



USW ACTION GUIDE

RAISING THE BAR ON

Women's Health and Safety



UNITED STEELWORKERS
USW
WOMEN OF STEEL

A MESSAGE FROM USW LEADERSHIP

“To unite in one organization, regardless of creed, color or nationality, all working men and working women eligible for membership.”

Inclusion is the key value on which our union was founded, and the United Steelworkers (USW) continues to keep this guiding principle alive in all of our work.

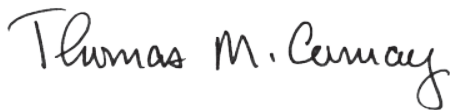
Gender equality and the right to a safe workplace go hand in hand to improve the lives of all workers. “Raising the Bar” will give local leaders and activists a road map to take on the fight for a safe and healthy workplace for everyone.

This action guide, initially developed by the USW Canadian National Office and National Women’s Committee, is a resource to view workplace hazards through a women’s lens. It gives members the tools they need to address women’s health and safety concerns.

Through collective action and solidarity, our union can raise these topics to the forefront. A safer workplace for women means a safer workplace for all, regardless of gender or identity.

We urge all health and safety activists to raise the voices of women workers and use this action guide to address these vital issues.

Protecting safety and health on the job is a USW priority, and it’s essential for the future of our union.



Thomas M. Conway
International President



Leeann Foster
International Vice President

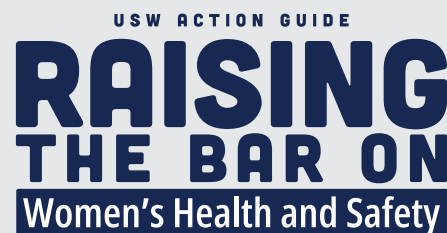


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Many people helped create this action guide. We particularly want to thank USW’s sister union in the United Kingdom, Unite the Union, whose **Negotiators’ Guide to Women’s Health, Safety and Well-Being at Work** was an inspiration. We also thank Dorothy Wigmore and the USW National Women’s and Health, Safety and Environment Committees.

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1. HOW TO USE THIS ACTION GUIDE

All Steelworkers are concerned about the impact work has on our health. Our union is a leader in health and safety activism.

But many workplaces, machines, personal protective equipment and safety programs have been designed to suit male workers. The USW Canadian National Women's Committee created this action guide because it's time to change that. It's time we take women into account.

And women are demanding to be heard. At the 2019 USW Canadian National Policy Conference, sister after sister spoke passionately at the microphones about health and safety problems that have been ignored. Delegates listened with respect and gave several standing ovations. This action guide is one way to say "We hear you!" and shows how all Steelworkers can take action.

WHO IS THIS ACTION GUIDE FOR?

Are you:

- A Steelworkers member who identifies as a woman?
- A local union president or other executive member?
- A member of a local union committee, such as health and safety or Women of Steel?
- A staff representative?

Then this action guide is for you! Any member that is an advocate for women's health and safety in the workplace can utilize this guide to advocate for better working conditions for all.

We can all learn more about this overlooked topic and use this guide to support and mobilize members, to improve women's rights to safe and healthy jobs, and even to organize new, female-majority workplaces.

This action guide is organized into different sections that address a specific challenge or hazard facing women workers. We conclude this action guide with a section on other Action Tools, including a discussion process for talking with women about health and safety and the Menopause Hazard Assessment Checklist.

"Do the best you can until you know better. Then when you know better, do better."

- Maya Angelou

2. INTRODUCTION TO WOMEN'S HEALTH, SAFETY AND WELL-BEING AT WORK

When we don't take women's issues into account, we miss opportunities to protect all workers.

Anything that harms men is a hazard for women, too. But biological differences and social attitudes mean that women workers can face other, or greater, risks to their health, safety and well-being at work (see chart on next page):

UNION HEALTH AND SAFETY PRINCIPLES

Unions know that the key steps to ensuring healthy and safe workplaces are:

1. Recognizing when a problem or hazard exists.
2. Preventing hazards by getting rid of them altogether, addressing the problem at the source or reducing them to the lowest possible level.

We take action when we suspect a health problem, even if we don't know what's causing it. Better safe than sorry. Although it may be difficult for some women to raise or address issues due to social attitudes or stereotypes, all workers deserve a safe and healthy workplace.

WOMEN'S RIGHT TO PARTICIPATE

Like all workers, women have the right to participate in creating safe, healthy workplaces.

But too often, women's questions and concerns are dismissed. The women themselves are ridiculed, put down as "natural complainers" or "not tough enough." Women often stay silent, just to stop the backlash or to protect

efforts to gain respect inside our union, including access to committee roles, education and elected office. That's wrong. We need to do better.

Let's respect women's right to participate in the widest possible sense. Doing the following can help locals take action on every challenge or hazard presented in this guide:

- Elect or appoint women to health and safety committees.
- Ask or survey women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you and act on their concerns.

	THIS REALITY...	RESULTS IN THESE HEALTH AND SAFETY PROBLEMS FOR WOMEN WORKERS
BIOLOGICAL DIFFERENCES	Women's bodies can get pregnant, menstruate (and go through menopause), and produce milk or lactate.	Women face different hazards depending on where they are in their reproductive cycle. And pregnancy, menstruation and menopause can make hazards more serious (such as standing for too long, working at high temperatures, stress).
	Women are shorter, smaller and lighter than men, on average. This leads to differences in blood volume, oxygen consumption, upper-body strength and center of gravity, to name a few.	Because safety standards, tools, uniforms and protective equipment are designed based on the average man's weight or height, they inadequately protect most women (and many men). Protective clothing and equipment can be dangerous if they don't properly fit women's bodies.
	Society has valued men and so-called "men's jobs" more than women and so-called "women's jobs."	An unhealthy workplace culture and low respect can put women at risk of violence and of sexual, racial and other harassment.
SOCIAL ATTITUDES	We have stereotypes about which jobs men should do and which jobs women should do.	When workplaces aren't designed with women in mind, they can lack adequate, accessible toilet facilities. This can result in urinary tract infections, kidney and bladder problems and unsanitary conditions. Tools, machinery, uniforms and safety equipment are often not designed for women's bodies. Workplaces often lack good policies and practices to keep women healthy and safe before, during and after pregnancy and lactation, and during menstruation and menopause.
	The work hazards men face are seen as more dangerous and important.	Women's work experience is under-researched, so the data used by governments and health and safety agencies to set their priorities overlook job-related diseases most common among, or specific to, women. Studies show that women's workers' compensation claims are denied more often than men's, especially for musculoskeletal issues. When injuries or illnesses are not reported or accepted, they don't get counted. Even job-related deaths can be missed; this is more likely for women, older workers and those outside large urban centers.
	Women, on average, bear the primary responsibility for family work and home work.	Women can double their exposure to chemicals, repetitive strain and heavy lifting when these are part of housework and family-care duties. A "double shift" of work and home can leave women workers fatigued and stressed.

3. TOILETS, SHOWERS AND CHANGEROOMS

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

Our attitudes about “suitable” jobs for men and for women are changing. But many Steelworker-represented workplaces haven’t kept up.

Too many female Steelworkers report that:

- The only women’s toilet is too far from their work station to get there and back in a reasonable time, without facing discipline or criticism from co-workers.
- The employer’s solution to a lack of women’s toilets is to give women a bucket to pee in.
- Women are asked to use men’s showers or changerooms and “just lock the door.”
- Male co-workers write sexist graffiti in women’s changerooms or use the women’s toilet as “the shit toilet.”
- Toilets, showers and changerooms are not well-lit, making them less safe to walk to and use on night shifts.

When women don’t have access to enough safe, clean and accessible toilets, showers and change rooms, their health and safety suffers.

The results include:

- Bladder and urinary tract infections from not urinating when needed.
- Yeast infections and other consequences of not being able to change menstrual pads and tampons as needed.
- Fear of assault.
- Possibility of contaminating family members if work chemicals and debris cannot be cleaned off clothing and bodies at work.
- Stress and mental-health injuries from being ridiculed, harassed and treated as less-important members of the workplace.

It’s a common stereotype that men don’t need to urinate as often as women. Maybe that’s true, on average (although some men might appreciate better access to toilets, because of aging, health problems or just because they need to go more often).

But it is true that women can experience more frequent need to urinate when menstruating, when pregnant and as they age.

And for some Steelworkers, safety means having access to facilities that recognize their diverse gender identity.

WHAT HAVE USW LOCALS AND ACTIVISTS ALREADY DONE?

Local 5890 has about 60 women out of a total membership of over a thousand. The women’s committee was relatively new when it decided to get to work on what it felt were its most pressing issues: personal protective equipment and bathrooms for women.

There had always been a struggle to get uniforms and gloves that fit right and met the safety specifications of our worksite, but the bathroom situation was appalling.

There were only a couple of women’s washrooms on the whole site, and they were frequently used by our brothers as the “poop bathroom.” They were dirty and riddled with graffiti about the women who worked there. But the worst part was they didn’t have locks on the inside (an apparent safety issue), and the men, including supervisors, would walk in on the women while they were using the bathroom. Women crane-operators were given a five-gallon bucket to take with them to use.

These issues had been brought up at safety meetings,

labor-management meetings and grievance meetings with no appreciable improvement. The company was actively trying to recruit more women, but no one on the women’s committee would have recommended it as a good place to work.

One women’s committee member reached out to human resources and created a joint Women of Steel/management committee specifically to deal with women’s issues. The women got commitments and timelines for action on bathrooms in the plant. Code-lock access panels were installed on all women’s bathrooms, and two more bathrooms were built in the mill, including one for the crane areas.

The women also met with the company’s uniform providers. Now, as part of the service contract, alterations will be made on request to the standard uniform to ensure a proper fit. The women’s committee also found suppliers for smaller gloves. When the company’s purchasing department started ordering them, it turned out that quite a few men also needed them.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Urge local unions and labor-management health and safety committees to recognize that access to enough safe, clean and accessible toilets, showers and change rooms is a legitimate health and safety concern and a basic human right.
- Negotiate or grieve to force the employer to install more facilities in appropriate locations.
- Map the workplace, noting where toilets, showers and change rooms are located and where women work.
- Find out how long it takes women to get to these rooms from their work areas/stations. Include the time it takes to get out of protective clothing so they can use the facilities.
- Compare this to the relevant law or regulations about requirements for numbers, supplies, accessibility and distance.
- Until more toilets are installed, negotiate to ensure no backlash or discipline for workers who need to be absent from their work stations or travel routes to go to the toilet when the toilet is some distance away or when their bodies need to urinate or defecate more frequently.
- Elect or appoint women to health and safety committees.
- Ask or survey women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you and act on their concerns.

The Occupational Safety and Health Administration (OSHA) requires employers to provide potable (clean) water for drinking and food preparation. They also have specific rules on access to toilet facilities. These OSHA regulations can be found in 29 Code of Federal Regulations (CFR) 1910.141.

