

WORKERS' COMPENSATION BOARD OF B.C.

PUBLIC HEARING

OCCUPATIONAL HEALTH AND SAFETY REGULATIONS

Prince George, B.C.
March 25, 2003

TRANSCRIPT OF PROCEEDINGS

PANEL:

Donna Gillis
David Young
Mark Powers

Chair
Vice Chair
Legal Counsel

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1 ---PROCEEDINGS COMMENCED AT 9:00 A.M.

2 THE CHAIR: It's nine o'clock, so we're going to start the public hearings. I'd
3 like to introduce to you the panel. My name is Donna Gillis, and I'm the chair of the public hearing today.
4 To my right is Mark Powers, General Counsel from the Workers' Compensation Board, and to my left,
5 David Young, who's Policy Director in the Policy and Regulation Bureau at the Worker's Compensation
6 Board.

7 The purpose of this public hearing is to give you the opportunity to comment on
8 the proposed amendments to *Occupational Health and Safety Regulations* relating to occupational exposure
9 limits, duplication and redundancy and occupational first aid.

10 We are here to listen to your remarks. We have scheduled registrants today who
11 will be speaking for approximately ten minutes, and we have, at this point, six registrants.

12 An overhead is provided for your convenience, should you wish to use it.

13 We have a court reporter here, who will be transcribing the submissions made at

1 the public hearing. Both oral and written submissions will form part of the public hearing record.

2 After the hearings this week, the deadline for written submissions for material
3 you wish to submit is 4:30 p.m. on April 10, 2003.

4 If you have any questions during the day, we ask that you address them to me,
5 the panel chair. I will answer the questions, and I may request comment from any of the representatives
6 present here, as well.

7 The oral hearing is the first step in the review of the proposed amendments.
8 Once the hearing process is complete, the written and oral submissions will be examined. The Board of
9 Directors of the WCB is the decision-making body. The Board of Directors will have access to all of the
10 submissions made here today, as well as all of the submissions that are provided to the public hearings in
11 writing.

12 This is your opportunity to be heard on these important issues. I thank you for
13 your interest and involvement, and the panel is looking forward to hearing your views.

14 Our first speaker is actually scheduled for 10:30. It is now nine o'clock, so we
15 have about an hour and a half where we don't have anyone here to speak. I understand that the audience
16 that is here today are here to listen. If any of you choose to make comments to the panel, those would be
17 most welcome. In light of the fact that our first speaker's not scheduled until 10:30, the panel will wait
18 approximately ten minutes, to see if anyone shows up who wishes to speak between now and 10:30. If not,
19 if we don't have any speaker, what we'll do is we will adjourn until the first speaker is scheduled for 10:30.

20 So we're just going to wait, and see if we have anyone who will register. Thank
21 you.

22 --- PROCEEDINGS ADJOURNED

23 --- PROCEEDINGS RECONVENED

24 We're going to resume. In the break, we had one person register, Mr. Roger
25 Cloutier, who is going to be making a submission to the public hearings. Mr. Cloutier.

26 ROGER CLOUTIER: Good morning.

1 THE CHAIR: Good morning.

2 PRESENTATION BY MR. ROGER CLOUTIER

3 First of all, thank you for the opportunity
4 to speak, and my question, or perhaps my concern, is in
5 respect to the transportation of injured workers, and
6 specifically air transportation.

7 I am the manufacturer of a certified transportation device for use in helicopters,
8 and the device that I manufacture is certified by Transport Canada. It carries what is referred to as a
9 supplementary type certificate, which is a requirement by Transport Canada for transporting injured
10 workers.

11 And formerly, through Occupational Health and Safety, or the occupational first
12 aid program, we had been using wooden spine boards with bolt insertions, to insert the spine board into the
13 helicopter, and that is in contravention of the regulations set forth originally by the FAA, and therefore into
14 Canadian Aviation Regulation, Section 28. And that was brought to the attention of the Board several
15 years back, and as a result, what came of it is that that section in the Occupational First Aid Level 3
16 Program was removed.

17 Now, the transportation of injured workers by air is governed by Transport
18 Canada, and my question is basically is this going to be addressed in the new regulations? Will it be
19 brought to the employer's attention, or will it be left as it has basically been left in the past, up to the
20 employer to find out that the equipment that they have is not compliant with Transport Canada's
21 regulations? Simply because the workforce is finding itself further and further into difficult areas, and
22 wooded areas, and areas that are not accessible by road. And over the years, I can recite different instances
23 where workers were not transported to medical aid in due time, simply because of lack of equipment.

24 I'm not expecting that the WCB would impose in industry a regulation saying,
25 "You shall have this equipment that fits into a helicopter." That's not what I'm saying. I'm simply asking,
26 is there going to be something in the regulation that if an employer were to look at his workplace, and if he

1 were to look at his requirements, would have something in there that tells that employer that there is an
2 issue with air transportation, in that this equipment for transporting injured workers is not carried on
3 helicopters?

4 And there's still employers out there right now, that simply believe that all they
5 have to do is call for a helicopter and they're going to show up and they're going to be able to stick their
6 wooden spine board, or whatever it is they've got, into that helicopter. There are still people out there that
7 believe that.

8 We have B.C. Ambulance right now, and I have photographs and documentation
9 where a B.C. number 9 stretcher is simply inserted into a helicopter, wrapped around with a couple of
10 seatbelts, which does not, incidentally, carry an STC, a supplementary type certificate, for aircraft. And
11 that is still being used today. That technique is still used today.

12 B.C. Ambulance is very aware that non-certified stretchers are not to be used.
13 They're very aware. I have copies of letters that were distributed to every station in the province, more than
14 once, indicating that because of due diligence the transportation of injured workers that were -- if they were
15 to go to a workplace to pick up a patient, if that patient is not on a stickered stretcher that carries a
16 certificate, that they are not to transport that worker. And cases -- I have proof of cases where the patient
17 was rejected. The patient was not transported until the proper equipment was brought in, and that is purely
18 because of lack of education.

19 There has been no real movement to educate the employers of British Columbia
20 that there is a requirement, and that requirement is under the federal government, under Transportation
21 Canada, specifically air transportation, that the equipment must be certified by them, because as soon as
22 you put a stretcher into an aircraft and affix it into the aircraft, it effectively becomes part of the aircraft.
23 And there's been little movement in terms of educating the public as to those requirements.

24 And my question again, is there going to be something in the regulation that
25 specifically indicates that the transportation of injured workers does fall under Transport Canada and that
26 the patient must be transported on a certified piece of equipment, on a certified stretcher?

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(Canadian Labour Congress,
B.C. Federation of Labour)

1 THE CHAIR: Thank you, Mr. Cloutier. You indicated or set out a number of
2 questions as part of your submission. The panel is unable to answer your questions today. We note your
3 questions, and we will be dealing with them following this public hearing, when we're reviewing the
4 submissions, and we'll be providing a response in writing to your questions. Thank you.

5 MR. CLOUTIER: Thank you very much.

6 THE CHAIR: There have been no other registrants at this time, and so what the
7 Panel is going to do, is we're going to adjourn until about 10:25, because our next registrant will be
8 speaking at 10:30. Thank you.

9 --- PROCEEDINGS ADJOURNED

10 --- PROCEEDINGS RECONVENED

11 THE CHAIR: I believe we can resume now. We have our next slate of
12 speakers here. The first speaker registered is Lynn Bueckert, who is with the Canadian Labour Congress,
13 who will be making a presentation to the panel. Good morning.

14 MS. BUECKERT: Good morning

15 PRESENTATION BY MS. LYNNE BUECKERT ON BEHALF OF THE
16 CANADIAN LABOUR CONGRESS

17 So you give me a sign when I've gone overtime?

18 THE CHAIR: We will.

19 LYNNE BUECKERT: Great.

20 So my name is Lynne Bueckert, and I'm the occupational Health and Safety
21 Director at the B.C. Federation of Labour. I am also a member of the Canadian Labour Congress National
22 Health and Safety Committee, and I'm making my presentation today on behalf of the Federation, as well as
23 the Canadian Labour Congress, Pacific Region.

24 I want to start by saying that the labour movement, since its inception, has
25 struggled to improve the health and safety of workers. As a matter of fact, our beginnings are founded in
26 its fight for improved working conditions and protection of workers' health and safety. It's important to say

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1 that, because we look at these proposed changes within that context.

2 Our goal at the Federation in all the work that we do regarding health and safety
3 is to prevent injury, illness and disease, and to improve on our current situation.

4 Last year in British Columbia, in 2001, 193 workers died as a result of a work-
5 related injury, illness or disease. Five of these workers were between the ages of 15 and 24. Four thousand
6 workers were permanently injured on the job. That's in one year. That's 4,000 workers whose lives, whose
7 family's lives will not be the same because they were injured on the job. It's within this context that we
8 address these proposed changes to the *Occupational Health and Safety Regulation*. We always ask
9 ourselves, whether it's these changes or any changes that are being proposed, whether they will improve the
10 situation for working women and men. Will the situation remain the same, or will workers' health and
11 safety be compromised as a result of these changes?

12 The conclusion that we drew after reading the changes and discussing them with
13 the Federation Health and Safety Committee members is that these changes, if implemented, we believe
14 will have a devastating impact on workers' health and safety.

15 The Federation strongly believes that comprehensive, strictly-enforced
16 regulations does save injuries; it saves workers' lives. These proposed changes make the regulation more
17 performance-based and much more difficult to enforce, and that concerns us greatly.

18 There's a number of things that I want to talk about this morning, and I'm going
19 to start by talking about the public hearing process itself. The proposed changes that are before us here
20 today are hundreds in number, and in many cases are very significant. We're very concerned about the lack
21 of consultation, the lack of notice, the lack of access to public hearings and the lack of sufficient
22 information provided for changes of this magnitude, both in the number of changes that are being made and
23 the degree of the change.

24 THE CHAIR: Ms. Bueckert, could you just slow down, just a little? You've got
25 a lot of information there; it would be helpful if you'd just... If you run over, we've got lots of time.

26 MS. BUECKERT: Okay, great.

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B.C. Federation of Labour)

1 THE CHAIR: But if you could slow it down?

2 MS. BUECKERT: Just trying to get it all in in 20 minutes, but I'd be happy to
3 slow down.

4 Let me start with the lack of stakeholder consultation. In the past, we have had
5 advisory committees, regulation review advisory committees that set up at the WCB that consisted of
6 stakeholder representation. Labour was on these committees; employer representatives were on these
7 committees. And it was through this stakeholder consultation that changes were discussed, proposed
8 amendments were brought forward, and it was those representatives on those committees that were able to
9 take the information forward to their constituencies, which meant that first of all you have the opportunity
10 to participate in the committee, and be a part of drafting the changes, or certainly providing your input on
11 what your concerns are about the changes. But also, the stakeholders on those committees were able to
12 take the information back to their community, to their constituencies and discuss those.

13 This time around, we had a couple of discussion papers. We didn't have the
14 input. We did not have the advisory committees and therefore the input. And so consequently, the
15 information that went up on the website on February 21st just wasn't there and wasn't made readily
16 available in advance, and this concerns us greatly.

