The recipient of this year’s Bud Jimmerfield Award is Emil Mesic, Local 707, Oakville, Ontario.

Brother Mesic started at the Ford Motor Company in 1990 as a body shop operator. He had just finished university and was looking for work until he went to teacher’s college. His plans changed and, he became a student and a teacher in the labour movement. In 1993, Emil participated in an instructor program called “Best in Class” – and that’s when he got hooked on Health and Safety. He quickly saw how union education gave you knowledge and confidence to deal with the employer and inspectors on workplace issues.

Throughout his quarter of a century of Local involvement, Brother Mesic has strived to ensure everyone goes home whole at the end of their work day. Emil is a mentor to many other H&S representatives at other Unifor workplaces and is always willing to provide advice or even offer a tour of the Ford Oakville Assembly operations.

The award, named in recognition of the late Bud Jimmerfield, Local 89 President, is made each year at Canada Council. Bud was a machinist for 31 years and was exposed every working day to cancer causing metalworking fluids at an auto parts plant in Amherstberg, Ontario. He contracted esophageal cancer in 1996 and died 18 months later at age 49, leaving his wife Diane and eight children.
From coast to coast our members are being exposed to behaviour based safety programs.

Behaviour-based safety (BBS) refers to a wide range of programs, which focus attention on workers’ behaviour as the cause of most work-related injuries and illnesses. These programs are seemingly becoming prevalent and routinely introduced into a variety of our sectors, from pulp and paper to our energy sector, the automobile/manufacturing industry to hospitality and health care. Based on the principles of behavioural psychology, also known as behaviour modification, BBS is a technique for modifying behaviour of workers to make them work safely.

But...These behavioural safety systems replace responsible management of safety with ‘it is your accident, it is your injury and it is your fault’. Sound familiar?

In order to have an “unsafe” or “at-risk” behaviour, what must be present? A hazard.

All work-related injuries and illnesses are the result of exposures to hazards.

There are no exceptions!

Behavior-based safety programs attempt to change worker behavior. Workplaces using these programs are much more likely not to address the hazards that are in fact the root causes of worker injury, illness and death. At a behavioral safety workplace hazards often do not get identified; and even when identified, do not get fixed. Workers receive feedback from observers that encourages them to work more safely around a hazard, but the hazard itself does not get eliminated or controlled. As long as the hazard remains, the potential for injury or illness remains.

Instead of investigating the root cause of the illness or injury by identifying the hazards and eliminating or reducing them; the emphasis of the BBS program is to “encourage” workers to work more carefully around the hazards that should not be there in the first place. Using incentives such as pizza nights, free lunch or free jackets, some employers hope to “bribe” workers to work safely.

Rather than finding the cause on an accident or injury, the worker is blamed for not working in a safe manner, not wearing the proper personal protective equipment (PPE) or instead of determining where an oil leak on the floor came from, blame the worker for not wearing the proper foot wear. These types of programs are implemented under various names, but their main goal is to save the company money, by not reporting injuries, accidents in order to lower their compensation.

Why eliminate the hazard when you can buy personal protective equipment?

It’s a trap! Don’t take the bait.

As long as the hazard remains, the potential for injury or illness remains.

Despite behavior-based safety company rhetoric, when behavioral safety programs come into our workplaces, focus moves away from comprehensive safety and health programs. These programs greatly reduce the role and efforts of the joint health and safety committee. Too often resources are directed or focus mostly or solely on worker behaviours.

Where do we go from here?

The Unifor Accident and Investigation Course!! Port Elgin Family Education Centre – The week of November 29th/15.

Every injury and illness is caused by exposure to a hazard and there are no exceptions. Hazards include any aspect of technology or activity that produces risk. If the work methods designed and prescribed put workers at risk, those work methods are hazardous.

The course focuses on many issues that need to be addressed-

- Identifying root causes of injuries and illnesses
• Communicating problems to Union health & safety committee
• Identifying potential health and safety grievances to file
• Refusing hazardous/unsafe work
• Reporting symptoms, injuries and illnesses
• Identifying management who are not addressing health and safety problems

Management’s blame the worker programs are as dangerous to our members as any other challenge that we face today. Unifor must oppose these programs with all our energy. Instead we must work just as hard to implement comprehensive health and safety programs that find and eliminate unsafe workplace conditions that cause injuries and illness to our members.

BE AWARE - The core features of BBS programs are:

• Observation of workers by workers
• Extensive training provided to those participating, particularly the observers
• Development of a list of "critical worker behaviours" often with input from workers themselves who are invited and welcomed into the process
• Development of 'model behaviours' so that workers' behaviours are measured against their own standards – ie past behaviours.
• Substantial management commitment, including financial
• Reward systems eg. bonuses or acknowledgement of efforts and results
• Programs are promoted as ‘voluntary’ and promoting participation. The programs say in health and safety which is 'Everyone's Responsibility' not recognising who has power to make decisions.

If you are aware or concerned that a BBS program may be undermining the role of the joint occupational health and safety committee please refer to the Unifor statement below and contact the National Health and Safety Department.

Caution – Behavioral Safety/“Blame the Worker” Programs Are Hazardous to Health & Safety and to Solidarity.

More attention needs to be paid to the vascular health of those working more than a 40 hour work week, a new European study suggests.

New review shows long working hours raise risk of stroke

British researchers analyzed data from studies on more than 603,000 men and women from Europe, the U.S. and Australia who were followed for about eight years. They looked at the effects of longer work hours on cardiovascular disease. Researchers also analyzed data for over 525,000 men and women for the effects of longer work hours on stroke. These workers were followed for approximately seven years.

Those individuals who worked 55 or more hours a week showed about 1.33 times or 33 per cent higher risk of stroke compared with those who worked 35 to 40 hours a week, according to Mika Kivimäki, professor of epidemiology at University College London and his co-authors, in the online issue of the journal, The Lancet.

