

WORKERS' COMPENSATION BOARD OF B.C.

PUBLIC HEARING

OCCUPATIONAL HEALTH AND SAFETY REGULATIONS

Richmond, B.C.
March 27, 2003

TRANSCRIPT OF PROCEEDINGS

PANEL:

Donna Gillis
Mark Powers
David Young

Chair
Member
Member

INDEX OF PRESENTERS

	<u>PAGE</u>
GRANT McMILLAN, Council of Construction Associations	3
LEE LOFTUS, International Union of Operating Engineers	7
WAYNE PEPPARD, B.C. & Yukon Building Trades	19
CLAUDIA FERRIS, Labour Environmental Alliance Society	30
LARRY STOFFMAN, United Food and Commercial Workers 1518	38
ANA RAHMAT, TANIA VAN DEN HEUVEL, Hospital Employees Union	54
MARNIE HEWLETT	66
JIM SINCLAIR, B.C. Federation of Labour	74
JOE PYRNGER	86
PAUL STEVENSON, Trauma Tech International Inc.	94
BONNIE BEST	101
JIM PARKER, IWA Local 2171	106
SHARON SAUNDERS, B.C. Nurses Union	120
ED PETERSON, ABCB First Aid Training Agency	131
MONA SYKES, B.C. Government Employees Union	138
TERRY THOMAS, Workplace Safety Consulting	148
KEN JUPE, Pulp Paper and Woodworkers of Canada	155
LARRY SPOULER	162
FRANCES KERSTIENS, Health Employers Association of B.C.	167
CAROL RIVIERE, Health Sciences Association	175

TUULA SILLANTAUS, Communications, Energy and Paper Workers Union of Canada	191
DAN BUSS	204

1

1 ---PROCEEDINGS COMMENCED

2 THE CHAIR: We are going to call the hearing
3 to order. I would like to welcome all the participants and
4 members of the audience to the public hearing on the
5 amendments to the Occupational Health and Safety
6 Regulations relating to Occupational Exposure Limits,
7 Duplication and Redundancies and Occupational First Aid.

8 I would like to introduce the Panel. My
9 name is Donna Gillis and I am the Director General of the
10 Policy and Regulation Bureau here at the Board. On my
11 right is Mark --

12 MR. POWERS: Powers.

13 THE CHAIR: -- Powers. Sorry, Mark. Mark
14 has been sitting with me and I had a momentary lapse.
15 Sorry. Mark Powers, who is Counsel with the Board, and on
16 my left is David Young, who is the Policy Director in the
17 Bureau in the area of Occupational Health and Safety
18 Regulation.

19 Just as a few minor introductory remarks.
20 The purpose of this public hearing is to give you the
21 opportunity to comment on the proposed amendments to
22 Occupational Health and Safety Regulations relating to
23 Occupational Exposure Limits, Duplication and Redundancy
24 and Occupational First Aid. We are here to listen to your
25 remarks. Many of the participants have designated times to
26 speak and we have a very heavy agenda here this morning.
27 There are allocations of ten minutes and 20 minutes,

Richmond, B.C.
March 27, 2003

1 depending upon how many issues each speaker will be
2 speaking to. I am going to be following the schedule very
3 closely, and I will be letting the speakers know about two
4 minutes before the end of their allotted time that they are
5 coming close to the end, and therefore we ask that you keep
6 your presentations to the time that has been allocated to
7 you.

8 We also have here an overhead projector if
9 any of the speakers would like to use it as part of their
10 presentation.

11 We have a court reporter in the room and a
12 transcript of all the comments will be made. If you have
13 additional written submissions that you would like to
14 provide the public hearing, this can be provided to us.
15 The deadline for written submissions is April 10th, 2003 at
16 4:30 p.m.

17 If you have any questions, we ask that you
18 address them to the Panel Chair, to myself. We will
19 attempt to answer the questions that we are able to, and we
20 may request comments from other representatives who are
21 present here.

22 The oral hearing is the first step in the
23 review of the proposed amendments. Once the hearing is
24 complete, the written and oral submissions will be
25 examined. The Board of Directors of the WCB is the
26 decision-making body. The Board will have access to all of
27 the information that is made available to the Panel today,

GRANT McMILLAN
(Council of Construction Associations)

1 as well as in the written submissions. This is your
2 opportunity to be heard on these important issues, and I
3 thank you for your interest and for the comments that we
4 are about to hear, and we look forward to the day.

5 Our first speaker is Mr. Grant McMillan.
6 Are you representing COCA this morning, the Council of
7 Construction Associations?

8 MR. McMILLAN: Yes.

9 THE CHAIR: Thank you.

10 PRESENTATION BY MR. GRANT McMILLAN ON BEHALF OF COUNCIL OF
11 CONSTRUCTION ASSOCIATIONS:

12 MR. McMILLAN: Thanks for the opportunity of
13 speaking this morning. First of all, I will be brief and I
14 will be making my more detailed submission in time for the
15 April 10 deadline.

16 On behalf of the Council of Construction
17 Associations, first of all we represent 21 construction
18 associations in British Columbia. Our members number about
19 4,000 in total when all of the associations are gathered
20 together, and we do a substantial amount of the
21 construction volume in British Columbia.

22 We would like to commend the Board for what
23 it has done for taking the first few positive steps towards
24 regulation reform. We think that these three steps will
25 help both workers and employers to understand the intent of

GRANT McMILLAN
(Council of Construction Associations)

1 the regulations and to be more able to actually follow
2 regulations.

3 First of all, we think that the elimination
4 of the duplication of regulation makes a lot of sense. We
5 think that it will help to streamline the regulations so
6 people can follow them more readily. So that, of itself, I
7 think, will help to reduce the size of regulations to some
8 extent, but only to a small extent.

9 We also think that the idea of using an
10 international standard for chemical limits for TLVs or
11 other values is a good idea. The small jurisdiction within
12 British Columbia does not have the resources to do the
13 necessary analyses on its own for the large number of
14 chemicals that have to be analyzed and placed in some kind
15 of context in the workplace.

16 We think that an international standard like
17 the ACGIH is an appropriate one to use. The ACGIH is a
18 body that has been in place for many years and their
19 standards have been recognized internationally, including
20 by the federal government. We think that it will save both
21 time and money to have a recognized standard, since people
22 around the world react basically the same way to exposures
23 of chemicals.

24 One concern we have with the ACGIH standard
25 is that there is an automatic presumption built into the

GRANT McMILLAN
(Council of Construction Associations)

1 current draft, which would see the standard simply changed
2 as ACGIH changes its standards. We would like to see,
3 instead, some process whereby there is a public notice and
4 public hearing on proposed changes to sets of regulations
5 affecting chemicals, so that all of us are more aware of
6 what the proposals are and we can have an opportunity of
7 putting some input to them. So we would like to see that
8 changed, but with that exception we support the idea of
9 having an international standard.

10 The third item is that affecting the First
11 Aid regulations. Essentially, the WCB's proposal is to
12 move from a prescriptive-based First Aid Regulation to a
13 performance-based regulation with associated guidelines
14 that would not have the force of regulation, but would, in
15 effect, be helpful for workers and employers to understand
16 the needs for first aid. We also support this proposal.
17 We think it takes us towards a more effective style of
18 regulation, and we think that it is not the number of words
19 that count, it is the way those words are understood and
20 implemented by both employers and workers in the workplace.
21 I think it gets us out of the practice we have seen in the
22 past, in some cases, of WCB officers counting the number of
23 band-aids, and we don't think that counting band-aids is
24 what we need with first aid. We need a comprehensive plan
25 for first aid services that is flexible and designed for

LEE LOFTUS
(International Union of Operating Engineers)

1 the workplace and the new performance-based regulation
2 provides for that opportunity.

3 So, to summarize, before the microphone
4 descends into the floor like in the Academy Awards, we are
5 very pleased with what you are doing. We would like to see
6 a couple of things tweaked, along the lines of the ACGIH
7 review as new materials come into the workplace, but other
8 than that we think the Board is doing a good job. We would
9 like to encourage you to move along these lines with other
10 regulation reforms for the balance of the regulations.

11 Thanks for your time.

12 THE CHAIR: Thank you very much, Mr.
13 McMillan.

14 Our next speaker is Lee Loftus, Worker
15 Representative with the International Union of Operating
16 Engineers. And I believe, Mr. Loftus, you are of 20
17 minutes.

18 MR. LOFTUS: Yes. I will try to track the
19 time myself as well. I will attempt to do that.

20 PRESENTATION BY LEE LOFTUS ON BEHALF OF INTERNATIONAL UNION
21 OF OPERATING ENGINEERS:

22 MR. LOFTUS: Thank you, good morning. I am
23 Lee Loftus and I am with the Operating Engineers. I am
24 here on behalf of an organization that represents 10,000
25 workers in the Province of British Columbia. We have six
26 district offices throughout the province. We are located
27 -- our main office is here in the Lower Mainland in

LEE LOFTUS
(International Union of Operating Engineers)

1 Burnaby, but we do have offices on Vancouver Island, the
2 Prince George region, Kamloops region, the Kootenays and a
3 number of other locations.

4 We operate equipment and various pieces of
5 machinery throughout the construction industry, the road
6 building industry. We are involved in the marine industry,
7 oil and gas, mining, aviation, waste management --
8 significantly in waste management -- manufacturing,
9 transportation, and in various sectors of industrial
10 industries, in general, from shops, welding firms and
11 fabrication shops. We have a very broad spectrum of
12 workplaces that we are involved intimately with and have
13 been for some time.

14 We are here because the proposed changes
15 have an impact on every one of those members and our
16 employers that we work with and the relationships that we
17 have with those employers. We have always been involved
18 with issues within the Workers' Compensation Board for
19 decades. I personally have been involved with regulation
20 review since the early 1980s. I think it is important that
21 the outcome of this hearing and these proposed changes have
22 an immediate impact on our industries in general, and that
23 in turn gives us the ability to sit here and talk about our
24 involvement in how that has taken place.

25 I think, for the record, that we want the

LEE LOFTUS
(International Union of Operating Engineers)

1 Panel to understand that the 1966 Regulations when they
2 were amended into the 1978 version, we were involved in
3 that process of developing of how they were crafted and
4 what they looked like. When they were then amended again
5 in 1982, when the Construction Regulations were implemented
6 as a result of fatalities that were taking place in the
7 construction industry, we were involved in that process of
8 what they were going to say, how they were going to be
9 implemented and the issues related to them.

10 We had a significant representation on the
11 Commissioners by the means of Mr. Mike Parr for an eight-
12 year period within the Board. We were involved in the 1986
13 regulation review. We were then again involved in the '92
14 regulation review. We were also involved in the '92
15 administrative inventory of the Board. We were involved in
16 the complete review and revamp of regulations starting in
17 1995 and into its current form that we see before us. As
18 well, we participated actively in the Royal Commission.

19 We believe that we are responsible for
20 crafting the makes of the regulations that are in place
21 today and in specifically to those that deal with the
22 operation of equipment and hoisting devices, but also with
23 what the bases and the principles are in behind regulation
24 review.

25 I know that my time is limited today and I

LEE LOFTUS
(International Union of Operating Engineers)

1 wish to talk about a number of issues, probably beyond what
2 the agenda allows for, and I am going to spend some time on
3 process of regulation review. I want to talk about the
4 rationale of the proposed changes. I am going to talk
5 briefly to the Occupational Exposure Levels, the deletion
6 of Part 33 and its replacement with the performance-based
7 regulations, and then briefly to talk on Redundancy and
8 Duplication.

9 On the issue of process timelines, five
10 weeks notice to research, prepare and write submissions for
11 today's hearing is absolutely a crime. There is not enough
12 time to do the research and prepare for what you have asked
13 the general public to do. We have had no prior access to
14 the proposed amendments, and then to make them only
15 available to the sophisticated people that have access to
16 computers and the Internet is far from offering
17 administrative fair play.

18 The appointment of a Regulation Review Panel
19 with the expectations -- and I was appointed to that panel
20 to review those regulations with another person from the
21 labour community, only to find out that the following
22 business day that the notice went into the newspaper the
23 public hearings were going to take place, that that panel
24 was not to meet and not to review regulations, and that
25 public hearings were going to commence and that the crafted

LEE LOFTUS
(International Union of Operating Engineers)

1 form of the regulation was already done, again, lacks
2 administrative fair play.

3 The first time in our history that the
4 stakeholders are not invited to participate in regulation
5 review for their industries. That's a broad statement, but
6 as far as I can confirm that is a fact, that this public
7 hearing and this round of regulation review is the first
8 time that it has not been done in a tripartite-type
9 committee proposals. The current regulations are a direct
10 result of thoughtful consultation with all of the parties
11 that are affected. That's not what we see in front of us
12 here today.

13 Industry must develop methods that work for
14 the industries and for the regulators and for the
15 politicians. There shouldn't be one party making decisions
16 that impact on all of those without full and deep
17 consultation on the issues. The development of these
18 proposed changes is a mystery. Who did them? Where were
19 they done? How were they developed? What's the rationale
20 behind them? The information is available through the
21 Internet and the rationale attached to it go far from
22 telling us what the real rationale is. It makes us leap
23 into assumptions of what has taken place, and I don't think
24 that that's fair for the Panel to hear what we think our
25 assumptions are. There should be clarity on what the

LEE LOFTUS
(International Union of Operating Engineers)

1 issues are.

2 The Prevention Division and its technical
3 people cannot provide me the answers on the background on
4 how these were developed. As I call through all of the
5 connections that I have through the Workers' Compensation
6 system, not one of them can provide me with answers of how
7 they were developed, why they are in place and who was
8 involved in the developing and crafting of the current
9 proposals.

10 The next round of hearings is scheduled for
11 June, as I understand. And I understand that they are
12 going to include underground working, they are going to
13 include issues to fall arrest. That material is not
14 available to us. We don't know what it is going to look
15 like. The only conclusion that I can come to is that this
16 is by design and it is secretive.

17 Worst of all, the process lacks
18 transparency. The past has shown that proposal made in a
19 public hearing that the public input has only produced a
20 minor wordsmithing. The deal is already done on the public
21 hearings on what we expect to see in the regulations. We
22 will have very little impact in what's going to conclude on
23 conclusion of these hearings. There will be some
24 wordsmithing. There will be some considerations, but
25 virtually the deal is done.

LEE LOFTUS
(International Union of Operating Engineers)

1 In the issue of the rationale for the
2 proposed changes: Deregulation, it would appear that it's
3 an election promise that offers no vision. It lacks the
4 scientific support for this type of change. These changes
5 have not provided benefit in other jurisdictions in Canada
6 or North America where it's been done, where we move from
7 specifics to performance-based.

8 We hear some dialogue about the
9 harmonization of what other provinces have done. Well, my
10 experience on the Canadian Centre for some seven years in
11 dealing with the CAL/OSHA committees from across the
12 provinces, I can tell you that harmonization is not on the
13 agenda for the national bodies. If it truly was, then the
14 WHMIS harmonization programs would have gone in place into
15 the '90s. The repository for material safety data sheets
16 would have been completed in the '90s. It is not
17 politically attractive to the jurisdictions to see
18 harmonization take place, because then there is a true
19 measure from what Alberta does and B.C. does. And
20 politically it works for them very well at this stage, and
21 the politicians tell me that this is true, that they truly
22 do not want to be compared directly on numbers and directly
23 on regulations, and what the impact of those are.

24 The rationale could be self-regulation, and
25 I guess that may be the buzzword of the day or maybe even

LEE LOFTUS
(International Union of Operating Engineers)

1 the buzzword of the last five years. Self-regulation is a
2 shortsighted vision. It's where large players or
3 sophisticated players are probably the only ones that will
4 have an advantage of self-regulation. Those that have the
5 resources, those that have the expertise, those that have
6 the ability to go out and seek and include innovative ways
7 into the workplace to manage their workplace, will benefit
8 from self-regulation, but those are far and few between.

9 I spent the last two days down at the
10 Canadian Labour and Business Centre at the Bayshore, where
11 the Board has been funding new innovative practices in
12 conjunction with the Canadian Labour and Business Centre,
13 and they have come up with some fabulous models and some
14 fabulous experiences.

15 You turn to the Vancouver Shipyards exposure
16 to their management team and what they've been able to do
17 there. It's fabulous and it is based on self-regulation,
18 but that's the exception to the rule, where there is a
19 comprehensive and a committed management team doing what it
20 can with its labour force, and the labour force is
21 participating in the development of a very positive
22 workplace.

23 But you walk out across the street and go
24 down to the store. Those little locksmith shops, the
25 little bakery shops, don't have comprehensive programs.

LEE LOFTUS
(International Union of Operating Engineers)

1 They don't have the resources. They don't have the ability
2 to deal with the self-regulation issue where it's very
3 wishy-washy and not specific. More importantly, the
4 workers who are not sophisticated, in many cases don't have
5 the access to the specific regulations, the specific rules,
6 to understand the hazards of that workplace and to
7 understand what the requirements are.

8 I want to talk a bit to Occupational
9 Exposure Levels and I am not going to spend much time
10 there. The B.C. Federation of Labour and the Canadian
11 Labour Congress have developed some very comprehensive
12 presentations in that field, and they have the Operating
13 Engineers' support absolutely on their positions.

14 But I will add that this proposal to me is
15 somewhat of a folly. The made-for-B.C. schedules that are
16 currently in place took years to develop -- five years as a
17 matter of fact -- and they were developed by very credible
18 people from within the industry. And they searched out
19 every type of regulation, every type of scientific paper
20 that was available and made those determinations based on
21 the facts of the day, and it was a very progressive piece
22 of our regulations that should remain.

23 My personal experience as a 25-year asbestos
24 worker, watching my grandfather and my father die at early
25 ages as a result of them going to work in the morning to

LEE LOFTUS
(International Union of Operating Engineers)

1 feed their families and myself, in particular, brings me
2 very close to the subject. I have, over the last 45 years,
3 as a grandson, as a son, as a worker, as a steward, as a
4 union representative, watched far too many people die. I
5 have sat at too many bedsides over those 45 years,
6 counselled spouses, children, on what to expect next as a
7 result of their parents' or their father's exposure to
8 asbestos containing materials that have led to an asbestos
9 disease, to mesothelioma cancers, asbestosis.

10 I myself have succumbed to an asbestosis-
11 related disease and have a file within the Board that talks
12 about that, a good chance that my life will be shortened as
13 a result of me entering into the workplace at 17, removing
14 asbestos-containing materials with absolutely no protection
15 and no support from anyone, other than to get my \$6.00 an
16 hour at the end of the day.

17 It's serious thing that you embark on when
18 you start looking at those issues. I spent far too many
19 nights sitting at the kitchen table writing eulogies for
20 family and friends and co-workers to see these types of
21 changes take place. As a Panel, you need to seriously
22 think about that. It is important to the future
23 generations when we're talking about occupational exposures
24 over time. It is our children that will witness the
25 changes that are made within the Regulation today. They

LEE LOFTUS
(International Union of Operating Engineers)

1 are the ones that will experience it. It's ten, it's 20
2 and it's 30 years out that the exposures that we allow
3 today have an impact on our future generations. To allow
4 this to happen, in my opinion, is a breach of the spirit of
5 the historical compromise and you need to seriously review
6 that.

7 In regards to Part 33 -- I am probably
8 running out of time here -- in regards to Part 33 and the
9 movement to a specific-based regulation, I guess, the
10 question is why? The industry doesn't know why. I speak
11 with the first aid attendants' associations. They cannot
12 provide me any direction on how that came about. Again, it
13 leads me to a conclusion and an assumption that this is the
14 first step into the introduction of performance-based
15 regulations for each and every part of the regulations that
16 are currently in place.

17 You have already heard my spiel and position
18 on harmonization from across the province; what is good for
19 one is good for all. And I think that that is malarkey and
20 I think it's an excuse of the day, because if you truly
21 spoke to the players within the Departments or the
22 Ministries of Labour and the Assistant Deputy Ministers
23 that I've spoken to over the last decade, there is not an
24 appetite for harmonization.

25 And as we talk about performance-based

LEE LOFTUS
(International Union of Operating Engineers)

1 regulations, the Panel must know, or if it doesn't then I
2 will bring it to your attention, that this dialogue took
3 place in the 1980s and it took place in a tripartite
4 environment, and the performance-based regulations lost the
5 argument of the day. I can only assume, to see
6 performance-based regulations being reintroduced now, it
7 reminds me of the issue on Quebec separation, keep bringing
8 it back until you can try to get it done. And that's what
9 I feel at this stage because I see no justification for it.

10 These current regulations have stood the
11 test of time. They have provided good guidance and benefit
12 to the workplaces, and that if the tripartite dialogue
13 truly took place on this issue, I truly believe it would
14 fail once again.

15 In the Redundancy and Duplication areas, the
16 B.C. Federation of Labour have developed a very good
17 written document that talks specifically to those issues.
18 But I need to add to what the position of the B.C. Fed has
19 put together is that the mandate of the Workers'
20 Compensation Board is to provide protection from workplace
21 accidents and not reduce the regulations. All parties that
22 sat through the last round of regulation review, carefully
23 considered duplication issues on each and every regulation.
24 Careful consideration was paid to plain language issues and
25 how to help support the regulation and its understanding.

LEE LOFTUS
(International Union of Operating Engineers)

1 Some of those regulations went through ten and 20 rewrites
2 to get it right so that they would be useful in the
3 workplace. Everybody in all of the committees that I sat
4 on through that period of time understood that these
5 regulations were living documents. They understood that
6 revisions would take place and they knew that that would
7 happen over the upcoming years and that the schedule was
8 for certain regulations over a certain period of time. But
9 all of us, without exception, thought that we would
10 participate in the updating and review of that.

11 THE CHAIR: I am just going to let you know,
12 Mr. Loftus, there is about a minute left.

13 MR. LOFTUS: And I am just going to wrap up.
14 Thank you.

15 I guess my last comment on that would be is
16 that let us return to the process that we were promised. I
17 don't believe we should have been misled.

18 I think, in closing, I would like to thank
19 you on behalf of the time that you have offered to me on
20 behalf of the Operating Engineers. I would also like to
21 remind you that prevention is the key to cost savings, and
22 prevention is an investment in our future and that needs to
23 be considered as you look at this. Thank you.

24 THE CHAIR: Thank you very much, Mr. Loftus.

25 Our next speaker is Wayne Peppard, Executive

LEE LOFTUS
(International Union of Operating Engineers)
WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 Director of BCYBT. Mr. Peppard, you have 20 minutes.

2 PRESENTATION OF MR. WAYNE PEPPARD ON BEHALF OF B.C. & YUKON
3 BUILDING TRADES:

4 MR. PEPPARD: Thank you very much. I want
5 to thank the Panel for giving us this opportunity, as
6 limited as it has been, to participate. I want to echo the
7 thoughts and presentation of the previous speaker. A lot
8 of the issues that Mr. Loftus put forward are the ones that
9 certainly are of concern to the B.C. Building Trades.

10 The B.C. Building Trades represents, and the
11 B.C. Fed in itself represents about 450,000 workers in this
12 province who work in every sector of the B.C. economy. And
13 certainly the goal for we in the building trades is to
14 prevent injury, illness and disease and workplace deaths,
15 and with that in mind it is our intention to see every
16 worker that goes to work every day to come back to his
17 family, the same way that he or she left the house in the
18 morning.

19 Given the statistics, 2001, 193 killed in
20 the industry, 4,000 permanently injured, the focus must be
21 on improving the situation for workers, not weakening it.
22 The human and economic costs are far too high for workers
23 and their families, and I'll speak to that personally
24 later.

25 Comprehensive health and safety regulations

WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 that are strictly enforced, and enforcement is the key
2 issue here, are key not to performance-based regulations.
3 Performance-based regulations are not enforcement. It's
4 within this context that I make my comments about the
5 proposed changes to the Occupational Health and Safety
6 Regulations.

7 On the public hearing process I would just
8 like to echo what Lee and, I am sure, others will be saying
9 about the short time period in which we were able to put
10 this together.

11 From my own, personal, we have a small
12 office, three people who are preparing right now for our
13 convention, which starts on Sunday, an annual convention,
14 which is taking up all of our time for the past three
15 weeks. To fit this in has been incredibly difficult. I
16 don't have a prepared report and that's the reason why. To
17 try to get a researcher to research and to prepare a report
18 is a very difficult and time-consuming issue, particularly
19 even with an office staff and given the time limitations
20 here.

21 The other part that I would like to speak to
22 in terms of public hearing process is reiterate the lack of
23 consultation, the time, access and information for such
24 significant changes. There's no tripartite committee, and
25 Lee spoke very clearly to that in the previous

WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 presentation. A lack of accountability and transparency is
2 what appears to be the case of the day.

3 The premise for the proposed changes, from
4 our perspective, seems to be entirely deregulation.
5 Directive from the government to cut one-third of the
6 regulations in no way -- what this reminds me of, quite
7 frankly, is the 12 percent that was brought forward in
8 Norway when they set the amount of parks that were going to
9 be set aside that were going to determine the future of the
10 world, going to set aside 12 percent. That 12 percent was
11 decided by business people, essentially, and what they
12 could afford. It was not predicated on the science of the
13 day. And I think that that's the same type of situation
14 that we are facing here, is a government that made promises
15 that there would be cuts to the regulations, regardless of
16 the impacts that has on the people and the working people
17 and the lives and the deaths that occur in the industry.

18 The WCB's mandate is to protect workers'
19 health and safety, not restricting the number of
20 regulations.

21 On the proposed changes, I'm not going to
22 say a whole lot about the exposure limits. I think that
23 the B.C. Federation of Labour really adequately does
24 address the exposure limit issue.

25 Nonetheless, to say that I would like to

WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 make the point that the issue that arose over the thallium
2 exposure at Cominco in Trail -- the two times, mind you --
3 were of serious consequence and are a red flag for those of
4 us who work in the industry.

5 I spent a great deal of my life working in
6 Cominco. I was gassed. I know what the exposure limits
7 are there. I know that the time over the past 15 years, 20
8 years at the most, the number of times that even lead
9 exposure limits have been reduced. Those are the ones that
10 we know about and we have known about.

11 Look at the statistics in Trail. Look at
12 when a worker goes to work and doesn't know the proper way
13 to proceed with safety issues at work, taking those
14 exposures home to their families. They would have to take
15 eight feet of soil off of the entire area of Trail and the
16 surrounding area in order to get rid of the lead in the
17 soil and the exposure that's going to continue on. It's a
18 toxic waste dump there. That's just the area. Try going
19 in and working in a place like that.

20 When we made our presentation in Castlegar
21 in the Commission Review, I had a friend of mine come
22 along, and as I made the presentation he started putting on
23 all of the safety equipment that he had to wear when we
24 went to work. At the end of the discussion or the
25 presentation that I had made, he looked like an Iraqi

WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 soldier with all of the equipment that he had to go into
2 work with.

3 This is about saving lives and it is
4 extremely important, extremely important to the people that
5 we work with. Carrying a person out of a gas incident is
6 not a happy thing or a good thing to be doing, let alone
7 sending him home puking blood.

8 Exposure limits are serious, absolutely
9 serious. To water them down rather than to lower those
10 levels, as most industries would recognize and I am sure
11 Cominco does now because they are looking at their limits
12 again as we speak, is far more important. It's about
13 saving lives and precautionary principle should be the rule
14 of the day, not profitability.

15 This is all about deregulation, the
16 standards and regulations that are in place today are the
17 result of tripartite round tables: business, labour,
18 government have always worked together in a partnership to
19 develop the safety regulations. The whole point of
20 regulation is to prevent accidents from happening in the
21 first place.

22 Objective-based regulations -- Orwellian
23 newspeak -- is a euphemism meaning that we wait until the
24 accident happens. With objective-based regulation,
25 investigators will arrive on the scene to determine

WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 compliance and the appropriateness of safety practices.
2 Objective-based regulations are a prescription for more
3 accidents and disasters in the workplace.

4 And just as an example I would like to
5 reiterate what Mr. Loftus said earlier about when you've
6 got a good company and the large ones can afford to put in
7 good safety programs and there are those out there, that's
8 beneficial. But that's not the norm of the industry, in
9 fact, it is very absolutely the opposite. The New
10 Westminster barge disaster is a good example of what can
11 happen.

12 I am presently, or in the past few years I
13 have been looking after projects in the interior on dam
14 construction. And I can tell you that the difference
15 between one employer and another, even at that large of a
16 project, can be night and day. One company can come in
17 where their immediate concern is profitability and
18 productivity, and they will grab and tell whoever to do
19 whatever they have to do to get the job done, and they'll
20 give all of the wonderful words. They'll have the programs
21 in place for safety. But does it translate on the job?
22 No. It's, "Get the job done, get it done quickly so that
23 we can get out of here," and that creates a problem.

24 Also, the ability for companies to coerce
25 their employees to not report, to return to work when they

WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 shouldn't be at work, to not leave work, to not report and
2 not go to work. These are serious issues. Are the
3 proposed changes going to help that? Absolutely not. It's
4 going to make it, in fact, easier for those kinds of things
5 to happen so that we have the walking wounded on the
6 worksite. And down the life of a person who has been hurt
7 on a job, what happens? You know quite well that if it's
8 not reported at the time at the first aid station,
9 properly, when it happens, and for the reason that it's
10 happened, that there is very little likelihood that they
11 are going to be able to make a claim later on, a successful
12 claim.

13 On the other hand, working with companies
14 that, for example, come from Europe and have a tradition of
15 working tripartite, set up extremely good programs.
16 Currently we're setting up for starting on the Brilliant
17 Project, we've got Scanska from Sweden coming in. The very
18 first thing that they presented was their safety program.
19 Number one. Absolutely, number one. And it's got a lot to
20 do with -- and I'll get to it later, but it's got a lot to
21 do with underground. It's going to be an underground
22 project for the most part for the first two years and then
23 it's going to be above-ground and that has to do with the
24 two issues that are going to be coming up next, in the next
25 set of reviews.

WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 On Duplication and Redundancy, what is
2 proposed is to take the action language out of the current
3 regulations, for example: To be operated by qualified
4 personnel. Cross-references to other legislation as
5 required by the *Mines Act* or others are to be removed.
6 Ultimately we will see all of the action words removed from
7 the regulations. For openers, the WCB is proposing to axe
8 regulations in Part 33 First Aid. The new regulations will
9 be performance based. This means that regulations will no
10 longer say, "Thou shall provide this." In the future
11 regulations will say, "The employer is required to assess
12 their workplace and apply appropriate first aid as they
13 determine."

14 We have it from reliable sources that the
15 next section up for regulation cuts will be Fall Arrest
16 Regulations and Underground. And I just spoke to that with
17 regards to the project that's coming up. Performance-based
18 regulations are scheduled for this area as well.

19 The performance-based regulation model has
20 been tried in Alberta. It hasn't worked. It is very hard
21 to ensure compliance when the standards are up to
22 employers. Again, it is only after an accident has taken
23 place, after someone dies, that the WCB will be able to say
24 that the standards weren't met. What are the standards?
25 Without specific regulations the standards will remain

WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 undefined.

2 We've been through this battle before.
3 1982, '89 and '93 and we're moving back to the past today.
4 The difference is that in the past regulation documents
5 were always vetted by a tripartite committee. None of the
6 new proposals have been through this process. It's not
7 even known who wrote the proposed new regulations.

8 In wrapping up, I'd just like to say in
9 terms of recommendations -- and this will be much clearer,
10 I'm sure, in our written report that we'll submit by the
11 due deadline -- we strongly urge the WCB to leave the
12 majority of Table 5-4 and to incorporate the updated ACGIH
13 Exposure Limits 19 chemicals and the chemicals that are
14 marked ACGIH Notice of Intended Change; to reinstate the
15 committee process for review; to review the regulations on
16 an ongoing basis.

17 The ACGIH TLVs are not intended for
18 regulation, as stated by the ACGIH Chemical Substance
19 Committee. They are recommendations and should be used as
20 guidelines for good practices. If ACGIH is used, how will
21 these limits be provided? Will they be printed in the
22 regulation or will workers and employers have to buy a
23 copy? Will the TLVs be amended each time the ACGIH is
24 updated, and what does "as amended from time to time" in
25 5.1 really mean?

WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 5.48, the ACGIH TLVs, except as otherwise
2 determined by the Board. This would allow the Board to
3 exempt the chemicals they had intended to exempt as stated
4 in the Fall discussion paper, being formaldehyde,
5 glutaraldehydes, styrene and wood dust.

6 On the First Aid, the proposed changes leave
7 some prescriptive regulations but are moving primarily to
8 performance-based regulation, which depends on the goodwill
9 of the employer. Infractions are a concern. And
10 examination of the infractions published in the *WCB*
11 *Prevention Magazine* reveals that many employers, 22 over
12 three years, have been served an administrative penalty
13 because they did not comply with the current First Aid
14 Regulations. The reasons for infractions: repeated non-
15 compliance with first aid requirements; wilful failure to
16 coordinate site safety and provide first aid services;
17 continued non-compliance for failure to provide first aid
18 services, supplies and equipment; repeat first aid
19 violations and no effective means of summoning a first aid
20 attendant; and failure to provide first aid services and
21 equipment and an emergency transportation vehicle. This
22 non-compliance calls for stricter enforcement, not relaxing
23 the regulations and leaving it up to the employer to
24 determine the level of first aid required.

25 There are additional problems. The guides

WAYNE PEPPARD
(B.C. & Yukon Building Trades)

1 for the employer, attendant and agency are only
2 recommendations. The WCB cannot issue orders on employers
3 for not following the guides. What process does a worker
4 follow if he or she does not agree with the employer's risk
5 assessment and written procedures?

6 The proposed changes are time-consuming and
7 provide an unclear process for the employers, making it
8 more difficult for them to comply and for the Board officer
9 to enforce.

10 I just would like to say, from a personal
11 point of view, I have had to in the last year go to the
12 home of a family and inform the family of a death on a
13 site. That's not a good thing to have to do. I have
14 worked on these sites and I have worked in these
15 situations. This is serious, serious business for working
16 people, and it shouldn't be allowed that policy people or
17 whoever wrote these things can water this down to the point
18 where it puts our people at risk, working people. And I am
19 not just talking about union workers. I am talking about
20 all workers out there.

21 This is liability. This is risk. We're
22 sending people to work, and when you open this up to this
23 employer regulation, you're allowing that to fail, you're
24 permitting it to fail. By emphasizing regulation, which
25 was brought in for all good reason, none of these

WAYNE PEPPARD
(B.C. & Yukon Building Trades)
CLAUDIA FERRIS
(Labour Environmental Alliance Society)

1 regulations were just brought in because somebody thought
2 that they'd be just a good idea. For the most part they're
3 in response to issues and situations that have occurred on
4 worksites. That's what's important here. And to just
5 write them off because of a regulatory promise that a
6 government made is seriously impacting working people.

7 We remain totally opposed to performance-
8 based First Aid Regulation. This change resulted from the
9 government directive for fewer regulations, not because to
10 do so would improve the protection of worker health. Thank
11 you.

12 THE CHAIR: Thank you very much, Mr.
13 Peppard.

14 Our next speaker is Claudia Ferris,
15 Director, Labour Environmental Alliance Society.

16 PRESENTATION BY MS. CLAUDIA FERRIS, ON BEHALF OF LABOUR
17 ENVIRONMENTAL ALLIANCE SOCIETY:

18 MS. FERRIS: So as you mentioned I am
19 Claudia Ferris and I am speaking as one of the 21 volunteer
20 directors of LEAS, the Labour Environmental Alliance
21 Society. And we are a non-profit society that brings
22 together more than 3,000 activists from occupational health
23 and safety, social justice and environmental movements.

24 LEAS has extensive experience working to
25 eliminate toxins in the workplace and in our community.

CLAUDIA FERRIS
(Labour Environmental Alliance Society)

1 LEAS co-facilitated the Toxins in the Workplace course with
2 the B.C. Federation of Labour's Occupational Health and
3 Safety Education Project. This is an excellent project
4 that has been supported by the WCB. We would like to thank
5 the WCB for its support and urge you to help us make the
6 project successful again next year. It is important to
7 work together to eliminate toxins in the workplace and we
8 can all feel really good about the difference we have made
9 protecting the health and safety of many workers, who have
10 been educated through this B.C. Federation of Labour
11 project.

12 LEAS is involved in a number of prevent
13 cancer initiatives, because so many people are at risk for
14 developing cancer due to occupational exposures. Cancer is
15 now the number one killer in Canada. It's important to
16 diagnose and treat cancer but it's also important to focus
17 on preventing it. We must do everything we can to
18 eliminate carcinogens in the workplace and in the
19 community. Lives really are at stake here.

20 LEAS is against changing WCB Occupational
21 Exposure Limits to the 2002 threshold values for chemical
22 and biological substances set by the American Conference of
23 Government Industrial Hygienists. We see this as a big
24 step backwards and an abandonment of the WCB mandate to
25 protect worker health and safety.

CLAUDIA FERRIS
(Labour Environmental Alliance Society)

1 The current Table 5-4 of WCB Occupational
2 Health and Safety Regulations is already harmonized with
3 the internationally sanctioned Globally Harmonized System
4 of chemical classification and labelling. The federal
5 government of Canada, the U.S. and the E.U. countries will
6 be harmonizing all their WHMIS legislation with this
7 international Globally Harmonized System over the next
8 several years. If we abandon a system already in harmony
9 with the GHS, we will just have to implement it again in
10 order to make sure our regulations match the rest of
11 Canada. This does not seem to be a cost-effective solution
12 and does nothing to meet a mandate of reducing red tape.

13 Another major concern about the ACGIH
14 threshold values is that this system does not indicate
15 whether many chemicals are carcinogens, reproductive toxins
16 or sensitizers. For example, the chemical TCE or
17 trichloroethylene, which is used in thousands of work
18 places, has been conclusively linked to male infertility.
19 Traces of TCE have been found in the drinking water of more
20 than one million Canadians. This dangerous reproductive
21 toxin is not even identified as such by the ACGIH. So it
22 is clear that the current Table 5-4, which does indicate
23 reproductive toxic designations, is a superior system. We
24 know that reproductive toxins are threatening the health of
25 people in Canada and throughout the world. So it's

CLAUDIA FERRIS
(Labour Environmental Alliance Society)

1 difficult to understand why we would adopt a system that
2 doesn't designate TCE as a reproductive toxin or a
3 carcinogen, even though most rating systems clearly and
4 conclusively identify it as such. The costs associated
5 with the TCE groundwater contamination is staggering. So
6 are the costs to the healthcare system when people become
7 ill and die from exposure to toxins.

8 In an economy where British Columbians need
9 to be expanding our global markets, it makes sense to be
10 using best worldwide practices and striving to lead the
11 international community with our environmental regulations.
12 This is the approach that has won us international
13 recognition as one of the best places in the world to live.

14
15 Table 5-4 was developed by a tripartite
16 committee, which is another example of B.C. using best
17 practices. It's the most modern and advanced management
18 system in the world to set regulations. If we change from
19 this tripartite system to one that mostly benefits some
20 employers, it's a huge step backward, and it's also a waste
21 of the time and resources that have already been dedicated
22 to making our workplaces healthy and safe. Let's not
23 abandon these WCB tables developed using the best high-
24 powered organizational system to adopt a less than
25 transparent, even secretive system. I don't believe that

CLAUDIA FERRIS
(Labour Environmental Alliance Society)

1 this is the vision that British Columbians need or want
2 from government agencies charged with protecting our health
3 and safety.

4 Studies prove that cancer is linked to
5 chemical use in industries such as pulp and paper.
6 Hundreds of workers die of work-related cancers each and
7 every year. The cost to the healthcare system and, of
8 course, the human costs need to be reduced, not expanded.
9 Our current classification system seeks to minimize
10 employee exposure to hazardous chemicals and we should
11 include and update the lowest and safest ratings from all
12 international systems, including the ACGIH where 19
13 chemicals are identified as needing lower rates.

14 The Board has not done any kind of analysis
15 of the sweeping changes proposed. We would like to see
16 your analysis of how there will be cost savings when you
17 are introducing higher levels of toxic chemicals into the
18 workplace. We know that many of the cleaning chemicals
19 will have higher limits under the ACGIH. For example,
20 acetone levels will double. How many workers will this
21 affect? If no analysis has been done, then it seems we are
22 risking people's health to meet arbitrary regulation
23 reductions. It would be better to reduce illness and death
24 by one-third than to arbitrarily reduce regulations by one-
25 third.

CLAUDIA FERRIS
(Labour Environmental Alliance Society)

1 The WCB's mandate is to protect worker
2 health and safety, not to increase toxic exposure in the
3 workplace, which will be the result of eliminating the
4 current system. I think the people of the province,
5 businesses and workers alike are fed up with political
6 parties sacrificing the efforts of experts who have sat
7 down and negotiated in good faith to develop regulations
8 that protect us all.

9 The current chemical threshold limits were
10 developed using a consultative practice based on the
11 world's best practices. The WCB doesn't have a mandate to
12 abandon best world practices using pooled international
13 resources. For a system that uses data from a non-
14 governmental organization of industrial hygienists whose
15 work isn't even peer reviewed? We are not protecting B.C.
16 workers in B.C.'s heartland when levels for a pesticide
17 like Parathion are doubled. Workers in the Okanagan making
18 R.V.s, trailers and boats, as well as pulp and paper
19 workers throughout the province, use the chemical styrene
20 on their jobsites. Styrene and parathion are not
21 identified as reproductive toxins by the ACGIH. So even if
22 workers can afford to pay for the private information about
23 these chemicals, they won't really be able to find out what
24 their risk is.

25 We can't ignore the current data we have

CLAUDIA FERRIS
(Labour Environmental Alliance Society)

1 about the effects of these chemicals on worker health. We
2 know these toxins have a negative impact and we need to
3 hold up our heads and look honestly at what we can do to
4 minimize these impacts. It may be hard and it may take
5 time to do the right thing, but the costs associated with
6 injury to the health of workers will not go away by
7 ignoring them.

8 Regulations came about in the first place
9 because workers became ill from exposure to chemical
10 toxins. Woodworkers suffered from asthma and other
11 respiratory problems long before protective regulations
12 were introduced. It was a huge problem in the industry
13 with much productive time lost for employee and employer.

14 The WCB's tripartite committee dealt with
15 the cedar dust problem effectively and accurately, setting
16 levels for cedar dust exposure that are being adopted years
17 later by the rest of the international community. This
18 B.C. problem was effectively managed using the WCB's made-
19 in-B.C. solution.

20 We strongly support the precautionary
21 principles reflected in the current system. We can't use
22 our most precious resource, our workers, as guinea pigs to
23 create short-term financial gain for industry and reduced
24 paperwork for government. We have a system that works, so
25 let's continue to work with it. Clearly we do have the

CLAUDIA FERRIS
(Labour Environmental Alliance Society)

1 expertise here in B.C. to negotiate the solutions that will
2 work for us all.

3 I am a community volunteer. I am a mother
4 and I am a small business owner, and I pay my WCB rates so
5 that I know that myself, and the people that I employ, are
6 protected. If we follow WCB rules and regulations, I know
7 that I am not jeopardizing my health or the health of
8 anybody that works for me.

9 You know, I didn't have a lot of -- nobody
10 paid me to present this brief. I took time from my small
11 business because it's important. I'm not a scientific
12 expert, but I took time to review all the material and I
13 thank the B.C. Federation of Labour and Larry Stoffman, in
14 particular, for helping with sharing his research. But I
15 have reviewed this data because it's important and it's
16 worth the effort. I mean -- one more minute?

17 THE CHAIR: Yes.

18 MS. FERRIS: Okay. Basically, what I'd like
19 to say is don't throw away the hard work of so many
20 concerned citizens, who sat down in good faith to negotiate
21 these chemical regulations. Keep the committee working and
22 keep it current. We urge you to keep the Board's Table 5-4
23 levels and its precautionary principles so that workers are
24 not exposed to higher levels of hazardous chemical
25 substances. We shouldn't have to get ill and die just to

CLAUDIA FERRIS
(Labour Environmental Alliance Society)
LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 prove that we need these regulations. That's a hell of a
2 lot to ask of us. We urge you to make sure that you
3 fulfil, not abandon, your mandate to develop reasonable
4 standards for the protection of B.C. workers. Thank you.

5 THE CHAIR: Thank you very much.

6 Our next speaker is Mr. Larry Stoffman,
7 Workers Representative, UFCW 1518. Now, Mr. Stoffman, we
8 have you for 20 minutes. This is your written paper. Will
9 we be following along with this paper?

10 MR. STOFFMAN: Yes, that's our formal
11 submission and obviously I am not going to read the whole
12 thing, thankfully, for everyone here, but I will touch on
13 the highlights.

14 THE CHAIR: Thank you very much.

15 MR. STOFFMAN: And if you want to follow it
16 along it might be possible to do that.

17 PRESENTATION BY MR. LARRY STOFFMAN ON BEHALF OF UNITED FOOD
18 AND COMMERCIAL WORKERS 1518:

19 MR. STOFFMAN: Well, first of all, thank you
20 for giving us the opportunity to present this. I am here
21 representing the United Food and Commercial Workers in
22 British Columbia. We have approximately 25,000 members in
23 this province in a variety of industries, including meat
24 and poultry processing, retail food, healthcare,
25 warehousing, where our members are exposed to a great many

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 chemicals that are covered by one of your proposals on the
2 OELs and will be significantly affected by that proposal.
3 I am going to spend most of my time addressing that.

4 Just to give you a little bit more
5 background, we also served on the Board's Regulatory
6 Advisory Committee from '92 to '98, and I was also a member
7 of the Occupational Hygiene Subcommittee, which developed
8 the OEL development process that you are proposing to
9 change. I also represent the Canadian Labour Congress at
10 the national level with respect to Health Canada Current
11 Issues Committee and the implementation of WHMIS across the
12 country in a harmonized fashion, and am also the Labour
13 Governor to the Hazardous Material Information Review
14 Commission, which is a federal commission appointed to
15 oversee trade secret provisions under WHMIS. So that's
16 just to give you a little bit of background in terms of
17 some of our expertise and concern with respect to the OEL
18 proposal.

19 It goes, perhaps, at this point you would
20 guess that we are strongly opposed to the Board's proposal
21 regarding the occupational exposure limits designation and
22 development process. We also strongly endorse the B.C.
23 Federation of Labour's brief to the Board covering all of
24 the regulatory changes being proposed and we are a
25 signatory to that document.

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 Now I'd like to address the OEL issue. It
2 is our position that your proposed changes will
3 significantly affect thousands of British Columbia workers
4 and increase their risk of acute and chronic injury or
5 disease due to higher permissible exposure to a range of
6 extremely toxic materials, including reproductive and
7 developmental toxins, sensitizing agents and carcinogens.
8 We will illustrate our point with a few examples later on.
9 But first I'd like to address some very important issues of
10 process and speak to the underlying principles of our
11 current OEL process and also address the Board's mandate
12 with respect to your current proposal.

13 The strategy for developing exposure limits
14 was unanimously endorsed by the tripartite committee,
15 Occupational Hygiene Subcommittee and the Board of
16 Governors at the time, and the Workers' Compensation Board
17 in 1993. In the public hearings that year the process was
18 succinctly described by the Board's Policy Bureau at the
19 time in an appendix to those documents, so I won't go into
20 that in any detail. You have that. But it was very well
21 presented by the Board at that time and described.

22 Suffice it to say that we looked towards
23 other jurisdictions internationally that had a consultative
24 process, in particular, Western European jurisdictions,
25 Canadian jurisdictions and the United States. We looked to

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 jurisdictions where there was joint participation in terms
2 of the primary stakeholders in the process and, in
3 particular, looked at jurisdictions where there was a
4 reasonably thorough review of health effects information.
5 That was the essential process we used in determining which
6 OELs or TLVs needed to be revised and to what levels.

7 It should also be noted that we did refer to
8 the ACGIH and to the National Institute for Occupational
9 Safety and Health to non-governmental organizations in the
10 United States. That strategy required the committee to
11 look at all of the best research internationally in order
12 to implement a strategy that was based on ensuring that
13 workers would not be suffering adverse health effects due
14 to the exposure limits that we set in this province.

15 I think another important point is that it
16 was a self-sustaining strategy, that is, that there would
17 be an annual review proposed where we would see which
18 jurisdictions had, subsequent to our initial review,
19 analyzed a compound or a chemical and had proposed a change
20 in either its classification or its exposure limit. That's
21 a limited number of chemicals per year. And if that had
22 been followed, as had been promised by the Board of
23 Governors at the time, on an annual basis, it would not
24 have been an onerous task to keep up to date at all, and
25 each subsequent year would become easier, of course. And

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 the more years you go without doing that annual review, the
2 more difficult it is to catch up, obviously.

3 Now, I want to quickly address some of the
4 key principles that underline our current process and
5 which, we submit, are lost with your proposal. First of
6 all, the precautionary principle is the underpinning of our
7 Occupational Hygiene Regulation. It's stated clearly in
8 the current preamble to Table 5-4 and that really
9 essentially says: the less exposure to a toxic substance
10 the better and whatever we do to ensure that is the best
11 route to take. In order to implement precautionary
12 principle we needed to look at what the best research
13 internationally had to say about health effects and
14 exposure to various chemicals. And in order to do that we
15 obviously had to expand our scope of our review beyond one
16 agency such as the ACGIH.

17 Best practices is the second point I want to
18 underline, and that is that we looked at the best practices
19 with respect to the review of the chemicals in question
20 internationally. And invariably that took us to review
21 things like the German MAK Commission, the London Health
22 Safety and Executive Reviews, Scandinavian reviews that
23 occur periodically, as well as sometimes other provinces in
24 Canada will do a specific review that was a review of
25 excellence that we would review, Alberta and Ontario were

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 two examples that we used, and again, the ACGIH and NIOSH.
2 But the best practices in terms of establishing safe levels
3 of exposure were essential to be reviewed, and those are
4 not limited to one reviewing agency such as the ACGIH.

5 It becomes clear, when one reviews the ACGIH
6 lists as well as lists from other jurisdictions, that
7 periods of many years, and sometimes decades, can pass
8 before substances are re-reviewed. During that time one or
9 another jurisdiction will review a substance, and it's
10 absolutely imperative that we avail ourselves of that
11 information in the interim years, in the years that may
12 pass before an organization such as the ACGIH will have the
13 resources to simply get to it.

14 So, in fact, a decade can pass where we will
15 have knowledge of and access to information that is
16 imperative to protect workers' acute or chronic,
17 reproductive health issues. And if we don't, it is
18 incumbent on us, we believe, and your mandate, that we act
19 on that and not wait for ten years or 20 or whatever until
20 the resources are gathered at the ACGIH to do the review.
21 Once they do the review, perhaps in ten years they will
22 agree with that international consensus. That seems to be
23 the case lately. But it's absolutely imperative that we
24 not wait that ten years while tens of thousands of workers
25 suffer the consequences.

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 I want to address harmonization very
2 briefly. There's a lot has been said about harmonization
3 with respect to the need to harmonize to ACGIH values. In
4 fact, that's a deharmonization, as I've tried to point out.
5 The ACGIH is one organization with limited resources that
6 will periodically review substances, but not all of them.
7 Right now there is an international system of
8 classification of chemical hazards. Most of those
9 classification requirements are detailed by the OECD. The
10 international system of classification also refers to
11 classification of respiratory sensitizers, reproductive
12 toxins and carcinogens. Many substances are designated,
13 for example, as reproductive toxins and sensitizing agents
14 that have not been designated as such by the ACGIH. Part
15 of that is because the ACGIH just simply hasn't had time to
16 get to it. But in the meantime Canada subscribes to and
17 has national and provincial legislation under the WHMIS
18 legislation that is based on that international
19 classification system.

20 The MSDSs that workers and employers review
21 and have renewed every three years at the workplace refer
22 to and reference those classification systems. So you will
23 have many situations where workers will be looking at an
24 MSDS and note that it is a reproductive toxin that's
25 classified under WHMIS and under, now, an international

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 system called the Globally Harmonized System.

2 Whereas the Board's proposal would not
3 designate it as such if the ACGIH had not gotten to that
4 compound. So you'll have a disharmony. You'll have
5 disinformation and you'll have confusion in the workplace
6 where they'll refer to chemical supplier information that
7 will contradict or be contradicted by the Board's own
8 designations.

9 That will become even more severe a
10 situation over the next three years when we've already
11 established, or in the process of establishing, a national
12 committee to implement the Globally Harmonized System in
13 Canada, which Health Canada is taking a leading role in,
14 and which I'll have the privilege of participating in and
15 which every province will be a signatory to. And so the
16 Board's current direction here is in complete opposition to
17 that trend. So when you argue harmonization, I agree and
18 we agree with harmonization. To the most protective levels
19 internationally. That is the direction taken by Canada, by
20 the United States, by the European Community through the
21 GHS, and it's a direction that we really believe the
22 Workers' Compensation Board of British Columbia shouldn't
23 contradict and shouldn't move in an opposite direction to.

24 Timeliness. I won't spend much time on that
25 because I've already mentioned it briefly before. But the

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 point is that if we had continued with our annual review as
2 had been promised and agreed to in 1995 by the Board of
3 Governors, we would have had a timely revision of exposure
4 limits annually. The concern that was expressed in Board
5 proposals or discussion documents preceding these hearings
6 was that our current system doesn't allow for timely
7 revision, therefore we have to jump in and just
8 automatically adopt ACGIH.

9 We submit that any concern with respect to
10 timely revision of OELs should be a concern over the
11 Board's failure to carry out its mandate in that area on
12 the annual basis, rather than a concern over the process
13 itself, which is used to select and determine OELs.

14 The last point in terms of the principles
15 underlying our current system is specificity. It allows us
16 to look at specific chemicals of concern in specific B.C.
17 industries, to determine from an international review what
18 the best levels of exposure should be set at. Two examples
19 that we did this for were waste anaesthetic gases and wood
20 dust in British Columbia industries, and we paid special
21 attention to those, and adopted values, in one case based
22 on an Ontario review, and in another case based on research
23 by internationally renowned researchers in Vancouver
24 itself, Moira Chan-Yeung, and others, who have published
25 extensively on the issue of cedar dust asthma. ACGIH did

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 not have access nor did not review the whole issue of cedar
2 dust at that time, and this was in 1993 -- I'll get to it
3 later -- and it was ten years later that they are now
4 looking at they did do a review and brought the levels
5 down, or are proposing to. But for those ten years we were
6 in advance of that development and we protected thousands
7 of woodworkers from cedar dust asthma as a result of our
8 process.

9 I want to get to the Board proposal now. I
10 know I've got just about six or seven minutes left, so I'll
11 try and hurry this up a little bit.

12 I think it's important to note that our
13 current system already does adopt ACGIH, or put forward
14 ACGIH proposals. It's one of the reference organizations.
15 However, it also allows us to propose other jurisdiction
16 exposure limits that have been adopted, and that gives us a
17 broader scope and an ability to really protect or address
18 the issues of health that are of concern.

19 So it's not that we're opposed to adopting
20 new ACGIH proposals if they're based on good research and
21 if they are protective of workers' health and, in fact, our
22 current protocol automatically would do so. It would
23 automatically put forward an ACGIH TLV, if that TLV had
24 recently been renewed, was lower or equal to what we had,
25 was based on good documentation. It would also

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 automatically open up our current process, a discussion, if
2 employers or workers wanted to oppose an ACGIH new change.
3 Our proposal and our current system allows for that. They
4 could challenge that, either through public hearings or
5 through committee meetings. But, and this is a really key
6 point, to automatically adopt all ACGIH levels, including
7 those that have not been reviewed for years, if not
8 decades, would result in significantly increased exposure
9 limits for many reproductive toxins, carcinogens and other
10 extremely hazardous products.

11 So your proposal would adopt things that had
12 not been reviewed for sometimes 15 years. Significantly
13 different than saying, let's adopt the new ACGIH levels,
14 say, proposed next year, but at the same time look at what
15 other jurisdictions have done if they had reviewed the same
16 substance. And we're really not talking about that many in
17 a year, and we're not talking about more than a few weeks
18 of work, at most, at committee level and public hearings to
19 accomplish that.

20 Now, I want to touch on some key points in
21 terms of your current proposal. First of all, we believe
22 it fails to fulfill your own mandate under the Workers'
23 Compensation Act, and we think a significant legal
24 challenge could be made and probably should be made should
25 this go thorough.

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 Section 111(1) details the mandate of the
2 Board with respect to developing reasonable standards to
3 protect the health and safety of workers and their work
4 environment in British Columbia. Automatic adoption of an
5 exposure limit that might increase exposures fourfold to,
6 for example, a well-known reproductive toxin, is clearly in
7 stark conflict to your mandate to adopt a reasonable
8 standard to protect the health and safety of a worker,
9 particularly when we already have an lower exposure limit
10 for that substance and when there's evidence available on
11 public record that shows that the exposure limit that you
12 would adopt through this ACGIH proposal, in fact, is over
13 the limit that reputable agencies, including government
14 agencies, have indicated would result in a significantly
15 increased risk of either reproductive or cardiovascular or
16 other health damage, and I will give you a specific example
17 in a moment.

18 Another point I want to make, and I'm not a
19 lawyer but we would discuss with those who are, is should
20 there be reproductive effects on a worker due to such an
21 increase in an exposure limit, would that not be a *Charter*
22 issue as well with respect to security of person? Would
23 not the offspring have a legal challenge there? I don't
24 know, but we'll certainly pursue that if this goes through.

25 The information is inaccessible. That's my

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 second point. We think it's important that B.C. workers'
2 right to know is respected. The published table in 5-4
3 ensures that workers have access to the permissible
4 exposure limits, and importantly they have access to
5 whether they're designated as carcinogenic or a
6 reproductive toxin.

7 We also believe it's important that we, and
8 the public, have access to the rationale for the adoption
9 of an exposure limit. All of that access was given to the
10 public of B.C. in '93 and in '97 when we had the public
11 hearings before. The Policy Bureau or Research Bureau of
12 the Board made that information available. I referred to
13 it in writing this brief. It showed which comparative OELs
14 we looked at. It talked about what documentation we used to
15 come to a decision. None of that is accessible in these
16 public hearings and, in fact, none of that is accessible
17 through the ACGIH unless you're prepared to spend a pretty
18 penny.

19 Your website referred us to the ACGIH for
20 this information, the list of TLVs. Now, they also said if
21 I really wanted to look at it, I needed to fill my shopping
22 cart. So I got my credit card out, but unfortunately my
23 card doesn't have that high a limit. My shopping cart was
24 \$29.95 U.S. for the list of OELs annually, \$50 U.S. for
25 each documentation for each OEL if I wanted to read that,

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 and if I wanted to compare the different jurisdictions, as
2 we did before, for only \$3,500 U.S. I could get the ACGIH
3 CD-ROM and then get a renewal subscription annually. Now,
4 if you do the arithmetic and you want to review say 100
5 substances a year and you convert that to Canadian dollars,
6 it's about \$12,000 a year, and that's not accessible
7 information to anybody. I mean, perhaps the Board can
8 afford it and we could all come down to your library. But
9 this information is copyright information and it's not
10 accessible.

