

WORKERS' COMPENSATION BOARD OF B.C.

**PUBLIC HEARING**

**OCCUPATIONAL HEALTH AND SAFETY REGULATIONS**

Nanaimo, B.C.  
January 29, 2007

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TRANSCRIPT OF PROCEEDINGS

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PANEL:

Roberta Ellis  
Anne Burch  
Ed Bates

Chair  
Vice-Chair  
Legal Counsel

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Nanaimo, B.C.  
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--- PROCEEDINGS COMMENCED AT 3:00 P.M.

THE CHAIR: Good afternoon, ladies and gentlemen. It's my pleasure to welcome you here this afternoon, and thank you very much for taking the time out of your very busy schedules to attend this public hearing. As you know, we had to cancel the hearing that was scheduled for November because of the very unfavourable weather conditions that the Island and Vancouver were countenancing at that point in time. And I have to say I was a little taken aback this morning to wake up and find that Coal Harbour, where I was planning to fly from, was socked in with fog. So a quick change of plans, but the ferries were working fine. It would have been ridiculous to have had to make excuses twice. So here we are in Nanaimo and very, very glad that we are finally here to hear from you today.

My first task is to introduce us, the public hearing panel. My name is Roberta Ellis. I'm the chair of the panel and I'm Vice-President of the Policy and Research Division at WorkSafeBC. On my left is Anne Burch. She's the vice-chair of this panel. She's the Director of Prevention Policy and Regulatory Review. And on my right, Mr. Ed Bates, who's general counsel to the Board of Directors and to WorkSafeBC.

I also want to introduce Pattie Kealy, who

is a court reporter and who will be taking verbatim notes of this public hearing. This is the record that assists the Board of Directors of WorkSafeBC in their decision-making process, and the recorded notes are made public after the Board of Directors have made their decisions regarding the proposed regulatory amendments.

I want to let you know that the media is always welcome to attend any of our public hearings, and that of course means that what's said at the public hearings, including any of your comments, may be recorded by the media, including television, radio and print reporters.

By way of a little more background, further to the public hearings which we held in May 2006, the Board of Directors approved an additional public hearing as part of the 2006 regulatory review process to consider expanding the scope of the requirements in section 6.36 to include safety-engineered devices for all hollow bore needles and other medical sharps.

As well, the Minister of Labour and Citizens' Services made a request to the Board of Directors under section 229 of the *Workers Compensation Act* and asked that WorkSafeBC address through regulation prepayment for gasoline at service stations in urban areas during late night and early morning hours.

The Minister of Labour also asked the Board of Directors to include in this 2006 hearing a regulation to address the orientation and training needs of young and new workers. This regulation had been scheduled for hearings that are going to take place in June of 2007, but our Board of Directors agreed that we could accelerate this regulation and hold the public hearings now.

Accordingly, proposed amendments have been drafted to Parts 3 and 4 of the *Occupational Health and Safety Regulation*.

The purpose of this public hearing is to provide you with an opportunity to comment on the proposed amendments as follows:

Part 3, Rights and Responsibilities. Those are the amendments that relate to orientation and training for young and new workers.

Part 4, General Conditions, Working Alone or in Isolation. This relates to prepayment for petroleum products at service stations in urban areas during late night and early morning hours.

And Part 6, Substance Specific Requirements. That's the amendments relating to safety-engineered devices for all hollow bore needles and other medical sharps.

These proposed amendments with the explanatory notes have been placed on the WorkSafeBC

website and an E-news notification has been sent out to over 1,600 stakeholders advising of the proposed amendments. Copies of them are also available at the front desk where Leley is right now.

I also did want to let interested parties know that further amendments to Part 4, General Conditions, Working Alone or in Isolation, have been approved by the Board of Directors. These proposed amendments aren't part of this public hearing, but what they'll do is further strengthen the Working Alone or in Isolation section of the *Regulation*, recognizing that all workers who work in these situations should be afforded a safe workplaces.

These proposed amendments are also posted on the WorkSafeBC website, and they provide for explicit requirements that hazards be identified and steps taken to reduce risks from hazards when a worker is working alone or in isolation. The requirements proposed would strengthen protection for workers in a broader range of workplaces, in all retail and service operations that are open late at night and in the early morning hours. So just to be clear, those further amendments will be part of the public hearing process that we're holding in June of 2007.

So we are here today to listen to what you have to say. To ensure that we proceed in a timely fashion, we usually call time if we think that we need to do that to

make sure everybody is heard. I don't really think that's going to be a significant issue. We do have a little extra time in our agenda. So I just want to encourage everybody to make sure they take the time they feel they need to say what they want to say.

If you have written material that you'd like to leave with us, you can leave it, again, with Leley at the sign-in desk. Both oral and written submissions form part of the public hearing record, and the deadline for receiving any written materials is 4:30 p.m. on Wednesday, January the 31st, 2007.

The public hearings represent the formal consultation process. Once the hearing is complete, written and oral submissions will be analyzed and the Board of Directors, who are the decision-making body at WorkSafeBC, will have access to all of the submissions prior to making their final decision on each proposal.

This is your opportunity to be heard on these issues. And just to repeat that, we thank you very much for your interest, commitment and involvement and look forward to hearing your views.

You may also know that when Minister Ilich referred the prepayment *Regulation* amendment to WorkSafeBC, she referred to it as Grant's Law in the memory of Grant DePatie. As you know, he died a very tragic death in 2006

in a workplace incident. So I'm pleased to call upon Grant's father, Mr. Doug DePatie, to be our first speaker today. Thank you, Doug.

MR. DePATIE: Thank you very much. I'm Doug DePatie, the father of Grant DePatie, the Maple Ridge gas station attendant who was killed in 2005.

Thank you very much, WorkSafeBC, for addressing the issues with Grant's death and a lot of the underlying issues. I realize that we are here to bring in Grant's Law, and I'm glad to see that WorkSafeBC stepped forward and brought in also regulations that will address the other issues to protect workers in gas stations and convenience stores, those issues that were prevalent in the gas station where Grant was killed.

I believe that all of our intention is to protect workers, to protect our young workers, especially those new into the workplace, new into different job locations, and I think that the *Regulation* should reflect that. I think that regulations and training regulations with the words "practicable" and with the words "must consider," I think that it should be "must." I think you've heard this from me before. Getting redundant, but nevertheless, very important.

I think that it takes away from our intention to protect workers when you put wording in like

that. I think that with regards to working alone, employers that wish to effectively keep themselves at a position with doing diligence as far as working alone, I think they can avoid that whole issue by simply not putting people alone. When they put workers in that sort of position, they should have to bring in procedures and policies along with those you've provided to protect workers. We're really addressing our community and our society. When we put people alone, we've got to really address that and say, is it in a high crime area? I think all of British Columbia at this point is a high crime area. I think that even rural areas are high in crime. They target areas -- as soon as you say, you can't come to the cities and steal gas, they'll go to the rural areas and steal gas.

I understand that some gas stations are going to have to buy extra pumps, and I think that the large fuel conglomerates should be putting something back into society. They've lived on the backs of workers for long enough. They've been, I think, putting our workers at risk. It is their procedure for paying for fuel that has put the community, motorists and workers, at risk, and it's time to buck up. I'm sorry to say that perhaps if they had been putting a dollar away for this period of time that they've been doing the self-serve policy, that we would have that money now available. And I think that with the

large fuel conglomerates, that money certainly is there. It's just the availability.

And I do feel for those gas stations that it will put out of business or have a serious effect on like that, financial effect. But I'm sorry, Grant's life was worth a lot more than those 30,000 that they're going to have to put in. I know that Barj, for example, at Grant's gas station, has had to spend some fortune, including a large fine. I mean, \$30,000 into the pumps or \$25,000 fine, which is it going to be? I think that with the 366 inspections that WorkSafeBC was kind enough to do to really show the rest of British Columbia what is out there, and I think it shows the rest of Canada what is out there.

I mean, back east there, they're kidnapping the gas station attendants at the Domo stations and driving them to the edge of town while they rob the gas stations, eight times in a row. I think that we're back to that conversation about in the industry it is a common thing to happen, a trend. I hate to see trends that cost our youth their lives. I hate to see people kidnapped in the workplace because they were not protected or that we didn't recognize the type of protection that they needed. It isn't the protection from the transfer of fuel into the vehicle. It's the protection from our society and that the employers are left with. It is not WorkSafeBC that is left with it.

It is our employers.

It is then, I would say, WorkSafeBC's job to bring them into line and to really help them to recognize what those areas are that we need to address.

I would like to see future regulations brought in without the "where practicable," wording like that, or "to the lowest practicable level." I think that those things leave a loophole for employers.

I do also believe that workers like Grant do share some responsibility not to put themselves at risk, and training and orientation will help them not to do that. But I do not believe that being choked from behind till you're unconscious, that any training will save you from that. I don't think that training and orientation will save you from a kidnapping. I think that we really need to protect our youth out there. And I think that when our youth are signing documentation for training and orientation and they are not of the age of consent, that there has to be some parental -- their parents should be included in that and perhaps have to sign off on another line below them. I think that that would also give parents some power to say, "Son, no, you can't work in a gas station or convenience store," and give them the power to veto that opportunity for them. Actually I don't think it's an opportunity. It may be an opportunity for disaster.

And it's some of these older people that we're putting -- and some grandparents even are getting into gas stations and convenience stores just trying to earn the extra buck, trying to send their kids to college. I hate to see it cost them their life.

I would hope that we would bring in regulations that will achieve the goal that we're trying to achieve, protecting workers. And if they have to be strong regulations, firm regulations and enforced regulations, so be it. If it comes to a cost for gas stations and convenience stores, it will be for the ones in business, and the future ones will know coming in the level playing field that they will have to go into will be protecting workers, number one; business, number two.