There was a weaker association—about 10 per cent, between long working hours and coronary heart disease, such as heart attacks and cardiac deaths.

The associations did not vary between men and women, by age, socioeconomic status or by geographical region which Kivimäki said, suggests the findings were “robust.”

During the study period there were 1,722 strokes. No one knows how working long hours adds to stroke risk. Kivimäki suggests the following possibilities:

• A toxic effect from stress itself;
• Extensive sitting and sedentariness on the job; or
• Failure to follow a healthy diet and exercise routine outside of work.

Long working hours have long been implicated as a cause of cardiovascular disease. In two previous meta-analyses of published cohort studies, the risk of coronary disease was raised in employees working long hours compared to those working standard hours. The relative risk was about 1.4, which is considerable, because **long working hours are common**. However, there were several limitations in these previous studies which could have biased the estimates.

The authors of this new review conducted their study using methods that would overcome the limitations. One way they accomplished this was by combining estimates from published studies and unpublished data which allowed them to examine the status of long working hours as a risk factor for coronary heart disease and stroke with greater precision and a more comprehensive evidence base than was previously possible.

*Source: Workers Health and Safety Centre*

**Biodegradable Electronics Could Save Us From The E-Wasteland**

We all know that we are supposed to properly dispose of our laptop and computer batteries. We also know that we don’t do that. Unlike most of our trash, electronic waste isn’t even close to biodegradable. Instead, it piles up in various places around the world and wrecks further havoc on the environment. Worldwide, 20-50 millions tons of e-waste is produced every single year. At the rate we cycle through technology, it would be better for everyone and the Earth if this e-waste was at least biodegradable. Soon, it might be.

Germany based Karlsruhe Institute of Technology (KIT) Young Investigator group is working on biodegradable electronic components. While they haven’t constructed complete electronic devices, they have created OLEDs and other components. The Young Investigator group is using semiconductors and dyes made from plant extracts and insulators made of gelatin. After use, the parts can be thrown away into a compost bin where they will rot like fruit.

What this means is that instead of not recycling your old electronics — which we all know we aren’t doing — we might be absolved of that guilt (which we clearly don’t have) when we simply throw them away. For the consumer, nothing would change with biodegradable electronics. Unless they are baby boomers, in which case they are still working with CRT monitors and flip phones. They aren’t contributing to the growing piles of e-waste until their millennial relatives force them to upgrade. The general consumer though, will cycle through their technology just as quickly, tossing it as soon as a new OS bricks it.

Hopefully the researchers at KIT and at other think tanks around the world work quickly to create an environmentally sound solution that tech manufacturers would be willing to adapt to — as the e-waste is quite literally piling up.

It should be noted that the United States exports 80% of its electronic waste to China to pile up in these toxic and destructive landfills. Rivers turn black from the industrial waste created from burning down plastics and electronics, the air becomes a thick paste of lung destroying filth.

There are many caveats to all this of course. Even if biodegradable electronics become a cheap and environmentally safer alternative, getting corporations to embrace their use would be a regulatory nightmare. Not to mention that the e-waste disposal and recycling business is boosting economies in countries such as South Africa. Of course, the impact to the environment from just the existence of this e-waste is being overlooked, as are most things related to the environment. There is hope however, as we’ve other industries with just as much toxic trash.

Within the automotive and pharmaceutical industries, there are strict regulations when it comes to disposing of their waste, so the regulation of e-waste is possible. Unlike those industries however, e-waste grew much quicker in a shorter amount of time. Whether or not we will someday be able to simply throw our outdated tablets into the compost pile is debatable. While the research KIT is doing could lead to something like that.
I have been fortunate to be a long term employee (26 years) at a fairly large Pulpmill in Northern BC and have a very non-traditional job which I enjoy immensely. I work as a field operator in the pulping group area of our plant and I am the eyes and arms for our panel operators who are running all our equipment by computers.

My job is very physical at times and I have learned to adapt when needed. We have close to four hundred men in our plant with approximately fourteen women. I have always believed that gender should always be respected but it was important to me that I be a good field operator regardless what my gender happened to be. My job has provided me with a great life with tons of security and it would be fantastic to see more women applying for non-traditional jobs such as mine.

My unpaid job and passion is that I am a WCB advocate for my local and I take great pride in helping my coworkers get the benefits that they are entitled to. Most WCB disputes come down to a single sentence or two in a decision letter which starts the appeal process. What seems so clear and just to a layperson turns into a series of submissions fighting for what should be so obvious and automatic.

In BC, a WCB case manager typically determines the outcome of your claim and if you are denied it is appealed to the Review Division. Unfortunately the Review Division belongs to WCB so a case is very rarely overturned at this point. We have had quite a bit of success at WCAT (Workers Compensation Appeal Tribunal) as the adjudicators at this step are independent of WCB. Most of these WCAT appeals are held by way of an oral hearing and I believe that for a worker to have their day to tell their story is beneficial for all involved. Some of these hearings come a year after the initial incident and to finally have a say is very validating for the worker.

My mentor always told me that it wasn't about the win but in some of the long drawn out cases it is, as the end or win brings peace finally to the worker. There is no greater feeling than seeing a person who has fought for 12, 14, 16 years walk towards you with a decision that their fight is over and they are going to receive what they are due. If there is one tiny bit of advice that I can share it would be to report any and all injuries to your employer as soon as possible. We have had claims denied based solely on the delay in reporting and the Case Managers and appeal divisions have actually recognized that the injury and accident happened but could not be accepted as a result of the delay.