17 Add to that that there was lack of notice. Prince George, the notice -- I mean,
18 it's really four to five weeks that the people had. The ad in the newspaper in Prince George was in the
19 *Prince George Citizen*. It was in the sports page on February 21st, and that's four weeks of notice. Many,
20 many people did not know that these hearings were happening, which is also of great concern to us. So
21 depending on stakeholders' contact with members in the communities, you know, even for us, where we
22 have members around the province, it really wasn't enough time to get the information out to people.

23 And I guess the other concern is what about workers in non-unionized sectors,
24 that don't have an advocate phoning them to inform them about what is going on, that their hearings are on
25 March 25th, or that they have until April 10th to put in a written submission. That concerns us, because we
26 feel that there's a whole group of people out there that the Board is not hearing from, whether it's workers

1 or employers.

2 Lack of access. The public hearings are being held in only two communities.
3 And yes, people can put in written submissions and that's important, and we're given more time to put in
4 the written submissions. But for many people, it is much easier to come and talk to you directly, and tell
5 you about what their concern is, how these proposed changes might impact them in their own workplace.
6 And it's important for people to have access, direct access to the WCB, we believe. And so we would
7 suggest that you have more hearings in more communities, and certainly to allow more time for people to
8 be able to take the information back in their workplaces and discuss it with their committees and with their
9 co-workers, and in their union committees.

10 The other point that I want to make is the lack of information that was provided,
11 and I'm going to talk about this later, when I talk about the occupational exposure limits. But I just want to
12 mention the fact that the proposed changes were made available only on the website. And, you know, not
13 everyone, believe it or not, has a computer or access to a computer. Not everyone knows how to use a
14 computer. And also, I mean, unless you saw that notice in the paper, saying that there were going to be
15 public hearings, you wouldn't even know to look on the website, because there's lots of people that don't
16 regularly go to the WCB website. There are others that do, but there are many people that don't. So that is
17 also of concern.

18 My second point, before I get to specific proposed changes, is the WCB's
19 premise for the proposed changes. The discussion papers that were sent out in the fall of 2002, and I'm
20 referring now to the discussion paper on the occupational exposure limits and the one regarding redundancy
21 and duplication. In those discussion papers, it was clear and it was stated that the motivator for the
22 proposed changes was the provincial government's directive to the Board to cut health and safety
23 regulations by one third.

24 The WCB's mandate is to protect workers' health, and not to concern itself with
25 how many health and safety regulations there are. We understand that this is the government's goal, but we
26 strongly believe that the WCB is mandated to carry out ongoing regulation review, and we support ongoing

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1 regulation review. We think that's very important to do, so that the health and safety regulations are kept
2 up to date. But, it feels that the Board's proposal is to eliminate these regulations so that the government's
3 goal to cut regulations by one third is met, and that concerns us, particularly because the proposed changes
4 would so significantly impact workers' health.

5 So let me get to the proposed changes. First of all, the proposed changes on the
6 occupational exposure limits, and I should just say that the Federation will be putting forward a written
7 submission, and we have already responded to the discussion paper that was put out in the fall on the issue
8 of occupational exposure limits. Which at that time, we said, and we repeat, that we're opposed to
9 eliminating Table 5-4 of the Health and Safety Regulations and replacing it with the ACGIH TLVs.

10 We have health and safety regulations, and we have exposure limits in the
11 designations in Table 5-4 for a very important reason. And, to state the obvious, it's to protect workers'
12 health. And, you know, this protection is not frivolous, and I know that all of you know that.

13 The consequence of not protecting these workers is very great. Let me just give
14 you some examples. Approximately 7,500 British Columbians die of cancer in one year, in British
15 Columbia. And it's estimated that anywhere between two and 40 percent of all cancer is work-related. The
16 conservative estimate is 10 percent. The labour movement would say 20 percent, but the conservative
17 estimate is 10 percent. So this means that 750 workers in British Columbia last year died of work-related
18 cancer. And we know that many, many of the chemicals that are listed in Table 5-4 are carcinogens, are
19 designated carcinogens. So it concerns us that the ACGIH TLVs and designations are not the same as what
20 is in Table 5-4.

21 Now, I see that you've made some changes from the discussion paper that was
22 out in fall to what is being proposed now, by using both the ACGIH designations and also the IARK
23 designation, so that's better than what was proposed in the discussion paper. But we still haven't seen the
24 complete comparison, and we haven't been provided with that information, whether there will, in fact, be
25 differences.

26 There are other consequences also, of being exposed to toxic chemicals, such as

1 reproductive problems, respiratory diseases, neurological problems, developmental problems. And
2 children whose parents are exposed to chemicals also suffer from health problems, such as cancer,
3 respiratory problems and developmental problems. So to change the amount of chemical substances that
4 one can be exposed to, that a worker can be exposed to, is very serious, and can have very devastating
5 effects.

6 I'd like to just point out to you a newspaper article that was published in the
7 *National Post* in 1999. The article is titled "New Worry for Pregnant Workers, Solvents Tied to Birth
8 Defects", and I'd just like to take a bit of time here to read you a couple of things out of this newspaper
9 article.

10 "Pregnant hairdressers, photo developing workers, medical lab technicians and
11 graphic artists exposed to organic solvents at work are four times more likely to
12 have babies with major birth defects," concludes a new study. According to
13 researchers at the Hospital for Sick Children in Toronto, pregnant women in a
14 number of other occupations who are exposed to such chemicals also face
15 increased risk of miscarriage and are more likely to give birth to premature
16 babies and children with low birth weight.

17 So this study was done over a ten-year period, and it examined 250 pregnant women who were employed
18 as factory workers, lab technicians, professional artists or graphic designers, printing, worked in the
19 printing industry, were chemists, painters, veterinary technicians, dry-cleaning workers or funeral home
20 employees. And like I said, the study found that workers exposed to organic solvents are four times more
21 likely to have babies with major birth defects.

22 What kind of defects?

23 These defects included Spina Bifida, a malfunctioning umbilical cord, resulting
24 in heart problems, a neural tube defect, a ventricular septal defect in the heart,
25 pelvic obstruction requiring a nephronsimity [phonetic], deafness, clubfoot and
26 several additional anomalies.

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1 So, you know, it's clear that increasing the exposure limits to chemicals is critical for workers' health. And
2 some of the chemicals that they list here are things like acetone, which acetone in the ACGIH table has
3 double the exposure limit as in Table 5-4.

4 And I mean, I'm not going to go through all the chemicals, but it's things like
5 this that concern us greatly, that we get rid of Table 5-4 and put in the ACGIH tables, without looking at
6 each chemical and seeing what it means for workers.

7 We were a little frustrated, because the WCB didn't provide any information on
8 what chemicals in Table 5-4 would be changed, and how. So in the discussion paper and also in the
9 proposed changes, we were simply told, and I don't mean we the Fed; I mean we, British Columbians. We
10 were simply told that Table 5-4 would be replaced with the ACGIH TLVs. Any information obtained from
11 the Board we obtained from the Policy Bureau, thank you, because we requested it, but not because it was
12 made available to the public.

13 Also, some of the information that we received that was provided by the Policy
14 Bureau was actually contradictory. The Policy Bureau's discussion paper, sent out in fall of 2002, stated
15 that approximately 100 chemicals vary between Table 5-4 and this ACGIH TLVs, but the information
16 provided by the Policy Bureau in February, when we called to see whether you had any information, and
17 you provided us with a table of which chemical exposures would be higher and which would be lower, the
18 variance was 44. So we're not clear what the difference is. Why was it 100 in the fall, and what changed
19 between then and February to make it 44 now? There's probably a good explanation. It's just that we
20 haven't been made aware of what that explanation is.

21 The other frustration was to obtain any documentation, any kind of comparative
22 analysis. If we were to go to the ACGIH website, and get documentation on these chemicals, I went
23 through the shopping cart. You know, "I'll have one of those, I'll have one of those and one of those." It
24 was going to cost us \$10,000 Canadian dollars, to get this information. I mean, that is ludicrous, that we
25 would be expected to get this kind of information on our own. And I mean, I thank the Board for providing
26 the information when we asked for it, but I guess our point is that this information should be made

1 available publicly, not to people upon request.

2 We know that in 1993 and again in 1996 the Board prepared draft regulations
3 when they took the Table 5-4 to public hearing. And these draft regulations, and I didn't bring them with
4 me, but I've got them, outlined the rationale for the proposed exposure limits. So there was a page for
5 every chemical that was in the Table 5-4, and it gave the rationale for the proposal. Now, was that
6 information made available widely? I'm not sure. But I do know that because there was a Regulation
7 Advisory Committee and the Industrial Hygiene Committee, these documents were made available to them,
8 and so that information was made available to the stakeholders, and they could take that information
9 forward to their communities. It made it much more possible to provide an informed response, when you
10 know what it is that is the rationale, the motivator for certain limits.

11 So we would, the Federation and the CLC, support a made-in-B.C. approach to
12 reviewing the regulations in Table 5-4, and that is the process that was used in the 1990's, and the process
13 that developed the current occupational exposure limits. This approach consisted of a tripartite
14 subcommittee establishing the proposed limits.

15 The assessment strategy that the committee used had four elements. It looked at
16 the lowest exposure limit established in other jurisdictions. It looked at toxicological information and/or
17 recommendations from other agencies or jurisdictions. It looked at the limitations of reliable sampling and
18 measurement, and the feasibility of achieving the proposed limits among B.C. industries.

19 We feel that using this process would have saved a lot of confusion surrounding
20 the public hearings. You would have had a more informed public around what the changes were, instead of
21 the information just coming to us and us needing to provide response within four weeks.

22 I have much more information that I'd like to present on the OELs, but I will do
23 so in the written submission.

24 We do have a couple of questions about using the ACGIH TLVs. The first
25 comment is that the ACGIH TLVs are not intended for regulation. It says that right at the front. The
26 committee says very clearly that these are recommendations, they should be used as guidelines for good

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1 practices, and not adopted as an entirety. Now, we know that there are other jurisdictions that use many of
2 the TLVs, and our table itself depends on many of those exposure limits. But to adopt it in its entirety and
3 throw out our table, we do not agree with.

4 If the ACGIH TLVs are used, how will these limits be provided? How will the
5 information be provided? Are they going to be printed in the Regulations, as we now have a Table 5-4?
6 And there's some question about copyright, I understand. So if they are not made available that way, and
7 it's not possible to put them up on the WCB website, that means that employers, workers, unions, health
8 and safety committees are going to have to buy them, which is \$50 a copy. Now, you could say, "Fifty
9 dollars, what's \$50?" But we do know that it's one more barrier to having the information in the workplace.
10 Right now we've got to pay \$65 for the Health and Safety Regulations, or you can print them off the
11 website, download them off the website. So here is an additional \$50 cost, and it's a barrier.

12 So my last point about the ACGIH is will the TLVs be amended every time the
13 ACGIH is updated? In 5.1, what does it mean, "as amended from time to time"? And I just leave that with
14 you, because it's not clear that these would be amended every time that the ACGIH levels are amended.

15 How am I doing for time? A couple of minutes?

16 THE CHAIR: Yes.

17 MS. BUECKERT: Okay. I just want to make a quick comment about the first
18 aid, and then one comment about the redundancy and duplication, and I'll let you get on with the other
19 speakers.

