

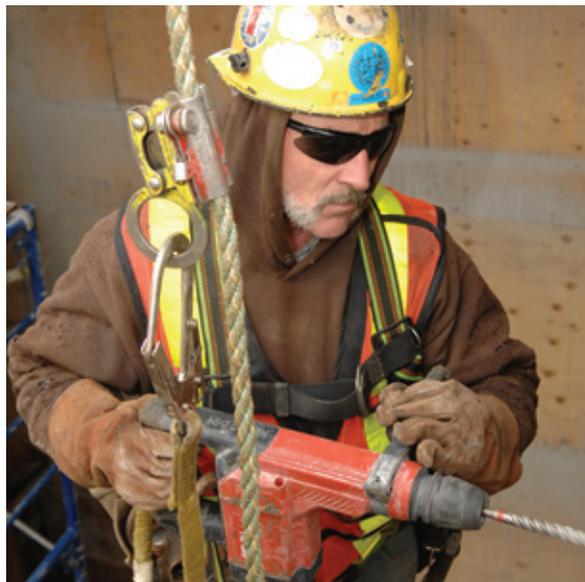
Building a Safer Work Environment for BC Construction Workers

By David Fairey,
John Calvert and
Wayne Peppard

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Introduction

LAJOS FEHER NEVER HAD A CHANCE. Lajos had never worked in construction before, let alone in an excavation, and was given no safety training before being put to work in the trench. He was killed when the Surrey street excavation he was working on collapsed and covered him on December 16, 2005—his first day on the job. The trench collapse was caused by inadequate shoring. This was a preventable death, as was noted by WorkSafeBC Vice President Roberta Ellis.

High occupational injury and death rates in the BC construction industry urgently need to be addressed. Tarrred with a dismal safety record, the industry is nonetheless in the midst of a boom, employing record numbers of workers on a record number of sites. In this “gold rush” atmosphere, corners get cut in the push to meet completion deadlines or cut costs, and safety is often compromised as a result. Operating in this largely unregulated, competitive environment, many employers and workers are driven into the underground economy where non-reporting of accidents and injuries is a common practice, encouraged by low-bid contracting.

BC construction workers have an occupational fatality rate three times that for all workers in the province and a lost-time injury rate that is double the overall provincial average. In 2007, 30 construction workers died as a result of accidents or injuries on the job, the highest fatality rate of any industrial sector in BC. Over the past five years, an average of 36 workers died each year.¹

Tragically, as often happens in times of a labour shortage, young people (aged 15 to 24) are disproportionately the victims of these workplace accidents. According to WorkSafeBC, almost one quarter of reported serious injuries and almost half of deaths in construction in 2005 involved young workers.

These statistics stand out even more starkly when compared with those from other parts of the country. Over the past 12 years (1995 to 2006), the lost-time injury rate in BC construction was more than triple the rate in Ontario construction, and significantly higher than the Canadian average. In addition, the fatality rate in BC construction has been more than 50 per cent higher than in Ontario construction for five of the past six years.²

Key Findings

- BC's construction industry has a dismal workplace safety record that urgently needs to be addressed. BC construction workers have an occupational fatality rate three times the overall provincial rate, and a lost-time injury rate that was 71 per cent higher than the Canadian average in 2006.
- The government should act to strengthen the participation rights of workers—the right of workers to monitor and be involved in the management of workplace hazards without fear of reprisal. Currently, the BC Workers' Compensation Act is weak and ineffectual when it comes to facilitating worker participation in occupational health and safety.
- WorkSafeBC should set up pilot projects in conjunction with employers and building trades unions to determine whether European and Australian innovations in worker safety representation could be replicated in BC.
- The Workers' Compensation Act should be changed to:
 - » Grant *all* construction workers occupational health and safety representation rights;
 - » Require that all construction workers and worker safety representatives receive WorkSafeBC-certified safety training; and
 - » Permit authorized union safety representatives the right of entry to non-union work sites.