We have all had a sore knee, arm, back etc. and nine times out of ten the issue resolves itself but it could be that one in ten does not and you could find yourself in the appeals process. If you don't want to formally report it, tell your supervisor in front of a co-worker and then write yourself an email and forward it to your supervisor and the co-worker. This will create some much needed proof for WCB but also a recording of the facts surrounding the injury.
Government committee warns of health impacts of wireless technology

A federal government committee report recommends greater precaution and tougher exposure guidelines to protect Canadians against radiation from wireless devices.

Radiofrequency Electromagnetic Radiation and the Health of Canadians, a report of the all-party House of Commons Standing Committee on Health, was released in June following public hearings into Health Canada’s Safety Code 6 guideline on human exposure to electromagnetic energy.

The Committee heard from witnesses who raised concerns about possible links between radiofrequency radiation exposure and cancer, reproductive issues, autism and electromagnetic hypersensitivity.

Radiofrequency radiation

Radiofrequency (RF) energy, a type of non-ionizing radiation, consists of electric and magnetic fields with frequencies from 3kHz to 300GHz. Sources of RF radiation include communication devices such as cell phones, wireless internet (WiFi) and broadcast towers, MRI machines, radar guns, and heating equipment such as induction heaters and microwave ovens.

Exposure levels can vary based upon the power and number of the source(s), the direction and frequency, the use of protective barriers and the distance from the source. For example, the Standing Committee heard from educational workers who said it was common to have almost 20 WiFi routers in a school to support wireless technology. Some experts believe this level of exposure can contribute to electromagnetic hypersensitivity characterized by a range of symptoms, from headaches and chronic pain to anxiety and nausea.

In 2011 the International Agency for Research on Cancer evaluated and classified radiofrequency electromagnetic fields as possibly carcinogenic to humans. This was based upon evidence of increased risk for glioma, a type of brain cancer, linked to wireless phone use.

Health Canada’s Safety Code 6

Health Canada’s Safety Code 6 (Limits of Human Exposure to Radiofrequency Electromagnetic Energy in the Frequency Range from 3 kHz to 300 GHz) sets out exposure limits to RF radiation. The guideline applies to anyone working at or visiting a federally regulated site but others, including the Ontario Ministry of Labour, have adopted and use the guideline.

Health Canada completed its own review of Safety Code 6 this spring based upon a report by the Royal Society of Canada. They concluded that no new credible biological evidence had emerged since 2009 to warrant lowering exposure limits. That conclusion was the subject of an article in the Canadian Medical Association Journal which questions the research rationale used by Health Canada and suggests current exposure levels aren’t protective enough.

Report recommendations

Many are calling for greater precaution while the science continues to emerge on the adverse health impacts of RF radiation. Meantime, the Standing Committee made 12 recommendations, including: ensuring greater transparency in Health Canada’s reviews of Safety Code 6; updating physician knowledge in the diagnosis and treatment of electromagnetic hypersensitivity and reasonable workplace accommodation for those affected; funding new research into the links between RF exposure and health impacts; and examining more protective exposure guidelines in other jurisdictions for possible adoption in Canada.
The Standing Committee presented its findings to the House of Commons on June 17 and has requested the government table a comprehensive response to their Report.

Many other countries have exposure limits that are more protective including in China, Russia, Italy and Switzerland. Just this spring, France banned the use WiFi in day cares and nurseries for children under the age of three benefitting both children and their care providers.

Other related resources:
Radiofrequency and Microwave Radiation in the Workplace | Ontario Ministry of Labour
CAREX Canada—Radiofrequency Radiation profile
Canadian Teachers’ Federation-The Use of WiFi in Schools
Canadians for Safe Technology

New shift work resource highlights work/life imbalance

Juggling work, family and community commitments with a day job can be a challenge. Working shifts can make it all the more difficult.

A new resource, entitled A Hard Day’s Night: the effect of night shift work on work/life balance, spells out many of the work/life balance challenges faced by shift workers ranging from child care for single parents to family and marital strain.

What is shift work?

A standard work day can be defined as a shift scheduled between 7:00 am and 6:00 pm. Shift work involves work scheduled outside these “normal” hours. Here in Canada, one in four workers work shifts. Industries and occupations relying heavily on shift work include health care and social assistance, accommodation and food services, policing and security, manufacturing, warehousing and transportation.

What is work/life balance?

Work/life balance is a self-defined state of well-being that allows individuals to manage multiple roles at work, home and in the community. Based on a growing body of research and the experiences of working people, achieving this state of well-being is beyond the reach of many including shift workers.

And the impacts on their lives are significant.

To date, much of the attention has been on the health impacts which can be significant ranging from cancer and cardiovascular disease to mental health issues and excess risk of workplace incidents resulting in injuries.

The authors of a Hard Day’s Night are seeking to expand awareness about the impact of shift work on work/life balance. They cite a number of studies showing greater levels of divorce among those working non-standard hours along with behaviour and emotional difficulties with children. They also report that shift work involving work at night is more detrimental to achieving work/life balance than rotating shifts (i.e. days to afternoon to nights). Here in Canada, this affects many as 20 per cent of those employed are engaged in shift work involving work at night.

The authors also recognize shift work is actually sought by some. For instance, couples with kids may seek out non-traditional shifts to assist with child-care.

Can work/life balance be achieved?

Many family, recreational and social activities are scheduled at night or on weekends—times that better serve the needs of those working a traditional nine to five workday. Shift workers face the daunting challenge of syncing their schedule to that of the majority.

Though no approach can work for everyone, there are solutions to alleviate or eliminate challenges faced by shift workers seeking work/life balance. This report
highlights the fact workers seem to find better balance when they have influence over when they work and the design of shifts.

Source: Workers Health and Safety Centre

CREOD study looks at new assessment tool to improve JHSC effectiveness

The Centre for Research Expertise in Occupational Disease (CREOD) recently completed a study of an assessment tool to increase joint health and safety committee (JHSC) effectiveness.