Some of the provisions outlined in the standard are:

- Potable (clean) water must be provided for workers to wash themselves and for food preparation and clean up. It must be provided in dispensers that are maintained, capable of being closed and equipped with a tap. Open containers like pails or buckets are NOT adequate for drinking water.
- Toilets must be provided in all places of employment. Separate facilities must be provided for each sex except if the toilet is a single-person room which may be locked from the inside.
- The numbers of toilets for women and men shall comply with and preferably exceed legislative requirements or the building code in the jurisdiction, and shall be open to inspection and subject to regulatory action.

- For workplaces that are mobile or that are not normally occupied, facilities must be made available to workers via transportation that is immediately available.
- Each lavatory shall be provided with hot and cold running water, or tepid running water. Soap and individual towels or air dryers must be provided for hand washing convenient to the toilet facilities.
- Where showers are required: one shower shall be provided for up to 10 employees of each sex. Showers must have hot and cold water.
- When workers are required to wear protective clothing because of possible contamination, change rooms must be provided. There must be separate storage facilities for street clothes and protective clothing.
- Clothes drying facilities: Where working clothes are provided by the employer and become wet or are washed between shifts, provision shall be made to ensure that such clothing is dry before reuse.

WANT TO LEARN MORE?

Regulations about toilets and hygiene facilities
www.osha.gov/restrooms-sanitation

Sanitation: International Transport Workers Federation
www.itfglobal.org/en/reports-publications/itf-sanitation-charter

Toilet Breaks: Hazards Magazine
www.hazards.org/toiletbreaks



4. PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

“It doesn’t fit!” That’s the common response from women who must use personal protective equipment (PPE) or clothing (PPC).

As a result, women report that they have had to:

- Wear layers of gloves or go without.
- Bunch up and tie off excessive material at the waist.
- Use duct tape to manufacture a substitute for proper clothing.
- Delay going to the toilet because uniforms are difficult to remove, especially if extra ties and tape have been used to make them fit.

The impact on women’s health and safety includes:

- Risk of dropping objects or improperly operating equipment because hands cannot grip properly through layers of gloves or overly large gloves.
- Risk of injuries when loose fabric from overly long sleeves, pant legs or other parts of uniforms catch in equipment, doors, etc.
- Skin abrasions from chafing caused by excessive fabric or folds.
- Yeast and other infections from excess fabric, from fabric not designed to breathe properly or from uniforms that cannot be removed easily to go to the bathroom.
- Fibroids and other breast disorders if work brassieres are not provided to wear while doing tasks that involve vibration (including driving heavy vehicles).
- Hearing loss from improperly fitting ear plugs and hearing protectors.
- Chemical hazards when standard masks or respirators do not seal to smaller faces.
- It can also be difficult for women to access suitable uniforms and PPE during pregnancy.

Men and women may have different sizes on average but there are overlaps. A study conducted by the National Aeronautics and Space Administration (NASA) found:



- Measured from wrist to index fingertip, women’s average hand length was 6.8 inches (17.27 cm) and men’s was 7.6 inches (19.3 cm)
- Measured around the palm, women’s average circumference was 7 inches (17.78 cm) and men’s was 8.6 inches (21.84 cm)

Employers must provide mandatory uniforms and the right kind of PPE that fits the wearer. In workplaces that have been male-dominated, employers may not look for suppliers of different sizes of clothing and equipment, or may not even think to ask current suppliers. If the workplace is resistant to women in so-called “non-traditional” jobs, the problem is even worse.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Negotiate the correct range of PPE sizes for both women and men in the workplace.
- Ensure that subsidies for work boots, gloves, safety glasses and other PPE are adequate to provide good-quality purchases.
- Reach out and talk to all women in the local to find out what problems they have experienced getting properly fitting equipment. Encourage them to bring future problems to the local’s attention, not ignore them or “make do.”
- Support workers in their right to refuse work.
- Elect or appoint women to health and safety committees.
- Ask or survey women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you and act on their concerns.
- Work with employers to locate good-quality, reasonably priced PPE that meets the needs of all workers:
 - Don’t just accept it if the employer says there aren’t any; suppliers exist, but the cost may be higher per unit.
 - Avoid suppliers who do not provide a range of sizes and do not have PPE designed for women.

WANT TO LEARN MORE?

Covergalls, a Canadian company providing some women’s protective clothing
www.covergalls.com

Personal Protective Equipment and Women: Trades Union Congress’s Guidance for workplace representatives on ensuring it is a safe fit
www.tuc.org.uk/sites/default/files/PPEandwomenguidance.pdf

Glove Selection Chart: University of California at Berkeley
www.ehs.berkeley.edu/gloves

Women’s Safety Equipment for the Construction Industry
www.osha.gov/women-in-construction/ppe

5. SAFETY EQUIPMENT AND TOOLS

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

When safety equipment, protective gear and tools don't fit each worker's body dimensions, illness, injury or death are possible.

As with personal protective equipment and clothing, most employers and suppliers offer tools and safety equipment designed to fit a range of average men's sizes. Tools and control devices (e.g., knobs) typically are too big around for a good grip. Fall-protection harnesses put pressure on breasts and ignore other common differences of women's and men's body dimensions.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Include women members in all discussions about purchases of safety equipment and tools, to ensure they are adjustable and fit women's needs.
- Work with the employer to source fall harnesses designed for women. As an alternative, rock-climbing harnesses often have more female options and may fit

the requirements of the job.

- Ask women in the workplace to talk about their experience with safety equipment and tools. Document any problems and raise them with the local union. Grieve or report if the employer doesn't take action within a reasonable time frame.
- Support workers in their right to refuse work.
- Elect or appoint women to health and safety committees.
- Ask or survey women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you and act on their concerns.

WANT TO LEARN MORE?

European Trade Union Institute (ETUI) Personal protective equipment getting the right fit for women
www.etui.org/sites/default/files/ez_import/Hesamag_12_EN-34-37.pdf

Women's Climbing Harnesses: MEC (Mountain Equipment Co-op)
www.mec.ca/en/gender/women%27s/products/climbing/gym-climbing-and-indoor-training/climbing-harnesses/c/957

WHAT HAVE USW LOCALS AND ACTIVISTS ALREADY DONE?

A member of USW National Local Union 1944 works installing phone equipment, which means climbing telephone poles. This worker, a young woman of small build, was given a fall restraint designed for a larger person. It never fit her properly, and she usually wore a heavy sweater when in the climbing harness to try and fill up the space. One day, during training, she "gaffed out" and almost fell through her belt to the ground.

She might have left it at that, except she happened to talk to a union staff member who had just attended a presentation about women's health and safety put on by the USW Canadian National Women's Committee. The staff person told her she didn't have to put up with improperly fitting fall-restraint equipment.

The week she returned to work, she notified her manager that her belt was too big. They got on the computer right away, found smaller sizes from the usual supplier, and ordered it by rush delivery.

That same week, the member happened to talk with another female technician who had had a very similar experience. She had expressed concerns during training that her safety harness was too big, but the instructor said it was "good enough." Later, she had an incident while climbing a pole that prompted her to also push the manager into ordering a smaller belt. The manager was reluctant, but she persisted and eventually received a smaller safety harness.

That got the first member thinking: if there are two techs in just one community who were not fitted properly with a harness, how many other techs are out there? She talked to her local's health and safety officer about how to push for an inquiry into the problem on a company level. And she reached out to co-workers elsewhere in British Columbia to collect information to find out if anyone else is in a similar situation.

6. UNIFORMS AND WORK DRESS CODES

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

We've discussed protective clothing in the section on Personal Protective Equipment and Clothing. For women, there's another issue when talking about what they wear to work: sexism.

Employers in some industries try to profit from women's bodies and sexualities. They require women to wear high heels, short skirts, tight clothing or low-cut tops.

These dress codes can undermine women's dignity. And they also create health and safety hazards by:

- Restricting movement, including escaping from a threat or hazard.
- Increasing the risk of musculoskeletal injury and of slips and tripping.
- Encouraging harassment, as others may feel entitled to act out their stereotypical ideas about women, make offensive comments and/or inappropriately touch women workers.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Educate members on the potential hazards associated with dress codes and policies.
- Pressure employers to create flexible dress codes that allow women (and all workers) to choose from a range of options.
- Research laws and regulations dealing with gender-specific dress codes. Elect or appoint women to health and safety committees.
- Ask or survey women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you and act on their concerns.

WANT TO LEARN MORE?

U.S. Equal Employment Opportunity Commission (EEOC) CM:619 Grooming Standards
www.eeoc.gov/laws/guidance/cm-619-grooming-standards



7. WORKPLACE DESIGN AND ERGONOMICS

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

How work is designed and organized affects what and how much workers are expected to do. Ergonomics is all about fitting the job to the worker, making things adaptable and adjustable.

There are many differences between the bodies of the average man and the average woman, which may cause them to interact differently with the same workplace: height, weight, dimensions, proportion of body fat. For example, because women are, on average, shorter than men, a greater proportion of women's lifting happens with the arms above waist level, a position in which it is more difficult to exert strength.

Many workplaces are still designed and organized based on the size, shape and needs of men's bodies, making the "fit" wrong for women. This includes the design of equipment controls and operating systems and the placement and size of equipment, switches and computers.

There are five main categories of ergonomic design hazards:

- Repetition (how often a movement is repeated).
- Posture (awkward or natural, unmoving or changeable).
- Force (push, pull, carrying, lifting, grasp/grip, vibration).
- Work environment (humidity, temperature, noise, lighting).
- Stressors (see also the section on Stress).

These hazards usually affect our muscles and bones, or the musculoskeletal system. Common musculoskeletal disorders or injuries include: carpal tunnel syndrome, rotator cuff injury, tennis elbow or epicondylitis, back injuries and diseases, bursitis and trigger finger.

We know that women workers have:

- A higher prevalence of chronic pain than men.
- More neck symptoms than men.
- More "repetitive strain injuries" (such as carpal tunnel syndrome, which can become an issue during pregnancy, not just because of repetitive work with force).
- Increasing numbers of musculoskeletal disorders or injuries.
- Difficulties with balance and carrying things during pregnancy, as their center of gravity changes and belly grows.
- More monotonous jobs, in constrained postures.

The stereotype is that "women's jobs" are less physically demanding, but many women workers routinely handle heavy weights. In jobs such as those involving patient handling, child care or cleaning, women lift more total weight in a day than men in other jobs. Work in awkward or static positions is also not appreciated for the strength and endurance required.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Use Tool Number 5 (Body Mapping p. 84) in the Tools section of this Action Guide and create body maps to investigate where workers are hurting. The activity also helps identify the hazards behind the aches and pains, and draws out workers' ideas about how they would do the job differently to prevent or reduce the hazards.
- Ensure that any assessment of the physical demands of a job looks at all ways the essential parts of a job could be done by women and men, not just how they are done now.
- Elect or appoint women to health and safety committees.
- Ask or survey women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you and act on their concerns.