11 THE CHAIR: If I can remind you, Mr.
12 Stoffman, there is a couple of minutes left.

13 MR. STOFFMAN: Okay, thank you.

14 I pointed out the ACGIH has -- we are not
15 criticizing ACGIH as an organization -- they simply do not
16 have the adequate resources to review all the substances
17 that are necessary on an annual basis, and therefore we
18 need to look at what other jurisdictions are doing as well.
19 ACGIH doesn't look at feasibility in British Columbia, and
20 we have done some remarkable things in B.C. with our
21 process here. We were the first jurisdiction in B.C. to
22 ban chrysotile asbestos use in the country. We are the
23 first jurisdiction in Canada to look for and find
24 substitutes for many carcinogenic substances or
25 reproductive toxins due to the designation system we have.

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 That's not occurring in other provinces in this country and
2 we have led the way. We will lose some of those
3 designations with the ACGIH and we'll lose, then, the link
4 to the substitution requirement and we'll move
5 significantly backward.

6 Impacts on B.C. workers. And this is a
7 really critical point. If you are going to propose that
8 you quadruple an exposure limit for something like carbon
9 disulfide, a reproductive toxin, or that you increase an
10 exposure limit to a reproductive and carcinogenic
11 anaesthetic gas like halothane by, say, 25 times, which is
12 what the impact of this proposal would do, it seems to us
13 incumbent that you say, well, how many workers will
14 materially be affected, say, in healthcare, or how many
15 workers will materially be affected who use that solvent,
16 carbon disulfide, in processing industries? What is their
17 increased risk of reproductive damage? And what are we
18 really talking about? You have not done that analysis.
19 That analysis could be done. And certainly, if you are
20 going to quadruple the exposure limit to a reproductive
21 hazard, it would seem to us that your mandate would require
22 you to do that analysis so we could discuss that impact in
23 an informed way with the public.

24 Now, and just touching on it, I have like
25 one minute or half a minute?

LARRY STOFFMAN
(United Food and Commercial Workers 1518)

1 THE CHAIR: I think you are at the end of
2 your time now.

3 MR. STOFFMAN: All right.

4 THE CHAIR: We have your paper.

5 MR. STOFFMAN: Okay.

6 THE CHAIR: And as I indicated at the
7 beginning of the hearing, we will certainly be providing
8 this information to the Board of Directors of the WCB, and
9 we have your written material and certainly we will note
10 what is contained in your written material.

11 MR. STOFFMAN: All right. Just to point out
12 here, I just note that in the conclusion to the written
13 material we have proposed four points as a counter-proposal
14 with respect to the OEL process, which we believe is
15 achievable. It requires some resources but not extensive
16 ones, and that your mandate of protecting the health and
17 safety of B.C. workers does require some effort. And we
18 suggest that the Board, rather than complain about that
19 effort or play a shell game with numbers where we can
20 reduce regulations by a number of 800, if we simply do away
21 with the Table and with the simple sort of adoption of
22 ACGIH can then tell the government, well, we have cut 800
23 regulations, is a game played with numbers because of an
24 arbitrary government directive that will result in the
25 death of Canadian, B.C. workers or reproductive hazards for

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 their offspring, and that is totally unacceptable. Thank
2 you.

3 THE CHAIR: Thank you, Mr. Stoffman.

4 Our next speakers, we have two speakers, Ana
5 Rahmat -- I hope I am pronouncing your name correctly --
6 and Tania Van Den Heuvel, and these are worker
7 representatives with the Hospital Employees Union, and you
8 have 20 minutes.

9 PRESENTATION BY MS. ANA RAHMAT AND MS. TANIA VAN DEN HEUVEL
10 ON BEHALF OF THE HOSPITAL EMPLOYEES UNION:

11 MS. RAHMAT: Hi, good morning. My name is
12 Ana Rahmat and I am sharing this allotted time with Tania
13 Van Den Heuvel. We are speaking on behalf of 40,000
14 Hospital Employees Union members. Tania will share her
15 personal experience on how the proposed changes that the
16 Board called redundant and duplication, on how that will
17 impact on healthcare workers.

18 We want to express our strong opposition and
19 objection to the proposed amendments because of the far-
20 reaching impact on workers, and not just healthcare
21 workers, but to all workers in B.C. We feel that the
22 magnitude of these changes will turn back all of the
23 efforts of the previous comprehensive consultative
24 tripartite regulation review. These amendments are not
25 building on what we struggled and achieved in that process,

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 but instead they will decimate the hard work and will
2 result in workers, their families and communities taking
3 the brunt of injuries and illnesses. We also find that
4 these changes in some ways is not accountable, nor
5 transparent on some of the reasoning on why some of these
6 changes are proposed, and I want to touch on those couple
7 of points around the Occupational Exposure Limits.

8 First we want to say that we object to the
9 Board proposal to completely, simply and without review to
10 accept whatever the 2002 threshold limit values and the
11 designation recommended by ACGIH. How is this accountable
12 to the protection of health and safety of workers?

13 In the documentation that we got from the
14 Board, the prime reason that was given on why we're doing
15 this is because of the direction that originates from the
16 provincial Liberal government in advancing their cause to
17 reduce red tape and regulations by one-third by 2004. How
18 is that by taking that reason, how is that accountable to
19 the protection of workers? And we see that some of these
20 changes are not accountable to that.

21 The other thing is the process is not
22 transparent to us. Why is it some of these proposed
23 changes are given in the occupational exposure limit? A
24 transparent process will provide the public with the
25 comparative analysis and summary why these changes are

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 proposed, and we don't have that.

2 I mean, just looking back at the WCB
3 publication, this one that was published in 2001, "Work
4 Related Deaths in B.C." And that publication shows that
5 even though single incident deaths have declined due to
6 improved health and safety, but deaths that's caused by
7 work-related diseases have increased -- have been
8 increasing in the last 22 years. Roberta Ellis, the V.P.
9 of Prevention, said that, you know, to prevent this work-
10 related deaths in the future, we must identify and control
11 the exposure to hazardous substances today. And how are we
12 doing that? How are we preventing these future deaths?

13 If we turn around and then adopt ACGIH
14 levels, where 25 or more -- and we don't know because we
15 don't have those comparison -- where 25 or more may have
16 higher exposure limits, some two-and-a-half times to and,
17 hearing Larry's presentation, even more. The exposure is
18 higher than the current B.C. levels. So how are we, you
19 know, knowing that we have to start looking at preventing
20 these future deaths and then we go ahead and adopting
21 levels that's higher than what we have.

22 The other part is we think there is a double
23 standard on this proposal. The Board proposes that four
24 substances, wood dust, styrene, formaldehyde and
25 glutaraldehyde, these levels will not change until some

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 feasibility studies are done. For healthcare workers it's
2 not surprising that this is happening, but we are outraged
3 because two of these chemicals, glutaraldehyde and
4 formaldehyde, they are extensively used in healthcare.

5 The Occupational Health and Safety Agency
6 for Healthcare, they made an inquiry on these exceptions,
7 on these four exceptions. They were told by the Board,
8 from the Policy Bureau -- I am not sure whom they called --
9 that that decision has been reversed. But the rest of the
10 public or other interested parties, we're not informed, so
11 how is this process transparent, you know, what's provided
12 to us? And now if the Board has decided it's something
13 different, we don't know, and how are we going to respond
14 to that?

15 I mean, as you know, all of these deaths are
16 preventable and many of those are due to ongoing and
17 prolonged exposures to hazardous and disease-causing
18 substances. Today, one out of every three -- look around
19 the room here -- one out of every three Canadians will
20 develop cancer in their lifetime. It is still a debate how
21 much of that is caused by workplace exposure. However, if
22 we are to prevent future occupational diseases, we must
23 work now to reduce the use of toxic substances in workplace
24 processes. So we want to urge you that we believe that
25 lower exposure limits will result in less carnage in

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 occupational diseases.

2 The precautionary principle. Just briefly,
3 the precautionary principle is the advancement to eliminate
4 hazards before they cause us harm. It is a guiding
5 principle we must use, a principle that is in the preamble
6 in Table 5-4. It must remain.

7 We also urge that the Board apply the
8 strategy and process developed by the previous Occupational
9 Hygiene Subcommittee as part of the ongoing review of the
10 exposure limits. That strategy is encompassing, it's
11 consultative. We reviewed and evaluated and considered
12 exposure limits of not only from ACGIH, but from other
13 jurisdictions in NIOSH, from the National Institute of
14 Occupational Safety and Health in the U.S., from the
15 Occupational Safety and Health Administration in the U.S.,
16 and other jurisdictions in Britain, Germany, Netherlands,
17 Norway, Sweden and even Canadian provinces. So that is the
18 process we want the Board to continue. These ACGIH levels
19 are not intended to be lifted and then simply adopted in
20 regulation and standards.

21 We also want to raise that in the 2002 ACGIH
22 levels there are 19 chemicals where the levels are lower
23 than the current B.C. OEL. As an example, again, for
24 formaldehyde that's used in healthcare a lot, the exposure
25 limits for eight hour is 0.3 parts per million. The ACGIH

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 recommendation is 0.3 parts per million for ceiling
2 exposure, not eight-hour exposure limits. So this is a
3 really significant difference.

4 What we want to urge for you to do is that
5 whenever any of this reference jurisdiction, and not just
6 simply ACGIH, the other ones, too, when there are
7 recommendations and studies that's made to show that we
8 need to lower exposure limits, a review and evaluation of
9 the B.C. OEL must reconvene.

10 THE CHAIR: If I could just remind you, you
11 have about eight minutes left in your presentation. So if
12 you want us to hear from Ms....

13 MS. RAHMAT: I am going to continue and
14 Tania will complete it.

15 The Occupational First Aid, I want to touch
16 on Occupational First Aid, the proposal. We do not support
17 the Board's proposal to repeal the current Occupational
18 First Aid regulation and replaced it with performance-based
19 requirement. We believe performance-based regulation are
20 vague laws, which are open to wide interpretation and given
21 the flexibility for the employers to comply or not to
22 comply to their requirement. We feel that the current
23 Regulation on First Aid, the details and the
24 prescriptiveness in the requirement makes it clear,
25 everyone has access of the requirements in the regulation.

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 Workers and employers are able to understand the same
2 requirements without us having to flip through other kinds
3 of guidelines. Further, guidelines do not have the force
4 of law and unlike regulations they cannot be enforced.

5 I just want to touch on in healthcare about
6 12 percent of the WCB orders in 2001 in healthcare were
7 violations around first aid. It ranged from -- and very
8 basic stuff. It ranged from inadequate training for first
9 aid attendants; the employer not providing equipment and
10 supplies to meet the minimum requirement; the employer has
11 not posted information on how to call for first aid; and
12 the failure to keep adequate records.

13 So as you can see, even with the current
14 prescriptive regulation that we have, orders are written.
15 But in healthcare, mostly, that is seen as educational tool
16 for the employer. It's just to guide the employer and
17 workers on how to comply to the regulation. So we feel
18 that, you know, if we go to a performance-based regulation,
19 what will the standard be? How will the Board enforce the
20 regulation? And we feel that going through this route is
21 what the B.C. Federation of Labour and the workers
22 community call is death by deregulation. And we urge that
23 you do not continue with the proposed changes to the
24 Occupational Exposure Limits and the First Aid Regulation.

25 Tania is going to touch on the part on the

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 Redundancy and Duplication of the Regulations.

2 THE CHAIR: Thank you.

3 MS. VAN DEN HEUVEL: My name is Tania Van
4 Den Heuvel and I am from the Hospital Employees Union. I
5 am going to give you some examples of the changes to the
6 regulations that have been proposed that will affect myself
7 as a worker, as well as my co-workers.

8 I work at Royal Columbian Hospital as a
9 Sterile Technician for 15 years. I am a shift worker and
10 my shifts include weekends and graveyards, which are
11 reduced to a skeletal staff. I am the Chairperson of the
12 Graduated Return to Work Committee, as well as I am the HEU
13 representative to the Steering Committee of the OSHA-
14 sponsored Pairs Project. I also represent my local
15 membership in retraining for alternate jobs of injured
16 employees, and I have had held the position of Secretary
17 Treasurer at my local for more than ten years now.

18 The first proposal I would like to comment
19 on is 4.29 and 4.31, Violence in the Workplace Regulations.
20 In 4.29 the Board proposes to delete section (c),
21 established procedures for reporting, investigating and
22 documenting incidences of violence as required by Part 3 of
23 the *Workers' Compensation Act* and Part 3 of this
24 Regulation. The Board says these provisions simply provide
25 a cross-reference to the other parts of the regulation. I

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 disagree with this move to delete this section. By
2 deleting 4.29(c) it takes away the significant requirement
3 in producing policies and procedures required by the
4 employer on how reporting system works, how investigation
5 is done and ensuring these incidences are documented. If
6 any portion of section 4.29(c) needs to be revised, we
7 could agree that the cross-reference as required by Part 3
8 of the *Workers' Compensation Act* and Part 3 of this
9 regulation could be deleted.

10 Similarly in 4.3(1), leave the requirement
11 that incidences of violence must be reported and
12 investigated in the regulation.

13 In 4.31(2), the employer must ensure that
14 corrective actions are being taken in response to the
15 incidences of violence, should be left in as it is
16 currently in the regulation.

17 In the proposed change to section 4.22,
18 working alone or in isolation, the idea that training for
19 the specific requirement should be deleted is appalling.
20 Any employee that is required to check in on an employee
21 left alone should have adequate training in this area, the
22 work hazards, as well as any specialty training required to
23 enter into this area.

24 As an example, I work in an area that
25 requires proper gowning and sterile procedure in order to

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 enter into my department. Failure to do so would cause
2 cross-contamination in parts of this department, as well as
3 should the employee be checking on the solo worker in my
4 department. And if they were to come in contact with
5 biohazardous materials or body fluids without their
6 knowledge, it puts the checking worker at risk of
7 contracting illness or contamination as well as cross-
8 contamination within our department. We strongly urge that
9 the Board leave this Regulation 4.22 and the regulation as
10 it is.

11 The last regulation I would like to speak on
12 is Regulation 4.51(2). All of this regulation should
13 remain complete and intact in section 4.51. To quote:

14 The employer must ensure that a worker be
15 assigned to work which requires specific
16 measures to control the risk of MSI in
17 training in the use of those measures
18 include where applicable, work procedures,
19 mechanical aids and personal protective
20 equipment.

21 My personal experience with this regulation
22 is as follows. In my department, as within any work area,
23 there is a variance of height of the workers. We perform
24 the various tasks required. We store sterile items and
25 distribute according to necessity on surgery cases as well

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 as needed by the operating room. There are multiple levels
2 of shelving on rolling shelves for storage. Recently,
3 through a large number of forearm and wrist injuries --
4 six, actually in the last year, out of 36 employees in my
5 department -- some changes --

6 THE CHAIR: I am going to just let you know
7 you have about one minute left. Are you going to be
8 providing anything in writing?

9 MS. VAN DEN HEUVEL: I could give you my
10 handwritten notes.

11 THE CHAIR: Certainly, that would be most
12 valuable to us.

13 MS. VAN DEN HEUVEL: Sure.

14 THE CHAIR: The other thing you can do is we
15 do have times that are available later if you would like to
16 come back. But I have to keep to the schedule.

17 MS. VAN DEN HEUVEL: It will probably only
18 take just about a minute.

19 THE CHAIR: One minute?

20 MS. VAN DEN HEUVEL: Yes.

21 The heavier sets that were placed on the
22 shelves caused these injuries, and they were awkward and
23 heavy and have been moved to a lowered shelf in order to
24 accommodate the staff that are shorter so that they will
25 not continue to injure themselves. All the workers in the

ANA RAHMAT
TANIA VAN DEN HEUVEL
(Hospital Employees Union)

1 sterile processing department are trained in the changes
2 and procedures to control the risk of injuries. Section
3 4.51 of this ergonomic regulation provides a requirement to
4 ensure that training for all workers take place in the
5 change in procedure. If this specific measure is
6 overlooked, some workers may continue to place the heavy
7 items on the top shelves without realizing the changes are
8 in place to reduce the injuries in our department. We want
9 this regulation in its entirety to remain as is.

10 I would like to thank you for this
11 opportunity to make my recommendations to you on how the
12 changes to the Workers' Compensation Regulations will
13 affect myself and my co-workers. Thank you.

14 THE CHAIR: Thank you. And you are most
15 welcome to leave your written comments with us. They would
16 be most helpful. Thank you, Ms. Rahmat and Ms. Van Den
17 Heuvel.

18 MS. VAN DEN HEUVEL: Yes.

19 THE CHAIR: Our next speaker is Ms. Marnie
20 Hewlett. Ms. Hewlett, we don't have it indicated whether
21 you will be representing any organization. Are you here as
22 making a personal representation?

23 MS. HEWLETT: I am here as a nurse from
24 Richmond Hospital.

25 THE CHAIR: From Mission Hospital?

MARNIE HEWLETT

1 MS. HEWLETT: From Richmond.

2 THE CHAIR: Oh, from Richmond.

3 MS. HEWLETT: Just across the way.

4 THE CHAIR: Thank you.

5 PRESENTATION OF MS. MARNIE HEWLETT:

6 MS. HEWLETT: Good morning, ladies and
7 gentlemen. My name is Marnie Hewlett and I am a Registered
8 Nurse, and I have worked at the Richmond Hospital for the
9 last 22 years and in the healthcare industry for the last
10 26. I have been involved in occupational health and safety
11 issues in my workplace since 1989 and I have worked on many
12 different programs at Richmond Hospital, including the
13 Violence in the Workplace, the MSIP Program, and I have
14 also helped set up the Employee and Family Assistance
15 Program at Richmond.

16 I would like to thank the Board for giving
17 me the opportunity to come and express my concerns about
18 the proposed amendments to the Occupational Health and
19 Safety Regulations, because I believe it's important to
20 have some kind of discussion around these changes. I
21 would, however, like to protest on the short notice given
22 to make presentations and written submissions. It is my
23 understanding that there are only two sites for oral
24 presentations in the province, one is here in Richmond and
25 the other in Prince George, and I'm not sure what happened

MARNIE HEWLETT

1 to the rest of the province. Usually when there's any
2 changes to be made at the Workers' Compensation Board, we
3 usually have prolonged discussion. It seems to me that for
4 a proper review and analysis to be made of some very
5 important changes, that there could have been more notice
6 and more opportunities for response and some dialogue for
7 all of the stakeholders.

8 Over the years I have participated in and
9 worked through many changes in the Workers' Compensation
10 Board. In the past I protested the endless amount of time
11 it took for things to happen and a process that seemed to
12 be very time consuming. In my mind, and in my opinion, the
13 end result was a solution that was made for the employers
14 and the employees of British Columbia. This time, however,
15 because the government has directed the Board to reduce the
16 repetition and redundancy in the regulations, we seem to be
17 moving at an unprecedented rate to do a large number of
18 changes.

19 The whole aspect of the changing of the
20 regulations for the benefit of standardization is something
21 that needs to have a slower approach. The proposed changes
22 are significant, and under the auspices of removing any
23 duplication and redundancy, it appears that someone has
24 decided that anything that is repetitive must be removed
25 without any real thought as to what this could mean to

MARNIE HEWLETT

1 workers who rely on the specifics of the language to help
2 them to carry out their work practices in a safe manner.
3 The whole reason for the duplication is for clarification
4 and to remove some of this language is very dangerous.

5 I draw your attention to the presentations
6 that will be done by the B.C. Nurse's Union and the B.C.
7 Federation of Labour and some of the papers they have
8 submitted on the topics of Deletion of the Duplication of
9 Acceptable to the Board; Deletion of Duplication of
10 References to Manufacturers' Instructions; Deletion of
11 Internal and External Cross-references; Deletion of
12 Duplicate Authorization Requirements; Deletion of Duplicate
13 Requirements for Fall Protection. And I ask you to please
14 note that these proposed changes will not help but hinder
15 workers in the safe management of specific tasks. The
16 current regulations are made for quick referencing and they
17 work because they are clear.

18 I also want to emphasize that having obvious
19 guidelines are important for workers, now more than ever.
20 The guidelines need to be a fast, visible, and informative
21 reference for employees, particularly healthcare workers
22 who are dealing with heavy workloads and less and less time
23 to accomplish the tasks that are necessary.

24 I am especially concerned with the deletion
25 of duplication of requirements for training and, as my HEU

MARNIE HEWLETT

1 counterparts talked about, I think that we need to look at
2 this a little closer. Just because there's a section in
3 the *Workers' Compensation Act* that says that an employer
4 has a general duty to train workers, doesn't mean that this
5 will cover all the aspects of training. And again, I
6 specifically draw your attention to section 4.16(1),
7 Emergency Preparedness and Response; section 4.22, Working
8 Alone or in Isolation; section 4.51(2), Ergonomics or MSI
9 requirements; section 6.38, Biohazardous Materials; and
10 section 6.50(1) and (2), Cytotoxic Drugs. All of these
11 amendments will impact significantly on healthcare workers.
12 And I can tell you after years of working with the current
13 regulations what we need in the way of reform is more, not
14 less language.

15 Specifically, again, I would like to draw
16 your attention to the MSI changes and the removal of the
17 current language. Under section 4.51(1), the employer must
18 ensure that a worker who may be exposed to a risk of MSI is
19 educated in risk identification related to the work,
20 including recognition of early signs and symptoms of MSIs
21 and their potential health effects. The section (2) is
22 extremely important and, again as my HEU counterpart talked
23 about, that part that says the employer must ensure that a
24 worker to be assigned to work which requires specific
25 measures to control the risk is trained in the use of those

MARNIE HEWLETT

1 measures, including where applicable work procedures,
2 mechanical aids and personal protective equipment.

3 I have to tell you, Richmond Hospital has
4 the highest incidence of MSI in the province. And I think
5 one of the reasons is just precisely that. You can't just
6 give someone equipment, even as simple as a transfer belt,
7 and expect them to know how to use it, and it's basically,
8 I think, what's happened over here. Over the years since
9 we started the MSI program at Richmond, people were given
10 transfer belts in the beginning, taught how to use them,
11 and there's been no redoing of the training again and again
12 to make sure that people understand the importance of using
13 them.

14 It came to my attention just recently we
15 didn't even have transfer belts any more, and no one had
16 even been asking for them. Because unless you have that
17 regular training and updating on safe lifting techniques,
18 then the whole reason for having a piece of equipment gets
19 forgotten, and people go back to whatever old method works
20 until there's an injury, or several injuries.

21 So my recommendation for this section would
22 be that at the very least the language in section 2 is
23 minimal and should not be removed.

24 The current state of healthcare is that
25 we're having to try to do the same, or more work with less

MARNIE HEWLETT

1 and less workers. Currently there is a move to privatize
2 the security, housekeeping, laundry and food services in
3 healthcare. Training will now be provided by the companies
4 that provide the workers, and to ensure that the specific
5 elements of these programs will be standardized across
6 B.C., it is important that they are stated in the
7 regulations under the appropriate titles. The removal of
8 the specific language for the supervisor duties in other
9 related fields -- I say related, because we get the
10 injuries -- is also a dangerous solution, particularly, the
11 high-risk occupations that are proposed such as diving,
12 blasting and underground work.

13 I would also like to touch briefly on the
14 changing of the Occupational Exposure Limits and the
15 designations. I also agree wholeheartedly with the B.C.
16 Federation of Labour's position that the WCB please rethink
17 the proposal to replacing the current designations in Table
18 5-4 that indicate whether chemicals are carcinogens,
19 reproductive toxins or sensitizers with the ACGIH
20 notations. It is my understanding that our current tables
21 are very comprehensive and are clear in the way they have
22 described the impact that they have on workers' health.

23 I am reminded, when I see the proposed
24 changes, of a time in nursing when I first started when we
25 used to mix our anti-cancer drugs bare-handed in the same

MARNIE HEWLETT

1 room where pregnant nurses worked, and many of us as young
2 women of childbearing age worked with radiation with no
3 protection except a measuring tool in our pockets. A good
4 many women, myself included, if they had had the
5 information that we have now about the adverse effects of
6 these chemicals or these hazards, would have chosen to work
7 in very different areas of nursing.

8 And another good example of the decrease in
9 the protection for workers is the designation for nitrous
10 oxide. This anaesthetic agent is being used quite commonly
11 in the labour delivery area of Richmond Hospital and the
12 occupational exposure effects are associated with blood
13 disorders, urological and immune and reproductive effects.
14 Under the current WCB table, this is listed at 25 ppm, and
15 in the ACGIH is much higher at 50 ppm. Why would we go
16 with a change when we know the serious side effects of this
17 chemical?

18 In conclusion, I believe that we are moving
19 too quickly to change something that has taken years of
20 consultation with worker/employer input and specialists to
21 develop. I think we need to work with care and look
22 closely at what we're doing. We need to protect our WCB
23 Regulations and have really, really good reasons for
24 changing them, not just because somebody in the government
25 of the day says that they think the language is just

MARNIE HEWLETT

1 redundant and repetitive.

2 And I keep asking myself why would we be
3 doing such drastic changes so quickly at this time? If I
4 were really suspicious, knowing about the general plan for
5 privatization in this province and in healthcare
6 specifically, I would wonder if the whole reason for the
7 lowering of the standards and the removal of the specific
8 language would be to make it easier for some of these large
9 multinational companies to come into this province.
10 Lowering the standards means less responsibility for these
11 employers and more profits. It also means higher injury
12 rates and exposures to hazardous materials for the workers
13 of B.C. Thank you.

14 THE CHAIR: Thank you, Ms. Hewlett.

15 We are about five minutes ahead of schedule
16 so we are going to take a brief break and we will resume at
17 eleven o'clock.

18 --- PROCEEDINGS RECESSED

19 --- PROCEEDINGS RESUMED

20 THE CHAIR: We are going to be resuming the
21 hearing. It is eleven o'clock and our next slated speaker
22 is Mr. Jim Sinclair, President, British Columbia Federation
23 of Labour.

24 PRESENTATION BY MR. JIM SINCLAIR, ON BEHALF OF B.C.
25 FEDERATION OF LABOUR:

JIM SINCLAIR
(B.C. Federation of Labour)

1 MR. SINCLAIR: Thank you. I want to start
2 by saying a couple of things about the Workers'
3 Compensation Board. There probably isn't a more important
4 institution in this province for working people. It
5 determines our lives and our deaths in many cases, and it
6 is fundamental to the belief that we have on the union side
7 that when we go to work we have a right to return to our
8 families in the same condition we walked into the door of
9 the workplace. I know that's not always possible, but our
10 job is to make sure that we believe that it is possible,
11 and that we make the steps to make it happen.

12 As a child, I remember coming home to my
13 house and finding my mother gone, and my father arriving
14 home in a wheelchair three weeks later, after from work. A
15 lot of people I know, in fact, almost everybody I know
16 knows somebody who has been touched by an accident or a
17 death or a permanent disability on the worksite.

18 So what we're talking about here is really
19 the status and the ability of millions of people in this
20 province to have healthy lives, and that's why it's so
21 important and in some ways so scandalous, in my opinion,
22 that what's going on with the Board. I want to give the
23 Board credit for being one of the best Boards in the
24 country, and over the last ten years and 11 years we have
25 been worked hard with this Board to make it the Board it is

JIM SINCLAIR
(B.C. Federation of Labour)

1 and to try to improve the statistics, and in real life
2 improve people's lives.

3 So it really concerns me today that whether
4 you acknowledge it or not, we all know that one of the
5 reasons we're sitting in this room today having this
6 conversation is because the government made a decision that
7 they were going to cut one-third of the regulations in this
8 province, including one-third of the, quote, "red tape of
9 the WCB". And it's a direct political directive to the
10 WCB.

11 Now, you can say it has no bearing on what
12 you're doing, and then I ask the question, what are we
13 doing here, then? Surely we're not describing this as a
14 review, a normal review process, because it surely isn't.
15 You're talking about significant and major changes to the
16 protection of workers in the province, changes that were
17 developed over the '92 -- standards developed over a four-
18 year period, and we're talking about changing them over a
19 four-week period. So I can't believe anyone would say with
20 a straight face we're here because this is the normal
21 process for the Board, because history would tell us that's
22 not true.

23 And I think it's incredible that we're
24 having this conversation. Really. Because instead of
25 having a conversation that says, "How are we going to

JIM SINCLAIR
(B.C. Federation of Labour)

1 improve the lives of workers?" we're having a conversation
2 that involves cutting the standards for workers in this
3 province. Based on what? A piece of scientific evidence
4 as presented to this Board that shows that these standards
5 are too high for working people. In fact, we need to lower
6 them and we'll be better off.

7 The last two presentations I was fortunate
8 enough to sit through and hear somebody that knows what
9 they're talking about a lot. How could you change it after
10 hearing those two people, alone, talking about what goes on
11 in the real world of work?

12 You know, we believe that regulations aren't
13 red tape, that they actually save lives. And that the
14 truth is that if you look, for example, at the Ergonomics
15 Regulation that was implemented in 1998, the number of
16 musculoskeletal injuries decreased by 19 percent and the
17 costs and the MSA claims costs have decreased by 40
18 percent. This is success stories. They're not from
19 removing regulations. This success story came from
20 increasing the regulations so that we had rules that
21 everybody had to follow. And that's what we're really
22 talking about here. I don't see regulations as an
23 impediment to health and safety, I see it as an absolute
24 necessity we have regulations, and that's why this
25 discussion is so hard. I don't know so far who has come

JIM SINCLAIR
(B.C. Federation of Labour)

1 forward and said to this panel that the lowering of these
2 regulations -- and I'll get to some of them I want to be
3 specific about -- actually saves people's lives, it's
4 actually better. Who has presented the scientific
5 evidence? Certainly, no one has come forward to us and
6 said there was scientific evidence on this basis.

