

# **MULTIPLE CHEMICAL SENSITIVITY**

## **AT WORK**

### **Guide for PSAC Members**

**June 2003**

**Disponible en français**

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## FOREWORD

*"Multiple Chemical Sensitivity" has become a union health and safety issue. The Public Service Alliance of Canada continues to fight for improved health and safety conditions for our members. Our union is taking a lead in having "multiple chemical sensitivity" recognized as a work-related illness. As well, we are working to have member benefit entitlements recognized.*

*Our sincere thanks go to Alliance members, Lorraine Diaper, Claudette E. Guibord and Maureen Mackenzie, who gave us the incentive to develop this guide and provided comments and suggestions for this publication.*

*The advice and assistance provided by Marie Laurin, Ex-President of AGES, was also helpful and very much appreciated.*

## INTRODUCTION

Persons with Multiple Chemical Sensitivity (MCS) are afflicted by a condition that affects their physical health as well as their professional, psychological, social and family lives. It is a disorder that is not well understood or recognized by many medical practitioners. The consequences for sufferers of Multiple Chemical Sensitivity are two fold:

- on one hand, they experience difficulty in obtaining social recognition and support from family, friends and co-workers; on the other,
- the condition is not recognized by the various social and financial programs resulting in a serious financial burden for MCS sufferers.

The Public Service Alliance of Canada is taking the lead by giving persons with MCS union recognition. **The Alliance believes that the medical profession's inability to come up with a conclusive diagnostic test for MCS cannot be considered as proof that the illness does not exist.** We see once healthy members becoming sicker and sicker, developing MCS after being exposed to hazardous substances in their workplaces. Workers affected by this illness should not be held hostage to medical debate. They are victims of work related exposures and should be recognized as injured at work. They should be eligible for social and financial benefits.

**MCS is a union health and safety issue.** We must be involved for the benefit of the victims as well as for the benefit of all workers. We must work towards the recognition of MCS as an occupational disease. As long as there are conflicting views defining MCS either as a psychiatric problem or a condition affecting "more sensitive" and "unprotectable" individuals, the fact that many more workers are continuing to be affected by hazardous work environments may never be forced into the open.

The Alliance chose MCS as one of two topics for its 1993 National Health and Safety Conference. It was the first time a Canadian union held a conference on the issue. During the Conference, participants received information on the illness itself, the causes and preventive measures, as well as on the pitfalls which sufferers encounter while trying to obtain benefits or accommodation in the workplace. Speakers included members of the Alliance from MCS, a medical researcher, an engineer, a biologist, benefit experts, lawyers, and leaders of our Union.

During the workshops, participants indicated that the Conference had increased their awareness and understanding of the issue. They shared information and discussed strategies on how to prevent hazardous substances in the workplace from claiming more victims. They also clearly stated the need for guidance on helping their sisters and brothers with MCS. This booklet has been produced by the Health and Safety Section of the Alliance in response to that request.

The support and information that the PSAC officers, members of the Health and Safety

Committees and staff can provide to MCS sufferers must not be underestimated. We hope this booklet will make it easier for you to provide or obtain assistance.

If you have comments or suggestions on the booklet, names of experts, information or experiences you would like to share, please do not hesitate to call 613.564.4200, fax 613.236.9402, or write the Programs Section, Health and Safety Program, Public Service Alliance of Canada, 233 Gilmour Street, Ottawa, Ontario K2P 0P1.

## MEDICAL ASPECTS

**MULTIPLE CHEMICAL SENSITIVITY (MCS)** is a disorder that is acquired through exposure to chemicals such as solvents and pesticides or biological contaminants such as mold. It can be the result of long term exposure to low levels of hazardous substances such as daily exposure to poor indoor air quality. It can also be due to chronic, low level exposure, such as a move into a brand new office with significant emissions of volatile organic compounds from the building materials, furniture and carpets. Finally it can result from a single overwhelming exposure such as a chemical spill.

**WHAT IS SPECIAL ABOUT MCS?** Workers who do not feel well at work but feel better soon after they have left their workplace, know that hazardous substances constitute a serious health hazard, even at employers' so-called "safe levels". What is particular to persons with MCS is that they reach a point where leaving the workplace no longer makes them feel better. They become **sensitive** to all sorts of unrelated substances (e.g. perfumes, cleaning compounds, tobacco smoke, etc.) that trigger their body's reactions to doses below those which normally cause harmful effects in the general population.

**IT'S NOT JUST IN YOUR HEAD** — Some persons with MCS tend to be characterized as depressed, anxious or preoccupied with illness and isolated from others, when evaluated in clinical interviews. Psychological or psychiatric conditions have been linked as contributing factors to the onset of the illness. Actually, if illnesses such as lupus, multiple sclerosis or carbon disulphide poisoning were studied only by psychologic tests and psychiatric interviews, they also would likely be considered psychogenic. The only reason they are not considered as such is that researchers have found a diagnosis for them. This is not the case for MCS.

Physicians who believe that MCS is caused by exposure to hazardous substances explain that psychological symptoms in persons with MCS are a natural consequence of suffering from any severely disabling condition. **Actually, the fact that medical practitioners have difficulty recognizing and treating MCS, further adds to the stress experienced by these workers, who often lack support and understanding from their family, co-workers and friends.** Moreover, some physicians argue that chemical exposures may be a direct cause of some of the behavioral manifestations exhibited by these individuals.

**WHAT ARE THE SYMPTOMS?** MCS is characterized by symptoms affecting multiple organs, most of the time involving the central nervous system. Because they cannot yet be linked to specific physiological damage, they are often described as "subjective", in other words not based on objective criteria but influenced by personal interests. The symptoms can be numerous and vary from one individual to another. They can be of a minor nature, or sometimes prove to be serious enough to prevent some individuals from leading a normal life, including work. Following is a list of symptoms that have been reported by a group of people affected by MCS.