In an open plenary hosted by the Institute for Work and Health (IWH), lead researcher and CREOD director, Linn Holness shared the research behind the 21-item assessment tool. She also discussed how this study, Improving the effectiveness of joint health and safety committees, conducted in a healthcare setting could have application in other Canadian workplaces.

Joint Health and Safety Committees (JHSCs) are a legal requirement for most Ontario workplaces with more than 20 employees. Concern regarding the function and effectiveness of JHSCs in hospitals was raised following the SARS outbreak in 2003. A subsequent literature review revealed a lack of studies on JHSCs in the healthcare sector.

Recent Ontario-based studies have begun to fill this gap helping to identify key factors that facilitate JHSC effectiveness.

Based on this information Holness and her team created a new tool that can be used by JHSC members, employers and policy makers to evaluate JHSCs and better protect workers.

The new JHSC Assessment Tool is designed to do the following:

- Lead to the development of an action plan to reach the desired state;
- Promote discussion and reflection on the objectives and activities of a “gold standard” JHSC.

Holness and her team conducted the pilot study enlisting the help of 42 JHSC members from five hospitals. Participants met and discussed the 21 items on the assessment tool, before, during and after a regular joint committee meeting. They completed the assessment in less than one hour and were able to come to consensus on 95 per cent of the items.

All committee members in the study were able to agree their top three priorities for improvement were most commonly focused on: education, communication and developing a strategy.

In conclusion, the findings revealed the tool was feasible to use during a regular JHSC meeting and it was a valuable instrument for assessing and improving JHSC functioning.

Although this study was focused on the healthcare sector, Holness also concluded that the tool will have broad application across all workplace sectors.

The tool is now available electronically on the CREOD website with links to other resources and the ability to generate a JHSC-specific action plan.

The Workers Health & Safety Centre has comprehensive resources and training to make Joint Health and Safety Committees effective and successful.

Source: Workers Health and Safety Centre
You can’t go to a safety meeting nowadays without hearing talk about hazards. What were the activities that created or gave exposure to hazards? What was being done to control them? Accidents investigations are always uncovering hazards. The law requires investigation of every hazardous condition.

But what about risk? What is risk? “Risk” is used to describe the uncertainties that arise from physical, financial, political, and social activities. Practically everything we do carries some level of risk—threats to our bodies and property.

So how do we determine when the risk is too high? There are two factors to consider about the hazard. How likely is it to happen; and how serious could the consequences be?

If risk and hazards interest you, then you will enjoy this historical review of risk in America. Professor Mohun looks at the risks of fire, infections, lightening rods, horses, railroads, automobiles, guns, amusement parks and lawn mowers.

Fire required group effort to control. Smallpox and inoculation caused great debate. The commercialization of lightning rods was an early example of a safety technology. Horses were a part of urban life until the end of the nineteenth century; risks came with them which were never fully addressed due to our need for beasts of burden. They were replaced by new hazards—railroads and automobiles.

Railroads were the first example of a complex socio-technological system. Multiple causes were often involved in accidents. As late as 1912, railroad accidents were the single most important cause of accidental death in America. It took a series of highly publicized wrecks, “the collision crisis” to affect a change in public opinion. Even at that, it did not so quickly address worker safety.

The author also notes:

*White, native-born men were widely seen as the only members of society who could be entrusted with the safety of the public and with the control over powerful, potentially destructive machinery.*

As for the railroads, she concludes that the fundamental nature of railroad risk remains the same—human error and technological risk undermine predictability and lead to accidents.

Automobiles were introduced as a toy for the rich and became transportation for the masses. Guns present the challenge to their manufacturers to provide pleasure without having their customers end up dead. Amusement parks attracted business in part by presenting risk as entertainment. In some cases the customers did get injured. The ensuing financial risks for the owners required insurance based on the risk assessments of the amusement park by the insurance company.

The consumer product safety movement required many safeguards to lawn mowers. After decades of law-making and technological innovations, the number
of amputations or severe lacerations remains the same—80,000 per year.

She concludes by observing that over the centuries a pattern emerges of people making money from uncertainty.

Author: Arwen P. Mohun
The Johns Hopkins University Press, 2013
329 pages

On September 14, 2015 fourteen finalist teams from the NAFTA region were honored for their environmental and safety projects at the Environment, Health and Safety Leadership Awards (EHSLA) ceremony, held at the Troy Marriott in Troy, Michigan. A total of 43 projects were nominated this year, the 17th year the awards have been given.

These projects represent the environmental and safety efforts and accomplishments of teams from the NAFTA region from areas including: manufacturing, engineering, transportation, Mopar, dealerships, and others. The EHSLA acknowledges the innovative thinking, hard work, and dedication to improving the environmental and safety performance of our operations and products by all the FCA employees, contractors, suppliers, and dealership personnel that participated in the competition.

Nominations were accepted in seven categories, (six environment, one safety). Entries were scored by an executive-level committee based on criteria including environmental stewardship, safety leadership, cost savings, innovation, community outreach, and practice sharing. New for this year, categories were added to include safety and energy projects.

In addition, the awards program has expanded globally. Competitions have been held in each FCA region (NAFTA, Europe/Middle East/Africa, Asia Pacific, and Latin America). The finalists from each of the regions will have the possibility to go on to a global EHSLA competition later this year.

Greg Rose, Director of Environment, Health & Safety, opened the ceremony and presented a historical overview of the awards program. He then turned things over to Brian Harlow, Vice President of Manufacturing for North America, who discussed the environmental and safety performance of the FCA NAFTA region.

Those in attendance then watched project videos submitted by the finalist teams as Betty Carrier-Newman moderated the ceremony, her fifth year as Master of Ceremonies for the EHSLA.