WANT TO LEARN MORE?

Ergonomics and Musculoskeletal Disorders: National Institute for Occupational Safety and Health (NIOSH)

www.cdc.gov/niosh/topics/ergonomics/default.html

Ergonomics: Occupational Safety and Health Administration (OSHA)

www.osha.gov/ergonomics

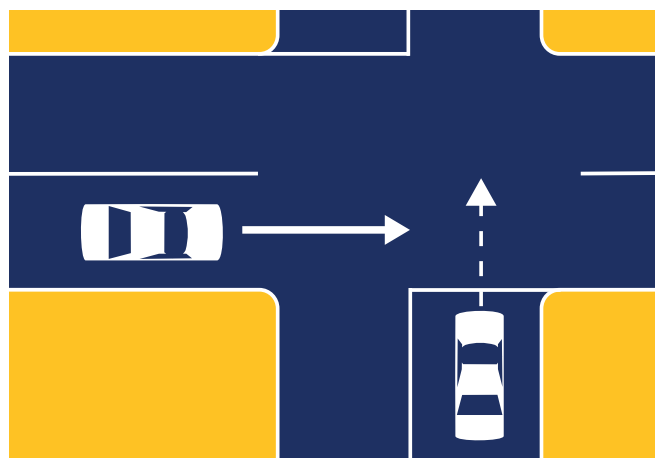
8. SEXUAL AND OTHER HARASSMENT

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

Harassment can affect any worker, regardless of gender. However, research tells us that workplaces are more likely to experience harassment if:

- The majority of the workers share similar characteristics (gender, age, race, cultural background, etc.) with a small minority who are different.
- They have many young workers, who may be less willing to speak up.
- They have a few “high value” employees or “stars.”
- There are significant differences in power between groups of workers or between management and workers.
- Customer service and customer satisfaction are high priorities and key to profitability.
- Work is monotonous or made up of low-intensity tasks.
- The workplace is geographically isolated or spread out over a large area.
- The workplace culture tolerates or encourages alcohol consumption.
- The employer exercises little or no control over behavior.

While there are several definitions available, a common approach is to define workplace sexual harassment as any comment or behavior of a sexual nature that a reasonable person would know is unwelcome, offensive or humiliating. In particular, the definition of harassment covers situations where a more powerful person in a workplace makes an unwelcome sexual advance or demand, where saying “no” could result in the loss of a benefit or advancement.



INTESECTIONALITY

Each person’s experiences of work and life are shaped by their age, race, class, sex, gender, ability and sexuality all at the same time.

For example, the experience of an Indigenous woman comes from the overlap or “intersection” of both her experience as a woman and her experience as an Indigenous person. It’s a different experience than that of, say, a white woman living with a disability.

When we talk about and act to end harassment, we have to take into account the ways people can experience harassment based on each individual’s intersection of identities or experiences.

Workplace sexual harassment can be a single event or multiple events over a period of time, and it can range from words and images to physical violence.

Harassment can harm workers’ physical and mental health.

WHAT HAVE USW LOCALS AND ACTIVISTS ALREADY DONE?

Several locals in District 3 and District 6 have sent men to become Be More Than a Bystander spokesmen. The power of the program is that it is positive, not about shaming anyone, but instead, empowering the vast majority of men who don’t commit violence, harassment or abuse to speak up to the minority who do.

After the spokesmen training, these brothers return to their local unions, pass on their experiences to other men and speak up to break the silence on gender-based violence.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Make it a priority to educate local officers and health and safety committee members about how to prevent and deal with harassment.
- Elect or appoint women to union and labor-management health and safety and Women of Steel committees.
- Ask women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you, respect their voices and take action on their concerns.
- Don't let employers dismiss a member's complaint of harassment just because they can't provide direct evidence that the harassment occurred:
 - Those reporting harassment often don't have direct evidence because harassment usually takes place behind closed doors when there are no witnesses present.
 - Remember that there is no "higher" standard of proof required of a harassment complaint.
 - Harassment is a threat to workplace health and safety. Encourage your health and safety committee to take action against it, just like they would for any other hazard. Committees can also play a role in providing moral and emotional support to complainants.
 - It is not a criminal proceeding. Harassment targets don't have to prove they were harassed "beyond a reasonable doubt." The burden of proof in a harassment complaint is the same as in any other grievance: given all the circumstances, is it more probable than not that the harassment occurred?
- Create and empower a local civil and human rights committee to build solidarity, educate and promote equality in the workplace. The committee could be given a specific mandate to take action against harassment and support complainants, in conjunction with the health and safety committee.
- When recruiting members to serve on committees or be stewards or local officers, encourage members who are women, racialized, Indigenous, LGBTQ+ and workers living with disabilities.
- Conduct harassment awareness campaigns through local union meetings, local union newsletters, forums and guest speakers.
- Assess your workplace to see how prevalent harassment is.
- Negotiate harassment clauses that provide social and counseling support to targets during complaint processes.

- Identify factors such as under staffing, job insecurity, discrimination and outsourcing as triggers for workplace harassment and stress and bargain measures to address or eliminate them.
- Make sure that the employer has clear harassment and violence complaints policies. These should include a clear definition of what behavior is prohibited, to whom an employee should report a complaint, the process and timeline for investigating and deciding on complaints and the consequences to an individual if the complaint is upheld.
- Ensure that union members are familiar with harassment and violence complaints policies in the workplace.

WANT TO LEARN MORE?

Harassment: U.S. Equal Employment Opportunity Commission
www.eeoc.gov/harassment

Not in Our Union! United Steelworkers Guide to Preventing and Dealing with Harassment
www.usw.ca/act/activism/human-rights/resources/steelworkers-guide-to-preventing-and-deal-ing-with-harassment



9. DOMESTIC VIOLENCE

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

Domestic violence is any form of physical, sexual, emotional or psychological abuse, including financial control, stalking and harassment. It occurs between opposite- or same-sex intimate partners, who may or may not be married, common law or living together. It can also continue to happen after a relationship has ended.

Men can be the targets of domestic violence, but women feel the sharpest impacts:

- Women suffer the most serious injuries.
- Women are the most likely to be murdered by an abusive partner.
- Women are the most likely to experience sexual violence as part of the domestic violence.

Domestic violence is a hazard to women's health and safety at work because the perpetrator can enter the workplace, hurting their target as well as other co-workers.

But it is a hazard in another way: perpetrators are workers, too. And research has shown that many will think about, plan or engage in violence while at work. While distracted and preoccupied, perpetrators can cause incidents that harm themselves and others.

WANT TO LEARN MORE?

USW Bargaining Guide: Addressing Domestic Violence in USW Collective Agreements
www.usw.ca/act/campaigns/anti-violence-campaign-2016/resources/bargaining-guide

Department of Labor (DOL) Workplace Violence Program
www.dol.gov/agencies/oasam/centers-offices/human-resources-center/policies/workplace-violence-program

Occupational Safety and Health Administration (OSHA) Workplace Violence
www.osha.gov/workplace-violence

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Create a system of women's advocates or equity advocates in your local union. These advocates should be trained to:
 - Recognize the warning signs and risk factors of domestic violence.
 - Support members who are experiencing domestic violence and refer them to community-based services and experts.
 - Help local union stewards, health and safety representatives and other leaders understand how to work with the employer to keep members safe and how domestic violence can affect discipline complaints.
 - Build members' awareness about domestic violence at work.
- Elect or appoint women to health and safety and Women of Steel committees.
- Ask women in your workplace about their experience with hazards, their concerns and suggested solutions.
- Listen to what women workers tell you, respect their voices and take action on their concerns.
- Use USW's bargaining guide on domestic violence to bargain good language into the collective agreement to support members experiencing domestic violence. Model language includes among other things: paid leave days and protection from discipline.
- Meet with the employer to develop workplace accommodation measures for members experiencing domestic violence. Such measures can both increase safety and help the member balance work and family responsibilities (such as changes to the work schedule, job design, work location, telephone number and email address; call-screening; ability to keep personal items like clothing and ID at work; increased support from workplace security guards; etc.).

WHAT HAVE USW LOCALS AND ACTIVISTS ALREADY DONE?

Several local unions in District 6 have created systems of women's advocates or equity advocates to provide support to members who experience domestic violence or sexual harassment.

During four days of initial training, advocates learn the warning signs and risk factors for domestic violence and practice reaching out with compassion to have a supportive conversation. Working with staff from local women's shelters or women's centers, advocates learn more about

the services available in their communities and how to link members to counselling, safety planning and other services.

"The statistics we talked about in the training about the rates of domestic violence are real and reflected in our workplace," said one advocate trained by Local 4120 in 2018. "And the more that we talk about it, the more that people come forward and ask for help or at least disclose that they've experienced domestic violence."

10. SEXUAL VIOLENCE

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

In addition to sexual harassment at work, women can encounter sexual violence in other ways related to their employment:

- Working alone.
- Working in isolated or remote locations.
- Being the first point of contact for the public, at the entrance to a business or office (i.e., reception).
- Working at night.
- Being the only woman in a workplace.
- Being employed in workplaces that are the targets of robbery.

Under these same conditions, men may experience physical violence. However, women face the added risk of sexual violence as part of any workplace assault. The perpetrators can be clients, customers, co-workers, managers, contractors or intruders.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Learn about the law in your jurisdiction related to working alone, working in isolation, working at night and other vulnerable circumstances. This often means creating a full violence prevention program in consultation with the joint health and safety committee.
- Educate your members about hazards and safety measures. Don't assume that they will automatically know what and where the dangers are.
- Elect or appoint women to health and safety and Women of Steel committees.
- Listen to what women workers tell you, respect their voices and take action on their concerns.
- Survey women workers about their experiences and their concerns. Use this information to create a list of measures to prevent violence.

- Demand or negotiate re-designed work spaces (e.g., where and how people move through), schedules (e.g., when working with patients with Alzheimer's Disease, avoid shift changes at "sundowning" times) and processes (e.g., so that face-to-face work isn't required in dangerous situations).
- Support workers to use their right to refuse unsafe work, especially in situations where they work alone or in isolation.
- Request or bargain that the local's women's committee be involved with any program that addresses sexual/gender violence or harassment.

These Steelworkers provide emergency and transitional services and support to women and children experiencing domestic violence. They are one of many USW units at interval houses and women's shelters.

WANT TO LEARN MORE?

Sexual Harassment: U.S. Equal Employment Opportunity Commission
www.eeoc.gov/sexual-harassment Sexual Harassment Issues: AFL-CIO <https://aflcio.org/issues/sexual-harassment>

Not in Our Union! United Steelworkers Guide to Preventing and Dealing with Harassment
www.usw.ca/act/activism/human-rights/resources/steelworkers-guide-to-preventing-and-dealing-with-harassment

Rape, Abuse & Incest National Network (RAINN)
www.rainn.org



11. TRANSITIONING GENDER

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

As a society, we are learning that there are many gender identities, not only “men” and “women.”

