

W1052

*SUBMISSION TO THE WCB PROPOSED
AMENDMENTS TO OH&S REQUIREMENT IN
BC.*

**TO: WORKERS COMPENSATION BOARD
OF BRITISH COLUMBIA**

**FROM: Nan Turner - Registered Nurse
of British Columbia**

I thought that the WCB was one of the most innovative organizations next to OHSAH. But I can see that I am wrong. What happened to dialogue, examination, discussion and exploration. Two hearing dates and a deadline on written submissions (that I can say is much too short) is not an exercise in democracy. It is an exercise in the "new error" of the Liberal's deregulating all things that the people of British Columbia took so long to gain. We are now being told by the Liberals, that the WCB regulations have to be trashed to comply with the Liberal mandate of their bottom line - PROFIT! The Liberal government did not say that they would be putting workers at risk, if the workers knew what the Liberal government had in mind they, I am sure, would not have voted as they did.

I am shocked and dismayed that the WCB have given the general public little time to reply to the proposed changes. As a Nurse, I will show that most of the "heavy lifting" to bring about "reform & change" is done by the "frontline worker" and not someone sitting in their ivory tower, with little understanding of workers health and safety.

As far as the comparison of the health care sector being low risk like retail and business is laughable. Can you tell me when I am helping four other nurses just as small and slight as I am that lifting a 250 Kg man is not dangerous. Especially as he is under the influence of street drugs and can at any minute hit one of the nurses trying to help him. Can you tell me that being exposed to radiation on a daily bases (6.38) is not dangerous, or that mixing cytotoxic drugs (the name tells all) is not dangerous (6.38), or that being exposed to OR gases (6.38) on a daily bases is not detrimental to our health. I cannot believe that the health and safety of our Nurses is not a concern. When that same nurse goes down to Emergency to get first aid treatment (Table 5-4) for a dislocated shoulder (that 250 kg male yanked on her arm) that she has to wait until the other patients are seen in the ER, because our first aid station is the triage desk at the hub of the Emergency department. Therefore putting at risk the other patients in her care, because she is gone for four hours while she waits her turn for treatment. Can you tell me that if she hadn't had the training when she was oriented 12 years ago (section 115(1)(f), regards the appropriate way to lift a patient, that she wouldn't have hurt her back at the same time. If WCB take out the training for this nurse, which she got 12 years ago and not every year, that this will make it better, yes for who. I will tell you for who. It will make it better for the employer because now he really doesn't have to meet the minimum standards at all. He can take out the first aid component, the training component, the OEL's re gases, drugs etc, he can take out the cross

referencing needed to address most of the regulations, as we are a diverse labor force, and generally disregard the fact that the labor force is educated enough that we can see when we are getting deregulated instead of regulated. Our work stations were way to low, WCB made orders and now we can actually put our legs under the counters to do our charting, and we can now reach the computer monitor because the management installed work friendly computer station (4.51(2)). WE actually have moving swivel chairs so that we can access all the different paper requisitions that are stacked four files wide and five files deep. When they redesigned our work stations they placed plastic around the station, we have asbestos (oel) in our walls, to protect not only the patients but the nurses who have severe allergies to dust etc. You tell me if the public health nurses working in isolation (4.22), feels safe when she arrives for the evening and finds her office has been broken into. Or that there is only one exit out of her office and god help her if she gets trapped. She works in isolation and nobody checks up on her (4.21(1)). If this regulation is taken out, how is she to press the employer for protection.

I protest against the amendments. I protest because I have not had to time to dialogue with others, examine my options, discuss with experts and to explore the consequences of what I decide. A flawed process can only lead to flawed results. I strongly object to the process which led to the proposed amendments and to the amendments themselves. My sister has just completed her OH DEGREE in England, she tells me that the government there also deregulated a lot of the processes of workers health and safety. I have a friend who went on LTD 10 years ago because of the hazardous materials she was exposed to in her job, and that was in a Cath lab at a major hospital. These amendments must not go through. Do not adopt the ACGIH- TLV's, do not delete the OHSR sections on training and supervision. Please maintain the current occupational first aid requirements (it is bad enough trying to get the employer to comply to basics) and above all - we are a democratic society, start using those processes, ie: submit a proper process for regulation review.

Respectfully submitted,

Nan Turner
Registered Nurse Association of BC & BCNU member