Society has a moral duty to ensure people are able to perform their jobs safely. But beyond the immediate concern for workers' wellbeing, there are also good economic reasons to reform BC's construction safety system. Lax safety in construction imposes significant costs on workers, their families, the construction industry, and society as a whole. On average, BC construction workers lose twice as many days from work due to occupational injury or disease than other BC workers. And high injury rates push up Workers' Compensation Board (WCB) insurance premiums, public health care costs, Employment Insurance premiums, and the costs of longer-term income supports. High injury and disability rates also reduce labour productivity, increase labour turnover, and discourage young workers (especially young women) from entering and staying in the construction trades.

The good news is that there are many ways to make construction safer. This policy brief looks at the rights of construction workers to be involved in monitoring and enforcing safety rules in their own workplaces, and examines

OCCUPATIONAL FATALITY AND INJURY RATES

Occupational fatality rate: The number of work-related deaths in a year per 100,000 workers employed in the industry.

Lost-time injury rate: The number of reported cases of a worker being off work due to injury per 100 workers employed in the industry.

successful case studies from other jurisdictions. Good public policy looks to the mistakes and lessons of others and applies those lessons to the local context. Our hope in reviewing best practices from elsewhere in Canada and around the world is that we help make BC's construction industry a safety leader.

PROTECTIVE RIGHTS AND PARTICIPATION RIGHTS IN OCCUPATIONAL HEALTH AND SAFETY

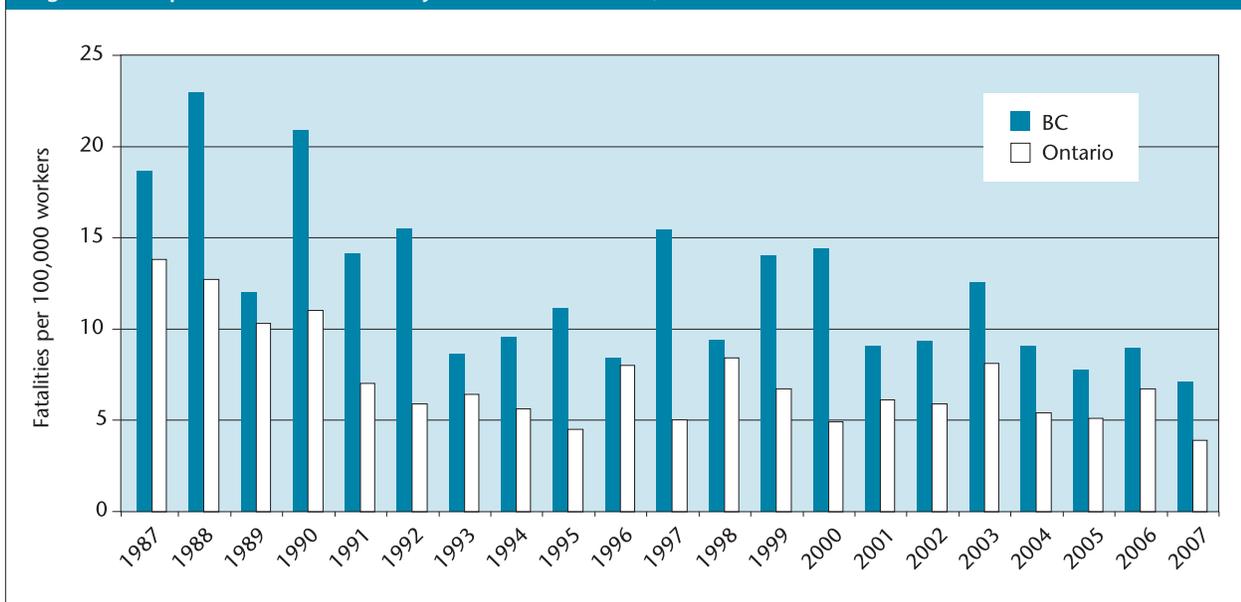
Workers must be able to do more than just trust their employers to ensure their safety: they must be able to know and constantly monitor their work sites, without fear of reprisal.

There are two related and equally important forms of occupational health and safety regulation. The first, called *protective rights*, involves laws and the enforcement of universal standards. Externally imposed by governments, protective rights deal with everything from the minimum qualifications of construction companies and supervisors, to the training construction workers must receive, to the use of materials, tools and equipment, and other conditions of work.