7 The last time this job was done to look at
8 these massive numbers of regulations, there was a
9 tripartite body set up, and there was labour and business
10 and the Board that sat down and said, okay, let's look at
11 the science and the situations in the workplaces, and they
12 came up with the answers. Why aren't we doing that now?
13 That was the process that we agreed with and participated
14 in.

15 Does anybody suggest for a minute that if
16 labour and business don't co-operate that we have safer
17 worksites? I don't think so. I think most bodies of
18 knowledge say that where there are functioning health and
19 safety committees and good relations and both are committed
20 to health and safety that we're all better off. So if
21 that's true at the workplace, why isn't it true here? Why
22 isn't that the same process we're following this time?

23 The question of what the implications are,
24 all we can say is that leaving workers to their own devices
25 to find out the implications of these changes is scandalous

JIM SINCLAIR
(B.C. Federation of Labour)

1 again. There is almost no material prepared, looking at
2 what these standards are and what they should be changed
3 to. It's simply not possible to make an informed response
4 without this information.

5 In the past our staff brought out the -- the
6 last time we looked at these series of regulations, the
7 staff brought out the review that the Board did, and it
8 looked at international standards, it looked at other
9 countries. It looked at the implications for changing
10 them. I would put to you our lives are just as important
11 today as they were five years ago, and therefore if you
12 want to make changes to regulations, that process should be
13 followed again so that everybody knows whose health is
14 being sacrificed.

15 The lack of notice. It took four years to
16 change these regulations, develop them and review them. We
17 have four to five weeks notice now. That's not enough time
18 to do it, frankly.

19 Holding public hearings in two communities.
20 There's a lot of emphasis these days on the heartland.
21 Well, the heartland is a lot more places than one place.
22 In this province the opportunity to talk to the WCB
23 directly was restricted to Prince George. As you can
24 appreciate, that's a long way from a lot of other places in
25 this province. So is Richmond.

JIM SINCLAIR
(B.C. Federation of Labour)

1 So the last practice, the practice in the
2 1990s when regulations were being developed, there was
3 hearings in 13 communities. Maybe that's not enough, but
4 13 was a lot better than two.

5 We're also, of course, on the Occupational
6 Exposure Limits, other people have talked very eloquently
7 about what that means, and we are also opposed to changing
8 those regulations and those limits. And all the work that
9 was done that was to develop those is simply being turned
10 over in a political decision to embrace the American
11 standards, for which 25 chemicals, the current exposure to
12 them is much lower than those standards there. So that we
13 are now, by this decision if it was proceeding, would be
14 increasing those standards. Eleven chemicals that we
15 currently designate as reproductive toxins, the ACGIH table
16 does not designate at all. So I don't know how we
17 rationalize. And also short-term exposure limits; does not
18 have short-term limits at all. So I don't know how we
19 rationalize this discussion when we say we're going to take
20 this body of 800, or whatever it is, regulations and simply
21 replace it with this block of regulations. I'm not sure
22 how we find science in any of that.

23 If there is some desire for political
24 reasons to do this, the obvious answer is of course to take
25 the highest standards of both. I mean, if that's what

JIM SINCLAIR
(B.C. Federation of Labour)

1 we're here for, and I think we are, then let's take the
2 highest standards. There are a few that are higher in
3 those ones, but frankly we'd be the big losers in any
4 transfer. But let's take all the standards that are higher
5 in ours and apply them.

6 And, you know, standards, there is a huge
7 debate about cancer, et cetera, but we know that cancer is
8 on the increase in this society and that thousands of
9 people face cancer-related diseases every year, and that we
10 do know that even conservative estimates put 10 percent of
11 those diseases related to work. We don't need to increase
12 those problems.

13 Our recommendation, really, on this point,
14 as I said, is simple, that we should scrap the whole idea
15 of eliminating the table; that if there is this desire to
16 play a numbers game, then there should be not one
17 regulation should be lowered, in fact they should be
18 increased as a result of this decision.

19 First aid attendants. The whole issue of
20 the first aid attendants gets to the issue of performance-
21 based regulations. Performance-based regulations sort of
22 say "Go out on the highway and drive safely and don't set
23 the speed limit, but drive safely." Most people can do
24 that, it's true. But we're not worried about most people
25 here. We're worried about the people that don't follow the

JIM SINCLAIR
(B.C. Federation of Labour)

1 standards.

2 We actually know there are people that don't
3 follow the standards when they're prescription-based. We
4 hear all the time, and we hear reports of written orders on
5 places that don't have proper first aid. I just want to
6 make the pitch that the first aid attendant is a critical
7 part of saving lives in industries. They are often the
8 first person to arrive at the scene of an accident. They
9 are often the first person that has the opportunity to take
10 remedial action to save somebody's life. It's often that
11 many of these worksites are a long way from healthcare.
12 And if you've had a serious accident, ten minutes is a long
13 way from healthcare. But many worksites are hours away
14 from hospitals or from medical facilities or from help.

15 So again, what's the objective here? Who is
16 pushing this agenda? Why is it that prescriptions, i.e.
17 outlining what the rules are for health and safety
18 regarding first aid is, why are we making it harder to
19 enforce those rules by not having clear rules any more?

20 There is no evidence to show that
21 prescription-based regulations are better. There is no
22 evidence presented by the Board to anybody that I know that
23 says, "We have studied 15 jurisdictions and we can now tell
24 you that they're better."

25 And in fact most people involved in the

JIM SINCLAIR
(B.C. Federation of Labour)

1 industry -- first aid industry, as some people call it --
2 including people in Prince George who are from the first
3 aid trainers up there are saying, "This is wrong. We
4 shouldn't be watering down what we're doing now. If
5 anything we should be strengthening it." So instead of
6 making it more difficult to enforce health and safety
7 standards for first aid attendants, we should be making it
8 easier to ensure that every worksite has a proper first aid
9 attendant, and I really think that that's not what you're
10 proposing here now and I see no evidence to suggest that
11 things will get better as a result of doing that. Again,
12 we get back to what's the motivation for all of this energy
13 to water down standards?

14 Duplication and Redundancy. It is perhaps
15 appropriate that it was often the employers sitting around
16 those tables in the '90s who said, "These are too
17 complicated. We have to find things all over the place.
18 Let's make sure every industry has all the regulations in a
19 place where they can get ahold of them and we know all the
20 ones that apply to our industries." That made sense to me.
21 So why are we now, if it's not just a numbers game, trying
22 to take out redundancy, when redundancy was really put in
23 at the request of many employers and with the support of
24 labour to say, "Yeah, it should be easy to find out all the
25 regulations that apply to your worksite and you shouldn't

JIM SINCLAIR
(B.C. Federation of Labour)

1 have to look through, you know, 500 pages to find them."

2 And again the only reason I find for this
3 redundancy argument is really, in most cases, is simply a
4 numbers game to show that we've "cut one-third of the red
5 tape", quote/unquote, of these regulations.

6 I would make the point that the awareness
7 issue is one of the major issues in ensuring that people
8 are safe, that when they know the rules, understand the
9 rules, then the chances are they have a better chance of
10 coming home safer every day. And so watering down those
11 and making it harder to find what applies to your worksite
12 actually is going in the wrong direction. It has no
13 objective except to meet a political goal that seems to be
14 in contradiction with keeping people alive in this
15 province. And that, to me, is inexcusable.

16 I would argue that the Board has no
17 obligation, no obligation at all to meet any standard of
18 cutting regulations because of an ideological decision by a
19 government. This Board belongs to the people of this
20 province. It's paid for with the lives and the blood of
21 workers in this province, who suffer when we make mistakes
22 at this Board and don't do a good enough job. It's paid
23 for with money from employers that often comes from
24 workers' pockets as well, because it's money we're told
25 every day we go to the bargaining table, "We have to pay

JIM SINCLAIR
(B.C. Federation of Labour)

1 the WCB, we can't pay you." So we pay for this. The Board
2 has this responsibility. It has nothing to do with getting
3 those people elected, and everything to do with protecting
4 workers. And that job is, in my opinion, the most
5 important and the fundamental job of this Board. And so I
6 would argue that this redundancy and duplication of all of
7 this stuff is really aimed at not meeting the criteria of
8 keeping workers safe in this province.

9 So I really want to conclude by urging the
10 Board to pay close attention to the submissions that you've
11 heard, especially the ones where people are talking about
12 the real lives of workers in their jobs in this province,
13 and to be clear that the Board of Directors of this
14 organization are there to oversee workers' health and
15 safety, and it requires none of the things we're discussing
16 here today.

17 We hope that we can show up in the next six
18 months at the hearing that says, "We have a problem: 193
19 human beings didn't go home from work last year, and that's
20 a problem and we want to have a conversation about how it's
21 not 193 next year." By the time in the last five years
22 there have been over 1,000 people died in this province by
23 work-related injuries. We started to make some gains.
24 Let's not stop those gains. Let's say a year from now or
25 two years from now we can look back with some pride that

JIM SINCLAIR
(B.C. Federation of Labour)

1 there are less people that didn't make it home from work,
2 and that of those 4,000 people permanently disabled every
3 year that that number is going down over the next five
4 years. Because if we don't do anything about that, then
5 we're still talking about 20,000 people who are permanently
6 disabled, contributing to the production of this province
7 and the economy of this province. That's what should be
8 unacceptable.

9 So let's have a round of hearings about how
10 we can increase and improve enforcement and prevention of
11 this Board's activities so that we can say to our co-
12 workers, to our families, to our kids, "We made the right
13 priorities. We made the priorities, which said our job was
14 not to tear up regulations, lower regulations, make it
15 easier for employers to not comply. Our job was to make
16 sure he went home safely every night." I don't think
17 there's anything more important for all of us, and I think
18 when we work together to do that, we can be successful. It
19 should not be the cost of working in this province your
20 life.

21 So again I encourage you to make the
22 recommendations to the directors based on what we're
23 saying, that this review has returned to the Board to say
24 there is no grounds for changes at this time on these areas
25 and that if you want to do this, a full process should be

JIM SINCLAIR
(B.C. Federation of Labour)
JOE PYRNGER

1 put in place and the objective should be not to cut the
2 number of regulations we have, but to improve the health
3 and safety of workers. Thank you very much.

4 THE CHAIR: Thank you, Mr. Sinclair.

5 Our next speaker is Mr. Joe Pyrnger. I may
6 be mispronouncing your name, Mr. Pyrnger. Are you going to
7 be speaking on your own behalf?

8 MR. PYRNGER: Yes, I am.

9 THE CHAIR: Thank you.

10 PRESENTATION BY MR. PYRNGER:

11 MR. PYRNGER: The following report
12 identifies facts with regards to past failures of Part 5 of
13 the WCB regulations and also how the proposed changes of
14 adopting the ACGIH model would only further alienate
15 regulations with respect to training, monitoring,
16 accountability and enforcement.

17 To make myself clear, I am aware that there
18 are certain companies that go above and beyond the current
19 regulations concerning controlled products in the
20 workplace. Unfortunately, this is not the case in the
21 construction industry. Over the past 16 years I have
22 worked in the glazing industry. I have worked with many
23 controlled products. Unfortunately I have only recently
24 been made aware of the true underlying hazards which may
25 affect my health in the future and others.

JOE PYRNGER

1 An occupational health and safety course,
2 which I recently completed at BCIT, has enlightened me to
3 some of these issues.

4 Facts. No employer has ever tested an
5 atmosphere that I have worked in to prove that it is below
6 the recommended parts per million or milligrams per cubic
7 metre, as required, even though I have worked with products
8 such as methyl ethyl ketone, xylene, diisocyanates, hexane,
9 toluene, acetone, ethyl benzene, methyl alcohol, and many
10 others.

11 There have been many occasions that I have
12 worked with some of the hazardous products on a daily basis
13 in the entire workday, even into overtime hours. When I
14 was finally provided a half-mask respirator in the latter
15 part of my glazing career, it was only because I insisted
16 on using one. I heard excuses and comments from
17 supervisors, such as, "Ah, that stuff won't hurt you. I've
18 used it without gloves or respirators for years." Not once
19 was I ever given a proper fit test for a respirator or was
20 I ever made aware of the need to change the organic vapour
21 cartridges on a regular daily basis.

22 Even though I was using products with a skin
23 designation, meaning that vapours of the hazardous products
24 can easily enter the skin and mucous membranes such as the
25 eyes, even though I used these products for long periods of

1 time, I was never given or have ever seen a full-face
2 respirator on a jobsite which has prevented those toxins
3 from entering my body through my eyes.

4 The hierarchy of engineering controls,
5 administrative controls and, finally, T.P., is also a
6 complete failure. When I was given a respirator, not only
7 was the atmosphere not tested, but also there was no
8 consideration given to ventilation or job rotation
9 beforehand.

10 If the proposed changes go through and the
11 ACGIH model is adopted, I would insist on attention being
12 directed to the "Special note to user" portion of the TLV
13 booklet, which states in part, I quote:

14 The values listed in this book are intended
15 for use as practice of industrial hygiene as
16 guidelines or recommendations to assist the
17 control of potential workplace health
18 hazards and for no other use. These values
19 are not fine lines between safe and
20 dangerous concentrations and should not be
21 used by anyone untrained in the discipline
22 of industrial hygiene.

23 Due to the fact that most employers are not
24 trained as occupational hygienists and the subsequent poor
25 history of effectively protecting their workforce, I

1 believe that employers must be mandated to initiate the
2 following recommendations:

3 (1) An audit conducted every three years to
4 correspond with the updating of material safety data sheets
5 for all controlled products in the workplace, also
6 immediately when a new controlled product is introduced to
7 the workplace. This should be done by a trained, certified
8 occupational hygienist, such as education by the two-year
9 Occupational Health and Safety diploma program at BCIT.
10 The occupational hygienist would serve as a referee between
11 the employer and the workers. This job would include
12 workplace monitoring of the exposure levels in the most
13 extreme working conditions for each controlled product that
14 could be encountered by workers in each particular
15 workplace.

16 (2) Documentation signed by the
17 occupational hygienist indicating all results of the
18 monitoring and testing of each controlled product in the
19 workplace before and after engineering controls are
20 initiated. These results would be given to each worker in
21 the workplace.

22 (3) A new individualized WHMIS (Workplace
23 Hazardous Materials Information System) that is tailored to
24 each particular workplace and also how each controlled
25 product is used in each workplace. A trained occupational

1 health and safety person, such as educated by the one-year
2 Occupational Health and Safety certificate program at BCIT,
3 should conduct this training to the employees using the
4 results from the occupational hygienist's audit of the
5 workplace atmosphere. This training should also be
6 conducted every three years, or when a new controlled
7 product or employee is introduced. If respirators are
8 needed, then the occupational health and safety person
9 could also conduct a proper fit test. The fit tests are
10 done annually as stated by the current regulations. There
11 are other issues in the workplace that the occupational
12 health and safety person could also suggest and perform
13 while they're there.

14 If the ACGIH model is introduced, then it
15 should be introduced in its entirety with the adopted
16 biological exposure determinants, which would include
17 mandatory urine, blood, and/or lung testing when an
18 employee uses certain types of controlled products. This
19 would ensure that workers are properly protected from
20 workplace exposures. If this part of the model is not
21 adopted then, at the very least, they should be informed
22 while working with a BEI regulated substance, and also be
23 informed that they have the right to be tested by a
24 toxicologist at the recommended intervals.

25 Past indicators should tell us to be

1 cautious. Asbestos and its related diseases are still the
2 number one killer of construction workers to this day,
3 killing people that were exposed 20 to 30 years. The
4 painter syndrome, with the effects of xylene and other
5 solvents, has proven to be detrimental to workers over the
6 years. Recently, new guidelines have been put in place for
7 drywall workers to use particulate respirators while
8 sanding because of the detrimental effects drywall dust has
9 on the lungs.

10 Many of the new caulking, solvents and
11 primers have only been in use for ten or 20 years in the
12 workplace, and many have introduced new chemicals into the
13 workplace. These chemicals can cause health effects that
14 include irritation and redness to the eyes and mucous
15 membranes. To the skin it can cause sensitization,
16 reddening, discomfort. Irritation may cause dermatitis.
17 Inhalation causes headaches, dizziness, nausea central
18 nervous system damage, liver and kidney damage, depression,
19 sensitization, tremors, impaired memory, irritability,
20 drowsiness, weakness, nervous irritation, vertigo,
21 anorexia, flatulence, reproductive effects, irritation to
22 the respiratory system and allergic reactions including
23 wheezing, coughing, difficulty breathing and angina, to
24 name a few. Some of these symptoms may be passed off as
25 other illnesses or conditions and the employer or worker

JOE PYRNGER

1 may not be aware that it is due to chemical exposure. Some
2 chemicals are accumulative and build up in the body, while
3 others may not show their chronic effects to the liver,
4 kidney, or central nervous system until 20 or 30 years
5 after the exposure. We do not know what the synergistic
6 effects, meaning the combined effects of using the
7 chemicals together, that most of these chemicals possess
8 and how they will affect the human body.

9 Therefore, I believe that only persons with
10 occupational health and safety knowledge and training
11 should be the ones to administer the occupational health
12 and safety testing and training. Lack of proper training
13 and proper T.P. has time and time again resulted in the
14 unnecessary injuries and deaths over the years.

15 A recent example of this would be the
16 confined space incident that happened in New Westminster on
17 the barge. It is an undeniable fact that having and
18 utilizing proper training and the required PPE would have
19 prevented the unfortunate loss of life and injuries that
20 resulted from this incidence, and many other incidents that
21 were similar.

22 I believe that initiating the outlined
23 recommendations that I listed above will result in a
24 happier, healthier and more educated workforce. This in
25 turn would result in a workforce that has better morale, is

JOE PYRNGER

1 more productive, and would result in lower Compensation
2 costs for the employer. These steps would also result in
3 lower healthcare costs to the Province of B.C., and also
4 lower human and social costs that are related to the
5 effects of the symptoms resulting from these toxins.

6 That's all I have. If you would like a copy
7 of my report, or anyone else, I'll gladly give it to you.
8 Thank you.

9 THE CHAIR: Thank you very much, Mr.
10 Pyrnger. Yes, we would like a copy of your report. You
11 can leave it with us.

12 Our next speaker is Ms. Bonnie Best. Is Ms.
13 Best present? We are a couple of minutes ahead. We can
14 wait a couple of minutes. She is scheduled for 11:30. The
15 other -- is the next speaker here, Mr. Paul Stevenson?

16 MR. STEVENSON: Yes, ma'am.

17 THE CHAIR: Would you be prepared to go
18 ahead now?

19 MR. STEVENSON: Yes, I will.

20 THE CHAIR: Thank you. It's Mr. Stevenson
21 with an "N"?

22 MR. STEVENSON: S-T-E-V-E-N-S-O-N.

23 THE CHAIR: Yes.

24 MR. STEVENSON: They had actually misspelled
25 it this morning.

PAUL STEVENSON
(Trauma Tech International)

1 THE CHAIR: Yes, thank you.

2 PRESENTATION OF MR. PAUL STEVENSON ON BEHALF OF TRAUMA TECH
3 INTERNATIONAL INC.:

4 MR. STEVENSON: All right. So my name is
5 Paul Stevenson and I am the president of PST Trauma Tech
6 International Inc. We have been doing business as Trauma
7 Tech in B.C. since 1985, and we are a large first aid
8 training and first aid equipment supply enterprise. We
9 also have a number of areas that we also consult in
10 occupational safety, particularly in the marine industry.

11 I have been participating in the regulatory
12 review, quite actively in several of the previous reviews.
13 At that time there was a lot of, you know, subcommittee
14 work, review advisory committees, subcommittees to that
15 primary committee. There was a lot of consultation within
16 the industry and, to me, that was somewhat of a precedent.
17 And this morning some of what I have heard more confirms in
18 my mind some of these frustrations that I have been
19 feeling.

20 My remarks are going to be somewhat
21 disorganized, I think. I will put -- submit a written
22 report that summarizes it. But, you know, I was somewhat
23 overwhelmed by the material and the magnitude of this
24 undertaking, and certainly the remarks this morning I have
25 heard would confirm that others have felt somewhat the way

PAUL STEVENSON
(Trauma Tech International)

1 I did.

2 The Minister responsible for the Workers'
3 Compensation Board actually had a compelling argument that
4 I heard at a presentation he made with respect to this
5 performance-based regulation change at the occasion of him
6 speaking to the Western Silvicultural Contractors
7 Association annual general meeting in Victoria some 18
8 months ago. And he spoke then clearly of, you know, taking
9 prescriptive regulation, like Part 33, and moving it from
10 what he referred to as a level four, very intensive
11 prescriptive format, and rolling it back towards a first
12 level, which would be more, I think, typified by these
13 performance-based regulations.

14 As I said, his argument was compelling. And
15 one thing he assured this group of employers was that the
16 government was in no way giving licence to put workers at
17 risk by this process. I haven't really heard a lot this
18 morning to show any confidence that that's actually
19 occurring, that this process is actually continuing the
20 process of safety, of work being conducted in a safe
21 manner.

22 So being that I'm a director of an agency
23 that's taught occupational first aid at all levels, and in
24 the past 19 years as a director, and a working teaching
25 first aid attendant -- like, I teach the courses, my agency

PAUL STEVENSON
(Trauma Tech International)

1 is an instructor-driven enterprise -- I have been privy to
2 peer-to-peer debriefings of many of these thousand deaths
3 that we have had in this last decade alone in the province.
4 The first aid attendant, you know, turns, when they come
5 back in to take their first aid course, and who had been
6 previously competent now suddenly is shaking and can't
7 perform their basic first aid skills, you know, in the
8 review environment of the classroom, and on interview say,
9 "Oh, well, I was the first one there when so-and-so
10 went..." whatever the accident was. So I have, you know,
11 most of my input here is from my experience as a director
12 of a large instructional team delivering these courses. So
13 most of my remarks are focussed on the first aid aspect of
14 this revision.

15 The occupational exposure limits, you know
16 I'm not formally educated in this area and I hesitate, but
17 somehow I'm compelled to make a little bit of a brief
18 emotional statement here. I mean, my father and his peers
19 worked in the heavy industry in Canada and died of black
20 lung and all those associated occupational diseases. And I
21 myself have worked many years, early part of my work career
22 in heavy industry and exposed many times to many very
23 dangerous and unhealthy workplace and I believe we have had
24 a lot of progress in that area.

25 As late as the early '80s, I was dismissed

PAUL STEVENSON
(Trauma Tech International)

1 from an employment here in Vancouver in the high-rise
2 construction industry where I, as the first aid
3 attendant/construction safety officer, reported to the
4 employer that one of his employees was coughing up bloody
5 sputum from grinding concrete in unventilated areas. Now,
6 this young man was making more money than he'd ever made
7 before in his life and, you know, he didn't want to stop
8 grinding because then he wouldn't have a job and he had
9 kids at home. So, you know, who is really responsible for
10 protecting these workers?

11 I was dismissed from that position summarily
12 the next day. The Board officer who was called in to
13 investigate the incident told me that, "You know, I hope
14 you don't look for personal redress in this incident." And
15 I said, "No, I don't." And I was able to find subsequent
16 employment.

17 Today the first aid attendant is actually
18 more protected in the workplace from those type of
19 incidents, and in fact I have participated in actual
20 investigations that were done by the request of the first
21 aid attendant, asked me to assist them in protecting
22 themselves in the workplace from discrimination as a result
23 of them speaking out on behalf of their workers and safety-
24 related issues.

25 So as much, you know, as we have already

PAUL STEVENSON
(Trauma Tech International)

1 heard this morning, these intensive prescriptive mechanisms
2 and processes that developed over, like, five decades of
3 that I know of in this province are suddenly being rolled
4 back to these -- this proposed revision. I just have to
5 say that I can't support this.

6 You know, my peers, and I have been phoning
7 around the province actively here. You know, there's key
8 players that I know of, just in the subset first aid, that
9 they heard about these public hearings 48 hours ago. Like,
10 you know, sure, it was posted on the website, but I don't
11 think that some scrutiny applied here -- there's going to
12 be some people suggesting -- I'm suggesting -- that there's
13 a lack of notification of participation here.

14 With regard to the occupational health and
15 safety programs, the small and medium employers, you know,
16 our first aid attendants, I mean, I know 10,000 of them in
17 the last two decades, they are in many cases the de facto
18 occupational health and safety program of their whole
19 company. And we even spend valuable first aid time, which
20 we're not even required to do by our curriculum, trying to
21 even tell them what pamphlets to read to even implement a
22 basic occupational health and safety program in their
23 industries, in their employments.

24 So we're not getting out there right now and
25 we just, you know, got rid of 28, or whatever it was, first

PAUL STEVENSON
(Trauma Tech International)

1 aid officers who were part of this implementation team of
2 trying to make these employers even know what their
3 obligations are. You know, I mean, it refers lots here to
4 -- I know I haven't got much time left -- but there's lots
5 of referral here to, you know, the obligation. And in
6 these draft guidelines for the employer, that, you know,
7 that they have an obligation. But really if we're barely
8 getting them -- I'm not talking about the diligent
9 employers that have already been referred to here today.
10 But I'm talking about the ones that already, clearly, we
11 have precedent that they're not complying and not meeting
12 their obligation. And I feel that we're really going to
13 open up the door here for a lot of non-compliance, and by
14 non-compliance here, we mean putting workers at risk. And
15 I certainly have in my, you know, two decades of
16 involvement in this industry, lots of examples already of
17 the consequences of non-compliance.

18 You know, first aid delivery alone is a very
19 complex subject, and it's just a small subset of what's
20 being talked about here. You know, the couple of people
21 even making mention of graduated return to work and the
22 first aid attendant role in disability reduction, but
23 because they're there initially when the injury occurs and
24 then they're with the worker when they're returning to
25 work. The idea that we're throwing this open to, you know,

PAUL STEVENSON
(Trauma Tech International)

1 in some cases first aid courses that are just imported from
2 other jurisdictions that have no understanding of this
3 context and milieu, in fact, the reverse.

4 All my federal clients, you know, in all
5 these other jurisdictions, they adopt occupational first
6 aid Level 3 as the highest available first aid training
7 that there is. You know, the Territories, Yukon, Northwest
8 Territories, Nunavut, all the northern resource-based
9 industries in Quebec and Ontario and Manitoba and Alberta,
10 you know, the majority of -- and Quebec alone they have
11 160-hour first aid course for resource-based industries
12 operating in remote settings. So, you know, I don't think
13 there's any precedent to show that we need to really roll
14 this all backwards. In fact, we need to go forward if
15 certainly there seems to be others who would produce the
16 statistical evidence to support some of these arguments.

17 So I think I've covered the suggestion here
18 that my remarks would be a little bit rambling, but I think
19 for the time being that is the extent of my remarks, and I
20 thank you for your time, ma'am.

21 THE CHAIR: Thank you, Mr. Stevenson, and we
22 will be looking forward to receiving your written
23 submission.

24 MR. STEVENSON: Yes.

25 THE CHAIR: Thank you.

BONNIE BEST

1 Ms. Bonnie Best is here.

2 PRESENTATION BY MS. BONNIE BEST:

3 MS. BEST: Thanks for the chance to discuss
4 the impact of the proposed amendments to occupational
5 health and safety requirements. My name is Bonnie Best.
6 I'm a Registered Nurse and I work in the healthcare sector.

7 I was shocked to read that the Workers'
8 Compensation Board of British Columbia considers healthcare
9 to be low-risk industry, on the same level as retail or
10 business. North American definitions classify healthcare
11 as the third most dangerous job in North America. When you
12 consider the risks in the lifting healthcare workers do,
13 the risks in the exposure to disease and toxic waste, and
14 not to mention the potential for violence, I can't see how
15 we compare to retail and business.

16 I wish to express my deep concern about the
17 proposed amendments to the regulations. I can't find any
18 justification for the proposed amendments. There seems to
19 be a swift move to deregulate the OH&S Regulations.
20 Reviewing the *Workers' Compensation Act* requires ongoing
21 consultation. The website and the WCB material, it doesn't
22 suggest when this consultation took place; the lack of
23 process and the short notice of these public hearings; the
24 difficulty in booking to be here today at one of two
25 hearings; the lack of worker, union, management and

1 stakeholder involvement before these hearings is really
2 disappointing. It is reason enough to question any of
3 these proposed amendments.

4 Guidelines for first aid are presently
5 accessible to me as a registered nurse in the WCB Regs
6 located in my worksite on my unit, and the general
7 requirements for first aid presently are the minimum the
8 employer must supply. The proposed amendments suggest that
9 no requirements for first aid outside of what the employer
10 decides is what's going to be needed.

11 And I have to tell you that when a nurse,
12 for instance, was strangled and without oxygen, there was
13 no first aid person to come and extricate her from her
14 environment. When a nurse was kicked in the head and
15 knocked unconscious, there was no first aid to come to her
16 rescue. Because we're healthcare, there's an assumption
17 that we can just move in and take care of our own, when
18 we're actually there to take care of patients.

19 Since the start of this century, fatality
20 rates in most industrialized workplaces have decreased
21 substantially. And this is a result partly of occupational
22 health effort and regulations, like first aid that provides
23 immediate first aid to workers who are injured on the job.
24 As physical demands of heavy labour and the toxicity of
25 work environments appear to be decreasing, we should expect

1 to see improved workplace health. So why isn't this
2 happening? Part of the answer may be in the bulk of the
3 work -- as the bulk of the work shifts from manufacturing
4 to service sectors, new physical and psychological demands
5 for work are appearing, and as a result, in part, to the
6 new technology and demands for higher productivity
7 associated with increasing intense global economic
8 competition. We can't even begin to imagine what first aid
9 needs are going to look like in the future. Research
10 suggests that the workplace is not getting healthier. So
11 how does limiting first aid regulations ensure proper first
12 aid is provided in the healthcare sector?