A trans person is someone whose gender assigned at birth does not match their innate sense of who they really are. They know, without needing a professional to explain it to them, that they are women, men, or neither.

Because other people’s perceptions of them don’t match their own sense of identity, trans people encounter many challenges when trying to live authentically, including harassment and violence.

Transitioning includes a host of activities, and each trans person may pursue some or all to affirm their gender identity. Transitioning may include:

- Changing names and pronouns.
- Medical treatments and/or hormone therapy.
- Changing physical appearance and dress.
- Sex-affirming surgeries (but not always).
- Losing loved ones and family.
- Needing mental-health resources.
- Putting oneself at risk in public places.
- Being safer and more affirming with support.

Workers who transition on the job need support from our union and the employer to claim their full rights.

WANT TO LEARN MORE?

Human Rights Campaign (HRC) Trans Toolkit for Employers
www.thehrcfoundation.org/professional-resources/trans-toolkit-for-employers

Transgender Law Center: Employment Resources
www.transgenderlawcenter.org/resources/employment

USW District 6 Transition Handbook:
www.usw.ca/districts/6/document/Trans_guide_v2.pdf

519 Transition Resources:
www.the519.org/education-training/training-resources/our-resources/creating-authentic-spaces

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Read the Canadian USW Transition Handbook. Created by trans Steelworkers and the USW District 6 Human Rights Committee, this handbook is a comprehensive resource full of action items for local activists.
- Elect or appoint trans workers to union and labor-management health and safety committees.
- Ask trans workers in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what trans workers tell you, respect their voices and take action on their concerns.



WHAT HAVE USW LOCALS AND ACTIVISTS ALREADY DONE?

In early 2019, the union’s first-ever LGBTQ+ Advisory Committee was formed to work on improving contract language, expand the union’s education curriculum to be inclusive and intersectional, and decrease incidents of harassment against LGBTQ+ members. We remain

committed to this work to build an even stronger union that is inclusive of all members.

Locals can learn more about the advisory committee and available resources by visiting www.usw.org/steelpride.

12. PREGNANCY (INCLUDING LOSS OF PREGNANCY)

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

Pregnancy is not an illness or a disability. But the complex biological changes that occur in pregnant women's bodies can result in illness or changes in their physical ability to work.

Work can also affect the ability to get pregnant, the pregnancy itself and the possibility of miscarriage, pre-term delivery, low birth weights and disabilities.

Some working conditions can worsen the physical effects experienced during pregnancy:

Many hazards can have their impact at different times during a pregnancy and after birth. Many can affect a fetus in the first trimester, before women may even know they're

pregnant. Some make an impact in the last trimester. Yet others are passed along in breast milk.

While some hazards affect the mother, others have permanent effects on a child and beyond. For example, pesticides, phthalates, dioxin and nicotine can cause low sperm counts, respiratory problems and obesity in later generations. At very low levels, substances like lead, PCBs, petroleum-based solvents and methyl mercury can affect the developing brain. (See the section on Chemicals for more information.)

Studies have found pre-term births and low birth weight connected to physically demanding work (prolonged standing, heavy lifting, physical exertion, fatigue and demanding posture), as well as to lead and whole-body vibration (such as from driving a truck or bus).

PHYSICAL EFFECT OF PREGNANCY	WORKING CONDITIONS THAT CAN WORSEN THE EFFECT	
Morning sickness	Early shifts	Nauseating smells
Backache	Standing Posture	Manual handling, lifting, moving things
Varicose veins	Static positions: standing, sitting	
Hemorrhoids	Heat	
Frequent visits to toilets	Difficulty in leaving job/work area	
Increasing size	Use of protective clothing or PPE Work in confined areas, fitted work stations or vehicle cabs Manual handling, lifting, moving things (Dexterity, agility, coordination, speed of movement and reach may be impaired)	
Tiredness	Overtime Lifting heavy objects Vibration	Evening work High temperatures
Balance	Work on slippery, wet surfaces	
Comfort	Work in tightly fitting uniforms	
Greater air intake	Air-borne hazardous substances	
Liver, kidneys and heart work harder to support fetus	Heat Stress	Working with toxic substances

Dexterity, agility, coordination, speed of movement and reach may be impaired because of increased size as a pregnancy progresses. Job tasks that used to be easy may no longer be, making them hazardous.

The presence of reproductive hazards at work has sometimes been used to keep women out of traditionally male jobs. But this ignores men's reproductive health, as well as the reproductive hazards present in traditionally female jobs. In fact, almost anything that could affect a pregnant woman and the fetus will harm men, too.

LOSS OF PREGNANCY

Whether the result is a live birth or not, a woman's body still experiences all the physical and emotional effects of a pregnancy. The loss of a child by miscarriage only adds to the emotional and psychological toll.

WANT TO LEARN MORE?

Your Job Can Affect Pregnancy, Breastfeeding, and Your Family's Health:
U.S. Centers for Disease Control and Prevention
www.cdc.gov/niosh/topics/repro/pregnancy.html

Pregnancy Discrimination
www.eeoc.gov/pregnancy-discrimination

Pregnancy, Breastfeeding and Health and Safety – A Guide for Workplace Representatives:
Trades Union Congress
www.tuc.org.uk/sites/default/files/PregnancyBreastfeedingHS.pdf

Healthy Beginnings: Guidance on Safe Maternity at Work: International Labour Organization
www.ilo.org/travail/info/publications/WCMS_TRAVAIL_PUB_66/lang--en/index.html

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Once women know they're pregnant, talk to them using the Hazards Checklist for Pregnant Workers, Tool Number 4 in the Tools section of this Action Guide. Then work with your local union's health and safety representatives to prioritize what should be done next.
- Check your health and safety law for any type of protective reassignment for pregnant and breastfeeding women and think about creative ways to use them.
- Elect or appoint women to health and safety committees.
- Ask women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you, respect their voices and act on their concerns.
- Educate members and health and safety representatives about reproductive hazards.
- Work with the health and safety committee to check data sheets for ingredients classified as reproductive hazards, then work to remove them or replace them with less-toxic alternatives.
- Negotiate:
 - Temporary adjustment of working hours and/or shift patterns, to avoid nights and changing shifts, including more rest, refreshment and meal breaks.
 - Alternative work instead of working alone or in situations where violence is likely.
 - Proper rest facilities and access to cool environments and drinks when working in hot environments.
 - Protective clothing for hot and cold conditions.
 - Effective PPE (personal protective equipment) when necessary, or re-assignment when it does not fit or work properly.
 - Measures to avoid prolonged standing or sitting.
 - Adjustable work stations to accommodate changing size, shape and the need to sit and stand.
 - Mechanical handling devices for lifting people or heavy objects.
- Ensure leave policies don't discriminate in relation to pregnancy and miscarriage.



13. BREASTFEEDING AND NEW MOTHERHOOD

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

Public health authorities recommend breastfeeding new babies for at least the first six months; the American Academy of Pediatrics (AAP) recommends that infants be exclusively breastfed for about the first six months with continued breastfeeding while introducing appropriate foods for one year or longer.

Breasts have a lot of fatty tissue. Because some chemicals are stored in fatty tissue, they can get into breast milk. Examples include organic solvents, lead and other metals, flame retardants, some pesticides and endocrine disruptors like BPA and other phthalates.

Other job-related hazards can affect breastfeeding. They include:

- Dehydration from working in hot environments, without access to water and rest breaks.
- Long hours of work, shift work and night work, especially when they lead to fatigue or don't provide enough time for proper meals.
- Lack of flexible breaks to breastfeed a baby or express milk.

New motherhood is an extremely demanding time, and combining work with looking after a new baby can be stressful. As well as interrupting sleep patterns, having a baby will usually increase anxiety and tension. There is also the risk of post-natal depression, a recognized medical condition.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Pregnant and nursing women need to work in areas free of hazardous chemicals, especially those with effects at very low levels, such as lead and endocrine-disrupting chemicals.
- Make sure that new mothers are not pressured to give up breastfeeding or expressing milk at work.
- Ensure that there are suitable facilities in the workplace for nursing women or women who want to express milk. Such facilities must be hygienic and have refrigerated storage for the milk as well as facilities for washing, sterilizing and storing pumps and milk containers.
- Elect or appoint women to health and safety and Women of Steel committees.
- Ask women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you, respect their voices and take action on their concerns.

WANT TO LEARN MORE?

Your Job Can Affect Pregnancy, Breastfeeding, and Your Family's Health: U.S. Centers for Disease Control and Prevention
www.cdc.gov/niosh/topics/repro/pregnancy.html

Pregnancy, Breastfeeding and Health and Safety – A Guide for Workplace Representatives: Trades Union Congress
www.tuc.org.uk/sites/default/files/PregnancyBreastfeedingHS.pdf

14. MENOPAUSE

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

Menopause marks the end of menstruation, and is a natural part of women's lives. It usually happens between the ages of 45 and 55. Breast-cancer treatment and hysterectomy can lead to early menopause or menopause symptoms.

Menopause is not an illness. But it's a subject that is often treated as a taboo topic or is the source of jokes and stereotypes. This makes it hard for many women to talk about the difficulties menopause creates for them at work. Often women aren't even aware that the symptoms and problems they are experiencing are caused by menopause.

Menopause brings with it a host of physical changes and symptoms. While women experience menopause in different ways, many of the symptoms can seriously affect women in the workplace. The list below includes the most common effects, with the symptoms in bold being the ones most likely to be made worse by work:

Hot flashes • **Headaches** • **Tiredness, lack of energy** • **Anxiety attacks** • **Aches and pains** • **Dry skin and eyes** • **Short-term memory loss** • Night sweats • Sleeping problems and disturbances • Urinary problems (needing to urinate frequently) • Heavy and irregular periods • Weight gain • General irritability, mood swings.

After menopause, women may be more prone to heart attacks and strokes, accelerated loss of bone bulk and osteoporosis and bladder trouble.

All these effects have an impact on how a woman does her work and her relationship with her boss and co-workers, friends and family.

Health and safety issues for menopausal women in the workplace include:

- Toilet access and breaks. Often women have difficulty getting access to toilets because of strict rules about breaks, inflexible schedules, distance between work stations and toilets, or a shortage of public facilities in the case of drivers or other mobile workers. Heavy or unpredictable periods make easy access to sanitary facilities even more important.
- Personal protective equipment (PPE), unsuitable or tight-fitting clothing or uniforms may aggravate hot flashes and sweating.
- Workstation design. Working in a restricted position for a long time may cause health problems.
- Standing at work may also be an issue for some women. Research has shown that the risk of both heart attack and stroke could be increased for menopausal women as a result of prolonged standing.
- Workplace temperature or hot work. A woman's body temperature may rise by up to five degrees during a hot flash. Working in areas such as furnaces or kitchens or in buildings with poor temperature control can increase discomfort and sweating.
- Ventilation. Additional ventilation may be required when doing hot work or working in areas with high temperatures.
- Lack of access to natural light. Whether because of workplace design or shift patterns, lack of natural light may affect the body's ability to absorb calcium and can also affect mood.
- Inflexible hours of work and breaks may add to stress and physical discomfort at work.

