

Worksafe

The WCB prevention magazine on occupational health and safety issues

www.worksafebc.com

April 2003

A photograph of a healthcare worker, likely a nurse, wearing purple scrubs. She is standing in a hospital room, looking towards the camera with a slight smile. In the foreground, the back of a patient's head and shoulder is visible, lying in a hospital bed. The background shows blue hospital curtains and a metal bed frame.

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From the editor

The B.C. Workers' Compensation Board was one of the first jurisdictions in North America to introduce ergonomic regulations in 1998. Since that time we've seen that a focus on ergonomics pays off in fewer days lost due to musculoskeletal injuries (MSIs). MSIs, which can be caused by repetitive motion or overexertion, make up more than one-third of all worker injuries each year, and are among the most complex and contentious claims received by the WCB.

In this issue of *WorkSafe Magazine*, the cover story focuses on MSI initiatives in the health care sector. This includes application of the WCB's ergonomic requirements to patient handling through the use of best practice guidance on patient-handling risk management and through provision of mechanical lifting devices and transfer-assist devices. Almost half of all WCB-accepted MSI claims occur within five health classification units. Reducing these injuries is a priority for the health care industry and the WCB.

We also look at a Smithers-based silviculture company that significantly lowered its injury rate and time-loss accidents by focusing on repetitive strain injuries that are common in the tree-planting industry. The company was able to reduce time-loss accidents from 16 in 1999 to only three in 2001. They credit their success to the introduction of an extensive ergonomic injury prevention program, the provision of occupational health and safety information to staff, and proper training.

On page 14 we take a look at the Saanich School District and how the occupational health and safety personnel identified a problem, and the employer and custodial staff worked together to find creative solutions. Together they achieved a reduction in time-loss injuries that were occurring during the summer break period when custodians typically do a lot of heavy cleaning and moving of furniture. These summer injuries were accounting for half of the custodians' annual short-term disability and time-loss claims.

And, in our regular features "Hands On" and "In Practice," we look at how to prevent back pain and provide tips for reducing stress caused by shift work.

If you have questions or comments about this issue, or if you have ideas for future issues, call 604 231-8690 or e-mail worksafe@wcb.bc.ca.

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on occupational health and safety issues*

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WorkSafe Magazine is published six times a year by the Workers' Compensation Board of B.C. to inform workers and employers of occupational health and safety issues that may affect or interest them.

Subscriptions

To start or stop a free subscription to *WorkSafe Magazine*, or to update mailing information, visit www.worksafebc.com/publications/newsletters/worksafe_magazine/pub_20_10_30.asp, call 604 231-8690 or toll-free in B.C. 1 888 621-7233, local 8690, or e-mail worksafe@wcb.bc.ca.

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Preventing low back pain

More than 80 percent of the population will experience low back pain at some time in their lives. Most back pain results from the back's muscles, ligaments, and joints not moving the way they should.

Back posture

Your spine is one of the strongest parts of your body. It is strongest in its natural curves. When you put your back in a position that does not follow the natural curves, the back has to work harder to do the same job. Poor posture fatigues the muscles faster and over time can produce back pain.

The most common poor postures used when handling objects are forward bending, twisting, and extreme side bending. These postures should be avoided where possible because they do not maintain the natural curves of the spine.

Tips for preventing back pain

- Lifting:
 - Keep the object as close to you as possible (use a bear hug).
 - Balance the load you are carrying between both hands.
 - Minimize the distance you reach when picking up an object.
- Stretch to keep your lower back and legs flexible.
- Keep your abdominal muscles strong.
- Your back is designed for movement. Don't stay in a poor or awkward position for extended periods. Don't sit or stand for extended periods without changing your posture. When you start to feel fatigued, it is an indication that you have been in that position for too long.
- Don't just rely on painkillers for backaches — exercise and get moving.
- Throughout the day, pay attention to keeping your natural back curves.
- Wear comfortable and well-supported shoes.
- Sleep on a firm mattress.
- If you sleep on your side, place a pillow between your knees.

For more information on preventing back pain, talk to your WCB officer or call the Prevention Information Line at 604 276-3100, toll-free at 1 888 621-SAFE (7233), or visit the WCB's online Health & Safety Centre at www.worksafebc.com.