**Symptoms Constituting the History of Environmental Illness in 90 Patients**

<p><b>Nonspecific</b>  Headache  Fatigue, malaise  Insomnia  Weakness  Weight change  Memory loss  Dark circles under eyes</p>	<p><b>Neuromuscular</b>  Numbness  Poor coordination  Dizziness  Lack of concentration  Tremor  Visual Disturbance  Syncope  Muscle spasms  Aching</p>
<p><b>Cutaneous</b>  Rash  Facial swelling  Burning  Eczema  Pruritis</p>	<p><b>Cardiovascular</b>  Chest pain  Tachycardia  Hypertension  Edema</p>
<p><b>Respiratory</b>  Cough  Hoarseness  Recurrent otitis  Rhinitis  Recurrent respiratory infection  Aphonia  Asthma</p>	<p><b>Gastrointestinal</b>  Oesophageal spasm  Hepatitis, jaundice  Change in appetite  Constipation  Nausea, vomiting  Abdominal pain  Anorexia</p>
<p><b>Psychologic</b>  Depression  Anger  Fright, panic  Confusion  Anxiety, agitation  Hyperventilation  Claustrophobia</p>	<p><b>Mucosal</b>  Sore throat  Eye irritation  Photophobia</p> <p><b>Genito-urinary</b>  Impotence</p>

**DIAGNOSIS —** Exposure to a wide variety of substances can trigger a broad range of symptoms in MCS sufferers. For this reason, MCS does not correspond to the classic definition of an occupational disease which establishes a link between a specific disease and

a specific exposure, as is the case of asbestosis and asbestos exposure. A different approach must therefore be used to study the disease.

**There is not a single known symptom or definite test which allows the identification of an MCS diagnosis. The only sure element a physician can rely on is the person's environmental and medical history, combined with routine laboratory tests, which are intended to exclude other diagnoses.**

Depending on the specialization of the physician consulted, persons with MCS may have to undergo different tests in order to medically document their case, identify the cause or causes and the physiological damage and symptoms, as well as to determine an appropriate treatment. These tests may include allergy tests, different blood tests, toxic chemical analysis, brain scan and so on. The tests are very expensive and should be covered by workers' compensation if the disease is proven to be work-related.

It is up to the MCS sufferers, in consultation with their physician, to decide which tests they should undergo and which treatment is the most helpful.

## **HOW YOUR UNION CAN HELP**

### **PREVENTION**

**MCS IS A PREVENTABLE ILLNESS. It is the result of the chemical load to which workers are exposed. The only way to stop the number of MCS victims from rising, is to force employers to clean up the workplaces. The Unions have been pressuring for the introduction of an Indoor Air Quality Legislation, which is essential to reach that goal.**

Through Health and Safety laws, workers have won the **right to participate** on Workplace Health and Safety Committees, as well as the **right to any information** pertaining to health and safety. Union locals can use those rights to promote and protect their members. Union Health and Safety Committees, consisting entirely of union members, can play an important role in informing and educating members about health and safety issues. They are also in the best position to carry out on-going programs to identify workplace hazards and issues that can be brought to the Workplace (Management and Union) Health and Safety Committees.

**The following are some actions that can be carried out at the local level, to achieve healthy and safe workplaces. Some may not apply to your local situation, but the overall approach outlines strategies which have proven successful:**

- 1. Become familiar with the workplaces of all the members of your Local, and**



**gather information about their respective workplace hazards.** Survey the members to find out which hazards they are aware of. Remember that unless there is an accident, one does not become sick overnight. Many chemicals have a latency period: some two weeks, others more than 16 years. During that time the body is continuously exposed to hazardous substances, it goes through a long process before experiencing difficulty in maintaining its balance. At this stage, non-specific symptoms appear that can be measured, if documented. If you work in a place where hazardous substances are being used or in a "sealed building" with poor indoor air quality, the *PSAC Workplace Daily Health Diary* may be a useful tool to document the effects of known and unknown hazards. Specifically for members working in a sealed building, the *PSAC Health Survey for Sick Building Syndrome* can also help assess the problem.

**Note:** Copies of the Diary can be obtained through the regional offices or the Health and Safety Section.

2. **Prepare an inventory of all chemicals and hazardous substances used, stored or found in each workplace.** Start a file on each one. The PSAC publication *Workplace Hazardous Material Information System* can help in preparing the inventory.
3. **Keep up to date on equipment, work processes and substances,** including new ones being brought in. Study each job for hazards. See *PSAC Manual on Job Hazard Analysis* and *PSAC Manual on Workplace Inspection*. If some members work in laboratories, see *PSAC Manual on Laboratory Ventilation*.
4. **Open a file on Indoor Air Quality (IAQ).** If some members are working in sealed buildings, refer to *PSAC Manual on Office Air Quality: Problems and Solutions* and *Indoor Air Quality in Office Buildings: A Technical Guide*, published by Health Canada. Understand the ventilation system of your building. Get a copy of the ventilation system maintenance program and get in touch with the building engineer and/or maintenance personnel. They can explain how the system works. Ask to see the maintenance logs.
5. **Remind members to report all incidents and accidents.** This is a legal requirement under most Canadian Health and Safety laws and Workers' Compensation laws, if there is an injury.
6. **Encourage all members to provide the Workplace Health and Safety Committees (WHSC) with information on hazards they become aware of.**
7. **Review workplace accident and occupational illness reports** for accuracy, trends and patterns.
8. **Make sure that all workers receive the appropriate training,** as required in Health and Safety laws concerning Workplace Hazardous Materials Information

System (WHMIS) requirements.

9. **Monitor programs, measures and procedures.** Consult with workers. They are in the best position to evaluate their success.
10. **Report all concerns to the Workplace Health and Safety Committees (WHSC). Present all your cases in writing and ensure they are recorded in the minutes of the meeting.** This will officially document the existence of your problems as well as the fact that the employer was made aware of them. If the employer does not correct the problems, accurate minutes can become valuable information for a government inspection, a grievance or other action which may be necessary down the road.
11. **Ensure that health and safety investigations are carried out with the participation of a union representative.** (See Appendix A)
12. **When a problem is not solved, use every available recourse.** Workers have the right to call in a Health and Safety Officer or Government Inspector if the law has been violated. Workers have the **right to refuse dangerous work**, if they believe that their work puts their own, or some other worker's health, in danger. Under some legislated policies, Government Inspectors will consider work refusals, based on a particular health condition, if the worker provides a medical certificate to support that his or her health is likely to be endangered. Workers have the right to file a grievance, if there has been a violation of a health and safety clause in the collective agreement.
13. **Co-ordinate Health and Safety problems which go beyond your local members.** When there are more than one employer in a workplace/building, unions should work together on common concerns. You may not have the same employer, but you are likely breathing the same air.

