



# Health & Safety Matters



January 2010

## H1N1: To vaccinate or not

There is a huge growing concern over the issue of immunization against the H1N1 virus from CUPE members across the country for the obvious reason of the services we provide to our communities and contact we have with the population at large. Every day there is new information and it really clouds our decision-making process because it changes from one day to another.

West Nile has taken a back seat and it will only be a matter of time that H1N1 joins it and something else comes along to take over the wheel as everyone seems to be in Pandemic preparation mode.

Whatever happened to our strong immune systems? Is it true we have weakened them over the years stuffing medicines in our bodies to do the fighting for us? I am not qualified to talk about drugs because my name isn't followed by a bunch of letters but I do know when I feel confused and struggle with mixed messages.

Just flick on the TV for an hour and you will realize we have a drug for everything, but our younger generation is told "not all bugs need drugs". What is going to become of our pharmaceutical companies? Who is going to run this world if none of us rely on drugs?

Of course this is said with tongue in cheek, and there is huge debate over the vaccine for the H1N1 virus, we may not all be doctors and understand the medical world but we can make our own choices, as long as we understand the argument and know where to find resources so that we can make an educated decision whether to be immunized or not.

Here is some information that I have gathered from various news articles on the net. Take it for what is worth, if it makes you want to ask more questions or drives you to do more research, great.

The Federal Government has ordered 50.4 million doses of the vaccine – enough for every Canadian who wants it – as part of a \$400 million contract with GlaxoSmithKline. Not a bad contract, eh?

Concerns are over the decision to use an "adjuvant" which is a chemical booster to allow for more production. This is nothing really new to us but what is concerning to a lot of people is the type of adjuvant that is used. Canada has always used the adjuvant aluminum salt; this compound has produced very few complications in its 70 year history. However some fear that GlaxoSmithKline will add the

newer fat-based adjuvant, squalene, to the serum. The main reasoning for this concern is that squalene was present in the Anthrax vaccine given to the soldiers in the Gulf War which produced multiple symptoms from memory problems to chronic illness.

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## Members at CUPE National Convention pass resolution on OH&S training

Resolution 185 – the only OH&S resolution brought forward at the 2009 CUPE National convention held in Montreal Oct 5-9 hit the floor on the last day of Convention and was endorsed.

CUPE National will: Provide access to training for local union executive members on the importance of properly functioning local health and safety committees. BECAUSE:

- ◆ Occupational health and safety has to be a priority for all levels of CUPE; and
- ◆ Daily hazards in the workplace are overlooked; and
- ◆ Many local union health and safety committees are not functioning; and
- ◆ Some committees are pro-employer and do not give support to committee members carrying out their health and safety duties. ■

Submitted by Marlene Kantz  
President, Okanagan Mainline  
District Council  
**CUPE BC OH&S Committee**

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**Contact: Marlene Kantz**  
[markan@shaw.ca](mailto:markan@shaw.ca)/250-809-4148

# We need to hear from you: Do the survey!



## Last chance to do the OH&S Survey

Despite WorkSafe BC legislation enacted in 1993 to address Violence in the Workplace, the incidents of violence, bullying and harassment continue to plague all sectors of our workplaces across British Columbia.

The CUPE BC Occupational Health & Safety Committee has heard overwhelming concerns from members across B.C. – about their struggles to deal with issues such as unsafe working conditions, violence in the workplace, working alone, and risk to young workers.

In order to look at ways of addressing the issue our Committee, along with staff at the Regional Office, developed a Violence, Bullying and Harassment survey.

Because many workplace committees are struggling to get their voices heard in the workplace, it's important that all locals and sectors participate in this survey.

The survey was launched at the CUPE BC Division Convention in Victoria in April 2009. It covers a wide range of safety issues.

The easiest way to complete this survey is on-line. It's quick, easy and confidential. Simply log onto the CUPE BC website at [www.cupe.bc.ca](http://www.cupe.bc.ca) and go to the OH&S Committee Page under Committees. Click on the canary icon on the left of the home page.

If you prefer, you can also print out a pdf of the survey. If you choose this option, please mail your completed survey to:

Vanessa Wolff  
National OH&S Representative  
Canadian Union of Public Employees  
Suite 500, 4940 Canada Way  
Burnaby, B.C. V5G 4T3 or

Fax to: 604-291-6248  
Attention: Vanessa Wolff.

We ask that you make members aware of this survey at your next Local or District Council meeting. All members are urged to fill out and submit the survey that will take approximately 5 minutes to complete.

We are aiming for January 31, 2010 to compile survey results, so please help us to help you and send in our completed survey. Remember, an injury to one is an injury to all. We need your input so we can gather resources and develop strategic action plans to keep our workplaces free of violence.