Resources

Does Your Back Hurt — A guide to preventing low back pain provides

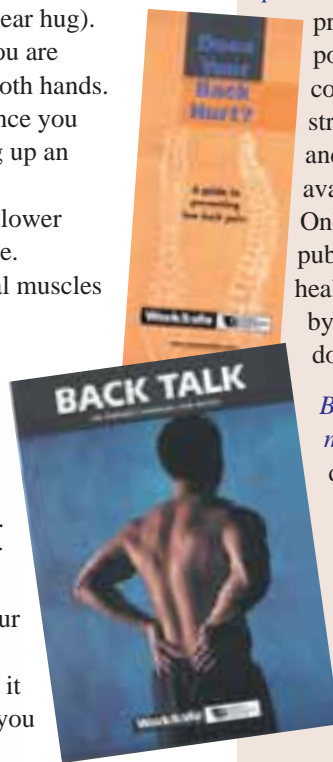
practical information on back posture, risk factor combinations, exercises to strengthen abdominal muscles, and stretches. This brochure is available from WorkSafe™ Online at www.worksafebc.com/publications/health_and_safety_information/by_topic/assets/pdf/does_your_back_hurt.pdf.

Back Talk — An owner's manual for backs can be

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www.backatwork.ca is a web site that provides helpful information on the causes, prevention, and treatment of back pain.



www.backatwork.ca





Silviculture firm breaks ground in injury reduction

By Helena Bryan

As a green, teenaged treeplanter, Rob Maurer headed out to a clear-cut for his first 12-hour shift in sweltering 30-degree weather — without water. “I was picked up in town and on the job site before my supervisor found out I was a rookie,” he says, laughing. Maurer’s experience nine years ago is in stark contrast to the experiences of the treeplanters he oversees today, as contract supervisor for Smithers-based Summit Reforestation and Forest Management Ltd.

Before any one of Summit’s 300 or so employees plant their first tree of the season, they know exactly what it’s going to take to walk away healthy at the end of

four months in the woods. That knowledge, supplemented by a whole host of other health and safety measures, is reflected in the statistics: only three lost-time injuries in 2001 and 2002 respectively, giving Summit an injury rate of 4.8 in 2001 — well below the industry average of 16.6.

Yet in 1999, the company recorded 16 time-loss accidents, mostly repetitive strain injuries, and an injury rate of 21.5 when the industry average was 15.9.

That’s a significant turnaround — especially when you consider the challenges. The work itself is physically tough, requiring long hours of repetitive

motion, often in harsh conditions. Then there’s the fact that many treeplanters, mostly 20-somethings, start out believing they can work through anything, including pain. It’s an attitude reinforced by the fact that they are paid by the number of trees planted. What’s more, the work is seasonal, making it difficult to build on education and training.

Safety first

Just how is Summit overcoming such challenges? An extensive ergonomic injury prevention program has gone a long way toward reducing repetitive strain injuries, the number one claim in the treeplanting industry. But it starts with



“We teach our planters to recognize when soreness is crossing over into injury and to take the necessary preventive steps.”

a shift in thinking, says owner Tim Tchida, who bought the company in 1998. “Without good work, you won’t get the contracts,” he says. “And good work means safe work, done efficiently and economically. We make sure our planters know that everything starts with their health; without it, they’ve got nothing.”

Training and monitoring

Indeed, Summit planters are primed well before they arrive in camp, via the company’s web site, which includes tips on nutrition and proper equipment and a list of stretches and pre-season conditioning exercises. Each employee has to sign off on this training and agree to participate in the company’s ergonomic injury reduction program.

Once in camp, they spend a day learning about Summit’s standard operating procedures, the proper use of equipment, safety procedures and policies, and how to recognize the difference between normal soreness and the aches and pains that could lead to more serious injuries and lost time. This is reviewed each shift. “Treeplanting is hard work and people do get sore,” says Tchida, “but it shouldn’t involve pain. We teach our planters to recognize when soreness is crossing over into injury and to take the necessary preventive steps.”

Most planting injuries occur in the first two weeks of the season, when people are rusty, and in the last two, when they are getting fatigued. Summit addressed these facts by altering their production schedules, gradually increasing the length of the days in the first two weeks and reducing them at the end of the season, and encouraging time off if necessary.

Initial training is followed by constant monitoring. Sites are monitored for any ergonomic injury risks, and treeplanters are monitored to ensure they are in good form. Ergonomic injury audits are done once every shift, and crew checks are done daily.

An atmosphere of respect

If an employee has a sore shoulder or a pulled muscle, they can take advantage of Summit’s alternate work program. Instead of planting they can help out in camp, with activities ranging from cooking to data input or even checking out in the field if it won’t aggravate the soreness. The alternative work program is designed to care for soreness *before* it becomes an injury. “The old-school attitude was to push through the injury,” says Tchida. “People respond to having options to manage their soreness.”

They also respond to being paid fairly. “Our planters can make a fair wage in a day, without pushing themselves beyond safe limits,” says Tchida.

And they know if something does happen, they’ll be well taken care of. Each crew supervisor has Level 3 first aid, a dedicated first aid person goes out with each crew, and there’s a first aid person in camp at night. An ergonomic injury kit accompanies each vehicle, containing cold and hot packs, Tensor bandages, and ibuprofen. Tchida says the company goes through thousands of the hot and cold packs.