## **PRESSURE FOR A JOINT WORKPLACE POLICY DEALING WITH THE ISSUE OF MULTIPLE CHEMICAL SENSITIVITY**

Having a policy for environmentally sensitive people will alleviate confrontation with employers, when implementing prevention and accommodation measures. The following are some *general* provisions that should be included in the policy:

- A statement recognizing that exposure to workplace hazardous substances, including long-term exposure to low doses, can be responsible for the onset of environmental sensitivities or MCS.
- A clause outlining the employer's commitment to clean up the workplace. Depending on the workplace, this can range from the improvement of indoor air quality to the

elimination or substitution of hazardous substances.

**In addition, specific provisions of the policy should deal with the protection and accommodation of already sensitive workers.**

## **To protect all sensitive workers**

Some individuals are more sensitive to chemicals than others, and one of the goals of the policy should be to protect all workers from unnecessary chemical exposures that can intensify their sensitivity.

**To guarantee maximum protection, a policy for environmentally sensitive people should include a provision stating that all workers be notified in advance of building events or special cleaning schedules (type of work, with a list of products that will be used, including Material Safety Data Sheets), for procedures such as painting, pesticide applications or installation of new carpets. Workers who fear for their health should be allowed to reorganize their work schedule, so they will not be in the building if the area affected cannot be sealed and does not have a separate ventilation system. Accordingly, the ventilation system should be operating at maximum capacity for 24 hours/day while the remedial actions are being done and until all gases, fumes and dusts have been eliminated.**

## **To accommodate workers with MCS**

Workers with MCS often try to continue working, feeling that they have no option. At this point, they become more and more affected by repeated exposures, to the point of being disabled. **They want accommodation and remedial action, not litigation.** They want to remain productive. To ensure *accommodation* for those workers, the policy should include provisions that will allow persons with MCS to continue employment. Such provisions may include the following:

- providing MCS sufferers with a well-ventilated private office, preferably with ventilation separate from the rest of the building, free of pollutants, such as perfumes, pesticides, deodorizers, or exhaust fumes;
- the office should be furnished with the least toxic/allergenic building furnishings and supplies: furniture must be solid (wood, steel or glass), with no upholstery;
- the office should be supplied with a portable air cleaner with additional air filter (Hepa or Charcoal);
- the worker should have a say in the selection of cleaning supplies and products i.e.

no solvents etc; and

- the office should have solvent free paint on walls, contain no fleecy material, no carpet, no plants, no air fresheners.

Additionally, work options such as flexible time and flexible workplace could allow the individual to work when fewer co-workers are present, the building's ventilation system is operational and where the surroundings are less problematic. As a final step, and only when all others are not feasible, the option to work at home could be considered.

The policy should recognize the fact that the symptoms of MCS can be triggered after exposure to doses well below those established as causing harmful effects in the general population. Consequently, it should include the employer's commitment to recognize the right of a worker to refuse to work, if the work or workplace is dangerous to a worker's health, based on his or her sensitivity.

Some work areas are too toxic and hazardous to be suitable for an individual with MCS; some people are just too acutely sensitive to be accommodated in a specific workplace. Those experiencing more severe symptoms require immediate removal from triggering exposures, to minimize reactions and to avert permanent disability. These people should be reassigned to another workplace or assigned work that is safe and reasonably within their abilities to perform without any loss of salary.

## **To protect teleworkers with MCS**

When the dangers cannot be eliminated at the source, the work station cannot be adapted, the work cannot be modified, and there is no safe work or safe location for a worker with MCS, the last option may be working from home (teleworking) where the worker has better control of the environment.

The Alliance has produced a document on telework entitled *Go Home...and Stay There*. A Policy on Telework has also been adopted at the 1994 Triennial Convention. Those two documents identify the issues related to teleworkers. A workplace policy for persons with MCS or environmental sensitivity should take into consideration the fact that MCS sufferers might have to opt for full-time or part-time homeworking, for an indeterminate time period. Some arrangements should then be made to ensure that these teleworkers are not completely isolated from co-workers or union activities. The policy should also include a provision granting MCS-teleworkers accommodation preference for available jobs in a workplace healthy and safe for them, provided the job is reasonably within their abilities to perform.

**Under no circumstances should telework be used by employers to accommodate MCS victims to avoid cleaning or modifying workplaces.**

To ensure that workers with MCS are not excluded from the workplace in this way, a provision should be included in the policy stating that teleworkers with MCS shall have an office guaranteed to them when the time comes that, with the agreement of their physician, they can be reintegrated into the workplace. This provision should also include the employer's duty to make the necessary modifications to ensure reintegration into the workplace.

## **ACTION CHECKLIST: WHEN A MEMBER WITH MCS SEEKS ADVICE**

Workers with MCS will need help from their Union. They may suffer from mild symptoms and need help to remain in the workforce, or they may have reached the point where their condition is so debilitating that they require financial support.

### **Listen to their story**

Keep in mind that workers with MCS are suffering from a stigmatized, still untreatable, debilitating, unpredictable, frustrating, baffling, expensive, isolating and chronic medical condition. They will come to their union for technical advice, and perhaps as importantly, for moral support. The support from the union may be the catalyzing element that will help them get the support they need from co-workers, family members and friends.

### **Provide information on MCS**

Workers working in areas where hazardous substances are being used, or in buildings with poor indoor air quality, should receive **information** on MCS, so that they are prepared and able to recognize the first symptoms and complain to the Workplace Health and Safety Committee. The information that you will distribute must stress the fact that the problem lies not with the sufferers because they are "sensitive", but with the work exposure responsible for the onset of the sensitivity. Your message must focus on prevention and should clearly state the fact that **no person is immune to hazardous substances, and that all exposed workers may, in future time, develop MCS or other illnesses.**

### **Informed co-workers can become great allies when a member suffers from MCS.**

Not only can they provide moral support, they can also help to assess the cause of the illness. When alerted, they can provide valuable information on the work environment, by either reporting hazardous situations that they might not have felt was relevant previously, as well as reporting personal non-specific symptoms that can help demonstrate that the work/workplace is the cause of the illness.

**Members with MCS will need more detailed information, in order to understand what is happening to them.** Even though doctors are still debating the nature, cause and treatment of MCS, literature is available. The Proceedings from the 1993 National Health and Safety Conference may be a good starting point. The Health and Safety Section of the Alliance, your Component and your Regional Office can all provide you with more information. They should be informed that you are dealing with an MCS case, and kept updated so they will be ready to provide help when you need it.

Associations for environmentally sensitive people can also provide literature as well as support. Find out if there are any support groups in your community. Nation-wide associations are listed in Appendix B.