The second form, called *participation rights*, refers to the right of workers to participate in the enforcement of external regulations and the management of workplace hazards. To prevent workplace injuries and fatalities, workers at every work site must be involved through joint occupational safety committees and/or other forms of worker representation. In other words, workers must be able to do more than just *trust* their employers to ensure their safety: they must be able to *know and constantly monitor* their work sites, without fear of reprisal.

Together, these two forms of regulation can ensure a strong occupational health and safety system. However, in BC, weak participation rights and the erosion of effective worker representation put construction workers at risk.

Figure 1: Comparative Traumatic Fatality Rates in Construction, BC and Ontario



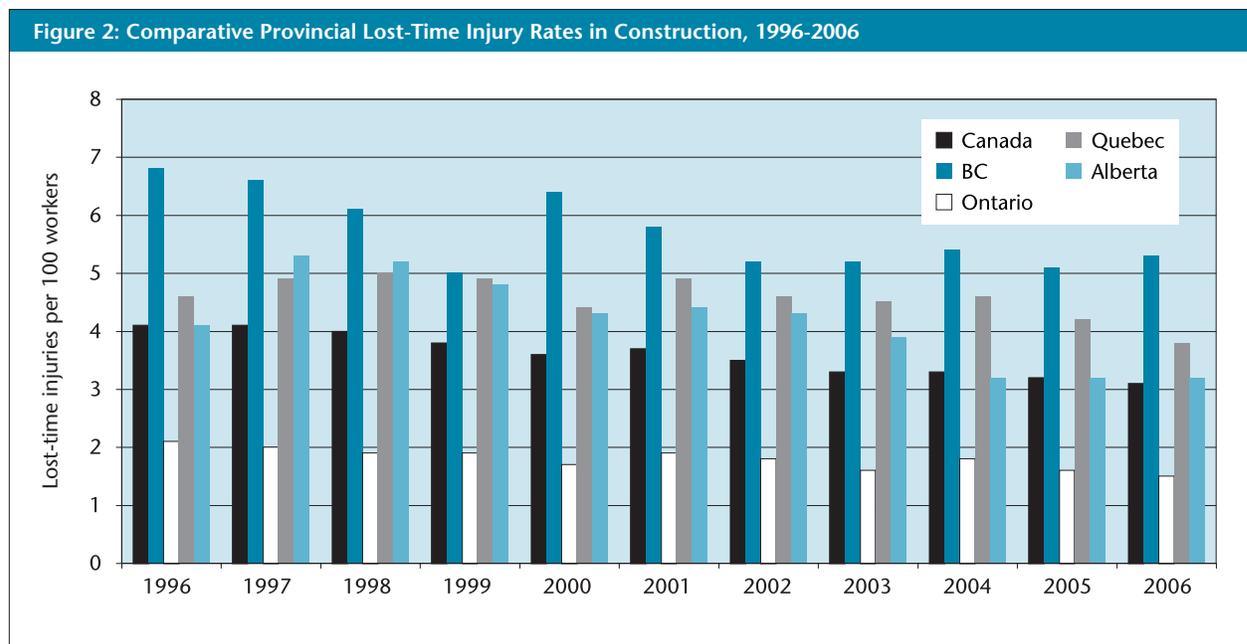
Worker participation in the management of occupational health and safety programs is mandated by the provincial Workers' Compensation Act. However, beyond very basic provisions, WorkSafeBC provides little in terms of direction and encouragement for worker participation. A fundamental weakness in the Act is the complete absence of worker representation rights at construction sites where fewer than ten workers are regularly employed, and the absence of a requirement for a joint occupational health and safety committee at sites with fewer than 20 workers regularly employed.