20 The first aid. In the documentation provided by the WCB, it says clearly that
21 this is a move to move into a performance-based regulation, that some prescriptive regulations have been
22 left, but the move is primarily to a performance-based regulation. Our concern about that is that
23 performance-based regulations really do depend on the goodwill of the employer. And I'm sorry, but for
24 workers that's just not good enough.

25 When we look at the *Prevention* magazine that publishes the infractions every
26 time the *Prevention* magazine comes out. Just looking at that, I mean, there are a number, you know,

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1 looking over a three-year period. There were at least 22 workplaces, employers that had been served with
2 an administrative penalty because they didn't comply with the current first aid regulations. And the reasons
3 for the infractions were these: repeated non-compliance with first aid requirements, wilful failure to
4 coordinate site safety and provide first aid, continued non-compliance for failure to provide first aid
5 services, supplies and equipment, repeat first aid violations, and no effective means of summoning a first
6 aid attendant, failure to provide first aid services and equipment and an emergency transportation vehicle.
7 We don't think that these health and safety regulations should be made performance-based. We think that
8 these health and safety regulations should be strictly enforced. They are critical. They play a very
9 important role in preventing injury, illness and disease and fatality in many workplaces, and we think they
10 should be left as they are. We don't think that this non-compliance calls for relaxing the regulations and
11 leaving it to the employer to determine the level of first aid required.

12 Some of the things that we're also concerned about that are being proposed is the
13 guide for the employer attendant and the agency. These are only recommendations. I mean, it clearly says,
14 right on the first page of the guide. It's very clear, the WCB can't issue orders on employers not following
15 the guides. And what process does a worker have, also, if he or she doesn't agree with the employer's risk
16 assessment and the written procedures? What would be the process? They would phone the WCB. How
17 does that fit in with that these are only recommendations and that the employer can use their own judgment
18 to determine what Level's needed?

19 Also, I think, just looking through the guide and comparing that to what we now
20 have in the Health and Safety Regulations, is that the proposed changes are time-consuming and they
21 provide an unclear process for employers. And I think it's going to make it more difficult for employers to
22 comply, and it's going to be much, much more difficult for Board officers to enforce. So for that reason,
23 we would say that this isn't just a matter of a little change. It is, in fact, a change that could have significant
24 and devastating results for workers, so we're totally opposed to it.

25 And one quick comment about the redundancy and duplication. Like I said, we
26 sent in a response to this discussion paper, that was sent out in the fall. We said then, and we still feel, that

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1 it isn't just a matter of taking words out of the Regulations. Repeating the words such as "training" - I'm
2 just using that as an example - continually through the Regulation does not require further regulations, but
3 what it does, is it does enforce, it does remind workers and employers that these requirements are there.
4 The repetition of the requirements is a way of ensuring that employers and workers are aware of the
5 requirement and are clear about how the regulation is applied to a specific task process and/or work setting.
6 We think that removing the duplication is going to cause confusion, and it will make information less
7 accessible. It particularly infringes on workers' right to know how to deal with particular health and safety
8 hazards in a safe way, and we think that it is a negative impact on workers' health and safety.

9 There will be others that will talk in greater detail on this, and we certainly will
10 provide more detailed information in our written submission.

11 So I want to thank you for your time.

12 THE CHAIR: Thank you, Ms. Bueckert. We've noted your questions, and they
13 will be responded to.

14 MS. BUECKERT: Great.

15 THE CHAIR: And so we thank you, and we have your written submission as
16 well? Has it been provided?

17 MS. BUECKERT: No. We will provide it, though.

18 THE CHAIR: It will be provided?

19 MS. BUECKERT: Yes. Great, thank you.

20 THE CHAIR: Thank you. The next speaker is Linda Anderson, who is a
21 representative of CUPE, and will be speaking on CUPE's behalf.

22 MS. ANDERSON: Yes.

23 THE CHAIR: Thank you.

24 MS. ANDERSON: Hi.

25 THE CHAIR: You can begin.

26 MS. ANDERSON: Okay.

1 PRESENTATION BY MS. LINDA ANDERSON ON BEHALF OF CUPE :

2 Hi, my name is Linda Anderson. I'm the Vice President of the CUPE
3 Local 3742. I'm an employee of the Prince George School District, Number 57, and my job right now is a
4 teacher assistant with a special needs child, and a custodian as well.

5 I thank you for giving me the opportunity to make a presentation to you today.
6 This is one of the first times I've spoken, so I'm a little bit nervous.

7 The proposed changes that the WCB is bringing forward to public hearings are
8 very significant. I was very surprised to learn that the public hearings were being held in Prince George
9 this week. Had I not received a phone call from CUPE, I would not have had any idea that the hearings
10 were taking place, at all. I wasn't aware.

11 I knew from information that my union had previously sent out and from things
12 that were being talked about at work that changes were coming, but I had no idea when and exactly what
13 the changes were going to be.

14 The fact that the hearings were only advertised in the paper and in only one
15 publication, the *Prince George Citizen*, February 21st, and in the sports page, of all places, may explain
16 why I didn't know about the hearings until someone told me. I don't read the sports page; it's just
17 something I don't do.

18 It is very important that the WCB go out to different communities around the
19 province to consult with workers, because we are the ones that are basically affected by this. I am glad that
20 Prince George was one of the communities where these hearings are being held. In my view, the WCB
21 should be going out to many more communities and giving workers the opportunity to speak to you
22 directly. However, giving people four weeks notice and only advertising in the paper is not sufficient.
23 Some people do not read the paper, others do not read the sports page. So if your goal is to let the broader
24 community know that the hearings are taking place, I would suggest a broader fan-out for advertising, so
25 that people are aware that these are happening.

26 Also, the changes the WCB has proposed are significant. In order for

1 consultation and workers' input to be at all meaningful, much more time must be allotted for workers to be
2 able to discuss these changes and figure out what it means for our workplaces and our work processes.
3 During the election campaign, the Liberals promised employers that they would cut government red tape to
4 give companies a competitive advantage. Since elected, the Liberal government has directed all
5 government departments and agencies to cut one third of their regulations, including the WCB.

6 Just remember that as you guys are cutting these regulations, you're
7 also endangering the lives of workers. And that especially is the young workers as well, because they are
8 not aware of a lot of things.

9 Health and Safety Regulations are not red tape. They are a necessary
10 requirement to protect workers' health and safety. The WCB has, in its discussion papers, indicated that
11 these changes that are before public hearings are being proposed to meet the government's directive to
12 decrease the number of regulations and also have less prescription regulations and more performance-based
13 regulations.

14 The WCB mandate is to protect worker health and safety, not to concern itself
15 with how many regulations it takes to do so. The changes that are proposed will impact workers' health and
16 should not be made.

17 I would like to focus on two of the issues that the Board is proposing: the first
18 aid regulations and the removal of the repeated requirements for training.

19 The first one is first aid. I do not agree with the WCB's proposal to make the
20 first aid regulations a performance-based regulation. This means that employers will determine what first
21 aid services are needed in their workplace. The employer will be required to carry out an assessment and
22 develop written procedures, but this is where the trouble begins. The draft employer guideline says, and I
23 quote:

24 Employers are expected to exercise judgment in determining what first aid
25 services are needed. Where the employer makes a reasonable assessment of
26 what is needed and provides the required services, Board officers will not

1 intervene simply because they might have done things differently. The
2 employer is not obliged to follow the recommendations in this practice guide.
3 The employer may legitimately conclude that a different type of first aid service
4 should be provided.

5 In my workplace, this is exactly what my employer is waiting to hear. My employer does not want to have
6 to meet the requirements of having a Level 2 first aid attendant in the high schools. The reason that is
7 given is the cost of training Level 2 attendants and the fact that the high schools are less than 20 minutes
8 away from the hospitals. There are two high schools in this area that are right on the 20 minutes, could be a
9 little longer.

10 Due to the serious issues that can arise in secondary schools, Level 1 first aid
11 training is not enough for a serious injury such as a heart attack, or maybe violence against a staff member
12 from a student, or the issues that can occur in the science labs by using dangerous chemicals for some of
13 the labs that are required for the students to be doing. Or, in the shops with the heavy equipment and the
14 metal work and the woodworking, all the machinery that is required for people to be using. Accidents can
15 and do happen in these worksites, and they do require a Level 2 attendant. I am scared that -- well, I know
16 that my employer will probably not have a Level 2 attendant, especially if they can get away with the
17 regulations. This is why I think it is important that the WCB stay with prescriptive first aid regulations and
18 focus on ensuring that the regulations are enforced.

19 The other disturbing part of the proposed changes is the fact that the practice
20 codes are only recommendations and that the employer is not required to comply with the guide. As the
21 guide says:

22 If an employer follows the recommendations in this practice guide, the Board
23 will normally assume compliance with regulations. The Board will not assume
24 non-compliance if the recommendations in the practice guide are not followed.

25 This is a problem. How will the WCB hold employers accountable when a serious accident or death on the
26 job occurs?

1 My number two is redundancy and duplication. The WCB is also proposing to
2 remove the redundancy and duplication of the regulations. I certainly do not have time today to comment
3 on all of these proposed changes. There are hundreds, so I would like to focus on two things.

4 First, I do not agree with the Board for removing duplication and redundancy. It
5 does not affect workers in the health place (sic). The repetition of the requirements is the way of ensuring
6 the employer and the worker are aware of requirements and are clear about how the regulation is applied to
7 a specific task process and/or work setting. Removing the duplication will cause confusion and lack of
8 understanding of what is required.

9 It is very important for the workers, as well as the employer, to understand what
10 is required, and if you have to hunt for it in the regulations, it won't happen. People will be injured because
11 of lack of knowledge.

12 Repeating the requirements does not place an additional requirement on the
13 employer. Repetition does, however, make it easier and more convenient to find the necessary requirement
14 in the regulations, and it often indicates how the requirement needs to be applied to a particular task.
15 Therefore, it makes more possible for the task to be carried out in a safer manner. Removing the
16 duplication and the redundancy will, without a doubt, compromise workers' health and safety.

17 I would like to focus on the issues of removing the provisions that deal with
18 training. The explanatory notes in the proposed changes say that the reason for the word "training" being
19 removed is because Section 115 of the *Workers' Compensation Act* creates a general duty for employers to
20 train workers, that the Act provides that an employer must provide to the employer's workers the
21 information, instructions, training and supervision necessary to ensure the health and safety of these
22 workers in carrying out their work.

23 I was particularly interested in how removing duplication was going to affect the
24 ergonomics regulations, especially because of the number of musculoskeletal injuries in my workplace.
25 We are told that our workplace is one of the highest number of musculoskeletal injuries in the area. We are
26 actually higher. We are a focus firm. We are higher than the sawmills and pulp mills, in a lot of instances.

1 Consequently, my employer is a focus firm. The WCB is working with the employer to bring the injuries
2 down. Consequently, it does not make sense to me that the WCB would propose to remove Section 4.51.

3 That says that:

4 A worker to be assigned to work which requires specific measures to control the
5 risk of MSI is trained in the use of these measures including, where applicable,
6 work procedures, mechanical aids and personal protective equipment.

7 Workers are not going to know that they have the right to this specific training.
8 The employer will not realize that they are required to provide this specific training. Section 115 provides
9 a general duty for employers to train workers. It does not cover specifics like this.