## **Medical certificate**

**Each time workers with MCS are obliged to miss work as a result of their work condition, they should see their physician. The physician should be informed that their condition is work-related.** The physician will fill out a special form that will be sent to the Workers' Compensation Board. If after being away from work for a while, a worker with MCS feels better, it is advisable that he or she be seen by the doctor, to have that fact documented.

Regardless of whether a worker received attention at a hospital emergency department or at a medical clinic, the individual is entitled to choose a practitioner if further treatment is required. Workers with MCS need to find a doctor who will be willing to fill the forms requested by the WCB and represent them in their battle for financial benefits. The doctor does not have to be a recognized specialist in MCS but must be willing to treat and refer the worker to the appropriate specialist(s). Otherwise, based on the compensation scheme, the Board may direct the worker to be treated by another practitioner.

The provinces of Nova Scotia and Ontario have MCS clinics.

The PSAC Regional Office, your Component, and the Health and Safety Section of the Alliance, or the advocacy groups, might be able to suggest names of doctors in your area who are knowledgeable about MCS and are sympathetic to those affected.

**Workers with MCS must realize that their medical record is a key element in their battle for compensation. It doesn't matter how sick they are; they will not receive compensation if they cannot provide the WCB with medical proof that they are unable to work.**

The medical report must be worded very professionally and accurately. Workers with MCS will most probably be asked to see a doctor chosen by the WCB, who may not be knowledgeable about MCS and produce a report that is unfavourable to the worker. Because there is no definite diagnosis for MCS, the worker's treating physician's report has to be very convincing, since both reports will be considered by the Workers' Compensation

authority making the decision.

**Workers with MCS must keep copies of emergency treatments and reports, lists of medication taken, therapy, treatment reports, all test results and medical reports, in order to be able to provide a complete and convincing medical profile.**

The medical report is equally as important for workers who apply for other financial benefits such as Income Security, Disability Insurance or Employment Insurance-Sick Benefits.

Use the *PSAC Workplace Daily Health Diary* to properly document your health problems.

## **BECOME A DETECTIVE — GATHER INFORMATION ON PAST AND PRESENT EXPOSURES TO HAZARDOUS SUBSTANCES AND THEIR HEALTH EFFECTS.**

**Workers' Health and Safety Committees must involve workers with MCS in the investigation.**

As mentioned in the previous section, it is imperative that workers provide a medical proof of their disabling condition, for their claim to be approved by a Workers' Compensation Board (WCB), Disability Insurance (DI), Employment Insurance (EI) or Canada/Québec Pension Plan (CPP/QPP).

Furthermore, for a claim to be accepted by the Workers' Compensation Board, the medical proof of the disabling condition must be submitted, in order to establish the link to the work or workplace.

Diseases such as MCS often take a long time to appear and proving a relationship with the work/workplace will not be an easy task. There is a serious lack of scientific information on the health effects associated with cumulative or long-term exposure to pollutants at low doses, or to a combination of pollutants. While carrying on an investigation, you have to keep in mind that many of the pollutants present in most workplaces are unknown and that it might not be possible to identify a specific substance as the culprit. This explains why you need to become a detective. All information that can be gathered about: any building event, accidents involving hazardous substances (whether or not the worker with MCS was directly involved), new products used (including cleaning products), procedures including the storage or the elimination of old products, **will have to be examined** to demonstrate that the work/workplace is responsible for the disabling condition diagnosed by the treating physician and the specialist(s).

See *Appendix C (Investigative Checklist)* for a list of suggestions to help you conduct your investigative work.

## **PROVIDE INFORMATION ON RECOURSE AND BENEFITS**

## MCS and financial disability payments

Workers with MCS should be advised **not to take sick leave**. Sick leave is intended to protect employees' earnings from employment when they are unable to work by **reason of non-occupational illness or injury**. Sick leave credits should be used only as a financial stop gap to maintain income. Any sick leave used in this manner will have to be reinstated when a claim is approved by WCB.

All claims regarding work-related illness and injury should be sent to the applicable Workers' Compensation Board. Cases of MCS, caused by work exposure, should be taken to the WCB. Unfortunately, WCBs do not, as a rule, recognize this kind of illness without a fight. In spite of that, workers with MCS who require medical treatment and/or time off work should be strongly encouraged to file Workers' Compensation claims. Some cases are successful. **Most cases that have been won to date are due to a diagnosis other than MCS, like allergies or asthma.** Two cases have recently been won in Ontario, based on the relationship between the building events and the onset of ill-health. In addition, the WCB of Nova Scotia has recognized a few cases of environmental illness. Workers must continue to file claims for MCS, to have it finally recognized as a compensable illness. To ensure that the employer is processing a worker's claim in a timely manner, encourage the worker to complete all the required forms and to send them directly to the Board, or at least report the case to the Board.

In consultation with their physician and medical specialists, workers with MCS know best whether their health problems may result in a disability which will prevent them from performing the regular duties of their own job. If there is such a possibility, and to avoid financial hardship, workers with MCS would be well advised to inform their Personnel Office immediately and apply for benefits, under Disability Insurance (DI), Canada/Québec Pension Plan, and Employment Insurance simultaneously, while immediately filing a Worker's Compensation claim.

As with WCB, none of these programs has recognized MCS as a disabling physiological condition. These benefits are all *less advantageous* for claimants than WC benefits and are not any easier to obtain. However, in contrast to Workers' Compensation, proof of the work-relatedness of an illness is nevertheless not required for these benefits. Indeed, for Disability Insurance, some insurance companies refuse to pay benefits or they reduce them when total disability is work related. They might accept such a claim after final rejection of a claim by the respective WC authority, including all levels of appeal.

While it is true that some victims of occupational diseases become poor, none become rich. The system is organized in such a way that there is almost no possible duplication of income. As mentioned before, DI benefits will not be given, or will be reduced, if an illness is work-related and compensable by WC. Most insurance companies reduce the amount of an employee's DI monthly benefits according to their estimate of disability benefits under Canada/Québec Pension Plan, whether or not the employee applies for such benefits. EI benefits are only available for a short period of time; almost equivalent to the waiting



period for DI or CPP/QPP benefits. Workers' Compensation Boards will not pay benefits to injured workers who receive QPP/PP benefits. There are a few exceptions to that rule, that apply when an injured worker receives a "pension" from WCB (pensions making up for only a fraction of the usual "temporary total benefits"). In those cases, depending on WC schemes, WCB may still pay the injured worker, even if he or she receives CPP/QPP benefits.