Thank you very much.

THE CHAIR: And Doug, just before you do leave, I want to say this now because Mr. DePatie and Mr. Crellin have been at every single one of the public hearings that we've held, faithfully in the afternoon and the evenings. And I notice from tonight that you may be the only two speakers unless anybody else does come to speak at the hearing tonight. And I just want to thank you now while there are people here to hear it, on the record, for so faithfully coming to every single one of these public hearings, Doug. Thank you very much.

MR. DePATIE: Thank you.

THE CHAIR: Before I call on Carol Malmgren, I just also want to acknowledge, as I did in Kelowna, that Mr. Brown was here. I also want to acknowledge that Ms. Arlene Ward, who is a member of our Board of Directors, has now joined us.

Can I just ask if Carol Malmgren is in the room? Thank you, Ms. Malmgren. And I understand, Ms. Malmgren, that you're going to address Part 6, safety-engineered needles.

MR. MALMGREN: Yes. My name is Carol Malmgren and I'm an RN and have been for about 30 years. I work for VIHA and I happen to be an occupational health and safety steward and I sit on the joint occupational health and safety committee at Victoria General Hospital.

I appreciate the fact that WorkSafe has broadened the scope of the *Regulation* since the first round of talk. I still have a few concerns. There's about four in number.

One is the implementation date. It seems to me that this could be expediated. July and October 2008 seem to be a very long timeframe to work within. Manitoba and Saskatchewan managed to implement their new regulations within six months. So personally I would like to see a date of July 2007.

My second and perhaps my biggest concern is lack of requirement of worker or occupational health and safety committee's input into the selection of the safest devices. I have to say -- and I have a show-and-tell here if there's any time -- that not all safety-engineered devices are created equal. There's quite a difference and quite a broad scope.

A bit of history here. VIHA was one of the first health authorities to implement safety-engineered devices because it was downstream workers, i.e. laundry workers, who were being poked and not able to know the source. And WorkSafe wrote orders, and as a result VIHA's BDF committee was born. This committee looked at several devices and their recommendation was not for the device VIHA chose in the end. Cost seemed to be the determining factor, not actual safety of people.

The system chosen by VIHA uses engineering devices, i.e. the guard has to be deployed by the user. This involves the user using their thumb, at a minimum, in the vicinity of the needle. Also, these devices need to be seen, heard and felt to have been deployed correctly. Given the rush nature of health care these days, I'm finding that this is not always being done, and I'm starting to see more needle stick injuries again.

Also, the guard is flimsy, and if those

needles get into something like the laundry system, will not stand up to the rollers used there, and we now have the increased potential to harm the workers.

Also, if they're the type of needle that's chosen for, say, needle exchanges, you can be sure the drug addicts will not deploy the safety guard, and so then they're useless because they're left lying around for any poor child, innocent walker by to be exposed to.

Also, if this type of syringe is used -- well, I've said that -- in needle exchanges --

I believe the only true safe devices are the ones with retractable needles. These deploy automatically, i.e. as soon as you've finished injecting, the needle retracts right into the barrel of the syringe. There's no need for anyone's hands to go near the needle whatsoever once it's been used.

The ones I prefer and which I consider the safest is the example I have, which is made by Vanish and currently the one being used in Manitoba. And as I said, I can give a demonstration if there's time.

My third concern is there's no requirement to log all medical sharp injuries, which I think would be vital in ensuring that we are using the safest technology.

Four, I'm concerned about the proposed regulation stating subsections 1.1 and 1.2 do not apply if

the use of the required device, needle or sharp is not clinically appropriate in the particular circumstances, or the required device, needle or sharp is not available in commercial markets.

At present, I believe there has only been eight devices identified that do not have a safety-engineered alternative, and these devices are used in very limited quantities. Adding the use of neutral zone, i.e. in the O.R. where a few of these devices are used, would help control that. A neutral zone when using such devices should be written into the *Regulation*. But I can tell you from experience that many doctors who don't want to change their practice will be using that part of the *Regulation* to avoid having to do so. And unfortunately, it has been my experience -- and I can only talk about VIHA -- is all-accepting of this behaviour from doctors.

In conclusion, I wholeheartedly support the proposed regulations and just ask that the following amendments be made:

- implementation date to July 1, 2007,
- the proposed regulation require the use of a logging system to keep track of all sharp injuries,
- a requirement of consultation with workers and JOSH committees in selecting appropriate devices,
- and to include the concept of neutral space in the

operating room or other areas that surgeries are performed.

Thank you.

THE CHAIR: Thank you, Ms. Malmgren. And I just would say -- it's up to you. We've actually seen some really excellent -- I think we saw some here -- excellent demonstrations around the different types of needles that are available. It's really up to you. If you'd like to show us the ones that you've got --

MS. MALMGREN: No, if you've seen --

THE CHAIR: But we have seen them.

MS. MALMGREN: You know that there's the ones that you have to slide up and ones you have to snap on --

THE CHAIR: You flip over, and the retractables, yeah.

MS. MALMGREN: -- and then the retractables. And they're the ones, of course, that I would prefer because they're automatic --

THE CHAIR: Right. And --

MS. MALMGREN: -- and doesn't require any --

THE CHAIR: Sure. And just so you know, representatives of the BCNU who left us with the different samples --

MS. MALMGREN: Oh, good.

THE CHAIR: -- left us with sufficient that

we took them to our Board of Directors also. I don't think I was particularly qualified to be doing the demonstrations, but we showed them the different types of needles and we were careful to articulate what the concerns were.

MS. MALMGREN: Great. Thank you.

THE CHAIR: Thanks very much, Ms. Malmgren.

Can I call on Mr. Robert Smits from Nanaimo/Duncan & District Labour Council.

MR. SMITS: I'd like to bring (inaudible).

THE CHAIR: Absolutely. And perhaps, sirs, if you could just identify yourselves, that would be great.

I don't know if anybody else has forgotten to turn off their cell phone, but I just remembered in a panic so I'm reminding you all as well. I thought, how embarrassing would that be?

MR. SMITS: I'm Bob Smits. I'm the executive assistant to the Nanaimo/Duncan & District Labour Council. And this is David Halme, our vice-president.

MR. HALME: Pleased to meet you.

THE CHAIR: Pleased to meet you.

MR. SMITS: We're really pleased to be here today and we'd like to thank you for giving us the opportunity to comment on these regulations.

The Nanaimo/Duncan & District Labour Council

represents 65 affiliated local unions with a combined membership of over 13,000 men and women trade unionists working in the central Vancouver Island area, basically from Cobble Hill to a little past Qualicum Beach and the Gulf Islands.

Before we comment specifically on the regulations, we'd like to add the general comment that regulations aren't of any use whatever unless those being regulated are regularly inspected and the regulations are enforced. In a survey we did in our area before we made this presentation, one of the managers of a late night gas bar told them if we wanted him to obey the regulations, then the regulations had to be enforced so he wasn't at a competitive disadvantage because he was the only one obeying the regulations.

So in our view, the single most lacking part of protecting workers working alone is adequate inspections and enforcement of the regulations. And that means to us that establishments that have workers working alone, they need to be regularly inspected to see if the regulations are being obeyed, and they need to be done at times when the workers are working alone. So if a gas bar only has employees working alone between midnight and 6:00 a.m., that's when the inspection needs to happen, not the middle of the day when there's nobody there to tell them about it.

So now I'd like to comment on section 3.23(3) in Orientation and Training. I realize that the regulations proposed -- the draft I saw suggested that they had up to two weeks to implement orientation and training. In my view, a new employee shouldn't be doing anything until he's had that orientation and training. Allowing for it to go up to two weeks when it's that first two weeks that are absolutely the most hazardous in many industries -- we all know of stories where somebody starts on the job and is seriously injured by the end of his first shift because he hasn't got the awareness to know what he should or shouldn't do.

Next, section 4.20.1 on hazard identification. We agree completely with the proposed new regulations requiring that employers take the time and effort to identify possible hazards and eliminate or control them. This absolutely must not be left up to the initiative of the employees, who are often very junior in rank and experience.

And we're also pleased that you're now going to require a record under 4.21 of the employees that are checked so that there's some way of verifying compliance.

4.23.1 gives us a little more problem. First, we don't think there's any justification for limiting the application of prepayment to urban areas, nor

do we think it should be limited to 10:00 p.m. to 6:00 a.m. We think it'd be better if you did it 24/7. Workers are just as entitled to be safe in rural areas as urban areas, and it should apply everywhere all the time.

For example, what do you do about regional districts? They're not towns or cities, so by your definition they're not urban, but they're immediately adjacent to urban areas. So the only thing that happens if you just use that definition is you paint a big bulls-eye on the back of rural workers, who now become the targets because it's more convenient to assault them than it is somebody in town where there's two people working perhaps.

4.23.2. We'd like to see this section strengthened by adding that workers working alone must have a readily accessible alarm or call button, which sometimes you get called a panic button, so that they can summon assistance if necessary. And if there are working alone situations where employees are at risk, they ought to be covered by these regulations whether their place of work is a retail business or not.

My wife is an LPN. She works at a residential care home. She's often the only person there between 11:00 a.m. (*sic*) and 6:00 a.m. She's got 26 patients, and they're not all nice gentle little old ladies. Some of these are very large, strong individuals

who unfortunately suffer from dementias or other things that occasionally attack health care workers, and there needs to be something so that these workers working alone also have the same protection, where there's somebody to check up on them, there's a way for them to get assistance and those kinds of things.

We'd also like the Board to consider changing the regulations under 4.23.2 to require either locking the doors between 10:00 p.m. and 6:00 a.m. or providing them with a bullet-proof barrier or having at least two people on at late night shifts. We think those are kind of the minimums that we should be looking at.