10 My employer has a great difficulty recognizing and dealing with ergonomics in
11 my worksites. We actually have 62 worksites. Since becoming a focus firm, the employer is now dealing
12 with the ergonomics issues at the worksites, but this is due to WCB enforcement. It's not by their choice.
13 Otherwise, the worksites would not be improving at all, if the employer were not being forced to improve
14 the worksite areas.

15 They still stall on our training and equipment, when and if possible, saying there
16 is no money to train people or get different equipment. "No money. Can't do." This is a standard excuse
17 not to improve the health and safety of workers in my worksite, and that's one of the reasons I'm really
18 nervous about WCB regulations changing, because right now they're being forced to comply. If they don't
19 have to be, it's not going to happen.

20 Otherwise, the employer just simply won't comply with it. As I already said,
21 there are many other examples that I could go through, but time does not permit.

22 I ask that you give serious thought to what I put before you today.

23 THE CHAIR: Thank you, Ms. Anderson.

24 MS. ANDERSON: Thanks.

25 THE CHAIR: Our next speaker is Ann Krauseneck. I hope I pronounced your
26 name correctly, Ann. Ann is with the Prince George Labour Council.

ANN KRAUSENECK
(Prince George Labour Council)

1 MS. KRAUSENECK: Thank you, and it's actually Krauseneck.

2 PRESENTATION BY MS. ANN KRAUSENECK ON BEHALF OF THE PRINCE
3 GEORGE LABOUR COUNCIL:

4 I'd like to begin by thanking you for the opportunity to respond to the proposed
5 changes on behalf of the over 10,000 members of the Prince George and District Labour Council. As you
6 know, the Labour Council is comprised of a large number of union locals at the community level that are
7 working together to improve not just the workplaces, but also to work on communities as a whole. Given
8 the number of workplace casualties, including fatalities, that we're faced with every year, the Labour
9 Council finds it necessary to make a submission with respect to the first aid regulation, the occupational
10 exposure limits and designations, and the proposed amendments regarding redundancies.

11 The regulation isn't perfect. It wasn't perfect. Indeed, workers are still dying,
12 being permanently injured and becoming terminally ill, disabled and otherwise hurt at the workplace. Last
13 year, there were over 190 workers in B.C. that died as a result of their work.

14 If you read the paper, the local paper this morning, then you know that last
15 Thursday a worker here was seriously injured. His neck was broken in an accident, and he's currently in a
16 Vancouver hospital, not knowing what his prognosis for recovery is, but with no feeling below his upper
17 chest.

18 We'd like to begin by indicating that we're disappointed that the changes are
19 being proposed without doing the roundtable-type discussions that involve both workers and employees. In
20 addition, there's a significant issue regarding the amount of time that was available for preparation to make
21 a presentation to this body. I have a copy of the proposed changes, but it was a sizeable document to
22 download from the website, and wading through it took a significant amount of time. I have to confess that
23 I haven't had time to read all of the proposed changes, and so I'll make my comments based on the fact that
24 we've only had time to review pieces of it.

25 Added to that, there was a difficulty in finding out the specifics of the outside
26 references like the ACGIH, American Conference of Governmental and Industrial Hygienists, and it doesn't

1 appear that there was any intent to consult in a meaningful way.

2 The hearings weren't well publicized. Not allowing sufficient time and then not
3 publicizing the hearings appropriately effectively closes the process, and that concerns us. We understand
4 the drive that comes from the government's direction that one third of the regulations need to be cut, but we
5 don't agree that the government has the right to impose those changes on this body at the expense of the
6 health and well being of workers. Proposed changes that affect the life of every worker in this province
7 without an open and transparent process is not just wrong, it's actually unconscionable.

8 The mandate of the WCB continues to be to keep workers safe, to protect them
9 from illness or injury as a direct result of their work. That hasn't changed. However, these proposals will
10 significantly reduce the WCB's ability to ensure that workers and that workplaces are safe. Currently, there
11 are still numerous injuries and illness at work. That would suggest that there's something wrong with the
12 regulation. Either it doesn't go far enough or it isn't properly enforced. Nothing in the proposed changes
13 will improve the reality at the workplace for workers, with the possible exception of the amendments to the
14 occupational exposure limits that become more stringent than previously, and those are minor. That
15 positive impact could easily be implemented without changing over the entire table.

16 The downside, of course, is that a significant number of chemicals are either not
17 mentioned in the ACGIH, or they have a higher exposure limit than we currently have. Until we have
18 independent Canadian testing that indicates that the research that prompted the initial exposure levels in
19 Table 5-4 is wrong, it would be wrong to make changes at the risk of workers' health.

20 Enforcement is going to continue to be difficult, and workers will continue to
21 die or become critically and/or terminally ill as a result of occupational exposure to airborne contaminants.

22
23 The current estimates, you heard Ms. Bueckert say earlier, show that work-
24 related cancers run between two and 40 percent of all cancers. At the lowest estimate, at two percent in
25 real numbers, that would mean the death of 150 workers in B.C. each year as a result of cancer directly
26 related to their work. If we look at the top end, the estimate rises to 3,000. From our perspective, the

1 deaths of 150 workers every year is way too high, and we need to find ways to reduce those numbers, not
2 risk increasing them.

3 That's not an in-depth assessment of the changes to the occupational exposure
4 limit changes that are proposed. As indicated earlier, we haven't had time to do that to date. It is enough of
5 an overview to allow us to urge you very strongly not to reduce the standards of protection that workers
6 currently have. It's important that we don't increase the numbers of ill and injured workers, and that means
7 ensuring that we don't decrease protection, and that we provide proper and enforceable regulations. The
8 proposed changes don't do that.

9 When it comes to duplication and redundancies, a cursory overview outlines at
10 least one difficulty. Regulation 4.3 is being amended to include a reference to the manufacturer's
11 recommendations and instructions. The intent, according to the explanatory note, is to broaden the
12 provision to, "include typical wording found in many other specific provisions which are proposed for
13 deletion." 4.31(b) reads:

14 (b) selected, used and operated in accordance with

15 (i) the manufacturer's recommendations and instructions, if
16 available...

17 And I emphasize the "if available", for obvious reasons. We're going to get into a specific example in a
18 minute.

19 At 4.3(4) the proposed amendment reads:

20 (4) Unless otherwise specified by this Regulation, any modification of a
21 tool, machine or piece of equipment must be carried out in accordance
22 with

23 (a) the manufacturer's recommendations and instructions, if
24 available...

25 Now, let's use a specific example. Part 5 speaks to chemical and biological substances, and 5.93
26 specifically speaks to emergency washing facilities. Parts 5.93(1) and 5.93(3) are being deleted because

1 they reference testing and maintenance in accordance with the manufacture's instruction.

2 At 5.93(3), the wording was:

- 3 (3) The employer must ensure that water or flushing solution stored in a
4 portable (non-plumbed) eyewash facility is protected from
5 contaminants and treated or replaced regularly in accordance with the
6 manufacturer's instructions to prevent the growth of micro-organisms.

7 That section is being struck, presumably because it's believed to be covered off in 4.3. However, 4.3 only
8 requires the employer to comply with the manufacturer's instructions if they're available. There's no
9 obligation for the employer to chase down the manufacturer and require proper instructions, as existed
10 under 5.93(3).

11 Cleaning the eyes with an eyewash solution that has had bacterial growth isn't
12 going to assist a worker in staying healthy and uninjured. Indeed, ultimately this might cause more injury
13 than had the eyewash station not been there at all.

14 Part 12 speaks to tools, machinery and equipment. 12.9 addresses safe operation
15 and it's stated:

16 A machine, piece of equipment and industrial process must be operated in
17 accordance with the manufacturer's recommendations and instructions, and with
18 this Regulation.

19 That regulation is being struck because it's covered off in 4.3. Or is it? What happens if the manufacturer
20 doesn't provide instructions or recommendations? How many manufacturers are likely to cut corners or cut
21 costs by not supplying information that is no longer required by an employer? Because the employer is
22 now only required to comply if the information is available.

23 It's just an overview of the concerns that we have with respect to the massive
24 changes proposed for implementation regarding redundancy. We urge you not to make those changes at
25 the risk of workers' health and safety. If there really is a redundancy, we won't object to removal, although
26 the points that have been made earlier with respect to reinforcing the need for pieces like training and the

1 knowledge of all those pieces attached to that specific chunk of regulation is helpful. But we won't object
2 if it really doesn't put a worker at risk. However, the regulation that is left has to be enforceable, and it has
3 to protect workers to at least the same degree they were protected previously.

4 Given that these changes that are proposed are going to increase the risks of
5 injury and illness to workers, we need to do what we can to ensure that no worker is further injured for lack
6 of adequate first aid services. Workers who have been injured or disabled on the job should be consulted
7 with respect to first aid attendants and their experiences with first aid on the job. To simply do away with
8 the neutral certification process that currently exists without clear provision for a process that would ensure
9 the safe treatment of injured workers is unfair to all workers and employees.

10 The proposed amendments leave a number of outstanding issues. It would
11 appear that it will be difficult for an employer to ensure that the first aid attendant they hire will be properly
12 qualified. Reliance on outside service providers without an impartial body to provide controls will do more
13 than make workers vulnerable. It may jeopardize their ability to get appropriate and speedy treatment, and
14 that may well make the difference between whether or not they are able to return to their jobs.

15 The WCB has a database of trained first aid attendants, and that allows the
16 employers to inquire as to the validity of a certificate. It provides a reliable authority. If that's no longer
17 available, how will an employer know that the person they are contracting with or that they are hiring will
18 be able to properly look after their workers?

19 The Labour Council has never taken the position that all employers are out to do
20 things unsafe for their workers. However, we recognize that employers will do what they are required to
21 do and in some cases will not do more because they are unable to bear the financial burdens. And so,
22 where there is a regulation requiring certain actions to take place, they'll be complied with. Where there
23 isn't, it may well be on of those pieces that is easiest to cut without cutting staff, when it comes time to face
24 the crunch financially.

25 The other piece is that employers will no longer have a process to ensure that the
26 first aid attendants they take on will actually be able to do the job physically and mentally. There was a

1 process in place to ensure that first aid attendants were physically and mentally able to do the job properly,
2 and the loss of those provisions will also leave workers at risk, and ultimately may well leave employers at
3 risk, if they're unable to provide adequate first aid services as a result of being unable to obtain that
4 information properly.

5 In January of 2001, there was a CBC investigative report on disclosure
6 regarding the Province of Ontario's claim suppression, where employers were provided with a reduction in
7 their assessment rates for decreased first aid incidents being reported. That, of course, resulted in claim
8 suppression overall, and it neither kept workers safe nor minimized injuries, although the numbers
9 appeared to go down. In fact, workers were less safe, the injuries were more severe as a result of
10 inadequate treatment and reporting.

11 The process of asking stakeholders about whether or not the Board has a
12 continued role in certifying first aid attendants and what that certification process should look like has
13 taken place a number of times over the last ten years. Those sessions all overwhelmingly supported
14 continued updating of skills and abilities for first aid attendants that were certified by the Board as an
15 impartial body.