All programs have many levels of appeal for claims that are rejected. **Members with MCS should not give up.**

*All disability benefits, except WC benefits are taxable.* It is the responsibility of the recipients to save money or make sure that it is deducted at source. Depending on the employer's policy, disabled workers on authorized leave without pay, whether or not they are receiving financial benefits, may or may not still be entitled to health benefits such as dental plan, vision care and medical expenses. Persons with MCS should be made aware that if they are entitled to those benefits and the employer continues paying its share while they are on leave of absence, such benefits will be considered as taxable and they will have to pay tax on that amount of money at the end of the fiscal year. In those situations, employees may be compelled to pay their contributions on a regular basis during the time they are on leave of absence, or upon return to work, depending on the policy.

Workers who are off work should also keep in mind that if they don't want to lose their pensionable time, for purposes of CPP/QPP and their company pension plan, they will have to buy back their share of the time they were off, upon their return to work.

After six continuous months of disability, workers under 65 should be advised to contact their Personnel Office, to fill out the proper forms for waiver of premiums for their group life insurance, when applicable. Mortgages and loans and most personal life insurance policies are often insured against premium payments waived in case of disability. Workers should check for specific procedures, requirements and time limits.

Workers receiving non-taxable benefits should be advised to file a tax return, because there are some tax credits they can take advantage of.

<p><b>PLEASE COMPLETE THE FOLLOWING, FOR FUTURE REFERENCE:</b></p> <p>Personnel Office:</p> <p>Address:</p> <p>Telephone number:</p> <p>Contact person:</p>
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## Sources of income

Alliance members are covered by different Health and Safety, Workers' Compensation Acts and collective agreements as well as benefits. Find out more about the respective protections and benefits.

In the following section, you will find general information that should help guide you in what to look for while informing a member claiming financial benefits. Personnel/Human Resources should be able to provide you with more detailed information while your Component, Regional Office and Alliance staff can help in the interpretation of the various laws or contracts, as well as assist in the search for jurisprudence to support an appeal of a negative decision.

## **Workers' compensation benefits**

Provincial and Territorial Compensation Boards and Commissions are responsible for adjudicating claims in their respective jurisdiction. Even though Human Resources Development Canada-Labour is responsible for the overall administration of compensation for federal workers, the Provincial Compensation Boards and Commissions still adjudicate WC claims for federal employees working in their jurisdiction. The only exception is for federal workers employed in Yukon or the Northwest Territories, where the Alberta Workers' Compensation Board is responsible for adjudicating their claims.

The worker receives a certain amount of money, which is less than the regular wages and, to add insult to injury, benefits are not provided because the worker is no longer on the payroll. When compensation is received directly from a WCB or Commission, the rate of temporary total benefits is calculated as a percentage of pre-accident earnings. Some jurisdictions calculate a percentage of gross earnings, usually 75%; others pay 90% of a worker's estimated net earnings. Each jurisdiction establishes a ceiling, a maximum gross annual income that is insurable, and no benefits are paid on earnings above this ceiling. WCB benefits are not taxable.

Not only does the scale of compensation for loss of earnings in cases of disability vary from province to province and territory to territory, but the nature and extent of the medical treatment, the types of benefits such as home care allowance, modification to home/vehicle, transportation, retraining, rehabilitation are also different. Be aware of all the benefits available through the respective WCBs and, once a claim is accepted by the Board, ensure the appropriate benefits are being provided; ie, the spouse should not be expected to provide 24-hour-care, but WCBs may request exactly that, unless they are challenged.

**A Workers' Compensation claim must be filed in every situation where a worker requires medical assistance for a work-related injury or illness.** It is the worker's responsibility to report these situations to the employer, who in turn is responsible to report them directly to the appropriate WCB, or to Human Resources Development Canada-Labour for federal employees. It is a good idea for the worker to fill out the required forms and

send them directly, or report to the Board. It is also the worker's responsibility to inform emergency medical staff or his/her treating physician that the injury or illness is work-related, so that they will provide a report to WCB. Compensation authorities determine whether a disabling condition is the result of an occupational disease, based on the medical and employer reports. Benefits to be provided are determined accordingly. Up to now, all MCS claims have been denied by WCB at the first level of decision but some members with MCS, with the help of the Alliance, have won appeals at the tribunal stage.

Levels of appeal will vary with each compensation scheme and you should make inquiries to the respective Board on the procedures and time limits. Workers' compensation benefits are not taxable.

**PLEASE COMPLETE THE FOLLOWING, FOR FUTURE REFERENCE:**

Office:

Address:

Telephone:

Contact person:

## **Injury-on-duty leave**

For those PSAC members with injury-on-duty leave clauses in their collective agreements, the injured employees receive full pay and benefits (medical, dental and pension plans) upon acceptance of the claim by the WCB. The employer will not authorize injury-on-duty leave if the claim is denied by the Compensation Board.

Check the relevant collective agreement, to see if such a clause is included. Currently, different practices are applied, depending on the employer. For example, Treasury Board policy suggests a "special departmental review" of all injury-on-duty leave cases which extend beyond a reasonable amount of time. Treasury Board also suggests a 130 day limit, but this is only a guideline, and not in the collective agreement or legislation. Some collective agreements state that injury-on-duty leave terminates after 90 days, while others state that workers can remain on injury-on-duty leave for the period of time approved by a Provincial Workers' Compensation Board.

Most agreements allow for termination of this benefit by the employer. Once the injury-on-duty leave is terminated, the worker is then paid by the WCB - when the Board recognizes the claim - for as long as the disability continues. The amount of income is then reduced in accordance with WCB maximum payments and benefits cease.

When a worker is on injury-on-duty leave, the WCB pays the worker the amount it normally

does and the employer pays the difference, so that the worker could get in certain provinces full salary and benefits.

Check with Personnel Offices for the procedures to apply for injury-on-duty leave and advise workers with MCS who believe that the cause of their illness is work-related not to use their sick leave but to apply for injury-on-duty leave if they are ill. Even though the paper work will vary from one employer to another, a medical certificate will normally be required.

**PLEASE COMPLETE THE FOLLOWING, FOR FUTURE REFERENCE:**

Personnel Office:

Address:

Telephone:

Contact Person:

## **Disability Insurance (DI)**

Workers should be advised to apply for Disability Insurance as soon as their treating physician determines they may be unable to work for a long period of time. At the same time, workers should apply for Workers' Compensation.