It may seem like a big investment in employees who are gone after four months with no guarantee they’ll be back next year, but it’s paying off for Summit. In a typical year they begin the season with 90 percent experienced planters.





Strategies for rotational shift work

C The term “rotational shift work” refers to work schedules that change or rotate on a regular basis. It is common in workplaces where the technical processes cannot be interrupted without affecting the product or where expensive equipment is used more profitably when in constant operation.

Many workers find that rotating between day, afternoon, or night shifts can disrupt their family and personal life and lead to health problems including chronic fatigue and gastrointestinal disorders. Some workers, however, prefer shift work because it usually provides more free time.

Organizations can reduce the negative effects of shift work on employees by considering how it is structured.

Shift schedule design

- Consider individual differences and preferences when choosing the length of the rotation period. There is no scientific way to determine the best length, but consider the ability of shift workers to adjust to different sleep rhythms, as well as their family and social obligations.

- Consider the direction of shift rotation. It is recommended that shifts rotate forward from day to afternoon to night because the body’s rhythms adjust better when moving forward instead of backward.
- Consider the time at which a shift starts and finishes. Early morning shifts are associated with shorter sleep and greater fatigue. Availability of public transportation and risks of crime and violence should also be considerations.
- Provide a rest period of at least 24 hours after each set of night shifts.
- Provide time off at socially advantageous times like weekends whenever possible.
- Inform shift workers of their work schedules well ahead of time so they and their families and friends can plan activities. Allow as much flexibility as possible for shift changes. Keep schedules as simple and predictable as possible.
- Consider shift workers’ access to quality care for children.

Facilities

The provision of certain facilities can help the shift worker cope better.

- Give attention to the work environment. For example, good lighting and ventilation are important on all shifts. Allow workers on a night shift to remain in contact with each other by placing workstations close together.
- Consider providing cafeteria services so a balanced diet can be maintained. The nutritional needs differ between day shifts and other shifts.
- Consider offering facilities for social activities with the needs of the shift worker in mind. Recreational opportunities are often minimal for workers on “non-day” shifts.

Education

Educate employees on the potential health and safety effects of rotational shift work and what can be done to stop these effects. In particular, education in stress recognition and reduction techniques is helpful.

This article is based on information published on the Canadian Centre for Occupational Health and Safety web site at www.ccohs.ca/oshanswers/work_schedules/shiftwrk.html.

Ask an Expert

Lift truck operator training

Q. Do lift truck operators have to be retrained every two years?

A. Section 16.7 of the Occupational Health and Safety Regulation requires the design, fabrication, use, inspection and maintenance of mobile equipment to meet the requirements of certain applicable standards or other standard acceptable to the WCB. One of the standards, a standard for training, is *CSA Standard B335-94, Industrial Lift Truck Operator Training*. The WCB has determined the employer must assess the lift truck operator's performance at intervals not to exceed two years. If the assessment identifies shortcomings these will be the basis of the retraining. If there are no shortcomings, no additional training is required. More training is required if new equipment is used or there are significant changes in the operator's job.

Q. Do lift truck operators need a certificate to confirm satisfactory performance and satisfactory completion of the CSA Standard B335-94, Industrial Lift Truck Operator Training?

A. Employers have several options for compliance. Obtaining a certificate to confirm satisfactory completion of a course covering all of *CSA Standard B335-94, Industrial Lift Truck Operator Training* is one of several ways of achieving compliance with section 16.7(j) (Lift Truck Operator Training) of the

Regulation. It is the employer's responsibility to ensure workers' training in, awareness of, and compliance with the requirements of *CSA Standard B335-94, Industrial Lift Truck Operator Training*. Training can be offered by the employer.

Q. CSA Standard B335-94, Industrial Lift Truck Operator Training requires trainees to provide written evidence of compliance with medical and physical fitness requirements (issued within 12 months), prior to starting training. Does this apply to everyone taking the CSA training course?

A. The interpretation at this time is that this requirement applies to new operators only, in other words those individuals who are taking the course to become lift truck operators. This does not apply to existing lift truck operators who are successfully doing this work without difficulty and are taking the course as either a refresher or to confirm that their knowledge and/or methods of operation are consistent with the requirements of the standard. If, however, an existing lift truck operator appears to have difficulty operating in a satisfactory manner, the employer has the right and obligation to investigate, which may include requiring a certificate of medical fitness.