16 From the perspective of the over 10,000 members of the Prince George and
17 District Labour Council, the answer with respect to first aid remains the same now as it was then. The
18 Board has a continuous and ongoing role to play in ensuring that injured workers receive the best possible
19 care. We expect that there will be a mechanism to ensure that workers don't get injured on the job;
20 however, when that mechanism fails, and it does, proper first aid must be available. It's not a perfect world.
21 We haven't yet figured out to prevent every injury at work. Given the dramatic changes in some
22 workplaces, it will be a long time before we get close to preventing all those injuries and fatalities at work,
23 and in fact, we may never get there. Getting there would probably be a perfect world, and we don't live in a
24 perfect world.

25 Currently, workers are still being injured at an alarming rate, and you know
26 those numbers probably better than I do. As long as we still have workers getting injured, we have an

1 obligation to provide them with the best possible care following their injury or illness.

2 First aid attendants that are properly trained also play a role in prevention.
3 They're instructed in recognizing and managing the early symptoms of things like musculoskeletal injuries.
4 Given that MSI is a relatively new and recent workplace hazard, that type of continually upgraded
5 instructional material and examination validates the first aid courses. The proposed changes do nothing to
6 ensure the quality control to monitor, evaluate and remediate, and first aid attendants will no longer be able
7 to respond in the same way. Who's going to see that there is an appropriate system in place, and that it is
8 consistently applied?

9 In October 2001 there was an IDMAR Conference, Institute for Disability,
10 Management and Research, and that was held in Prince George. At that conference, the WCB spoke about
11 the ability of first aid attendants to assist in return-to-work plans for workers who had been disabled.
12 Under this proposal, that's no longer a claim that the Board will be able to make, and workers who were
13 injured on the job and are looking for assistance with their return to work will have suffered a significant
14 loss.

15 The changes that were implemented regarding first aid in 2002 already
16 significantly reduce the ability of injured workers to receive appropriate first aid. These additional changes
17 will make that even more difficult.

18 Let's go back a bit to why it's important for the regulation to include all of these
19 pieces. It's not about bad employers; it's about the economic reality. The way I understand it, there are tax
20 implications for employers that make changes to keep their workers safe. If a structural change is required
21 by the Board or by the regulation, then that change is regarded by the tax man as a repair, and is fully tax
22 deductible. If, however, that change is simply a recommendation, it's considered a capital improvement,
23 and it can be amortized but it cannot be deducted. The changes proposed here will have a significant
24 economic impact on employers, and that negative economic impact is going to translate into improvements
25 not made as a result of cost. The price will ultimately be paid by workers who are killed or injured at work,
26 and in our view that price is way too high.

1 I apologize that we weren't able to provide you with a comprehensive
2 assessment of each proposed change. When we look to the workplaces where workers we represent work,
3 we can tell you that the current regulation doesn't protect every worker. It comes close, but enforcement
4 isn't there, either. It does outline clearly the need for training. It makes the employer responsible to obtain
5 instructions and recommendations from manufacturers for things like the eyewash stations and tools and
6 equipments, and then requires the employer to train individual workers in how to do their work safely. It
7 provides the employees of the Board with the ability to enforce the regulation where an employer decides,
8 for whatever reason, not to follow the rules.

9 I understand the concept that outcomes-based works where the majority already
10 meet the requirements. The question, though, is how do you deal with those in the minority? The
11 regulation provided for a system to deal with the specifics, and there were penalties on an increasing scale
12 for non-compliance, and Ms. Bueckert referenced some of those issues around non-compliance when she
13 made her presentation.

14 In weakening the responsibilities, the employees of the Board will face a much
15 more difficult job ensuring that workplaces are safe.

16 The mandate of the WCB is to protect the health and safety of workers. That
17 mandate came from the historic trade-off that workers and employers made. Workers gave up the right to
18 sue the employer for an insurance system that protected them from bad employers, and it provided them
19 with income when they were hurt or injured. Employers, in turn, gained freedom from lawsuit, and a
20 system of collective funding based on their industry.

21 Undermining the rights of workers to a safe workplace will not assist workers,
22 and it won't assist employers in the long term. It's going to cost us all, workers and their families,
23 employers and their families, and members of the community, because increased injuries will result, and
24 increased costs to our society as a whole.

25 We ask that you review the proposals again and amend them only in a way that
26 will ensure the continued good health and safety of workers.

1 Thank you, and I apologize for my voice.

2 THE CHAIR: Thank you very much, Ms. Krauseneck. We have a speaker that
3 has just recently registered for 11:30. Is Lynn -- Lori Bernhardt, yes. Lori Bernhardt is with Lifesavers
4 First Aid Training.

5 MS. BERNHARDT: Yes.

6 PRESENTATION BY MS. LORI BERNHARDT ON BEHALF OF LIFESAVERS
7 FIRST AID TRAINING:

8 Okay, this is going to be a bit choppy,
9 because I've just had just a couple days to read through
10 some of these guidelines that have been proposed. I
11 haven't had much time to look over it.

12 With the previous public speakers that have spoke before me, I have the same
13 concerns about lack of notice, and last time that we had a public hearing in Prince George, it was the same
14 thing, and many of the speakers had the same concern about the lack of notice, and it was in my previous
15 written submission.

16 So this time I haven't been able to provide a written submission, so I'm sorry if
17 this is going to be a bit choppy. You're going to have to bear with me here.

18 So my first concern is in the draft Agency Guideline, I've got some concerns
19 with that.

20 The first one I'll start with is on page 3, if anybody has one with them, to follow
21 along. My concern is with the instructor qualifications to be a Level 1 instructor, and it just mentions that
22 the Level 1 instructor of Board-developed courses has to comply with the following information there
23 listed. It doesn't mention that all Level 1 instructors would have to comply with that, whether it be Level 1
24 equivalency courses, or Level 1 Board approved. So I'd like to see that amended, that all Level 1, whether
25 Board approved courses or equivalency courses -- am I speaking too close to this, a bit? Maybe? Okay.
26 It's making some sputtering here. So in that respect, we're thinking there shouldn't be any grandfathering

1 allowed here. There should be a level playing field from the perspective of an agency, that all Level 1's
2 throughout the Province of B.C. have the same qualifications, that all of them hold a Level 3 unrestricted
3 ticket. At the moment, there are some that don't.

4 The next one is below that, to be a transportation instructor, this is a proposed
5 change that you would now just need, if this goes through, Level 1 instructor certification, only to be a
6 transportation endorsement instructor, and we disagree with this change. We'd like to maintain the current
7 standard that you'd have to be a Level 2 or 3 instructor to teach the transportation endorsement.

8 My new concern is on page 8, which is ongoing assessments to be evaluators.
9 This is a fairly new area that's been developed, and we have our own recommendations for this. Some
10 probably won't fly with this idea, but this is our suggestion, that if you happen to be a full-time evaluator,
11 say taking a number more than 15 exams in a six-month period, that you would be required to be evaluated
12 by another evaluator every year, as opposed to being a part-time evaluator, doing less than 15 exams in a
13 six-month period, that you would be evaluated by another evaluator every six months. So just having a
14 different scale there for the full-time evaluators, as opposed to the part-time evaluators, because the part-
15 time evaluators won't be as familiar with the material as the full-time evaluators would be. That's our
16 thought.

17 On page 19, this has been regulation for a long time, that the identification
18 required of students when they're taking their occupational first aid programs. The identification required,
19 like to see a change here that if you didn't have your photographic identification available, that you could
20 just bring forth one primary piece of identification and one secondary piece of identification, rather than
21 having to have two secondary pieces of identification. That's just making it easier for the student to have
22 access to the training and certification.

23 The draft Employer Guideline, due to the lack of awareness of this, I didn't have
24 enough time to go through, but I'll be speaking to this in my written submission.

25 The other guideline I'd like to look at is the draft First Aid Attendant Guideline,
26 and the first one on page 1 there, medical prerequisites, and I could be just missing something here. I could

1 be missing a previous page. Where does it define "attendant" in another area? Because here it says:

2 An attendant must be physically and mentally capable...

3 And so on, and have their medical certificate. This obviously does not apply to the Level 1, because the
4 Level 1's don't have a medical done. So I'm just wondering if there's needing some amending here, just to
5 the language of a candidate for certification of the Level 2 and the Level 3 inserted into the second
6 sentence. I don't know if it's required. Maybe you have that, "attendant" somewhere else and I didn't see it
7 in what I found here.

8 Okay, the other thing on page 2 that's being changed is the Level 2 and 3 having
9 prerequisites to have Level 1 certification, and a Level 3 needing a transportation endorsement prerequisite
10 to get into that course. And we do agree with this change. We think it's a good change because it allows
11 the individual who's going into that Level 3 or Level 2 course an idea of where they stand with
12 understanding the information, and they're comfortable with that before they have to make the big
13 investment in taking those Level 2, Level 3 courses. Those are fairly big investments, and it's good to find
14 out in the Level 1 and TE, you know, how they're going with that. Anyways, we agree with that.

15 The next one is page 3, "Duration of Certification". This is a big change here, in
16 that the level -- all certifications. It doesn't say that it's specific.

17 THE CHAIR: I just want to find where you are.

18 MS. BERNHARDT: Oh, sorry. Lost you? It's in the draft First Aid Attendant
19 Guideline on page 3.

20 THE CHAIR: Thank you. I just wanted to make sure I follow in the same
21 document.

22 MS. BERNHARDT: Okay, "Duration of Certification". It doesn't say
23 specifically that it's any different for Level 1, Level 2, Level 3, so I'm assuming this is pertaining to all
24 levels of certification. That in the case of initial certificates it's a two-year, and after that it would become a
25 three-year. Well, this is going to become an administration nightmare for one, but that's just one part of it.

26 This just changed not that long ago, ten years or so back. We just got rid of

1 three-year, four-year, that sort of certification, and now they're looking at going back to this again, and I'm
2 kind of wondering, where is this coming from? Why are they looking at three-year certifications? If it
3 wasn't good before, why is it suddenly good now? We all are familiar with the phrase, "If you don't use it,
4 you lose it," and a lot of first aid attendants, especially a lot of Level 1's out there, don't use their first aid
5 certificates a lot. There's a lot of them that are there for the workers, but not necessarily always providing
6 first aid, and you can lose a lot of that information if you leave that long, three years. So we've just gone
7 through a process not that long ago of making them two-year certificates. Why are we suddenly now
8 changing it after that initial certificate to now three-year certificate? So we disagree with that change. We
9 think they should all stay two years, as they are now.

10 And the other thing we disagree with is that this is getting put into proposal
11 guideline, instead of regulation. That it's taken out of the regulation and put into a guideline, because any
12 time you do that with any of these things, it makes it a lot easier to just come along with an eraser later and
13 say, "Okay, we don't like this guideline, we're just going to scratch it," and very little is required to make
14 that change. Whereas if you're in regulation on these, then public hearings have to take place. There's a lot
15 more involved in making the changes to a regulation than it is to just changing a guideline, which is a big
16 concern of all of these guidelines that we have, that they're now taken out of regulation and put into just a
17 draft piece of paper that we can change at will along the way, anywhere. And I'm kind of wondering, what
18 is the goal there with WCB. Why are they taking most of Part 33 out of regulation and putting it into a
19 guideline? What's the intent there? I'd like some answers around that. Is it just that we're following -- I
20 don't know. Does Alberta do this? Are we following them, or what is the purpose of taking it out of the
21 regulation?