DI is intended to provide financial assistance for **long-term disability due to non-occupational causes**, but may still be allowed in some instances, e.g., when an application for WC is not approved. In such cases, the DI related paperwork would already have been done, for the most part, which would reduce any delays. Also very important is the fact that application for DI cannot be made once a worker has been released, even if the WC claim is denied.

The application for DI, as well as the processing and approval of a claim, is a time consuming procedure. The system usually has a waiting period built into it before benefits are paid. For example, in the case of PSAC members who work for the Federal Public Service, when a claim is approved by Sun Life Insurance, benefits commence to be paid, only after thirteen (13) weeks of continuous disability, or when the paid sick leave or injury-on-duty leave expires, whichever is later. Those employed by the Federal Public Service of Canada, see the PSAC publication, *Disability Insurance: a handful of tips for Alliance members*. Other PSAC members should obtain the information about their respective DI plan from their employer.

Personnel Offices should be trained and experienced both in processing DI claims and providing counselling and advice to employees on all aspects of the DI Plan. While the

primary responsibility for processing the claims rests with Personnel Offices, the Union should be prepared to assist the members. You should read the plan carefully to know the practices and the kind of benefits your members are entitled to such as: how long is the waiting period? What is the definition of disability? How long are the benefits payable? Does the plan provide a rehabilitation program?

It is critical that workers with MCS be advised to apply as well for Income Security while applying for DI, as the insurer would reduce the DI benefits by the estimated amount, according to the DI policy plan of the Canada/Québec Pension Plan disability benefits, they are entitled to, whether they have applied for the latter or not. Unfortunately, insurance companies are using the medical controversy to their advantage by not recognizing MCS as a disabling illness. Persons with MCS will most probably have their claim disapproved and will have to appeal the decision.

- When a claim is rejected, workers with MCS can appeal to a Review Committee.
- If the appeal is rejected, and the claim ultimately rejected, well substantiated cases can be pursued by the Alliance, the member, or their representative directly or by referring them to the Advisory Committee on Disability Insurance.
- The exception may be situations where an individual can prove that the disability commenced while he/she was still employed and covered by the DI Plan. An offset of expected CPP/QPP benefits will be deferred providing that the claimant signs a prior understanding to reimburse the DI Plan (Sunlife) should any CPP/QPP benefits be approved.
- Those workers who are not covered by the Public Service Disability Insurance Plan (Sunlife) should proceed according to provisions set forth in the specific disability insurance plans of their respective employers.
- In cases of alleged misinterpretation or misapplication by the employer of DI Plan directives, members with MCS and their lawyers or union representatives can file a grievance, or take legal action against the insurance company.

**PLEASE COMPLETE THE FOLLOWING, FOR FUTURE REFERENCE:**

Office:

Address:

Telephone number:

Contact person:

## **Canada/Québec Pension Plans (CPP/QPP) – Disability Benefits**

Like DI benefits, CPP/QPP Disability benefits are intended for providing financial assistance

for **long-term disability**. For both the CPP and the QPP, the disability benefits are payable only from the fourth month after a person is deemed to have become disabled. The decision to accept or reject a claim is made by a Medical Board that usually takes between four to six months to render its decision. When a positive decision is rendered, a maximum of 12 months of retroactive payments can be made, so workers would be well advised to apply as soon as their treating physician determines that their condition can seriously affect their ability to work for more than a temporary period.

Besides being disabled, according to the terms in the relevant legislation, to be eligible for CPP/QPP disability benefits, workers:

- must be between the ages of 18 and 66;
- must have contributed to the Plan for a minimum qualifying period and have made contributions to the program in 2 of the last 3 years, or 5 of the last 10 years, in the contributory period;
- must have become disabled before, or within six months after, the effective date of the retirement pension;
- must apply in writing.

Applications for the CPP and the QPP disability benefits can be made through Personnel Offices. Workers can also have the forms mailed to them by calling the Income Security Office for the CPP or the Régie des Rentes Office for the QPP. (Note: Application forms for QPP disability benefits are also available at the Caisses Populaires).

Workers who disagree with a decision made by the CPP Medical Board have a right to appeal to the Minister of Human Resources Development Canada (formerly Health & Welfare Canada) for reconsideration. The appeal must be made in writing, within 90 days of receipt of the notice, to the Director of Appeals and Controls Program. Workers claiming disability benefits from QPP have one year to appeal a decision. The demand must also be done in writing, using a special form that can be obtained at the Régie des Rentes Office.

In order to appeal a decision of the QPP, workers must complete a special form available from the QPP offices.

The amount of disability benefits is made up of two parts: a flat-rate portion and another portion that is calculated on the basis of how much a person has contributed in the past, up to a maximum amount that varies over the years. Disabled workers are also entitled to claim children's benefits from both the CPP and the QPP, if they have children under 18 years of age. The CPP children's benefits may also be claimed if the child is between the ages of 18 to 25 and in full-time attendance at a school or university.

Benefits from the CPP and the QPP are taxable.

<b>PLEASE COMPLETE THE FOLLOWING, FOR FUTURE REFERENCE:</b>
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Office:

Address:

Telephone number:

Contact person:

## Employment Insurance (EI) — Sick leave benefits

Under the EI legislation, there are 15 weeks of sick benefits available for **short term disability**, that can help disabled workers while waiting for the CPP/QPP or DI benefits.

Sick workers can apply for those benefits through their Personnel Office or directly at the nearest Employment Insurance Office.

In order to be eligible, one must have contributed to EI 700 hours of insurable employment in the last fifty-two (52) weeks and provide a certificate by a recognized medical practitioner certifying the workers' incapacity to work. EI benefits are taxable.

It is not mandatory for sick workers to use up all the sick leave they have accumulated to become eligible for EI sick benefits. For financial reasons, some workers may decide to use most of their sick leave before applying for EI sick benefits. Benefits from EI are equivalent to only a fraction of their regular income, when compared to full pay and benefits received when using sick leave.

As with regular EI benefits, there is a "waiting period" of two weeks before one can receive sick benefits. It should be noted that the "waiting period" refers to a period of time during which a person cannot receive benefits. It does not, in any way, suggest that a claimant should wait two weeks before putting in an application. It is vital that workers consult their physician and apply as soon as it is determined that they might not be able to perform their job for a period of time longer than the number of sick days they have accumulated.