Q. What are the requirements for a lift truck operator's medical and physical fitness?

A. *CSA Standard B335-94, Industrial Lift Truck Operator Training* requires the lift truck operator to:

- a) Have at least 20/40 vision in the better eye and have good spatial judgment, including height and distance. If corrective lenses are required to meet this requirement, the candidate must always wear them while operating the lift truck.
- b) Be able to distinguish colour, if colour differentiation is required on the assigned job.
- c) Have the ability to hear warning signals. As in the case of the eyesight requirement, if the trainee requires a hearing aid to pass the examination, it must be worn at all times while operating the lift truck.
- d) Have full movement of trunk, neck, and upper and lower limbs and have the strength, endurance, agility, and coordination to meet the demands of the job.

— Olaf Knezevic, WCB engineer
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(toll-free 1 888 621-7233, local 3212)

If you have a health and safety question for "Ask an Expert" please send it to WorkSafe Magazine, PO Box 5350 Stn Terminal, Vancouver, B.C., V6B 5L5, or e-mail worksafe@wcb.bc.ca.



WCB and industry collaborate to reduce risks of MSIs in health care

By Susan Main


S On an average day in B.C., 1,500 health care workers are unable to work because they were injured on the job. In fact, health care accounts for more injuries than any other industry in the province. Patient handling — lifting and transferring people — causes most of the musculoskeletal injuries (MSIs) to health care workers. An average claim is 56 days and costs approximately \$8,000. The direct cost of all health care claims was nearly \$67 million in 2001 and when the indirect costs like replacement workers and retraining are included it is considerably higher.

“The financial cost of covering workers’ injuries drains resources, and these dollars would be better spent within the health care system,” says Barb Purdy, a physical and occupational therapist and musculoskeletal injury prevention (MSIP) adviser for the Northern Health Authority. “But the most important cost is the human cost. You might only be moving that person one time, but a back injury can be for life.”

Purdy is one of 20 MSIP advisers, professionals from B.C.’s six health authorities, who’ve been working with

the WCB, the Occupational Health and Safety Agency for Healthcare in B.C., and other health care stakeholders to develop new resources to reduce the number of MSIs in health care.

The resources include a guide for applying the WCB’s ergonomic requirements to patient handling, a CD on using ceiling-mounted lifts to move patients, and a sample kit of 12 non-mechanical transfer-assist devices. Health care employers can borrow the kits in order to evaluate the products in their facility before purchasing items directly from suppliers.



Caregivers Evelyn Foo (left) and Joyce Walker (right) examine a sample kit of transfer-assist devices with MSIP adviser Barb Purdy at St. Jude’s Anglican Home, a long-term care facility.

“Patient care is paramount. But worker safety and patient care are not mutually exclusive. You can achieve both with safe work practices, staff training, and appropriate equipment.”

— *Gordon Harkness, WCB senior ergonomist*

Guide makes compliance easier

The WCB’s ergonomic (MSI) requirements (sections 4.47 to 4.53 of the Occupational Health and Safety Regulation) cite an employer’s responsibility to identify, assess, and control the risks of workplace MSIs. However, these requirements were generally conceived to address the risks of handling materials — not people. Which is why it’s so important for the health care sector to have the newly developed reference materials for applying the WCB’s ergonomic requirements to patient handling.

“People are more fragile than objects, so safe patient handling represents a unique challenge to caregivers,” says Gordon Harkness, WCB senior ergonomist. “Patient care is paramount. But worker safety and patient care are not mutually exclusive. You can achieve both with safe work practices, staff training, and appropriate equipment.”

While the new guide is one of the first of its kind in North America, Harkness points out that northern Europe has seen the rate of MSIs caused by patient handling drop since their health care systems adopted “no-lift” policies in 1992.

“The big emphasis in the U.K. was on the need for management to take a leadership role in their facilities. They’ve invested heavily in new equipment and transfer-assist devices and as a result they’re significantly ahead in this field,” says Harkness, adding that Australia and New Zealand have also reduced MSIs under similar policies backed by legislation.

No-lift programs getting results

To support safer patient-handling practices and regulatory compliance, the WCB has approved \$6 million in funding to B.C.’s six health authorities for no-lift programs, which aim to reduce the risk of MSIs by eliminating hazardous manual lifting.

Continued on page 12



Registered nurse Patti Peach (left) and licenced practical nurse Sharon Mathieson (right) demonstrate the ceiling-mounted lift system that has reduced MSIs in the Neurosciences Unit at Lions Gate Hospital.

Case Study

Fewer injuries with “no-lift” program

By Stuart Colcleugh

“It’s like night and day.” That’s how Sharon Provost characterizes the drop in musculoskeletal injuries (MSIs) since her hospital ward installed a ceiling-mounted lift system to assist with patient handling.