4.23.3, worker's wages. And I understand that that doesn't normally fall under WorkSafeBC, but one of the main reasons employees put themselves in harm's way to prevent theft is because employers have taken advantage of employees under these conditions. It happens in private. They deny it's going on. We all know it does. It'd be helpful here to have a very large fine for breaking that regulation about not deducting thefts from employees' wages. Perhaps something that if somebody's found to be so coerced, you fine them at least treble the amount deducted or withheld or something. There's got to be a financial disincentive, (a) for the employers not to do it, and (b) for the employees to report it so that it doesn't happen to

other people.

In the surveys we did in our area, many of the stations concerned had begun to meet some but not all the proposed regulations. We think it would be very unfair if business owners were given a competitive disadvantage because they complied with the regulations and those who didn't got away with it because of inadequate inspection and enforcement.

Workers report to us that threats to their safety when working alone are commonplace, and while most don't rise to the level of actual violence, the potential is always there. We think the new regulations will be readily accepted by employers and employees alike as long as all businesses subject to the regulations are adequately and regularly inspected and the regulations enforced. When we did our survey, we noticed that not one of the employees we talked to could ever remember a WorkSafeBC inspection.

Because we had originally prepared our comments in November for the original hearing, I had a list of some of the things that people, particularly in late night gas bars, were faced with in November in our area. We had a knife-wielding robber targeting the Payless gas station in Duncan, making it the third late night gas station robbery in the city in less than a week. The RCMP said, well, it doesn't appear to be related to the other

two robberies at 7-Eleven. The Payless is not the only late night gas station and convenience store. The 7-Eleven on Government Street in Duncan was robbed by an unarmed man on a Tuesday and then again on a Thursday. We had a robbery here in Nanaimo on November 2nd at the Husky gas station.

So these are things that happen all the time. We can't ignore them and let them go on. So we're very happy that you're taking a look at these regulations. I'll now turn it over to David to make some additional comments.

MR. HALME: Yes. Thank you. I represent the Labour Council with respect to being vice-president, but on the other hand too, I'm also representing the teachers in the Cowichan Valley. Many of our students obviously work in these sort of jobs along with older people that have retired or it's a second job or something like that.

But certainly we want to underline the whole part about enforcement. Unless there's some sort of a reason for employers to abide by the regulations, we're going to have the same problem we have even at the professional level where we have people working alone in school portables, coming in to schools on the weekend and setting themselves up for violence at that point. Among teachers, among the locals around the province, we've been making sure that we do communicate that to our teachers.

But it's a long and, I guess, an arduous task in terms of educating even those that are educated.

And so when you have a workforce made up of people just out of high school or in high school, that underlines the fact that you have to get the employer more involved and more aware of the situation.

Obviously even at our level in the school districts, trying to get our employer's attention is a task and you can imagine that they should be of all cognizant of the fact of violence in the workplace and situations that our employees and our teachers are in danger. So here you have in a business situation, the same responsibility has to be there and it has to be generated and cultured, and I think this would add to the impact of getting this as part of our workplace safety culture. Thank you.

THE CHAIR: Thanks very much, sir. I just want to make sure that I say this, Mr. Smits. All of your comments were welcome. I just want to remind you, though, that when it comes to Part 4, 4.20 through to 4.23, we'll want to see you again.

MR. SMITS: We'll come back.

THE CHAIR: Good. I knew you knew that, but I just wanted to remind you.

MR. SMITS: And I have comments I'll leave with you.

THE CHAIR: That would be absolutely fine. If you could leave them with Leley, that would be good. Thanks very much.

Mr. Ken Kamsteeg from the Vancouver Island Health Authority. Ken, welcome.

MR. KAMSTEEG: So, welcome. I'm going to speak today a little bit towards Part 6 of the *Regulation*. So on behalf of the health authority, one of the topics I want to briefly discuss has to do with the scope of the *Regulation*.

While it's generally agreed, I think, within the health authorities that moving towards safety-engineered medical devices is a good idea and will certainly help alleviate some of the potential for injuries, it certainly is not the be-all to end-all. There is a lot of other things that fall into this mix. The selection of medically acceptable and clinically appropriate devices will definitely improve the staff safety and ultimately improve the quality of the patient experience, and that is really what health care is about.

The statistical data that we have to date strongly supports examining safety-engineered devices, especially for venous and arterial access. However, the data doesn't really strongly support using other safety medical sharps. Again, in principle, it's a great idea, and

it certainly is something worth looking into. But when we look at the scope and the timeframe that is being presented, one of the challenges is to select the devices that are going to be medically appropriate and clinically acceptable.

I'm sure that by now you've heard lots about the safety culture and people not wanting to change and everything else. And to choose the correct devices takes time. Sometimes there is the fundamental aspect of looking at devices outside of the norm. Sometimes there is the whole process of going to the end users to determine what it is they would find acceptable and working it that way.

So it's not a simple "Here is a device. Use it," because that just doesn't really work. It's not like you're saying, "What's the safest car?" "It's a Volvo." "Okay, so everybody has to drive a Volvo." There's a lot more things to consider in regards to patient outcomes, what areas or what scenarios those devices are going to be appropriate for, because in some circumstances a safety device is not going to be appropriate or in some cases is not going to increase the safety of either the worker or the patient outcome.

When we look at talking about selection of devices, the *Regulation* really isn't clear as to whose responsibility that is. It sort of clouds it a bit. The

current language within the proposed *Regulation* is prescriptive and presents a very narrow view on what devices are acceptable to ensure both the safety of staff and of course the outcome of patient experience. When we look at the definition, for example, of a safety-engineered needle, it includes a self-sheathing needle device and a retractable needle system. Now, granted the guidelines do stipulate a whole list of other devices, but anyone just reading that thinks they have two alternatives. And that's a very narrow view that really doesn't encompass the whole concept of exploring the alternatives and what's going to work the best.

The other aspect in regards to the wording also has to say that a wide variety of the current and even future devices may be deemed inappropriate because they don't fit the current definition. So expanding or generalizing that definition a little bit would probably go a long way to allow for devices maybe that haven't even been put into production or haven't been trialed or haven't been approved yet to be used.

What I bring to your attention is, if you look at the definition for safety-engineered medical sharp, it means "a medical sharp with a built-in safety feature or mechanism that eliminates or minimizes the risk of accidental parenteral contact while or after the sharp is

used." Other than the part that says while it's being used, that is a really good statement that should probably apply to not only medical devices but medical sharps as well.

Another alternative you could look at doing is including a phrase, for example, that on the medical sharp suggests, you know, an integrated safety sheath or safety cap or -- no, cap is probably not the best choice of words because we do not encourage recapping. But something of that nature. And that would go a lot further to broadening the types of devices that the health authorities and health care profession can actually look at so that they can ensure the safety of their workers as well as the quality of the patient experience.

To focus a little bit more on the terminology around medically acceptable and clinically appropriate. So when we look at certain words within the *Regulation* such as "highest level of safety" and a few of these other ones, that really changes the focus away from the risk reduction hierarchy process to one specific element within that process. And part of that is it minimizes the importance of those other steps in the overall process, and that is of concern, because what we're looking at is an entire process here, and safety-engineered needles or safety-engineered devices are a component of it. And to put really strict guidelines or real prescriptive

language around that section minimizes the rest. So then again your risk assessment becomes a lot less important because you're saying, well, we can only use device A or device B. That's it. What about the work practices? You know, then they become a little bit less important as well.

The other aspect on that, again too, is there is a misleading concept regarding the technical sophistication of the devices. There is the belief that these technically sophisticated devices are better and safer than less technical devices. And the reality is, that's not the case. Okay? If we were talking about a situation where, let's say, we're in an ideal world and everybody did things as they were supposed to -- you know, give the injection, you immediately drop it into the sharps container -- there's no risk.

But since we deal with people and we're not dealing with an ideal world, we have to look at the scenario that they're going to be used in and determine what is the best means to reduce that risk. And in some cases, a technically sophisticated device will actually create more of a risk than a simpler to use device. Is that making sense? Okay.

And we also have to look at the fact that a number of needles and instruments do not have safety features. There is nothing in development and nothing

that's available, either because the guide wires are very long or because of the way in which they're used. A good example would be things like test tubes or peripheral lines that run from the antecubital PICC lines into the heart area, into the aorta.

So these types of things really become important when you start looking at the overall aspect of what is the intent, what is the best device to use. Certainly we have to understand that no one safety-engineered needle or safety-engineered medical device is going to be medically acceptable or clinically appropriate in all circumstances and under all situations. Some are going to be better than others.

One example that we had is we used the retractables as an example. A retractable needle in a clinical setting where you're not at risk of having aggressive patients or whatever and you're doing, let's say, half a dozen injections over the course of a couple of hours, that's going to be not a bad choice. However, if you're doing a clinic and you have four or five hundred people to do in that period of time, that's going to be a lot of extra pressure required to give the injection because, again, retractable needles require additional force to activate the safety feature. So then you start running the risk of increased fatigue in the hand and what

have you, not to mention that there's also the patient experience. With the additional force comes the additional potential for causing discomfort at the process for giving the injection.

When we look at the overall aspect of the highest level of safety, it's really not sure what that implies. Again, we've touched on it before. When you look at the risk reduction hierarchy, again, if safe work practices are put in place and people follow things in accordance to the way that they should be done, you can mitigate the risk through following safe work practices.

What I would like to now briefly talk about is a little bit of the information around the implementation process. It's not a simple process of just finding a product and saying, okay, everybody use it. If you look at how we actually -- when we did our transition to safer needles, that initial process took about two years to complete. You know, there's identification of the need, support by the end users to change. There's research that went into looking at the available options, what would work, what wouldn't work, looking at compatibility with other systems and other machines and devices within the organization.