22 On page 5 and 6, where they're talking about the control of treatment and a first
23 aid attendant being responsible for the patient, and they're referring to a couple of different paragraphs
24 where the first aid attendant should accompany an injured worker to a hospital. That's on page 5, and then
25 on page 6 it's more specific, saying that they have to accompany them if they're transported by stretcher.
26 So I'm just wanting to assure that there is a statement that still stands that an ambulatory patient with stable

1 vitals can go with a co-worker in a company vehicle or a taxi. Is there any changes around that? Because
2 that would change our whole outlook on the Level 3 as we teach it. So provided there's no changes there,
3 then that sounds all good.

4 Again, sorry, this is kind of choppy, because I was just kind of on the spot,
5 throwing all this together from what I've had a chance to read over the last couple of days here.

6 We'll be looking at this more closely and providing a written submission for
7 you, but for now that's about all I have for concerns. Thank you.

8 THE CHAIR: Thank you very much, and we'll be looking forward to receiving
9 your written submission, which will provide more detail?

10 MS. BERNHARDT: Yes.

11 THE CHAIR: And you know that there are some questions that you raised, and
12 we note those questions and we'll be looking to providing answers to them.

13 MS. BERNHARDT: Okay. Is there a way that you'll be able to get back to us
14 on questions like that, that we have?

15 MR. POWERS: If you -- when you registered, did you leave your --

16 MS. BERNHARDT: Yes.

17 MR. POWERS: That's how we'll be able to.

18 MS. BERNHARDT: Okay. Thanks.

19 THE CHAIR: That's the last speaker who's been registered for this morning's
20 session. We're going to be adjourning now and resuming at two o'clock this afternoon, which is when our
21 next speaker is registered to speak. Thank you.

22 --- PROCEEDINGS ADJOURNED

23 --- PROCEEDINGS RECONVENED

24 THE CHAIR: We're going to resume the hearing for there afternoon session.
25 So I'm going to call it to order. We have three registrants for this afternoon, and the first speaker is Wiho
26 Papenbrock, and I understand this person is with the BCGEU, and possibly there will also be Ms. Karen

1 Taylor and Mike Clarke, who will be assisting. Are Ms. Taylor and Mr. Clarke here?

2 MR. PAPENBROCK: Karen Taylor is here.

3 THE CHAIR: Karen Taylor. Do you want us to start? Are you ready to start?

4 MR. PAPENBROCK: Yes, we are.

5 THE CHAIR: Okay. So why don't we -- are you Wiho?

6 MR. PAPENBROCK: I'm Wiho Papenbrock, yes.

7 THE CHAIR: Okay, thank you. Well, we can start with you, then.

8

PRESENTATION

9

BY MR. WIHO

10

PAPENBROCK OF

11

THE BCGEU

12 I intend to make some comments of a general nature, and they will be following
13 by specifics by Karen Taylor and Mike Clarke, if he can join us later on. Thank you.

14 My name is Wiho Papenbrock. I am the Regional Coordinator for the B.C.
15 Government and Service Employees' Union for the Caribou North Region of the Province.

16 The Region covers the area from Clinton north to the Yukon border, west to the
17 Queen Charlotte Islands, and east to the Peace -- Alberta border. Our regional office is in Prince George.
18 We represent about 2,500 members in Prince George Region, and about 8,000 members over the entire
19 region. About half of our members are the direct employees of the provincial government. Most of the
20 remainder are in the larger public sector, which is funded largely by contract agency board, or

1 commissioned by the provincial government. We also have a few members in the so-called pure private
2 sector.

3 So as the Regional Coordinator, you might be able to imagine my dismay when
4 I heard about the advertisement in the February 21st edition of the local newspaper, the *Prince George*
5 *Citizen*. I'm advised, to the best of my knowledge, that ad was placed only once, and unfortunately in a
6 section not always read, and it was right above an ad for - I saw it this morning - an ad for a Kamloops golf
7 tournament. I did not see the ad or hear about the hearings until about a week ago. So the first part of my
8 submission will deal with the process on this consultation hearing process.

9 The BCGEU objects to only public hearings in two locations in the province.
10 My region covers literally dozens of substantial communities with significant worksites, and they ought to
11 be involved in this process.

12 We also object to the limited time and notification for these hearings. It is
13 simply impossible for us to properly canvass our members' worksites and safety representatives since the
14 announcement on February 21, 2003. Therefore, this process is excluding the valuable input from people
15 best suited and able to comment, the hands-on practitioners and people affected directly by the ad and
16 regulations.

17 I also want to comment on the way the information on proposed changes is
18 disseminated. The Board procedure for regulation review requires one to go to the website and print off the
19 proposed changes. I did that, or I tried to do that. This is what I managed to, with help, get off the website,
20 in this format, on the proposed changes. It's not well organized. It's intimidating. The volume of changes
21 is overwhelming, and it's impossible to work with. As I said, I wasn't able to get it off myself, without
22 assistance from a co-worker. I would have expected the board to come out with a pre-packaged summary
23 and details of the proposed changes in proper and paper format that stakeholders could use as a document
24 to work from. The way this process was done will mean that most people simply won't be able to respond.

25 I would also like to ask why there were no regulatory advisory committees
26 established to comment on the changes, or better still, to be involved in making proposals for change to the

1 Board. I was on advisory committees in the past, and that process worked well. Those committees had
2 both employer and worker or labour representatives, but often came up with joint or agreed
3 recommendations for regulation. It provided transparency, openness, no surprises, and most often a
4 balanced approach to a regulation change. As I understand it, these committees were discontinued and
5 replaced by someone releasing discussion papers. I would argue from personal experience that we should
6 abandon this process and go back to establishing regulation advisory committees with mandates and terms
7 of reference of those that were in place over the past 25 years.

8 My next point on process goes to the mandate of the Workers' Compensation
9 Board and why I say this process falls short of that mandate. The *Workers' Compensation Act* assigns the
10 Workers' Compensation Board authority to make regulations that it considers necessary in relation to
11 occupational health, safety and environment. I may be wrong, but my understanding is that the motivation
12 for this exercise is that a clinical directive was given that all regulations must be cut by one third. Now, the
13 Act does not say to cut the regulations by one third, so how do we rationalize a regulation review based on
14 an election or political directive that may have little or nothing to do with health, safety or environment? A
15 proper starting point should be an analysis of work places, work practices and what regulations are
16 necessary to protect the health and safety of the workers.

17 Secondly, the Act requires the Board to conduct an ongoing review of, and
18 consult on its regulations with respect to occupational health and safety and environment. This process
19 does neither properly, as I've outlined in my concerns earlier.

20 My final point of process is to express concern over the lack of information and
21 the lack of access to information on many aspects of the proposed changes. I was unable to do any proper
22 analysis of proposed changes to the occupational exposure limits, or the occupational first aid changes
23 based on the website-only information. I think there ought to be an obligation on the Board to better and
24 more comprehensively present its proposed changes and the rationale for those changes.

25 On the occupational exposure limits, I understand a discussion paper was
26 circulated last fall. I have not seen that paper, except recently. Nevertheless, I understand Table 5-4 is

1 being eliminated to be replaced by the ACGIH table of TLVs. My layperson's view of that table is that it is
2 confusing and that it lacks some of the information contained in Table 5-4. Also missing is an explanation
3 or analysis of what the differences are, what the differences mean and how these will affect workers' health.
4 There is no rationalization of each specific change from OEL to TLV, or why the change is made. In
5 reading through some of the ACGIH literature, I note that they specifically state the TLVs are to be used as
6 guidelines only. Adding insult to injury, I'm also advised that we'll have to pay at least \$50 to get a copy of
7 the tables. This alone will severely restrict the access of this information to workers and employers.

8 My conclusion therefore is that the only purpose of this exercise is to cut
9 regulations and has little to do with protecting the occupational health and safety and environment of
10 workers.

11 On duplication or redundancy, I'm sure others will speak more eloquently on
12 this topic, but there are several key points that must be stressed. It is absolutely wrong to delete specific
13 regulations because of a general reference in the Act or regulation. It's like leaving from Prince George to
14 Vancouver, and on your way out of town there's one sign that says, "Drive carefully. Lost of curves. May
15 be ice. Maximum speed limit 90 kilometres an hour," with no reminder along the way to slow, caution,
16 speed limit, et cetera. And I say this is a recipe for accidents and disaster, and that is what is being
17 proposed. Workers have a right to know what hazards they face and are inherent in the workplace. This
18 right needs to be enforced and reinforced by regulation, and specifically in the regulation that covers their
19 industry or sector. They do not carry the Act with them, but every Occupational Health and Safety
20 committee member does use the regulations, and the more often the reinforcement is made, the safer the
21 workplace will be.

22 Workers have the right to be trained and to know specifically what training they
23 will need to receive work safely. An employer should welcome specific training requirements by
24 regulation, because it will take the guesswork out of establishing safe work and training practices.

25 One of the prime obligations of health and safety committees is to investigate
26 accidents, determine their cause and make sure they don't happen again. Prescriptive regulation for safe

1 work practices and training are invaluable in assisting in identifying basic root causes of accidents. The
2 proposal to eliminate this detail from regulation will turn the clock back on accident investigations, and I'm
3 afraid ultimately will lead to increased and unnecessary accidents.

4 The elimination of cross and other referencing is also unwise. Workers and
5 employers will usually only refer to those specific regulations that affect them. We need to have constant
6 cross referencing in print so the safety of workers is not left to chance. This proposal will also limit the
7 right of workers to know about the hazards they face.

8 On the first aid regulations, I see a real problem with the proposed changes. The
9 move to so-called performance-based standards abdicates responsibility for all the first aid to the
10 employer's discretion. It is my experience that a results-based process always leads to fewer services,
11 reduced precautions, a patchwork of rules and regulations, and it always puts concerns for production or
12 profit of some type above a concern for people. It is also not wise to replace regulation with a guide, with
13 respect to the health and safety of our members. How do you issue compliance orders or impose penalties
14 on guidelines?

15 So in summary, my conclusion is that this process is fundamentally flawed.
16 This process should be stopped and not relied upon to validate the proposed changes. I also conclude that
17 the proposed changes are, in fact, contrary to the mandate of the WCB, and if implemented, will result in
18 confusion, inconsistency and ultimately accidents to workers. I recommend that the regulation advisory
19 committees be established to do a thorough review of the regulations and make recommendations to the
20 Board. This should then be followed by public hearing process, allowing all stakeholders to provide
21 comment and input.

22 Thank you very much.

23 THE CHAIR: Thank you, Mr. Papenbrock. We now will hear from Ms. Karen
24 Taylor. And do we have Mr. Clarke?

25 MS. TAYLOR: I'm going to read on his behalf.

26 THE CHAIR: Oh.

1 MS. TAYLOR: Sorry, he was unable to make it.

2 THE CHAIR: Oh, okay. So you'll be the only addition at this point, then?

3 MS. TAYLOR: Mm-hmm.

4 THE CHAIR: Okay. Then we will hear from you. Thank you.

5 PRESENTATION
6 BY MS. KAREN
7 TAYLOR FOR MR.
8 MIKE CLARKE ON
9 BEHALF OF
10 BCGEU:

11 So on behalf of Mike Clarke, he's the local chairperson for Corrections and
12 Sheriffs, and is a joint trainer and instructor for the employer and the union. So I'm just going to read his
13 submission.