“We used to have three or four nurses per year off work due to MSIs,” says Provost, manager of the Neurosciences Unit at Lions Gate Hospital in North Vancouver. “We haven’t had any since we installed the ceiling lifts.” That was almost a year and a half ago.

The Neurosciences Unit treats patients with brain injuries and tumours, strokes, back and neck surgeries, neuromuscular diseases, and other neurological disorders.

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WCB and industry collaborate to reduce risks of MSIs in health care

Generally, no-lift programs make use of mechanical lifting devices, like ceiling-mounted lifts, and non-mechanical transfer-assist devices, like slide sheets and transfer belts.

According to Michael Paine, WCB Industry Services manager for health care, the increase in lift and transfer devices used in the workplace, supported by appropriate training, has been proven to reduce patient-handling MSIs to health care workers. "Appropriate use of this equipment decreases the risk associated with patient handling, and therefore the risk to workers," says Paine.

As an example of lifting devices reducing MSIs among caregivers, Paine points to the WCB-funded research project implemented in 2001 at Queen's Park Care Centre in New Westminster. The

program involved installing ceiling-mounted lifts and providing worker training and education. The results have been very positive. There were no time-loss MSI patient-handling injuries in the 12 months after the project began. In the 24 months prior to the program, the care unit recorded 15 time-loss injuries due to lifting and transferring patients/residents.

For more information on reducing MSIs, visit the WCB web site at www.worksafebc.com and select the Health and Safety Centre, then "Ergonomics." For information on these initiatives, call health care industry liaison Mike Sagar at 604 279-7665 (toll-free 1 888 621-7233, local 7665) or senior ergonomist Gordon Harkness at 604 276-3100 (toll-free 1 888 621-7233), local 4469.

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Fewer injuries with "no-lift" program

Most patients are unable to walk or have difficulty with gait, balance, and coordination.

As a result, says Provost, most staff MSIs were sprains and strains due to the manual handling, positioning, lifting, and transferring of mobility-impaired patients.

"We saw a lot of injuries from just turning and boosting patients in bed," says Provost.

After doing some research, Provost convinced the hospital to install a lift in one room on a trial basis, with financing and a commitment to expand the system to the entire ward if the results were good.

And good they were. As a result, the complete system was installed throughout Neuroscience's 24-bed ward and six-bed neuro-critical care unit in November 2001.

The lifts feature special patient slings attached to electric-winch lifts that run along ceiling tracks. The lifts are readily accessible and easy to use, and their horizontal and vertical reach make patient lifting, positioning, and transferring relatively easy.

"They are so much easier there's no comparison," says Sharon Mathieson, a licenced practical nurse and Hospital Employees' Union member who works on the Neurosciences ward.

"There's none of the pulling and pushing of manual lifting, which is hard on your back. It's easier to toilet people and transfer them to stretchers. Plus you're not always bumping into the beds and furniture like you do with other lifts."

LORNA A. PAWLUK

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The Best Friend's Your Feet Ever Had!



Custodians team up to clean up MSIs

By Jeffrey Rotin

In 2001, occupational health and safety personnel at School District 63 (Saanich) realized that half of their custodians' short-term disability claims occurred between July 1 and August 31. These claims, all musculoskeletal injuries (MSIs) caused by overexertion, resulted in 387 days lost that year.

The problem was the annual summer cleanup, which appeared to put school custodians at high risk of MSIs. Custodians usually work alone, performing repetitive tasks and moving heavy furniture themselves — and the summer cleanup is especially intense. The solution was a pilot project where

custodians would form teams to clean each of the district's schools over the summer. Working in teams would enable them to rotate jobs and avoid repetitive tasks, and allow them to assist one another with heavier jobs.

Despite the obvious advantages, the team concept posed a number of challenges.

The custodians were used to working alone and had a strong sense of ownership over their assigned schools.

“Custodians are a very independent bunch, and they don’t typically have a work community,” says health and safety consultant Lesley Norris, who advised School District 63. “We had to change the way their work was done — and the way it was organized.”

Norris started the process by meeting with the school district’s custodial supervisor and shop steward to discuss the reasons for the proposed changes and potential challenges, such as deciding who would supervise each site and reimbursing workers for extra travel time to other schools.

Increasing ergonomic awareness

Beginning in September 2001, the custodians, who had never gathered as a group before, were brought together throughout the school year on professional development days for a series of four workshops. This allowed them to get to know each other and created the framework for team building.

The workshops were designed to help workers understand the risk factors of musculoskeletal injuries and outline how to identify and address them. “The workshops laid the foundation necessary for the team cleaning concept to work,” says WCB occupational hygiene officer Bill McCaugherty. “The custodians had to recognize that they were at significant risk before they’d want to change the way they work.”