- Poor indoor air quality and heat may exacerbate dry skin and eyes.
- Women having hormone-replacement therapy or post-operative treatments may experience symptoms which affect them at work, such as nausea.
- Stress in the workplace.

On top of the physical and emotional symptoms that come with menopause, women workers have to deal with negative attitudes such as:

- Criticism from management about sick leave related to menopause.
- Embarrassment or difficulties in discussing menopause with employers, stewards, health and safety representatives and others.
- Ridicule and harassment from managers when women seek accommodation.
- Pressure and lack of understanding from co-workers.
- Humiliation when co-workers or managers accuse women of poor hygiene or make jokes about aging.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

Listen to what women workers tell you, respect their voices and take action on their concerns.

- Use the Menopause Hazard Assessment Checklist (Tool Number 3, p.28 in the Tools section of this Action Guide) to survey women in your workplace and identify priorities for action.
- Intervene with the employer to allow individual strategies such as obtaining fans or opening windows, adjusting working hours or routine, taking precautionary measures such as wearing layers of clothes and having a change of clothes at work.
- Ensure leave policies don't discriminate in relation to menopause-related conditions, including osteoporosis.
- Invite speakers to local union meetings, brown bag lunches or other events to provide information about menopause.
- Elect or appoint women to health and safety committees.
- Ask women in your workplace about their experience with hazards, their concerns and their suggested solutions.

WANT TO LEARN MORE?

Menopause Information Pack for Organizations: Monash University
www.menopauseatwork.org

Supporting Working Women Through the Menopause: Guidance for union representatives:
Trades Union Congress
www.tuc.org.uk/sites/default/files/extras/supporting_women_through_the_menopause.pdf

Menopause and Perimenopause: Our Bodies Ourselves
www.ourbodiesourselves.org/book-excerpts/health-topics/menopause-perimenopause

15. REPRODUCTIVE HEALTH

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

Health and safety discussions about women usually focus on their ability to have children. In fact, women's reproductive health includes libido (interest in sex), menstruation, menopause, cancers of the reproductive system and hormones (which affect other systems), as well as fertility, pregnancy, breastfeeding/lactation and post-birth mental health.

Some hazards affect many aspects of female reproductive health. One example is endocrine disrupting chemicals. Another is nanomaterials: microscopic particles measured in billionths of a meter. Research shows that titanium-dioxide nanoparticles used in consumer products can cause ovarian dysfunction, disrupt the normal balance of sex hormones and decrease fertility. Nanoparticles can cross the placenta, possibly causing changes to the developing fetus, as well as reproductive and nervous system abnormalities.

Almost anything that could affect a pregnant woman and/or her fetus will harm men, too. Excluding women of child-bearing age from certain jobs ignores the hazards that affect men's reproductive or general health and discriminates against both.

FERTILITY AND FERTILITY TREATMENTS

Reduced ability to conceive has been linked to:

- Use of powerful, high-level disinfectants (such as glutaraldehyde and formaldehyde).
- Working more than 40 hours a week.
- Greater frequency of lifting or moving heavy loads.

ENDOCRINE DISRUPTING CHEMICALS (EDCS) AFFECT MANY ASPECTS OF REPRODUCTIVE HEALTH

EDCs can adversely affect the ovaries, uterus, vagina, anterior pituitary and/or steroid production. The results can include early puberty, infertility, abnormal cycles, premature ovarian failure/menopause, endometriosis, fibroids and adverse pregnancy outcomes.

A special concern during pregnancy is that changes to fetal programming can predispose them, as adults, to chronic

Women aren't the only ones who can be negatively affected by work hazards that reduce fertility or harm genetic material. Men can also be harmed, affecting their ability to become parents of healthy children.

MENSTRUATION AND ACCESS TO MENSTRUAL PRODUCTS

Many women workers can't carry sanitary products on their person at work. Many women don't have easy access to a toilet when they need to change a pad or tampon. And a menstrual period can start without advance warning, requiring a second or an emergency trip to the toilet.



diseases. For example, changing estrogen action during fetal development can affect reproduction in adulthood and damage fertility.

In the European Union, a conservative estimate of the costs of female reproductive disorders linked to EDCs is almost €1.5 billion annually, primarily due to fibroids and endometriosis.

Beyond 2020: Women and chemical safety, IPEN and Pesticide Action Network, 2017

Beyond regular menstruation, more serious menstrual problems affecting women at work include:

- Lack of periods (amenorrhea).
- Heavy periods (menorrhagia).
- Painful periods (dysmenorrhea).
- Premenstrual syndrome, whose symptoms include tiredness, lethargy, bloating, cramps, fluctuations of mood and body temperature.
- Endometriosis, a common condition in which tissue that behaves like the womb lining is found outside the womb. Symptoms include painful periods, excessive bleeding, diarrhea, constipation, bloating and nausea, especially during menstrual periods.

Menstrual disorders can be linked to various jobs or hazards including:

- Cold (dysmenorrhea).
- Strenuous activities (amenorrhea).
- Irregular/unpredictable schedules (long cycles, irregularity, amenorrhea).
- Heavy lifting (perhaps linked to long cycles, irregularity, amenorrhea).
- Night work and rotating night shift, or related factors like fatigue, insomnia or disrupted circadian rhythms (irregularity, very short or long cycles).
- Long hours (irregularity, very short cycles).

Some chemicals (such as carbon disulphide, organic solvents and synthetic hormones) as well as high levels of physical or emotional stress can also disrupt the menstrual cycle.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Elect or appoint women to health and safety and Women of Steel committees.
- Ask women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you, respect their voices and take action on their concerns.
- Educate members about the health hazards of chemicals, especially those that are carcinogens, mutagens and reproductive hazards.
- Work with the health and safety committee to review data sheets for reproductive toxins, and push to remove the products from the workplace (ensuring that replacements are less toxic).
- Ensure workplaces have enough accessible toilet facilities within reasonable distance from where women are working.
- Support accommodation measures for women workers who may need more frequent and/or longer breaks while menstruating or undergoing treatment for infections or other conditions that lead to more frequent urination.
- Pressure or negotiate for the employer to provide menstrual supplies (pads, tampons) in washrooms in the same way they provide toilet paper.
- Negotiate options to wearing white uniforms.
- Educate local union executive members and health and safety committee members in order to end “period shaming.”
- Ensure leave policies don’t discriminate in relation to menstruation-related illness and leaves needed to receive fertility treatments.

WANT TO LEARN MORE?

The Endocrine Disruption Exchange
www.endocrinedisruption.org

Your Job Can Affect Pregnancy, Breastfeeding, and Your Family’s Health: U.S. Centers for Disease Control and Prevention
www.cdc.gov/niosh/topics/repro/pregnancy.html

Program on Reproductive Health and the Environment, Work Matters: University of California San Francisco
www.prhe.ucsf.edu/work-matters

Chemical Hazard and Alternatives Toolbox
www.chemhat.org/en/safer-chemicals/whats-problem-chemicals

WHAT HAVE USW LOCALS AND ACTIVISTS ALREADY DONE?

USW’s sister union in the United Kingdom and Ireland, Unite, has a “Period Dignity” campaign. By talking about menstruation as a normal part of life, Unite wants to end the embarrassment many women – and men – feel when talking about menstrual periods. Period Dignity aims to change attitudes and make it the norm that every employer provide free sanitary products in the workplace.

Unite created posters, leaflets and template letters. There’s also a petition, calling on the government to remove the sales tax on sanitary products.

To learn more, visit:
www.unitetheunion.org/campaigns/unite-demands-period-dignity

16. ACCESS TO MEDICAL AND REPRODUCTIVE HEALTH CARE

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

The ability to decide whether or when to have children is a fundamental right that has a direct impact on women's economic and personal wellbeing. Without having control over decisions to reproduce, some women will be forced into positions of having to take different and, at times, lower-paying jobs to accommodate their needs during pregnancy.

Women are at additional economic and health risks when denied access to the birth control of their choice. The expense and stress of seeking appropriate care and being forced to travel for access to treatment put women at additional economic and health risks. For instance, a woman living in a state that bans all abortions may be forced to travel in order to access care, which also unnecessarily delays the receipt of care.

Other health care decisions can be impacted by restrictions on women's reproductive freedom. Treatments, including but not limited to care related to autoimmune diseases (like rheumatoid arthritis, lupus, and cancer) because some of these drugs – like methotrexate – can cause miscarriages, be used for medical abortions, or be prescribed to treat patients after early pregnancy loss. As a result, some states with restrictive abortion laws are allowing pharmacists to refuse to fill prescriptions for these drugs.

Workers without access to medical and reproductive health care can be at a higher risk of experiencing miscarriages or complications during pregnancy. If a medical emergency happens at work, it is important to have properly trained personnel readily available to provide care.

The USW reaffirmed its commitment to this access by incorporating reproductive freedom into several resolutions passed at the 2022 International Convention and releasing a Toolkit for Protecting Access to Medical and Reproductive Health Care.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Review the USW's Toolkit for Protecting Access to Medical and Reproductive Health Care. A copy of this toolkit can be requested through your local's Staff Representative or by reaching out to the USW's Collective Bargaining or Legal Departments.
- Elect or appoint women to union and labor-management health and safety and Women of Steel committees.
- Ask women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you, respect their voices and act on their concerns.
- If your workplace has a first responder or first aid team, ensure they receive training that includes assisting a pregnant patient.

WANT TO LEARN MORE?

Pregnancy and Your Job – Reproductive Health
<https://www.cdc.gov/niosh/topics/repro/pregnancyjob.html>



17. CANCER (BREAST, OVARIAN, CERVICAL AND UTERINE)

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

Breast cancer is the second most fatal form of cancer for women.

Current research indicates that many breast cancer causing substances are found in common, everyday products and byproducts. Work-related substances known or suspected of causing breast cancer include:

- Low levels of some solvents like those found in manufacturing, paints and glues.
- Soluble metalworking fluids.
- Endocrine disruptors, like those found in plastics.
- Some pesticides (e.g., malathion, chlordane, 2,4-D).
- Benzene, vinyl chloride, styrene, acrylonitrile.
- Ethylene oxide.

Other research has found a link between breast cancer and night-shift work, job stress and sedentary work.