13 The elimination of the first aid regulations
14 put healthcare workers and all workers at risk. Remember
15 the fatality rate of workers decreased due to regulations
16 like first aid and the employers needed guidelines and
17 ongoing regulation to provide first aid in a safe and
18 efficient way.

19 First aid for injured workers in healthcare
20 is presently haphazard where I work. We're a 24-hour,
21 seven-day-a-week operation and the employer provides first
22 aid on banking hours. For after hours, which is the bulk
23 of the workforce time, injured workers report to an over-
24 crowded emergency department and wait their turn. There is
25 no immediate first aid for injured healthcare workers at my

1 facility. In recent years my workplace has been fined by
2 WCB for failing to comply with the present regulations, and
3 now we want to repeal them? That doesn't make any sense to
4 me, and it implies that healthcare workers will be at
5 greater risk. When the employer was being regulated, they
6 couldn't comply. And if you move these amendments, what
7 would encourage the employer to comply to anything? They
8 can't meet minimum standards now. So repealing 33, is it
9 going to ensure proper first aid for me and for my
10 healthcare professionals that I work with?

11 First aid should be immediate and have a
12 clear process. In the large hospital I work at, injured
13 workers have long waits in emerg. I talked to someone who
14 waited four hours to be seen for a neck injury. No first
15 aid was rendered to this person before that. I just don't
16 think that's acceptable. I can't understand how repealing
17 section 33 is going to ensure that healthcare workers have
18 immediate access to first aid. Healthcare is changing.
19 Reorganizing is a monthly occurrence, and programs like
20 first aid are forgotten in the shuffle. This concerns me.
21 If you leave a restructuring employer to decide what level
22 of first aid is adequate, what will the safety level of
23 healthcare workers look like? What are the occupational
24 health strategies to improve health? How successful have
25 we been?

BONNIE BEST

1 First aid programs are in a restructuring
2 redevelopment stage in healthcare, and this repealing of
3 the regulation will jeopardize healthcare workers. If
4 there are first aid programs that are successful, wouldn't
5 you want to regulate them outside of the employers' minimum
6 requirement? How else do we build on and expand success?
7 As budgets tighten, occupational health and safety is
8 always on the chopping block. This ultimately endangers
9 workers.

10 I do not support the proposed amendments to
11 the Occupational Health and Safety Regs. The current
12 regulations were designed after lengthy and thoughtful
13 consultation with employers and workers through many public
14 hearings. The current process is driven by a political
15 agenda, not a health and safety one. I don't want to see
16 the health and safety of workers of British Columbia
17 compromised by lowering standards in the name of
18 deregulation. Please keep first aid regulated for the
19 safety of every worker in B.C.

20 THE CHAIR: Thank you, Ms. Best. Ms. Best
21 is our last speaker for this morning's sessions, so we will
22 be adjourning now and resuming the hearings at two o'clock
23 this afternoon.

24 --- PROCEEDINGS ADJOURNED

25 --- PROCEEDINGS RESUMED

JIM PARKER
(IWA Local 2171)

1 THE CHAIR: It's two o'clock, so we're going
2 to resume the public hearing and, again, we have a full
3 slate of speakers for this afternoon. WE will start with
4 Mr. Jim Parker, IWA Local 2171.

5 PRESENTATION BY MR. JIM PARKER, ON BEHALF OF IWA LOCAL
6 2171:

7 MR. PARKER: Good afternoon. I am Jim
8 Parker. I am the Occupational Health and Safety Director
9 of IWA Canada, Local 2171. We will follow up this
10 presentation with a written submission later on. The
11 process of participating in this submission, preparing this
12 submission, showed us that there is just a tremendous
13 amount of problems with these proposals and that it was
14 impossible to complete a written submission prior to this
15 oral presentation. So we will be providing a written
16 submission on what we present orally here and further
17 matters later on.

18 To give a bit of background, our local
19 union, Local 2171 of IWA Canada has about 5,000 members.
20 And we represent workers in a number of different areas:
21 loggers -- a large part of our membership is logging --
22 sawmills, and we have a variety of other industries, a wide
23 variety of other industries. And the geographic locations
24 of our local union go from pretty well the border here in
25 Vancouver area all up the whole coast to Alaska and

JIM PARKER
(IWA Local 2171)

1 northern Vancouver Island north of Kelsey Bay.

2 I have had a little bit of opportunity to
3 consult with some of the other members of IWA Canada,
4 including our national office and other local unions, but
5 that's been fairly limited. And one of the things I wanted
6 to start with was the process of these proposals and
7 hearings. When I made my request to participate in these
8 hearings, I was asked whether what I was representing here
9 was representing the local union, the IWA or myself, and I
10 advised that I was representing IWA Canada Local 2171.
11 When other members of the IWA for representing other locals
12 in the national office attempted to participate in the
13 public hearing process, they were advised that there could
14 only be one representative, and we think that is blatantly
15 wrong to say that there can only be one representative from
16 an organization that represents literally thousands of
17 workers and a wide variety of geographic areas in the
18 province in a number of different industries. That is, to
19 say the least, our first problem with this process.

20 The second problem with this process is the
21 number and the location of these hearings. There are only
22 two hearings, one here in Richmond and another one in
23 Prince George, and I was a part of the previous process for
24 regulation review, participating as a member of the
25 Occupational Hygiene Subcommittee and also as an advisor

JIM PARKER
(IWA Local 2171)

1 for regulation review, and did actually participate in
2 attending a number of hearings all throughout the province,
3 and was well aware of where the hearings were held. And
4 the hearings were held in a variety of locations, just
5 about everywhere possible so that workers could get to it.

6 How could our members that live in places
7 such as Woss or Terrace or Prince Rupert or Cranbrook, for
8 other local unions, places like that, be represented within
9 this process? And on top of that the expectation, if
10 there's an expectation that they could be represented
11 through written submissions is just not correct because
12 these people are workers and they are not writers in terms
13 of doing written submissions. So they would need to come
14 in and give presentations.

15 I can tell you that in the previous sets of
16 hearings, lots of workers, including members of our local
17 and other locals of the IWA made presentations in the
18 previous hearings. How could a faller from Northern
19 Vancouver Island or a landing bucker that deals with
20 helicopter logging, how should they be denied access to a
21 process on proposals that will have such severe impacts on
22 them and the work that they do? These are the people that
23 are in the so-called heartlands that our government talks
24 about these days, and they are not given their voice.

25 On the substance of the regulations

JIM PARKER
(IWA Local 2171)

1 themselves, firstly the Occupational Exposure Limits. As I
2 said earlier, I was a member of the Occupational Hygiene
3 Subcommittee previously when it first formed and developed
4 the new regulations. Going into that process, I came in
5 there as a representative worker, as a sawmill worker that
6 had very little experience in terms of occupational
7 hygiene, and for me it was quite a learning experience.
8 The other labour representatives did not have experience in
9 occupational hygiene, by and large. There were some that
10 had a little bit more than others. But workers tend to
11 always be at a disadvantage in terms of dealing with
12 hygiene issues, as compared to employers and the Board,
13 also, where the other representatives within that committee
14 process were all hygienists. But nonetheless the process
15 worked.

16 The process of using selected jurisdictions,
17 including the ACGIH, in consultation with workers and
18 employers is vastly superior to this process that is being
19 proposed here. It works and is effective, and very rarely
20 did we have disagreements in regards to the permissible
21 concentrations that were being put forward, and where there
22 were those disagreements, there was a process which
23 resolved them. That process worked and it moved the
24 matters on.

25 One of the major problems that we have also

JIM PARKER
(IWA Local 2171)

1 with this proposal for occupational hygiene, is the
2 elimination of the table, and the preamble to Table 5-4,
3 and in particular the precautionary principle there. One
4 of the guiding principles is that the elimination of
5 exposure or reduction to the lowest level that is
6 reasonably achievable below the exposure limits, that this
7 is what needs to happen in terms of health and safety. It
8 recognizes that individuals are affected differently and
9 that what may be safe for one person may not be safe for
10 another person. And removal of this table from the
11 regulation is a major step backwards.

12 In the regulation review process, the
13 employers, labour and the WCB representatives all recognize
14 the importance of these principles, the precautionary
15 principle and the table of -- and the preamble at Table 5-
16 4.

17 Another major problem in terms of adopting
18 only the ACGIH, it would narrow the scope of the protection
19 from harmful substance, and we can see no valid reason for
20 doing that. Why limit to only ACGIH, which is a
21 recommending body only, when there are a number of
22 jurisdictions and the process of using the jurisdictions in
23 the past managed to bring in a number of points of view
24 that brought in levels that were appropriate?

25 Another major problem is accessibility to

JIM PARKER
(IWA Local 2171)

1 the information will become limited. There is a cost to
2 getting the ACGIH TLVs.

3 Dealing with occupational hygiene fairly
4 often as a local union safety director, I would probably
5 have a little bit more success in trying to find this
6 information. And when I tried to find the ACGIH, I had to
7 go and search the website and find that, and then they give
8 you a big shopping basket that says here's all these
9 different things. It's difficult to figure out which is
10 which. When the processes came out, I myself sent an e-
11 mail to the Policy Bureau to ask where is this information
12 where it's accessible? What I was provided with was advice
13 that it was accessible on the ACGIH website for \$20 and, in
14 fact, that was incorrect. It was actually accessible on
15 ACGIH website, when I checked it out, for \$29.95 U.S. and
16 then there was a number of other things. And it's
17 difficult to find out what exactly is what with there until
18 you actually buy it.

19 The Policy Bureau itself, also in their e-
20 mails back, recognize that this may be a problem in terms
21 of compliance with section 115(2)(g) of the Act, which
22 requires a copy of the regulations to be made available to
23 all workers in each workplace. And so the question is, how
24 does a copy of the Occupational Exposure Limits be made
25 available to each worker in each workplace when the only

JIM PARKER
(IWA Local 2171)

1 real access is through a copyrighted ACGIH itself. So that
2 creates a real problem. And not only is it the TLVs, how
3 do people know what the exposure levels are, what the
4 designation, what's a carcinogen, what's a sensitizer, and
5 what these other substances are?

6 In terms of the proposed limits itself in
7 going to ACGIH, it appears that there is 25 chemicals that
8 are higher under the ACGIH than they are under the current
9 Table 5-4. This is clearly unacceptable. The
10 designations, and the changing from the designations, is a
11 clear degrading of the system.

12 Regulation 5.48, the proposed Regulation
13 5.48, also provides that there would be a potential for
14 exceptions from the ACGIH limits that says "except as
15 otherwise determined by the Board," such a process. And
16 when there were discussions of substances that would be
17 considered on that, some of the substances that were
18 considered were formaldehyde, styrene and wood dust.

19 Knowing the background behind the
20 substances, the reasons, in my view, for putting these
21 substances forward for lower limits could only be to allow
22 employers with influence to try to save money on
23 controlling substances that have proven serious health
24 effects on workers.

25 Moving to the First Aid Regulation. For us

JIM PARKER
(IWA Local 2171)

1 as a union, largely in forestry with a large number of
2 members in logging, this is a very serious proposal for us.
3 It causes huge concerns. Our membership, particularly
4 those in the logging sector but also in the sawmill, in all
5 sectors, work in very dangerous work. Many of them work in
6 isolated situations and their lives depend on their first
7 aid attendants. First aid is the last area of the
8 regulation that should move to a performance-based
9 regulation from a prescriptive regulation. The concept of
10 having to do an assessment in each workplace to determine
11 the appropriate services is going to be very detrimental
12 for all parties there: for the employers, for workers and
13 for the Board, in our view.

14 Employers would have to follow a very
15 complicated process to determine what the proper first aid
16 services are. There are guidelines and the guidelines have
17 been made available through the web, but those guidelines,
18 adopting a number of the tables in other areas, are quite
19 long. I believe they are about 32 pages long for the
20 guidelines themselves. And for the process for employers
21 to have to go through that will be quite onerous. And you
22 can imagine for many small employers that many simply will
23 not do that. They will not go through the process of
24 making an assessment of what they need in their workplaces,
25 so they'll just throw out a guess. And what do they need?

JIM PARKER
(IWA Local 2171)

1 "I think we a band-aid. I think we need a large first aid
2 kit." It's going to be very difficult and they're going to
3 be unsure of what they need. For workers it's going to be
4 even worse. How are they going to determine what's going
5 to be necessary in their workplace? Will they have access
6 to the assessment that the employer has done to make those
7 determinations, and how will they know whether that's
8 adequate or not?

9 With what was there previously with the
10 tables, it was relatively simple for anybody to make a
11 determination and say this is a workplace which is an "A"
12 hazard classification with 24 workers and the requirements
13 are an industrial ambulance, because we're more than 20
14 minutes away, or that the requirements are such and such a
15 first aid kit. It was quite easy to do. This whole
16 process will be very complicated and difficult.

17 Also, we think that there's going to be a
18 boom for consultants. The consultants, there will be a
19 number of consultants come out. And my discussions with
20 other people within the Board indicated this, too, that
21 we're probably going to see a plethora of consultants out
22 there that are going to say, "We will take a look and do
23 these assessments for you and determine what your first aid
24 services should be." This, in our view is also a very
25 negative situation.

JIM PARKER
(IWA Local 2171)

1 And finally, in terms of the process for
2 determining what the first aid compliance is, the Board, in
3 our view, is going to have an extremely difficult job of
4 determining what compliance is. Before, they could take a
5 look at the table and make that determination. Now they're
6 going to be required to take a look at whether the employer
7 made an assessment, and then to do a full review of that
8 assessment and take a look at all of those circumstances.
9 And there may be arguments as to whether or not this part
10 of the assessment was correct and that part of the
11 assessment was correct. It will be an absolute nightmare
12 in terms of regulatory control over the process. And I can
13 tell you that if a person is out in the field, out in some
14 logging operation, and they're depending on that first aid
15 attendant for their lives. And it happens time and time
16 again in our field, that those first aid attendants are the
17 people that actually do save lives. It's just not
18 acceptable.

19 In our local union over the last two years
20 we have had eight fatalities and numerous very severe
21 injuries. Seven of those fatalities for fallers alone.
22 And those people out there depend on those first aid
23 attendants. And many of them work for small employers, for
24 logging, for falling contractors, those types of
25 operations, and they will not know what their first aid

JIM PARKER
(IWA Local 2171)

1 requirements are going to be. And in terms of expecting
2 them to carry out these long assessments is wrong and the
3 first aid area is the absolutely wrong area in which to do
4 this.

5 Redundancy. I think that there are many
6 areas that are incorrectly characterized as being
7 redundant. And this, to my view, seems to be a very poorly
8 thought out process in terms of looking at the redundancy
9 issue. It seems to be that it was just simply an exercise
10 in trying to reduce the total number of words within the
11 regulation. It may make some sense in certain areas, but
12 I've identified a number of different areas where we feel
13 that it does not make sense at all.

14 Regulation 5.93, for instance: Eye wash
15 protected from contaminants and treated and replaced
16 regularly. This is not necessary, a part of manufacturers'
17 instructions.

18 Quite often they say if manufacturers'
19 instructions state this, that that's not necessary. For
20 instance, in this area here, protecting from contaminants
21 and treated, replaced regularly, is not necessarily a part
22 of manufacturers' instructions. And to say that to rely on
23 manufacturers' instructions, are those manufacturers'
24 instructions accessible to workers there? In many cases
25 they're not. And, for instance, this issue in terms of the

JIM PARKER
(IWA Local 2171)

1 eyewash goes beyond what may be contained in the
2 manufacturers' instructions.

3 Likewise, that workers should be trained in
4 the location and the use of the eyewash stations. We don't
5 see this constitutes redundancy.

6 A number of other specific areas: 12.21(2),
7 flywheels and pulleys, operating speeds, they remove the
8 operating speeds from flywheels and pulleys as they have
9 from a brace of equipment under Regulation 12.46(1) and
10 (4).

11 Also Regulation 27.27, saw speeds. My
12 background is as a saw filer within the forest industry
13 where we deal with grinding wheels, we deal with saws and
14 saw speeds, those sorts of circumstances. It's not
15 adequate to say that you'll do these things under
16 manufacturers' recommendations. It has to be clearly
17 spelled out in the regulations that there are limits to the
18 speeds for grinding wheels and for saws and that those
19 limits, you've got to be able to find where those limits
20 are and address that. But it's not satisfactory to have it
21 just in some sort of general regulation that you'll follow
22 manufacturers' recommendations in regards to different
23 areas.

24 Dressing of grinding wheels...

25 THE CHAIR: Excuse me, Mr. Parker, just so

JIM PARKER
(IWA Local 2171)

1 you have about one minute left.

2 MR. PARKER: Yes, okay.

3 Dressing of grinding wheels, for instance,
4 is considered to be redundant. It's definitely not
5 redundant.

6 I'll skip a few things here because there
7 are some things I want to move onto that are quite
8 important.

9 Regulation 4.102, persons must not be
10 authorized to operate machines or pieces of equipment until
11 the person is adequately trained or instructed and has
12 demonstrated the ability to operate safely.

13 Now, the proposal is to rely upon a general
14 duty clause under the Act in regards to training. Well,
15 about two years ago we saw a young worker 19 years old in
16 the Queen Charlotte Islands. He was driving a logging
17 truck. He did not have proper training and he died as a
18 result of driving that truck without the proper training
19 going down a steep grade. The employer was cited under
20 this regulation, this specific regulation. The penalty was
21 upheld. They made arguments that they did adequate
22 training. It was quite clear they did not. If this was
23 relied upon on a general regulation, we would see more
24 people die like this. This regulation if it was properly
25 enforced in compliance with this regulation should have

JIM PARKER
(IWA Local 2171)

1 saved this worker's life. And to have the idea that this
2 would be removed is unthinkable.

3 There are a huge number of other regulations
4 that are similar and they will be in our written
5 presentation, but I want to move ahead to one area, too.
6 There are large numbers of areas within the aircraft,
7 including helicopters and helipads, which are said to be
8 redundant because of jurisdiction issues. This is
9 absolutely and categorically untrue because there are many
10 circumstances where workers have to work with helicopters
11 and other aircraft equipment, and they are under the B.C.
12 regulation. There needs to be regulations that relates to
13 that.

14 And last October 9th in the Squamish area we
15 had a fatality of a member who was a faller. He was a
16 safety coordinator within that operation and he was working
17 with a helicopter. He was a provincially regulated worker.
18 And that helicopter lost a long line improperly, and the
19 regulations need to be there to protect workers like that,
20 and he died as a result of that accident, and if you remove
21 those regulations, there's going to be many more people die
22 as a result.

23 There has to be a complete overhaul of the
24 process and also removal of these considerations of these
25 things as redundant because they quite simply are not.

JIM PARKER
(IWA Local 2171)
SHARON SAUNDERS
(B.C. Nurses Union)

1 Thank you.

2 THE CHAIR: Thank you, Mr. Parker, and we
3 will be getting your written submission?

4 MR. PARKER: Yes, you will.

5 THE CHAIR: Thank you.

6 Our next speaker is a Ms. Sharon Saunders,
7 B.C. Nurses Union.

8 PRESENTATION BY MS. SHARON SAUNDERS, ON BEHALF OF B.C.
9 NURSES UNION:

10 MS. SAUNDERS: Good afternoon. I'd like to
11 thank you for the opportunity to address an issue of grave
12 concern to the membership of the British Columbia Nurses
13 Union. BCNU represents over 27,000 nurses in the province
14 in many different settings in healthcare.

15 If you look at the statistics for 2001, the
16 Workers' Compensation Board statistics, the sub-sector,
17 Healthcare and Social Assistance, has significantly higher
18 numbers of lost days, over 400 in 2000 and 200 in 2001,
19 significant higher numbers of claims at over 8,000 in 2001,
20 and this certainly isn't an enviable record. This is a
21 huge cost to the healthcare industry, over \$66 million a
22 couple of years ago. And employers certainly haven't shown
23 a record of reducing this carnage to healthcare workers.

24 And, of course, against this horrible
25 background, the Workers' Compensation Board is directed by

SHARON SAUNDERS
(B.C. Nurses Union)

1 the provincial government to reduce regulations, to move to
2 an appropriate balance of performance and prescriptive
3 regulations and to harmonize with other jurisdictions.

4 We note that the *Workers' Compensation Act*
5 requires ongoing review of and consultation on regulation.
6 And in the recent past, reviews have been conducted by
7 tripartite committees of the Board, labour and management.
8 And after consultation has taken place, proposals have gone
9 out to public hearings and communities throughout the
10 province. In contrast, the proposed amendments have been
11 developed by the Board alone, sent out briefly to
12 stakeholders for comment late in 2002, and now are going to
13 public hearing in only two communities with short notice.

14 It is our point of view that a flawed
15 process inevitably produces flawed results, and I would
16 like to address all three areas of the proposals. The
17 first is Duplication and Redundancy.

18 Under the hearing of Duplication and
19 Redundancy, of particular importance to healthcare workers
20 is the stripping of all references to specific training
21 requirements under several of the sections of the
22 regulation, and I have highlighted a number of those
23 regulations. You know, we do recognize that there is a
24 general requirement to train workers, but in our view that
25 is totally insufficient and I am not going to read all of

SHARON SAUNDERS
(B.C. Nurses Union)

1 these.

2 But we have particular concerns, our
3 members, for taking out regulations with respect to
4 emergency preparedness, to working alone in isolation.
5 Healthcare workers face a great deal of incidents of
6 violence, and working alone is very important matter for
7 our members who often work in a community setting alone,
8 who work in special care nurses with Alzheimer's patients,
9 with the psychiatric patients alone, and you're stripping
10 away particular requirements for training.

11 Ergonomics requirements.

12 Biohazardous material, a needle poke can be
13 the kiss of death to people.

14 Cytotoxic drugs. Handling of cytotoxic
15 drugs can lead to cancer.

16 And I go on to page 3. So the specific
17 requirements for training that have been stripped, there
18 are many additional requirements that have been stripped
19 that we have concerns about, but I'd like to highlight
20 those.

21 We also would like to note that we are very
22 pleased to see that the specific requirements under the
23 violence section of the Regulation 4.3 has not been
24 removed. And I hope to take you at your word that it won't
25 be removed and I hope that's not an oversight on your part.

SHARON SAUNDERS
(B.C. Nurses Union)

1 From our point of view, a great deal of
2 research, thought, discussion and planning went into the
3 word of all the sections of the regulation, and this
4 occurred over a period of years and the provisions were
5 thoroughly reviewed at extensive public hearings. In
6 contrast, there's no health and safety rationale that
7 justifies taking out information important to workers who
8 benefit from knowing the minimum requirements of a training
9 program.

10 Specifying an important aspect of a
11 particular training program and regulation is very useful
12 to workers for sure, and we would argue that it also helps
13 employers understand what they have to do. There is
14 absolutely nothing gained from a health protection
15 perspective by the proposed amendments.

16 One would think that providing workers with
17 adequate education and training to work safely with and in
18 proximity to potential biohazardous materials, or to
19 ensuring that a worker to be assigned to work, which
20 requires specific measures, to control the risk of MSIs
21 trained in the use of those measures, is totally intuitive.
22 You would think, "Yes, employer should understand that
23 that's their responsibility." However, that's just not the
24 case.

25 Routinely, devices are introduced into the

SHARON SAUNDERS
(B.C. Nurses Union)

1 workplace with little or no training, and I will just give
2 you a few examples. I asked from examples from our nurses
3 recently. They told me that slide boards and slide bags,
4 transfer belts, needle assistance, sharps containers and
5 ceiling lifts, all have been introduced with little or no
6 training. It's really sad.

7 I want to point out that there has been a
8 major initiative sponsored by the Minister of Health, the
9 Workers' Compensation Board, the Occupational Health and
10 Safety Agency for Healthcare, the healthcare unions and
11 employers to get ceiling lifts in long-term care facilities
12 throughout the province. Ceiling lifts have been proven to
13 reduce injuries, but they only can reduce injuries if
14 they're actually used and used properly. The lack of
15 training and the lack of supervision are key factors in
16 workers not using the equipment that's provided to them,
17 that's designed directly to protect their health and
18 safety.

19 Is the engaging in an exercise to remove
20 sections of the regulation on training and supervision
21 going to help workers? We think not. Healthcare workers
22 suffered from 5,255 overexertion injuries in 2001. How is
23 taking away the direction to employers to train workers in
24 specific areas going to help reduce the number of MSI
25 injuries?

SHARON SAUNDERS
(B.C. Nurses Union)

1 I go on to Occupational Exposure Limits.
2 The WCB is proposing to scrap Table 5-4 and adopt the 2002
3 Threshold Limit Values of the ACGIH. None of the
4 information from the WCB includes an analysis of the health
5 effects of moving to the ACGIH tables, and we are left
6 having to do analysis ourselves and, I might add, in a very
7 short time.

8 A number of chemicals widely used in
9 healthcare have a different threshold limit values than the
10 current OELs. For example, there is nitrous oxide, the
11 current WCB OEL is 25 parts per million. If you adopt the
12 TLVs it goes to 50 parts per million. Halothane, 2 parts
13 per million under WCB; 50 parts per million under ACGIH.
14 These chemicals are widely used in healthcare.
15 Glutaraldehyde, on the other hand, has a slightly lower TLV
16 than the OEL, and in this case the WCB proposes not to
17 adopt the lower value for Glutaraldehyde. The WCB instead
18 is proposing to further review this chemical in order to
19 determine feasible and achievable OELs in British Columbian
20 workplaces, and the Board is taking that approach with
21 formaldehyde and we have strong objections to this.

22 There are approximately 100 chemicals with
23 different values, with comparatively lower or higher
24 values. Without thorough research as to the rationale for
25 the difference and the health outcomes that may or may not

SHARON SAUNDERS
(B.C. Nurses Union)

1 result from adopting a lower standard, it is impossible to
2 adequately comment on the Board's proposal.

3 For as long as BCNU has existed, nurses have
4 raised concerns about exposure to operating room gases,
5 such as nitrous oxide and halothane, and to cold sterilants
6 such as glutaraldehyde. The health effects of these agents
7 is serious and include reproductive toxicity and
8 sensitization. When your mandate from the provincial
9 government is to harmonize and reduce red tape, there is a
10 grave concern that protection of workers as a mandate is
11 lost.

12 There is already a crisis in nursing and
13 this crisis will only get worse. Too many nurses are lost
14 to the system because of workplace injuries and diseases
15 and too many nurses end up on long-term disability. Will
16 increasing exposure to hazardous substance improve this
17 situation? BCNU agrees that the review and updating of
18 Table 5-4 has been a cumbersome process. We feel it worked
19 well when a table was created. A tripartite committee
20 reviewed information from a number of jurisdictions around
21 the world and recommended values that were adopted.
22 However, since that time the re-process has been
23 problematic.

24 ACGIH has a standing review for review of
25 chemicals and each year proposes changes. By adopting the

SHARON SAUNDERS
(B.C. Nurses Union)

1 2002 tables, however, the Board does not state that it will
2 automatically adopt the changes from year to year. The
3 Board's briefing paper refers to "possibly" adoption, to
4 the possibility that adoption of the TLVs will serve to
5 streamline the process of review and likely result in more
6 timely updates.

7 Section 5.482 authorizes the Board to set
8 exposure limits different from ACGIH values or to develop
9 exposure limits for substance not listed by those tables.
10 B.C., even if you were to adopt the table, which we
11 recommend against, still needs to have a process to do both
12 of these, look at areas where we don't want to adopt a
13 certain TLV or look at exposures for -- for chemicals that
14 aren't listed. This is very important to healthcare.

15 For example, many healthcare institutions
16 have adopted a substitution for glutaraldehyde, and I won't
17 dare to pronounce it, I will call it by OPA. There is no
18 TLV for the substance and the decision to switch to OPA has
19 been made without an understanding of the health
20 consequences. So with your proposed amendments, how do the
21 workers of B.C. bring this substance, the OPA, to the
22 attention of the Board? How will the Board address setting
23 a standard for the substance such as OPA? BCNU expects
24 that the WCB will have primary regard for the protection of
25 workers. We expect that the Board will continue to involve

SHARON SAUNDERS
(B.C. Nurses Union)

1 stakeholders, both worker and employer, in this review
2 process, and that there is a fundamental problem in not
3 having a process that includes a consultation with labour
4 and the establishment of chemical and biological exposure
5 limits that meet the requirements of B.C. workplaces.

6 And the last I would like to address is the
7 First Aid. The Board certainly fulfills its mandate from
8 the provincial government to move from prescriptive to
9 performance-based regs in the proposed amendments to the
10 Occupational First Aid requirements. The requirements
11 really boil down to having the employer assess the need for
12 first aid, provide what they think is appropriate
13 equipment, supplies and attendants, and supply written
14 procedures. The employer can determine whether or not they
15 want to supply a qualified attendant. If they don't want
16 to supply a qualified attendant, there's no requirement to
17 do so. They can designate somebody who is unqualified.

18 I want to illustrate our objection to this
19 proposed amendment by recounting a telephone call I had
20 yesterday from a nurse in a newly certified long-term care
21 facility with over 100 employees. This nurse, after
22 working there for a number of years, had just learned that
23 the employer was supposed to have a health and safety
24 committee. When she approached the employer about it, he
25 responded by setting one up, but appointing the director of

SHARON SAUNDERS
(B.C. Nurses Union)

1 care as BCNU's representative on the committee. So I had
2 to explain what the Act had said about all of this and set
3 her straight. Then she asked, "Well, what about first aid
4 requirements? I understand we have to have a first aid
5 policy." So I directed her to Part 33 of the regulation,
6 and the answer was pretty simple. If she calls after these
7 amendments, if these amendments go through, I honestly
8 don't know what to tell her. I think Jim Parker was very
9 good in explaining the vagueness and the difficulties that
10 we're going to have around first aid.

