

WORKERS' COMPENSATION BOARD OF B.C.

PUBLIC HEARING

OCCUPATIONAL HEALTH AND SAFETY REGULATIONS

Kelowna, B.C.
March 23, 2004

TRANSCRIPT OF PROCEEDINGS

PANEL:

Margaret Eckenfelder
David Young
Ed Bates

Chair
Vice-Chair
Legal Counsel

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Kelowna, B.C.
March 23, 2004

1 PROCEEDINGS COMMENCED AT 9:00 A.M.

2 THE CHAIR: Good morning and welcome. My
3 name is Margaret Eckenfelder and I am the Chair of the
4 Panel for the public hearing on Proposed Amendments to the
5 Occupational Health and Safety Regulations of the Workers'
6 Compensation Board. On my left is David Young, he is the
7 Vice-Chair, and on my right is Ed Bates, he is our Legal
8 Counsel.

9 I am going to do a brief introduction and
10 then we will be into the morning presenters. The purpose
11 of the public hearing is to give you the opportunity to
12 comment on proposed amendments to Occupational Health and
13 Safety Regulations relating to Occupational Environment
14 Requirements; Workplace Conduct and Violence in the
15 Workplace; Noise, Vibration, Radiation and Temperature;
16 Fall Protection; Ladders, Scaffolds and Temporary Work
17 Platforms; Agriculture and a number of miscellaneous
18 sections in the Occupational Health and Safety Regulation.
19 In addition, we are here to listen to comments on proposed
20 policy amendments relating to Occupational Exposure Limits
21 for Chemical Substances.

22 We are here to listen to your remarks. To
23 ensure that we proceed in a timely manner we ask that you
24 keep your presentation to the time that you have been
25 assigned and we will give you a one-minute wave when you

THE CHAIR
(Introductory remarks)

1 get close to the end.

2 A transcript of your comments will be made.
3 If you have additional written material to leave with us,
4 please do so. Both oral and written submissions will form
5 part of the public hearing record. The deadline for
6 receipt of any written materials is 4:30 p.m. on April
7 16th, 2004. So if you are here simply to observe the
8 session today and conclude that you do want to submit
9 written comments, we invite written comments from those who
10 are here but not necessarily presenting.

11 Prior to the commencement of the public
12 hearing the WCB hosted technical information sessions in
13 eight locations across the province. These sessions were
14 intended to provide interested parties with an overview of
15 the proposed amendments and an opportunity to engage
16 technical experts to determine potential implications for
17 health and safety, and possible implementation challenges.
18 I wish to take this opportunity to thank those of you and
19 those who were in your organizations who participated in
20 the technical information sessions.

21 This public hearing represents the formal
22 consultation process. Once the hearing process is
23 complete, written and oral submissions will be examined.
24 The Board of Directors is the decision-making body of the
25 WCB. The Board will have access to all of the submissions

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1 prior to making their final decisions on these proposals.

2 Once again, this is your opportunity to be
3 heard on these important issues. Thank you for your
4 interest and involvement and we look forward to hearing
5 your views. With that, I would like to proceed with our
6 first speaker, Mr. Steve Thomson from the BC Agriculture
7 Council.

8 PRESENTATION OF MR. STEPHEN THOMSON ON BEHALF OF BC
9 AGRICULTURE COUNCIL:

10 MR. THOMSON: Thank you and good morning.
11 My name is Steve Thomson. I am the Executive Director with
12 the BC Agriculture Council and the BC Agriculture Council
13 is the general farm organization that represents the
14 collective interests of B.C. farmers and ranchers all
15 across the province.

16 I have provided a written submission to you
17 and we will probably, as I indicated at the end of the
18 submission, be following up with some further written
19 submission by the deadline date because my comments are
20 more general in nature, rather than specific to the
21 individual Regulations that are being proposed.

22 In the submission we have just given you
23 some general information on the industry, also to note that
24 we have taken an active interest in farm and ranch safety
25 throughout the province. We continue to support and

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1 endorse the efforts of the B.C. Farm and Ranch Health and
2 Safety Agency, FARSHA, which is funded and supported by a
3 surcharge on employer premiums at the WCB. And we, the
4 Council, nominate the producer or industry representatives
5 to the FARSHA Board of Directors.

6 The general comments we made about the
7 industry are just to give you an indication of the size of
8 the scope of the industry and the importance of agriculture
9 to the provincial economy. I won't go through those in the
10 interests of time, but I would like to make one comment
11 around the unique nature of the industry that kind of is a
12 context to our concerns with respect to the implementation
13 or the bringing of the Agriculture Regulations in under the
14 Occupational Health and Safety Regulations.

15 As you know, agriculture is comprised of
16 many small employees or employers. According to the WCB
17 records, 89 percent of our employers have fewer than five
18 workers. Six percent employ between six and ten workers.
19 Three percent employ from 11 to 20 and only two percent
20 have over 20 workers. So when you look at the fact that 89
21 to 90 percent of our employers have less than five
22 employees, these are unique worksites, and there's a very
23 close relationship between the employer and his employees,
24 and the application of sort of a specific set of
25 regulations is difficult to implement in those worksites.

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1 There is quite a history to regulation in
2 the agriculture sector, which I'm sure you're aware of. It
3 was 1983 where we had mandatory Compensation coverage to
4 agriculture initially. We didn't have regulations. There
5 were guidelines in place, and then there was a process, a
6 very intensive and long process, around developing a set of
7 regulations specific to the industry for agriculture, which
8 were implemented in 1993. And those regulations at the
9 time were developed in a very close or a very intensive
10 process involving industry, farm worker representatives and
11 the Board technical and advisory staff in developing those
12 recommendations.

13 The point that I want to make here is that
14 those regulations at that time were developed recognizing
15 the unique nature of the agriculture worksite and the
16 diversity of operations throughout the province,
17 recognizing that we have 200 different commodities in the
18 province, you know, different natures of operations, remote
19 locations, many small employers. So the regulations were
20 designed specifically to suit the nature of the industry
21 and were accepted and endorsed by industry and accepted and
22 endorsed by the WCB and have been the regulations that have
23 been used by FARSHA in our education and awareness programs
24 and used by the Board in their enforcement and compliance
25 activities, although the focus really has been on education

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1 and awareness. And FARSHA was established in 1994.

2 The position that I want to indicate to you
3 today from the Council, we have had a serious look at this
4 proposal to move Agriculture in under the general
5 Occupational Health and Safety Regulations and we made
6 representation to both the Board and to the provincial
7 government that we felt this process was unnecessary. It
8 was our view that the existing set of regulations for
9 agriculture operations were sufficient and adequate for the
10 industry; they recognized the unique nature of the industry
11 and were the ones that should continue to be used. They
12 had been accepted, utilized by FARSHA and, in our view,
13 were working. And sort of the approach of if it isn't
14 broken, why fix it?

15 And so the position we took and made in our
16 representation was that the existing regulations should
17 continue to be used, and that FARSHA remains the most
18 effective means of improving health and safety on farms and
19 is strongly supported by our industry and by the Board,
20 through its regular evaluation and review of FARSHA. And
21 that claims and accident rates in the industry have
22 stabilized as evidenced by the relative stability of the
23 premium rates in our sector.

24 So our overall view was things are working
25 well, we've got a situation where we've got our own

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1 regulations that work for the industry, why complicate the
2 process and bring in new regulations that are going to be
3 difficult to administer, difficult to implement and may not
4 necessarily achieve the objectives.

5 So that's the position we took. The Board
6 in its wisdom made a different decision in terms of, at
7 this point, in terms of proceeding with the proposed
8 regulatory amendments and this resulting public hearing.
9 We did participate in the technical briefing sessions
10 around some of the specific regulations and, to be fair, in
11 the process we had a number of concerns addressed in that
12 process and got some greater understanding of some of the
13 Regulations that are being proposed, although that hasn't
14 changed our overall position.

15 But I did have a couple of comments around,
16 you know, I guess, in recognition that the Board ultimately
17 may proceed with the direction they're going, and we've got
18 some recommendations around implementation if you do
19 proceed in that direction. And the things that we're
20 saying is that there needs to be development of additional
21 guidelines to support the Regulations in order to assist
22 with the communication and awareness building within the
23 industry. And we think those guidelines should be
24 developed in close consultation with the industry through
25 FARSHA, through our Farm and Ranch Safety Agency.

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1 We also think that:

2 Implementation plans should be developed,
3 also in consultation with FARSHA, that include a phased-in
4 introduction of the new requirements with an emphasis on
5 education rather than enforcement, so that there's some
6 lead time before the new set of regulations become fully
7 enforced.

8 That it should be results based.

9 We are also saying that there's going to be
10 need for enhanced education and awareness of the new
11 Regulations and the need for those implementation plans.
12 This should be done in consultation with FARSHA.

13 We think there should be some additional WCB
14 financial support to FARSHA in order to do that, that
15 should be provided directly rather than through an
16 increased assessment on individual producer premiums,
17 rather than raising the surcharge with a levy on producer
18 premiums at FARSHA.

19 That there should be a general initiative of
20 the WCB because FARSHA is going to have to do new manuals
21 and new training materials, probably new publications
22 around certain aspects of the new Regulations.

23 There's going to need to be retraining of
24 the coordinators.

25 There's going to be a lot of efforts that's

1 required in terms of moving these new Regulations into the
2 industry, and so we think there should be general support
3 from the WCB for that and not an increased assessment.

4 So these are our general comments. We are
5 relying on FARSHA. I know they're making a submission to
6 comment more specifically on a number of the individual
7 Regulations, which I know they are going to do in their
8 submission. And as I said earlier, we are probably going
9 to provide some further written comment around the specific
10 Regulations by the 16th.

11 THE CHAIR: Okay. Well done, in time.

12 MR. THOMSON: Get it in time, waiting for
13 the signal.

14 THE CHAIR: Any questions, David or Ed? So
15 thank you very much, Mr. Thomson.

16 MR. THOMSON: Okay, thank you.

17 THE CHAIR: The next presenter is Ms. Liana
18 Powell.

19 PRESENTATION OF MS. LIANA POWELL:

20 MS. POWELL: Good morning. My name is Liana
21 Powell and I am a Registered Psychiatric Nurse. I work at
22 Kamloops Mental Health After Hours Crisis Response.

23 I am speaking to you today as a frontline
24 worker, as well as an advocate, as I am an Occupational
25 Health and Safety Steward for the British Columbia Nurses

1 Union for this region.

2 My submission will be primarily focused on
3 Violence in the Workplace. As well, I will touch upon the
4 Occupational Environment proposed amendments and how I
5 think that those proposed amendments may, in fact, increase
6 the risk of violence to the workers. My goal in doing so
7 is to hopefully keep the Risk Assessment language that is
8 in the current Regulations, if not improve upon it, and to
9 ensure while we address the worker-to-worker violence,
10 specifically because of the incident in Kamloops which is
11 close to the heart, that we do not minimize the violence
12 that the frontline workers are exposed to from the non-
13 workers.

14 It is specifically because of violence that
15 I do the job that I'm doing. For example, the person or my
16 predecessor before me was assaulted in the job and
17 eventually had to leave the job. It is specifically
18 because of (1) the attitude that "we as nurses knew what we
19 were getting into when we chose our profession"; (2) how
20 violence in the workplace is minimized every day; and (3)
21 the lack of accountability that we get from the employers
22 in regards to violence, that I became an Occupational
23 Health and Safety Steward for BCNU.

24 And finally, it is because of the current
25 language of the Risk Assessment in regards to Workplace

1 Violence that I have been able to push through all the
2 barriers that there are and begin to implement some changes
3 within my worksite and within this region to help reduce
4 the risk of violence to the frontline workers.

5 Initially I want to discuss "Risk
6 Assessment" and what is effective. Basically what I've
7 covered is that:

8 (1) The language is really clear. It says
9 a risk assessment must be performed if there is a risk of
10 injury. I know from having different WCB orders and
11 appeals we've had that backed up recently. The quote was:

12 By using language such as "risk" [of injury]
13 and "might" it appears that the legislature
14 contemplated application of this section of
15 the regulation in cases where there is a
16 mere possibility of an occurrence.

17 It goes on to say:

18 It is not necessary to prove that an injury
19 has occurred in the past or that the risk of
20 an injury is "probable"...

21 (2) By allowing this language it focuses on
22 the potential, and I know ten years ago I was quoted from
23 WCB officers that we cannot base on potential. I have seen
24 a huge change and a good change. I think by focusing and
25 keeping this language that we can again reduce the

1 potential for violence.

2 What is not effective is the lack of
3 enforcement of this Regulation. Also, the employers, at
4 least in the Interior Health Authority, are appealing what
5 seems to be every order. And the employers are doing
6 elaborate assessments, not risk assessments and not with
7 consultation with worker representatives.

8 The next section is "Instruction of
9 Workers".

10 What is effective? Again, it is clear and
11 specific language stating employers must inform workers of
12 individuals who have a history of violence. They must
13 inform workers of the procedures, policies and work
14 environment arrangements which have been developed.

15 What is not effective? The confidentiality
16 of individuals has been allowed to supersede the rights of
17 workers in regards to sections, and the language is not
18 enforced effectively to protect workers adequately.