Research on occupational injury rates has found that the larger the firm, the lower the injury rate, and vice versa—the smaller the firm, the greater incidence of injuries. There is also a substantial body of international research that shows union representation at work sites helps to reduce accident and injury rates.³

Significantly, those two features—small firm size and low rates of union representation—are core characteristics of the BC construction industry. A 2001 industry profile by the BC government revealed that more than 90 per cent of construction businesses employed fewer than 20 people in 1999, more than 80 per cent employed fewer than 10 employees, and over 65 per cent employed between one and four employees. This overwhelming predominance of small firms means that construction workers employed by up to 90 per cent of BC's construction companies have no rights under the Workers' Compensation Act to participate on joint health and safety committees, or to elect even one health and safety representative at their workplace.⁴

Workers in up to 90 per cent of BC construction companies have no safety representation rights under the Workers' Compensation Act.

On the union front, representation in the residential sector of construction is virtually non-existent. Unionization in the industrial, commercial and institutional, heavy engineering, and road building sectors has been in steady



Parallel Trends in Forestry

Forestry is the other major BC industry with very high rates of serious injury and death, and a highly mobile workforce. Industry trends similar to those in construction have been identified as contributing to dangerous conditions. These include:

- Widespread contracting out and sub-sub contracting out;
- Rapid growth of small firms and owner-operators;
- De-unionization; and
- Low-bid contracting (where contractors understate costs in an effort to submit the lowest bid).⁵

A September 22, 2006 coroner's inquest report into the tragic death in 2005 of Vancouver Island logger Ted Gramlich highlighted the lack of safety supervision, inspection and training in this industry, largely the result of the downloading of health and safety management to sub-contractors and owner-operators, which in turn has resulted in workers being exposed to greater risk of injury and death.⁶

The coroner's jury in the Gramlich inquest learned that single-person companies are often supervising other single-person companies in forestry operations. In the previous five years there had been a tenfold increase in the number of single-person companies in the industry; by 2006, 90 per cent of the 7,000 companies registered as integrated forest products companies were single-person companies.

The jury also learned from WorkSafeBC that a 2006 forest industry compliance inspection of 300 work sites found that:

- 70 per cent of prime contractors failed to review the health and safety programs of subcontractors;
- 63 per cent of contracts were awarded to contractors whose previous health and safety compliance history had not been considered;
- Only one third of work sites had a record of supervisor training applicable to the work being supervised; and
- One quarter of work sites had no designated supervisors at all.

Many of the coroner's 23 recommendations related to the failure of prime contractors to supervise and enforce the safe work practices of subcontractors and owner-operators.

decline for the past two decades. According to the Construction Industry Human Resources Project of the Construction Labour Relations Association of BC, unionization on a total construction payroll basis for companies with payrolls over \$500,000 plummeted from 66 per cent in 1988 to 24 per cent in 2005.⁷ Lower rates of unionization have been accompanied by a falling off of health and safety training, fewer worksite safety representatives, fewer joint occupational health and safety committees, fewer WorkSafeBC Safety Officer inspections, and less worker participation in safety inspections and incident investigations

Given the above, it is no surprise that a 2006 report by the Construction and Home Building Industry Advisory Committee identified the following weaknesses in BC construction: labour shortages, a lag in skilled training, a predominance of small and medium sized enterprises, and an inconsistent safety approach across the industry.⁸

CASE STUDY 1: ONTARIO

THE ONTARIO CONSTRUCTION INDUSTRY leads Canada in lost-time injury rate reduction and low fatality rates.⁹ Indeed, progress in reducing the injury rate has been almost continuous for more than 20 years.

While Ontario's Occupational Health and Safety Act contains provisions for worker health and safety similar to those in BC's Workers' Compensation Act, there are eight important differences:

- Ontario requires smaller work sites with six or more workers to have a safety representative.
- Projects with 20 to 49 workers and lasting three months or more must have joint health and safety committees with worker safety representatives for each trade group on site.
- Projects with 50 or more workers must have a Worker Trades Committee that meets separately and includes representatives from every trade group on site, making worker safety representation broader and more comprehensive.
- Projects with 50 or more workers must also have one worker and one management representative trained as certified safety representatives, both of whom have independent "stop work" powers.
- Workplace safety inspection and regulation enforcement is more vigorously pursued by the Ministry of Labour's workplace inspectorate and is integrated with the enforcement of other labour rules, such as employment standards. In BC, workplace safety inspection and regulation enforcement is conducted by occupational safety officers employed by WorkSafeBC (the Workers' Compensation Board of BC) which, as the occupational insurance corporation appointed by the provincial government, has a potential conflict as an enforcer.