11 I'm not sure what I'll tell her, but I know
12 exactly what's going to happen. An overworked nurse on
13 each shift, and there's very few nurses left in long-term
14 care facilities, is going to be designated the first aid
15 attendant. She's going to have no training. She'll
16 receive no extra compensation. She'll receive no reduction
17 in resident assignment, and how is the Board going to
18 determine whether or not this is acceptable? Are you going
19 to wait for a disaster to happen?

20 The draft employer guidelines for first aid
21 are not enforceable, they are not accessible to workers, we
22 strongly recommend against this. And, you know, it just
23 amazes me after all these years that the guidelines can
24 come up and say that still considers healthcare to be a
25 low-risk industry on the same level as administrative,

SHARON SAUNDERS
(B.C. Nurses Union)

1 retail, business and professional services, and I postulate
2 that perhaps this attitude towards healthcare is a
3 foundation for the problems that we've been having.

4 In conclusion, a flawed process only leads
5 to flawed results. We very strongly object to the process
6 that led to the amendments, and not only the amendments
7 themselves. We strongly support the submissions of the
8 B.C. Federation of Labour and we expect that you'll be
9 getting a submission in writing from the Occupational
10 Health and Safety Agency for Healthcare. I understand they
11 have done an extensive review of the proposed OEL
12 amendments and we hope that you will take their comments
13 seriously.

14 In conclusion, we recommend that the Board
15 not adopt the ACGIH threshold limit values and request that
16 the Board review and incorporate -- and if they go to that,
17 that concerns raised by the submission of all the unions
18 and in particular the Occupational Health and Safety Agency
19 for Healthcare; that you not delete sections particularly
20 on training and supervision; that you maintain the current
21 Occupational First Aid requirements, and that you set up a
22 proper process for regulation review. Thank you.

23 THE CHAIR: Thank you very much, Ms.
24 Saunders.

25 Mr. Ed Peterson, ABCB First Aid...?

ED PETERSON
(ABCB First Aid Training Agency)

1 PRESENTATION BY MR. ED PETERSON, ON BEHALF OF ABCB FIRST
2 AID TRAINING AGENCY:

3 MR. PETERSON: Good afternoon, Panel,
4 Regulation Review, guests, ladies and gentlemen. My name
5 is Ed Peterson. I represent ABCB First Aid Training Agency
6 in Nanaimo. I have run a post-secondary education training
7 agency since 1985, 19 years. I have had an Occupational
8 First Aid Level 3 certification for 36 years, worked for
9 the Workers' Compensation Board as a first aid officer for
10 9 years, worked in most high-hazard industries in the
11 province.

12 I disagree with the proposed changes to Part
13 33 of the OH&S Regulations. In my opinion, as a safety
14 consultant and experienced first aid person in industries,
15 this proposal will not work. Companies need regulations
16 that define what they are required to provide for first aid
17 services. In my opinion, the First Aid Regulations do not
18 meet the needs of "A" hazard industries less than or more
19 than 20 minutes to hospital now. This is mainly for
20 sawmills, construction and the forest industry.

21 I question why were the First Aid
22 Regulations reduced the last time we did regulation review
23 at the public hearings? I was here and did a presentation.
24 The first draft presented was questionable. The second
25 draft that we received was liveable. The final regulations

ED PETERSON
(ABCB First Aid Training Agency)

1 did not reflect the first draft, second draft or any
2 previous regulations. Mysteriously, no one at the WCB
3 would admit to who wrote the present First Aid Regulations.
4 Were the public hearings a waste of time and effort?
5 Tripartite industry, worker and WCB should have a consensus
6 on these regulations.

7 I heard a representative this morning
8 mention last year there were 193 fatalities, 4,000
9 disabling injuries. This is terrible, in my opinion. Why
10 are WCB proposing reducing the requirements of the first
11 aid regulations?

12 Now, what I am going to do is go to specific
13 draft guidelines in regard to particularly the first aid
14 training agencies, so the first part here, this first part
15 is technical things for Wayne Bingham. So if you would go
16 to the second part, "Regulation Review Draft Agency
17 Guidelines."

18 So the first thing I am going to speak in
19 regard to is the agency registration agreement. It's Part
20 A-3:

21 Sign the registered agency agreement and
22 return it to the Board.

23 The wording of this agreement should be part of 33, section
24 33 included in writing in the regulations. As WCB is doing
25 business with businesses, a discussion with the agencies

ED PETERSON
(ABCB First Aid Training Agency)

1 should take place prior to a procedure like this being
2 instituted.

3 So basically what I'm saying here is in
4 these regulations reviews right now, I think an opportunity
5 should be given for, perhaps, Mr. Bingham to speak with the
6 training agencies in regard to the wording of this
7 agreement, as it is quite crucial and one could lose their
8 training licence due to the standards in this -- this
9 policy.

10 Next, Training Facility Requirements, H-4:
11 Occupational First Aid Level 1 and Transportation courses
12 are equivalent courses. The class size must not exceed 12
13 candidates.

14 Request that the class size not exceed 18
15 candidates for Level 3 instructors.

16 Reasoning: Level 3 instructors teach up to
17 18 students in Level 2 or 3 courses now. There is no
18 reason why Level 3 instructors could not competently
19 instruct up to 18 candidates in a Level 1 or transportation
20 endorsement class. The amount of supplies and equipment
21 could be easily adjusted to class size.

22 Industry training needs. Sometimes
23 employers in isolated areas would like to train their
24 entire crew. The group is 13, 14 or 15. There is not
25 enough people to shut down the operation for another day to

ED PETERSON
(ABCB First Aid Training Agency)

1 train three people, and it is too expensive to bring in a
2 second instructor by airplane. What is more important,
3 train the workers in first aid, or set the rule at 12
4 students? Employers that want to train everyone in the
5 camp in first aid, must not be discouraged. Level 3
6 instructors are professional instructors and could easily
7 teach up to candidates in the Level 1 or Transportation
8 Endorsement. This regulation should be adjusted for Level
9 3 instructors.

10 The next subject, Certification Services:
11 Cost increases for WCB First Aid course, manuals, training
12 guides and certificates. Price increases for 2003.

13 As an owner of ABCB First Aid Training in
14 Nanaimo, I see no justification for any increase in prices
15 of training guides or reference manuals. Effective October
16 28th, 2002 administration functions of the WCB First Aid
17 Program were turned over to certified first aid training
18 agencies. When the responsibilities for certification
19 records were turned over to the training agency, it created
20 substantial wage savings for WCB by eliminating 28 staff.
21 In the past when the cost of Level 2 and Transportation
22 guides and certifications was increased 50 percent, from
23 \$10 to \$15, when the increase was questioned by training
24 agencies, we were told the \$5.00 or 50 percent increase was
25 for administration costs.

ED PETERSON
(ABCB First Aid Training Agency)

1 The day, October 28th, 2003, when training
2 agencies were given records and administration
3 responsibilities, new costs were also passed on to the
4 training agencies. The Level 1 and Transportation
5 Endorsement certification were \$15 prior to October 28th.
6 On October 28th, certificates were increased \$5.00, to
7 bring the cost per student up to \$20. This is a 25 percent
8 increase in cost of materials.

9 Effective January 1st, 2003 the increase in
10 price for Level 3 guides and Transportation guides went up
11 to \$25. There is no justification, in my opinion, for an
12 increase of \$10 per student. So the total cost per student
13 for Level 1 and Transport for books and certificates is now
14 \$30. That's 100 percent increase from October 28th, 2002.

15 So First Aid Level 1, this course has been
16 outdated for one year. The new books just arrived recently
17 and the video for the program is overdue one year. It's
18 one year behind time. We have been using a new program.

19 So the Transportation Endorsement, the
20 Transportation Endorsement course has very little expenses
21 associated to it. The training guides may cost \$5.00 to
22 produce and it is maybe \$1.00 for the certificate. There
23 is no big expense of producing a video for training of this
24 course. As I see it, there is no justification in charging
25 \$15 for the training guide, let alone the price now charged

ED PETERSON
(ABCB First Aid Training Agency)

1 as \$30, which is 100 percent increase in the cost of
2 materials.

3 I request that consideration be given to
4 reducing the cost of the course materials back to what it
5 was on October 28th, 2002.

6 Next -- pardon?

7 THE CHAIR: You have a couple of more
8 minutes.

9 MR. PETERSON: Okay, thank you.

10 Prerequisites -- no, let me go to this.
11 Duration of certificates. "E" Duration of Certificates.
12 Certificates are valid for two years. I agree with the
13 certification of the two years for Level 1 and
14 Transportation Endorsement. I disagree with the three-year
15 certification for Transportation and Level 1. The reason
16 is that the Level 1 and Transportation Endorsement is a
17 one-day course to become a first aid attendant. I do not
18 believe that the students in a one-day course would be
19 competent in lifesaving skills after two years. The review
20 is necessary. This is a one-day first attendant and
21 people's lives are depending on this person in some
22 isolated areas up to two hours to the hospital. I do not
23 agree with a three-year certificate. Level 3
24 certification. Initial certification should only be one
25 year. After taking the course a second time, a two-year

ED PETERSON
(ABCB First Aid Training Agency)

1 certificate. If a three-year certificate is granted, it
2 must be limited to full-time practicing first aid
3 attendants. They should achieve 90 percent or higher on
4 written and practical examinations. A three-year Level 3
5 certification for first aid attendants not working in first
6 aid is too long. A review of Level 3 first aid skills is
7 necessary after two years.

8 THE CHAIR: The time is up.

9 MR. PETERSON: Okay.

10 THE CHAIR: Do you have a conclusion?

11 MR. PETERSON: In conclusion, I would like
12 to say that I feel the idea of reducing the regulations,
13 the proposals made at this time are a step backwards, and I
14 think out in the industries right now when you see the
15 number of fatalities in one year, the necessity for good
16 well-trained first aiders is very necessary. Instead of
17 turning the First Aid Regulations backwards, I personally
18 think that they should take a look at the whole concept of
19 the First Aid Regulations as to what they're doing for the
20 particular industry. We have a lot of guidelines now, but
21 do they really meet the needs of industry?

22 Other than that, one last thing. I would
23 just like to acknowledge Wayne Bingham for his effort in
24 this transfer of all the responsibilities to the training
25 agencies for the examination of Level 3 courses and all the

ED PETERSON
(ABCB First Aid Training Agency)
MONA SYKES
(BCGEU)

1 necessary things going. Sometimes it's hard to believe
2 that he's always got a smile on his face. It must have
3 been very difficult for him through these last six or eight
4 months. Thank you, Panel.

5 THE CHAIR: Thank you very much, Mr.
6 Peterson.

7 We now have Ms. Mona Sykes with the BCGEU,
8 the British Columbia Government Employees Union.

9 PRESENTATION BY MS. MONA SYKES, ON BEHALF OF THE B.C.
10 GOVERNMENT EMPLOYEES UNION:

11 MS. SYKES: The BCGEU represents about
12 60,000 workers in the Province of British Columbia. And
13 besides being very diverse, we represent people in
14 vocational institutes, private-public funded healthcare,
15 Crown corporations, the provincial government, social
16 services, home support agencies, childcare centres, legal
17 aid services, First Nations, forest nurseries, fish
18 hatcheries, labs, resource and wildlife regulatory bodies,
19 highways maintenance, shipyards, hotels, theatres, banks,
20 credit unions, retail establishments. So you can tell that
21 we go from a traditional industrial setting to something
22 that isn't so traditional, more in the hospitality sector.

23
24 On behalf of our membership we are pleased
25 to have this opportunity to present our submission to the

MONA SYKES
(BCGEU)

1 public hearings on Occupational Exposure Limits and
2 Duplication and Redundancy. These are issues of critical
3 importance to our members, all workers of this province and
4 to employers. Your deliberations take place at a time
5 where the government's initiative of reducing regulations
6 by one-third is seen as the goal, instead of the mandate of
7 the Workers' Compensation Board, which is to protect B.C.
8 workers from accidents, occupational illness and adverse
9 health effect and impact.

10 The BCGEU does not agree with the process
11 that has been initiated for public consultation, and the
12 reason we don't is first off the timeframe. Ten minutes
13 and there's thousands of thousands of chemicals that we
14 would have liked to have commented on. Two, only two
15 locations designated. Ten minutes allotted. One day for
16 hearings in Richmond. The rest of B.C. has been left out
17 of the process. The Occupational Exposure Levels changing
18 from regulations made in B.C. to adopting an American
19 standard really requires, in my view, and in the BCGEU's
20 perspective an extensive amount of consultation with labour
21 and with employers. Each of the chemicals should have had
22 a thorough analysis from the Workers' Compensation Board
23 and what that impact would be on every single workplace in
24 which those chemicals are found. Without that, it's very
25 hard to respond.

MONA SYKES
(BCGEU)

1 The BCGEU endorses and supports the
2 submission from the B.C. Federation of Labour and Larry
3 Stoffman's comments on the OELs this morning.

4 I'm not going to spend a lot of time on
5 OELs, except to say that changing the Occupational Exposure
6 Levels from one made in B.C. to adopting something that is
7 only a recommending board, so to speak, to threshold limit
8 values, goes against the concept of the Workers'
9 Compensation Board, and it goes against the concept in two
10 areas. And that is under the Workers' Compensation
11 Regulations or the *Compensation Act* section 111, which
12 states:

13 In accordance with the purposes of this Act
14 the Board has the mandate to be concerned
15 with occupational health and safety in
16 general and with the maintenance of
17 reasonable standards for the protection of
18 health and safety of workers in B.C. and the
19 occupational environment that they work in.

20 How can you accomplish that when you're adopting a made-in-
21 America standard?

22 In carrying out its mandate the Board has
23 the following functions...

24 And it's obviously that their exercise is to make the
25 regulations that protect individuals.

MONA SYKES
(BCGEU)

1 Section 228 of the *Workers' Compensation Act*
2 also ensures a process of:

3 ...ongoing review and consultation to ensure
4 regulations are consistent with current work
5 practices, technological advances and other
6 changes affecting occupational health and
7 safety and occupational environment.

8 The process outlined pursuant to the Act would no longer be
9 achievable with going to a made-in-America model.

10 Even in the TLVs, when you read their
11 policies, and I am not going to go through them, but the
12 ACGIH accepts that the TLVs will not protect all workers at
13 all of the time. They also believe that the standard-
14 setting body should only consider TLVs as valuable input in
15 developing regulations. They clearly state in their policy
16 that these ACGIH TLVs are only to be used as guidelines.

17 By accepting ACGIH, we not only give up our
18 right to protect workers' health, but we also accept a
19 certain level of disease. BCGEU submits the only safe
20 level of exposure is the no-effect level. And this was
21 said in the Ministry of Health in Ontario. There should be
22 a dose dependent on exposure and time that the body is able
23 to absorb, metabolize, detoxify or excrete safely. This
24 dose can be referred to as the no-effect level. The BCGEU
25 submits that it is implied that at the no-effect level no

MONA SYKES
(BCGEU)

1 undesirable or detrimental health effect should be
2 produced, or that normal protective mechanisms of the body
3 are not overloaded. It is our view that if any changes are
4 made to the OEL, in other words, to get rid of a third of
5 the regulations, that then this principle should be
6 adopted.

7 I am going to spend some time on Duplication
8 and Redundancy because this is the area that bugged me the
9 most, and since I don't have a lot of time, this is kind of
10 going to be the focus.

11 What I did when I looked at -- and I
12 focussed specifically on training, and what I did was I
13 looked at all of the -- and I don't know if anybody else
14 has had that opportunity to look at all the fatality
15 reports and inquests. And so I've reviewed all of them.
16 And in reviewing the Coroner's inquests and recommendation,
17 a common thread arises: Inadequate training is one of the
18 leading contributing factors to workplace deaths.

19 So the note that the removal of training
20 creates a general duty to workers by employers may be
21 correct, but does not consider that a general duty is not
22 always sufficient to protect workers from workplace
23 hazards.

24 The elimination of specific training will
25 not only compromise workers' health, but will also expose

MONA SYKES
(BCGEU)

1 workers to a greater risk of injury and the potential for
2 death. All of the Coroner's reports refer to very specific
3 training and that if training has occurred, then the
4 resultant deaths may have been averted.

5 The proposed changes to delete duplication
6 causes BCGEU grave concerns as to the influence on employer
7 responsibility and the subsequent unsafe work environments
8 that will be created. The effect of this simple step, the
9 removal of comprehensive training requirements is so
10 immense that rather than look at specifics, we urge the WCB
11 to determine what exactly the impact of each change is and
12 whether a general duty provision is adequate to protect
13 workers' health.

14 It is the BCGEU's submission that this
15 removal of specific training changes the knowledge and the
16 skill of employers and workers and their ability to
17 adequately respond to conditions, which expose workers to a
18 risk of injury. And what I've done is I've made some
19 copies of some of the training requirements and fatalities,
20 and I am going to just read out some of them because I
21 think they're important.

22 People, lots of times when we develop
23 regulations, we do it from an epidemiological perspective;
24 in other words, we do a body count. And it seems rather a
25 shame that when we've developed regulations that have

MONA SYKES
(BCGEU)

1 specific training that we don't go back and look at the
2 fatality reports and review why we made those submissions
3 in the first place, or why we included training.

4 So I am going to look at violence first and
5 there's two areas. One was gunshots to the head and chest
6 and what was commented was:

7 All employers should be encouraged to
8 institute programs to educate their
9 employees on recognizing indicators of
10 excessive stress and/or depression exhibited
11 by fellow employees and on how employees can
12 safely encourage other employees to avail
13 themselves of services.

14 So it says:

15 All employees need to be aware of
16 harassment, sexual harassment policies
17 through training.

18 So that was that one. The second one is on gunshot wounds
19 again, and this was a homicide-suicide. And they recommend
20 again that the governments -- and this was both provincial
21 and federal governments:

22 ...create legislation regulations dealing
23 with worker violence which recognizes first
24 what it is, and policies that all persons be
25 informed of what violence is and they

MONA SYKES
(BCGEU)

1 receive the appropriate training.

2 So when we look at it -- and it has about eight other
3 recommendations with respect to training. But when you
4 look at it, to remove training from any regulation and to
5 say a general duty applies, it doesn't apply. In some
6 cases you need very specific training in order that you can
7 do your job in a safe manner, and without that training
8 it's an impossibility.

9 And again, here's another one. It was a
10 pedestrian that was struck in an accident. And again they
11 recommend that there is:

12 ...standardized training and/or educational
13 programs with testing and certification.

14 And it talks about road builders, and again it talks about:

15 ...all training courses should be advertised
16 and offered at least four times a year.

17 And then:

18 We heard evidence that the lack of training
19 contributed to this unfortunate accident.

20 So again training, major.

21 Asphyxia due to inhaled toxins, and one of
22 the recommendations or three of them:

23 Practical hands-on training of the use of
24 equipment and rescue procedures in the event
25 of emergencies.

MONA SYKES
(BCGEU)

1 And:

2 All training to be reviewed and updated
3 annually.

4 And then again there's one on suffocation that's very
5 extensive with respect to training. There's a couple of
6 others I wanted to talk about because I know I don't have a
7 lot of time here, so I kind of want to...

8 THE CHAIR: Just a moment.

9 MR. SYKES: Yes. I'm going so fast here but
10 am I finished?

11 THE CHAIR: I was just looking at the
12 timetable here. You were allotted ten minutes.

13 MS. SYKES: Yes.

14 THE CHAIR: There is provision for a couple
15 of more minutes here if...

16 MS. SYKES: Okay.

17 THE CHAIR: So I will give that to you.

18 MS. SYKES: I was talking so fast I could
19 barely --

20 THE CHAIR: I'll give you another three or
21 four minutes if you can wrap it up.

22 MS. SYKES: Thank you very much. I will,
23 actually, just get to the end.

24 One is on heat stress, and again a person
25 died as a result of just exposure to heat. And it was

MONA SYKES
(BCGEU)

1 again the education and training specifically to the
2 warning signs and signals with respect to heat stress that
3 would have prevented that particular injury from occurring.

4 The other thing that I wanted to bring to
5 your attention was the WCB research paper. It's an old
6 paper. It was called to identify the elements of
7 successful safety programs and training. It stresses in
8 that paper that the Board commissioned the overall
9 importance in safety programs. According to the Health and
10 Safety Executive, they submit:

11 Behaviour is strongly influenced by a
12 person's awareness of hazards in the
13 workplace. So with little or limited
14 training people will deviate from workplace
15 rules and regulations. It is therefore
16 important that employees and supervisors be
17 continuously trained about workplace
18 hazards, particularly as such hazards
19 change.

20 The BCGEU submits that changes to training
21 requirements should be done on a consultative approach with
22 the subcommittee comprised of labour and employer
23 representatives who will then make recommendations to
24 ensure specific training will still be an apparent part of
25 the regulatory process. And we will be providing you with

MONA SYKES
(BCGEU)
TERRY THOMAS
(Workplace Safety Consulting)

1 an extensive written on all facets of the proposed
2 amendments to the Workers' Compensation Regulations. Thank
3 you.

4 THE CHAIR: Thank you, Ms. Sykes.

5 We are a few minutes ahead, and I am going
6 to take a five-minute break. We will start promptly at
7 3:10.

8 --- PROCEEDINGS RECESSED

9 --- PROCEEDINGS RESUMED

10 THE CHAIR: We are going to be resuming the
11 hearing.

12 Our next speaker is Mr. Terry Thomas,
13 Workplace Safety Consulting.

14 PRESENTATION OF MR. TERRY THOMAS, ON BEHALF OF WORKPLACE
15 SAFETY CONSULTING:

16 MR. THOMAS: Thank you very much, and I am
17 going to apologize right off the start for not having
18 copies of my oral presentation available for the Panel.

19 THE CHAIR: That's not a problem for us.

20 MR. THOMAS: Okay. I do intend to submit a
21 written document, as well, to expand on a number of the
22 issues I wanted to cover off.

23 My name is Terry Thomas and I have been
24 involved with Occupational Health and Safety now for close
25 to 20 years as a member of health and safety committee, as

TERRY THOMAS
(Workplace Safety Consulting)

1 a supervisor responsible for the health and safety of my
2 staff, as a full time safety officer for both CN Rail and
3 for the City of Abbotsford, and the last six years as a
4 occupational health and safety consultant.

5 I believe that regulation review is an
6 ongoing procedure and it's necessary to keep pace with the
7 practices and knowledge in occupational health and safety,
8 and to address the concerns of those who are required to
9 comply with the regulation. Having said that, there has to
10 be an adequate timeframe to pass the information on to
11 those requiring the information and allowing them to review
12 and respond to the proposed revisions, and I don't think
13 that that has happened in this case. Everything seems to
14 have occurred within an extremely short period of time.
15 Thirty days is the timeframe that I have had since I was
16 made aware of this proposed revision or these proposed
17 revisions.

18 Reliance on performance-based regulations is
19 a scary thought at times. It gives a required level of
20 performance and then allows the regulated parties a great
21 deal of flexibility in ensuring compliance with those
22 levels of performance. But having performance-based
23 regulations without some sort of minimum standard that has
24 to be met or exceeded is going to be very difficult to
25 implement and enforce, and I foresee too much reliance on

TERRY THOMAS
(Workplace Safety Consulting)

1 performance-based regulations resulting in confusion,
2 confrontation, widely varying standards of performance and
3 eventually an increase in the number of injuries and
4 accidents.

5 I believe that performance-based regulations
6 require the inclusion of specific minimum standards, not
7 simply guidelines which are non-mandatory in nature.

8 My first comments are going to be on the
9 proposed abolishment of Part 33, Occupational First Aid. I
10 cannot see any possible benefit to employers, workers or
11 regulatory agencies that will occur if the first aid
12 regulation is rolled over into Part 3, Rights and
13 Responsibilities. And it causes me to wonder if this goes
14 through, whether or not we are going to see other parts of
15 the regulation treated the same way.

16 I strongly believe that Occupational First
17 Aid should continue as a separate part of the regulation.

18 The proposed requirements for an employer to
19 carry out an annual assessment of the workplace and then
20 develop and implement written first aid procedures based on
21 that assessment is an excellent one and should form the
22 basis of revised regulation.

23 The proposal to reduce the time that first
24 aid records must be kept from ten years to three years may
25 result in problems for both employers and workers if a

TERRY THOMAS
(Workplace Safety Consulting)

1 claim has to be filed in future years. Because very often
2 the first aid record is the only documentation for minor
3 injuries or illnesses. I would like to see first aid
4 records continue to be retained for the employer for a
5 minimum of ten years.

6 The proposal to require review of the First
7 Aid Regulation within five years is an excellent one that
8 again should form part of the revised regulation. However,
9 I am extremely concerned that the schedules regarding
10 hazard classification and required first aid facilities and
11 supplies have been removed from the Regulation and placed
12 in the draft of the employer guideline, a document which is
13 non-mandatory in nature.

14 Every other jurisdiction in Canada specifies
15 minimum requirements for first aid services and supplies,
16 as well as specifying what must be in first aid kits in
17 treatment areas. These schedules should remain in the
18 Regulation as the minimum acceptable standard.

19 The proposal to categorize workplaces as
20 either low risk or not low risk, instead of retaining the
21 current "A", "B" and "C" hazard categories, is going to
22 force the majority of employers presently in the "B"
23 category into the not low risk category, along with the
24 need to increase their levels of first aid. I believe that
25 the regulation should retain the three-level system that

TERRY THOMAS
(Workplace Safety Consulting)

1 would allow an employer to classify themselves as a
2 moderate hazard operation based on the workplace
3 assessment.

4 The employer guideline is identified as a
5 document of non-mandatory recommendations, which the
6 employer may choose to follow or ignore. The attendant and
7 agency guidelines do not appear to be non-mandatory in
8 nature. They seem to be a lot more specific and actually
9 detail minimum standards that must be met. If that's the
10 case, then I feel that they should be retained as part of
11 the actual regulation, rather than as a guideline.

12 I would now like to turn to Part 5 and
13 express some concerns regarding the proposal to replace
14 Table 5-4, Exposure Limits and Designations and adopt the
15 2002 edition of the ACGIH publication, *Threshold Limit
16 Values and Biological Indices*. This publication is
17 normally revised and reissued every one to two years,
18 therefore the publication will have to be purchased on a
19 regular basis to keep abreast of the current TLVs.
20 Employers who wish to purchase the 2002 edition are going
21 to be faced with a cost of between \$40 and \$55 Canadian,
22 depending on where you purchase it from. In addition,
23 Table 5-4 contains a number of substances, which are not
24 listed in the ACGIH publication, as well as a number of
25 substances that have lower exposure limits within the --

TERRY THOMAS
(Workplace Safety Consulting)

1 within Table 5-4.

2 There is some indication that the Board will
3 take a look at substances that are not listed in the ACGIH
4 publication and may have a modified Table 4 released to
5 cover those substances.

6 I did a quick check of other Canadian
7 jurisdictions and I found that there are three other
8 provinces, as well as both the territories, that have set
9 their own exposure limits in regulation, the same as B.C.
10 has. So it's not as if we are the only jurisdiction in
11 Canada that has set exposure limits as part of the
12 regulation, rather than relying on an outside standard to
13 form the basis of exposure limits for airborne
14 contaminants.

15 I would like to see Table 504 remain as it
16 is, simply to ensure that employers and workers can readily
17 access, readily refer to the permissible concentrations of
18 hazardous substances. If the ACGIH publication does become
19 the standard in B.C., I feel that a smaller version of
20 Table 5-4 should be retained for substances that are not
21 listed or that have higher permissible concentrations than
22 the current Table 5-4.

23 A final comment regarding Part 5 is that the
24 ACGIH publication also provides standards that provide
25 exposure limits for heat stress, cold stress, noise,

TERRY THOMAS
(Workplace Safety Consulting)

1 vibration, and both ionizing and non-ionizing radiation.
2 That is a possibility that in the future the exposure
3 limits currently contained in regulation, which is Part 7
4 of the regulation, are they going to be dropped in favour
5 of going to the ACGIH levels?

6 I am going to touch very briefly on the
7 issue of duplication. My major concern is the intention to
8 drop all references to training that are currently in the
9 regulation and rely specifically on section 115(2)(e) of
10 the *Workers' Compensation Act*, which does specify that the
11 employer is responsible to provide instruction, training.
12 I feel that that's going to be a great disservice, both to
13 employers and to workers because it's going to remove any
14 reference to training from various parts of the regulation,
15 and it's going to rely on everybody going back and finding
16 and noting this one reference to training that's going to
17 be maintained in the *Workers' Compensation Act*.

18 In conclusion, or in closing, I would like
19 to suggest that the regulations do need revision -- review
20 and revision on an ongoing basis, but that more care and
21 time is going to have to be provided to allow everyone to
22 participate in the process.

23 I thank you very much for allowing me the
24 time to make these comments.

25 THE CHAIR: Thank you, Mr. Thomas.

KEN JUPE
(PPW Canada)

1 Our next speaker is Mr. Ken Jupe. I hope I
2 am pronouncing your name correctly.

3 MR. JUPE: That's correct.

4 THE CHAIR: And Mr. Jupe is with the Pulp,
5 Paper and Woodworkers of Canada.

6 PRESENTATION BY MR. KEN JUPE, ON BEHALF OF PULP, PAPER AND
7 WOODWORKERS OF CANADA:

8 MR. JUPE: I'd like to thank the Panel for
9 the opportunity to address them on these two issues that
10 we're bringing up at this present time, and that is
11 Occupational Exposure Limits and Designations and the
12 proposed amendments to the Occupational First Aid
13 provisions on the Occupational Health and Safety
14 Regulations.