19 The impact that I see of these proposed
20 amendments in regards to the risk assessment, I believe
21 that section 4.28 as the new proposed amendment changes the
22 meaning from the existing language. The new language says:

23 The employer must conduct an assessment of
24 the risk of threats of violence and
25 violence...as applicable.

1 This does not properly address the potential, as I
2 mentioned earlier and how important that is. It seems to
3 say, from one layman, one frontline worker, when there's a
4 threat of violence some type of assessment needs to be
5 done. That is not clear specific language.

6 Based on the assessment the employer must
7 develop...a violence and control plan...

8 This language promotes, I believe,
9 subjectivity for the employer. It's based on the
10 assessment, which wasn't again clear of what kind of
11 assessment.

12 If workers based on the assessment...may be
13 exposed...

14 Again, what seems to be simple wording
15 change, I believe, has great impact. I believe it
16 minimizes the risk of violence. Workers, any frontline
17 workers may be exposed, but once a risk assessment has been
18 done because there's identified that there is a risk, these
19 workers are exposed every day. And I believe by putting
20 language in like "may" and "might" it sets up a real super-
21 nurse syndrome or super-worker syndrome, whereas some will
22 follow and comply with policies because they think that
23 it's a problem and others will say that they're bigger and
24 better than that.

25 In regards to the flagging. According to

1 4.28 the employer must provide information on anyone who
2 has "relevant history of violence". I know in our area and
3 throughout the province there is much controversy over
4 flagging of clients. The opposers say that it is not fair
5 to label these people forever, and that's not what we're
6 saying we want done. The opposers say there may be
7 extenuating circumstances. As far as I'm concerned, there
8 is always extenuating circumstances when violence is
9 occurring. I believe that the word "relevant" again
10 promotes further subjectivity so it's what is "relevant"?
11 For some, relevant has a lot of different meanings.

12 In general, this section of the proposed
13 amendments gives increased power to the employer. With the
14 current language there is already much challenge in holding
15 the employer accountable and seeing some timely implemented
16 action. It is the workers and advocates like myself that
17 have referred back to these Regulations over and over,
18 which have made enforcement. The proposed amendments will
19 further hinder this process.

20 Finally, looking at worker-to-worker
21 violence. I believe that combining worker-to-worker
22 violence with violence against workers into one regulation
23 again minimizes the violence that we are exposed to by non-
24 workers. It implies that worker-to-worker violence is as
25 prevalent. It is tragic what has happened in Kamloops but

1 it is not an everyday thing that is happening. Violence in
2 the workplace or the exposure to it for frontline workers,
3 from emergency nurses to long-term care nurses to community
4 nurses, it is an everyday thing that is not going away.

5 I believe that the language is too
6 generalized and it doesn't capture specific areas for risk
7 assessment. Risk assessments would obviously be different
8 when we're trying to potentially reduce the risk of
9 violence to frontline workers. We're looking at building,
10 we're looking at location, we're looking at double
11 staffing. That does not apply for worker-to-worker
12 violence.

13 Finally, as I said, I wanted to discuss the
14 occupational environment. Specifically, I know the
15 *Building Code*, it's got standards about size and everything
16 else, but it does not talk about having designated staff
17 washrooms, and I think that is something that can also
18 increase the risk of violence for a lot of areas: nursing,
19 police.

20 In my summary of recommendations I basically
21 want to ensure the language is clear, specific and
22 enforceable.

23 I want to reduce the risks as much as
24 possible of violence to the frontline worker.

25 I want to leave 4.28 as is, whereas risk

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1 assessment language is clear.

2 I want to focus on potential and prevent
3 waiting until something happens before something can be
4 done. If it is difficult to interpret it, it will be even
5 more difficult to enforce it.

6 Thank you.

7 THE CHAIR: Thank you. Thank you very much.

8 Mr. David Welder...?

9 PRESENTATION OF MR. DAVID WELDER ON BEHALF OF IWA-CANADA
10 LOCAL 1-423:

11 MR. WELDER: Thank you. Hello, my name is
12 Dave Welder. I am Business Agent for IWA Local 1-423.

13 I've just got a request before I start here.
14 Is it possible to get an extra couple of minutes, as I've
15 gone through my thing and it's going to be about a couple
16 of minutes past 15? Okay.

17 In my submission here I've got about half
18 the information as I started getting on a tangent here and
19 really got involved in this.

20 I have been in the workforce since I was 15
21 years old. I spent my first two full summers working on a
22 golf course. I then went and worked in a mould-ridden
23 perishable food cooler warehouse for the next two years.
24 And in 1992 I started working for a sawmill in downtown
25 Kelowna, Riverside Forest Products. I started off as a

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1 clean-up kid. I worked my way through many jobs, and when
2 I left there last March I was a 4th Class Steam Engineer.
3 Now I work for our local union and last year I became the
4 Health and Safety Director. I feel that I have got a very
5 broad spectrum of experience in the industrial area.

6 First of all, I would like to thank the
7 Panel for coming to a community other than the Lower
8 Mainland. It's very nice to see that people in the
9 Interior get a voice. I know you guys will get a lot of
10 beaking-off here, but I do appreciate you coming.

11 So on the discussion here, I went through
12 some of the Regulations and I can't get my head wrapped
13 around why reducing the standards would be in the best
14 interests of workers. I mean, how does the reduction of
15 Health and Safety Regulation make B.C. a better place? If
16 people get injured or killed, there's a total sum here.
17 They're going to end up somewhere in society, a drain on
18 something.

19 And, you know, one of the things is the
20 noise allowance. It's proposed to go to 140 decibels from
21 135, and I just ask the Panel that have you guys ever
22 worked in a workplace at 140 decibels? I mean, even 120 or
23 125 is an extremely loud work area.

24 The other thing is why is everything moving
25 to a Guideline? What's happening? You know, it appears

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1 that we're going to make the current Regulations
2 unenforceable so that the poor employers get away with it.
3 I've been to some plants that it's just horrible, some of
4 their safety practices, and I can't see this making it any
5 better.

6 And, you know, one question I have is, you
7 know, give me one good reason why employees would find
8 Guidelines instead of Regulations a good thing? They
9 wouldn't.

10 On Noise Exposure, 7.22, what good reason is
11 there to move the annual review to a Guideline? It should
12 stay a Regulation. It's logical that the annual review is
13 important.

14 Section 7.16 it says this is being deleted
15 and it says so it can be addressed in the Act. Why make it
16 more confusing? The Occupational Health and Safety Regs
17 are the place for this requirement, as the stuff in section
18 116 of the Act doesn't really say the same thing.

19 Section 7.8(2). I find it very convenient
20 that the employer would not have to ensure that:

21 ...current noise measurement results are
22 readily available for reference by an
23 officer, and the joint committee or the
24 health and safety representative...

25 Why remove this tiny requirement?

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1 Section 7.19(2):

2 The employer must not duplicate or keep a
3 copy of the medical history record.

4 This is proposed to be gone and replaced with a Guideline.

5 This concerns me a bit.

6 Another issue is Thermal Exposure. I worked
7 in a powerhouse when I left, a very, very hot place and I
8 was in some situations a few times where you, you know,
9 you're working in a shutdown of a boiler and its 50 degrees
10 Celsius inside. If you don't know the hazards, you can be
11 injured quite quickly.

12 I'm concerned that the ACGIH standards are
13 mentioned numerous times but there doesn't appear to be a
14 requirement for these standards to be accessible by workers
15 in the workplace.

16 Section 7.61(a) and (b). You know, it's
17 thoughtful for the Board to delete this section. It's a
18 very small requirement:

19 Workers at risk of heat related disorders,
20 and their supervisors and immediate
21 coworkers must be adequately educated and
22 trained in

23 (a) recognition of signs and symptoms of
24 heat related [stress] disorders, and

25 (b) the responsibility to leave the hot

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1 environment if signs or symptoms of a heat
2 related disorder occur.

3 This is a very small requirement and I can't understand why
4 the Board would want to delete this and cover it with some
5 other vague section.

6 7.58. Gone. No requirement for cool
7 potable water. That's a big one.

8 7.60. No warning signs. Gone. That's so
9 inexpensive. I can't see why that would be gone.

10 7.59. This gets changed to an "appropriate"
11 first aid attendant, not a Level 2 or 3.

12 Myself, I suffered from heat stroke this
13 last summer when I was on a trip in Alberta and I almost
14 passed away and lucky for me there was some ambulance
15 paramedics there. When they got me in the ambulance, my
16 resting heart rate was 220 and my heart felt like it was
17 ripping apart. The first aid attendant there made a
18 decision to call the paramedics. Had she waited awhile, I
19 would have ended up having a heart attack. I ended up in
20 hospital. And my resting heart rate is usually 67 and 220
21 is quite high. And I'm in this ambulance and the guys were
22 freaking out that I'm going to pass away and all I can
23 think about is my chest ripping and my heart pounding a
24 million miles a minute.

25 And I can see the same thing in the

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1 workplace, where you could be in a hot environment and
2 somebody doesn't know what's going on and they don't make
3 that right decision right away, and somebody could be
4 seriously injured.

5 I notice in section 7.70 the requirement for
6 hand warming when a task has to be completed with a
7 worker's bare hands in the cold is now gone. The
8 explanation note is way too vague on this issue. If you're
9 forcing a worker to work with his bare hands, there should
10 at least be a heater there if he's out in the cold.

11 Another concern I have is lunchrooms.
12 Section 4.86. It says the owner's responsibility and the
13 explanatory note says that it's covered by sections 119 and
14 121 of the *Act*. When you actually read 119 and 121 of the
15 *Act* you see it says:

16 (c) comply with this Part, the regulations
17 and any applicable orders.

18 And 121 is the same thing. It says:

19 ...complies with this Part, the regulations
20 and any applicable orders.

21 Well, if it goes to a Guideline, it's not covered by 119 or
22 121 as there is no Regulation. It's going to be a
23 Guideline.

24 Lunchroom, self-contained room. It's not in
25 there any more under the proposed changes.

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1 490. (1) The minimum floor area, gone.

2 (2) Impervious to water on the floor.
3 Gone. You could have a lunchroom, it could be a dirt
4 floor.

5 (3) Construction material. It's in there.
6 We don't know what the Guideline is going to look like.

7 (4) No exit into a washroom.

8 (5) Ventilation.

9 (6) The sinks with the hot and cold water.

10 (7) The cupboards for food, dishes and
11 utensils.

12 (8) The tables and chairs.

13 (9) The garbage cans.

14 All those things don't appear to be in
15 there. The new section, you know, I think it's almost
16 useless. It says if the employer prohibits you from eating
17 at your workstation or if your food would become
18 unwholesome. Some of the mills that I service, I mean, you
19 know, right now there's mice and disgusting stuff in the
20 lunchroom. If you don't have a lunchroom as long as your
21 food doesn't get unwholesome, tough luck. I mean, I just
22 can't fathom that and I would hope that this doesn't go
23 through.

24 The thing is, is employers, when they're
25 looking at something why would they spend money on a

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1 lunchroom or washroom, when for \$100,000 to put in five
2 lunchrooms or a washroom in a big sawmill they can buy a
3 brand new Caterpillar or some other piece of equipment that
4 makes them money. These things don't make them money.
5 These are hygienic issues.

6 When it comes to washrooms this is where I
7 really have an issue. And that is, you know, section 4.93
8 is gone, the separate washrooms for men and women, gone.
9 It's horrible. You know, before there was a certain
10 formula that you had a certain number of workers on a
11 shift, you had a certain number of toilets and urinals.
12 That's gone.

13 I remember working on a shift that had 25
14 people. We all got our coffee break and lunch break at the
15 same time and it was like a deli. You had to pick a number
16 and just about wait in line because there was only one
17 toilet, I mean, and it was right on the limit. Now there's
18 going to be no restriction. Okay, there may be a
19 Guideline, but really there's no real meat and teeth to it.

20 One thing I would like to go over, and I'm
21 glad that we have a female on the Panel here. I'd like to
22 go over a scenario with you here. My old home operation
23 that I left a year ago was Kelowna Lumber. It's a sawmill
24 of 210 people, Riverside Forest Products, two women, 208
25 men that work there, five different departments. There's

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1 two women's washrooms in the plant and about six or seven
2 men's washrooms. So bear with me here. Now the
3 requirement is only for a washroom.

4 Consider this: A woman working in a factory
5 or a sawmill with a multitude of men, a woman would have to
6 share this washroom with as many men as the company so
7 desires. As a woman, as the Chair is, you would know what
8 it's like to have some privacy around a group of men, and I
9 ask you this question: You wouldn't want the men that you
10 work with to know that you just went to the bathroom and
11 laid a hot steamy one in there, or that you're on your
12 menstrual cycle. You would find that somewhat of an
13 invasion of your privacy. Everybody does it, you just
14 don't want all the guys in your crew to know. And one lady
15 that still works there, she's one woman with 25 guys in her
16 department. She luckily has a washroom in her department.
17 The other lady doesn't have a ladies' washroom. She shares
18 a washroom with a bunch of men but it has a lock on the
19 door.

20 You know, most women consider this a private
21 matter going to the washroom, I believe, from what I've
22 seen. And I have a wife and sisters and a mother and that
23 type of stuff.