- Safety training during apprenticeship training and trades certification is compulsory.
- The construction sector has a higher degree of unionization, which enables greater worker representation and participation in occupational health and safety management, and has a positive impact on occupational injury prevention.
- The sector has the Construction Safety Association of Ontario, a joint labour-management organization that provides programs and services designed to prevent occupational injuries, illnesses, and fatalities. There is no parallel or equivalent joint labour-management institution in BC.

CASE STUDY 2: UNITED KINGDOM

UNDER THE 1974 HEALTH AND SAFETY AT WORK ACT, unionized workers in the United Kingdom have had the right to workplace representation for over three decades. More recently, changes to the UK economy, declining union membership, and the growing role of European Union legislation have resulted in significant changes to laws governing the role of health and safety representatives. The most important of these is the extension of representation rights to non-union workplaces.¹⁰ The UK's legislation on health and safety representatives applies broadly to all sectors of the economy, but also includes regulations specifically aimed at the construction industry's unique features.

Comparing occupational injury statistics from one jurisdiction to another is often problematic due to differing definitions, categories and criteria. Nonetheless, a comparison can be made in relation to fatal injury statistics in construction. Although fatalities and injuries have shown a gradual decline in the UK construction industry, it is still considered a highly dangerous sector.¹¹ Compared to BC, however, UK fatal accident rates are much lower. In fact, in 2006 the UK rate was about a third that of BC's.¹²

Legislative efforts to reduce injury and death in the UK construction industry include the 1994 Construction Design and Management Regulations, which required contractors to support health and safety representatives. In 2007, these regulations were updated to respond to the growth of subcontracting and more extensive use of temporary workers. The new amendments give additional legal support for the role of safety representatives on building sites and clarify the responsibilities of contractors, subcontractors, project managers, and workers with respect to health and safety matters.

Similar to Ontario, the UK has established training and certification standards for construction workers. The Construction Skills Certification Scheme (CSCS) was introduced in 1995 because of concerns that too many workers had little or no training and a poor understanding of the hazards they faced. Similarly, too many employers were hiring inexperienced and vulnerable workers.¹³

According to Linda Clarke of the University of Westminster, the scheme was started “to help the construction industry improve quality, reduce accidents, and to drive ‘cowboy builders’ out.” Workers who obtain this certification are deemed to have met a set of national training standards, and while there is no legal requirement to possess a CSCS card, contractors and local governments (as well as unions) are increasingly demanding it as a condition of employment. Over 1.3 million construction workers in the UK now have the card, which currently applies to 230 occupations.

Dozens of studies have been conducted on the experiences of safety representatives in a variety of UK industries. A number of them focus directly on construction and the effectiveness of the UK approach to worker representation for occupational health and safety management outcomes.

The most essential of the recent studies to evaluate the strengths and weaknesses of the UK’s approach was a 2005 study, *The Role and Effectiveness of Safety Representatives in Influencing Workplace Health and Safety*, by professors David Walters and Theo Nichols and other researchers.¹⁴ Consistent with previous research, Walters and Nichols et al. found a positive relationship between union-supported representation and safety outcomes.

In the case of non-union sites, however, the Walters and Nichols study found significant barriers to effective worker representation and consultation. In particular, regulations giving managers the *option* of appointing safety representatives were problematic. Making that appointment optional meant non-union safety representatives did not automatically have the right to conduct workplace inspections or investigate accidents without employer permission. Other barriers on unorganized construction sites included lack of resources and support infrastructure, the temporary nature of construction work, the hostility of some employers to worker involvement, and the top-down approach of many managers.

Walters and Nichols et al. concluded that employer understanding of and support for worker representation and consultation has been critical to improving health and safety outcomes in the UK construction industry.

Another major pilot project looked at whether visits by qualified, voluntary worker safety advisors (WSAs) to small, unorganized work sites could improve health and safety performance.¹⁵ WSAs audited workplaces for safety hazards and then provided advice to employers, supervisors and workers on how to improve safety practices. The pilot resulted in the establishment of eight new health and safety committees in the companies involved. More than 75 per cent of these employers reported making improvements to health and safety after being audited.