OVARIAN CANCER

Very few studies have looked at the relationship between ovarian cancer and work, but what does exist shows links to:

- Asbestos, silica dust, ionizing radiation and diesel exhaust.
- Methoxychlor and atrazine (pesticides).
- Triclosan (a disinfectant).
- Trichloroethylene, a solvent used in de-greasing and in the manufacture of semi-conductors and electronic storage-devices.

CERVICAL CANCER

Cervical cancer is even less studied than ovarian cancer. Invasive cervical cancer is almost five times more common among cleaners than other women, likely thanks to chemicals, particularly solvents. There also is evidence linking the disease to the common solvent trichloroethylene, tetrachloroethylene (also known as perchloroethylene or perc, a common dry-cleaning chemical), and some endocrine disrupting chemicals.

UTERINE CANCER

Cases of uterine cancer (which includes endometrial cancer) are on the rise, but there are few studies about connections to work. One study linked the disease to sedentary work and animal dust, while another linked it to prolonged exposure to silica dust. Hypertension, gall-bladder disease and thyroid disease in breast-cancer survivors also have been found to increase the odds of developing uterine cancer.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Use our collective voice to win health and safety improvements in our workplaces, such as changing work processes, substituting less hazardous chemicals or using engineering and design controls to reduce exposure to harmful chemicals.
- Prevent the adverse health effects of shift work by:
 - Rotating schedules that move rapidly from morning-afternoon-evening shifts; this has been shown to improve sleep quality and quantity.
- Ensure that workers use hazardous chemicals under safe conditions, including containment devices, ventilated cabinets, clean rooms, designated rooms to treat patients or animals with cancer, job rotation, storing drugs separately from other drugs and food or drink and routine inventory and housekeeping.
- Elect or appoint women to union and labor-management health and safety committees.
- Ask women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you, respect their voices and take action on their concerns.
- Educate our members about the health hazards of chemicals, especially those that are carcinogens, mutagens and reproductive hazards.
- Work with the health and safety committee to review data sheets for carcinogens, and push to remove the products from the workplace (ensuring that replacements are less toxic).

WANT TO LEARN MORE?

USW/Blue Green Alliance Program to Put Breast Cancer Out of Work
www.chemhat.org/en/uswbga-program

Program on Reproductive Health and the Environment: University of California
www.prhe.ucsf.edu

Pink Ribbons, Inc.: National Film Board of Canada
www.nfb.ca/film/pink_ribbons_inc

18. STRESS, MENTAL HEALTH AND WORK-LIFE BALANCE

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

Stress can harm our physical and mental health.

Factors inside the workplace can cause stress, such as: discrimination, harassment and bullying at work, cyberbullying and online harassment, staff shortages or work speed-up, noise, electronic monitoring and too much supervision, job insecurity and fear of layoffs and unemployment.

It's impossible to leave work problems at work or to shut out "personal" problems while we're on the job:

- Many working women add a "second shift" of family responsibilities to their workload.
- While on the job, they worry about a lack of quality child care and its high costs, or about caring for elderly, sick or disabled relatives.
- Living with violence from a partner or ex-partner drains physical and mental energy.
- Trauma from experiences of gender-based violence, racism, etc., can negatively affect our ability to learn and to remember.

The longer the stress goes on and the less control we have over the situation, the greater the negative impact on our health. And stress also sets us up for aches and pains, particularly in the neck, shoulders and lower back, as the body graphics below indicate.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Elect or appoint women to health and safety and Women of Steel committees.
- Ask women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you, respect their voices and take action on their concerns.

- Talk to your staff representative about taking USW's course on mental health at work, which is provided by the USW's Tony Mazzocchi Center.
- Survey your members about sources of stress.
- Based on the results of the survey, negotiate provisions that get to the source of stress, such as:
 - A child-care allowance or flex time.
 - Paid leave of absence for workers experiencing domestic violence.
 - Women's advocates or equity advocates to help coworkers living with domestic violence or harassment.
 - Anti-harassment training for supervisors.
- Meet with the employer to discuss changing the structure of the workplace or the organization of work.
- Provide members with information about community programs and agencies that offer counseling and support on mental health.
- Invite a speaker from a community mental health organization to speak at a membership meeting or other union event.
- Individual union members may find that doing yoga, meditation and exercise are helpful, and this is fine. But as a union, avoid solutions that focus on individual behaviors.

WANT TO LEARN MORE?

Center for Disease Control and Prevention (CDC): Mental Health in the Workplace
www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/mental-health/index.html

Healthcare Workers: Work Stress & Mental Health
www.cdc.gov/niosh/topics/healthcare/workstress

Stress Prevention at Work Checkpoints – Practical improvements for stress prevention in the workplace: International Labour Organization
www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_168053/lang-en/index.htm

U.S. Equal Employment Opportunity Commission (EEOC): Depression, PTSD, & Other Mental Health Conditions in the Workplace: Your Legal Rights
www.eeoc.gov/laws/guidance/depression-ptsd-other-mental-health-conditions-workplace-your-legal-rights

WHAT HAVE USW LOCALS AND ACTIVISTS ALREADY DONE?

Mental health is an issue that Steelworkers local unions in District 5 have been taking action on for years. Many local unions in Quebec have trained "social stewards" who offer support to other members dealing with personal problems, things not necessarily covered by the collective agreement. Social stewards aren't counselors or therapists. But they

are members who have a good understanding of their work environments and of resources and services in the community. They are there to provide a shoulder to lean on, an ear to listen. There are now over 3,000 social stewards in all participating unions in Quebec.

19. CHEMICALS

WHY IS THIS A CHALLENGE AND HOW DOES IT AFFECT WOMEN?

There are tens of thousands of chemicals on the market today. We work with them in solid, liquid and gas forms, and as mists, fumes and dust.

Yet few chemicals have been tested for what they can do to workers over the long term. And those that have been studied focus on men, although women can react differently to chemicals.

Researchers aren't sure about all the ways women react differently to chemicals, but we do know that important differences are because women:

- Breathe differently than men.
- Have higher body fat levels (many toxic chemicals are stored in fatty tissues).
- Metabolize or process chemicals differently at different life stages.

As a result, women may be harmed by lower levels of exposure or show different symptoms of harm. Unfortunately, employers and even union activists have sometimes refused to take women workers seriously when they report experiences different than male colleagues. For example, it took a long time for multiple-chemical sensitivities to be recognized as a "real" disease, and those with it – often women – were dismissed as having "psychological" issues.

Because research is based on male workers, safety standards usually are based on an assumed average male height and body weight, as well as how well the male body can detoxify or deal with the chemical.

HOW CAN WE TAKE ACTION IN OUR LOCAL UNION?

- Use independent sources, such as the list at the end of this section, to find out more about chemical hazards and how they may affect women's health.
- Be wary of generalized statements about chemical hazards. Always ask about all their effects on women.
- Demand or negotiate that employers provide information to unions about health and safety inspections, measurements, etc., broken down by sex and job, so it's easier to see how female workers are included or excluded or affected.
- Demand that appropriate numbers of women be included in all inspections, investigations, monitoring and other conversations about chemical hazards. And include women in all discussions about "fixes" for the hazards affecting them.
- Elect or appoint women to union and labor-management health and safety committees.
- Ask women in your workplace about their experience with hazards, their concerns and their suggested solutions.
- Listen to what women workers tell you, respect their voices and take action on their concerns.
- Make sure workers always receive a data sheet and training about any chemical product in the workplace.
- Women's jobs should be assessed separately from those of men.
- Always ask "What about the women?" in discussions about chemical (and other) hazards. Questions have to go beyond pregnancy and reproductive systems, to other differences that matter.
- Use resources specifically about women and chemicals to organize workshops, lunch meetings and discussions at union meetings and labor councils. Find allies in the community who are concerned about the hazards.
- Bargain for safer substitutes for toxic or hazardous substances.
- Be involved in purchasing decisions to ensure that the least toxic substances are brought into the workplace.

WANT TO LEARN MORE?

Transitioning to Safer Chemicals: A Toolkit for Employers and Workers
www.osha.gov/safer-chemicals

The Endocrine Disruption Exchange
www.endocrinedisruption.org

Chemical Hazard and Alternatives Toolbox
www.chemhat.org

Minimizing Chemical Risk to Workers' Health and Safety Through Substitution:
European Union Agency for Safety and Health at Work
www.osha.europa.eu/en/legislation/guidelines/minimising-chemical-risk-to-workers2019-health-and-safety-through-substitution

Searchable List of Less-toxic or Non-toxic Options: San Francisco Environment Department
www.sfapproved.org

Women and Chemicals, A thought-starter based on an experts' workshop:
Women Engage for a Common Future
www.wecf.org/77912

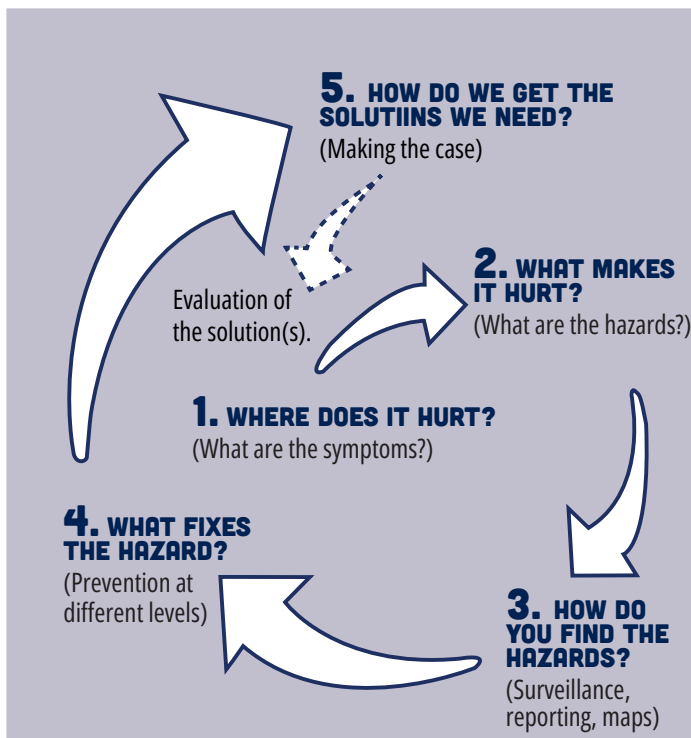
1. A DISCUSSION PROCESS

Invite women in your unit or local union to a discussion about their health. Use these five steps:

- **Where does it hurt?** How are members getting hurt or sick? What's happening to women?
- **What makes it hurt?** What are the hazards behind members' symptoms, injuries and illnesses? What's the difference between the experiences of women and men? What about long-term effects? What's missing?
- **How do you find the hazards?** What information can you get from members? From reading reports? From other resources? How do you collect information in a way that pays attention to women and men?
- **What fixes the hazards?** How can the hazards be prevented? What solutions do we need right now, to at least limit the harm? What is the best long-term fix? How do the solutions affect women? Do they make other hazards worse?
- **How do we get the fixes we need?** What strategies do we need for the short, medium and long term, to get our solutions? Who can we work with inside our union? How do we pull it all together to make the case for change? How are women involved?