Award presenters included: Mark Chernoby, Head of global Quality; Bill Hall, Head of Sustainability and Business Continuity; Steve Corle, Manager of FCA U.S. Identity, Dealer Facilities and Capacity; Carlo Materazzo, Head of World Class Manufacturing; Bill Cook, Director, Logistics and Customs; Greg Rose; and Zach LeRoux, Director of US and Canada Assembly Operations. Following dinner, guest speaker Paul Gibson, Director of Major Accounts for the National Safety Council, spoke about FCA’s safety performance. Greg Rose gave a warm thanks to everyone and made some closing remarks to conclude the ceremony.

Winning and runner up teams in each category received a distinctive EHSLA award made of recycled glass. Congratulations to the finalists and all those that submitted project nominations to the competition.
The fourteen finalist projects for the 2015 Environmental, Health & safety Leadership Awards are:

SAFETY
Category A
Production Related Safety Protection
Winner: Improved Goal for Safety Program – Saltillo Van Assembly Plant
Runner-Up: Goal for Safety – Saltillo South Engine Plant

ENVIRONMENT
Category A
Production Related Environmental Protection
Corporate
Winner: FCA Transport Fueled by Compressed Natural Gas – FCA Transport
Runner-Up: SHAP Body Shop LEED Gold – Manufacturing Engineering Local
Winner: Tube Wipe Reduction Project – Belvidere Assembly Plant
Runner-Up: FPI Waste Water Reduction – Etobicoke Casting Plant

Energy
Winner: Coolant Filter System Optimization – Dundee Engine Plant
Runner-Up: MF#1 Heat Regeneration – Etobicoke Casting Plant

Submitted by: Mike Curry – EHS Corporate

Category B
Product Related Environmental Protection
Winner: Low-Volatility Paint Shop Sealer Initiative – Manufacturing Engineering Paint Operations
Runner-Up: Low Density Renewable Content Acoustic Foam – Systems & Components Engineering

Category C
Extraordinary Efforts for the Environment
Winner: Employee Engagement - Windsor Assembly Plant
Runner-Up: EHS Training Video – Environment, Health & Safety

Category D
Dealership Environmental Initiatives
Winner: Lambert Auto Sales Inc. - Claremont, NH
Runner-Up: Foster Motors Inc. – Middlebury, VT
Currently there are two established Unifor Regional Environment Councils functioning in Ontario, the Windsor Regional Council and the Durham Regional Council.

The purpose of Regional Environment Council is to unify and strengthen Local Union Environmental Standing Committees into one collective voice regarding environmental and related issues in both the community and in the workplace. By drawing on our diverse experience and knowledge, our main objective is to integrate the environment movement socially, economically and politically.

Through our Unifor Environment Courses – Community Environment, Workplace Environment and Good Jobs in a Green Economy – we encourage participants to take the initiative to go back to their Locals and work towards initiating a Council.

We are happy to announce that two more Regional Environment Councils are being formed as a result.

The Unifor West GTA Regional Environment Council held its inaugural meeting in October and will comprised of representatives from Locals 252, 584, 707, 1285, 1459 and 2002.

In the London area activists from Local 27 and Local 88 are working to develop a London Regional Council – stay tuned as there is more to come.

We look forward to building more Regional Environment Councils across our great union as we form a green ribbon of solidarity across the country.

Submitted by Ken Bondy – National Coordinator

The Windsor District Labour Council held a unique Health and Safety Conference in mid-October.

The theme: Where Have We Come From, What Are We Doing Today, Where Do We Go From Here was a great opportunity to explore trade unions journey for safer working conditions across the decades.

The journey began as we listened to John Perquin of the United Steel Workers recap how health issues of Uranium miners in Elliot Lake brought progressive change for occupational H&S by the Ham Commission which was tasked with investigating the safety of workers in mines. The Ham Commission report, published in 1976, contained a series of recommendations to increase workers’ knowledge and experience of health and safety in the workplace. Most notably, Ham introduced the Internal Responsibility System. To implement this system, he advocated the creation of joint labour-management health and safety committees, with worker members.

John Arnold of the Workers Health and Safety Centre, Nancy Johnson of the Ontario Nurses Association and Gary Parent retired CAW Rep and past Windsor District Labour Council President shared the history of important H&S milestones such as the SARS Commission, Violence in the Workplace Bill 168 legislation, the origins of the Occupational Health Clinics for Ontario Workers and previous H&S bargaining gains.

Gary Parent and John Arnold
We then heard of further health and safety activism in Ontario from panelists Nancy Hutchison of the United Steel Workers who spoke about the mine explosion tragedy at Westray in Plymouth, Nova Scotia, killing 26 miners. The incident eventually led to the legislation of Bill C45 - Kill a Worker go to jail rule.

Dave Kilham – Executive Director for the Workers Health and Safety Centre spoke about the valuable relationship the organization shares with labour in Ontario, providing H&S training to workers and management. Mark Parent of the Occupational Health Clinics for Ontario workers also spoke of the valuable medical and workplace assessment services they provide across the provinces.

Blain Morin of CUPE spoke of the constant challenge labour must rise to if we are to move the H&S agenda forward in our workplaces and in the ministry offices.

Finally, Rolly Marentette - CAW retiree and former H&S Chair for the Labour Council spoke to the fact that government moves slowly and not always in the best interest of the worker. Therefore we must approach the collective bargaining table to control or needs with a clear agenda to move forward with the best H&S language to protect our member’s rights, safety and health.

The National Health and Safety Department has model contract language to assist with progressive bargaining language. Please contact the Department for more information.

I congratulate the Windsor District Labour Council for this innovative event bringing worker H&S representatives to interact and learn from each other – hopefully it will be a model for similar sessions across our labour movement.

