dianne Edwards works in the housekeeping department.

Vera Inskar is the Unit's Secretary-Treasurer.

Kathy Kochie works as OR porter.

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At Penticton General Hospital

Jeff Works In The Stores Department

Jeff Pickford, a stores employee at Penticton's Regional Hospital, has been Vice-Chairperson of the Penticton Union for over four years. Jeff is an avid hockey player in his spare time and local hero with "Tiger" being used as his nickname by the Vancouver Canucks and other players now in the National Hockey League when he was a youth on the risks in Saskatchewan.

The Government Memo On Ethylene Oxide

Editor's Note: The following is the memo written to hospital administrators in January from the Health Protection Branch of Health and Welfare Canada. If your employer is not providing for good working practices, see your shop steward or a Unit officer.

TO: Hospital Administrators

Attention: Central Supply

SUBJECT: Use of Ethylene Oxide as a Sterilizing Agent

Ethylene oxide (ETO) is a widely used sterilant for articles which may be damaged by steam or dry heat. This gas has been used with caution because of its toxic, flammable and explosive properties. Recent reports on the mutagenic and/or carcinogenic effects of ETO in animals suggest that levels of ETO in the work environment, present and future, may represent a serious health hazard. Information available at the present time is insufficient to define realistic maximum permissible concentrations specific for occupational exposure but, because of its mutagenic and carcinogenic potential, exposure should be minimized by the elimination of all unnecessary and improper uses of ETO. When it is necessary to use ETO as a sterilizing agent, the following good working practices are recommended:

1. The sterilizer should be located in an area under negative pressure with respect to adjoining rooms and which has at least ten air changes per hour.

2. The sterilizer's sterilized room should lead to a catalytic converter or to an outside vent located near any air intake.

3. All vent lines must be sealed at the joints and made of material impervious to ETO.

4. Exhausters should be provided at locations likely to have higher concentrations such as the sterilizer door, the safety valve, tanks connections and sensors.

5. Sterilizer lines leading to the sewer system should be designed to ensure that ETO will not be released into any occupied area.

6. If users can smell ETO at any stage, the ventilation and containment are inadequate and should be checked; several commercial systems are available.

7. Persons working with the sterilizer should wear protective clothing and glove made of materials such as canvas coated with poly-vinyl chloride.

8. Sterilizers with the "purge cycle" are preferred; for sterilizers without this feature, the operator, after a sterilizing cycle, open the sterilizer door and leave the room for at least fifteen minutes before re-entering for unloading the chamber.

9. Carts containing freshly sterilized articles should be purled rather than pushed.

10. Properly sterilizing ETO for sterilization should receive adequate training in the use of hazardous chemicals in the workplace.

11. Workplace monitoring should be carried out to accurately assess worker exposure to ETO.

HEU Will Obtain Job Descriptions

HEU is making every effort to get the classification of all unclassified HEU members going again as quickly as possible. Because of HRLA's lack of cooperation in providing job descriptions for the purposes of classification, HEU will itself obtain missing descriptions.

HRU will rely on its own sources to get the needed job descriptions in the interests of expediting the process.

On March 12, 1982, HRU tabled its "final" position on all outstanding classification mat-
ches.

That "final" position contained a number of matches in the following job families:

- Housekeeping
- Maintenance/Utility/Gar-

- Transportation
- Miscellaneous

Job descriptions for the above noted job families were not provided by HRU. When HEU attempted to pursue the problem, HRU advised HEU that it was departing from its previous practice and would not be providing these job descriptions to the Union.

The Peck Consaw Award regarding dietary job matches covers 589 classifications in 112 institutions. The table below summarizes the degree of red-circling resulting from the Award.

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|          |        | Red-Circled | Red-Circled | %
| Cooks     | 284    | 10 | 3.5%
| Food Service Supervisors | 47   | 20 | 42.5%
| Other Dietary Workers | 288  | 8 | 2.8%
| Total     | 599    | 38 | 6.3%

Penticton Unit members Ann Peck (left) and Lorraine Evans share a private joke prior to voting April 1 in a unit meeting. HEU members from this province overwhelmingly voted in favour of seeking arbitration.

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Marion Perry photo