These and other studies confirm that strong representation systems on non-union work sites allow workers to more consistently and effectively assert their health and safety rights. Without representation rights, safety is much more likely to be compromised.

CASE STUDY 3: VICTORIA, AUSTRALIA

LIKE CANADA, AUSTRALIA IS A FEDERATION of regional states and territories. Independent occupational health and safety laws operate in each of the six states and two territories, with a Commonwealth jurisdiction for federal public employees, and another for the maritime industry. While the occupational health and safety model in Australia has its foundations in the UK, it has evolved the concept of “self regulation” into a more sophisticated made-in-Australia system known as “co-regulation.” Researcher Sara Page describes co-regulation as a shared involvement in risk control between employers and employees with the aim of ensuring workers’ health and safety.¹⁶ Co-regulation is used by the jurisdictions of Victoria, South Australia, the Australian Capital Territory, and the Commonwealth government.

Nationally, almost 10 per cent of the Australian workforce was employed in construction in 2005/06. Despite some longer-term improvements, the occupational injury rate in construction has remained significantly higher than the overall industrial rate—ranging from 78 per cent higher in 1997/98 to 56 per cent higher in 2006/07. In contrast, Victoria’s construction industry stands out as exemplary. It has consistently had the lowest regional occupational injury rate in construction in the country—59 per cent below the national construction injury rate in 2002/03 and 32 per cent below in 2006/07.¹⁷

Victoria’s system of legislated worker health and safety representation was revised and strengthened in 2004 following a comprehensive review. But even prior to this review, the system included several longstanding and important progressive features, including:

- No minimum number of workers required at a workplace before there is entitlement to elect a representative.
- All workers employed by a single company, or working in specific areas or subgroups at a work site in a “designated work group” (any grouping of workers within a company or at a work site who applied for and were granted the right to safety representation by the authority, WorkSafe

Victoria) had the right to elect a health and safety representative (HSR) with distinct duties and powers. HSRs were to deal with day-to-day health and safety concerns. Additional worker representatives were elected to joint health and safety committees.

However, while all workers in a designated work group were entitled to representation by an elected health and safety representative, the onus was on workers to initiate the process. Under these circumstances it was inevitable that workers in small, non-union workplaces would hesitate to take that initiative for fear of reprisal.

In 2003, Victoria's state government appointed Judge Chris Maxwell to review and update the Occupational Health and Safety Act. The review was intended to address weaknesses in the system and respond to the changing nature of construction work. As Maxwell noted in his 2004 report, the days when an Australian construction worker could rely on long-term employment with one or two companies had given way to widespread "casualization, part-time work and mobility. Entire workforces are now supplied by labour hire companies."¹⁸

Maxwell's 2004 report covered a wide range of issues, including the scope of regulation, compliance, enforcement, and public accountability. Of particular relevance to BC are recommendations dealing with worker consultation and representation, roving safety representatives, designated work groups, training of health and safety representatives, unions' right of entry to non-union workplaces and provisional improvement notices.

Most of Maxwell's recommendations were incorporated in what is now one of the most modern health and safety laws found in an advanced market economy.

PROVISIONAL IMPROVEMENT NOTICES

Provisional improvement notices (PINs) are issued by worker health and safety representatives. They are a form of legal direction to employers requiring them to comply with the Occupational Health and Safety Act, and may spell out specific actions the employer must take to remedy violations. They may also include a cease-work direction where the seriousness of a hazard warrants a halt to the work.

Within seven days of a PIN being issued, the employer may ask WorkSafe Victoria for an enquiry into the PIN. The WorkSafe inspector must then either affirm or cancel the PIN. (An employer that does not seek an enquiry by WorkSafe is simply required to comply with the PIN.)

The independent ability of Victoria's worker safety representatives to issue PINs or stop-work orders to their employers means they have significantly more power than Ontario's certified safety representatives in workplaces with 50 or more workers.