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### Unifor Employee & Family Assistance/Addictions Conference

**By: Mike Byrne and Vinay Sharma, National Representatives**

I had the privilege to attend the EFAP/Addictions Conference October 2, 3 and 4, 2015 at Port Elgin. There was a good range of participants from fulltime EFAP and Substance Abuse Reps to Shop Floor Reps with coast to coast participation. The conference was a success with 92 participants including presenters and guests. The Conference had great speakers and helpful workshops.

The workshops ranged from the Level One Employee and Family Assistance Program for new delegates to more advanced topics such as The Rights and Responsibilities of Unions and Employers When Dealing with Mental Health Issues, to comparing 12 step recovery programs to more modern programs when dealing with addiction.

One of the highlights for me was a member’s story full of highs & lows, challenges, struggles, union support, emotions and humor.

Addictions and mental health issues are also H&S issues hence union issues. Some H&S Reps in our workplaces already work closely with EFAP and Substance Abuse/addiction Reps but many more need to be part of the solution. We all need to work together so we can better represent our members. Getting informed is the first step, will you take that step?

Delegates left this Conference with not only a better understanding of how addictions and mental health issues affect our members, but also a strategic plan going forward to improve on our Union’s role in addressing these issues.

As a result of the Conference there will be resolutions going to Regional Councils to create and support an EFAP/Addictions Committee in all Regional and Canadian Councils similar to the one in Ontario Council. There will also be a resolution for Unifor to recognize and promote a National day of recovery to help break the stigma attached to addictions and recovery.
The BC Standing Committee decided at its first meeting in 2014 to launch a questionnaire to better understand and meet the needs of the membership.

The summary below was presented at BC Council in September 2015.

First off, I would like to thank all those who participated in the project so far by filling out the questionnaire, the returns are not what I had hope for but again this is a work in progress... it would be nice to have a well-rounded snap shot of a number of sectors within BC. Here is our brief snap shot of Occupational H&S within our Locals:

Q1) How long have you held your union position, if applicable?
Response:
40% - 1 to 5 years, 20% - 6 to 10 years and 40% - >11 years.
55% - both Stewards and OH&S Reps, 30% OH&S reps and 15% - local executive or local committees.

Q2) Is your workplace covered by Provincial or Federal Legislation?
Response:
80% - Provincial, 15% Federal and 5% didn’t know

Q3) Have you received training? If yes, what kind of training?
Response:
78% received some sort of stewards/OH&S training and 20% of that from the BC Fed, mostly in the outlying areas, with the remaining from the employer itself.

Q4) Have you attended Union Health and Safety, Workers’ Compensation and/or Environment Education courses? If yes, please list them.

Response:
Much the same as in Question 3 mostly union provided but interesting enough... no Environmental training indicated.

Q5) How do you keep up with new trends and Legislative changes, there are 5 selections.

Responses:
1st place... was from the employer
2nd other, primarily, BC Fed website
3rd was from the remaining selections... Google, Training Courses, and my favorite... Unifor H&S and Environment Newsletter.

Q6) What are the top three issues you are dealing with in your workplace?

Responses:
Bullying, unsafe equipment, bad communication, inspections, fire drills, air quality, no meetings or involvement, training, return to work, ergonomics, Safety audits, safety gear, new workers and of course... reluctant employers.

Q7) What resources do you need to resolve your workplace issues?

Response:
Lobbying, Stiff penalties, better business practices, education, time for safety Reps duties, safety meetings and inspections, better OH&S Regs and enforcement.

Q8) Are safety audits a regular occurrence at your workplace?
Q9) Does everyone in the organization value continuous safety improvements?

**Responses:**

60% no, 20% yes, and 20% didn’t know.

Q10) Is safety considered as important as, or more so than, the quantity of work?

**Responses:**

70% yes, other comments... “talk the talk with no action”

Q11) Does everybody have all the information required for safe work?

**Responses:**

60% yes, 40% no.

Q12) Do all employees have a say when it comes to decisions about their safety?

**Responses:** most mentioned the ability to refuse unsafe work or use the safety committee.

Q13) Are all employees in charge of safety authorized to make whatever changes they deem necessary?

**Responses:**

45% no, 20% yes, others use the recommendation process.

Q14) Are employees who work safely recognized?

**Responses:**

70% yes with sort of gratuity, pin, certificate, lunches, or the plain old... “good job”

I learnt from this questionnaire that better communication has to be developed as there are too many areas that could use support. We need to connect with those members who then need to connect with us.

We need to promote our educational opportunities within Unifor: Introduction to Ergonomics, Stress: The workplace Hazard, Toxic Substances in the Workplace and many others available. The BC Fed offers on the West Coast a number of Health & Safety training events all over BC which could be an alternative if no Paid Education Leave program exists especially in the smaller units in communities around rural BC.

The Regional OH&S committees need input and support from others in the Health & Safety and Environment arena, I urge you to help us help you, and those units who are on top of their game around health and safety, it would be great to hear and share the battles won at the workplace.

Most people in Canada believe that asbestos is already banned. To the contrary, Canada has failed to meet the requirements of the ILO Convention 162 and we need to have a comprehensive asbestos strategy. Its high time Canada joined over 50 countries that have banned asbestos already.

Ban Asbestos Canada is an impressive very diverse broad based network of asbestos victims, families who have lost or are losing a loved one to asbestos, non-profit advocacy groups, public health organizations and experts, and labour and employer organizations.

Unifor is strongly in support and has a long history of working together with Ban Asbestos Canada to ensure a complete ban on asbestos in Canada and around the world. With evolving technology, there are safe and effective alternatives to asbestos so its use is no longer needed.