There was a whole bunch of operational and logistical considerations to keep in mind as well. We did

health authority wide, not just one spot. And of course you do have to look at the impact on staff safety. And one of the ways to do that is to look at providing clinical trials and evaluating and those types of things, and they all take time to do them properly. The more devices you have and the more complicated their use is going to be or intricate that their use is going to be, these things all take a lot longer to do.

So when you hear people say, oh, they can implement it in a year -- I don't necessarily disagree with them, because again, it took us just over a year to develop the education and training component and then actually get out and do it. But it's all the stuff that happens on the other side that people seem to forget about. You can't just pick up something off the shelf and say, here's what we're going to use.

THE CHAIR: I want to make sure you make all of your points. You have about three more minutes.

MR. KAMSTEEG: Does that mean I have to speak faster?

THE CHAIR: You have about three more minutes.

MR. KAMSTEEG: That's all right. We wanted to look at some of the other things in the *Regulation* around definition and language. There's a number of definitions

that are not really accurate or that are misleading. I touched on the definition of a safety-engineered needle and how it sort of contradicts the safety-engineered medical sharp, so we'll leave that one as it is.

There's other things in there too, again, about including a medical sharp as broken glass, as one example. And again, we'll need to clarify that in a little more detail, assuming that what the reference is to is glass ampoules or something more specific around blood collection tubes, because if we just leave it as broken glass, then any time there's a broken window or something else, then it needs to be treated as a medical sharp, which would probably make a lot of people very unhappy. It would be very good for those who make sharps containers because they'd have to make some really big ones to cover up the glass.

I basically wanted to look -- I'll just conclude with the simple fact that the scope and some of the definitions do need to be changed to facilitate a clearer understanding of the *Regulation*. I will submit additional information to help guide that as far as a recommendation or suggestion. And I think that's about it.

THE CHAIR: Thanks very much, Ken. And I do want to thank you for taking the time and trouble to be with us here. Thanks very much.

Ms. Sherry White from the HEU.

MS. WHITE: I just want to thank the board for hearing us again, and I want to make sure that we make it very clear how serious the issue is and how we can't keep putting it off and setting the date back and researching it to death. The evidence is there and we feel it's time to move forward.

Not many people would go to work every day if they knew they were risking the exposure to a deadly disease every time they walked through the door. Most people would probably stay home or find a new job. Unfortunately in health care we don't have that option. We've chosen our path and we choose to help the sick and the infirm.

Now, the bottom line on the cost factor is there's a very negligible difference to the employer as to which device they go to. What we're asking for is the best possible device. That's not what we have right now.

Today health care workers risk exposure to over 20 bloodborne diseases. These are not your bacterias or your viruses. These are the bloodborne diseases. Universal precautions do work for some things. However, a needle penetrates any sort of protection you wear. Whether it be the gloves, whether it be the gowns, the needle goes through and with it goes the bloodborne bacteria.

The researchers have been following hepatitis B for 50 years, just for an example, and they have found that there has been a decrease in that particular disease but because there's an immunization program in place for it. In the United States in 1992, OSHA put a report in that required the employers to give immunization for hepatitis B. Unfortunately for the vast number of diseases that are bloodborne, there is no such immunization -- HIV, hep C. Once you have them, you have them and you have to deal with them for the rest of your life.

The risk of exposure from needle sticks in the United States was, after 800,000 reported, 2 percent or 16,000 of those health care workers were infected with HIV. That's a lot of people, and way too many for us to be dealing with.

One of the reasons most often cited for the fact that there's an under-reporting of needle sticks is the stigma that goes with it. Not only do you deal with the horrendous antiviral drugs that you must take; your family goes through that same horrible time period when you're worried about whether or not you've contracted that disease. Hepatitis C, again, it's the rest of your life. You may live to be 50, you may live to be 60. Then again, you may not. And it's all because you were at work and the

precautions that could have been taken with the proper equipment, weren't, because of the dollar.

Hollow bore needle injuries are the most common mode of occupational transmission for hepatitis C. 85 percent of those persons will develop chronic infection increasing their risk for cirrhosis and hepatic carcinoma. The risk of contracting HIV from a needle stick that is infected is one in every 150.

I spoke earlier of the effectiveness of universal precautions in reducing the incidence, and as I said, the sharps and the needles penetrate the barriers very readily. It is critical in the decision and the discussion on needle sticks to realize that just as in any other discussion of risk to the employee, the employee is not at fault. It is not due to a careless worker. We deal with people who are anxious, who are excited, who may move at a moment's notice. They may or they may not have a bloodborne disease. We don't have the right to know that because their privacy is protected.

In 1998, 90 percent of health care workers infected by HIV were from hollow bore needles. According to the United States Center for Disease Control, the facts speak for themselves. Health care workers are at the greatest risk for infection of bloodborne disease. The truth of the matter is the technology exists to lessen the

risk to their health. All it takes is a commitment on behalf of the workers' employer to put their safety first. Give them the respect they deserve.

The evidence for safer needles and sharps is there and it has been there for years, and yet our employers continue to drag their feet and look for research on the subject. The research is there. It's been done.

We have the power to lessen the risks while tending to the infirm. The health care workers and their families are counting on you at the Board to go the extra step and make sure that the implementation is done at the earliest possible date. We want July 2007. Other provinces have done it. They've already gone on board. If there's any question with the health authorities, they can look to the other provinces and see what they're using and how they've done their implementation. It's not that difficult.

The other point we'd like to make is that we would like to see our union OH&S and our members on that panel deciding what safety devices are used. We are the ones using them on a daily basis. We are the ones best able to judge which ones are the most effective. Had they relied on us when they bought the last batch, we'd have had the retractables that we wanted.

So on behalf of my sisters and brothers at HEU and other nurses and health care workers, I'm hoping

you won't allow management to drag their feet any longer and you will push them to the earliest possible date for implementation. Thank you.

THE CHAIR: Thanks very much, Ms. White. And just again, if you do want to leave your written notes with Leley at the front, that would be very helpful, or maybe give us a copy.

There was something I just didn't catch and I want to make sure that we corralled it properly. Your last point when you said "we and OH&S," you meant the joint occupational health and safety committee as described in the *Act*?

MS. WHITE: Right.

THE CHAIR: That's what you were referring to?

MS. WHITE: Right.

THE CHAIR: I just wanted to make sure I had collected that properly.

MS. WHITE: Correct.

THE CHAIR: Thank you. Thanks very much.

I'm going to call on Jennifer Collison. Ms. Collison, welcome.

MS. COLLISON: I just want to speak to you guys today about some experience that I've had as a facilitator for the B.C. Federation of Labour, as well as I

did a -- I volunteered to do a survey, the gas station survey. So I went out one evening with a friend of mine, and what I found out from some of the gas station attendants was amazing. I opened my eyes.

There was one man who we spoke to for about 20 minutes. He was one that was actually willing to talk to us. And we asked what kind of safety procedures they had. He's like, "Oh, we have a book down here," he's like, "but it holds up a shelf." And I thought, "Well, do you ever look at it?" He's like, "If I get really bored, I'll pull it out." And I said, "Well, you've never read it?" He's like, "No." And I said, "Well, what do you have here to protect yourself?" And he said, "Well," he's like, "there's a video camera." And I said, "Well, does it record for you?" He's like, "No." And I thought, "Okay. What's that going to do?" And I asked, "Well, what else do you have?" He's like, oh, he's like, "I get to pick and choose who I allow into the store by the lock." I said, "Well, what's your criteria for that?" He's like, "Well, pretty much anyone. If they have a hat on or something, I ask them to take it off so the camera can see them." But I thought, "What's that camera going to do for you if it's not recording?" Then he said, "Well, I also have a button." And I said, "Well, where does this button go to for help?" He's like, "I haven't quite figured that out yet," and he's

like, "Actually I'm not even sure if it's hooked up to anything." So I thought, "What's that going to do? You're going to be pressing a button to protect you and it goes nowhere."

There was another young man that actually stood out in my mind. He was about 14 or 15. He was really nervous when we went to go speak with him. It was only actually his second shift on the job. And we asked him, "What kind of safety training have you had?" and he said, "None. They've scheduled that for later on," he said, "I think." And I said, "Okay. What would you do" -- and he's like, "Well, all I know is I'm supposed to call in and check with another place." He's like, "But I don't know when I'm supposed to call and check in." And he really didn't want to talk to us because he didn't know what we were talking to him about. So we left. I felt very unsettled about leaving him there. It was about two o'clock in the morning and my partner -- we discussed. We're both facilitators for the occupational health and safety for the high schools. And we talked about it, and I said, "You know, it's too bad. I hope he was in one of our classes."

Well, four months later, I'm at Mt. Doug High School and there he is sitting in one of my classrooms. And I thought, wow, you're a grade 10 student, but this summer you must have been only 14 working there.

Afterwards he came up to me and he said, "You know, this is a really important class to have." He's like, "If I had this class four months ago, I wouldn't have been working there." And I said, "Well, how did your summer go with the job?" He's like, "I quit two weeks later." And I asked him why. He said he had three critical incidents happen to him after we left. He had one that evening two hours later where he had a taxicab driver being attacked in his parking lot. Then he had an attempted robbery on him the next day. And he had one other one that he didn't want to talk to me about.

And I just thought, what are we doing here? We're not protecting our youth. We're not protecting our workers. These need to be implicated (*sic*) now and we need to do more than simply have the 10:00 to 6:00 prepay system. We need to go above and beyond that, because really, they have to come into the store to pay if there's no prepay system, so how do they know they're not going to be robbed at that time as well for the gas? It doesn't protect them. It protects them from gas-and-dashes but not everything else.