The "waiting period" can be waived in certain circumstances. There is one way many workers can avoid it. By being aware of a small technicality which states that if a person applies for EI sick benefits after using, even just one hour of sick leave payable by the employer, the "waiting period" will be waived and the claimant will be eligible for EI sick benefits starting the day the application is put in.

This is not to say that sick workers will receive their benefits immediately. EI officers advise claimants that any claim can take from four to seven weeks to be processed.

When a claim is rejected, claimants receive a written decision with information on the procedures on how to appeal. In those cases, claimants can go to their EI Office to receive

the proper form, or they can ask, by telephone, to have the form sent to them by mail.

If unable to perform their former job, some provisions of the EI Act allow workers to apply for money to be retrained in another profession. Under the training regulations there are disability allowance provisions that can apply to those who require devices or assistance arrangements.

Employment Insurance benefits are taxable.

**PLEASE COMPLETE THE FOLLOWING, FOR FUTURE REFERENCE:**

Office:

Address:

Telephone number:

Contact person:

## **Return to work — Duty to accommodate**

Injured workers have a right to return to work when their treating physician determines they are ready to do so. Some legislations give hiring priority to injured workers, for a limited time. They entitle workers to return to work without competition and with preference over all other non-disabled workers.

## **Return to work and other legislation**

The notion of accommodation for disadvantaged groups, including persons who are physically disabled, has been addressed by Human Rights Commissions/Tribunals and Courts across the Country. No specific reference to "reasonable accommodation" can be found in most Human Rights Acts, but because of several tribunal and court decisions, the principle is firmly established in jurisprudence.

Workers' compensation or general employment legislation may provide specific entitlements when a worker is medically ready to return to work. Most of this legislation applies only to workers injured-on-the-job, so it is necessary to prove that MCS arose from work-related causes. However, s. 40(1) of the *Public Service Employment Regulations* provides a time-limited priority for all employees with disabilities who are ready to return to work. Examples of a right to reinstatement for injured workers can be found in Québec and Ontario Workers' Compensation laws, New Brunswick Employment law, and the *Canada Labour Code* (s. 239.1 (3)). Check the legislation relevant to the worker.



While such legislation may be extremely helpful, it is important to remember that an employer's compliance with such non-human rights legislation does not necessarily fulfil the employer's duty to accommodate under human rights legislation. It may or may not. The duty to accommodate, under human rights legislation, is a fundamental law and is broader in scope than the ordinary legislation providing specific entitlements.

## **Duty to accommodate**

Court interpretations of federal and provincial human rights legislation clearly establish that *employers have a duty to make reasonable accommodations for employees with disabilities, up to the point of undue hardship to the employer.* The duty to accommodate is a powerful tool for assisting employees with disabilities. Human rights law is fundamental (quasi-constitutional) and the duty to accommodate places a strong onus on employers, due to the precedent-setting court decisions.

What is a "reasonable accommodation" and what is "undue hardship" will vary with the facts of each situation. The Supreme Court of Canada in the recent case of *CRS de Chambly* has stated what is required, namely:

"common sense and flexibility in the context of the factual situation presented in each case. The situations presented will vary endlessly."

The following are some examples of accommodations that might be considered in MCS cases:

- removal of carpets or other trigger elements;
- separate ventilation from the remainder of the building;
- high efficiency filter to minimize contaminants;
- furniture must be solid: steel, wood or glass; no upholstery;
- any paint used must be minimally toxic and minimally contaminated;
- comprehensive cleaning schedule with minimally toxic cleaning products;
- no houseplants, pesticides, deodorants, air fresheners, perfumes, other scented personal grooming products or other chemicals;
- the worker should have limited contact with other people;
- fax machines, photocopiers, and other office equipment that tends to off-gas should be isolated from the worker;
- modification of job duties to minimize exposure to toxic elements;
- modification of hours of work, to lessen exposure, e.g., not working when ventilation is low;
- relocation to work area with fewer trigger elements;
- retraining and/or transfer to another position;
- telework until work area can be made safe.

The employer is not the only party with a legal duty in an accommodation situation. The

employee in need of an accommodation has a duty to be co-operative and reasonable. The employee need not suggest a specific solution, but should:

- inform the employer that some accommodation is required;
- provide information on what is needed;
- agree to try what appears to be a reasonable solution;
- be cooperative in implementing the accommodation.

Unions also have a legal duty to co-operate in finding a reasonable accommodation, as was established in the Supreme Court decision in *Renaud*. "Where the most sensible solution involves variance from the collective agreement, the union is obligated to agree to this as long as it does not result in **significant** interference with the rights of other union members." Again, what is "significant interference" and what is "reasonable" will vary with the facts of each case. It is clear that the union must actively co-operate in seeking the most reasonable accommodation.

## **Enforcement of the Duty to Accommodate**

Workers may enforce their right to an accommodation either through grievances under the collective agreement or complaints to the appropriate human rights commission, or both. For maximum effect, **both** actions should be taken.

### **Grievances**

If the employer does not fulfil its duty to accommodate, a grievance should be filed under the human rights article of the collective agreement (for example, ART. M-16 of the PSAC Master Agreement with Treasury Board).

Even if no human rights article is contained in a particular collective agreement, a relevant article may be grieved (e.g., pay or leave) and the duty to accommodate under the applicable human rights act cited in the grievance. Arbitrators and courts have at times held that the human rights duty to accommodate also attaches to other than human rights articles of the collective agreement. Sample grievance wording for Treasury Board employees:

"I grieve discrimination based on disability and failure by the employer to accommodate my needs. This constitutes a violation of Art. M-16 of the Master Agreement and of the *Canadian Human rights Act*. Corrective action:

1. Reasonable accommodation by the employer (Treasury Board) to the point of undue hardship;
2. That I suffer no loss of pay, leave credits or benefits;
3. That I be made whole."

(Note: it is important to insist that Treasury Board, not a specific department, be regarded as the employer. This is especially important if a transfer to another department is the

required accommodation. Both the collective agreement and the governing legislation (*Public Service Staff Relations Act*) clearly state that Treasury Board is the employer.)

If a termination of employment is involved, the grievance should allege that the termination is without just cause and that the relevant human rights legislation and collective agreement human rights article (if any) have been violated. Reinstatement should be added to the corrective action listed above. (Note: Treasury Board workers terminated for incapacity/disability after June 1, 1993 have access to the regular grievance procedure. Prior to that date, redress was via an appeal to the Public Service Commission).