Delegates to Unifor Canadian Council (Parliament of our union) this August passed the following resolution:

**Ban Asbestos Resolution to Unifor Canadian Council**

WHEREAS: The International Labour Organization estimates that 100,000 workers die per year from cancer caused by asbestos and unknown tens of thousands of workers are dying from asbestosis and other asbestos related diseases, and

WHEREAS: Use of asbestos has declined in Canada, it is still found in our public places, homes and workplaces, and

WHEREAS: Thousands of workers continue to be exposed to asbestos, and
WHEREAS: Asbestosis is the fourth-most common occupational disease compensation claim in Canada, and
WHEREAS: Canada is the only G7 country that has not agreed to (as a minimum) include chrysotile asbestos on a restricted list of chemicals that forces exporters of asbestos to warn recipient countries of any health hazards.

THEREFORE BE IT RESOLVED: That Unifor call on the Canadian government to join the growing international movement to ban the use and trade of asbestos products in all forms, develop a comprehensive national asbestos strategy and ultimately work toward the safe removal and disposal of asbestos from our public places, homes and workplaces, and

BE IT FINALLY RESOLVED: That Unifor works to ensure all asbestos in Unifor workplaces be removed and replaced with safe substitutes.

Canadian asbestos strategy

Our strategy would ensure that we maximize protection from the large quantities of asbestos remaining in our workplaces, public buildings and home environments; provide the best possible medical care to people who are diagnosed with an asbestos-related disease; and, support affected communities and industries in the transition to elimination of asbestos.

Key elements of our asbestos strategy would be:

- A ban on mining, fabrication, importation and use of asbestos and asbestos products. Including development of time limited transition plans for elimination of any current asbestos products such as brake pads and asbestos cement pipe.
- Develop a public registry of all buildings and other current exposure locations, accompanied by a plan for remediation and removal of the asbestos from those locations.
- Develop a registry of Canadians exposed to asbestos and their health status, to support screening and early medical intervention to minimize health impacts.
- Support as asbestos disease health network, to ensure the best possible research and innovation in health care.
- Implement a compensation fund to ensure compensation to asbestos disease victims where an occupational link cannot be established.
- Support Canadian research and innovation on alternatives to asbestos and provide this technology to countries around the world that have not yet banned asbestos.
- Support international efforts for a global ban on asbestos, starting with active support for the listing of chrysotile asbestos under the Rotterdam Convention.
- Enshrine Canada’s asbestos strategy in law, including annual reporting on progress

How can you help?

Getting informed is the first step. Visit Ban Asbestos Canada website http://banasbestoscanada.ca/

Then you can:

- talk about it with your family, your friends and your coworkers
- spread the word via social media
- work to ensure all asbestos in your workplace be removed and replaced with safe substitutes.
- Contact your local MP

We must not allow asbestos exposure to continue. No one should have to work with asbestos because the only safe workplace is an asbestos free workplace.
A war room is being set up for use by advocates with compensation claims in an Ontario workplace cancer cluster.

Many local unions and activists are often challenged by large scale disasters affecting our members' lives and livelihood. Whether a catastrophic event, like Lac Magantic or the gradual but growing occupational diseases hitting the membership, the need for comprehensive information is crucial in the fight for workplace justice. This continual growth in occupational disease in workplaces and communities leads to a massive burden of illnesses and hardship. Witness the horrific toll in Sarnia, Ontario. In just two facilities, Holmes Foundry and the Owen Corning Fiberglass plant, nearly 50 million dollars in compensation have been paid out to sick workers or their estates.

Years of government neglect and perverse workers' compensation board incentives, such as experience rating throughout Canada, have contributed to the growth in occupational injury and disease. When faced with the challenges for just compensation in many of these situations, a comprehensive clearing house for data, both soft and hard, is an invaluable tool. The clearing house is often referred to as a war room. While the term war room may be hyperbolic it does reflect the fact that activists are engaged in a struggle. A struggle of working people seeking justice against the entrenched economic interests of the wealthy and their government allies.

In worker compensation boards throughout Canada it is difficult to get economic justice for sick and injured workers if the disease is not in a “scheduled” or “presumptive” category. To get the information needed to have any chance of success activists need to develop an information clearing house where comprehensive information can be compiled and strategically organized and made accessible to activists as they defend injured workers for just compensation. This information clearing house or war room is crucial in this struggle. The clearing house will be an invaluable exercise, and in the end, an invaluable resource for local unions and activist when confronting many complex disease patterns and non-scheduled workers’ compensation cases.

The clearing house is a physical, visual and data picture of the workplace stored in one place. In many cases you will need to build a multifactorial information base that can take into account:

- Workers having multiple jobs/tasks during their work career.
- Workers have multiple exposures to toxic agents and psychological events during work, and
- Workplaces change and evolve over time with respect to the various jobs, tasks and exposures workers experience during their employment.

While workers compensation boards across the country have drifted towards a private insurance company model for processing occupational disease claims over the last decade, the scientific community has much more appreciation for complex multiple causation. Unfortunately, compensation boards have little to no appreciation for the fact that workers are exposed to a complex array of toxic chemicals and agents that may have complimentary, additive and synergistic effects on the human body.

Where to start? The concept is to gather various pieces of information and put them in one place, or war room. This includes the results of various mapping exercises with the membership, such as body and workplace exposure mapping. This forms the basis of a retrospective exposure profile of the workers' work experience and includes both hard and soft data.

The map should be of the whole facility, rather than just individual buildings, departments, and work areas. It is important to include areas such as washroom facilities, lunch and break areas (rooms), and common joint use areas such as where and how workers exit the facility. By using a map technique it allows the investigators an overall visual representation of work, activities and exposures. It also allows the investigators a comprehensive look at sub-regions of a facility, such as departments and work areas. The
mapping exercise hopefully will give you a comprehensive view and a specific task view. This allows for a better understanding of all the toxic agents/environments that a worker faced throughout their career.