Workshop topics included principles of MSI prevention and the WCB requirements; return-to-work programs; how-to demonstrations for reducing the risk of MSI in custodians’ daily tasks; and skills for working with others. In the latter interactive workshop, custodians broke into groups and brainstormed how they would clean the schools as a team. It gave them the tools for adapting to a group culture and, more importantly, empowered them with a sense of ownership in the process.

Rewards of a team culture

By June 2002, the custodians knew each other well and they had bonded into a team culture, says Norris. The custodial supervisor and shop steward placed the custodians in teams of five and six for smaller schools, and two teams of twelve for the larger schools. To avoid seniority issues, it was decided there would be no dedicated supervisor for each team, but the resident custodian would act as adviser at his or her usual school.

The pilot was a resounding success, having virtually eliminated injury claims for the 2002 summer cleanup. “That was a huge win for the custodians, and for the employer,” says Norris. “There wasn’t a time-loss injury for over six months, and the ones in November and December 2002 were very short term.”

Working in teams also had psychological benefits for the custodians. “The energy created by the camaraderie alleviated a lot of the tension and stress you’d feel when you’re doing the job yourself,” says custodian Mary Jane LaCroix, who is also the shop steward for School District 63. Working alone, she would sometimes feel overwhelmed by the size of the job. However, when working with a team “the job seemed a lot easier.”

Other benefits included lower costs for electricity because schools were open for only a short time while being cleaned, then were shut down for the remainder of the summer. And the custodial supervisor, who now had fewer schools to visit at a time, was able to spend more time at each site and deliver supplies more efficiently.

“The most important reward was that the custodians learned how to avoid injury by working safely,” says Norris. “They built a safe work culture that endures today.”

Plans are well underway for team cleaning again this summer.





Remembering lives lost

The WCB, B.C. Federation of Labour, and Business Council of B.C. will co-host a public Day of Mourning ceremony on Monday, April 28, 10 a.m., at the workers' memorial located in the Sanctuary in Hastings Park, Vancouver.

This annual ceremony honours the memory of workers who have lost their lives as a result of a workplace injury or occupational disease.

Ordering publications and videos

WCB's Publications and Videos Section closed on February 7, 2003. Materials may no longer be picked up in person, but must be ordered by phone, fax, or e-mail.

Purchasing publications and videos — The WCB has transferred distribution of its publications and purchased videos to Benwell Atkins Moore. To order, e-mail moore-wcb.customer.service@ca.moore.com, fax 1 866 362-3130, or phone 1 866 271-4879 between 7 a.m. and 4 p.m., Monday to Friday.

Borrowing videos — To borrow a video from the WCB Library, e-mail

library@wcb.bc.ca, fax 604 279-7608, or phone 604 231-8450 between 8:30 a.m. and 4:30 p.m., Monday to Friday.

NAOSHWeek challenge

North American Occupational Safety and Health (NAOSH) Week, May 4 to 10, is a time for employers, workers, and all partners in occupational safety to focus on preventing injury and illness in the workplace.

Across North America, organizations take part by setting occupational health and safety goals, creating awareness of those goals both within and outside their

organizations, and making a start toward accomplishing those goals.

Be sure to register your organization's involvement to be eligible for the B.C. NAOSHWeek 2003 Health and Safety Awards. There is a wide range of award categories for different industries and for large and small organizations.

The *NAOSHWeek 2003 Planning Guide* and other information are available online at www.worksafebc.com/news/campaigns/naosh_week. You can also order printed copies of the guide by e-mailing moore-wcb.customer.service@ca.moore.com, faxing 1 866 362-3130, or phoning 1 866 271-4879.

Toll-free number retired

The WCB's general toll-free number, 1 800 661-2112, will be retired as of April 1, 2003. Instead, please use the following toll-free numbers:

- For workplace health and safety issues, call 1 888 621-7233
- For claims-related inquiries, call 1 888 967-5377
- For employer assessment inquiries, call 1 888 922-2768

Regional office closures

As part of our restructuring program, the WCB is closing several regional offices. The Williams Lake and Campbell River offices closed February 28, the Vernon office will close March 31, and the Cranbrook office will retain only prevention staff beginning in July. Service to workers and employers in these communities will now be provided by neighbouring WCB offices.

For information on contacting WCB offices, visit our web site at www.worksafebc.com/contact_us/.

Policy decisions

The following is a summary of policy decisions finalized by the WCB Panel of Administrators in 2002.

As a result of legislation passed by the provincial government in 2002, the Panel of Administrators was replaced by a new Board of Directors on January 2, 2003.

Decision summaries are posted on the WCB web site at www.worksafebc.com/law_and_policy/policy_decision/.

Fishing industry assessments

The Panel of Administrators has approved amendments to the WCB's policy on fishing as provided in Policy Item AP1-4-1 of the new *Assessment Manual*.