ROVING SAFETY REPRESENTATIVES AND UNION RIGHT OF WORKPLACE ENTRY

Commissioner Maxwell's review concluded that "the lack of workplace representation is the major failure of the OHS legislation over the last 18 years. It calls for special measures. Two such measures are proposed: roving safety representatives, and a limited right of entry for OHS-qualified union officials."

Victoria's 2004 Occupational Health and Safety Act does not incorporate the recommendation for roving safety representatives, but it does incorporate the recommendation for union right of entry. Under the 2004 Act, authorized representatives from registered employee organizations have the right to enter non-union workplaces for the purpose of occupational health and safety inspections to ensure compliance with the Act and regulations, to ensure that worker representatives are elected and trained as prescribed by the Act, and to consult with employers on health and safety matters on behalf of unrepresented workers.

OTHER INNOVATIONS IN VICTORIA'S WORKER SAFETY REPRESENTATION

- All workers have the right to safety representation regardless of their workplace or the size of their work group.
- The scope of designated work groups for which health and safety representatives are elected was expanded to include more than one workplace of a single employer, and the employees of multiple employers at one or more workplaces. Previously it was limited to one workplace or one employer at a work site.
- For the first time, independent contractors and the employees of independent contractors are entitled to be included in designated work groups and to elect health and safety representatives.
- Workers are entitled to elect more than one health and safety representative for each designated work group. This means that work groups with large numbers of workers or workers dispersed over multiple work sites or large geographic areas can have as many representatives as are necessary to have accessible and effective representation.
- All newly-elected HSRs are entitled to receive 35 hours of certified safety training, as well as annual refresher training.
- All construction workers are required to possess proof of recognized occupational health and safety (OHS) training in the form of a "red card" or a "construction induction card" issued by WorkSafe upon completion of OHS training through a registered training organization.
- WorkSafe funding assistance is provided for full-time certified HSR support officers employed by unions.

CASE STUDY 4:

NEW ZEALAND

LIKE THE UNITED KINGDOM, New Zealand is a centralized unitary state, with one occupational health and safety law and one accident compensation law for the entire country. The population of New Zealand is about 4.1 million (similar in size to the Australian state of Victoria and to BC's population of 4.4 million), with an employed workforce of approximately 2.1 million.

New Zealand provides an interesting contrast to the state of Victoria. It experimented with radical de-regulation of all employment relations laws in the 1990s. It also has high injury and fatality rates in construction.

In 2002, New Zealand adopted the Health and Safety in Employment Act (HASIE) to increase worker participation in occupational health and safety management. New Zealand's legislation (similar to Victoria) approaches worker participation and representation universally—so that special provisions are not needed for sectors or occupations with unique work practices or structures. To this end, a whole section of the 2002 Act requires the negotiation and implementation of an employee participation system (EPS) in each workplace.

An employee participation system is mandated for any workplace with fewer than 30 employees if such a system is initiated by one or more employees, or a union representing them. An EPS is also mandated for any workplace or employer with 30 or more employees, but without requiring employees or a union to initiate it.

The EPS gives a pivotal role to worker-elected health and safety representatives (HSRs). HSRs are allowed two days paid leave each year to attend health and safety training; about 25,000 workers received training between 2003 and 2007. As well, trained HSRs have a right and responsibility to issue hazard notices to employers under certain circumstances.

Similar in intent to the provisional improvement notice found in the Victoria legislation, a hazard notice issued by a New Zealand HSR informs the employer of an identified hazard, and may contain suggested steps needed to deal with

it. A hazard notice is not an “enforcement notice” although it can constitute a prior warning that can lead to an “infringement notice” being issued by a Department of Labour inspector.

A trained HSR may issue a hazard notice where they:

- a) believe on reasonable grounds that a hazard exists; and
- b) the representative has alerted the employer to the hazard and has discussed or at least attempted to discuss steps to remedy it; and
- c) the employer refuses to discuss or deal with the hazard; or
- d) there is disagreement about either how to deal with the hazard or the time within which the remedy should be implemented.

After following these steps and issuing a hazard notice, the HSR may notify a government inspector for follow up to ensure remedial action has been taken.