24 Now, let's go through this scenario. A male
25 co-worker goes into the washroom and leaves the seat down

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1 and goes for a pee - and guys aren't the cleanest people in
2 the world and I know that because I'm one of them - pees
3 all over the seat. So then a woman comes in. She has to
4 go to the washroom. First she's got to clean off the
5 toilet seat because she has to share a washroom with the
6 men. Then what if she's on her menstrual cycle? You know,
7 this is private. I know even the woman that I live with
8 doesn't like me to know when that stuff's going on. So she
9 goes into the washroom and does her business, comes out of
10 the one washroom in that department and then hides her
11 feminine hygiene product in the garbage. Right now there's
12 a requirement that it's supposed to be a covered
13 receptacle. It's not in there anymore. Gone. It could be
14 a can with a garbage bag in it, open. A lot of the places
15 just have a garbage can. They don't have a covered
16 receptacle.

17 So now she does her business and she goes
18 into the lunchroom. Right behind her comes another man
19 because it's lunch break time. So he goes in there and he
20 goes and does his business and he looks in the garbage can
21 and there's a pad full of blood. She goes in the lunchroom
22 for lunch and then the other male comes into the lunchroom
23 for lunch. Now, how is this woman going to feel? She goes
24 in the lunchroom, somebody could say something to her, or
25 you see two people in the corner whispering and laughing at

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1 her. I mean, how would you feel?

2 Like, I have a mother and I have a wife and
3 I have some sisters. And if that happened to my mom, I'd
4 be pissed. I'd be really mad. You know, I would expect no
5 woman to go through treatment like that. They should at
6 least have their own private washroom.

7 Or a lot of mills, once it was a warehouse,
8 they fill it up with equipment. It had one washroom
9 before. Sure, you may have 50 people working in there now.
10 It's not a big deal. Those industrial settings get built
11 up over time and nobody really comes and checks it. It's
12 just that an engineer approved the drawings and you're
13 done.

14 I really hope that you guys really look at
15 this and change that requirement. It's huge for me. It
16 doesn't matter to me, I can go to the washroom wherever. A
17 lot of men at sawmills, just if they have to go take a leak
18 they'll just pee beside a load of lumber or beside some
19 railcars. It doesn't matter to them. Guys don't care
20 about the privacy of those things a lot of time. But it
21 does matter to women.

22 Back to the issue of why do we have laws and
23 regulations, not practice guidelines, in most aspects of
24 society. If guidelines were the be-all and end-all, why
25 don't we make murder, spousal abuse, and drinking and

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1 driving a guideline? Why don't we say if the guideline for
2 drinking and driving is .08, why don't we say that, "Well,
3 because that guy's an alcoholic and he can hold his liquor
4 well, we're going to make it a guideline"? Or the abuse of
5 children, why don't we make that a guideline? Most things
6 in society are rules and laws. This area of society we
7 seem to be deviating from that. Guidelines are just that,
8 guidelines, you know, it suggests more of a recommendation
9 or advice than a regulation that is enforceable.

10 But I would like you to take this back to
11 the government, or to the people that are actually doing
12 the laws here. That by removing these Regulations you're
13 helping give unions a reason to exist again. When we go to
14 a crew, we can say, "Hey, look. We can get you, we're
15 going to build lunchrooms into your contract. We're going
16 to build first aid attendants into your contract." It's
17 going to help us as an organizing tool.

18 The changes to the Regulations are more than
19 I'm sure some employers ever dreamed of. They're so far to
20 one area that I can't believe it.

21 The one last issue is when it comes to the
22 *Codes*, the *B.C. Building Code* and the *National Building*
23 *Code*. It's mentioned a couple of times. I tried going on
24 the Internet and trying to find the *B.C. Building Code* and
25 the *National Building Code*, and when I go there I realized

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1 that there's a cost of \$99 or \$120 to get a copy of this.
2 So how is any worker supposed to find out what the actual
3 rules and regulations are if they're not in the
4 Occupational Health and Safety Code? It's impossible.
5 They're not going to spend \$120 or \$99 to try to find out
6 what the washroom Regulations are. And that's just wrong.
7 There was a reason why they were in the Code. It worked
8 well, and anybody could find them.

9 Lastly, again, you know, I hope I didn't
10 offend you up there, but, you know, I appreciate the
11 opportunity to say something and it feels good to be able
12 to vent once in a while.

13 THE CHAIR: Thank you very much. Any
14 questions? Thank you.

15 Mr. Mike Hadikin?

16 MR. HADIKIN: Yes, I am.

17 THE CHAIR: Okay. Good morning.

18 MR. HADIKIN: It's not too loud, is it?

19 THE CHAIR: No, that's fine.

20 MR. HADIKIN: My voice carries a little bit.

21 THE CHAIR: Yeah, it's a good voice.

22 PRESENTATION OF MR. MIKE HADIKIN ON BEHALF OF IWA LOCAL 1-
23 423:

24 MR. HADIKIN: And a quick little bit about
25 myself. I've been working for Pope & Talbot in Midway,

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1 B.C. for about 28 years. I've been on the Safety Committee
2 for about 20 years and I just want to read this little
3 section here, if possible.

4 THE CHAIR: Absolutely.

5 MR. HADIKIN: Thank you.

6 THE CHAIR: It's your ten minutes.

7 MR. HADIKIN: Spend it well. It's on "Fall
8 Protection". The proposed changes for the Fall Protection
9 Regulations removes much of the specific instructions of
10 what is required. For example, the definition of "fall" or
11 "full body harness with a protection system" currently
12 lists what is considered a fall protection system:

- 13 • guardrails
- 14 • a safety belt or full body harness with
15 a lanyard and/or lifeline and an anchor and their related
16 equipment
- 17 • a safety net
- 18 • a control zone
- 19 • a safety monitor with the control zone,
20 or
- 21 • other procedures acceptable by the
22 Board.

23 The proposal is to remove the specification
24 and say a fall protection system is:

- 25 • a fall restraint system

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1 • a fall arrest system, or
2 • work procedures that will minimize the
3 potential for a worker to fall.

4 This makes it much more difficult for workers to know what
5 is required. They have to check the Guidelines and are
6 open to employers' desires to use work procedures rather
7 than a fall arrest system.

8 The proposals also remove the requirement
9 for employers to use control zones, or a safety monitor
10 system if a fall arrest system is not practicable. In its
11 place the proposed Regulations state that if a fall arrest
12 system is not practicable, employers must ensure that work
13 procedures are followed that will minimize the potential
14 for a worker to fall.

15 What are these work procedures? This would
16 be determined by the employer. In the draft Practice
17 Guidelines the Board states that they would allow an
18 exemption from using fall protection for workers
19 experienced in working at heights. This is outrageous.
20 Fall protection regulations exist for a reason: workers
21 have been killed doing this work.

22 The other thing that we see in the proposed
23 changes is a shift away from what is specifically required
24 from employers and shift towards holding workers
25 responsible. The proposed Regulations add a section that

1 states:

2 (7) A worker must use the fall protection
3 system provided by the employer.

4 As well, the proposed changes have
5 eliminated the specifications for the temporary removal of
6 handrails, stating that it is covered by the general duty
7 provisions. The Regulation states clearly that the
8 guardrails must be replaced when the unguarded area is left
9 unattended and after the work is completed. This is a very
10 important requirement and should not be left for workers
11 and employers to find somewhere else.

12 That's pretty well it.

13 THE CHAIR: Thank you very much.

14 MR. HADIKIN: Thank you.

15 THE CHAIR: Any questions, either of you?

16 MR. BATES: Thanks.

17 MR. HADIKIN: Thanks for listening, then.

18 THE CHAIR: Thank you.

19 Mr. Calvin Jackson...?

20 PRESENTATION BY MR. CALVIN JACKSON:

21 MR. JACKSON: How do you do? My name is
22 Calvin Jackson. I've worked at Riverside Forest Products
23 for 28, 29 years and I've been on the Safety Committee
24 there for approximately 25 years. I'd like to talk about
25 the Fall Protection, as well.

1 In 1998 we got issued new Regulations from
2 WCB to deal with fall restraint. WCB and the employees and
3 the employers rewrite the Act to help spell out fall
4 protection rules, such as control safety zones. Although
5 the rules are cumbersome at first, they clearly establish
6 the roles and responsibilities of employee, employer and
7 the Board in aspects of fall protection. They give the
8 worker a set of rules that allow the worker to operate in a
9 workplace with some expectations of how he or she will be
10 protected by his or her employer and the Board.

11 These three groups, the worker, the employer
12 and the Board, give the worker the tools and ability to
13 protect him or herself when fall protection is considered
14 in his or her workplace. The rules are a very important
15 tool to help the worker understand his or her roles and
16 responsibilities. Under the proposed amendments to this
17 part of the Act the responsibilities are unfairly shifted
18 to the employee. The employee, under no fault of his or
19 her own, may be ill equipped to interpret these new and
20 rather vague changes.

21 From my perspective, after going over
22 proposed amendments, the legislation appears to be shifting
23 from a precise set of rules to a more open set for
24 interpretation to the employer, strictly based on cost
25 reduction rather than safety. Shifting this responsibility

1 from one side to the other makes an unfair bias to the
2 actual operation of the Act.

3 Some of the proposed changes are directly
4 related to the size of crews, duration of work, or cost of
5 materials, such as platform construction. When we start to
6 limit the ability of the worker to protect his or herself
7 under the Act on the grounds of cost effectiveness, we do
8 the employee a great injustice. These cost-cutting
9 measures should have little bearing on the precautions
10 taken to ensure that the worker is operating in a safe
11 manner. Safe operations are cost-effective operations.

12 These rules are in place to protect us,
13 should be left structured to precisely spell out the
14 expectations for the employee, the employer and the Board.
15 Generalizations in the rules give us too much room for
16 interpretation. These grey areas can leave gaps in the
17 protection of the worker in his or her place of operation.
18 Where there are gaps there is the potential for serious
19 injury, or worse.

20 When we look at not installing of safety
21 guardrails, for example, because of the size of the crew or
22 costs, what message are we sending to the people that do
23 the work?

24 Will we protect large businesses that can
25 afford the extra cost but not the small? Are 20 workers

1 more important than five, two, one? We should all expect
2 the same protection under the Act regardless of the size of
3 the company we work for.

4 The "old" rules - six years ago, 1998 - have
5 worked well. Granted, for the employers it seemed to take
6 time to implement and educate the workforce.
7 Implementation of these new rules may seem difficult, but
8 once in place the rule set together from these three
9 groups, the employer, employee and the Board, have worked
10 well. These very rules help us ensure the worker some
11 degree of protection.

12 Granted, any legislation must change to fit
13 the workplace, but such a wholesale change over a short
14 period of time will leave a worker poorly protected.

15 When we move from a defined set of rules to
16 a more general or open set, we leave the door open for too
17 much interpretation. Rather than the safety of the
18 employee as the driving force behind the Regulations, it
19 now shifts to money or costs as the driving force. This
20 may not affect the larger companies, but when cost can
21 affect the survival of a smaller company, then we can
22 clearly see what will happen. Safety costs could be the
23 difference for survival.

24 Does an employee expect to be covered under
25 the Act the same for a small company as a large one? Can

1 he still expect fall protection to take place? I think
2 not.

3 Safety costs do affect the bottom line, but
4 at what cost? Is an employee that has been injured due to
5 inadequate protection worth that cost? This employee
6 should expect the same protection regardless of how large
7 of a crew he works for. Human life is far more precious,
8 and no amount of money or red tape should be equated to
9 that life.

10 This restructuring of the Fall Protection
11 Regulations appear to be no more than a reduction of what
12 government and employers consider red tape. In this rush
13 to cut red tape or costs, we will have lost sight of the
14 most important cost-effective part of any safety program,
15 the worker. Losing sight of this protection of the worker
16 in the workplace is a disservice to the many, many men and
17 women that go to work every day.

18 We must never forget that the Regulations in
19 place are there to protect both worker and employer in the
20 workplace. Any change to produce a more general or vague
21 and unworkable system is wrong. Gutting the Act for costs
22 is wrong and puts all workers at unnecessary risks to
23 injury or worse.

24 Please reconsider that any changes to the
25 Act, my future and the future of the workers in the

1 workplace are at stake. Please consider this cost. Thank
2 you.

3 THE CHAIR: Thank you very much. We have
4 reached the end of the first part of the session and we are
5 going to adjourn until 10:15, at which point the hearing
6 will resume.

7 --- PROCEEDINGS ADJOURNED

8 --- PROCEEDINGS RECONVENED

9 THE CHAIR: Good morning. It is now 10:15
10 and the end of our break. However, there are no further
11 speakers scheduled to speak until 10:55. So unless there
12 is someone in the audience who chooses to make a submission
13 right now, we are going to continue the break and we will
14 resume at 10:55. Thank you.

15 --- PROCEEDINGS ADJOURNED

16 --- PROCEEDINGS RECONVENED

17 THE CHAIR: It's 10:55 and we are resuming
18 the Kelowna public hearing into Proposed Amendments to the
19 Occupational Health and Safety Regulation of the Workers'
20 Compensation Board. I would just like to reiterate briefly
21 that the purpose of the public hearing is to hear from you.
22 It is the formal part of our consultation into the
23 Regulation.