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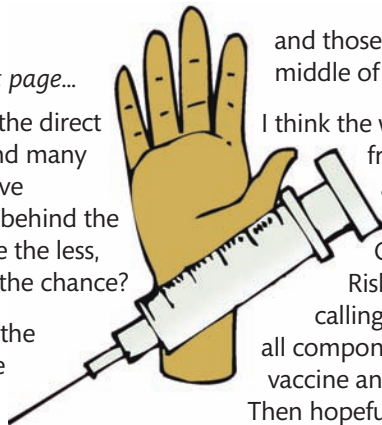
Submitted by Marlene Kantz  
CUPE Local 608  
**CUPE BC OH&S Committee**

## H1N1

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They cannot prove the direct link to the serum and many health experts believe contamination was behind the syndrome. But none the less, who wants to take the chance?

Another concern is the vaccine preservative "thimerosal" which contains high levels of Mercury or Formaldehyde. The World Health Organization said experts reviewed the safety of adjuvant in June and identified "no significant safety concerns". I don't mean to be cynical but don't forget a \$400 million dollar contract is riding on this,



and those chosen words are so middle of the road.

I think the whole problem stems from the lack of knowledge and or information.

Groups such as Canadian-based Vaccine Risk Awareness Network are calling on Health Canada to list all components of the H1N1 vaccine and possible risks of each. Then hopefully we may have the information need to make up our own minds whether we want it or not.

This information is to encourage you to ask questions and source out answers. We all are responsible to make our own decisions on what we want floating around in our bodies. I

just hope I was able to inoculate you as you make this difficult and important decision.

For up to date information visit Health Canadas website at <http://www.hc-sc.gc.ca/> or go directly to [www.fightflu.ca](http://www.fightflu.ca) so you can keep yourself up to speed with what is happening regarding this stream of influenza.

I myself am going to sit on my deck and enjoy the sun...oh right, I shouldn't do that either.

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Submitted by Barry Jones  
CUPE Local 116  
**CUPE BC OH&S Committee**

# Joint OH&S committee kit ready

## Did you know?

The *Start-Up Kit for New Members to a Joint Health and Safety Committee* has been updated. The kits are available from Vanessa Wolff at the Regional Office in Burnaby. Following are excerpts from the information in the Start Up Kit.

In B.C. the Workers Compensation Act states in Part 3 Division 4 that "An employer must establish and maintain a joint health and safety committee in each workplace where 20 or more workers of the employer are regularly employed".

If your workplace has more than 9 workers and less than 20 workers, a worker health and safety representative is required. The representative must be selected from among workers who do not exercise managerial functions at the workplace. The worker representative has the same duties and functions as a joint committee.

A joint health and safety committee for a workplace must have at least four members, must consist of worker representatives and employer representatives, of which at least half of the members must be worker representatives, and it must have two co-chairs, one selected by worker representatives, and the other selected by employer representatives.

A joint health and safety committee must meet regularly at least once each month, unless another schedule

is permitted or required by regulation or order.

A member of a joint health and safety committee is entitled to time off work in order to attend meetings of the committee and other time that is reasonably necessary to prepare for meetings of the committee and to fulfill the other functions and duties of the committee.

Each member of a joint health and safety committee is entitled to an annual educational leave totalling 8 hours, for the purposes of attending occupational health and safety training courses conducted by or approved by WorkSafe BC.

One of the 10 duties and functions required of the joint committee is to ensure that accident investigations and regular inspections of the workplace are carried out as required by the regulations.

The employer must respond to committee recommendations within 21 days if the committee sends a written recommendation to an employer with a written request for a response.

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

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Submitted by Susan Zander  
Chair, **CUPE BC OH&S Committee**

## Health & Safety Contract Language

All CUPE workers are entitled to work in a health and safe environment, yet every year work-related injuries and diseases cause nearly 1,000 deaths in Canada.

We can help prevent this by putting strong Health and Safety language in our collective agreement.

**Prevention** – how to protect yourself, what to do in the event of an accident, and hazardous substance.

**Employees** – rights, duties and the complaint resolution process.

**Employers** – responsibilities, supervision and training, and health and safety committees.

**Compliance policy** – measures to ensure that employers and employees fulfill their duties, defines the role of health and safety officers, the appeals process and the interpretation of the health and safety regulations and programs.

Please make sure you have strong health and safety language in your contract.

To find good health and safety language please contact your CUPE National rep or a member of CUPE's Occupational Health and Safety Committee.

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Submitted by Reynold Sokolik  
CUPE 716  
**CUPE BC OH&S Committee**

## Networking: What format works best for you?

There are hundreds of social networking websites online today. Social networking is more than just Facebook, MySpace, Blogger, YouTube, Twitter and Friendster. Certainly, in the consumer realm, those are the best-known applications. But in the union environment, social networking can take on a different form and might be labelled as something else, but it is definitely a tool that we can use to reach members. The popularity of social networking sites has skyrocketed in recent years and isn't expected to diminish in popularity. Social networking allows people to connect with others worldwide in the privacy of one's home; it's usually free and instantaneous.