And that really stuck out in my mind. And other experiences I've heard from young workers, it's quite scary out there for them and a lot of them actually quit their gas station jobs because of accidents that have

happened to them there.

So I just want to come today and share that with you and why it's so important for this to happen to them. And I think we should take it a step beyond, especially with what happened with Grant DePatie. And I talk to the kids about his story, and they're shocked that there's nothing there to protect them. And we talk about different solutions that they can come up with -- and it's really interesting to see what they actually have to say -- to protect themselves and other workers in the workplace. And I think we need to look at what their ideas are and what they would present to you guys as what they think would be safe.

That's what I had to come talk to you guys today.

THE CHAIR: Thanks very much, Ms. Collison. And if I could just say, I think I overheard that you were feeling a small amount of trepidation about presenting at a public hearing.

MS. COLLISON: Yeah.

THE CHAIR: Yes. You did great.

MS. COLLISON: Thank you.

THE CHAIR: It's very important for us at WorkSafeBC to hear from young workers as well as obviously more mature individuals. So I just want to say thank you

very much. I thought that your remarks were very well made. Thank you.

MS. COLLISON: Thank you.

THE CHAIR: Mr. Nigel Chivers. I hope I pronounced your name properly. I think I did. And I think you were going to speak to Part 6.

MR. CHIVERS: Right. Good afternoon. My name is Nigel Chivers. I've worked actually for Becton Dickinson for 20 years and I've been a lab tech. I should preface my remarks today to say that I'm not actually representing BD today but I thought that I'd present because I'd like to present my opinions based upon my 20 years of experience and many safety conversions that I've been involved in, and I thought I might have something to add.

What I wanted to speak about was nothing to do with products today but just the process. I believe that to emphasize that to develop a true safety culture, that we really need a lot more than just the safety-engineered devices. The process is so important around that device. I believe that in the processes that I've been involved in -- and I've been involved in both the successful and non-successful processes -- that one of the processes that seemed to be most important in the beginning is to do a clinical needs assessment to determine if the product is going to be a fit for the process that they're doing.

For instance, just as an example that comes to mind, not talking about specific products, but certain products are compatible with other products, and if in certain departments they're using other products that they need the compatibility issue, then you really can't recommend a given product if it's not compatible with all the other products that are around. So you really have to find out what they're using in all their clinical applications before you can recommend something that's going to be successful.

It's very important to develop an educational program pertaining to the products that you're using because a product by itself isn't going to go anywhere. You have to make sure that it's either a classroom setting or a clinical setting where you're going out to the departments to make sure everyone in the department can easily know how the product actually works. So as part of the process, that has to be included and it has to have a commitment and a buy-in from the management.

It's not always the most technologically complicated or even the most expensive product that's the best fit for what they're doing. So as the definitions in here about what is the technologically best products, I was a little bit hazy on that. But definitely it isn't the most expensive and it isn't always the most technologically

complicated that might be the best fit for a given department -- or it might be, depending on what they're doing.

Finally after implementation, it is imperative to do an audit to confirm that the needle sticks have actually gone down as the overall goal that you're trying to achieve. And I think that that's a very important part of the process to find out if you need more education, do you need another product. So auditing and rechecking and rechecking to see that you're actually accomplishing what you've set out to do.

That whole process is quite a long process. But to make the process successful and getting buy-in from everyone in the different pieces in the organization is very important, that that process doesn't get missed in anything.

So that's basically all I wanted to say, just that it takes time for a large authority, possibly anywhere from four to eight months, and it's very necessary to get the acceptance of a new process, to internalize the processes for it to become second nature.

Thank you.

THE CHAIR: Thank you very much, sir.

So while we have a process for asking individuals to register to speak at these public hearings,

there's always an opportunity for anybody who attends to speak to the panel. And so I just want to take a few moments to see if in fact anybody else does want to -- Mr. Puchmeyer? Absolutely.

MR. PUCHMEYER: Thank you once again. Chuck Puchmeyer, MLA for New Westminster and also the critic for labour. This is, I believe, my second of the Working Alone hearings. I did attend the other one with the changes to the regs. I'm certainly pleased to see that we are heading in a direction of looking at regulations again and specifically looking at where deregulation may have been too severe, and I'm looking forward to the discussions on the forestry regulations which are going to be ongoing as well.

On the issue of working alone -- and I'm going to focus more on, I think, some of the issues that haven't been discussed a lot. And I did speak previously in Prince George about the issue of crime prevention through environmental design, which is a new science, an engineered science that is starting to get some traction. A lot of municipalities are using it. I was on city council for nine years in New Westminster and I was able to spearhead a program where now we have through building and new buildings and bylaws we have actually a SEPTED component, which is a component where before a place is built there

has to be an analysis, and crime prevention through environmental design is an engineered creative science that is used in an analysis of trying to eliminate crime or reduce the incidence of crime by virtue of how you design a facility or a building.

Sixty percent of all crime is opportunistic, and I think when people drive into service stations that have -- some may not have an intention of doing a gas-and-dash as they drive in, but as they look around they may see that an opportunity arises. They may see that there are a lot of cars parked in the way. They don't see a camera anywhere. So it becomes now an opportunistic crime. The tragic crime that I think has gotten us here today could very well have been an opportunistic crime. And I think that any new designs of service stations should have those implements introduced.

I'll give you some of the examples. And I've been working with New Westminster Police and I have had some discussion with Vancouver City Police on just the quality of resolution for camera surveillance. If driving into a pump you saw a sign that the licence plates were under surveillance and you could see that there was a system of looking at your licence plate, that would certainly reduce the incidence of the opportunistic incidence of crime.

I spoke to someone that was involved in video forensics with the New Westminster Police, and the real frustration with them after a crime of this nature is the fact that most of the video surveillance is inadmissible. It's not usable. The resolution is poor. I don't really want to use names of any of them, but sometimes in the old banks you would see the Frisco Bay camera, which is a camera that takes a shot every half a second or every one second. It's black and white, it's very grainy, and they're virtually useless in trying to defend or take a case forward.

So there is a standard, I think. There is a standard that should be met. I know now when we're looking at the working alone and looking at upgrading gas pumps so that you're having the ability to use a card, pay as you go, I know some of the small independents are going to find that onerous. I don't think that that's a reason not to do it. But I do believe implementing SEPTED right away and implementing the new pumps may be a little bit over the top.

But I do think that with WorkSafeBC we're so used to having very good ergonomic engineering and engineering of machinery, the science of safety engineering of placements, safety devices and that. I think we need to go that step further now and we need to implement this

system that will reduce incidental crime. And so I would hope that the Board can look at it. We will also be talking to our stakeholders in the different municipalities and regional districts to see if they would implement something such as the lines of what New Westminster does now with new development.

The final thing in this also is when I look at the rural/urban application. When I first brought this question up in the House to ask for regulations or legislation, I also did make numerous contacts with -- I spoke to every major oil company in British Columbia and some in the United States as well to get an idea of what some of the areas in Los Angeles and California where there was a higher incidence of crime, what they implemented. And they sort of had a one-book-fits-all model of this working alone book, and I don't think that that was the proper way to go.

But when I did speak to the individuals in the safety departments about legislation and regulation, they all said, if you're going to do it, do it equally across the board. When you look at urban/rural, I can see a Chevron station on one side of the street that has different rules than a PetroCan on the other side, and I think that would be problematic. I personally believe that it should be 24/7 and it should be throughout the province.

And I'd also like to say that we're also working with other provinces right now and other labour critics and labour ministers to look at trying to get more national on this.

And the final thing I would say on the needle sticks -- I have had the presentations as well -- I really think that it's important that the frontline workers that are involved in it, that they decide what the proper device is as opposed to somebody that may have a vested interest in a specific device or may be looking at it more in a way of saving money. The statistics that I've been shown, I was quite surprised to see the cost of somebody being affected by a needle stick, just the initial cost of dealing with that worker, not to mention what the worker is going through and what their families go through knowing that that person could be infected with something. Just the actual cost and the time lost to me would be a no-brainer to implement a safe needle and to do it as soon as possible.

Thank you.

THE CHAIR: Thanks very much, Mr. Puchmeyer. Is there anybody else that would like to be called on to say a few words? Yes, ma'am. Come on forward. And if you can just identify yourself and say whether you're representing yourself or an organization, that would be

great.

MS. TAYLOR: My name is Jo Taylor. I work at Nanaimo Emergency. I'm also the lobby coordinator for BCNU.

Like I say, I work here in Nanaimo and I've worked here for the last seven years. I came from working at St. Paul's Hospital, where they already had safety devices, to a hospital suddenly that didn't have safety devices and I had to relearn how to use those devices. So when we started to bring in the intravenous devices that retracted that we still had to pull back, I was really excited because it was the same stuff that we'd used at St. Paul's and also that the paramedics in B.C. have been using for the last seven or eight years.

Because I work in emergency, I triage workers periodically who have had a blood and body fluid exposure, and most of those exposures really do result from hollow bore needles. It's a large amount of paperwork. It's very daunting when the worker comes. They're scared. They often have been told by their managers that they need to hurry up and get back to work, so they're wanting to rush through the whole process, and can I call them back at their local, please, when it's time for them to see the doctor.

Antivirals can be very sickening for them when they go through all these processes. I've seen a

friend of mine actually from the Lower Mainland who ended up having to go on the antiretrovirals for six months before they found out that they hadn't converted. So it was six months of anxiety and fear for themselves but also for their family members as well.

And again, like what's already been stated, is the loss of the worker due to the stress and the illness can be very expensive, and I think that that alone will cover the cost of maybe a little bit more of an expensive safety device. It doesn't have to be the most expensive. But you'll find most nurses actually have the buy-in for safety devices. What we see mostly with the non-compliance is from a lot of doctors. Those little plastic flip-up needle devices that we have right now, the doctors will tear that off, and that puts the rest of us at risk -- the laundry workers, the people down in the CSR who clean all those supplies often are at risk -- or if the doctor just has carelessly not put it away in the sharps container.