(Source: Dorothy Wigmore)

FIVE STEPS TO A HEALTHY AND SAFE WORKPLACE



2. MAKING A COMMITTEE ACTION PLAN

Under the USW Constitution, local unions are encouraged to have their own health and safety committees to protect and advocate for their members. (These are separate from the joint union-management committees required by law in most workplaces.)

Union committees can develop a workplace action plan that looks at the workplace through a gender lens. That means it:

- Includes women members on the committee and works with the local's women's committee.
- Deals with all the hazards women face at work.
- Sets out what will be done to make women safer and healthier.
- Is communicated to women members.

The local union appoints worker representatives to the joint health and safety committee. This means that local unions can appoint women to make sure female voices are heard in committee discussions and activities.

This action plan can include:

- Do a confidential survey of the women in the workplace or local, to identify their health and safety concerns, priorities for action and what they want to see done. Present the findings to the local executive and the membership, then to the employer for discussion and action.
- Encourage more women to become union health and safety representatives and take related USW education courses.
- Ensure that committee meetings are held at times convenient for members with family responsibilities.
- Regularly review the employer's health and safety program to ensure that it reflects women's health and safety concerns and takes action to deal with them.
- Ensure that all health and safety activities, inspections, investigations, etc. recognize and include hazards and health problems specific to female workers of all ages.
- Hold a women's health day to highlight the range of hazards that can affect women in the workplace, discuss solutions and identify strategies to implement them.
- Feed ideas to the bargaining committee and to local representatives on the joint health and safety committee.
- Review how the local communicates with members about safety and health issues. Do all sections of the workforce have access to information and support, including shift workers, part-time workers and temporary workers?

(Source: Making women visible in occupational health and safety www.iuf.org)

3. THE MENOPAUSE HAZARD ASSESSMENT CHECKLIST

1. HEALTH AND SAFETY MANAGEMENT

QUESTION	YES, NO, NOT SURE
Do hazard assessments include consideration of menopause and other gender issues?	
Have managers and supervisors been trained in issues relating to health, safety and welfare and menopause?	
Have the health and safety committees and women's committee been trained with similar information?	
Do workers have access to information about menopause?	
How does the health and safety program recognize and deal with menopause?	
Does the sick-leave policy recognize menopause as a health, safety and welfare issue?	
Can women report menopause-related symptoms or sickness to a female manager?	
What arrangements are in place to deal with related issues (e.g., stressors, temperature)?	

2. SANITARY AND HEALTH ISSUES (FREQUENT URINATION, HEAVY PERIODS, IRREGULAR PERIODS, NAUSEA)

QUESTION	YES, NO, NOT SURE
From their work stations, can women easily access toilets, showers, changerooms and rest facilities?	
Are there private washing and changing facilities? Enough of them?	
Is there access to sanitary products? Where?	
Do shifts and schedules (e.g., for drivers) ensure that workers have easy access to sanitary and washing facilities?	

3. TEMPERATURE (HOT FLASHES AND PERSPIRATION)

QUESTION	YES, NO, NOT SURE
Is there a policy on workplace maximum (and minimum) temperature?	
How is it implemented?	
Is ventilation available? Is it regularly maintained?	
Is additional ventilation (e.g., portable fans) provided if necessary?	
Can women control the temperature and/or ventilation in their work areas?	
Do uniforms and PPE reflect the needs of menopausal women? (E.g., is it loose, easy to remove, made of natural fibres, etc.)	
Is it easy to get cool or cold water to drink?	

WHAT CAN BE DONE TO IMPROVE THE SITUATION?	BY WHOM?	WHEN?	WHAT ELSE NEEDS TO BE CHECKED OUT?

AND VOMITING)

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3. THE MENOPAUSE HAZARD ASSESSMENT CHECKLIST

4. ERGONOMIC DESIGN ISSUES (ACHES AND PAINS, DIZZINESS, LACK OF ENERGY, HEADACHES)

QUESTION	YES, NO, NOT SURE
Are work stations designed to allow easy movement and/or changes of position, as well as sitting or standing as needed?	
Do hazard assessments and ergonomic assessments take menopause into account?	
Are there opportunities to switch to lighter or different duties?	
Are there flexible working arrangements for breaks?	

5. REPRODUCTIVE ORGANS AND BONE DAMAGE

QUESTION	YES, NO, NOT SURE
Is there access to natural light?	
Can workers take breaks as needed, in addition to regular break times?	
Are uniforms made of natural or breathable fibres?	

6. MOOD SWINGS, IRRITABILITY, LOSS OF CONCENTRATION, INSOMNIA

QUESTION	YES, NO, NOT SURE
Is there flexible working time?	
Are there flexible breaks?	
Is there access to natural light?	

7. SKIN AND EYES

QUESTION	YES, NO, NOT SURE
Do ventilation systems function well?	
Do humidifier systems function well?	

8. WHAT OTHER CONDITIONS MAY BE RELEVANT TO MENOPAUSAL WOMEN?

WHAT CAN BE DONE TO IMPROVE THE SITUATION?	BY WHOM?	WHEN?	WHAT ELSE NEEDS TO BE CHECKED OUT?

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4. HAZARDS CHECKLIST FOR PREGNANT WORKERS

IS THE PREGNANT WORKER:		YES - SHADED MEANS IT'S A PRIORITY FOR ACTION!	NO - SHADED MEANS IT'S A PRIORITY FOR ACTION!
EXTREMES OF HEAT & COLD	Working in hot conditions?		
	Working in very cold conditions?		
	Working where there are sudden changes of temperature?		
	Able to access clean toilets and rest facilities that are nearby, without time limits?		
	Able to get drinks, whether warm or cold?		
	Provided with comfortable, well-fitting work clothing suitable for the temperature?		
WORK STRESS	Experiencing work stress, bullying or harassment?		
	Able to access supportive policies and procedures in the workplace without retaliation?		
	Able to ask for preventative measures when problems arise, without retaliation?		
	At risk of violence from customers, clients or others?		
NOISE AND VIBRATION	Working where noise interferes with talking, listening, hearing or concentrating?		
	Working in areas with low-frequency noise?		
	Subject to vibrations from machines, vehicles or tools?		
	Likely to experience jolts or shocks?		
MATERIALS HANDLING	Required to lift, carry, push or pull heavy loads?		
	Required to lift, carry, push or pull lots of small loads that add up to heavy weights?		
	Required to move or transfer people without mechanical help?		
	Able to use machines and other aids to avoid or greatly reduce the physical effort of lifting?		
MOVEMENTS & POSTURE	In a job requiring awkward movements or staying in awkward positions?		
	Required to sit or stand in one position for a long time?		
	Provided with, and allowed to use, an adjustable chair or sit/stand device?		

NEXT STEPS (WHO, WHAT, WHEN):

This checklist names hazards and workplace conditions that can harm pregnant workers and their fetuses. A checklist should be completed for **each** pregnant worker who consents to having their working conditions assessed. (It is not meant to replace or override direction from the worker’s doctors.)

Use this checklist to identify how the job and the workplace needs to be modified to keep pregnant workers healthy and safe. Any checkmark in a shaded box is likely a priority for action.

When thinking about taking next steps to find solutions, remember that it’s always best to:

- 1. Eliminate the hazard, before trying to
- 2. Reduce the hazard, before thinking about
- 3. Relying on personal protective equipment or protective clothing.

The employer is responsible for fixing hazards and providing PPE and protective clothing that fits and is right for the task.

Work with your local’s health and safety committee and joint workplace committee representatives on your list of priority actions.

4. HAZARDS CHECKLIST FOR PREGNANT WORKERS

IS THE PREGNANT WORKER:		YES – SHADED MEANS IT'S A PRIORITY FOR ACTION!	NO – SHADED MEANS IT'S A PRIORITY FOR ACTION!
MOVEMENTS & POSTURE (CONTINUED)	Working in a confined space?		
	At a work station that can't be adjusted to accommodate changing body size?		
	Able to take regular rest breaks, as needed, without retaliation?		
	Required to work at heights?		
PROTECTIVE EQUIP. & CLOTHING	Provided with personal protective equipment or protective clothing that accommodates a changing body size without limiting movement or dexterity?		
WORKING HOURS	Able to adjust work hours and/or shift patterns temporarily if needed to get enough rest, without retaliation?		
	Able to take meal and refreshment breaks as needed, without retaliation?		
HAZARDOUS SUBSTANCES	Working with or near to mold and fungi or other biological hazards?		
	Working with people who may have contagious diseases that are harmful to maternal or fetal health?		
	Working with or near substances that are known to be hazardous to fetal development and health?		
	Provided by the employer with information about what hazardous substances are in the workplace?		
GENERAL	Able to report problems and get them resolved quickly, without retaliation?		
	Trained about the right to refuse dangerous work and how to use it?		
	Provided with information, instructions and training about any new tasks?		
	Given information about all job hazards, especially related to new tasks?		
	Given information about the right of pregnant worker (including preventive removal, if in the law or collective agreement)?		

NEXT STEPS (WHO, WHAT, WHEN):

5. BODY MAPPING

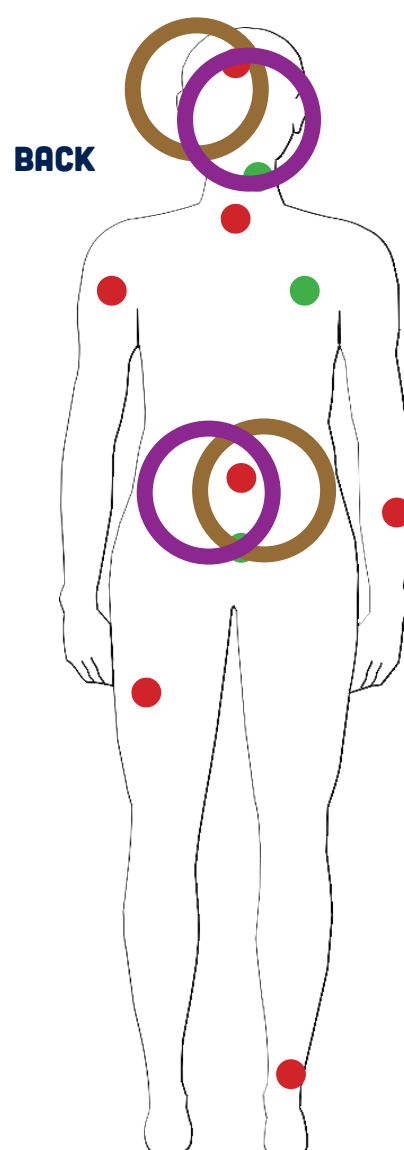
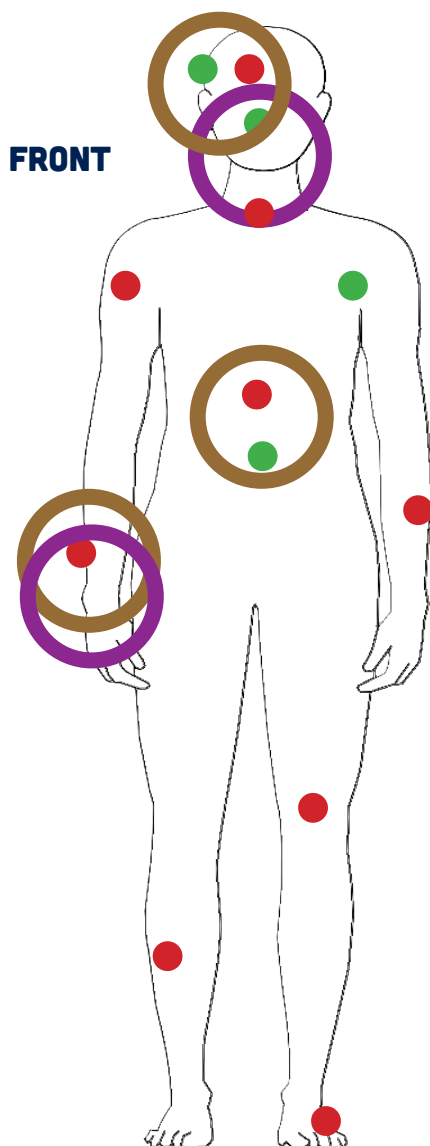
Body mapping is a simple way to identify common health and safety concerns in a work area, and leads to good discussions with workers about solutions and action.

