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**Industrial Wood and Allied Workers of
Canada**

W/D 36

Submission

**Review on Occupational Health & Safety
Regulations**

March 28, 2003

BACKGROUND

The Industrial Wood and Allied Workers of Canada (IWA) represent approximately 32,000 workers in the Province of British Columbia. Our membership works in a variety of diverse workplaces from green houses and rest homes to sawmills and logging camps.

Our members face a variety of workplace health and safety issues. We have members who come in contact with a variety of harmful substances in the workplace, for instance in green houses and sawmills; we have members who face substantial risk of musculoskeletal injury from the lifting of patients in health care. We have members who face the risk of being seriously injured in remote logging camps, where delay in first aid and emergency transport is the difference between life and death.

Many of our members have expressed concern with the proposed amendments and the effect that the changes may have on their workplace. With the recent changes to the WCB our members are already quite concerned that WCB regulations are not going to be properly enforced as hundreds of WCB employees have been let go and offices closed.

Year after year the forest sector is one of the most dangerous industries in British Columbia, with an average of approximately 30-workplace deaths annually.

With approximately 25,000 members employed in the forest industry it should be no surprise that our members feel strongly about these proposed changes.

Occupational First Aid

Making Occupational First Aid Regulations results based rather than prescriptive and repealing Part 33 of the health and safety regulations is analogous to removing speed limits on our roadways and telling drivers to drive to road conditions. The majority of drivers would be cautious but some wouldn't and the cost to the public would be horrendous.

To allow employers to assess the risk of their workplace and assign "appropriate" first aid coverage and first aid supplies is unconscionable. Of course many employers will provide the same adequate coverage as they do today, but all will not. The cost of this exercise will be counted in dead and injured workers. After all, employers today with clear written regulations and occasional inspections don't always obey the existing regulations. Imagine what their compliance will be if they are permitted to decide appropriate first aid coverage and supplies needed. This along with the fact that, with the reduction in WCB Safety Officers, there is little likelihood of "inappropriate" compliance being discovered through workplace inspections. If there is no detailed interpretation, then what will constitute compliance? The Draft Employer Guidelines, if followed would lead employers to implement the same occupational first aid standards that we have today. What's at issue is there is no obligation for employers to follow the recommendations. Direct quotes from the guidelines are: "The Board will not assume non-compliance if the recommendations in this practice guide are not followed." And "The Board may also review the process followed by the employer in making the assessment, including whether the employer has consulted with the joint committee, worker health and safety representative or it's workforce generally". The ambiguity of this document leaves one wondering why are we devaluing human life. Mistakes made in workplace health and safety cannot be easily reversed. Health and

safety in the workplace has long been a joint function between management and hourly workers, one that has in most cases worked quite well. To give the employer the unfettered right to decide hazard level and appropriate first aid coverage defeats the joint-ness in health and safety. What are the avenues for appeal if there is a disagreement between the employer and the workforce on what is deemed appropriate?

For years the IWA has endeavored to improve the Health and Safety of our membership through lobbying government and negotiating with employers; years of hard work will be lost if these amendments go ahead.

Imagine the scenario of a logger working on Northern Vancouver Island. The worker, a west coast faller has been struck on the face, head and neck by a large branch (widow maker) and is left unconscious. His falling partner notices his saw isn't running so he goes over to investigate and finds his partner face down and unconscious. He runs down to the crummy and calls for first aid. There might be a unrestricted level 3 first aid attendant with oxygen, cervical collars, spine board etc. answering the radio; there might be a 16 year old level 1 first aid attendant with little first aid equipment. The difference will be the difference between this faller surviving or not. This scenario will happen; in fact it just did. Thankfully there were regulations in place that ensured that there was a skilled, well-equipped first aid attendant that answered the radio call for help.

The faller was air lifted to Campbell River, then onto Vancouver where he is presently recovering. Because of the exceptional first aid he received there appears to be no paralysis and after a lengthy recovery period, that faller will one day return to work.

Workers lives cannot be subject to arbitrary assessments that can be dictated more by cost and expediency than providing a healthy and

safe workplace. These changes are all about reducing regulations and costs, not about improving the health and safety of our membership.

Occupational Exposure Limits

I would urge that WCB reconsider any changes to Threshold Limit Values (TLV's) for chemical and biological substances and the implementation of the American Conference of Governmental Industrial Hygienists (ACGIH) occupational exposure limits in British Columbia workplaces. Before any changes are implemented, thorough consultation with the effected stakeholders must take place. Little is known about the American Conference of Governmental Industrial Hygienist's TLV's (to get information from their web site is costly), but one of the interesting differences between the WCB's table 5-4 exposure limits and that of the ACGIH table is the relative exposure limits to wood dust. Wood dust is one of about 100 substances that has different exposure limits and is one of four substances that has been identified as requiring further review in order to determine the feasibility of achieving the occupational exposure limits (OEL). Take cedar wood dust for example. Presently the ACGIH table allows 5 mg/m³ vs. WCB Table's 5-4s 1 mg/m³, an allowable exposure limit of 5 times as much.

So on the surface one would applaud the further review process, but when you peel back the onion a little further the ACGIH has reported intent to change the OEL from 5mg/m³ to 0.5mg/m³. It would seem that further investigation would be required only when the proposed changes provide workers with more protection then they presently receive.

Exposure to wood dust has long been associated with a variety of workplace health issues including dermatitis, asthma, chronic

bronchitis, hypersensitivity pneumonitis and cancer. For example studies indicate that 5 percent of workers handling western red cedar have an allergic reaction called western red cedar asthma. Many other studies on the health affects from wood dust are contradictory and inconclusive but I would subscribe to erring on the side of caution when it comes to the lives of our members working in the forest industry.

So much is unknown about substances in the workplace for example cryptococcus neoformans var. gatti (CNG) and the disease it causes. Cryptococcus has been discovered on the east coast of Vancouver Island. The disease is caused by inhaling microscopic cells or spores that may be found in air around trees that are colonized with this organism. Little is known about the effects of this disease or it's impact on workers in forestry and sawmills. But we do know that cryptococcus is deadly and more research is urgency needed. With many other new chemicals being introduced into the workplace annually, we must be extremely diligent to ensure the health and safety of the workforce.

Conservative estimates tell us approximately 750 workers die each year in British Columbia from work related cancer. To this day one of the major causes of death in British Columbia sawmills is related to long-term asbestos exposure. We now know that the implementation of health and safety regulations regarding asbestos health concerns, that were known for years has been unconscionably slow. Even when permissible exposure limits were put in place, it took years of lobbying to reduce them to where they are today. How many workers have died or will die because of this criminally slow reaction to a very serious problem? Lets not repeat mistakes of the past.

Duplication and Redundancy

This is primarily an exercise in meeting the Provincial Governments target at reducing “red tape”, not about improving health and safety in the workplace. Many of the so called redundancies referred to have been put in place to provide tools for the workers to refer to when looking up safe work practices for their respective jobs.

Where the WCB review would call a regulation repetitive, others would call it reinforcement. As the introductory health and safety course offered by the British Columbia Institute of Technology says, for instance, “ *You may have noticed that some underlying themes are repeated in course materials, text books, and during presentations or training. This is not done just to fill up space or because someone thinks you might not get it the first time. Rather, it’s designed to reinforce certain important concepts in your learning*”.

The WCB must lead by example and shouldn’t be co-opted by a political agenda. Nothing is more important than workers health and safety.