RNs, like I say, have had the buy-in for a long time. And when I have taken in different devices so that they can see the difference between what we have or what is out there, most of them like the retractable needles. A lot of nurses, of course, shuffle around the province, the country, from the United States, and have worked with different needles, and most of them prefer the

retractable needles.

One of the biggest things that I am concerned about is the timelines. And I know that there's an issue. VIHA has already bought into and has a contract. I don't know if that affects the timelines for them. And I think that that can be a problem with the employer.

I know that when this was implemented here, we had the education but then we didn't have the devices. They didn't come for quite a few months. And so you had the education and suddenly the devices showed up a few months later and the staff were like, "Okay, now how do I use this?" So there needs to be a better education plan set up also.

But I think eight months is enough. I don't think that people need 18 months to implement these things. Nurses aren't stupid; neither are doctors.

The other issue is that I think nurses, the frontline workers need to have more input into what devices are chosen. I think somehow, even if we do get the input, I think that we need to be heard.

That's about all I have to say. Thank you.

THE CHAIR: Thanks very much, Ms. Taylor. Just let me take a moment to see if there is actually anybody else who would like to make a few remarks. We're here to listen.

That being the case, I'm going to ask Mr. Chett Crellin to come forward. Mr. Crellin has a few things that he would like to say. Thanks, Chett.

MR. CRELLIN: As you know, my name is Chett Crellin. I'm the grandfather of Grant DePatie, who got dragged to death at the service station.

I take the time to thank the Minister for having these hearings and WorkSafeBC for the diligence they've shown in giving us the opportunity and all those that have been ahead of me to speak at each hearing.

But you know, I'm going to touch on a couple of things here that I've listened to today. One of them is amazing. I take this Part 6 as something that's an ongoing thing. It's brought back from over here and over here and brought up to another hearing and things like this. And I've sat and listened to health care workers talk from their hearts about the safety that they need in their workplace, and that we have a thing where we're fighting back and forth, and we're looking at what's best.

Well, I'll give you a little indication of that. When I first bought a car years and years ago, I don't know how many of you remember this, but we used to only put water in the rads. And every night when we were finished, we had to drain those suckers out, especially when you lived back in the Prairies. Along came antifreeze.

And I went down and I looked at the four or five different -- and I heard this about the needles. There's four or five different types of needles. What best suited?

And the same thing. I went down to have a look at a store where I could get antifreeze and there was about four or five different types of antifreeze. And being the owner of that car, being the boss of that car, I said to myself, what the hell -- oh, excuse me.

THE CHAIR: It's okay. We won't worry about that.

MR. CRELLIN: It's there now. I said gosh darn it. I says --

THE CHAIR: I heard you. I heard "heck."

MR. CRELLIN: -- you know, this one pile of antifreeze is going to cost me ten bucks and this one over here is going to cost me two. Gee whiz. So I asked the guy that was selling it what would be best. "Oh," he says, "they're all the same." He says, "That four dollar one, you might as well get it." So I took the four dollar one and I was satisfied for a week. Then it got a little extra cold. The next day I got up and the health care worker, my engine, was split. Because you see, that antifreeze or that cheap needle didn't do the job.

So I went down to find out why, and the place I went to was the mechanics that work on cars. I went

right in there and I found out that if I'm going to protect my automobile, my worker, to get me back and forth to work, I'd best buy the best there is, regardless. It may cost me a little more, but at the end I'm going to save one heck of a lot of engines. I'm going to save a heck of a lot of things.

And that's what I listen to here every time, the health care workers talking about the things that happen to them, the fears they have, the diseases they can get. Then I sit down, and I heard another hearing where there was a health authority person in there, and I see one here today, and they talked about their concerns about the different types of needles and what's best. Well, holy mackerel, if this thing's been going on for this long, why haven't those things been up?

I would say that if we're going to look at the cost of needles, we'd best go to the people that use them, the nurses, the health care workers. They know what's best. I heard them talk about safety and all that other stuff, and I sat over in my chair and I took the basket and I separated it all down and I put the safety over there and the care for the workers over there and the care for the workers -- and right at the bottom was the same reason that I didn't buy that expensive antifreeze on day one. It was the cost. And if I put cost ahead of looking after my

engine, it's going to cost me in the end.

So I say to them that, hey, put the cost aside. Lives are by far more important than dollars.

And I take that over into the service stations, the same thing. I take a look at it, and you know in all this kind of stuff we've been going through and even in the Part 6 is all done on hazard assessment. If we recognized a long time ago that there was a hazard with those needles, there was a hazard in that workplace in the service station, why has it taken this long? Why? Is it because I want to sit and say, well, it's their fault or it's his fault, or I'm going to go and lay it on WorkSafeBC to come up with a deal and later on say, well, they didn't do it right? No, I must take responsibility. I must take responsibility to come here and tell you, hey, this is how I feel what should be done, as a grandfather.

Those young people have the right to life. If we're going to sit in these rooms -- those nurses, those young health care workers coming up, they have the right to protection. And if we're going to sit in this room and sell them short, we're not doing a job. We're not doing a job as WorkSafeBC, as parents, as labour organizations, as individuals, as mums and dads. We're not doing a job.

So you see, I say that because indirectly, the service stations need to be 24/7, totally throughout

the province, not willy-nilly. We must converse with them. We can't sell ourselves short because it's going to cost me \$30,000 now to put pumps in and computerize stuff when I took the advantage of all those young workers and not protecting them, and I'm going to groan about the cost now. The two dollar antifreeze or the ten dollar antifreeze. I take that because of the fact that -- my son-in-law mentioned about service stations. That happened in Winnipeg. Eight Domo service stations, eight separate service stations robbed, eight separate service stations where the attendants were taken out miles out of the city and dropped, and not one of them conversed to any other service station that there was a problem.

The other thing is -- and I said it up in Kelowna -- cameras are not going to protect that worker. Cameras will do nothing to protect that worker. All those cameras will ever do is help the law and the police to persecute those guys if -- if -- they catch them. that's what cameras are going to do. So therefore we must have pay-before-you-pump. We must be getting around and doing training.

I had a young fellow -- and I've done this for a long time. I started this about a month after my grandson was killed, and I had many young people call me. And I said, "What about safety training?" This is a Chevron

station. "Yeah," he says, "we get safety training." And I says, "How long," and he says, "Eight hours." I says, "Gee, that's pretty good." He says, "Yeah. But," he says, "we don't get paid for it."

So I think if you go and look at safety training, you'd best address the issue that if they're going to train these people, they'd better be prepared to pay them for the hours that these young kids put in a class to learn about safety, because we're taking it off of them. There's no sense in putting in the regulations about they can't deduct it -- they are deducting the money, and that's what hurts. The law says under the employment standards that they cannot deduct it, but they're doing it. They're doing it subtly and underhandedly. They do it by getting the young people to cash their cheques and then saying, "You must pay that money back."

Domo in the city of Abbotsford -- I don't know, the guy has a franchise for a lot of them here -- here's what this man does. They have a profit-sharing that the young people pay into. And if they have a gas-and-dash, it's taken out of that profit-sharing. That young youth must put that money back in there or their profit-sharing is going to suffer. What one heck of a way to deal with kids and some of these young people just starting out in

the workforce, looking to be nurses, and then find when they get there that the health authority is more concerned in cost than it is in health care and in the protection of the worker.

I hope that something good comes out of this. Thank you.

THE CHAIR: Thanks very much, Mr. Crellin.

So ladies and gentlemen, we have in fact run through the list of speakers who had registered and afforded an opportunity for anybody else to speak who might wish to speak.

We have about half an hour still left in the time available to us. So it's usually my practice at this point to just go into recess for five or ten minutes just in case somebody does come by or Leley has corralled someone who wants to speak to us, and then we'll come back on the record just to finally make sure that everybody who wants to be heard, has been heard.

So we're going to go off the record for about ten minutes. Thanks very much.

--- PROCEEDINGS RECESSED AT 4:25 P.M.

--- PROCEEDINGS RESUMED AT 4:45 P.M.

THE CHAIR: Ladies and gentlemen, the hour being a quarter of 5:00, I think I have confirmed that there is no one who still wants to make a presentation who has not made

one. In that case I'm going to adjourn the afternoon session, and we will be meeting again at 7:00 p.m. this evening. Thank you very much.

--- PROCEEDINGS RECESSED AT 4:45 P.M

--- PROCEEDINGS RESUMED AT 7:03 P.M.

THE CHAIR: Good evening, ladies and gentleman. Good evening and thanks for being here, and welcome. I want to thank you all for coming to this public hearing, which is in fact the last leg of the public hearing process that we've been involved in. And as some of you already know, the public hearing that we had scheduled for November was cancelled due to the very severe weather conditions. But our Board of Directors determined of course that we should reschedule for Kelowna and Nanaimo and ensure that everybody who wishes to speak to these proposed amendments to the *Occupational Health and Safety Regulation* has an opportunity to do that.

And so my first duty is to introduce myself and the members of the panel who are here to hear from you tonight. But before I do that, I do want to acknowledge that a member of our Board of Directors, Arlene Ward, has been with us this afternoon and is with us again this evening.

I'm Roberta Ellis and I'm the chair of the panel and Vice-President of Policy and Research at

WorkSafeBC. On my left is Anne Burch, who's the vice-chair of the panel and the Director of Prevention Policy and Regulatory Review. And on my right, Mr. Ed Bates, who is general counsel to the Board of Directors and is also general counsel to WorkSafeBC.