Bring together workers from the same work area, department, classification or even workplace. All you need are:

- Flipchart paper.
- Markers (black, brown, lots of red, lots of green, etc.).
- Tape.

1. On one flipchart sheet, use a black or brown marker to draw the outline of the front of a human body. Label it "front."
2. On a second flipchart sheet, draw the outline of the back of a body and label it "back."
3. Tape both sheets to the wall.

4. Ask each worker to put one red mark on each spot on the body diagrams where they experience an ache or pain.
5. Then put one green mark on each spot where stress shows up in their body.
6. When everyone has finished, stand back and start a discussion by asking: What do you see? What's missing, and why?
7. (Optional step: With a purple marker, circle the ache-and-pain marks that workers say are related to chemicals. With a brown marker, circle the marks that workers say are related to violence, etc.)
8. Ask the group: Now that we've analyzed these body maps, what are your priorities for further investigation?
9. Share the results of the conversation with local union health and safety representatives and update workers on investigation results and other actions.



6. ERGONOMIC ASSESSMENTS AT COMPUTER WORKSTATIONS

Buddy-up with a coworker to help one another find the best sitting position:

- Ask the person to work as usual.
- Look to see what's really obvious: e.g., a cricked neck, not sitting all the way back on the chair, arms and/or shoulders stretched out. Give feedback and ask them to try and get more comfortable.
- If they have a hard time doing things differently, it may help to demonstrate what they are doing (with a little exaggeration). Then demonstrate a more comfortable position.
- Invite them to try to follow the example. Offer to help them work on changing their habits over time, with your feedback.

To make adjustments:

1. Try to adjust the height of the chair back so that the lumbar support fits into the small of the person's back. (It is impossible if the back cannot be moved high enough.) This may also require moving the seat pan (what we sit on) to provide adequate space for a comfortable fit. Or you may need to play with the tilt of the seat pan itself.

Check the fit between the rest of the chair back and the person. Can they sit with their shoulders evenly against the chair back, or are they off-kilter in some way? The chair back may be shaped (e.g., indented or not broad enough) so that the person's back does not fit completely against, and into, the top part.

2. Once the person can sit comfortably in a chair (forgetting about its height for the moment), look at the fixed surface that determines the position of the monitor and keyboard tray.

Try to move the chair closer to the keyboard and monitor, rather than having the person reach or twist. Once this is done, adjust the screen/monitor height and angle, then the keyboard tray angle and then the chair height.

3. Screens or monitors should be on a surface, platform or arm that can be moved up and down or at an angle. Some ergonomic desks actually have separate surfaces that can be moved. Otherwise, it may be necessary to make a combination of adjustments to the chair height and monitor height.

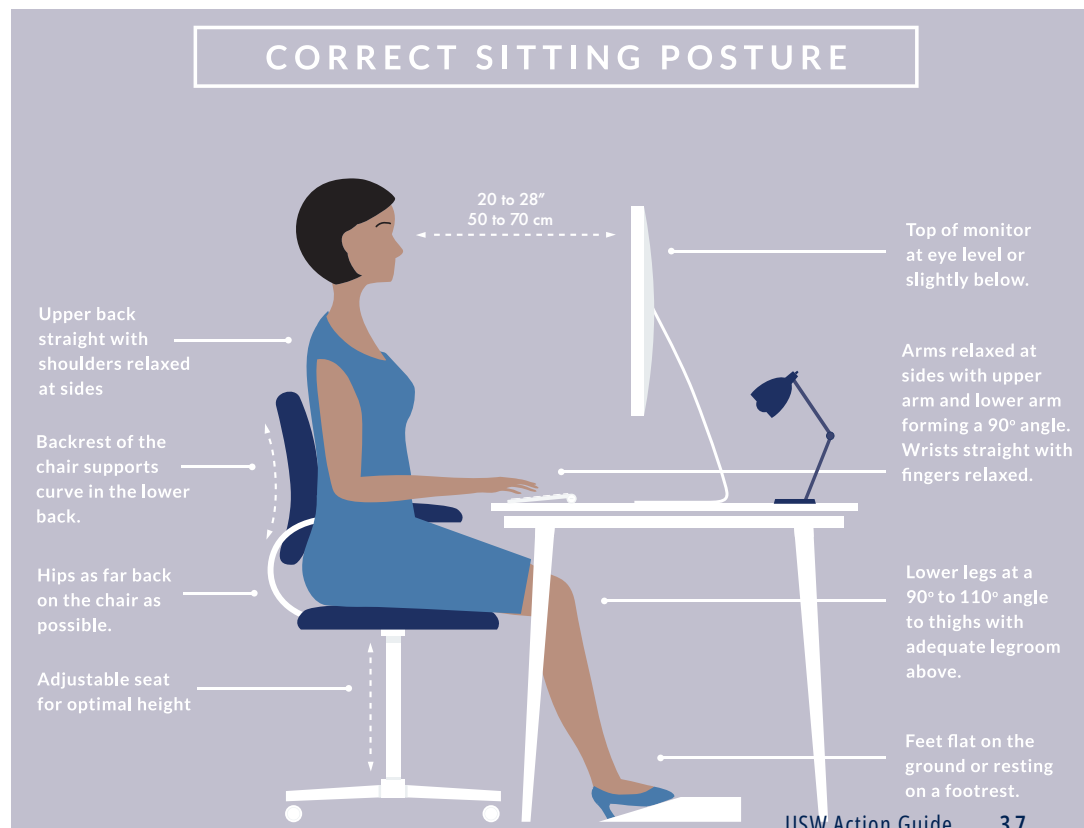
The screen or monitor should be about an arm's length away, as the person is seated comfortably and slightly reclined. The goal is to see the upper part of the screen/monitor clearly by bending the neck slightly downwards.

Here's one method to get results:

- Sit back in your chair after it's adjusted for the keyboard height.
- Lean back a bit so there's an angle of about 100-110 degrees at the hips.
- Hold your right arm out straight so your middle finger almost touches the center of the screen.
- From that position, make minor changes to screen height and angle to suit your needs.

For those wearing bi-focal or progressive lenses, recline at the same angle and tilt the monitor backwards. Otherwise, consider buying "computer glasses" with focal lengths that allow reading and viewing the monitor at a comfortable neck angle.

(Source: Dorothy Wigmore)



7. EQUITY AUDIT FOR USW COLLECTIVE AGREEMENTS

DO YOU HAVE LANGUAGE IN YOUR COLLECTIVE AGREEMENT THAT:

DISCRIMINATION & HARASSMENT

- Prohibits discrimination and harassment on all the grounds listed in your human rights legislation?
- Prohibits discrimination and harassment on grounds not covered under most human rights legislation?
- Offers counselling or other services to members who have experienced discrimination and harassment?
- Offers training, on work time, to members and managers about combatting discrimination and harassment?

PAY EQUITY & JOB DESIGN

- Ensures equal pay for work of equal value?
- Guarantees a gender-neutral job evaluation system for assigning pay rates to jobs, with periodic reviews, an appeal process and full union involvement?
- Has the same base rate and number of increments/steps in the pay scale for the jobs done by men and the jobs done by women and racialized workers?
- Prevents job descriptions from including physical standards not essential to the work being performed?
- Has a low threshold of hours to be considered full-time and measures to limit the employer's ability to move employees back and forth between full-time and part-time?

CULTURAL DIVERSITY

- Defines "family," "spouse," "dependent" and "parent" broadly to include same-sex and extended-family relationships?
- Addresses time off, with or without pay, for observing religious holidays other than Christian holidays?
- Provides time off, with or without pay, to follow traditional Indigenous hunting and fishing practices and spiritual ceremonies?

DISABILITY

- Accommodates physical disabilities by installing devices for heavy lifting or by redesigning work stations?
- Includes mental injury and mental illness when it talks about occupational health and safety?
- Defines disability to include disabilities that are temporary, episodic and permanent, whether evident at birth or acquired later in life, at work or outside of work?

SAFETY & VIOLENCE

- Ensures adequate and safe washroom, shower and changeroom facilities in all areas of the workplace for male, female and transgender workers?
- Guarantees uniforms, work shoes/boots and personal protective equipment for different body shapes and sizes?
- Provides time off, with or without pay, for targets of domestic violence?
- Provides safety planning, accommodation, protection from discipline and other supports for targets of domestic violence?

CHILD AND DEPENDENT CARE

- Extends pro-rated health and pension benefits to part-time workers?
- Tops up maternity-leave and parental-leave benefits beyond what is paid by Employment Insurance (EI)?
- Ensures workers on maternity or parental leave are notified of job vacancies and training opportunities?
- Provides child-care subsidies or other financial assistance to parents?
- Provides leave, with or without pay, for dependent-care responsibilities and personal emergencies?
- Allows employees to change shifts, adjust start/quit times, or work flexible hours to meet the care needs of dependents?
- If shift schedules rotate, ensures that schedules are posted at least two weeks in advance?

	YES	YES, BUT UNCLEAR	NO

Look through your collective agreement to see how well it addresses these issues. Put a check mark ✓ in the column that best describes what you find.



UNITED STEELWORKERS
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 WOMEN OF STEEL

USW ACTION GUIDE
**RAISING
 THE BAR ON**
 Women's Health and Safety