To facilitate disabled workers' accommodation, as mentioned in the section "Policy for persons with environmental sensitivity", the following elements must be considered: job modification or re-organization of work; providing for special needs that can range from non-carpeted offices, to gradual re-integration; retraining or relocation of the worker, and as a ***last option only***, telework. A proper medical return to work plan, from the treating physician, can help employers to provide for and meet special needs.

## **Personal accommodation**

Severely affected members will find that their lives and the lives of their family will have to be modified. There may be personal adjustments in lifestyle, financial conditions and relationships with others. Workers with MCS may start reacting to things in their personal environment, including the food the family usually eats. They may become suspicious of almost everything, until they can figure out which substance triggers reactions.

**As much as the support and help from the union is indispensable, you should not hesitate to help workers with MCS seek aid outside of their union. Advocacy groups and specialists can offer resources that can complement your efforts to assist your members.** See Appendix B for list of advisory groups. You may want to check for similar groups in your area.

Canadian Mortgage and Housing Corporation (CMHC) has been doing some research on the issue of Residential Indoor Air Pollutants and Housing for Environmentally Sensitive People. If you know a member with a condition so acute that he/she has to start looking into possible changes for his/her private home, you can refer him/her to these organizations for their publications.

Canada Mortgage and Housing Corporation  
700 Montréal Road  
Ottawa, Ontario  
K1A 0P7

(613) 748-2000

## APPENDIX A

### Accident investigations

It is important that the Health and Safety Committee be involved in all workplace incident and accident investigations. The goal of these investigations is to identify the real causes, to suggest corrective measures, to prevent recurrences and to re-evaluate the health and safety program. Furthermore, because **MCS can develop following repeated exposures**, all information on extraordinary exposures must be gathered, as it may become determining evidence for future MCS cases.

Find out what rights your health and safety committee/representative has in this area, under Health and Safety legislation and collective agreements.

#### Basic principles of accident investigation

Speed and thoroughness are essential. Memories fade and evidence disappears. Ask the following questions:

##### Who?

Get the names of everyone involved: other workers in the area; all witnesses as well as all workers who might have been affected by the accident. Do not forget the supervisors.

##### What?

Describe the materials and equipment involved, in detail. Check for guarding, maintenance and defects. Check for other equipment or materials that may not have been directly associated with the accident. If protective equipment was available, check for fit, effectiveness and comfort. Take note of all chemical products involved, the quantity and the concentration. Use Material Safety Data Sheets (MSDS) to check if all preventative measures have been followed.

##### Where?

The details of the accident must be fully recreated in the report. Describe the exact location, as well as such "environmental" factors as noise, lighting, crowding, dusts or fumes. Pictures of the accident site taken soon after the incident, as well as a floor plan or drawing of the worksite, provide important clues.

##### When?

Note the date and time. Include any relevant details - such as "15 minutes before shift

change", "third hour of overtime" — which may be important.

## **How?**

Describe the job process in detail, noting events immediately before, during and after the accident. A review of this description may indicate ways in which the accident could have been prevented.

## **Why?**

Find out all the causes, both direct and indirect. Most accidents are not caused by one thing, but by a combination of factors. Be sure to ask about increased work volumes, supervision, job training, WHMIS training, earlier complaints about equipment, and any other non-obvious conditions on the job. Single word causes are not sufficient. Look behind the primary cause — for example "worker was not wearing gloves". Find out why? Were the gloves available, were they of the right size? Always keep in mind that victims or witnesses are reluctant to give an accurate, thorough explanation of the physical and social conditions causing the accident, if there is any possibility they will be blamed for it.

**Do not hesitate to request assistance from your union.**

## APPENDIX B

### Associations for Environmentally Sensitive People

1. **Marie Laurin (Ex-President of AGES** (Advocacy Group for the Environmentally Sensitive))  
LES MAISONS DE BEAUCOURS  
33 Saint-Louis Street, Apt. 504  
Quebec, Quebec  
G1R 5X6  
Tel.: 418.524.7579
  
2. **AEHA CANADA** (The Allergy and Environmental Health Association of Canada)  
c/o Ottawa RPO Shoppers City West  
P.O. Box 33023  
Nepean, Ontario  
K2C 3Y9  
Tel.: 613.860.2342  
Email: [www.aeha.ca](http://www.aeha.ca)
  
3. **Environmental Illness Society of Canada**  
536 Davencourt Avenue  
Ottawa, Ontario  
K2A 0T9  
Tel.: 613.728.9493  
Fax: 613.728.1757  
Email: [eisc@eisc.ca](mailto:eisc@eisc.ca)

## APPENDIX C

### Investigative Checklist

Here are some suggestions you might want to consider while investigating the past and present exposures, and health effects for a worker with MCS.

- As soon as a worker suspects that he or she is suffering from a health condition due to work or the workplace, he or she should be advised to keep, in writing, a daily log of events including symptoms, both at home and at work, as well as observations about the work environment. The *PSAC Workplace Daily Health Diary* can be used for this task.
- All the places where the worker has worked, and for how long, should be identified, as well as the type of work done in each location.
- Identify all the substances to which the worker has been exposed over the time he or she has been working for the employer, as well as the levels of exposure, if available. This may be difficult to do, unless either the employer or the government has performed tests.
- Collect all information on remedial actions that have taken place (date, type of work done, products used) in the building that could have had an effect on the person.
- Do a workplace inspection (see *PSAC Health and Safety Manual on Workplace Inspection*) paying special attention to the ventilation system (see *PSAC Manual on Office Air Quality: Problems and Solutions*, [PSAC Bulletin on Fungal Contamination](#) and *Indoor Air Quality in Office Buildings: A Technical Guide*, a publication produced by Health Canada). Look for possible sources of contamination within the building, or originating from the outside.
- Check with previous accident investigation reports and collect information on any Workers' Compensation or other disability claims where suspected exposure to hazardous substances was related to a health problem.
- Make sure you have a copy of all inspection reports that were done in the building, including on the Heating, Ventilating and Air Conditioning (HVAC) system. Check if the worker could have been affected by one of the conditions identified in those reports.
- Contact current and former co-workers and find out about their health status. If some have quit, try to find out if it was for medical reasons. Reassure your contacts

that all medical information will be kept confidential.

- Keep in mind that you have rights under the Health and Safety Laws. All Health and Safety legislation — federal, provincial and territorial, **allow the Workplace Health and Safety Committees access to information and reports regarding health and safety in the workplace. They also allow them to undertake investigations of problems.**



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