And I want to acknowledge Pattie Kealy, who is a court reporter, and Pattie is going to be taking verbatim notes of this public hearing this evening. This is the record that assists the Board of Directors of WorkSafeBC in their decision-making process, and the recorded notes are made public after decisions have been made with regard to all of the proposed regulatory amendments.

You should know -- and it's a bit redundant tonight obviously -- media can attend these hearings, and we really welcome that. These are very transparent processes. And I always just like to remind everybody that that means that their remarks, as well as being on the record for us, are on the record publicly.

Just by way of background, further to the public hearings which were held in May 2006, the Board of Directors of WorkSafeBC approved an additional public hearing as part of the 2006 regulatory review process to consider expanding the scope of the requirements in section 6.36 to include safety-engineered devices for all hollow

bore needles and other medical sharps.

As well, the Minister of Labour and Citizens' Services made a request to the Board of Directors under section 229 of the *Workers Compensation Act* that WorkSafeBC address through regulation prepayment for gasoline -- and by that we mean petroleum products -- at service stations in urban areas during late night and early morning hours.

The Minister also asked the Board of Directors to include in the 2006 hearing a regulation to address the orientation and training needs of young and new workers. This had been scheduled for hearings that will take place in June 2007, but our Board of Directors agreed that we could accelerate the process and hear it now.

So proposed amendments have been drafted to the *Occupational Health and Safety Regulation* as follows:

Part 3, Rights and Responsibilities, relating to orientation and training for young and new workers.

Part 4, General Conditions, Working Alone or in Isolation, relating to prepayment at service stations in urban areas during late night and early morning hours.

And Part 6, Substance Specific Requirements, relating to safety-engineered devices for all hollow bore needles and other medical sharps.

These have been placed on our website and an E-news notification has been sent out to over 1,600 stakeholders advising of the proposed amendments.

At this point I also did want to let you know that there are further amendments to Part 4, General Conditions, Working Alone or in Isolation, that have been approved by our Board of Directors, and we're in the consultation process on those now. These proposed amendments aren't part of this public hearing. They further strengthen the Working Alone or in Isolation section of the *OSH Regulation*, recognizing that all workers who work in these situations should be afforded safe workplaces.

These proposed amendments are posted on our website, and they provide for explicit requirements that hazards be identified and steps taken to reduce risks from hazards when a worker is working alone or in isolation. The requirements proposed would strengthen protection for workers in a broader range of workplaces, in all retail and service operations that are open late at night and in the early morning hours.

So we're here to listen to your remarks. As you know, this is the formal aspect of the consultation process. Once we've finished, we analyze everything we've heard, written and oral, and the Board of Directors is the decision-making body at WorkSafeBC. They have access to all

of the submissions prior to making their final decisions on each proposal.

Just before I call on our first speaker, we only have two speakers who have registered to speak with us tonight. They're Mr. Doug DePatie and Mr. Chett Crellin, and Doug is going to speak first. And then I will give an opportunity for anybody else who might want to say a few words to say it, and we'll close with Mr. Crellin.

Because no one else has registered for the evening session -- and it was really wonderful to see so many people coming out to speak this afternoon -- what we'll probably do, just so that you know, once we've heard those who have registered, I will take a short recess and then go back on the record, and if no one else has come forward to speak to us tonight, we will adjourn the session for the evening.

So having said that, as you know, when Minister Ilich asked our Board of Directors to consider the amendment to the Working Alone or in Isolation part of the *Regulation*, she did that by naming the prepay proposal as "Grant's Law." And so I'm going to call on Grant's father, Mr. Doug DePatie, to be our first speaker at this final session. Thanks, Doug.

MR. DePATIE: Thank you very much. I'm the father of the Maple Ridge gas station attendant who was

killed in 2005, Grant DePatie.

I would like to see Grant's Law, pay-before-you-pump, 24 hours a day across British Columbia, in rural areas, everywhere in British Columbia, and I would like to see training and orientation for young workers. I'd like to see that to be immediately upon getting their job, not when practicable. And I would like to see, of course, the words "must consider" to be "must have barriers" in the further hearings, and I will be hopefully coming to those hearings and putting my views forward as far as that goes.

I'm going to enjoy this one, but I'm going to beg to differ with my father-in-law, Chett Crellin, today -- yes -- with regards to his comments on cameras. I personally believe that cameras do reduce crime. I think that signage is important, that you have signs that say, "You're being watched" and have the cameras in plain view catching the person filling their tank, getting the licence plate numbers of the vehicles as they come up to the pumps, and of course in the establishments. Some establishments, whether it be gas stations and convenience stores, Pizza Huts, wherever it calls for it in hazard assessment and there's a criminal element, I think cameras are important. I wouldn't like to see them in public places pointing at everyone, I mean, but as far as in working establishments, absolutely. To protect workers, if a little bit of our

privacy is the cost, then I'll gladly give up some of my privacy.

I would like at this time to thank WorkSafeBC for all their efforts in helping us to address Grant's Law, and I would like to thank Chuck Puchmeyer, for example. I'd really like to thank him for coming to these meetings and giving us his support as well as the NDP party and the Liberal Party as well. And I would like to say that it hasn't been a political agenda. It's been just everybody just trying to make the difference. And I hope one day to have the opportunity to put a checkmark beside Chuck Puchmeyer's name. Thank you.

THE CHAIR: Thanks, Mr. DePatie. Thank you very much.

MR. DePATIE: (Inaudible)

THE CHAIR: We're not going to inquire into that.

Can I just ask if anybody present tonight who has registered to be here would actually like to make a few further remarks. Let me just ask that now. Is there anybody other than Mr. Crellin, who we are going to give the honour of closing this, to say a few more remarks this evening? Yes, Mr. Puchmeyer. Please go ahead.

MR. PUCHMEYER: Thank you. Chuck Puchmeyer. I just wanted to ask a couple of questions if I may on the

process with respect to written submissions. I notice that you made comments about numerous written submissions that are going to become part of this process.

THE CHAIR: The record, yes.

MR. PUCHMEYER: And the thing that concerns me is the fact that this is a public process. Everyone has the ability to come here and listen to the interested parties making their submissions, and in some cases, as we have just seen, even make counter-submissions or maybe clarify submissions. I think the fact that we don't have disclosure of the written submissions, it doesn't give anybody the ability to maybe analyze or maybe make comments on those. And what I would like to see in future, if at all possible, is possibly closing the deadline for written submissions and then allowing those written submissions to be part of the public record so that prior to the final public hearing, anyone that's interested could look at the written submissions up to and including commenting on those, to assist maybe the Board in -- whether refuting or whether endorsing or not endorsing some of those written submissions, which we will not have liberty to do until after the Board of Directors deals with it.

THE CHAIR: It's an interesting point, Mr. Puchmeyer, and I'll give you a quick answer and then probably defer to Mr. Bates, and then we can actually

provide you with another explanation if we have to later.

Generally speaking, the public hearing piece in British Columbia -- it's very different than the way most provinces make occupational health and safety regulations. Because of the delegation of powers to the Board of Directors, this is a very transparent process. So all of the material that we receive is provided to the Board of Directors, and it's provided to them as it comes in, without further, if you like, debate between and among the parties, because everybody has a right to their view. And it's provided to the Board of Directors so that they can look at all of the positions of the parties and take that into account as they make their decision.

I can certainly take that under advisement, hear what you're saying, and we can get back to you. I don't know, Ed, whether or not there's anything else that you might want to say about that in terms of the *Workers Compensation Act*.

MR. BATES: Well, certainly your point about not having access to the written submissions before the public hearing is somewhat of a disadvantage because you don't have an opportunity to read them and to respond to them. The mitigating circumstance in that, of course, as Roberta had indicated, is the final decision is with the Board of Directors. And if as a result of the oral

presentations or the written submissions, there was a change, the Board of Directors decided to make a change to the proposed regulations, then of course the decision would have to be made as to whether that change was so material that it had to go back out to public hearing, at which time then you would have an opportunity to make a submission on any amendment to the *Regulation*.

So your point is taken about which comes first. But it is important that there would be no change without a further public hearing if that change was material.

MR. PUCHMEYER: And then one final question with respect to the directions that were put to you by the government with respect to the times. It says from -- I think it gives certain times where you would go pay-as-you-go. How much weight is put on the fact that that's a directive of the government?

THE CHAIR: Well, the request came to the Board of Directors under a section of the *Act*, and so the *Act* gives the Ministry the ability to do that. The request was fairly broad. For example, to your point, the request was in urban areas. Finding a definition of urban is quite a challenge. We looked at Statistics Canada definitions, we looked at the *Municipal Act* definitions, and produced a definition that we could then bring out before members of

the public for review.

To the point that you're making and to the point that Mr. Bates makes, the Board of Directors is now seized with that decision. So you're quite right. The fact that the Board of Directors may say, "We've heard some very compelling" -- they may. Up to them. They could say, "We've heard some very compelling information broadly about the definition of urban." To Mr. Bates's point, if that's a material change, we would need to come back out to the public and say -- provincewide -- and make sure that anybody who wants to be heard on that is heard on it. That's not to prejudge what the Board of Directors may decide, but that would be an example of a very germane decision. And because the Board of Directors is very, very careful about not -- of erring on the side of bringing that back out for input, you're quite right. That may mean that we may need to hold a further hearing so that those who might have contrary views could be heard.

Ed, do you want to add anything?

MR. BATES: Just in addition, as the Chair has indicated, the *Act* contemplates the Minister requesting WorkSafeBC to make a regulation. However, these regulations will be regulations of the Board of Directors. Then the *Act* further contemplates that if the Minister wishes other regulations, then that process can go forward and those

ultimately will become regulations of the Board of Directors. But that is not the case. These regulations are regulations of the Board of Directors of WorkSafeBC.