15 We will start off with the Occupational
16 Exposure Limits and Designations. The Pulp, Paper and
17 Woodworkers of Canada represent 5,200 members and are
18 directly involved in their everyday work environment to
19 exposures of workplace chemicals and biological substances.
20 The occupational exposure limits and designations is the
21 first line of defence to control exposures within those
22 limits, requiring constant monitoring, engineering
23 controls, safe work practices and PPE. Over the years,
24 many of our members have become ill and died due to
25 exposures to various chemicals used in the forest and pulp

KEN JUPE
(PPW Canada)

1 and paper industries. The worst of all being asbestos,
2 that has only in recent years have seen the OELs being
3 changed to reflect lower levels and designator as an ALARA
4 substance for all asbestos materials.

5 The evaluation of hazardous chemicals and
6 biological substances used to minimize the risk of exposure
7 or exposures must not be compromised.

8 Issues. Section 228 of the *Workers*
9 *Compensation Act* does allow ongoing review on its
10 regulations, and the *Workers' Compensation Act* does not
11 include in that review cutting the regulations by one-third
12 if it affects the Occupational Health and Safety and the
13 occupational environment of workers and the general public.
14 Nowhere in the discussion paper does it say that any
15 changes to the regulations must not compromise the safety
16 or increase the risk to workers and public health safety.

17 The harmonization with other jurisdictions
18 and national standards is clearly an excuse to bring the
19 TLV designations to a lower standard, thus relieving
20 employers the cost of implementing more stringent methods
21 to control exposure levels through engineering controls,
22 monitoring, training, PPE and reporting, et cetera.

23 The question posed in the discussion paper
24 by the Bureau: Should the Workers' Compensation Board
25 consider adopting the 2002 Threshold Limit Levels for

KEN JUPE
(PPW Canada)

1 Chemical and Biological Substances recommended by the
2 American Conference of Governmental Industrial Hygienists
3 in place of the Occupational Health and Safety Regulations?
4 And our answer to that is, no, there is nothing wrong with
5 the present Table of 5-4 in the Occupational Health and
6 Safety Regulations and the scientific review process that
7 is in place now.

8 When your research shows the need to make
9 changes to the OELs, the Standing Committee can make
10 recommendations to change it in the Occupational Health and
11 Safety Regulations Table 5-4 Occupational Exposure Limits.
12 Under the *Workers' Compensation Act*, public hearings are to
13 be held on the proposed changes to have public input before
14 being adopted. That opportunity will go when the ACGIH
15 tables are part of the regulation and will only change when
16 the ACGIH make the changes with no public hearings.

17 The adoption of the ACGIH 2002 TLVs will
18 still have 100 substances with different exposure limits as
19 presently regulated under Table 5-4. The Bureau has not
20 listed those 100 substances and the differences between the
21 ACGIH table and Table 5-4. This makes it hard to make a
22 judgment on what system is best when looking at the levels
23 of exposure.

24 The four substances, wood dust,
25 formaldehyde, styrene and glutaraldehyde still need further

KEN JUPE
(PPW Canada)

1 review, that we require some process that the adoption of
2 the ACGIH tables were supposed to eliminate. As pointed
3 out in the discussion document by the Bureau, many
4 jurisdictions adopt whole, or in part, ACGIH TLVs. So will
5 the proposed changes be adopted for all or some of the
6 ACGIH TLVs, other than the four substances needing further
7 review? Will the ACGIH TLVs be published and updated in
8 the regulation book or will workers have to purchase that
9 information from ACGIH?

10 And I took a copy right off the web page
11 here and, sure enough, like everyone is saying, you know,
12 the cost to either the worker or the employer is \$29.95 for
13 a copy, U.S.

14 In the Bureau discussion paper, 452,
15 Disadvantages of Adopting 2002 ACGIH TLVs, it shows that:

16 (1) Documentation is not peer reviewed.
17 The authorship is not revealed.

18 (2) Feasibility is not considered.

19 (3) Differences such as notations, particle
20 size collection, sample collection techniques, would
21 require some adjustment to current enforcement protocols.

22 There are no suggestions from the Bureau to
23 address these issues and it seems there is a hidden agenda
24 and timetable to push this set of regulations through. It
25 seems the Bureau is going to make the changes anyway,

KEN JUPE
(PPW Canada)

1 adopting ACGIH TLVs, and figure out the problems it may
2 cause later after the public hearings without any public
3 and worker input. In fixing those problems.

4 In conclusion, we feel that there would be
5 no advantage to change the present Table 5-4 regulation
6 that is working well now. Adopting the ACGIH TLVs will
7 complicate changing over from Table 5-4 and mean more
8 research and new protocols being put in place to make them
9 work. There are regulations that could be reviewed and
10 better time spent making them understandable, simple and
11 eliminating duplication and still meet the mandate of
12 reducing the regulatory burden by one-third.

13 I would now like to address the changes in
14 Part 33 of the regulations.

15 Nearly all of our forest industry-related
16 companies require a WCB Level 3 First Aid certificate for
17 most of the types of hazards and risks involved in the
18 manufacture of pulp, paper, lumber and plywood. The
19 proposed amendments from the prescriptive to performance-
20 based regulation is not needed and, if implemented, will
21 give our members a lower standard of first aid care for the
22 following reasons:

23 (1) The repeal of Part 33 of the OH&SR
24 will, under Part 3, have no regulations that tells the
25 employer what is necessary for first aid equipment,

KEN JUPE
(PPW Canada)

1 supplies, facilities and services of care, other than
2 carrying out an assessment and using employers' guidelines.

3 (2) By including the proposed regulations
4 in Part 33 of the Occupational Health and Safety
5 Regulations as a performance-based regulation, there is no
6 requirement for the employer to follow the employer
7 guidelines.

8 (3) The guidelines also points out that the
9 employer is not obliged to follow the recommendations in
10 the practice guide, and therefore the assessment becomes
11 unenforceable by the WCB.

12 (4) There are no requirements to include
13 the worker health and safety representatives to participate
14 with the employer in carrying out an assessment of levels
15 of required first aid in their respective workplaces. This
16 will allow an employer to cut first aid services and
17 manning, with impunity, and will have a direct implication
18 on the level of patient care and response to our members
19 who are injured at work.

20 (5) The elimination of requiring first aid
21 records to be kept for ten years and being replaced by
22 319(2) requiring them to be kept for three years will
23 eliminate seven years of history of exposure to hazardous
24 chemicals and biological substances that take years to
25 manifest for long-term health effects. This will make it

KEN JUPE
(PPW Canada)

1 difficult for a worker who is seeking compensation from an
2 industrial disease to try and prove the relationship to
3 exposure from workplace exposure incident reported in the
4 first aid reports ten years previously.

5 The Review and Expiry section 322 shows the
6 Policy and Regulation Development Bureau is not confident
7 that sections 314 to 321 will work properly and may need to
8 be amended after June the 15th, 2008. This begs the
9 question: Why change the regulations in the first place?

10 In conclusion, the Pulp, Paper and
11 Woodworkers of Canada are opposed to the proposed
12 amendments repealing the Occupational First Aid Regulations
13 in Part 33 and including them under Part 3 as a
14 performance-based regulation of the Occupational Health and
15 Safety Regulations.

16 Submitted on behalf of the Pulp, Paper and
17 Woodworkers of Canada, Ken Jupe, Occupational Health and
18 Safety Officer. And I do have your copies here for the
19 Panel.

20 THE CHAIR: Thank you, Mr. Jupe, if you have
21 copies, we certainly will receive them. Yes, thank you.

22 We are a little ahead of time. Our next
23 speaker is Mr. Larry Spouler. Are you here, are you ready
24 to go?

25 MR. SPOULER: Sure.

LARRY SPOULER

1 THE CHAIR: Okay, thank you. With Coast
2 Mountain Bus Company.

3 PRESENTATION BY MR. LARRY SPOULER:

4 MR. SPOULER: Thank you. Again, the name is
5 Larry Spouler. I am with Coast Mountain bus company as an
6 occupational safety and health officer, a (indiscernible)
7 designation. And I have a question quickly for Madam
8 Chair. Would herself or any of her two colleagues there be
9 directly involved in those amendments we saw on the website
10 to the regulations? Were you part of a panel or
11 consultative in any way in that basis? Because where they
12 showed up, there's no name to it or who is responding to
13 them.

14 THE CHAIR: What you saw on the website was
15 put on by the Policy Bureau. The Policy Bureau worked with
16 the Prevention Division of the Workers' Compensation Board
17 and received information from the Prevention Division so
18 that that was the source of the information.

19 MR. SPOULER: So then all our submissions
20 today, all the submissions you are to receive, whether oral
21 or written are going to go to this Policy Bureau?

22 THE CHAIR: The submissions that we are
23 receiving today is before this Panel.

24 MR. SPOULER: Right.

25 THE CHAIR: And it will be the Panel who

LARRY SPOULER

1 will be evaluating the submissions and will be assembling
2 the summary. We will do it with the work of the Policy
3 Bureau.

4 MR. SPOULER: And will that summary then be
5 a public document?

6 THE CHAIR: We have a court reporter here
7 and this is public, this will be for the public, it will be
8 on the public record.

9 MR. SPOULER: Okay, thank you. It's just
10 over the time we have recognized a continual erosion of
11 support and, let's say, services provided by the
12 regulations and also by the WCB in conjunction now with
13 this proposed amendments and changes to regulation, some of
14 it sort of seems to be coming together and even though it
15 might be coincidence.

16 First of all let's take a look at this
17 reference to training and the redundancy, in that I agree
18 with the past speakers in that it's inappropriate to strike
19 such a redundancy or to term it as such. It tends to be of
20 benefit to have the reference as it exists now in the
21 regulations that in, let's say, a consultative process with
22 employers and workers in directly looking up regulations
23 and the scope of its application in the workplace, to have
24 those references listed right there.

25 To go with the motherhood statement of

LARRY SPOULER

1 saying all reference will be to 115(2)(e) is inappropriate.
2 Especially when again in the regulation now there will be
3 no even reference to such condition. That will lead to a
4 lot of, let's say, confusion in the workplace and
5 inappropriate, let's say, response from the employer. We
6 don't feel that's appropriate. It should remain the way
7 it's written now.

8 The consultative process as directed through
9 this whole proceeding is too limited in scope, too narrow
10 in its vision and doesn't reach to the whole province. It
11 should have been expanded just as they have been before.
12 We don't feel the Workers' Compensation Board has really
13 reflected, I guess, the true nature of workers' concerns in
14 this matter and it should really have been broadened in its
15 scope and hopefully maybe that can still be looked at.

16 The, let's say, closure of the Films and
17 Posters Division is, to me, part of reflection of what I'm
18 seeing now. That service has been cut off. That was a
19 valuable information service providing adequate information
20 and instruction and used as training for the workforce.

21 We are a registered Worksafe provider and,
22 as such, we train our workers to that standard and now,
23 even to get a copy of the regulations is only done either
24 (a) through the website or (b) through the Queen's Printer
25 at a cost of \$85 a copy.

LARRY SPOULER

1 Now, most employers throughout this province
2 (1) do not have access to websites. They have a computer,
3 sure, but it's mostly for inventory and/or financial
4 situations, and not to access the website for WCB concerns.
5 We feel there is a whole area there within the scope and
6 availability to workers in getting the information now is
7 no longer available. And to just simply say, "It's on the
8 website" is inadequate as far as supplying information to
9 the workforce.

10 Another area that has diminished is the
11 First Aid Services, and by having that closure, we now feel
12 that as reflected now in these new performance-based
13 regulations as they came down and proposed, is exposing
14 their workers to greater risk of injury in this workplace,
15 in this province. It's totally unacceptable.

16 To take now what is in the current
17 regulations and making them now guidelines is to me a
18 travesty. The guidelines are not enforceable, they're not
19 sanctionable, and even in your own publication, the
20 *Worksafe* magazines continue to list agencies and companies
21 that continue to be in violation of even First Aid
22 Regulations of supplying basic services and care to
23 workers. This is not adequate, not appropriate, to take
24 what is existing now and make it a guideline; totally
25 wrong.

LARRY SPOULER

1 I don't know who the WCB is under pressure
2 from in the government aspect of making these sweeping
3 changes in such quick time and fast-tracking this material,
4 even in the presentation of the material on the website,
5 and this is just a copy of it as downloaded from the
6 website, as taking the current regulations, fracturing them
7 up in a condition of under other titles so that it even
8 makes it difficult to follow through the existing
9 regulations is inappropriate, even to respond on situations
10 like this today.

11 I don't think this process is well thought
12 out. I believe there is all kinds of areas that are masked
13 and that are changed around in order to make it difficult
14 to make an approach. I really believe that the workers in
15 this province are being given a disservice by the Board in
16 even its proposal to these amendments and changes.

17 That's really all I have to say. I thank
18 you for this opportunity to be able to be here today.

19 THE CHAIR: Thank you, Mr. Spouler.

20 Is our next speaker her, Ms. Frances
21 Kerstiens?

22 MS. KERSTIENS: Yes, I am.

23 THE CHAIR: Thank you.

24 PRESENTATION BY MS. FRANCES KERSTIENS, ON BEHALF OF HEALTH
25 EMPLOYERS ASSOCIATION OF BRITISH COLUMBIA:

FRANCES KERSTIENS
(Health Employers Association of B.C.)

1 MS. KERSTIENS: Thank you, my name is
2 Frances Kerstiens.

3 THE CHAIR: With the Health Employers
4 Association.

5 MS. KERSTIENS: With the Health Employers
6 Association of British Columbia. I am a senior
7 occupational health and safety consultant with the
8 organization. And HEABC represents a diverse group of
9 publicly funded healthcare employers, over 400 employers in
10 the Province of British Columbia, and that includes acute
11 care, long-term care, short-term care, community, public
12 health, mental health, the whole array of healthcare
13 employers.

14 What I'd like to say just starting out is
15 that HEABC strongly supports this process, this regulatory
16 review process and the process that is being used by the
17 Panel. However, we support substantially longer
18 notification periods for these hearings. That way there
19 will be appropriate opportunity to review and investigate
20 any proposed changes submitted by the Board for educated
21 and appropriate input by all of the stakeholders. This was
22 very short notice, but we agree with the process.

23 With respect to the specific proposals, we
24 support the proposed amendments in their entirety as they
25 pertain to the reduction of the Duplication and Redundancy

FRANCES KERSTIENS
(Health Employers Association of B.C.)

1 in the Occ. Health and Safety Regulation outlined in the
2 resolution under discussion. Having said that, in keeping
3 with the government's mandate to reduce, you know,
4 regulatory burden by a third, the Health Employers
5 Association strongly urges the Board, the Workers'
6 Compensation Board, to not rely solely on the elimination
7 of these duplicate regulations in order to make their case
8 that they have complied with the government's request to
9 do, to streamline the regulations. We would look forward
10 to being in front of you again and review other regulations
11 that are potential for streamline. We'd hate to have the
12 duplication used as the rationale for reduction, for the
13 third reduction required by the government. We feel very
14 strongly about that.

15 We support the proposed amendments to change
16 the existing Occupational Exposure Limits, and I will just
17 leave that as a general statement. We will be forwarding a
18 very detailed submission to you by the April 10th deadline,
19 and I don't have time to go into all of our
20 recommendations. But we support the changes and we'll give
21 you the details as to why that is, probably next week in
22 the submission.

23 What I really want to talk about in a little
24 bit more detail is the First Aid.

25 We support your proposal to repeal Part 33

FRANCES KERSTIENS
(Health Employers Association of B.C.)

1 of the regulation, and that we feel that the shift from
2 this prescriptive to performance-based regulation will give
3 each organization the flexibility to implement first aid
4 that meets their needs and their employees' needs. So we
5 think that's a good thing.

6 Specifically with regard to section 3.14,
7 there's a definition of an injury, which includes an
8 illness. We would like to recommend that this wording be
9 deleted. There is nowhere else that I'm aware of in the
10 Act that speaks about compensable illness. It talks about
11 injury, personal injury and industrial disease or
12 occupational disease. So I'm not sure why that wording
13 would be in this regulation.

14 With respect to section 3.15, the
15 qualifications for first aid attendants. We have a big
16 issue in healthcare with -- twofold: one is Registered
17 Nurses, who work in emergency rooms, need to be Level 2
18 qualified in order to provide first aid to injured workers.
19 We say that they have highly specialized training and
20 emergency room nurses are required to have specialized
21 training. You know, they will treat you if you come in
22 with a car accident or a horrible illness as a member of
23 the public, yet they require further and expensive
24 certification in order to treat, you know, cut fingers and
25 back injuries for injured workers. Our submission and our

FRANCES KERSTIENS
(Health Employers Association of B.C.)

1 request to you is that we would like to see section 315
2 amended to allow for the automatic assumption of
3 qualification at Level 2 for emergency room registered
4 nurses so that we don't have to pay the cost of getting
5 people who are already well qualified at a lower
6 qualification.

7 THE CHAIR: I just want to know, is
8 everyone, is the audience able to hear this speaker?

9 MS. KERSTIENS: Oh, I'm sorry, can you hear
10 me?

11 THE CHAIR: Maybe you could just bring it
12 over on the podium.

13 MS. KERSTIENS: Oh, certainly, my apologies,
14 yes. Did you hear me? Okay.

15 The other issue under section 315 with
16 regard to registered nurses, for instance, in long-term
17 care facilities or any other healthcare facility, is they
18 are required to be Level 1 certified in most cases.
19 However, again, we would request an amendment to section
20 315 that registered nurses who are not emergency qualified
21 or trained, again that's a special level of training, that
22 they are automatically deemed Level 1 certified. And there
23 is some reference to that in the guideline, but we would
24 like to have that included as part of the regulation. It
25 makes no sense to have medically trained people trained

FRANCES KERSTIENS
(Health Employers Association of B.C.)

1 downward to provide first aid. They're already at that
2 level or much higher than that level.

3 With respect to the requirement to perform
4 assessments, sections 316(2) and (3), we would recommend
5 that that be deleted in its entirety. It's our position
6 that if an employer or an organization does not change its
7 current level of first aid services, that there should be
8 no requirement to do a yearly risk assessment. That is
9 onerous and simply makes no sense. So the recommendation
10 is no -- no requirement to do a risk assessment if your
11 current levels of first aid service do not change.

12 Section 319 describes or outlines a
13 requirement for first aid to be outlined in a form
14 acceptable to the Board, and we're requesting that that
15 requirement be deleted. This again gets back to a
16 prescriptive type of regulation and leaves what is
17 acceptable to the discretion of Board officers. And what
18 we found, and I don't know if you've heard from other
19 organizations today, is that when you leave this type of
20 large discretion to a Board officer you end up with
21 inconsistent orders, decision making, inspections, et
22 cetera. So we would ask that this be deleted.

23 With regard to section 320, which talks
24 about having first aid for multiple-employer workplaces, we
25 would recommend that that be deleted in its entirety as

FRANCES KERSTIENS
(Health Employers Association of B.C.)

1 well. This regulation is clear that the employer has an
2 obligation to provide first aid services to its workers,
3 and workers are workers, why have a duplicate regulation
4 for multiple employer workplaces? There will be an
5 employer, whether there's one employer or two employers or
6 three employers on site, they still have to meet the
7 initial intent of this regulation. So I'm not sure why
8 this would be included in here.

9 And finally, with respect to the section
10 3.21(3) allows for treatment by a person who has -- or
11 sorry, we would ask that you amend section 3.21(3) to
12 include that to allow for treatment by a person who not
13 only has a higher or equivalent certification in first aid,
14 but that this include the wording, "or a physician,
15 registered nurse or ambulance attendant". If you look at
16 that language it actually prohibits these professionals
17 from treating injured workers. It talks about having
18 someone with a higher level first aid certificate, so I
19 think that needs some tweaking.

20 We are extremely concerned that the draft
21 employer guideline, that the contents simply mirror Part
22 33. The wording is pretty much similar and it's very
23 prescriptive. And again, even though it states at the
24 beginning that the employer is not bound to follow its
25 recommendations, once more this will leave Board officers

FRANCES KERSTIENS
(Health Employers Association of B.C.)

1 in the position of being able to use their own very
2 subjective opinions in determining whether there is
3 appropriate first aid and how these guidelines should be
4 implemented. So we would recommend that there be further
5 discussion about the adoption or the contents of this
6 guideline.

7 Our final concern about the guideline is
8 that because it's basically just a guideline or a policy-
9 like document, it could be changed or amended without
10 public consultation at any time, and that's a concern for
11 us as well, and we could be right back where we started.

12 And I really appreciate the opportunity to
13 present in front of you. Thank you.

14 THE CHAIR: Thank you, Ms. Kerstiens.

15 Mr. Spouler, could I just have a
16 clarification. Were you speaking on behalf of the Coast
17 Mountain Bus Company in your submission?

18 MR. SPOULER: From information given to me
19 from the workers at the workplace through their union
20 representatives and safety committees.

21 THE CHAIR: So you were speaking on your
22 behalf but in your own comments you were incorporating the
23 comments from the workers in your...

24 MR. SPOULER: Representing them in a lot of
25 cases from -- management has the philosophy that they are

1 looking after their workers, and as such they mirror the
2 same impressions that I have presented here.

3 THE CHAIR: Thank you. Again, Mr. Spouler,
4 just to ensure that we are clear, you are here speaking on
5 your own behalf. You are not speaking on behalf of your
6 employer? Has your company asked you to come to speak on
7 behalf of your employer?

8 MR. SPOULER: They are fully aware that I am
9 attending today and of what I am speaking to.

10 THE CHAIR: Maybe, could I ask you just to
11 come to the mike, just so we are sure that clarification is
12 on the record.

13 MR. SPOULER: Sure. No, they fully endorsed
14 what I have -- what I have spoken to today. My employer
15 has, yes.

16 THE CHAIR: Your employer. So you are
17 speaking then on behalf of the employer?

18 MR. SPOULER: Right. And I have been
19 approached by also members of the unions, their safety
20 committee members and the representatives that way as well.
21 Yes.

22 THE CHAIR: Okay, thank you.

23 The next speaker is Ms. Carol Riviere. Is
24 she in the audience? We are ahead of schedule. She is not
25 actually scheduled to speak until 4:30. She is not here.

CAROL RIVIERE
(Health Sciences Association)

1 What we will do is we will adjourn until 4:30, and then we
2 will convene at that time to hear Ms. Riviere.

3 --- PROCEEDINGS RECESSED

4 --- PROCEEDINGS RESUMED AT 4:30 P.M.

5 THE CHAIR: We are resuming the hearing.
6 Our speaker, our next speaker, Carol Riviere, from the
7 Health Sciences Association is here to make a presentation.

8 PRESENTATION BY MS. CAROL RIVIERE, ON BEHALF OF HEALTH
9 SCIENCES ASSOCIATION:

10 MS. RIVIERE: Yes. Health Sciences is a
11 union that represents approximately 12,000 workers in B.C.,
12 primarily health science professionals working in
13 healthcare, as well as members who work in community social
14 services.

15 As you may know, healthcare as an industry
16 is the sector that has the highest injury rate in the
17 province, as well as the highest number of time loss
18 injuries and claims. Therefore HSA is strongly opposed to
19 any amendments to the Occupational Health and Safety
20 Regulation that is going to essentially increase the injury
21 rate in healthcare. As well, as healthcare workers, our
22 members are very concerned about any amendments to the
23 regulation that is going to cause adverse health effects
24 for any workers. HSA believes that comprehensive
25 prescriptive health and safety regulations that are

CAROL RIVIERE
(Health Sciences Association)

1 strictly enforced are what is essential to protect workers
2 in the workplace.

3 I wanted to start out with a few comments
4 about the process of deregulation that's going on and then
5 most of my remarks will be addressed to the amendments
6 proposed for Chemical Exposure Limits and Designations, a
7 few remarks on the Duplications and Redundancies and a
8 couple of remarks on the First Aid.

9 First of all, HSA is very concerned about
10 the underlying motivation, as it were, for the current
11 proposed amendments. Basically, we see this is an exercise
12 in the Board jumping on the provincial governments'
13 ideologically motivated campaign to deregulate, to
14 essentially cut out one-third of all provincial
15 regulations. We're also concerned about this move in the
16 proposed amendments going from prescriptive to performance-
17 based regulation, and essentially a move to self-
18 regulation. We don't see that as an effective way to
19 protect workers in the workplace.

20 We feel that WCB's mandate is to protect
21 workers' health and safety, and not to essentially be a
22 willing accomplice in the government's number game and to
23 slash the Health and Safety Regulation regardless of the
24 impact on workers.

25 We are also concerned about the process

CAROL RIVIERE
(Health Sciences Association)

1 that's been used to devise the Board's proposal in this
2 case. Less than six months ago the Board circulated
3 discussion papers that outlined their proposed changes to
4 the chemical exposure limits and designations, and to
5 eliminate over 300 regulations that the Board refers to as
6 duplications and redundancies. There was, in effect, a
7 minimal length of time allowed for written responses to
8 these discussion papers, and very little information was
9 provided in the discussion papers that would have enabled
10 stakeholders to actually make a rational response to the
11 amendments. In many cases we simply weren't provided with
12 enough information to respond to what was being proposed.

13 We understand that the Board received very
14 few responses, and we feel that's not surprising, given the
15 process that's been used.

16 We also understand that the Board made few,
17 if any, changes to its proposals based on the input it did
18 receive, which we find very disappointing.

19 Now, by contrast, when the OH&S Reg was
20 developed, there was extensive tripartite discussion among
21 the Board, worker reps and employer reps, and we feel that
22 this resulted in one of the best health and safety
23 regulations in North America, both in terms of the level of
24 protection that it provided for workers, as well as the
25 degree of clarity that it provided for workers and

CAROL RIVIERE
(Health Sciences Association)

1 employers about the types of workplace hazards that have to
2 be addressed, as well as how to actually address them.

3 For example, by including such things as
4 which internal and external standards apply, where to get
5 information about particular applicable standards, as well
6 as what type of training is required to deal with
7 particular types of hazards. Now, based on this
8 experience, the labour movement pushed for and believed we
9 had agreement from the Board to use a similar tripartite
10 consultative process to review and where necessary revise
11 the regulation on an ongoing basis.

12 Now we find ourselves at a public hearing
13 that's considering Board proposals, which will do several
14 things: they are going to eliminate significant
15 protections for workers; they are going to change many of
16 the remaining provisions from prescriptive to performance-
17 based regulations; and they are going to eliminate a lot of
18 the information that currently informs workers and
19 employers about the types of workplace hazards that must be
20 addressed as well as how to address them.

21 HSA has grave concerns about the process
22 that's been used for regulatory review, and while it may
23 technically meet the minimal requirements under the
24 *Workers' Compensation Act*, it does so in a way that merely
25 pays lip service to the Act's intention to provide for

CAROL RIVIERE
(Health Sciences Association)

1 meaningful consultation with stakeholders.

2 Overall, we feel that the quality and
3 credibility of the consultation process has been
4 compromised because there's been no mechanism for
5 stakeholder review of the WCB's analysis to be presented to
6 the Board of Directors for use in setting priorities in
7 regulation review. There's been inadequate consultation,
8 time, access and information to back up such significant
9 proposed changes. There has been no tripartite committee
10 processes in the past, and there has been a lack of
11 accountability and transparency.

12 In terms of the amendments that are under
13 consideration at this time, as an overview, HSA is strongly
14 opposed to the Board's proposals regarding Chemical
15 Exposure Limits and Designations.

16 We also oppose the Board's proposal to
17 eliminate hundreds of regulatory requirements, which they
18 describe as being Redundant and Duplication.

19 We also oppose the general move from
20 prescriptive to performance-based regulation in the
21 proposed amendments in the First Aid Regulation.

22 We fully endorse the B.C. Federation of
23 Labour's report to the WCB regarding all of these proposed
24 amendments.

25 In terms of the Chemical Exposure Limits and

CAROL RIVIERE
(Health Sciences Association)

1 Designations, we want to emphasize that a large number of
2 our members work in professions with unusually high
3 exposures to chemicals that are currently listed in Table
4 5-4. These include medical laboratory technologists, who
5 are exposed on a daily basis to a wide range of these
6 chemicals. This is the single largest professional group
7 that HSA represents.

8 We also represent a very large number of
9 medical imaging technologists, who are also exposed on a
10 daily basis, often in poorly ventilated darkrooms to a
11 mixture of several chemicals that are used to develop x-ray
12 film. And many of these chemicals, including
13 glutaraldehyde, are currently listed in the Table 5-4. We
14 know that over-exposure to developing chemicals has caused
15 serious occupational illnesses among many of our medical
16 imaging technologists.

17 Finally, another group that we represent are
18 the respiratory therapists. These workers use chemicals
19 such as glutaraldehyde to sterilize their equipment and
20 along with other HSA members that work in operating rooms,
21 such as profusionists, are also exposed to anaesthetic
22 gases, several of which are also listed in Table 5-4.

23 Our concerns in what's happening with the
24 Chemical Exposure Limits and Designation include the fact
25 that the Board is proposing to abandon the consultative

CAROL RIVIERE
(Health Sciences Association)

1 process that was established, both to develop and also to
2 implement recommendations concerning Occupational Exposure
3 Limits and Designations. They are also proposing to
4 replace all of the existing B.C. OELs and designations with
5 the ACGIH TLVs and designations from the year 2002, and to
6 use the ACGIH Reproductive and Sensitizer Critical Effects
7 designations. These proposed changes will have a
8 significant negative impact on thousands of workers in B.C.
9 These amendments will increase these workers' risk of acute
10 and chronic injury and diseases due to higher permissible
11 exposures to a range of extremely toxic chemicals, which
12 include reproductive and developmental toxins, sensitizing
13 agents and carcinogens.