24 We will be accepting written submissions,
25 both from presenters who are making oral presentations, as

1 well as from anybody who is interested in making a written
2 submission up to 4:30 p.m. on April the 16th, 2004, should
3 anyone wish to make a written submission.

4 This public hearing represents our formal
5 consultation process. Once the hearing is complete,
6 written and oral submissions will be examined. The Board
7 of Directors is the decision-making body of the WCB and
8 will have access to all of the submissions prior to making
9 their final decision on each proposal. We have a court
10 reporter here who will be recording oral presentations so
11 they will be on the record.

12 We are asking folks to stay within their
13 time allotment and at about the one-minute mark you may get
14 a wave from me.

15 Thank you very much, and we have Mr. Charlie
16 Fraser.

17 PRESENTATION BY MR. CHARLIE FRASER:

18 MR. FRASER: Hi, good morning. I'm a
19 worker. I am employed at the Weyerhaeuser Pulp Mill in
20 Kamloops as an Instrumentation Mechanic. I'm a proud
21 member of Local CEP 10B.

22 I want to thank you for this opportunity to
23 make a presentation to this Panel about some of the changes
24 the WCB is proposing to make to the Health and Safety
25 Regulations.

1 I want to commend the WCB for making
2 improvements to the public hearing process this year. It's
3 important that public hearings are held in more than two
4 communities, as was the case last year. While I do live in
5 Kamloops and had to travel a couple of hours to get here, I
6 do appreciate the hearings not only being held in the Lower
7 Mainland and Prince George, but being able to come here.

8 It is important that workers have the
9 opportunity to make their concerns about the proposed
10 changes known. It does concern me greatly, however, that
11 the WCB did not have a process set up whereby workers and
12 employers could provide input into what Regulations would
13 be reviewed and what implications these changes would have
14 on worker safety.

15 Many of these Regulations were developed
16 through a tripartite process, whereby worker and employer
17 representatives were able to discuss and debate scientific
18 evidence, the impact on workers' health and the economic
19 impact on their sectors. I do not support abandoning this
20 process and urge the WCB to return to engaging the worker
21 and employer community in discussions before proposed
22 changes are brought to public hearing.

23 I want to talk for a minute about
24 performance-based regulations. I strongly support the idea
25 that the WCB review the Health and Safety Regulations on an

1 ongoing basis. In my view, however, the review should be
2 based foremost on what the changes will mean for the
3 workers' health and safety.

4 Words cannot describe what a serious injury
5 or a fatality means for a worker or a worker's family or
6 for co-workers. It's nothing short of devastating for
7 everyone, so the best thing we can do as a society is
8 decide that we will do everything we can to ensure that
9 workers do not get seriously injured.

10 I have had personal experience with this. I
11 was a Disability Management Coordinator at the Kamloops
12 Pulp Mill for four years and dealt closely with workers who
13 had serious injuries and their families, and can attest to
14 the devastation that does take place.

15 Moving to more performance-based regulations
16 and eliminating some requirements is just not the way to
17 improve our safety record.

18 We know that in many workplaces repeat
19 orders are not the exception but rather the rule. What I
20 mean is some employers simply will not comply with the
21 Regulations, even after the WCB has written orders for them
22 to comply. How is it then that we envision these employers
23 will do the right thing if they are not absolutely required
24 to by law?

25 Many of the changes before the Public

1 Hearing Panel deal with removing specific details of the
2 Regulation requirement from the Regulation and into the
3 Guidelines. On the surface it looks like nothing has
4 changed. However, a more detailed look tells us that it's
5 very much not the case. Detailing specifics in the
6 Occupational Health and Safety Regulation makes it law,
7 meaning the employer is required to implement the
8 specifics. Placing the details in the Guidelines gives
9 employers an option. They can determine how they are going
10 to comply with the requirement in the Regulation. The
11 specifics in the Guidelines are simply recommendations and
12 are not enforceable.

13 Clearly, workers do not need fewer watered-
14 down Regulations. Rather, they need comprehensive
15 Regulations that employers will commit to implement and the
16 Board will strictly enforce.

17 The Board should be strictly enforcing the
18 current Regulations and in doing so reduce the number of
19 workplace injuries and deaths, rather than changing the
20 laws to ease the situation for the employers.

21 I am going to talk now about concerns about
22 proposed changes under Occupational Environment.

23 (1) Lunchrooms. In the proposed Regulations
24 specific details of what a lunchroom or a designated eating
25 area should be are eliminated from the Regulation and moved

1 to a Guideline. The employer is only required to provide a
2 lunchroom if there is a risk that food stored or consumed
3 at a workplace may be unwholesome because of workplace
4 contaminants or if food consumption is restricted or
5 prohibited at the workplace. "Unwholesome", we are told by
6 the Board, will be defined in a Guideline.

7 It is very important that workers at my mill
8 get to go to a lunchroom to have their lunch, and in some
9 instances where they're out in the field we need to have
10 the extra protection of Westvaco filters.

11 (2) Washrooms. This is the second issue I
12 wanted to talk about. As with lunchrooms the proposed
13 changes remove the specific details regarding washrooms in
14 the workplace. Proposed guidelines simply require the
15 employer to ensure that a sufficient number of plumbed
16 washrooms are readily available for workers. It does not
17 state how many facilities must be available and, most
18 disturbing, the proposed changes remove the requirement to
19 provide separate washrooms for female and male workers.

20 In my workplace at the mill this could
21 become a problem. Weyerhaeuser is becoming more proactive
22 and they have more women working as operators in the field.

23 (3) Clothing areas, the third issue in Part
24 4 I'd like to raise. The proposed changes to storage of
25 clothing. The specification requiring employers to provide

1 workers a place to store their street clothes and a place
2 to change into their work clothes has been removed. The
3 proposed Regulation only requires the employer to provide
4 an adequate place to change into protective work clothing.
5 Where exactly a worker is to leave their outdoor clothes,
6 coats, boots, raingear?

7 Further to that, in our mill it's also
8 imperative and required that we have someplace to shower.
9 I have personally hung coveralls in my locker, going home
10 and come back to find holes in them next day because of a
11 chemical that I had been in contact with the day before.

12 I'd like to speak now on Occupational
13 Exposure Limits. The final issue I'd like to raise is the
14 proposed changes to the Occupational Exposure Limits. It's
15 really not possible to discuss the changes that are
16 currently being proposed by the WCB without mentioning the
17 changes that were made to the Occupational Exposure Limits
18 last year.

19 First, the WCB's abandonment of the
20 Tripartite Regulation Review Specialty Committee on
21 Occupational Hygiene was a huge mistake and one the Board
22 must rectify. Again, as I mentioned earlier, tripartite
23 committees offer workers the opportunity to put forward our
24 issues and concerns and lend our firsthand work-based
25 experience.

1 The previous Specialty Committee had expert
2 representation from the labour and the employer community
3 and the WCB. The committee, while not always in agreement,
4 was able to discuss the issues together and come to a
5 consensus in many cases. As well, the committee considered
6 exposure limits and designations from several
7 jurisdictions, including Canada and Europe, not only from
8 the United States, and recommended exposure limits that
9 protect workers' health and, where possible, to implement.

10 It is very important that when developing or
11 reviewing Health and Safety Regulations the WCB adhere to a
12 process that is transparent and accountable to all its
13 stakeholders. This is simply not possible with the current
14 internal process the Board is utilizing.

15 I strongly recommend the WCB re-establish a
16 Tripartite Occupational Exposure Committee. As well, I
17 recommend that the committee return to reviewing exposure
18 limits set not only by the ACGIH, the American Conference
19 of Governmental Industrial Hygienists, but also those set
20 in other jurisdictions such as Europe.

21 My other concern is also related back to a
22 change the Board implemented last year, and that is the
23 Table of Occupational Exposure Limits for Excluded
24 Substances found in the WCB Prevention Policy Manual. This
25 table maintained the exposure limits for chemicals that

1 were previously listed in Table 5-4 and had a lower
2 exposure limit than the corresponding threshold limit
3 value, TLV, in the ACGIH. It did not have an assigned TLV
4 or had a TLV that was inappropriate for adoption in B.C.

5 This table does not, however, provide the
6 designations regarding respiratory and reproductive hazards
7 that were present in Table 5-4. I'll give you a couple of
8 examples.

9 Carbon disulfide and carbon monoxide are
10 both highly toxic chemicals, both present in the pulp and
11 paper industry. Both of these chemicals have higher ACGIH
12 threshold limit values, so it is positive that they are
13 listed in the table and continue to have Table 5-4 exposure
14 limit. However, both chemicals are also reproductive
15 toxins and designated as such in the previous Table 5-4.
16 Neither one of these chemicals are designated as a
17 reproductive toxin by the ACGIH and therefore are no longer
18 designed in our Regulations.

19 This means that employers are no longer
20 obligated to replace the chemical with a less toxic
21 chemical or implement an exposure plan to maintain workers'
22 exposure as low as reasonably achievable. This change will
23 put workers at a much greater risk of exposure to
24 reproductive toxins and therefore reproductive damage to
25 developing offspring.

1 Furthermore, the table of excluded
2 substances also has exempted the threshold limit values for
3 two chemicals, formaldehyde and styrene where the ACGIH
4 TLVs are better for workers than the Table 5-4 exposure
5 limits. Again, both of these chemicals are present in the
6 pulp and paper industry.

7 This decision makes absolutely no sense when
8 it comes to workers' health and safety. The Board is
9 knowingly allowing workers in B.C. to be exposed to much
10 higher levels of toxic chemicals that are extremely
11 hazardous to workers' health.

12 The ACGIH threshold limit value for
13 formaldehyde is .3 parts per million as a ceiling limit.
14 The ceiling limit in the Table of Exempted Substances is
15 three times as high, set at 1 ppm. Furthermore,
16 formaldehyde is also a reproductive toxin but not
17 designated as such in the table.

18 The ACGIH threshold limit value for styrene
19 is 20 ppm. Styrene is a carcinogen, a sensitizer and a
20 reproductive toxin, and yet the Board has made a decision
21 to adopt the Table 5-4 exposure limit of 50 ppm, parts per
22 million.

23 Here are two chemicals where workers in B.C.
24 could have benefited from the ACGIH TLVs and the Board has
25 chosen to expose workers to two-and-a-half, three times

LUCILLE DEMPSEY
(B.C. Cattlemen's Association)

1 higher levels. Why did the Board choose to do so? Can
2 only guess.

3 The Board's main mandate is protect workers'
4 health. I therefore strongly urge the WCB to adopt the
5 lower TLVs for formaldehyde and styrene. As well, it is
6 critical that the WCB reinstate the international
7 designations regarding sensitizers and reproductive
8 hazards, rather than the outdated and much less inclusive
9 ACGIH Reproductive and Sensitizer Critical Effects
10 designations.

11 Thank you for your time.

12 THE CHAIR: Well done. Thank you very, very
13 much.

14 Ms. Lucille Dempsey...?

15 MS. DEMPSEY: Would you like a written copy
16 of what I am going to present?

17 THE CHAIR: Yes, please, that would be
18 great. It helps for the reporting.

19 PRESENTATION BY MS. LUCILLE DEMPSEY ON BEHALF OF B.C.
20 CATTLEMEN'S ASSOCIATION:

21 MS. DEMPSEY: Good morning, Panel members.
22 My name is Lucille Dempsey. I am a Representative of the
23 British Columbia Cattlemen's Association and I am also a
24 producer in the Kamloops area.

25 I am pleased to have the opportunity to

LUCILLE DEMPSEY
(B.C. Cattlemen's Association)

1 comment on the proposed changes to the Occupational Health
2 and Safety Regulations relating to Part 28 - Agriculture.
3 I am a Producer Representative and a member of the Ranch
4 Safety and Labour Committee of the British Columbia
5 Cattlemen's Association.

6 Background.

7 As of 2001 the number of active employers in
8 WCB's Ranching Classification 701022 totalled 1,298
9 employers, which represented 22 percent of the employers
10 within the agriculture sector. Of this number 97 percent
11 of those ranch employers employ five workers or less,
12 signifying the industry is basically comprised of many
13 small employers. The schedule supporting these figures is
14 attached to the report.

15 Furthermore, many of these operators live
16 and work in remote, isolated locations so that training and
17 communicating new regulatory requirements presents
18 additional challenges.

19 I am addressing two areas of concern with
20 the Regulations: Working Alone or in Isolation and Fall
21 Protection. I will also comment on the implementation
22 strategy and the development of Guidelines relevant to the
23 Regulations. FARSHA, the Farm and Ranch Safety and Health
24 Association, representatives and others will be identifying
25 other concerns that require clarification.

LUCILLE DEMPSEY
(B.C. Cattlemen's Association)

1 Areas of concern: Working Alone or in
2 Isolation.

3 Often ranch workers have to work alone at
4 considerable distances away from the ranch headquarters,
5 and working with equipment, horses or livestock always
6 presents a risk of injury, the two conditions existing for
7 this Regulation. Many ranches utilize communication
8 equipment such as two-way radios, but the distances
9 traveled and the range of radio reception often limits
10 their usefulness. Cellphone service remains unavailable or
11 undependable in many areas. In some cases it will be
12 difficult to require regular interval checks for those
13 workers beyond those at the end of the work shift.