MR. PUCHMEYER: So for instance, if the industry looks at the draft that's put forward and comes to the conclusion that you're looking at possibly setting restrictions on how you pay for fuel between dawn and dusk, let's say, they may not attend these hearings thinking that they could live with that.

THE CHAIR: Exactly.

MR. PUCHMEYER: And then suddenly, you know, everyone at the hearing is saying 24/7, 24/7, does that mean that you now -- if you agree with that or if the Board of Directors agrees with that, does that mean that has to go out to a hearing again?

THE CHAIR: Indeed. Mr. Bates should speak to that.

MR. BATES: Your question is an excellent one that has flowed from these public hearings that we've been doing, and we've been giving that very issue a lot of thought.

MR. PUCHMEYER: Thank you.

MR. BATES: And we'll be advising the Board of Directors on it and the final decision will be theirs.

MR. PUCHMEYER: Thank you.

THE CHAIR: Thanks, Mr. Puchmeyer. Thanks very much.

Can I just canvass the members of the public here tonight? Is there anybody else? Yes, sir. Please come forward. You just need to say who you are for the record and if you're representing yourself or an organization.

MR. FARRANT: Dave Farrant. I work for CEP Local 630 in Campbell River. I'm new to all this. I took a health and safety course. And just with what's been going on, just some questions.

Can I make a comment on Part 4?

THE CHAIR: Yes, any part.

MR. FARRANT: We were being taught language and stuff and strong words, and the majority of us at this course and others that we have talked to were quite surprised at section 4.23.2 with the risk of random violence or violence in association, "the employer must consider implementing the following controls." You know, we just sat there and went, "Hmm. Okay. No." Like it just seems that it's way too easy for an employer. I mean, obviously this is very lucrative, running a gas station 24/7. Otherwise they wouldn't bother doing it. And they have young children basically. I mean, my son's coming up to that age. You go out there, and all they have to do is consider. They don't even have to do anything for them. I

thought that was kind of -- you know, that needs definite revision.

But I agree with the cameras and stuff we discussed, you know, paying 24/7, and having gas stations feel that maybe we don't need anybody there, just swipe your card and go. But then that leaves every member of the public, you know, somebody travelling at night, all of a sudden there's not even anybody at the pump and then you're putting yourself at risk for whoever's waiting in the -- you know, on the side.

So I agree, if they want to do gas 24/7, they got to have something a lot better than "must consider," and also keep in mind the general public if they go forward to purchase fuel from their stations and not even have anybody there. There's got to be employees and something to make sure everybody's safe.

THE CHAIR: And also I just wanted to say something to you, sir, because -- and there's really no reason. Regulation-making can be a complicated process. The prepayment for petroleum products that we're hearing now, this is the formal public hearing on that. You'll also have an opportunity on that particular language for another public hearing that we'll be holding in June. And I just want to encourage you, if you feel strongly about that matter, to make sure that we hear from you then too.

MR. FARRANT: Okay, sure.

THE CHAIR: Thank you. We'll note it now for consultation purposes. But it would be really important, if you feel strongly about that, to either write to us or come back to us and tell us that.

MR. FARRANT: Okay. Thanks a lot.

THE CHAIR: Thanks very much. Thank you. Anyone else who's with us this evening that does want to make some remarks?

That being the case, I'm going to call on Mr. Chett Crellin, Grant's grandfather, to come and make some remarks to us.

MR. DePATIE: (Inaudible)

THE CHAIR: I saw that, Doug. I think I understood your point. Hi, Mr. Crellin.

MR. CRELLIN: I'm Chett Crellin. I'm Grant DePatie's grandfather.

I would like to have something I -- sometimes my hearing doesn't -- I'm hearing, but maybe I'm not listening. And I'm going to give this thought back so you can clarify it.

If these hearings, at the end of the day after all is said and done, indicates 24/7, the Board makes the decision for 24/7, are you telling me it has to go back out to public hearing?

THE CHAIR: There is a legal process. Because the Board of Directors are appointed officials -- they're not elected officials -- the rules of law for having public hearings are very specific. So the Board of Directors is going to get a report of these public hearings, and I think it would be fair to say that we've heard a great deal of information that suggests that this should be 24 by 7 and that this should be provincewide. Those are two very germane differences.

And the law would require that we hold an additional hearing if -- if the Board of Directors makes that decision, then we would have to come back out once more to the public. And the reason for that, sir, is that, as Mr. Puchmeyer expressed it, there may be people who've not come to this public hearing because this is the language that they see, and they decide, "This is the language. We think that's okay." So should that be the decision, in order to be sure that -- because these are serious matters. This is the making of law -- that all of the things that need to be done are done properly, indeed, the Board of Directors will have to consider legally whether they need to send us out one more time.

MR. CRELLIN: I did hear you.

THE CHAIR: You did, sir.

MR. CRELLIN: I was listening.

THE CHAIR: I think you hear and listen quite well.

MR. CRELLIN: Well, it's a darn good thing that we have a democratic system, because you see, I can allow my son-in-law to beg to differ. This is one of the things I appreciate about this, is because of the fact that I look at it one way and he another, and I can understand now how these hearings work.

But I do say that I still stand by the factor that if we're consistent in how we're looking at it, how long would it be before it ever went back out?

THE CHAIR: These things are done quite quickly in the terms of making law. I can't as the chair of this panel, Mr. Crellin, substitute my decision for the decision of the members of our Board.

MR. CRELLIN: That's right.

THE CHAIR: I can tell you that the Board of Directors is very seized with the importance of these issues, and I would certainly say that it would be reasonable for the panel to come back. And if what you would like to do is log with us your view that you want to see these matters dealt with in an expeditious fashion, we can certainly relay that back to the members of the Board of Directors.

MR. CRELLIN: I'll relay that to you now.

THE CHAIR: Thank you.

MR. CRELLIN: You see, we've gone now two years almost. It'll be two years in March. It'll be two years from the time that we started into this. And I hate to think of the delays we can go through to bring something into being. It seems so funny that we can deal with these things this way, and it's lives. You know?

I have to accept the way it's done. And I can tell you from here that that is basically very easy, because I have no control over those matters.

But I know at the end of the day that I can look at my son-in-law and know that our efforts maybe were not for vain.

THE CHAIR: Yes.

MR. CRELLIN: You know, there's so much involved in this thing, when we look at the aspect of what's going on. When I take a look at it, it looks on the surface out there that the oil companies are such great people, they're starting to bring it in already. I think that we like to be looked as corporate good guys (*sic*). I don't like that to cloud an issue.

The other thing is, I don't like the thought of the young people out there being taken advantage of as we consistently have more gas-and-dashes going by. That's the hurtful thing, you know, when you get young people that

are too embarrassed or too scared or too afraid to stand up for what is right. And it goes on because we, under laws, transparencies or what not, have to play to a system that looks good here but doesn't play good to the people concerned. And that's the part that's scary. But again, I say that on one side, but I understand on the other.

You know, it gives the opportunity -- again, as I say, I know the Husky station in Aldergrove, the woman that runs that will have free range then for a while more because the young people that have contacted me are too intimidated to come forward when they are made to pay back for these losses. And that's what I look at. I know the system. I've been around for a little while. I've dealt with people, dealt with government.

I just pray that from our point of view it will work expeditiously. I would like to say I would like to see it as quickly as possible. If it's got to get out, let's get it out.

THE CHAIR: I think Mr. Bates is just going to comment.

MR. BATES: I don't mean to interrupt you, sir, but I wouldn't want to leave you with the impression that the public hearing process is something that's never-ending. Indeed, the public hearing process by its very nature, people come forth with different views, and it's

not the differing views that result in the continuing public hearing. It is indeed the point that Mr. Puchmeyer made in regard to those citizens of British Columbia who may be under the impression as a result of this regulation that this regulation would not apply to them, and that is a decision that the Board of Directors will have to make. But simply because there are differing views expressed and the regulation may change as a result of them does not automatically mean that there needs to be further hearings.

MR. CRELLIN: I'll end by saying that I'm not fully -- I can't accept that there's not too many people out there that don't know that the original thing come out 10:00 to 6:00, the original thing you got on the paper, that don't already know. We had some media here covering it, the newspapers and the radio pick up on it, and they have been saying 24/7.

So I'll leave it in your hands. This is the last whack at it we get. But I will say thank you ever so much for giving my son-in-law and I the chance to speak at these hearings. I'm well pleased with what we have heard from the public. I agree with Mr. Puchmeyer that I think we should have the ability to see the written submissions so that we can come back and counter with something for the Board or for the hearing, the same way as we do when we sit here and we listen to others make statements. I think

that's quite necessary, and that's my own opinion. My son-in-law may beg to differ.

But at the end of the day I want to thank you. I want to thank you again on the record for the opportunity the Minister has given us to see this come through.

And on closing I'll say that if he wants to keep that way of begging to differ, he'll be walking home. Thank you very much.

THE CHAIR: Thanks very much, Mr. Crellin. Thank you very much.

Now, because we have no other speakers who have registered to make submissions tonight -- I always am a little cautious on these matters though -- I'm going to go off the record for about ten minutes just to err on the side of caution, and if after ten minutes no one else has in fact come forward, I will formally adjourn this process. But I'd like to give it ten minutes with everybody's agreement.

We're off the record for the next ten minutes.

--- PROCEEDINGS RECESSED AT 7:32 P.M.

--- PROCEEDINGS RESUMED AT 7:45 P.M.

THE CHAIR: Ladies and gentlemen, I just want to finally say one more thank you, and I am now going to

conclude our public hearing processes into these matters with my thanks. Good night.

--- PROCEEDINGS CONCLUDED AT 7:45 P.M.

This is to certify that the foregoing is a true and accurate transcript of the proceedings herein, to the best of my ability and skill.

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PATRICIA KEALY, CVR, CM