

TO: The Minister's Advisory Council on Workplace Safety and Health
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FROM: [REDACTED]

**Everyone Deserves to be Safe
In the Workplace: Cullen**

INTRODUCTION

This submission is in response to the Minister's May 5th announcement of the launch of a five-year review of The Workplace Safety and Health Act. It is based on a paper prepared by the Manitoba Section of the American Industrial Hygiene Association (AIHA) in 2015. The AIHA paper addressed the current inadequate methods used to identify occupational diseases, and their impact on worker health. This submission addresses a program to protect worker health using existing legislation with little or no modification.

BACKGROUND

As emphasized by the American Conference of Governmental Industrial Hygienists (ACGIH) and their Threshold Limit Value (TLV) Committee the TLVs are only a part of a program to address workplace illness. A full program includes an evaluation of health effects, economic and technical feasibility, and acceptable methods to determine compliance. The TLVs and compliance with them do not make a complete regulatory program. In fact the TLV Committee states that the TLVs are guidelines and are not intended to be standards. They are a valuable part of a total risk management but not the whole thing.

Before adoption of Part 36, Chemical and Biological Substances, workplace illnesses were addressed through the Act with its requirement of employers to "ensure so far as is reasonably practicable, the safety, health and welfare at work of all workers". This was done in two parts.

1. The TLVs were used to define maximum acceptable exposure levels in the workplace. The rationale for this was that the TLVs were the basis for exposure limits in too many countries and were being met by too many workplaces for anyone to claim that they were not "reasonably practicable". This did not mean that all workplaces could meet the standard. Any workplace with poor management or inadequate technical resources could have problems meeting many standards not just exposure levels. In these cases advice and support was offered.
2. To complete the program best practices were applied. Where safer ways of doing the job was available the orders included references to them even where the TLVs may have been met. Best practices were defined as being used in similar industries in Manitoba, or were demonstrated in the literature. Again, because they were being used by others, even in Manitoba, they were considered reasonably practicable.

These two parts made a more complete program as envisioned by the TLV Committee and not just part of a program with its current high death and lost-time rates. The program was applied on a case-by-case basis as situations were found. They were not targeted on high risk industries or with other scientific basis.

Because of no data showing the true incidence of workplace health problems, occupational illnesses were not seen as a significant workplace issue and a complete robust prevention program was never seen as necessary. Also, because the number of recognized illnesses was so low a metric was not available to show program effectiveness. Thus program effectiveness was unknown as was the incidence of occupational disease.

As a result of this, the original enforcement program of exposure limits and use of best practices atrophied after adoption of Part 36 to a simple pass/fail criteria based on TLVs.

RECOMMENDATIONS

Now that there are new metrics to estimate the effects workplace illnesses a comprehensive program can be revived, but this time it can be a science based program.

It is recommended that the program be re-introduced based on existing legislation. It should be constructed on a scientific risk based system rather than case-by-case. This can only be done if there are accurate metrics to identify problems and track improvements. As mentioned, over the past 20 years new metrics to monitor occupational illness and occupational disease deaths have been developed. If we are to prevent actual workplace illnesses rather than react to accepted insurance claims these new metrics must be adopted.

The current use of exposure limits (Part 36 Chemical and Biological Substances) should continue as a screening program to determine if there are major health risks present in the workplace.

In addition, the use of “so far as reasonably practicable” from the Act should be revived to ensure that best practices are used. This multifactorial approach where TLVs are only one element to be combined with technical feasibility, and accepted methods, to characterize risk is closer to the position of the TLV Committee and will help us resolve the effects of unrecognized occupational diseases.

Applying “so far as reasonably practicable” should be able to be used as presented in the Act. The phrase is used three times to describe the duties of the employer, therefore it is not a trivial phrase but a requirement, and should be used in enforcement. However, if there is some uncertainty as to the meaning of “so far as reasonably practicable”, or how to interpret it relative to occupational health, a clearer definition should be added to the Act.

To improve on the old random basis for applying “so far as reasonably practicable” it is recommended that a three step program be implemented to address the problem.

1. Use attributable fractions (AF) to identify causes of occupational health related deaths and the industries in which they are found.
2. Use self-reporting to identify causes of occupational health related lost-time, and the industries in which they are found.
3. Collect occupational exposure data to identify actual worker exposures and best practice methods.

The goals of these steps are:

1. Provide a science based description of the occupational health problems:
2. Develop a metric to measure the incidence of occupational health deaths and lost time.
3. Develop a program to reduce the incidence of occupational health deaths and lost time.

If there are any questions [REDACTED] can be contacted at [REDACTED] or [REDACTED]
[REDACTED]

P.S.: The title of this review addresses Safety not Health in the workplace. Under the circumstances this is appropriate.