14 Fall Protection.

15 Ranches often have haystacks out in fields
16 away from other structures where the use of a fall
17 protection system is not possible. If this situation
18 exists, do the Regulations require a second worker be
19 present to support a safety monitor system? And how does
20 this Regulation apply to truckers strapping down loads of
21 hay for transport?

22 Implementation Strategy.

23 Changes to existing resource material,
24 communicating regulator changes to affected employers, and
25 additional training sessions will require supplementary

LUCILLE DEMPSEY
(B.C. Cattlemen's Association)

1 funding. The British Columbia Cattlemen's Association
2 requests that it provided from source and not through
3 increased producer or employer levies.

4 Considering the size of the industry, the
5 number of small employers and the locations of their
6 operations, the implementation strategy should ensure that
7 adequate time is allowed for communication and training
8 sessions to occur. Since FARSHA is widely respected in the
9 industry, they would be the appropriate agency to provide
10 this. It has also been recommended by some Association
11 members that a condensed version of the Regulations
12 applicable to Agriculture be made available to aid
13 employers in their understanding of the Regulations.

14 Development of Guidelines.

15 Adequate Guidelines will be required to
16 assist employers, compliance officers and training staff to
17 understand the meaning of the Regulations and how they will
18 be interpreted in their application to agricultural
19 operations. It is imperative that individuals developing
20 the Guidelines and governing policies have a strong
21 understanding of standard industry practices, including
22 some practical agricultural experience. The British
23 Columbia Cattlemen's Association seeks assurance that
24 FARSHA representation will be allowed to provide input at
25 the policy table to formulate these Guidelines.

LUCILLE DEMPSEY
(B.C. Cattlemen's Association)

1 In conclusion, ranching is an industry that
2 operates in unique and diverse situations. The objective
3 of the ranching industry is to ensure that the
4 interpretation of the Regulations and Guidelines are
5 implemented appropriately resulting in enhanced farm
6 safety.

7 Respectfully submitted.

8 THE CHAIR: Thank you very much.

9 It is currently about 11:15. We have no
10 further speakers for the morning session signed up and no
11 one is appearing to want to speak. I think we'll take
12 another ten-minute break and if we have no further
13 speakers, then we will be adjourning this session until two
14 o'clock this afternoon. Thank you.

15 --- PROCEEDINGS ADJOURNED

16 --- PROCEEDINGS RECONVENED

17 THE CHAIR: It is now 11:30. There being no
18 further speakers who have appeared we are going to stand
19 down the hearing until two o'clock this afternoon, at which
20 point we will reconvene. Thank you.

21 --- PROCEEDINGS ADJOURNED

22 --- PROCEEDINGS RECONVENED

23 THE CHAIR: This is the resumption of the
24 Kelowna session of the public hearings into proposed
25 amendments to the Occupational Health and Safety Regulation

THE CHAIR
(Introductory remarks)

1 for the Workers' Compensation Board. I will take just a
2 few minutes to recap a couple of the key things with
3 respect to the public hearing.

4 This public hearing represents the formal
5 consultation process on the proposed changes. Once the
6 hearing process is complete, all written and oral
7 submissions will be reviewed. The Board of Directors is
8 the decision-making body for the Workers' Compensation
9 Board, and the Board will have access to all of the
10 submissions prior to making their final decision on each
11 proposal.

12 We will be accepting written submissions in
13 addition to the oral submissions from those who are making
14 oral presentations, as well as from other interested
15 parties, up to April 16th at 4:30 in the afternoon.

16 This is your opportunity to be heard on
17 these important issues. I would like to thank you for your
18 interested involvement and we look forward to hearing your
19 views. While you've signed up for, I think, five minutes
20 and ten minutes respectively, you are the only folks who
21 have signed up to speak between now and four o'clock p.m.
22 So if you need a few minutes more in order to make your
23 points, feel free to take a few extra minutes.

24 With that being said I would like to turn it
25 over to Mr. Jerry Clermont. Is that the way you pronounce

JERRY CLERMONT
(Clermont Crane & Rigging Service Ltd.)

1 it, Clermont?

2 MR. CLERMONT: Yes.

3 THE CHAIR: And if you can make sure that
4 you at least hit that mike, because that's our recorder.
5 We are having transcripts prepared of the event. And I
6 don't think you need to be that close to it, but you need
7 to be close enough so that...

8 PRESENTATION BY MR. JERRY CLERMONT ON BEHALF OF CLERMONT
9 CRANE AND RIGGING SERVICE LTD AND CLERMONT TOWER CRANE
10 SERVICE LTD.:

11 MR. CLERMONT: Just show that this is coming
12 through the way it should.

13 Well, to the Board, thanks for the
14 opportunity of speaking to you. I am here as a crane owner
15 and I am very, very disappointed in the fact that British
16 Columbia is dropping out of this Red Seal Program as far as
17 crane operators are concerned. I have a Mobile Crane
18 Licence Red Seal. I have a B.C. Heavy Duty Mechanic's
19 Licence and I have an Alberta Heavy Duty Mechanic's
20 Licence.

21 I really think that B.C.'s dropping the ball
22 completely by not following with this Red Seal Program,
23 because young operators, now, I have two sons, both crane
24 operators, they both have their Red Seal Mobile Crane
25 Licence and they can go anywhere in Canada and work. And I

JERRY CLERMONT
(Clermont Crane & Rigging Service Ltd.)

1 can hire anybody from anywhere in Canada as long as they
2 have that Red Seal on their licence, because I know they
3 wrote the same test, the same exam, whether they're from
4 Halifax or Montreal or Manitoba. It doesn't make any
5 difference and it just stabilizes the industry.

6 So I am also a member of the Operating
7 Engineers Union, which is the only group that is putting
8 any form of professionalism into crane operating these
9 days.

10 Here in B.C. we're just on a race to the
11 bottom and we are just going to hit it and it's not going
12 to be long before there's going to be quite a few disasters
13 with our non-training and our just letting anybody operate
14 cranes, because you don't have to have a licence or a trade
15 qualification to do it.

16 So if we won't go with the best, let's look
17 at the second best, and that is where the Workers'
18 Compensation Board accepts -- what do they call this, like
19 this Hunter Training is giving? It's called a
20 Certification of Operation or --

21 MR. MacKAY: Certificate of Completion,
22 maybe.

23 MR. CLERMONT: There's people out there --

24 THE CHAIR: Or was it Certificate of
25 Recognition, is that what you...?

JERRY CLERMONT
(Clermont Crane & Rigging Service Ltd.)

1 MR. CLERMONT: Well, whatever he calls it...

2 MR. MacKAY: It's just a Certificate of
3 Training, is all it really is.

4 MR. CLERMONT: And these are guys that are
5 running around that have absolutely no experience on
6 cranes, no training on cranes, don't know a boom from a
7 loud bang, and they're charging kids \$250 to print out a
8 little card which the WCB accepts this little card as being
9 now they're qualified crane operators. Well, the kid that
10 pays this \$250 couldn't get a job anywhere with one of
11 these. He couldn't go to another province and work
12 anywhere with it. It's absolutely valueless.

13 And I think if you're going to accept these
14 cards of qualifications, at least accept them and set some
15 standards on the people that are doing it like Dave MacKay
16 here who has a trade qualification as a crane operator, a
17 Red Seal Mobile Crane Licence. He has operated cranes for
18 us very well over the years. He has operated our self-
19 erecting tower cranes. He's seen them go up, seen them go
20 down, and he could give someone a credential. But the guys
21 that are out there giving these credentials don't know
22 anything about it. They're just making \$250 on anyone dumb
23 enough to give it to them.

24 So let's either do the Red Seal Program or,
25 at least, if you're going to accept these training cards,

DAVID MacKAY
(LCS Compliance)

1 look into who's doing them. That's like sending your kids
2 to Grade 4 and the teacher has got a Grade 2 education.

3 And I guess I can make a big enough ass of
4 myself in fives minutes. I don't need any more.

5 THE CHAIR: Thank you very much. We have
6 been hearing a fair bit about cranes, so I think any of the
7 input that we are receiving is very useful as we look at
8 the way forward for this Regulation. So don't feel --

9 MR. CLERMONT: Well, thanks for the
10 opportunity.

11 THE CHAIR: -- you have to apologize.

12 MR. CLERMONT: No, no, thanks for the time.
13 Thanks for putting up with me.

14 THE CHAIR: Thank you.

15 PRESENTATION BY MR. DAVID MacKAY ON BEHALF OF LCS
16 COMPLIANCE:

17 MR. MacKAY: My topic today deals with the
18 proposed to Part 14, section 34(3) in regards to the
19 Quality of Training and Evaluation of Crane Operators in
20 British Columbia.

21 I would first like to thank the members of
22 the Panel for this opportunity to speak. My name is David
23 MacKay and I represent LCS Compliance training of
24 Penticton. I am a third-party trainer delivering site-
25 specific training for mobile equipment and worker safety.

DAVID MacKAY
(LCS Compliance)

1 My academic achievements include a diploma in Adult
2 Education, as well as Train the Trainer programs provided
3 by the Ministry of Advanced Education and the Local 115 of
4 the Operating Engineers. I hold a 339-A Hoisting
5 Engineer's Certificate issued in Ontario in 1987, which is
6 now Red Seal. I also hold a Construction Industry Mobile
7 Crane Operator Red Seal Certificate issued in B.C. in 1997.
8 My practical experience includes 20 years of accident-free
9 seat time in the crane rental industry and I am also a
10 member of the Local 115 of the Operating Engineers.

11 It's well known that adequate training will
12 be as important as the legislation itself in regards to
13 safety. It is also well known that no other piece of
14 construction equipment can cause as much damage as that of
15 a crane in an accident:

16 • Property damage
17 • Equipment damage
18 • Injury and loss of life
19 • Personal liability, and now with the
20 introduction of *Bill C-45*, criminal liability.

21 When you consider that 90 percent of all
22 crane accidents are a result of operator error, the
23 question becomes what is adequate training? Who defines
24 adequate training? Who is going to set the bar? Will it
25 be the Board, the trainers, the employers, or will it be

DAVID MacKAY
(LCS Compliance)

1 left to the judicial system?

2 The province must be proactive in the
3 prevention of accidents within this high-risk occupation.
4 Standards must be set that will allow qualified instructors
5 to provide effective training that meets the needs of the
6 operators, the employers and the province.

7 One of the biggest challenges for B.C. in
8 the coming years will be the shortage of skilled trade
9 workers and this situation must be addressed. The answer
10 is not, however, flooding the market with semi-skilled
11 workers.

12 Again, the cost of accidents is far too
13 great for all concerned to allow this situation to arise,
14 and the province must be proactive.

15 Do we allow unqualified personnel to train
16 and evaluate operators only to have the Board become
17 reactive to crane misadventures?

18 Please remember, 90 percent of all crane
19 accidents are the result of operator error.

20 Effective education is expensive but the
21 expense of preventable accidents will cost us even more.

22 My time as an instructor and curriculum
23 developer have taught me two things:

24 (1) Employers are willing to comply if they
25 know what to comply to.

DAVID MacKAY
(LCS Compliance)

1 (2) Crane operators that have not received
2 formal training lack the fundamental skills and knowledge
3 they require to operate safely and efficiently.

4 I believe B.C. needs a Red Seal Program for
5 crane operators. I also believe that third-party trainers
6 will help make affordable training available to all. I do
7 not agree that unqualified personnel be allowed to train
8 and evaluate the operators.

9 Should not all interested parties, including
10 the WCB, be proactive in accident prevention when the
11 result of an under-trained workforce is so foreseeable?

12 Can we proceed with such a subjective piece
13 of legislation, knowing full well that the negative results
14 that will ensue were preventable?

15 And that's all I have to say on that subject
16 for now. Thank you very much.

17 THE CHAIR: Thank you. Thank you very, very
18 much.

19 MR. MacKAY: Thank you.

20 THE CHAIR: It's now about ten after 2:00 -
21 you guys ripped through that - and we have no other
22 speakers currently lined up or knocking on the door. So we
23 will adjourn the hearing until 4:00 and we will resume
24 then. Thank you very much.

25 --- PROCEEDINGS ADJOURNED

1 --- PROCEEDINGS RECONVENED

2 THE CHAIR: Welcome to this afternoon's
3 session. We are resuming the Public Hearing into the
4 Amendments to the Occupational Health and Safety Regulation
5 of the Workers' Compensation Board. I would like to make a
6 few brief introductory remarks. My Panel companions are
7 David Young on the left, he is Vice-Chair, and Ed Bates on
8 my right, he is Legal Counsel.

9 This public hearing represents the formal
10 consultation on the proposed amendments. Once the hearing
11 process is complete all written and oral submissions will
12 be examined. The Board of Directors is the decision-making
13 body of the WCB. The Board will have access to all of the
14 submissions prior to making their final decision on each
15 proposal.

16 Written submissions are being accepted until
17 April 16th, 2004 and written submissions are invited from
18 those who make oral presentations, as well as those who are
19 simply here to observe and wish to make a written
20 submission. A transcript of the comments today is being
21 recorded and will be part of the record.