These policy amendments are consequential to amendments to the Occupational Health and Safety Regulation approved by the Panel in October 2000. The amendments to the Regulation permit the WCB to collect assessments on fish bought by, or sold to, people and organizations not registered to buy fish commercially in British Columbia. More specifically, the amendment allowed the WCB to collect assessments from persons or organizations that transmit payments to B.C. commercial fishers. The amendments to the *Assessment Manual* are designed to bring the WCB's policy on fishing in line with the Regulation.

The amendments took effect January 1, 2003.

For more information, contact Peggy MacDonald at 604 232-1841, toll-free at 1 888 922-2768, local 1841.

Construction-sector experience rating pilot project

The Panel of Administrators has extended an experience rating pilot in the construction sector to December 31, 2003. The pilot was first approved in

January 2000 for a three-year trial period.

Under the pilot, firms in the construction sector are subject to maximum experience rating surcharges and discounts of 33.3 percent, rather than the maximum 100 percent surcharge and 50 percent discount that applies to all other firms.

The extension has been granted to allow the WCB to evaluate the impact of the pilot on the construction sector and also to give firms in the sector sufficient time to prepare for the transition to the WCB's regular experience rating plan.

For more information on the pilot or the extension, call Syrus Bacha at 604 244-6125, toll-free at 1 888 922-2768, local 6125.

Policies in regard to the Workers Compensation Amendment Act (No. 2), 2002

The Panel of Administrators has approved new policies and policy amendments to the *Rehabilitation Services & Claims Manual*, Volumes I and II, the

Assessment Manual, and the *Prevention Manual* to implement certain provisions of the *Workers Compensation Amendment Act (No. 2), 2002* or Bill 63.

These policies and policy amendments took effect March 3, 2003, when Bill 63 generally came into force. They relate to changing previous decisions of the WCB in all three areas of the WCB's responsibilities and how the policies of the Board of Directors are to be applied in decision making.

For more information about changes to the *Rehabilitation Services & Claims Manual*, Volumes I and II, contact Joe Pinto at 604 276-3118, toll-free in B.C. at 1 888 967-5377, local 3118.

For more information about changes to the *Assessment Manual*, contact Syrus Bacha at 604 244-6125, toll-free at 1 888 922-2768, local 6125.

For more information about changes to the *Prevention Manual*, contact Nick Attewell at 604 273-2266, local 2618, toll-free in B.C. at 1 888 621-7233, local 2618.

WCB update

New WCB governance

On January 2, 2003, a provincially appointed Board of Directors replaced the Panel of Administrators as the WCB's governing body.

Board members are Douglas Enns, chair; Peter Morse, actuary; Calvin Lee, public interest; Roslyn Kunin, public interest; Arlene Ward, disability management; Stephen Hunt, worker representative; and Terry Brown, employer representative.

WCB Complaints Office

The WCB Ombudsman has been renamed the WCB Complaints Office. This office, which deals with issues of perceived unfairness regarding WCB decisions and recommendations, is an independent and impartial source of assistance.

To contact the WCB Complaints Office, phone 604 276-3053 (toll-free in B.C. at 1 800 335-9330) or fax 604 276-3103. All contact with the office is confidential.



Infractions

The purpose of "Infractions," a regular item in *WorkSafe Magazine*, is to highlight the importance of making workplaces safe. The WCB Compliance Section and the editors of *WorkSafe Magazine* believe British Columbians should know who has been penalized and why. We hope this information will help make B.C. workplaces safer. The delay between the date of infractions and publication of the infractions in this magazine is partially a result of allowing time for employers and other interested parties to respond to the initial penalty and for the appeal process.

Note: Dates shown indicate when infractions were imposed. Addresses shown are locations where infractions occurred, and not necessarily the addresses of the penalized businesses.