What kind of information? It is important to utilize workers experience and recollections in the data gathering. This includes as mentioned above, body, exposure and task mapping. Also individual interviews with workers are used to supplement and narrow down information gleaned from group activities. The workers will be able to give a comprehensive picture of the work process, chemical/agents used, the presence or absence of exposure controls and the overall conditions of work in the plant. This needs to include periods of exposure excursions, upsets, chemical spills, leaks, releases both accidental and intentional, and fires and explosions.

Other data to be collected is the complete file from the various occupational health and safety agencies such as the legislative bodies and compensation board in your jurisdiction that have exposure data. Company data should also be compiled and kept in a separate data file (at the end of the day, you want to check for any trends when comparing company and government exposure data). Any other source of data such as environmental data reported to or collected by various government agencies will also be important to review. Lastly, there should be a file for scientific literature dealing with similar situations in other facilities. This involves building your workplace files and then searching and reviewing the occupational health literature. Where there is little occupational health exposure data, the literature on public and environmental health data may be useful. In many situations you may, for example, find that there were large amounts of solvents used but not a lot of exposure data. However, in the absence of actual exposure data, information provided by workers and inspectors about work conditions as well as health symptoms reported will provide confirmation that workers were being overexposed.

The data then needs to be broken down to buildings files, department files, and worker task files. For example in one department at the GE –Peterborough facility there are sub-work task separated spatially (not necessarily physically). Put your data in chronological order by source. At this time you need to keep your source separate for inputting into your “virtual” data base. The virtual data base may be a simple written chart or using a spread sheet program. The virtual data base should separate sampling data from company sampled data and government agencies data. The data base should also contain important observations made by government inspectors.

Look for exposure zones. As an example, the plant mentioned at the beginning of this article, identifies Buildings/Departments and tasks. To someone reading a report, it would appear the buildings are separate, when in fact; they are next to one another many not separated to any real extent by walls. Thus, workers listed as working in separate buildings may be exposed to a chemical generated in an adjacent building. It is also important to note pathways to lunchrooms, washrooms etc. as they may also show possible exposures during normal travel through the plant. A single exposure dot on a map would not indicate these exposures while an exposure zone on the map would better indicate a workers overall exposures.

When you believe that your investigation has built enough information to inform the investigators then the compiled data should be reviewed again by the workers for quality control. Quality control is an important step for building an accurate picture of exposure, and also ensuring participation of the membership.

Building an information clearing house is a big project, but when dealing with multiple claims and the resistance of WCBs’ to recognize the workplace as a cause/contributor of disease and illness it is worth the effort. These efforts also have a payoff for prevention. This kind of documentation connecting workplace disease with the various exposures forms a sound basis for demanding government and industry eliminate and reduce these exposures and hopefully bring justice and closure for the injured worker and their family.
A new app has been released that delivers a basic ergonomic assessment right on your smartphone. It runs you through a series of diagrams and questions to pinpoint musculoskeletal pain, identify possible sources, and discover practical solutions to address work-related hazards that could be contributing to your discomfort. While not a replacement for a professional ergonomic assessment, this app is a first step to help you recognize the signs of musculoskeletal disorders and take action for prevention.

The app is the result of a collaboration combining clinical expertise and ergonomic content from the Occupational Health Clinics for Ontario Workers (OHCOW) with the technological knowledge and communication skills of the Canadian Centre for Occupational Health and Safety (CCOHS).

You can download the app from Google Play, the Apple App store, and BlackBerry World.

http://www.ohcow.on.ca/painpoint

The Canadian Center for Policy Alternatives published the report “Waiting to Happen” which focuses on occupational health and safety in federally-regulated workplaces. This study finds that federal underfunding and understaffing of safety inspectors are putting employees in federally regulated workplaces sector in harm’s way. The study examines occupational health and safety developments between 2007 and 2012 in sectors under federal jurisdiction, including banking, communications, broadcasting, postal services, road, air, rail and water transport, as well as the federal government.

The study found 21,000 disabling injuries in the federal sector over 12 years and 684 employees died as a result of workplace injuries. John Anderson, Author said these rates are high considering that 60 per cent of the employees are office workers.

The government used to have a proactive strategy of regularly visiting all sectors with some priority, with high-risk industries inspected more often. The department is now relying on a system of inspecting high-risk priorities and conducting blitzes targeted by year and region.

Over the next three years, the priority will be air and road transportation and feed, flour and seed industries. Regions are being targeted over the same period based on rates of disabling injuries and deaths.

The report said this means workplaces employing 460,000 workers — nearly 40 per cent of those in the federal sector — that are not on those priority lists won’t be visited by inspectors. That includes businesses on First Nations reserves, banking, broadcasting, communications, energy and mining, pipelines and the postal services.

https://www.policyalternatives.ca/waiting-happen
2015 UPCOMING EVENTS

PEL Courses — Unifor Education Centre, Port Elgin, Ontario

- Health and Safety: November 22-27, 2015
- Time Study: November 22-27, 2015
- Stress: The Workplace Hazard: November 20-December 4
- Health and Safety: December 6-11, 2015
- Introduction to Ergonomics: December 6-11, 2015

All courses are subject to change without notice, for an up-to-date list of H&S Education Courses please visit the Education Department website at http://www.unifor.org/en/member-services/education/schedule/2015-03-06 or contact the Unifor Family Education Centre directly at 1-800-265-3735 or confcentre@unifor.org

Ontario Workers’ Compensation Conference
November 13-15, 2015
Family Education Centre, Port Elgin, Ontario

Ontario Regional Council
December 4-5, 2015
Sheraton Centre Hotel Toronto

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