22 Over to you, Mr. Downey.

23 PRESENTATION OF BILL DOWNEY:

24 MR. DOWNEY: Good afternoon. My name is
25 Bill Downey and I am a Social Worker with the Ministry for

1 Children and Families in the Community Living Services
2 Branch. I am also a steward and local executive member for
3 the British Columbia Government Employees Union, and in
4 that capacity I am also a facilitator for the Occupational
5 Health and Safety courses for committee members and local
6 representatives within and outside of direct government
7 operations. As well, I have 14 years of experience with
8 the Volunteer Fire Rescue Emergency Medical Services. I
9 carry a Medical First Responder Licence III. So I have
10 some awareness of the difference between danger and
11 discomfort and disaffectedness.

12 This being Social Work Week, I am enjoying
13 the luxury of doing what I understand to be social work and
14 representing the interests of the people I work amongst and
15 with and I want to say how much I appreciate the
16 opportunity to speak to this hearing here in Kelowna here
17 today. This is a great luxury. There are many things that
18 change and are being changed around us all the time where
19 the decisions are made at some remove from Kelowna, and we
20 find it difficult to engage with that process. This is for
21 that reason a really appreciated luxury.

22 So I am particularly focussed on the issue
23 of changes in the language in the Regulation around
24 Violence in the Workplace and Workplace Conduct, and I
25 suppose that's because I have worked a great deal with that

1 issue in the health and safety training and with my support
2 to other people who are representing members in addressing
3 worksite issues in various worksites.

4 Right off the top I should mention that I am
5 concerned about any movement away from a structured
6 Regulation and towards a Guideline or a guide, which is
7 open to interpretation and manipulation. I have a great
8 deal of experience working with people in the aftermath of
9 very bad or negligent decision-making and I can tell you as
10 a social worker, as a critical incident stress debriefer,
11 as a medical first responder, I can tell you that the best
12 form of healing we can apply is prevention. Prevention
13 doesn't happen magically and it doesn't happen if people
14 have to make it up as they go along. Prevention happens
15 best if we have a pattern to work with and a set of
16 outlines that tell us where to look and how to understand
17 the issues.

18 So I have been very pleased to have as broad
19 and specific a pattern as the Regulation is today to work
20 with, and to present to people who are going to be working
21 with it themselves in local communities. It doesn't matter
22 which side of the table people sit on, whether they're
23 employer or employee representatives. These are complex
24 and they're busy and they're challenging times. People are
25 busy enough with their focus work, whatever that is.

1 Whether that's putting out fires or whether that's
2 protecting children from harm, or whatever that is. People
3 are busy enough with their focus work, they don't need to
4 have to make it up as they go along when they're trying to
5 address issues of health of safety about the work and the
6 work environment. They need to be able to rely on some
7 very thorough, considered and structured framework.

8 In the Fire Service we work with an
9 incident command system. We're very comfortable with the
10 idea that one has structure. If one is going to reliably
11 put out the fire without losing firefighters, you rely on
12 structure that guides your process. I rely for that same
13 reason on the Regulation providing some structure so that
14 we know that we get the nuts and bolts addressed.

15 Now, I was struck by the interesting
16 coincidence that in *The Daily Courier*, which is the local
17 daily newspaper, of today's date there's an article
18 outlining the Premier's decision to launch standards for
19 student codes of conduct within the schools. So we are
20 understanding, and the Premier himself is very specifically
21 outlining an understanding, that we do in fact need
22 structure. We do need standards of conduct that we can
23 present to people, that we can develop an understanding of,
24 and that we can refer to when we have a difficulty. I am
25 here to represent that same thinking about standards of

1 conduct as it's represented in the Regulation.

2 Now, part of the reason I'm here is that
3 I've watched my own response to my own working environment,
4 my own living environment. What I notice is that more
5 often than ever before in my life I'm working on my last
6 nerve. And the people I see around me, whether it's in my
7 office or whether it's in the worksites that I visit,
8 whether it's the representatives I teach in courses, or
9 whether it's the people who are driving the vehicles around
10 me, what I notice is that more and more those people are
11 working on their last nerve, too. These are aggressive,
12 busy, and complex times for people and we see that.

13 We see that in how people respond to each
14 other. We see that in the situations where what was once a
15 capacity to have a yell and get it over with, now can
16 escalate to the point where we're not having a yell-out,
17 we're having a shootout. We're having a shootout on
18 workplaces and I don't find that at all a healthy or
19 appropriate picture.

20 If we're going to change that, if we're
21 going to change the impact of that for workers, we must
22 structure early intervention. We must have a pattern of
23 language in our Act and in our Regulation, in our
24 occupational health and safety understandings that we can
25 refer to early on in our development of what the workplace

1 interactions will be. Whether we're talking about worker-
2 to-worker conflict or whether we're talking about conflicts
3 with people who are from outside of the workplace, whether
4 we're talking about workplace conduct, or whether we're
5 talking about workplace violence, to put it in Regulation
6 terms, we are not going to change the Kamloops outcome for
7 the next circumstance if we wait and if we allow people to
8 make it up as they go along and fumble it. We do need to
9 have a Regulation, which very clearly and in a very
10 structured manner, stipulates what's in, what's out, and
11 how we're going to address it.

12 There is some debate about the plan to roll
13 up the two Regs, Workplace Conduct and Workplace Violence,
14 and no doubt you've heard extensively about that. My own
15 sense is that these are different issues in some important
16 respects -- by no means all respects, but they are
17 significantly different issues and they deserve different
18 language. They deserve to be recognized as specific types
19 of issues.

20 I am at this moment, as a health and safety
21 educator, as a shop steward, as a social worker, I am less
22 concerned about our capacity to understand and recognize
23 and provide some preventative measures about workplace
24 violence, that is to say, the violence which comes to us
25 from afar, whether that's a customer or an intruder or

1 whatever. I am less concerned about that. I think that
2 we've had a good pattern in place. I think we've had a
3 good risk assessment measure in place and I think a lot of
4 work has been done by people in a lot of worksites to
5 really get at that. I certainly have seen that within
6 government, that there has been a shift to a stronger
7 appreciation for how to address that issue. And people by
8 and large have some capacity to understand, recognize when
9 things are getting out of hand with someone who has other
10 status in their workplace, whoever that is.

11 I am not at all comfortable with our
12 capacity to recognize that in each other, in our co-
13 workers, and in our capacity to ensure that employers will
14 take the steps to support people when things are getting
15 off the rails. Employers have a vested interest in
16 everybody working as hard as they possibly can. There's no
17 doubt about that. But what comes with that is a
18 willingness to set aside the overburden of working as hard
19 as they can, of being as busy as they can, of competing as
20 hard as they can with each other to hit production targets
21 or whatever it is. Employers have a vested interest in not
22 looking at that, not getting there, if it means that for
23 one more day things carry on as they are.

24 Employees also have a vested interest in
25 hoping that it will go away, in hoping that that

1 inappropriate behaviour was a one-time thing that will go
2 away and will never manifest itself as something more
3 serious. Kamloops, more than anything else, has taught us
4 that that is absolutely futile as an approach to the issues
5 that attend worksites. And we do have, all of us, a
6 responsibility to get there.

7 We're not going to do that as effectively as
8 we might if we have only a suggested guideline to work
9 from. When things are getting off the rails you need a
10 structure to bring it back on. You need a command system.
11 You need to know who's responsible for what. You need to
12 know what the process is going to be. Are you going to use
13 a two-and-a-half inch hose or are you not? Are you going
14 to put a nozzle on that, or are you not? Are you going to
15 intervene with a worker at a specific level of behaviour or
16 are you not? If you have to make it up once it's going,
17 you're way, way, way too late.

18 We do need a risk assessment which is quite
19 specific. We do need language in the Reg which is quite
20 specific to help people in their times of trouble and
21 that's what they are, their times of trouble. People's
22 decision-making, you know and I know people's decision-
23 making is eroded by times of trouble, by crisis, by strain.
24 We know that. So let's not impose another layer of
25 decision making upon them by causing them to have to make

1 it up as they go along. Let's help them by giving them a
2 very specific standard and pattern to work from. We can do
3 that. We know how it's done, and we've had some chance to
4 experiment with it already in the language that's in the
5 Regulation.

6 I'm not asking for anybody to do rocket
7 science. What I am asking is that we hold ourselves to a
8 higher standard of a program and accountability, and that
9 we use the Reg to help us with that, than we typically do
10 in traffic, thank you very much. We all know traffic is a
11 very good place to observe human behaviour. It tells us
12 lots about what's going to happen during the course of the
13 workday. If people feel that they don't have someone to
14 respond to, they don't have a requirement to hit certain
15 targets with their behaviour, then they're going to behave
16 how it suits them and in times of stress and in times of
17 difficulty they are going to behave at times wonderfully
18 inappropriately. I see this in supervisors. I see this in
19 employers. I've seen it in all kinds of different
20 worksites. I've worked with cars and trucks, fire trucks,
21 chainsaws, people, people of all sorts, all kinds of
22 different working environments.

23 Put the best of people in the worst of
24 circumstances, you're going to see things from them that
25 you never anticipated. I have. And it causes me to want

1 to back up and set the ground rules down before we get
2 started that will help us stay appropriate in difficult
3 times. I don't care what people do in easy times. We know
4 that everybody can be nice and get along well in easy
5 times. These are not easy times. These are hard times and
6 we need hard and fast guidelines, structure, a good Reg
7 with a risk assessment for workplace conduct.

8 THE CHAIR: Thank you very much. Any
9 questions?

10 MR. YOUNG: No, thank you.

11 MR. DOWNEY: Thanks.

12 THE CHAIR: Thank you very much.

13 MR. DOWNEY: Thanks very much for the
14 opportunity. I do appreciate it.

15 THE CHAIR: And have a very safe ride home.

16 MS. McLACHLAN: I didn't register to speak
17 in advance, but I wouldn't mind if there is an opportunity
18 right now.

19 THE CHAIR: Yes, there is right now. That's
20 what I'm looking for.

21 PRESENTATION BY MS. FRANCES McLACHLAN:

22 MS. McLACHLAN: My name is Frances
23 McLachlan. I am with Focus Training Institutes here in
24 Kelowna. We do training at several levels, but I think
25 what is particularly relevant today is the training that we

1 do as an approved training institute for the Justice
2 Institute of B.C.

3 A number of years ago it was determined by a
4 study by Justice Wally Oppal that there was sufficient
5 concern for violence in the field of security and related,
6 to warrant mandated training, and it consisted of several
7 things. Some of it was theory, theoretical in nature, and
8 the other part was some actual physical but also tactical
9 communications. And it was found that people do much
10 better, as Mr. Downey just reiterated, that people do much
11 better if they have some way to be prepared in the event
12 that conflict arises.

13 The mandated training by the Justice
14 Institute applied to only one-third of the industry as it
15 pertains to contract security. The other two-thirds, which
16 are proprietary security, are not mandated to take that
17 training. And we have found that generally - and again I
18 agree with Mr. Downey - what was found that even though we
19 approached these employers, because they were not mandated,
20 they were very reluctant to be part of that kind of
21 training, even though it now was available, even though
22 there was a structure in place. It was a very hard sell
23 and they basically said, "If we can't see it translate into
24 dollars and cents, we're not interested."

25 The Act is now in the process of being

1 changed to include the in-house security, as well, because
2 it's been found, of course, that people do much better if
3 they are prepared, if they have received training, and that
4 this violence, which maybe started out verbally and can
5 easily escalate to other levels, needs to be addressed and
6 needs to be dealt with.

7 Employers are not going to do that unless
8 there's something on the books that requires them to do
9 that. And we have approached many employers and basically
10 they complain either about money or of time and they're
11 concerned about the bottom line. And when we start seeing
12 incidences such as bouncers, where we have had some
13 significant incidences of people getting hurt and even
14 killed. And the recent incidence in Kelowna where although
15 there is a Regulation on the books that WCB requires that
16 employers do a risk assessment and train, employees still
17 are very much unaware of that.

18 What we have found is that it is extremely
19 important that (a) they be made aware of it that there is a
20 Regulation, that they be made aware of it and then it is
21 incumbent upon them to do that, because they are not going
22 to do it unless there is a structure in place. We have
23 also found that individual students do a heck of a lot
24 better in the workplace if they have some framework to go
25 from. If they have received some training, it increases

1 their level of confidence and, in fact, will decrease the
2 possibility of violence if they have been able to practice
3 tactical communication skills and, in fact, then are able
4 to deescalate situations.

5 So there are many different things that are
6 available and should be in place to prevent, as opposed to
7 doing the very sad assessments afterwards.

8 THE CHAIR: Thank you very much.

9 MS. McLACHLAN: You're welcome.

10 THE CHAIR: No one else would like to speak?
11 If that's the case, then I am going to adjourn the hearing
12 now until seven o'clock this evening. Thank you very much.

13 --- PROCEEDINGS ADJOURNED

14 --- PROCEEDINGS RECONVENED

15 THE CHAIR: Good evening. This is the
16 resumption of the Kelowna hearing into the proposed
17 amendments to the Occupational Health and Safety Regulation
18 of the Workers' Compensation Board. I would just like to
19 do a very brief overview of what we're here for.