14 When the Liberals first took office, one of the things that they said they wanted
15 to do was to reduce the WCB *Occupational Health and Safety Regulations* by one third. The first question
16 I have is where does this number come from? Is there research out there somewhere which indicates that
17 one third of the regulation serves no purpose in terms of enhancing a worker's health and safety? These

1 regulations have been put into place to protect the health and lives of British Columbia's workers. How can
2 reducing the regulations possibly hope to offer the same or a better level of protection? The answer, in
3 short, is it cannot.

4 In the current edition of the regulations, it is stated that the *Occupational Health*
5 *and Safety Regulations* are adopted under the *Workers' Compensation Act*. It also states that there are
6 certain goals of the *Workers' Compensation Act*, and some of these goals are preventing work-related
7 accidents, injuries and illness, encouraging the education of employers, workers and others regarding
8 occupational health and safety, ensuring an occupational environment that provides for the health and
9 safety of workers and others, promoting a culture of commitment on the part of employers and workers to a
10 high standard of occupational health and safety. I stress that it clearly says a high standard.

11 How can the Board possibly expect to meet these goals by implementing these
12 proposed changes? Clearly these changes erode both the information available to workers as well as the
13 regulations currently in place to ensure that they come home safe and sound at the end of every working
14 day.

15 Today I am talking to you about the Board's decision to eliminate redundancy
16 and duplication, as well as all cross referencing within the regulation. What exactly does this mean? The
17 current regulations are broken into four booklets, known as the index and the Books 1, 2 and 3.
18 Throughout Books 1, 2 and 3 there is a constant cross referencing to other sections of the regulation, or
19 more importantly, to other regulations. This cross referencing is known as internal or external cross
20 referencing. In the proposed amendments to the *Occupational Health and Safety Regulation*, for the
21 external cross referencing, the explanatory note for this change simply reads:

22 Provisions that incorporate other statutes and regulations that would apply in
23 any event have been removed.

24 Some examples of these other regulations which are considered external cross references are as follows:
25 *Canadian Chipping Act, Electrical Safety Act, Explosives Act, Transportation of Dangerous Goods Act,*
26 *British Columbia Building Code.*

1 A simple example of the elimination of external cross referencing is work area
2 guards and handrails. Specifications for guards and handrails currently reads, in Section 4.58(1):

3 (1) Guards in a building must meet the requirements of the BC Building Code
4 and be appropriate for the use and occupancy of the area.

5 Under the proposed changes, the reference to the B.C. Building Code is eliminated. How, then, is anyone
6 expected to know that there are related regulations in another Code?

7 How can the health and safety of workers possibly benefit from eliminating
8 these references from the *Occupational Health and Safety Regulations*? What purpose can these changes
9 possibly serve, other than to eliminate information available to workers? How is a worker to know that
10 there is an applicable regulation within the B.C. Building Code, for example, if the cross referencing is
11 removed? How many serious injuries, or worse, how many lives will be lost because a worker did not
12 know to check a different regulation?

13 Further to this is the elimination of cross referencing within the regulations
14 themselves. Currently, if a person who handles dangerous goods wants to look something up in a
15 regulation that is specific to their field, they would look in the index and be directed to the correct article
16 within the regulation. From there, they would also be redirected to another applicable area within the
17 regulation and, as stated earlier, any other applicable regulation. The explanatory note that accompanies
18 the proposed changes for the internal cross reference reads as follows:

19 Provisions that simply provide a cross reference to the parts of the *Occupational*
20 *Health and Safety Regulations* have been removed.

21 An example of internal cross referencing is 4.29, "Violence in the Workplace, Procedures and Policies".
22 Section (c) of this regulation has been completely eliminated. Section (c) refers people to two other places
23 within the regulation which also pertain to this clause. It refers to both Part 3 of the *Workers'*
24 *Compensation Act*, as well as Part 3 of the *Occupational Health and Safety Regulations* (Rights and
25 Responsibilities). By eliminating this cross referencing, the only thing accomplished is the removal of
26 valuable information from the worker, information that could be vital to ensuring their health and safety.

1 How is a worker to know that another regulation may apply, or for that matter, another section of the WCB
2 regulation with the elimination of cross referencing? What possible motive could there be for these
3 changes? It is this redundancy that ensures that we have an effective and easy-to-use tool to ensure the
4 health and safety of our workers.

5 Here's even a more alarming side effect of the elimination of redundancy and
6 duplication, the elimination of references to training. Currently, the regulations make constant reference to
7 the employers' responsibility to ensure that a worker is properly trained. Under the new proposal, the
8 responsibility of the employer to ensure that workers are adequately trained will be mentioned in only one
9 place, and that section is 115(2)(e) of the *Workers' Compensation Act*. How is a worker to know, then, that
10 they require training before attempting certain tasks? How can the elimination of this cross referencing
11 possibly be beneficial to workers' health and safety?

12 The explanatory note that accompanies the proposals re duplication and
13 redundancy training reads as follows:

14 Provisions that repeat general duty provisions in the *Workers' Compensation Act*
15 relating to training of the workers have been removed. Section 115(2)(d) of the
16 Act creates a general duty for employers to train workers. It provides that the
17 employer must provide to the employer's workers the information, instruction,
18 training and supervision necessary to ensure the health and safety of those
19 workers in carrying out their work, and to ensure the health and safety of the
20 workers at the workplace.

21 The problem with this explanation and its effect on the regulation is that it again leaves interpretation of the
22 regulation wide open. Whereas the current regulations tell the employer and the employee exactly when
23 and where training is required, these proposed changes would be left to each employer's interpretations.
24 We will see employers who will say, "Well, that's just commonsense. No one would need training for
25 that," and as a result, where training was once mandatory, there will be none at all. Again, what possible
26 benefit could there be, other than to save the employer the cost of training in certain cases where an

1 employee was not aware training should be provided? Under the current regulations there is no question as
2 to when the training will be provided.

3 A couple of similar examples of the elimination of references to training are as
4 follows. In Section 4.10(2) of General Conditions, this article is in Part 4 of the regulation and will be
5 changed to read:

6 A person must not be authorized to operate a machine or piece of equipment
7 until the person has demonstrated an ability to safely operate it.

8 The amendment in this article eliminates the words "being adequately instructed and trained and has". This
9 does two things: first, it eliminates the workers' ability to immediately see that they should have adequate
10 training, and it also creates an environment where demonstrating an ability to safely operate something is
11 completely open to interpretation. Again I ask, how can this change possibly benefit the health and safety
12 of British Columbia's workers?

13 Section 4.22, working alone or in isolation. This section has been completely
14 eliminated altogether. It currently reads:

15 A worker required to work in the circumstances described in section 4.21(1) and
16 any person assigned to check on the worker must be trained in the written
17 procedure for checking the worker's well-being.

18 Note that in Section 4.21(1) it reads:

19 The employer must develop and implement a written procedure for checking the
20 well-being of a worker assigned to work alone or in isolation under conditions
21 which present a risk of disabling injury, if the worker might not be able to secure
22 assistance in the event of injury or other misfortune.

23 The elimination of this clause can only serve to reduce cost to the employer; it cannot possibly benefit a
24 worker's health and safety.

25 As my final comment, I ask you, the panel, with all that has been said here
26 today, how can you possibly believe that your sons or daughters, nieces or nephews, friends and neighbours

1 could possibly be safer after these changes than they are today? What purpose do these changes serve,
2 other than to reduce overall cost to the employers? We already have a very thorough and comprehensive
3 regulation that does not go far enough in some cases to address workers' health and safety. How can
4 eliminating any part of the regulation be beneficial to anyone, other than cost-conscious employers? Thank
5 you.

6 MS. TAYLOR: Then I'll read mine.

7 PRESENTATION BY MS. KAREN TAYLOR ON BEHALF OF THE BCGEU:

8 I am here today as the chairperson for the Social, Educational, Health Services
9 component of the BCGEU, and I am representing social workers, employment and assistance workers and
10 probation workers.

11 I am here today to speak to the same issues as my fellow presenters are. I am a
12 member of the B.C. Government Employees' Union, representing the members of the Social, Educational
13 and Health Services component. These members, who are tax payers, will be appalled to find out that they
14 have not been consulted, as they are stakeholders who will be profoundly affected by the loss of health and
15 safety regulations.

16 A very small, inconspicuous notice in the newspaper is not advertising to the
17 community of what events are to come. It reflects more that the government has something to hide. These
18 are serious issues and require a serious commitment by the government to uphold its duty to inform the
19 public. There should be community debate, input and meaningful dialogue with time for workers to
20 prepare, not just some closed hearing in one or two cities of the Province.

21 One of my major concerns here today is to mention the regulations that focus on
22 results. Let's be clear here today: results does not mean improved services to workers, it means less cost to
23 the employer. I am opposed to the WCB's move to performance-based regulations. What is of particular
24 concern is just how these regulations will be enforced. The proposed amendments to the first aid
25 regulations state, and I quote:

26 The employer is not obliged to follow the recommendations in the practice

1 guide. The employer may, after conducting the assessment process required by
2 the *Occupational Health and Safety Regulations*, legitimately conclude that a
3 different type of first aid service should be provided.

4 It also mentions that employers are expected to exercise judgment in determining what first aid services are
5 needed. Giving employers the okay to not implement recommendations without any penalties virtually
6 guarantees that no measures will ever be put into place. Why would an employer bother? The message to
7 employers clearly says that WCB is not serious. Results-based outcomes means just that, an employer
8 would not have to bother. When employers will not be held accountable, what would be the point?

9 The larger questions are how will WCB measure the degree of wrongdoing and
10 how many people will be injured or die for those losses to count for some attention. This is a disgraceful
11 process and one that cannot be supported and should not be supported, given the years that it has taken in
12 the past to implement the current regulations. It is ludicrous to entertain that this process will have any
13 validity. These changes are being pushed by governments agenda to help big business, and certainly not to
14 help workers, and ignores the previous work done by employers and unions who worked together,
15 recognizing the importance of enforceable regulations.

16 I would also like to make a comment on the WCB wanting to remove the
17 redundancy and duplication out of legislation. What WCB sees as redundancy and duplication in many
18 cases is important reminders to workers and employers that particular requirements exist. For instance, the
19 WCB proposed to remove the wording "training" from all regulations, because Section 115(2)(e) of the
20 WCB Act creates a general duty for employers to train workers

21 First of all, that would have Part 4 under General Conditions for the training in
22 Section 4.22 of the working alone or in isolation removed. This is an important provision for many of my
23 members, who often work alone. For example, social workers often do home visits, and protocol is an
24 essential element to the limit and possible risk which could affect their health and safety. Home visits are a
25 required duty they must perform in doing their job. Therefore, if a member was wondering about the
26 procedures of working alone, the regulations they would generally look up in Section 4.21. Removing the

1 training provision of Section 4.22 would mean that they would not necessarily know which procedures,
2 protocols or process would be necessary; to carry out their job and there would be no process of checking
3 to make sure that the worker was apprised of these elements of their job either, because no notice of
4 training would be readily available.