Social networking allows people to stay in touch with contacts, keep current on issues and campaigns and establish liaisons.

Like it or not, social networking websites are here to stay! In keeping with the times, our Committee is working with CUPE BC to find the best suitable format our newsletter should take in order to reach members. To note, all past issues of our newsletter can be downloaded from the [www.cupe.bc.ca](http://www.cupe.bc.ca) website. Go under News then down to Publications to find past issues of this newsletter.

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Submitted by Marlene Kantz, **CUPE BC OH&S Committee**

# Cancer Society report chronicles expanding difference in level of drug coverage

A new report from the Canadian Cancer Society (CCS) could have Tommy Douglas rolling over in his grave. Ever-expanding differences in the levels of drug coverage are subverting the Canadian medicare system, says the biting new report.

The director of public issues at the CCS, said in an interview with the *Globe and Mail*, "What we're seeing is the erosion of universal health care." "The last thing you need as a cancer patient is to worry about your drug costs."

The *Cancer Drug Access for Canadians* is a 39-page report, which sheds some light on the devastating statistics. Last year \$1.1 Billion dollars was spent on drugs for the treatment of cancer. One in twelve Canadians have catastrophic drug costs, or 3 percent of the net income of their households.

A retired PEI school bus driver, Joan Gaudet, along with her community supporters lobbied the provincial government to change the rules about her particular drug, Sutent. Ms. Gaudet's prescription was almost \$7500 per month. Her family managed to pay for the expense three times, but on the fourth, the drug only cost her \$30. PEI's government conceded the need and changed their plan. However, if she had not been a senior, she would not have had the drug costs paid.

The Canadian Cancer Society is demanding the government create a national catastrophic drug plan, meaning once your drug costs exceed a set threshold, the coverage kicks in. The Gaudet family calls for equality for all Canadians in this regard.

A symposium on access to cancer drugs was scheduled for Ottawa, September 15th. The CCS is calling on the government to create a national plan, considering 8 provinces have some type of catastrophic drug plan already. It is noted that there are significant differences in those as well.

The Cancer Society called upon territorial and provincial ministers of health to put this at the head of their agendas when they meet in Winnipeg mid-September.

British Columbia, Alberta, Saskatchewan, Nunavut and the NWT all have plans that cover cancer drugs 100%.

There are still however, plenty of needs, services, and prescription medications that are not currently covered by medical plans, and any family having to deal with cancerous or pre-cancerous diagnoses in their

lives will suffer financially as well as emotionally and psychologically, from the ordeal.

With looming threats to health care, and cancer rates such as they are, these are benefits we must not lose, should continue lobbying for, and should watch over vigilantly. That's what Tommy Douglas meant by access for all.

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Submitted by Beverley McKeen  
CUPE Local 606, Co-chair  
**CUPE BC OH&S Committee**

## CHEMICAL SENSITIVITIES

*Excerpted from Chemical Sensitivities Fact Sheet*

More and more CUPE members are being diagnosed with chemical sensitivities.

### What is a chemical sensitivity?

The standard terminology for this condition is Multiple Chemical Sensitivity ("MCS"). It is a medical condition that is caused by exposure to low levels of chemicals. Sensitivities range from an intolerance to fragrances used in soaps and perfumes, to severe allergic reactions to common work place products. Substances include pesticides, synthetic fabrics, scented products, petroleum products, paints and smoke. There are many other products as well.

Six factors have been identified for the diagnosis of MCS. These are:

1. Symptoms are reproducible with repeated exposures.
2. The condition persists for a significant period of time.
3. Low levels of exposure (lower than previously or commonly tolerated) result in increased sensitivity.
4. The symptoms improve or resolve completely when the triggering chemicals are removed.

5. Responses often occur to multiple chemically unrelated substances.
6. Symptoms involve multiple-organ symptoms (runny nose, itchy eyes, headache, scratchy throat, ear ache, scalp pain, mental confusion or sleepiness, palpitations of the heart, upset stomach, nausea and/or diarrhea, abdominal cramping, aching joints).

### If you have a member who has MCS, is there a duty to accommodate?

Recent Court decisions have reaffirmed that the employer and employees both have responsibilities and obligations in the duty to accommodate process. (*See Fact Sheet for legal details.*) It is important to contact your National Representative to ensure that members get advice based on the most current theory and philosophy of law – and CUPE policy – in accordance with your applicable collective agreement and past practices.

Find the **Chemical Sensitivities Fact Sheet** on our CUPE BC web site under the News menu bar in "Publications."

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Submitted by Tom McKenna  
CUPE National Representative  
**CUPE BC OH&S Committee**