20 This public hearing represents the formal
21 consultation process in relation to the proposed
22 Regulations. Once the hearing process is complete, all
23 written and oral submissions will be examined. The Board
24 of Directors is the decision-making body of the Workers'
25 Compensation Board and they will have access to all of the

1 submissions prior to making their final decisions on these
2 proposals. A transcript of tonight's presentations is
3 being made and will become part of that record.
4 Individuals who are making oral presentations, and those
5 individuals who are observing and would like to make a
6 written submission, I would like to just let you know that
7 written submissions will be accepted up till August 16th of
8 2004.

9 MR. YOUNG: April.

10 THE CHAIR: No, April - it's been a long day
11 - April 16th. And if you want more information on that,
12 Freda can do that if she hasn't already done so.

13 We ask you to keep your comments within the
14 range of the time that you've been assigned and I will give
15 you a "high five" sign if you're getting too far beyond
16 that time limit.

17 So without anything further, I'd like to
18 call Ms. Frances Holowach.

19 PRESENTATION BY MS. FRANCES HOLOWACH:

20 MS. HOLOWACH: And I'm afraid I'm just going
21 to read it. I worked nights last night and I'm scared that
22 I'll miss where I am and fall, anyway. So I'll just start
23 out.

24 Good evening. My name is Frances Holowach
25 and I am a Registered Nurse. I've been working in

1 Penticton Regional Hospital since 1989, full time hours. I
2 started my career in rural Saskatchewan 28 years ago. I
3 have worked in very small acute care hospitals and very
4 large teaching hospitals. The common factor in all of
5 these facilities was the culture. It used to be that
6 hospitals and nurses in particular were treated with
7 similar respect to the clergy, possibly because of the fact
8 that nurses at one time were trained by the church.
9 Throughout history the church, hospitals and Red Cross, to
10 which nurses have strong ties, were seen as off limits to
11 all acts of violence. They were seen as a sanctuary,
12 especially in times of war.

13 When I first started nursing I think that's
14 one of the reasons I felt so comfortable. In these
15 hospitals the tone was quiet, visitors sternly monitored
16 and patients and staff conveyed a mutual respect. I am
17 sure that there were instances of violence, but in recent
18 times hospitals have become scenes of increasingly violent
19 and disrespectful behaviours. Weapons are common in city
20 facilities and the drug trade has caused an increase in
21 theft and violence.

22 Today I will be speaking about how the
23 proposed changes to the WCB's Violence in the Workplace
24 Regulations are not prudent and how those changes, if
25 allowed to take place, will adversely affect nurses with

1 increases in violence experience in B.C. healthcare
2 industry.

3 Penticton is well known as a retirement
4 oasis and, in fact, is advertised as such. We have a
5 higher than provincial average of retirees. With that
6 comes an increase in the need for facilities to care for
7 them in times of illness.

8 I was working the night shift about a year
9 ago when at approximately three o'clock in the morning the
10 pager system announced a Code White on Medicine. This
11 means there is a person being violent and a call from the
12 staff for help. The staff at our hospital is mostly female
13 and, in fact, even the orderly that night was female. I
14 have some violence training from about six years go, so I
15 went to see if I could be of some assistance.

16 On arrival I found the two nurses on ward,
17 the nursing supervisor, one male nursing assistant, and a
18 security guard wrestling with a very violent elderly male
19 patient. They were attempting to restrain him so that they
20 could give him chemical sedation. The two nurses were
21 standing quietly to the side, one waiting with a syringe of
22 the medication.

23 The security guard was from a private
24 company and I had never met him before, or since. There
25 was no discussion with any of us. The guard pinned the

1 patient's arm around his back and brought him to the floor.
2 Immediately the patient was given the injection and lifted
3 in bed with the four of us doing the lift. Physical
4 restraints were then used and the patient quieted down.

5 The two nurses were visibly upset and
6 shaken. One nurse indicated that they had both been
7 punched and kicked by this patient, one in the sternum. I
8 suggested that she go immediately to Emergency to be
9 checked out. Her big worry at the time was the rest of her
10 patients would be left unattended, so I assured her that
11 the rest of us would stay until her return. The nursing
12 supervisor agreed, so she went downstairs where she was and
13 an accident report was filled out. Once the nurse returned
14 the second nurse went downstairs to Emergency, and the same
15 scenario played out.

16 On the second nurse's return there was some
17 discussion about the supervisor's inability to find
18 replacement and agreement from the nurses that they would
19 finish their shift. I told the nurses that they should
20 follow up with their family doctor, but other than offering
21 them my sympathy, I had nothing else more to add and,
22 besides, I still had my patients to look after. Both of
23 them should have been offered critical incident defusing
24 and possibly also debriefing 72 hours later.

25 I have a colleague was on the health and

1 safety committee at the time and used this incident to push
2 forward the violence policy we now have today in our
3 hospital. It involves flagging a violent patient so the
4 staff can readily recognize that patient as potentially
5 violent.

6 The binders were brought to the wards and
7 the policy and procedures written up. There was also a
8 one-day program presentation in the cafeteria set up to
9 explain the program. I and others who were away on
10 vacation, sleeping after a night shift, or could not be
11 replaced to attend, missed the training which was not
12 scheduled for any other time.

13 Last week I worked a night shift in an acute
14 unit of our hospital where I don't normally work. I came
15 in to work on an overtime situation and so was ten minutes
16 late arriving, as I had just finished my regular shift on
17 the floor that I generally work. I have very limited
18 recent experience on this floor so I felt a little out of
19 my element.

20 I went through the Kardex and as I listened
21 to the taped report, I noticed a purple dot on the Kardex
22 for one of the rooms I was responsible for. And the
23 registered nurse reported that this patient would ask for
24 her pain medication promptly every four hours and if she
25 didn't get it she would get very angry.

1 I made rounds and found this patient
2 sleeping. Later she rang for some assistance and on
3 entering the room I was careful with my approach, trying to
4 speak quietly, respectfully and was certain to keep myself
5 between her and the doorway. Unfortunately I could not
6 give her what she requested, but I had concerns about what
7 would happen if I refused her so I did what every educated
8 nurse would do. I told her I would go check on the
9 doctor's order and get back to her. Whew, that was close.

10 I went to find a colleague who had worked
11 with her before, and after some discussion I went back to
12 the patient and offered her an alternative, which she
13 accepted.

14 On return to the nurses' desk I found a few
15 of the staff looking at me with apprehension. They were
16 very worried about potential conflict with the patient.
17 What I discovered on some investigation was that there was
18 a lack of consistent care plan, only a violence sticker,
19 nothing else to assist the nurses caring for that patient.

20 It is not enough to highlight that the
21 patient is violent. It is not enough to sedate and
22 restrain a patient to keep the staff safe. It is not
23 enough to create a policy to highlight violence in the
24 workplace.

25 What we require is a risk assessment to be

1 done on each ward and unit and care home to highlight what
2 the dangers there actually are, then there needs to be a
3 plan on how to address those dangers. There needs to also
4 be education and a training program in place that will seek
5 certification by each employee from top management to
6 general duty workers to ensure that they know what violence
7 is and what steps must be taken to lessen our risk and,
8 most importantly, what to do if we encounter a violent
9 situation.

10 We have lost our Critical Incident Stress
11 Management Program that should offer defusing and
12 debriefing to those affected by violent incidents or other
13 crisis. Those nurses who were hit by the patient depended
14 on their family physician to help them, and I don't know if
15 their physician had the necessary tools to do that.
16 Critical incident defusing needs to be done immediately
17 after an incident, followed by critical incident stress
18 debriefing about 72 hours later, not when convenient or by
19 relying that a week later, when the person gets to see
20 their doctor for ten minutes, all will be well with them.

21 Out of the helplessness and not being able
22 to assist those nurses, I took action to make myself more
23 aware of what my employer's violence prevention program is
24 really supposed to do to protect us. What I have found out
25 is very frustrating. What I see is a significant lack of

1 training, which according to the WCB Regulation should have
2 been done. Had risk assessments been actually conducted,
3 the shortcomings of the program would have been noticed a
4 lot earlier, too. As well, if the Regulation clearly laid
5 out the requirements for the Critical Incident Stress
6 Management Program, I could be hopeful that my employer
7 would have such a program available to deal with employees
8 in the aftermath of a crisis situation, including violence.

9 WCB officers need to come on site and
10 inspect our employers' programs. WCB officers need to be
11 able to come on site and ensure that our employers comply
12 with the Regulation and confirm that the risk assessments
13 are done, protective measures implemented, mandatory
14 education offered and that staff and management actually
15 know what they are supposed to do in a crisis situation, as
16 well as during the aftermath. This is what would be needed
17 to reduce the work-related violence in B.C.

18 I feel the WCB Violence in the Workplace
19 Regulation should be stronger and enforced to ensure
20 compliance and not watered down with fewer and fewer WCB
21 officers to ensure that the requirements are met. The
22 proposed amendments do not assist us and fail to
23 communicate on a step-by-step fashion as to what must be
24 done to protect workers.

25 While I understand the importance of worker-

1 to-worker violence being addressed in the Regulations, I
2 believe that it should be placed in the Workplace Conduct
3 section. I also need to point out that worker-to-worker
4 violence in most healthcare workplaces is not what we are
5 really concerned about, based on our experiences and the
6 documented incidents. Our big concern is with the violence
7 exhibited by the patients and visitors. This is where the
8 statistics of violence are. Therefore, while I applaud the
9 effort of learning from the terrible Kamloops tragedy, I
10 need to ask that the WCB more seriously look at the daily
11 violence that occurs in B.C. healthcare settings. An
12 honest review of the current incident experience would
13 clearly point out why the Violence in the Workplace
14 Regulation needs to be strengthened.

15 As a BCNU Regional OH&S Rep, I am aware of
16 the situations in a number of worksites and regularly meet
17 with others with knowledge of worksites elsewhere in the
18 province. What is common to all of us is the increase in
19 violence at all the health care settings, the lack of risk
20 assessments and the implementation of measures that would
21 bring about protection and better preparedness for crisis
22 situations.

23 The current Regulation requires risk
24 assessments to be conducted and we have the book *Preventing*
25 *Violence in Health Care - Five steps to an effective*

1 *program*, which has been available for a number of years.
2 Why is there such a lack of compliance, then? I suggest
3 that the changes to the WCB Regulations will not bring
4 about better compliance and they will not help workers or
5 employers.

6 The lack of education by all levels of the
7 healthcare organization is truly alarming. As a member of
8 this Panel you have the ability to recommend changes that
9 will ensure that similar to CPR or WHMIS certificate, all
10 workers in certain risk groups be offered mandatory
11 violence prevention training that will meet WCB Regulation
12 requirements and prepare them adequately for a time of
13 crisis in healthcare settings where they work.

14 I thank you for the opportunity to make this
15 presentation and look forward to a more protective Violence
16 in the Workplace Regulation.

17 Thank you.

18 THE CHAIR: Thank you very much. Did you
19 have any questions at all? Thank you very much.

20 Ms. Val Johnstone...?

21 PRESENTATION BY MS. VALERIE JOHNSTONE:

22 Hello. My name is Valerie Johnstone. I was
23 working as a Licensed Practical Nurse in the Vernon Jubilee
24 Hospital until I was injured.

25 As a young child I never thought about

1 anything else than being a nurse. At a very young age of
2 seven, I made a pact with God that I would be the best
3 nurse I could if he spared my life. You see, I was dying
4 of cancer and I decided at that time that all the caring
5 people around me influenced me and my family so much that
6 if I got a chance to live I would be the best kind of nurse
7 I could.

8 So off I went, and I succeeded at the age of
9 20. At that time I came to work on a surgical unit in
10 Vernon Hospital. I had a patient who was sent home because
11 he was very confused and agitated after having his surgery.
12 So the two doctors thought, "Hmm, well, if we send him
13 home, maybe he will become more orientated in his own
14 familiar surrounding," which it didn't happen. He became
15 more and more violent and 24 hours later he was brought
16 back to us and I again was his nurse on duty.

17 He ripped his home apart and was brought in
18 with RCMP officers and ambulance attendants, to find out
19 that he had attacked his wife and his children. This was
20 an elderly gentleman, which had a tremendous amount of
21 strength still at the same time.

22 There was not a Code White called, which was
23 unfortunate at that time, but there was also a cardiac
24 arrest in ICU at the same time as this patient was brought
25 into Emergency. We proceeded to try and restrain him. The

1 police officers left. The ambulance attendants left and
2 five nurses and a doctor were trying to restrain him to the
3 bed. Unfortunately he got a fist and I got the other end
4 of it. I was knocked unconscious and sent 15 feet across
5 the room in Emergency.

6 When I came to I was not examined. I was
7 sat on the chair because they were too busy working and
8 trying to restrain this gentleman.

9 I returned to work. I didn't know who I
10 was, had a massive haematoma on the back of my head and
11 some of the nurses clued in that I wasn't right, and they
12 called down to Emergency to find out what had happened. I
13 was signing for blood, hanging blood, hanging IV bags, and
14 didn't know who I was. Unfortunately I went back and was
15 examined and then was sent home four hours later after the
16 incident. They also did x-rays and they found out and I
17 was told two weeks later that I was walking around with a
18 double-fractured jaw.