453876 SR200100933	May 15, 2002	\$28,609	302492 SR200100385	Oct. 11, 2002	\$24,833	514976 SR200200540	Nov. 08, 2002	\$8,272
Fred Thompson Contractors (1991) Ltd. Telus Conduit Installation 3100 block East Broadway, Vancouver Workers observed in an inadequately sloped or shored trench more than 3 m in depth that was not supported by a professional engineer or professional geoscientist.			Blue Collar Silviculture Ltd. Baptiste East Forest Service Road Leo Creek Area, Fort St. James Employer failed to take sufficient precautions to prevent work-related injury contributing to the death of one worker and to the serious injury of another worker.			Loric Construction Limited 770 North Broadway Avenue, Williams Lake Employer did not undertake significant preventive measures while excavating directly under an energized overhead 25,000 kV power line; contact with the power line was made and a worker's health and safety was endangered.		
60898 SR200200371	Oct. 04, 2002	\$12,512	644259 SR200200314	Oct. 11, 2002	\$1,000	411018 SR200200181	Nov. 15, 2002	\$5,707
McDonald Ranch & Lumber Ltd. Grasmere Road Highway #93, Grasmere Failure to adequately supervise and lock out equipment.			Hercules Roofing Ltd. 2279 Mathers Avenue, West Vancouver Two workers on a roof in excess of 6 m above grade without fall protection.			Chisholm Roofing Ltd. 2726 Franklin Avenue Vancouver Repeat non-compliance for the regulation requirements concerning fall protection.		
561694 SR200001204	Oct. 07, 2002	\$6,905	386594 SR200200389	Oct. 17, 2002	\$60,000	607876 SR200200455	Nov. 18, 2002	\$2,649
Q.C.I. Granite Ltd. Morsby Island—Alliford Bay Road M-100, Sandspit Employer failed to provide adequate instruction and training of worker to operate equipment.			Bernard Roofing Tiling Ltd. 7551 Petts Road, Richmond Continued and deliberate repeat non-compliance for high-risk activity exposing workers to fall hazards while working at elevations greater than 3 m.			All Right Trucking-99 Ltd. 8186 Argyle Street Vancouver Work undertaken by this employer exposed himself and his employee to a high risk of death or serious injury.		
399631 SR200100594	Oct. 09, 2002	\$7,650	652459 SR200200687	Oct. 17, 2002	\$2,500	621296 SR200200538	Nov. 22, 2002	\$2,500
Norma Johnson Holdings Ltd. & T 133 Enterprises Ltd. Seaton Secondary School 1014 Playmor Road, South Slokan Failure to ensure guardrails are provided at elevations 3 m or more above grade; failure to provide adequate supervision.			Fresh Air Home Services Inc. #7-12240 Horseshoe Way, Richmond Taking discriminatory action against a worker.			Sheets Grain Systems Ltd. Grain Elevators Imperial Road Dawson Creek Employer failed to ensure that workers did not enter an inadequately sloped or shored excavation that was more than 1.2 m in depth.		
002165 SR200001071	Oct. 10, 2002	\$15,000	484480 SR200100949	Oct. 18, 2002	\$3,500	376792 SR200200475	Nov. 28, 2002	\$2,883
City of Prince George Corner of 18th and Spruce, Prince George Repeat non-compliance regarding lack of supervision and training of workers and supervisors in the safe performance of their duties.			Daniel Perrier DBA Perrier Roofing 6300 Elaine Way, Victoria Repeat failure to wear fall protection at heights more than 3 m above grade.			Sid Aluminum Building Products Ltd. Imperial Landing 4300 Moncton Street Richmond Repeat non-compliance for allowing workers to be exposed to high-risk of serious injury, serious illness, or death.		
185000 SR19990210	Oct. 11, 2002	\$7,500	667127 SR200200339	Oct. 21, 2002	\$1,300	484053 SR200200335	Nov. 29, 2002	\$5,499
Northland Properties Limited DBA Sandman Inns 3233 St. Edwards Drive, Richmond Failure to implement a fall protection system while working 3.9 m above grade.			GN Cabinet & Woodworking Ltd. 13136 84 Avenue, Surrey Continued non-compliance of the Occupational Health and Safety Regulation and the <i>Workers Compensation Act</i> regarding failure to ensure the health and safety of workers.			Stewart/Walker Plastics Ltd. DBA Reid Plastics #140-9200 Van Horne Way Richmond Repeat non-compliance for failure to adequately safeguard a hazardous point of operation with regard to the swing arms on machinery; failure to ensure workers are provided with adequate information to ensure their health and safety.		
641632 SR200100085	Oct. 11, 2002	\$5,000	486464 SR200100770	Nov. 07, 2002	\$120,000	474548 SR200200280	Nov. 08, 2002	\$3,394
Tantalus Projects Inc. Natural Factors 1550 United Boulevard, Coquitlam Workers exposed to hazardous conditions; repetitive lack of coordination of subcontractors.			Santokh S. Sanghera 1345 East 62nd Avenue, Vancouver Four workers were observed working on a newly constructed residential rooftop at a height approximately 5.4 m to 7.2 m above grade without fall protection.			Norsteel Building Systems Ltd. 2903 Braun Street, Terrace Repeat violation for not using a fall protection system.		

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— Carol McClelland
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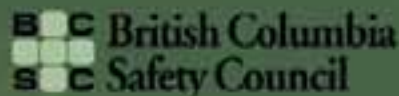
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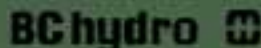
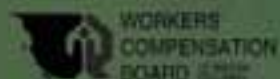
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