



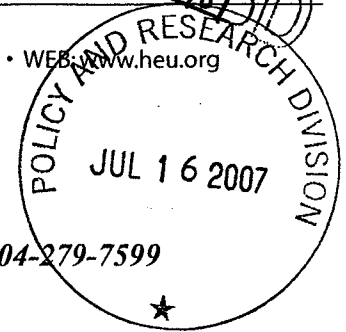
## HOSPITAL EMPLOYEES' UNION

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July 12, 2007

Workers' Compensation Board of BC  
Policy and Regulation Division  
P.O.Box 5350 Station Terminal  
Vancouver, B.C. V6B 5L5

By Fax: 604-279-7599



Dear Regulation Review Division:

***Re: Support for BC Federation of Labour Submission***

HEU represents **40,000** workers who work in various occupations in the healthcare industry in B.C., in the Facility, Community and Social Service sectors.

We are writing to you to express our support of the B.C. Federation of Labour's submission on the current proposed changes to the OH&S Regulation. Particularly, the work of the Federation and with the labour community to ensure strengthening on the requirement on working alone for workers in the retail industry.

We would also like to reiterate that preventing incidents of violence (with the increase of the acuity and disorientation of elderly people in the healthcare system) and working alone (with the resource cutbacks in the healthcare system) make current and proposed amendments to the OH&S Regulation and its enforcement, very critical to workers.

We urge the Board of Directors to implement the recommendations as outlined in the Federation submission. We are pleased that the WCB is moving in the direction of providing workers with greater protection. Implementing the Federations' recommendations as well as enforcing the regulations will ensure that more workers will return home safe and healthy at the end of the day.

Yours truly,

Zorica Bosancic  
Assistant Secretary-Business Manager

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**SUBMISSION BY  
HOSPITAL EMPLOYEES' UNION**

**TO WORKSAFEBC  
(Workers' Compensation Board)**

**Proposed Amendments  
To The Occupational Health And  
Safety Regulation**

Relating to:

Part 5: Chemical and Biological  
Substances

Part 6: Infectious Agent and  
Infectious Materials

Policy and Research Division  
[Regquery@worksafebc.com](mailto:Regquery@worksafebc.com)

**On July 13, 2007**

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## Submission by Hospital Employees' Union

The Hospital Employees' Union is the largest health care union in British Columbia representing workers in hundreds of occupations in acute care, community and social services sectors. And as health care services division of Canadian union of Public Employees (CUPE), we are part of the largest union in Canada.

We are focusing our written submission on the proposed regulation amendments to Part 5: Chemical and Biological Substances and Part 6: Infectious Agents and Infectious Materials.

First we would like to express HEU's support for the presentation and submission of BC Federation of Labour on all areas of the proposed changes due this July 2007.

Particularly, regulation changes at gas stations for 24 hour pay before you pump, which could prevent another death – day or night - and the specific measures for the doors to be locked between the hours of 10:00 pm to 6:00 am or provide workers with bullet-proof physical barrier or have two people on duty during the late night shift.

Many health care workers work alone on the night shifts between 11:00 pm – 7:00 am with inadequate checking mechanism. In such similar instances, having two people during night shift will minimize injuries and trauma from incidents of violence.

However, if work can be adequately completed by one staff, the Employers are generally reluctant to have two staff on account of health and safety concerns. We need similar application of the regulation - two people on duty during late night shift - for health care workers.

### **Part 5: Chemical And Biological Substances** **Part 6: Infectious Agents and Infectious Materials**

The proposed definition for “adverse health effect” in Part 5.1 of the Regulation is “means an acute or chronic injury, acute or chronic disease, or death;”, and the proposed definition for “infectious agent” in Part 6.33 is “means a prion, virus, bacterium, fungus or other biological agent that is determined by the World Health Organization

## Submission by Hospital Employees' Union

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or Health Canada to have the potential of an adverse health effect as defined in section 5.1;”.

In the explanatory note for these definitions in the document for review explains that “based on feedback from stakeholders, a definition has been added for “adverse health effect” to emphasize that biological agent, including an infection agent or material or toxin of biological origin is within scope *only when they are capable of causing adverse health effect.*” (emphasis added).

Further, it says “This would exclude, for example, the common cold, seasonal flu or a pollen-induced asthma-like condition commonly experienced by the general public during the growing season.”

We would like to express our concern that when these definitions are taken in combination, they may limit the requirement for an exposure control plan.

The combination of infectious agents and adverse health effect will render the application of “adverse health effects” to such a narrow parameter making it useless for any potential adverse health effects; which is, to our understanding infectious agents and infectious materials causing infectious diseases that affect *the health* of workers.

As an example: many health care workers have raised concerns of the presence of molds and fungi in the workplaces where no precautionary measures are taken. Even when workers experience respiratory problems, it is always contributed to other environmental exposures, not exposures at work.

How would applying the proposed definitions empower workers to ensure that preventative measures are taken by the Employer?

With these proposed regulatory changes, sections of Part 6 such as: Risk Identification and Controls - housekeeping practices, contaminated laundry, education and training - are now incorporated into the Exposure Control Plan.

It is therefore critical to make the changes to reflect the actual intent of the proposed changes to the regulation.

**Submission by Hospital Employees' Union**

Finally, we would like to commend the Board on changes to include the requirement for the highest level of protection from a needlestick injury or a needleless-device is used in place of hollow-bore needle.

We hope that the Board will make clarification on the concerns we expressed in this submission.