19 If the Code White had been called, the team
20 from Psychiatry, the team from ICU and other floors would
21 have responded. And not only that, but if the doctor had
22 been upfront with the hospital staff, saying that there was
23 a problem with him having violence in the past at home and
24 being aggressive and going after his family members, this
25 might never have happened to him or myself.

1 I then recovered after six months of being
2 off and I was back at nursing again. The second injury was
3 a needle was left uncovered in the bed. I was poked. The
4 patient was dying and they didn't know why the patient was
5 dying. I asked for assistance, for the manual, and was
6 handed a book and said, "Read the manual. We don't have
7 time. And once you know what to do, please report to the
8 lab for your blood test."

9 Six weeks went by, not knowing whether the
10 patient was an AIDS patient and he had died in the
11 meantime. Again, I was very lucky and returned to work.

12 About three years later I was attacked by a
13 geriatric patient on the Surgical Unit who was very
14 confused by Alzheimer's and shouldn't have been there. He
15 was 76 days post-op from a hip replacement and had gotten
16 startled and grabbed me and wrenched my shoulder out.
17 Hence, I have never returned to work since and was told to
18 go home, enjoy my Christmas and never had medical
19 attention.

20 Workers' Compensation has spent a lot of
21 time and money developing procedures to protect workers'
22 health and livelihood. They are good policies, but they
23 can't help anyone if they're not enforced. Workers'
24 Compensation has to be accountable and they have to make
25 employers accountable for following the Regulations. If

1 their rules and regulations aren't enforced, then all the
2 people who have died or been injured are for nothing, like,
3 their suffering doesn't matter.

4 On the issues of combining violence against
5 workers and worker-to-worker violence, I'm against
6 combining them under one Regulation. Violence against
7 workers can be caused by either in or out of hospital
8 reasons and worker-to-worker violence. The worker
9 environment causes stress between workers, impacts
10 reactions in a negative way. I feel strongly that both of
11 these policies should be kept separately because they are
12 different issues. I also feel that they should be made
13 stronger by clear wording so the employers cannot use
14 loopholes to allow hostile work environments to continue.

15 When it started, the main focus of Workers'
16 Compensation was to protect the worker and their families.
17 I believe it is still this to this day. If you do not do
18 your job in regards to protecting workers, you have lost
19 sight of why you are here.

20 I would like to also say I have been
21 retrained and I miss my nursing, but I love my new job,
22 too. I am now back on Surgery as the unit clerk and it
23 took a long time to be able to walk by the hospital or
24 anything after the third injury, but I did it and I'm back
25 with a lot of support of Victoria, from Workers'

1 Compensation in Vernon, and Heather, my union
2 representative. I just thought it was important to come
3 tonight. Usually I am very quiet and wouldn't say much,
4 but I thought it was a really important time to speak up.
5 So thank you very much for this opportunity.

6 THE CHAIR: Thank you very, very much for
7 coming.

8 MS. JOHNSTONE: You're welcome.

9 THE CHAIR: Is Kim Kurylo? How do you
10 pronounce your last name?

11 MS. KURYLO: It's "Kurlo" (phonetic). You
12 don't pronounce the "Y".

13 THE CHAIR: Okay, Kurylo. Having
14 "Eckenfelder", which is actually just the way it sounds, I
15 like to try to get people's names right.

16 MS. KURYLO: Am I up next?

17 THE CHAIR: You're up.

18 MS. KURYLO: Oh, because they told me ten to
19 8:00.

20 THE CHAIR: Are you ready?

21 MS. KURYLO: I am.

22 THE CHAIR: Or do you need a break?

23 PRESENTATION BY MS. KIM KURYLO:

24 MS. KURYLO: I have to tell you folks, this
25 comes from my heart. I have nothing physically prepared

1 but I concur with both Frances and the previous --

2 THE CHAIR: Val.

3 MS. KURYLO: -- nurse who spoke.

4 My name is Kim Kurylo, and I am a Registered
5 Nurse and I work at Penticton Regional Hospital on a
6 medical/renal floor. And I care for patients that have
7 psychiatric issues, substance abuse issues, folks that have
8 dementia, and those with multiple, you know, medical
9 problems that can trigger any kind of violent outbursts,
10 like we have diabetics and that sort of thing. And so it's
11 common on our floor to have folks that are violent and
12 they'll kick and punch and poke at you.

13 So, you know, there was a time when we used
14 to make incident reports, but we don't do that any more
15 because there's so much of that going on. I must say that
16 it would be wonderful if this purple dot program that they
17 have in place, you know, everyone had an opportunity to
18 take that program and was certified. You know,
19 unfortunately I'm one of those night workers and weekend
20 workers and I missed that training.

21 I've worked in Alzheimer's units and I know
22 what goes on there as well. We're all very vulnerable.
23 Healthcare workers are vulnerable. Because the acuity of
24 our patients is, you know, much greater than it used to be.
25 The floor that I'm working on right now, there are two

1 nurses to 19 patients at night. So if we have somebody
2 sent from ICU and who needs a lot of one-to-one attention,
3 the other nurse is left with 18 patients. And that makes
4 it, you know, it's very vulnerable.

5 I just have to tell you what happened to me
6 last Friday. I came on and there was a chap who had been
7 admitted with a drug overdose, and I found him in the
8 bathroom shooting up. He was also a diabetic and within
9 minutes he was out in the hallway in a cubbyhole and his
10 blood sugar had dropped drastically. So I was struggling
11 to bring his blood sugar up. And because we're such a busy
12 floor, no one really came to help me except for the social
13 worker. And he identified that, yes, this person had, you
14 know, been shooting up. And so I was dealing with a person
15 who was on some kind of illegal drug and his drug sugar was
16 bottoming out. And I really had, you know, I didn't have a
17 whole lot of resources there.

18 I mean, my day rolled on. The fellow
19 recuperated and all this sort of stuff, but this is normal.

20 And that's all I've got to say. I just hope
21 that you folks take this back with you and as I said
22 before, I concur with my other colleagues here, that we
23 need more education and policies that will certainly help
24 keep us in the workforce. Because we are a skilled
25 workforce and if you lose us, you know, the rest of the

1 team feels that impact.

2 Thank you very much.

3 THE CHAIR: Thank you. I just have one
4 question. Most of you have been in the field for quite a
5 long time and I'm just wondering if the incidence of
6 violence has increased over the course of your history and
7 what you might think has led to that? Is it the aging
8 population, because you've all referred to geriatric
9 patients, or is it something else?

10 MS. HOLOWACH: It's a whole bunch of things.

11 MS. KURYLO: Yes.

12 MS. HOLOWACH: It's the cutbacks in staff,
13 so that the waiting time is longer. In the Emergency
14 Department you can wait up to two hours to see the doctor,
15 or four hours is not uncommon any more. That leads to more
16 stress.

17 When you're in the hospital you don't have
18 your funds --

19 THE CHAIR: Sorry.

20 MS. HOLOWACH: When you're in the hospital
21 you don't have the income so there's more stress on you.

22 The other thing is that the elderly that are
23 having surgery, we've noticed their syndromes where, when
24 they're coming out of anaesthetic, it may be temperature.
25 It may be oxygen deprivation, it may be drug interaction,

1 it might be a combination of all those.

2 But the incidents of violence, and that's
3 with my elderly gentleman that punched and kicked those two
4 nurses in the sternum and in her shoulder, he didn't know
5 what he was doing. They went and they were trying to press
6 charges against him with the RCMP because they, you know,
7 they were aware that they could do that. The RCMP said
8 there's no point because he wasn't himself. It was no
9 fault of his own.

10 But we used to have male orderlies. We used
11 to have LPNs and Care Aides that were male and I hate, you
12 know --

13 MS. KURYLO: It sounds sexist, but --

14 MS. HOLOWACH: I don't want to sound sexist,
15 but it's true.

16 MS. KURYLO: Yeah.

17 MS. HOLOWACH: The presence of a male in our
18 society, even when you're delirious, when we were taught
19 our emergency response training, just standing there in a
20 group around a patient that's angry will sometimes be
21 enough to sedate, you know, to settle them down. When they
22 see that they aren't going to get away with it.

23 MS. KURYLO: Yes.

24 MS. HOLOWACH: Rather than this new attitude
25 of take down and take out, which is really scary to me.

KIM KURYLO, FRANCES HOLOWACH,
HEATHER ARNOLD

1 When I saw that gentleman, I mean, he was elderly and that
2 security guard, he grabbed him by the arm and wrestled him
3 to the ground. I thought he was going to break his arm.
4 You know, I almost wanted to say, like, "Back off here." I
5 didn't know who he was. I didn't know what authority he
6 had to do that. And it's just the change, in fact, the guy
7 that did most of our training in Penticton, he has refused
8 to do the new training because he doesn't like this take
9 down and take out attitude. Whereas we talk them down,
10 talk them, convince them otherwise.

11 MS. KURYLO: You know, you'll have little
12 old ladies who have dementia and they can become very
13 violent, but you don't want to hurt them. You want to, you
14 know, calmly speak to them and bring them down that way,
15 and maybe...

16 MS. HOLOWACH: You need the training to do
17 that.

18 MS. KURYLO: But you have to have the time
19 and the training and the resource. And if you only have
20 two people and you've got so much else going on, you choose
21 the take down and sedation. That's easiest for you.
22 Unfortunately, that's just what happens.

23 MS. ARNOLD: I think one of the other things
24 that it's also the travel. Because there's a lot of
25 hospitals that don't have emergency services. So patients

1 and residents are already at a heightened agitation because
2 they had to travel down the road with either their injured
3 or sick member. They're looking for assistance as soon as
4 they get in the door and, like we heard from Fran, that
5 they're then having to wait hours to see a doctor. And
6 really, if you're not profusely bleeding you don't get
7 immediate attention, necessarily.

8 So the heightened travel, because if you
9 look at some of the hospitals that have shut down their
10 emergency services: Summerland Hospital, you're now not
11 able to have any emergency services in Summerland. You
12 have to actually travel to Penticton. Again, there's some
13 other hospital. I don't know off by heart all of the
14 hospitals in which we've had all of the emergency services
15 cut down. But really there's a lot of travel that people
16 have to do. Armstrong doesn't have emergency services.
17 Enderby doesn't have emergency services. The closest
18 hospital to somebody who lives in Enderby is Vernon or
19 you've got to go the other way to Kamloops.

20 MS. KURYLO: And the other thing is with the
21 bed closures. We have what we call the "bed line", where
22 what we can do if Penticton Hospital is full, we can phone
23 this "bed line" and they have the whole province, the
24 ability to phone the whole bed -- all the inventory of the
25 beds in the province and they can say "We have an empty bed

1 in Vernon." So we have had a patient from the Kootenays
2 rode ambulance with a fractured hip to Penticton, had
3 surgery and returned to the Kootenays the next day.

4 THE CHAIR: Okay. Thank you. That gives me
5 a bit of a sense of that. Thank you very much.

6 MR. YOUNG: Can we just get your name for
7 the court reporter?

8 THE CHAIR: For the record.

9 MS. ARNOLD: Heather Arnold from the HEU,
10 from the Hospital Employees Union.

11 THE CHAIR: Anyone else who wishes to make a
12 submission? Freda, excuse me, is there...?

13 MS. JUNG: There are no speakers.

14 MR. DORIN: I would make, if I may, I will
15 do in writing later.

16 THE CHAIR: Okay. If you could just, when
17 you sit down, introduce yourself, then.

18 PRESENTATION BY MR. DAVID DORIN:

19 MR. DORIN: Yes, I am David Dorin, I am
20 president of the North Okanagan Labour Council.

21 Over the past few weeks I have been able to
22 -- I have watched the movie "Lost Youth" and maybe you've
23 seen that movie, and I found it very, very moving. It's a
24 WCB movie that has four young children, and they are
25 children, ages of 19 to 16 that have been maimed, and I am

1 really upset by this.

2 I would like to say although some of the
3 Regulations we don't need, we need the Regulations
4 tightened up. And I honestly feel that although it is the
5 employer's responsibility to make sure that the workplace
6 is safe, I also believe it's the workers working with those
7 people, it's their job to make sure things are safe, too.

8 Too often it's the case where certainly in
9 my own trade of construction, I'm a carpenter, you have an
10 apprentice on the job and people don't take the time
11 because they're somebody knocking on the door saying,
12 "We've got a deadline." So many of the safety issues are
13 only given lip service and I think it's very important that
14 the time is taken to properly train people and show them
15 safety procedures.

16 I certainly want to see, I don't want to see
17 the changes implemented. I'm quite concerned about the
18 fact that the employer now will deem whether something is
19 safe or not. And I wonder where the rights of an
20 individual come when to refuse unsafe work. If the
21 employer deems it safe, what choice do I have? If I don't
22 go to work I go home. And I don't think there's any -- I
23 want to know where the enforcement is going to be to
24 protect my rights. And the red tape we seem to be getting
25 rid of protects me and I don't want to lose that.

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

2 THE CHAIR: Thank you very much.

3 So it's coming on to quarter to 8:00 and
4 since there are no further speakers, I am going to adjourn
5 this hearing here in Kelowna. Thank you very much for your
6 submissions and for your attendance.

7 --- PROCEEDINGS CONCLUDED

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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.

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17 Pat Neumann

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