14 An overview of the Board proposal shows that
15 far fewer chemicals will be designated now as reproductive
16 toxins. This will be a significant loss for all women
17 workers, including HSA's predominantly female membership.
18 Far fewer chemicals will have a short-term exposure limit
19 and at least 25 chemicals will have higher eight-hour
20 exposure limits if the ACGIH standards are adopted. These
21 25 chemicals have recognized or suspected human health
22 hazards, including as cardiovascular or blood toxicants,
23 kidney toxins, neurotoxins, respiratory sensitizers,
24 reproductive toxins and others.

25 I would like to give you a few examples of

CAROL RIVIERE
(Health Sciences Association)

1 some of the specific changes that are going to affect HSA's
2 membership.

3 One example is the proposal in terms of the
4 exposure limits for acetone. Acetone is a very commonly
5 used solvent in laboratories. The WCB proposal will double
6 the exposure limit from 250 parts per million to 500 parts
7 per million for this known neurotoxin. The current OEL is
8 based on the Nordic Expert Group Consensus Report, which
9 noted that there are effects on nose, throat and eyes at
10 300, 500 and 1,000 parts per million but not at 200 parts
11 per million. The Board proposal, which will double the
12 exposure limit to 500 parts per million will ensure that
13 there will be adverse health effects on workers using
14 acetone.

15 Another specific proposal that will affect
16 our membership is the proposal concerning carbon
17 tetrachloride. Again, this is used as a solvent in the
18 lab. The Board proposal would increase the eight-hour
19 exposure limit two-and-a-half times, from two parts per
20 million to five parts per million. Carbon tetrachloride is
21 known to cause liver and kidney damage and is a suspected
22 carcinogen.

23 Another proposal that will affect our
24 members is that concerning dichloromethane. Again, it's
25 used by our members in the lab. The Board proposal would

CAROL RIVIERE
(Health Sciences Association)

1 increase the eight-hour exposure limit from 25 parts per
2 million to 50 parts per million, a twofold increase. This
3 chemical is a neurotoxin and a suspected carcinogen.
4 Literature on the effect of dichloromethane on the central
5 nervous system suggests that an increased number of workers
6 will experience neuro-behavioural symptoms if the exposure
7 limit is increased to 50 parts per million as the Board
8 proposes.

9 Finally, in terms of chemicals in the lab is
10 toluene. This is widely used as a solvent. The ACGIH does
11 not designate toluene as a reproductive toxin, even though
12 almost all other classification systems do classify it as a
13 reproductive toxin. By losing this designation, it will
14 mean that there's no longer a requirement for employers to
15 find a substitute, where possible, for toluene. This will
16 result in additional exposure to this reproductive toxin
17 for many of our members.

18 In terms of other categories of chemicals,
19 I'd like to look at the proposals in terms of anaesthetic
20 gases to which our members who work in the operating rooms,
21 such as profusionists and respiratory therapists, are
22 exposed. I would like to look at just two of these.

23 Halothane is classified internationally and
24 in our Table 5-4 as a reproductive toxin. In addition to
25 those adverse effects are an increased incidence of liver

CAROL RIVIERE
(Health Sciences Association)

1 an kidney disease. The WCB proposes adopting the TLV of 50
2 parts per million, which is 25 times higher than the
3 current OEL of two parts per million. This will
4 dramatically increase the risk of chronic disease from
5 exposure to this anaesthetic gas.

6 Similarly, with nitrous oxide, another
7 anaesthetic gas, the WCB proposes to double the eight-hour
8 exposure limit from 25 parts per million to 50 parts per
9 million, even though this is a designated reproductive
10 toxin, which is related to increased spontaneous abortion
11 and congenital abnormalities among female workers exposed
12 to nitrous oxide.

13 I also wanted to mention a few other
14 categories. One is that there are some chemicals where a
15 change to the ACGIH levels would in fact give a more
16 protective level than we have in the OEL, and one of these
17 is for formaldehyde. Again, this is a chemical that's used
18 extensively in healthcare because it forms part of
19 disinfectants, preservatives and germicides. It's known to
20 be a sensitizer, a respiratory irritant, and also a
21 carcinogen. This is one chemical where we would support
22 the move to the lower TLV level. However, we would note
23 that if the Board had continued with the ongoing review and
24 revision process, that was initially set up for the
25 chemical exposure limits, we would have had this lower

CAROL RIVIERE
(Health Sciences Association)

1 limit probably some earlier.

2 There are also categories of chemicals that
3 are important where neither the existing OEL nor the
4 proposed TLV is low enough, and for our members one of
5 these is definitely glutaraldehyde. It's a particularly
6 serious hazard for our members, both who use it as a cold
7 sterilant for equipment, and also for those who develop x-
8 ray film, because glutaraldehyde is found in almost all x-
9 ray film developing chemicals.

10 Glutaraldehyde is known to be the leading
11 cause of occupational asthma among healthcare workers.
12 Workers who become sensitized to glutaraldehyde often
13 develop a serious cross-sensitization to other aldehyde
14 containing products, such as perfumes. In several cases
15 these sensitized workers suffer life-threatening
16 anaphylactic reactions when exposed to either
17 glutaraldehyde or fragrances. Several jurisdictions have
18 accepted the findings of studies suggesting that there is
19 in fact no safe level of exposure for glutaraldehyde.

20 Finally, we'd also like to point out that
21 there are several important chemicals for which there is
22 neither an OEL nor a TLV value. One example that we're
23 aware of in healthcare is where employers and workers are
24 struggling to find safer alternatives or substitute
25 products for glutaraldehyde. One of the ones that they are

CAROL RIVIERE
(Health Sciences Association)

1 currently beginning to use is ortho-phthalaldehyde or OPA.
2 The problem with this is there is very little known about
3 the actual adverse effects of this chemical. There is no
4 OEL or TLV value, and yet an analysis of the chemical
5 structure and the effects of similar chemicals suggest that
6 it will carry its own adverse health effects.

7 This is an example of where retaining a
8 made-in-B.C. process for setting chemical exposure limits
9 would be very valuable. We have no idea whether OPA or
10 chemicals like it are considered significant in the United
11 States, and if we move to adopting simply the ACGIH
12 standards, we will have no way to ensure that chemicals
13 like this are studied and that an appropriate value is set.

14 In conclusion, then, we feel that the
15 Board's overall proposal in terms of chemical exposure
16 limits and designations should be abandoned. It appears
17 that the main reasons behind the proposal to use the ACGIH
18 TLVs is simply for convenience, decreased cost, and
19 possibly some increased harmonization with other
20 jurisdictions. But this approach results in higher
21 exposures to extremely toxic materials.

22 In essence, we are opposed to the proposed
23 changes, other than for those few chemicals that will
24 receive a lower exposure limit with the ACGIH TLV. We
25 support a made-in-B.C. approach for ongoing review and

CAROL RIVIERE
(Health Sciences Association)

1 revision of chemical exposure limits and designations. In
2 particular we support the approach that was used in the
3 past with the tripartite subcommittee, which considered
4 four things in making its recommendations. It looked at
5 the lowest exposure limit established in other
6 jurisdictions. It looked at toxicological information and
7 recommendations from other agencies. It looked at the
8 limits of reliable sampling and measurement and the
9 feasibility of achieving proposed limits.

10 Now, secondly, I'd like to move on and make
11 a few comments about the Board's proposals in terms of what
12 it is calling duplications and redundancies.

13 THE CHAIR: We have been keeping speakers to
14 their time, although you are our last speaker, so you have
15 about three minutes left.

16 MS. RIVIERE: Okay, thank you.

17 In that case, I just wanted to highlight a
18 couple things that I don't know if any of the other
19 speakers earlier today have mentioned. One was in the
20 section on deletion of internal and external cross-
21 references. We wanted to point out that important examples
22 where we think those should be maintained deal with the
23 disposal of various types of waste. One is biohazardous
24 waste. The Board proposes deleting the provision that
25 states that this waste must be disposed of in accordance

CAROL RIVIERE
(Health Sciences Association)

1 with federal, provincial and local regulations. Similarly,
2 in terms of laboratory waste, the Board wishes to eliminate
3 the provision that states it must be disposed of in a
4 manner that is acceptable to municipal, provincial or
5 federal authorities. And lastly, in terms of radioactive
6 waste, the Board proposes deleting the provision that
7 states that such waste must be disposed of in accordance
8 with the *Atomic Energy Control Act* requirements.

9 We believe that deleting this deletes
10 important information for both workers and employers in
11 terms of what other regulatory schemes have to be consulted
12 in disposing of such waste. Another example of a deletion,
13 which we believe will have an adverse effect on our
14 members, involves the deletion of requirements for
15 training, specifically the specific instructions that are
16 provided for violence prevention training. These
17 provisions are important, not only because they remind
18 employers and workers that training is required, but also
19 by specifying the content of the training, it provides
20 clarify and information about what must be included.

21 We are also concerned that some of these
22 training amendments go further than simply deleting what
23 might be considered a duplication of what's in the Act.
24 One of these examples is in section 6.50, which deals with
25 training for people handling cytotoxic drugs. Not only

CAROL RIVIERE
(Health Sciences Association)

1 does deleting the provision as proposed delete the specific
2 requirements for training, it also seems to delete the
3 mandatory direction to provide this training, both before
4 workers begin handling cytotoxic drugs, as well as to
5 provide on-the-job training.

6 We also wanted to talk about the
7 deletions...

8 THE CHAIR: Is there some way you can
9 summarize briefly? We have been asking speakers to stay
10 with the allotted time.

11 MS. RIVIERE: Okay. Well, basically, what
12 we are saying...

13 THE CHAIR: Will you be providing us with a
14 written?

15 MS. RIVIERE: We will.

16 THE CHAIR: Thank you.

17 MS. RIVIERE: In terms of the Duplications
18 and Redundancies, basically we don't see how eliminating
19 more than 350 requirements cannot help but have an adverse
20 effect on workers' health and safety.

21 And in conclusion, in terms of all of the
22 proposed amendments, we believe that essentially the Board
23 is not living within the mandate specified by the *Workers'*
24 *Compensation Act*. The Board's mandate is to protect
25 workers in the workplace. We think that these amendments

CAROL RIVIERE
(Health Sciences Association)

1 are going to have exactly the opposite effect and we do
2 feel that essentially they are simply an action taken to
3 satisfy the government's political campaign to deregulate.
4 We don't believe that they are motivated to assist workers
5 in the workplace or to provide the protection that the
6 Board is mandated to provide.

7 Thank you for listening to this submission.

8 THE CHAIR: Thank you very much, Ms.
9 Riviere.

10 That concludes our list of speakers for this
11 afternoon. We will be adjourning. The hearing will resume
12 this evening at seven o'clock, and so far we have two
13 speakers slated for this evening, one at 7:00 and one at
14 7:20.

15 --- PROCEEDINGS ADJOURNED

16 --- PROCEEDINGS RESUMED

17 THE CHAIR: The hearing is resuming. It is
18 seven o'clock. Our first speaker is Tuula Sillantaus. I
19 might have pronounced your name wrong, and I apologize if I
20 did. And you are with Communications, Energy, Paper
21 Workers.

22 MS. SILLANTAUTS: That's correct.

23 PRESENTATION BY MS. SILLANTAUTS ON BEHALF OF COMMUNICATIONS,
24 ENERGY AND PAPER WORKERS UNION OF CANADA:

25 MS. SILLANTAUTS: Good evening. Thank you

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 for providing me the opportunity to make this presentation.
2 My name is Tuula Sillantaus. I am speaking here tonight on
3 behalf of the Communication, Energy and Paper Workers Union
4 of Canada. I am an elected Occupational Health and Safety
5 Representative with CEP Local 444 at the British Columbia
6 Nurse's Union where I work as an Occupational Health and
7 Safety Officer.

8 CEP is one of the largest unions in Canada
9 with 150,000 members and 14,000 of them in British Columbia
10 in sectors ranging from pulp and paper, converting
11 industries, sawmills, forestry, communications, oil and
12 gas, mining and staff at several unions.

13 In my years in occupational health and
14 safety, I have never felt as discouraged of the potential
15 picture of occupational health and safety in this province.
16 That's the main reason why I'm here tonight urging you to
17 stop the dismantling of occupational health and safety in
18 British Columbia through deregulation.

19 In the past extensive research,
20 deliberations, consultation and debate in tripartite
21 committees involving the Board, labour and management,
22 representatives, was followed by a public hearing process
23 that was made accessible in a number of communities
24 throughout B.C. Instead, the Board alone has developed the
25 proposed amendments to the OH&S Regulation. Fundamentally,

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 that is wrong.

2 The hastily scheduled public hearings in
3 only two communities do not do an adequate job in
4 soliciting public comment regarding the proposed amendments
5 to the various parts of the OH&S Regulation. Most workers
6 and their representatives simply do not have an opportunity
7 to travel to either Prince George or Richmond to
8 participate at these hearings. The workers of British
9 Columbia and those of us representing them view the current
10 process and proposed amendments with great alarm.

11 The hard work by us over the years is being
12 fast-tracked to deregulation and vastly reduced protection
13 of workers. The process is clearly driven by a political
14 agenda for deregulation, not a sincere and thoughtful
15 effort to protect the health and safety of workers.

16 In my presentation I will briefly address
17 all three areas, Occupational Exposure Limits, Duplication
18 and Redundancy and Occupational First Aid.

19 CEP is opposed to the proposal of
20 eliminating the current OELs in Table 5-4. We cannot
21 support the ACGIH occupational exposure limits to be
22 adopted as our own without review, research and discussion
23 at the tripartite level as to the acceptability for the
24 B.C. workplaces where ACGIH TLV provides higher
25 occupational exposure limit than current WCB Table 5-4,

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 where there is no established exposure limit.

2 While many of the exposure limits are the
3 same under the current table of occupational exposure
4 limits, there are some that are particularly concerning as
5 we currently have lower limits than the ACGIH. There is no
6 evidence of an assessment of the potential adverse effects
7 in the WCB's discussion paper. In fact, the proposal does
8 create a double standard, where the Board has not proposed
9 to implement the ACGIH TLVs for styrene, formaldehyde and
10 glutaraldehyde, which are lower than the current OELs in
11 Table 5-4.

12 The lack of transparency and consultation is
13 deeply troubling. We should use the ACGIH TLVs as a
14 starting point only. On these substances for which the
15 current exposure limits in B.C. are below ACGIH TLVs, we
16 can do further review and consult with other jurisdictions
17 with existing evidence-based research. Simply adopting the
18 occupational exposure limits and standards of the ACGIH is
19 not enough. This is a critical area and financing
20 appropriate review and scientific research by qualified
21 industrial hygienists, toxicologists and epidemiologists,
22 in consultation with the Board, labour and employers is
23 only prudent to protect our workers.

24 It is worth noting that a number of credible
25 organizations in different parts of the world routinely

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 undertake comprehensive reviews of exposure limits and
2 toxicological effects. An enhanced consultation and
3 sharing of expertise with these organizations, which
4 include a number of Scandinavian, British, German MAK, as
5 well as the U.S.-based ACGIH and the National Toxicology
6 Program is critical. It is important for British Columbia
7 to show leadership and not just settle to copying what
8 others do without knowing why they've done it.

9 I urge you to adopt ACGIH TLVs only in part,
10 and make provisions for industrial hygiene, toxicology and
11 epidemiology expertise, resources and review process as not
12 to short-changed B.C. workers. It will only make sense to
13 commence a dialogue for sharing resources and expertise
14 with Ontario, Alberta, Saskatchewan and Quebec, all of
15 which have accepted the ACGIH TLVs only in part and,
16 naturally, with organizations abroad as well.

17 The WCB's discussion paper does not confirm
18 that the most current edition of the ACGIH TLVs and
19 Biological Exposure Indices would be used under the
20 proposed amendments. It is critical to ensure that the
21 publication year is shown to preface the values, the table
22 designations and ALARA clause which are linked to the
23 designations are based on very thorough research that
24 included ACGIH in order to refer to the best available data
25 worldwide.

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 What is also not clear is that the
2 copyrighted trademark, Threshold Limit Value, refers to
3 limits published by ACGIH, therefore any other limits that
4 we would implement here would need to have a notation that
5 would distinguish them from the ACGIH trademarked TLVs.

6 The process that was utilized over a number
7 of years to develop Table 5-4 was very comprehensive and
8 involved a tripartite committee that performed comparative
9 analysis in developing a regulation that was acceptable to
10 all parties. The Board's proposed recommendations would
11 eliminate this critical consultative process.

12 The most critical point about any exposure
13 limit values is open worldwide sharing of the research and
14 data from which the values are derived. We need to
15 question all implemented values to ensure that ethical
16 peer-reviewed research is used when implementing decisions
17 on exposure limit values and that we understand a way to
18 test for exposure levels. The data and details of research
19 used to make a decision on a particular exposure limit
20 value must be open, clearly expressed, transparent, and
21 made publicly available for review, open discussion and
22 comment by affected parties, qualified industrial
23 hygienists, toxicologists or those credentialed with the
24 American Board of Toxicology. We need to know the basis on
25 which the exposure limits are established. At the moment

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 we are extremely concerned and not at all assured that the
2 WCB in fact has done a responsible job in this section.

3 It strongly appears that there is a very
4 limited intention for consultation and consideration for
5 those substances with current exposure limits less than the
6 ACGIH TLVs or none at all.

7 If we wish to be globally competitive, as
8 the current government states, then we need to transfer
9 that line of thinking into our research and take the best
10 world authorities have to offer in order to protect our
11 workers.

12 Duplication and Redundancy. The proposed
13 amendments intend to remove existing duplication and
14 redundancy within ten categories of requirements of the
15 Occupational Health and Safety Regulation. This particular
16 section demonstrates an outrageous stripping down of the
17 regulation. Dismantling and deregulating OH&S and removing
18 enforcement by implement performance guidelines will result
19 in increased disabling injuries, occupational diseases and
20 death for workers.

21 A careful examination of the proposed
22 amendments leads us to one conclusion only. The WCB has
23 implemented a political agenda and in doing so is
24 suggesting changes that compromise the enormous work that
25 went into developing the regulation. The process now has

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 failed to thoughtfully consider how employers and workers
2 use the regulation, how adults search, use or process
3 information, what is important to protect health and safety
4 in the workplace, and how best convey the critical OH&S
5 Regulation requirements to employers and workers.

6 Given the limited time for this
7 presentation, I will focus on training and both internal
8 and external cross-references only.

9 The removal of the general duty provision of
10 the Act relating to the training of workers within the
11 regulation is deeply opposed OH&S advocates. There is
12 absolutely no justifiable reason for the implementation of
13 this amendment. The amendment suggesting the elimination
14 of details referring to training, the cornerstone of
15 effective OH&S programs are outrageous. The intent of the
16 amendments is clearly not to maintain or improve the health
17 and safety of workers, but to simply hide the fact that an
18 employer has the duty to provide training and workers need
19 to know what that training should entail.

20 The WCB is relying on all who might use the
21 regulation to have read and internalized the general
22 employer duty clause under the Act that states that an
23 employer must provide the employers' workers the
24 information, instruction, training and supervision
25 necessary to ensure the health and safety of those workers

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 in carrying out their work and to ensure health and safety
2 of other workers at the workplace.

3 Realistically, most workers and employers,
4 if checking for requirements under a specific section, for
5 example, ergonomics, MSI, would not take the time to review
6 section 116(2)(e) and all other possibly applicable
7 sections of the Act. As a result, most people, except
8 those with very thorough knowledge of the Act and the
9 Regulation, would simply not realize that the employer has
10 the responsibility to provide training in the specific
11 measures that may be necessary to control risks of MSI in
12 the work in question.

13 In the case of confined spaces and rescue
14 requirements under Occupational Health and Safety
15 Regulation 9.38, the proposed amendment eliminates
16 subsection (1) that states:

17 Every person assigned rescue duties must be
18 properly equipped and adequately trained to
19 carry out such duties.

20 The elimination of this critical subsection is
21 irresponsible, given the knowledge that not everyone is
22 going to read the Act and the Regulation cover to cover.
23 Many workers, who need the basic knowledge of these
24 subsections, do not have the ability due to limited
25 education, illiteracy or limited English skills to review

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 much more than they absolutely have to. The reality is
2 that often the ESL workers have their children reading and
3 translating what they need to know. They won't be cross-
4 referencing by reading the entire set of regulation or the
5 Act. The proposed amendments would make it harder for
6 these workers to know what their rights are and
7 responsibilities, or what their employers' duties consist
8 of.

9 The incorporation of the training
10 requirements throughout the regulation serves to remind us
11 all of its necessity by also explaining what it entails.
12 Such explanations can hardly be considered duplication or
13 redundancy.

14 Internal cross-references. The provision of
15 internal cross-references to other parts of the regulation
16 or the Act is one of the strengths of the current OH&S
17 regulation. The internal cross-referencing is helpful and
18 makes the regulation more user friendly and improves
19 workers and employers ability to read and work with the
20 various requirements that they need to know.

21 Similarly to the internal cross-references,
22 the external cross-references serve to strengthen the
23 regulation. The standards, for instance, that are referred
24 in many sections of the regulation not only stipulate the
25 requirements for safety, performance or use, but also

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 outline industry guidelines and good practices. It would
2 be a grave loss of valuable information if these references
3 were to be eliminated. I expect that it would also
4 increase our workloads, due to need for more extensive
5 research.

6 In general the entire exercise of
7 eliminating words such as "training" or removing internal
8 and external cross-references diminishes the value of the
9 regulation as a well laid out user-friendly document. An
10 enormous of work through research, discussion, debate and
11 evaluation went into its content and ensuring the ease of
12 its use through its good organization, simplified and
13 consistent wording and provision of valuable cross-
14 references. The content and the manner in which it was
15 communicated was not only researched and debated at
16 tripartite committees, but was also carefully reviewed at
17 public hearings that many of us participated in. There is
18 absolutely no reason or logical explanation that one could
19 offer from the OH&S standpoint to justify the proposed
20 amendments under the auspices of needing to eliminate
21 duplication and redundancy.

22 Occupational First Aid. The worker
23 community is aghast with the proposed amendments to the
24 Occupational First Aid section of the regulation. Workers
25 expect Occupational First Aid provisions to be there to

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 prevent or minimize the adverse outcomes of occupational
2 injuries and diseases. The proposed performance-based
3 provision for first aid requirements are a clear
4 prescription to compromise care of injured and ill workers,
5 which, if implemented will result in higher claims costs
6 for B.C. employers. The draft guidelines are non-
7 enforceable documents that do not form part of the
8 regulation. The proposed amendments diminish the critical
9 first aid provisions for B.C. workers and compromise prompt
10 and effective care by watering down the necessary
11 requirements.

12 We all know that most employers and workers
13 without the benefit of first aid background would not be
14 able to assess the needs of a workplace for its first aid
15 requirements, nor would they be able to establish effective
16 first aid programs without the benefit of clearly laid out
17 requirements.

18 The elimination of the WCB first aid
19 officers has now taken away opportunity for that type of
20 expert assistance and guidance from the WCB to B.C.
21 employers, who, with the proposed changes, would call for
22 help in assessing and determining their first aid needs.
23 Although the current hazard classification under Schedule 7
24 has room for improvement, simply eliminating it and saying
25 to employers you decide what is appropriate, is wrong.

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 The history we have on other types of risk
2 assessments is less than convincing for me to believe that
3 B.C. employers will be able to make appropriate
4 determinations for first aid provisions instead of leaving
5 employers scrambling, and in some cases counting band-aids,
6 an honest and helpful process would continue prescribing
7 what is necessary for the various hazard classifications.
8 The hazard classifications in turn could be made into five
9 instead of the current three levels of low, medium and high
10 to better meet the variety in the B.C. industry sectors.

11 For the reasons that I have briefly
12 presented to you here tonight, I strongly feel that the
13 proposed amendments will not serve the workers or employers
14 of British Columbia for the betterment of occupational
15 health and safety. The proposed amendments completely
16 focus on deregulation, which, as a seasoned OH&S
17 professional, I cannot support. On behalf of CEP I urge
18 you, members of this Panel, to fulfill your mandate by
19 making a commitment to protect the health and safety of
20 B.C. workers. History proves that protection cannot be
21 achieved through deregulation.

22 The current OH&S Regulation, although not
23 perfect, is a product of extensive consultation. That
24 consultation, coupled with research and dialogue between
25 the WCB, employers and organized labour, tripartite review,

TUULA SILLANTAUS
(Communications, Energy, Paper Workers)

1 and the well-planned public hearings, resulted in a well-
2 organized and carefully thought out OH&S Regulation.

3 We urge you to ensure that British
4 Columbia's workers will continue to be protected at their
5 workplaces, by rendering a decision against the proposed
6 amendments.

7 I thank you for this opportunity to
8 participate in these public hearings.

9 THE CHAIR: Thank you very much, Ms.
10 Sillantaus.

11 MS. SILLANTAUS: Thank you.

12 THE CHAIR: Thank you.

13 Our next speaker is Mr. Dan Buss, Family
14 Advocate. Mr. Buss, just before you commence, Family
15 Advocate, is that an organized group that you are speaking
16 on behalf of?

17 MR. BUSS: No. Actually I represent many
18 people, most of us are injured workers. That's my purpose
19 in many groups, not just -- as an advocate, I represent
20 like many (indiscernible) people and many injured workers
21 and people around the world.

22 THE CHAIR: And are the views that you're
23 giving tonight, personal views that reflect...

24 MR. BUSS: No, this is my take on the day.
25 This is the take on the day, and this is what we're up

1 against and dealing with all these years. I've been doing
2 this for many years, so it's just some rehash of the day.

3 So what I would like to address is in here,
4 so this is why it's very brief, because the issues -- well,
5 you'll hear about it in my presentation.

6 THE CHAIR: Okay, thank you.

7 PRESENTATION BY MR. DAN BUSS:

8 MR. BUSS: So today I sat through these
9 hearings and it appears to me that, once again, the
10 Government of B.C. and the WCB of B.C. have dodged another
11 bullet. The true issues of systemic misdirection within
12 these forums are rarely addressed, and I'm reminded of
13 comments once made by Kevin Krueger, a Liberal M.P. from
14 Kamloops, speaking to the Minister of Labour, who said
15 that, "If we use the same equation we always end up with
16 the same answer."

17
18 I have observed and seen many different
19 parts of this system. This system at its inception was a
20 very good starting point. It was developed to assist all
21 workers and employers. Over the years the misconception of
22 abuse has led to the current state of affairs where neither
23 side of this confrontation will take the first step to
24 meaningful change. In order for significant change, only a
25 shift in consciousness on both sides of this struggle will

1 bring real results.

2 I have made many presentations for various
3 organizations at meetings like this, suggesting to the
4 governments of B.C. and Canada the types of changes that
5 were needed to resolve some of the current difficulties and
6 offering solutions. I was involved, many years back, as a
7 speaker in the Royal Commission that looked into the WCB of
8 B.C. The many recommendations and solutions offered by the
9 injured workers during that process fell on deaf ears. The
10 end result of the recommendations in this report that
11 numbered 113 pages was a report that we labelled "The
12 Employers' Protection fund". Of the many represented
13 injured workers at the Royal Commission hearings, 113 pages
14 were recommended, and most were dissented by Jerry Stoney,
15 who represented the injured workers at the Royal Commission
16 hearings. Nonetheless, many of the recommendations have
17 now been adopted by the government and implemented in the
18 new *WCB Act* and the *Labour Code of B.C.* Both then and now
19 the issues that needed to be addressed have not been. For
20 example, the issue of unqualified personnel both developing
21 policy and deciding medical and/or scientific issues, as we
22 have seen here today, remains unchallenged.

23 In fact, the real cause of the current
24 difficulties in the system are not the costs associated
25 with the rehabilitation of an injured worker, or excessive

1 regulations, but are shown by the WCB's own stats to be an
2 ill-conceived management structure. At the end of the day,
3 decision makers, who are incidentally not here, have little
4 investment in the rightful prerogatives of the WCB, but are
5 merely concerned with the economics and political
6 protectionism. Even though the government has enacted many
7 new changes, the real cause of excessive costs will remain.

8 The original of the *WCB Act* was to make a
9 stand against questionable business practices. This
10 original concept is a good one and does not need to be
11 changed. Where change is needed is not in the
12 restructuring of the *WCB Act* but in its implementation.
13 The government has slowly eliminated all opposition to any
14 and all changes that fly in the face of a fluctuating
15 government policy. Once again, the government has
16 facilitated the WCB in justifying its own existence, and
17 the specific interest of many groups that make up the work
18 force are not the fundamental issues needing to be
19 addressed. These issues are merely symptomatic of an
20 ineffectual system. The confrontational system never
21 worked and never will.

22 All of us were responsible for getting to
23 this point, and we are all responsible to help each other
24 to reach our common goals. Remember, what we fail to do
25 for others, we fail to do for ourselves. And governments

1 will come and go, but injures like mine can be forever.

2 Thank you.

3 THE CHAIR: Thank you, very much, Mr. Buss.

4 We have no further registrants at this time.
5 The Panel is going to adjourn for 15 minutes in the event
6 that we have any further registrants come forward. If not,
7 at the end of 15 minutes, we will be closing the hearing.

8 --- PROCEEDINGS CONCLUDED AT 8:00 P.M.

9
10 I HEREBY CERTIFY the foregoing to be a
11 true and accurate transcript of the
12 proceedings herein, transcribed from
13 taped proceedings, to the best of my
14 skill and ability.

15
16 _____
17 Pat Neumann
18