5 Added to this, the employer will not have an obligation to assure that any
6 training is even in place, which will make the worker more vulnerable at their job with a higher degree of
7 risk, compromising their ability to do their job safely. To suggest that this regulation is somewhere in the
8 Act only creates a larger workload issue and is of no real help to an employee if an employer does not
9 recognize the value of training in the first place. With these proposed changes, there will be no level of
10 enforcement in place by WCB to monitor or uphold the regulation, either.

11 Unions already set aside time to reflect the International Day of Mourning on
12 April 28th, to fight for the living and mourn for the workers that have been killed or injured as a result of
13 unsafe workplace conditions, and this is a slap in the face to the memory of these workers, for WCB to
14 entertain the deregulation of Part 1 safety regulations for more corporate profit. Thank you.

15 THE CHAIR: Thank you, Ms. Taylor. We have noted your comments, and
16 they are on the public record. Thank you. Thank you very much.

17 The next speaker is Ms. Sonja Damani. Are you ready to go? We're about ten
18 minutes ahead of time.

19 MS. DAMANI: That's fine.

20 THE CHAIR: Okay.

21 MS. DAMANI: I'll be done ten minutes earlier then.

22 PRESENTATION BY SONJA DAMANI ON BEHALF OF THE HOSPITAL
23 EMPLOYEES UNION:

24 Good afternoon. My name is Sonja Damani, and I'm here today on behalf of the
25 members of the Hospital Employees' Union. I work out of the Northern Regional Office here. We cover a
26 catchment area from 100 Mile House to Fort Nelson, and from McBride to the Queen Charlottes, and it's a

1 huge area. We represent a wide variety of employees, including the licensed practical nurses, nurses aides,
2 clerical staff, the support staff in laundry and housekeeping. We have the technical staff in the computer
3 departments as well as health records. There's, as I say, a large variety that are included in our union and
4 affected by the WCB.

5 I'm here today to voice strongly our objections to the proposed changes to the
6 OH&S regulations. Three very important health and safety issues are being discussed and have been well
7 covered by my colleagues as well, and those are occupational first aid, occupational exposure limits,
8 redundancy and duplication on the OH&S regulations.

9 I would first like to address, however, our very valid concern regarding the
10 process and the importance on which you have placed the value of our participation. I know I'm repeating,
11 but to state the manner in which these hearings are being discussed implies that our input is not very likely
12 to be listened to.

13 The advertisement for these hearings was in the sports section of the *Prince*
14 *George Citizen* on February 21st. Was this intentional to discourage participation in these hearings? Does
15 this panel wish to just shove through these hearings and to avoid listening to the workers of this province?
16 Each and every one of these changes proposed will affect everyone, not just the members I represent.

17 The lack of consultation, the very fact that no tripartite committee process, as
18 was held in the past, and the lack of accountability and transparency indicates to me further the mandate as
19 dictated by this government in ramming through these changes that the workers of British Columbia are the
20 last consideration of this government, which has given you the clear direction to destroy occupational
21 health and safety.

22 On reviewing these proposed, or should I state assumed changes to the
23 regulations, I note that there will no longer be any strict enforcement of current regulations. An example of
24 this is in your proposed changes to first aid, and that has been well covered. I won't go into that subject.

25 Deregulation, self regulation as in the move to performance-based regulations
26 changes the concept, which was that WCB's mandate is to protect the workers and to create conditions by

1 which health and safety regulations are followed. The WCB's mandate is not to restrict the number count
2 on regulations.

3 I would like to address one area in particular which this panel is considering by
4 way of rubber stamping and removing from the regulations and destroying this very valid safety concern
5 for our members at the Hospital Employees' Union. This would be our concern with the changes in
6 occupational exposure limits. There are approximately 100 WCB occupational exposure levels that are
7 different than the 2002 ACGIH, the American Conference of Industrial Hygienists. Forty-five of these
8 chemicals are found in healthcare. Some of these chemicals have been proven to cause cancer, birth
9 defects and sensitization. We believe that the occupational exposure levels in Table 5-4 currently places
10 workers in B.C. at safety levels higher than the levels accepted by the ACGIH.

11 This panel should recognize that these exposure levels will put workers at higher
12 risk, and this panel will be accepting responsibility by their actions, as it will be part of accepting exposing
13 workers to greater reproductive hazards and cancer-causing toxins. Remember, this is the ultimate result at
14 the end of the day, and you are a part of this when you promote these changes to the OH&S regulations.

15 I would also like to add, we completely oppose the Board's proposal of
16 Regulation 4.512, wherein the Board is looking at eliminating in the regulation the requirement for
17 education and training. Seventy-five percent of injuries in healthcare are musculoskeletal injuries.
18 Training is an important component in making the workers healthy and safe. When equipment or change in
19 procedures are applied and to reducing injuries to workers, training should be mandatory, and this
20 requirement should remain in the regulations so that it becomes accessible for workers. I understand that
21 this provision is in the *Workers' Compensation Act*, but by leaving it in the regulation, this would provide
22 clarity and understanding of what is necessary to comply to the regulation. Otherwise, workers will be less
23 informed as to their rights and safety measures.

24 If I leave you with any thoughts today regarding your duty and responsibility in
25 changing the work lives for not only our members at HEU, but also for all workers in B.C., is that you are
26 contributing and are ultimately responsible for potential injuries and/or deaths as a result of setting lower

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1 standards in *Occupational Health and Safety Regulations*. You can make a difference, and recommend that
2 British Columbia be a leader in setting the highest standards in safety, and that the standards set will be
3 acceptable for all working people of British Columbia. Thank you.

4 THE CHAIR: Thank you very much. We have one further speaker, Ms. Sharon
5 Euverman. I don't know, are you ready to go? We're a little ahead.

6 MS. EUVERMAN: Yes. Fine, thank you.

7 THE CHAIR: And you are a first aid attendant. Are you representing yourself,
8 then, or an organization?

9 MS. EUVERMAN: First aid attendants, yes. From Canfor Houston.

10 THE CHAIR: Okay. Thank you.

11 PRESENTATION BY SHARON EUVERMAN ON BEHALF OF FIRST AID
12 ATTENDANTS, CANFOR HOUSTON:

13 Yes, good afternoon. My name is Sharon
14 Euverman, by the way, and I'm not a lobbyist. I'm not even
15 a public speaker. I am a wife, I am a mother. I'm a
16 worker, and for the past 30 years I have been an industrial
17 first aid attendant.

18 I'm here today to raise my voice in
19 opposition to the proposed changes by the Workers'
20 Compensation Board to the *Occupational Health and Safety*
21 *Regulations*. I live in Houston, British Columbia and work
22 at Canfor Houston. It's a dimensional lumber
23 manufacturing, in other words a sawmill.

24 In the past time that I've been there, we've
25 had two fatalities. We've had thousands of minor injuries,
26 and we've had hundreds of what I would call serious

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1 injuries that could very easily have gone into that first
2 category, if not for the fact that my company was forced to
3 employ extremely competent first aid people.

4 We also have about 400 employees in this
5 operation. Houston is a community of 3,500 people. We
6 have a small medical clinic, which closes at 5:00 p.m., and
7 we tried for years to establish 24-hour medical service,
8 which as at this time been unsuccessful. Our B.C.
9 Ambulance is manned entirely by part-time employees. The
10 nearest hospital is one hour surface travel time, either to
11 Smithers or to Burns Lake. Competent and experienced first
12 aid attendants are an integral and a vital component of our
13 community and our workplace. These proposed changes have
14 the potential to drastically alter the standard we have
15 worked so hard to achieve.

16 My first issue is with the short amount of
17 time that the public has been allowed to view and digest
18 these changes. When I first heard that discussions were in
19 place to proposed changes, I not only checked the internet,
20 but tried to get information from the Workers' Compensation
21 Board employees, all to no avail. As recently as one month
22 ago, there was still nothing on the internet.

23 This timeframe is completely unacceptable.
24 The public must have the information available to them and
25 an appropriate time to determine the consequences that may
26 arise out of these proposed changes, and we must have the

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1 opportunity available in more than two venues to express
2 our concerns on this subject.

3 My second issue deals with the changes
4 themselves, most especially to the employer's right to
5 determine the first aid requirements. My first reaction
6 was that I had missed something in the draft; my second was
7 absolute disbelief. Disbelief and a feeling of abandonment
8 by the very agency that was designated to protect me and
9 other workers.

10 There was also disbelief that the Board
11 would knowingly hand over what could be a life and death
12 decision to our employers. Employers are in the process of
13 businesses, and often the very viability of a company is
14 dependant on the most stringent of the bottom lines.
15 Safety and the accountability of safety cannot be entrusted
16 to those whose agenda includes anything but the workers'
17 safety.

18 When economic factors are allowed to become
19 a contributing factor in decision making, it is seldom that
20 employers will offer anything about minimum requirements.
21 To change regulations to recommendations only invites
22 abuse, whether intentional or not, and unfortunately those
23 affected will be the workers.

24 The recent publication of *WorkSafe* showed
25 the companies who had had WCB orders written against them.
26 A large number of these orders were for continuing non-

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1 compliance. Again, I say non-compliance, continuing. If
2 companies do not comply with regulations, how can we
3 honestly expect them to honour recommendations?

4 In closing, I implore that those involved
5 listen to what the people here are saying, and in
6 Vancouver, when you have this thing in Richmond, to do the
7 same. Hear what we are telling you. Do not allow us to
8 lose the very regulations that were designed to protect us.
9 Once gone we will never, ever get them back. Please
10 remember that we will never move forward by taking steps
11 backward, and thank you very much for your time today.

12 THE CHAIR: Thank you, Sharon Euverman.

13 MS. EUVERMAN: Thank you.

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THE CHAIR: Thank you very much. We have no further speakers registered at this point. We will continue to sit for another half an hour, to see if any further registrants come forward, and if not, we'll adjourn for the afternoon. We are scheduled to be back here this evening at seven o'clock, and we will be here to open the session this evening at seven o'clock. The time for this evening is to run from 7:00 to 9:00, and again, we'll evaluate how long the hearing will go this evening, depending upon the turnout. So I thank you. I thank all the individuals who came today, and for the presentations that you have made. And as I said, we're going to wait for about another half an hour. I'll adjourn now, and we'll wait to see whether we have any further speakers. Thank you.

--- PROCEEDINGS ADJOURNED

--- PROCEEDINGS RECONVENED

THE CHAIR: I'm resuming the hearing. We -- it is now 3:15. There are no further registrants that have come forward, so we're going to adjourn this hearing until this evening, and we will reassemble at seven o'clock. Thank you.

--- PROCEEDINGS ADJOURNED

--- PROCEEDINGS RECONVENED

THE CHAIR: It's seven o'clock and I'm going to open the hearing. There are no registrants so far. The

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panel will wait for 20 minutes to see if we will receive any registrants. So we are going to adjourn for the next 20 minutes, and we'll evaluate the situation at that time, as to whether or not we're going to continue the hearing. Thank you.

--- PROCEEDINGS ADJOURNED

--- PROCEEDINGS RECONVENED

THE CHAIR: It is now 7:20, and there have been no registrants. Therefore, I am closing the hearing today in Prince George.

The hearings will be resuming on Thursday in Richmond, British Columbia. Thank you.

--- PROCEEDINGS CONCLUDED AT 7:20 P.M.