Although New Zealand’s 2002 system is more modest than the Australian state of Victoria’s, it is innovative in several respects:

- The right of health and safety representatives to have ready access to sufficient information about health and safety systems and issues to enable them to perform their duties effectively.
- Recognition and direct participation of unions as representatives of employees in the negotiation of employee participation systems, the election of HSRs, and the formation of committees.
- The universal right of all workers to safety representation regardless of the number of workers at a workplace.
- Good faith negotiation and co-operation in the development, implementation and maintenance of an employee participation system at each workplace, within a framework prescribed by the Act and guidelines, including annual review and renegotiation.
- At least one elected HSR for any workplace with less than 30 employees, if requested by any employee or their union.
- At least one elected HSR, and an employee occupational health and safety (OHS) committee of up to five HSRs for workplaces with 30 or more employees.
- OHS workplace committees made up of at least 50 per cent worker HSRs.
- Compulsory Ministry of Labour certified training for HSRs and paid training leave.
- Independent right of trained HSRs to issue hazard notices.
- A national, independent, non-profit organization—initiated by government, employers, and unions—for the provision of programs and services designed to prevent occupational injuries, illnesses and fatalities in construction.

Conclusion and Recommendations

THE BC GOVERNMENT HAS AN OBLIGATION to address the high injury and death rates in the BC construction industry. The industry's poor safety record is especially unacceptable given that BC has been in the midst of a construction boom, employing more construction workers than ever. BC's Workers' Compensation Act policies dealing with worker participation and representation in occupational health and safety are weak, ineffectual, and increasingly irrelevant to the construction industry. As a result it is estimated that workers in up to 90 per cent of BC construction companies have no participation in on-the-job occupational health and safety management.¹⁹

Like construction industries elsewhere, the BC industry is characterized by transitory workforces, small employers, frequently changing workplaces, widespread sub-contracting, multi-employer workplaces, independent operators, self-employment, a large underground economy, and migrant labour. However, our examination of other jurisdictions leads us to conclude that those conditions do not prevent effective worker participation in occupational health and safety.

This research shows there is no shortage of successful and innovative systems of worker representation rights in construction that BC could adopt. We have much to learn from Ontario, the United Kingdom, the Australian state of Victoria, and New Zealand. Their approaches vary, but each offers lessons that could make BC a much safer place to work.

The strongest measures adopted in these jurisdictions are:

- Universal worker representation rights;
- Roving or regional safety representatives;
- Union safety representative access to non-union work sites;

- Employer-funded training and certification of worker safety representatives; and
- Compulsory safety induction training for all construction workers.

Australia and New Zealand's systems of worker safety representation are relatively new, but have already resulted in major improvements to occupational health and safety practices. There is an enormous amount of research available about Australia's system. The same is true for the UK, whose occupational health and safety system has been in place for more than 30 years.

We recommend that:

- The BC Government amend the Workers' Compensation Act to grant all construction workers, regardless of their employment status or the size of the work-site labour force, the right to participation and representation in work-site occupational health and safety management.
- The Workers' Compensation Act and Regulations be changed to require that all construction workers be given WorkSafeBC certified safety training.
- The Workers' Compensation Act and Regulations be changed to require that all worker safety representatives receive WorkSafeBC certified safety representative training.
- The Workers' Compensation Act and Regulations be changed to permit authorized union safety representatives the right of entry to non-union work sites to provide safety representation for all workers at such sites.
- WorkSafeBC set up or co-sponsor pilot projects (in conjunction with employer associations or major prime contractors and building trades unions) to find out to what extent European and Australian innovations in worker safety representation, such as roving safety representatives, worker safety advisors, and related successes, could be replicated on BC construction sites.

Finally, it is important to recognize that compulsory safety training for all construction workers was one of the key recommendations of the BC Construction Industry Advisory Council (CIAC) in 1982 as a result of its inquiry into construction industry safety following the deaths of four workers on the Bentall Tower IV project in downtown Vancouver on January 7, 1981.²⁰ Twenty-seven years is already too long to wait for implementation of this life-saving recommendation.

NOTES

- 1 *The Ripple Effect: WorkSafeBC 2007 Annual Report and Statistical Supplement.*
- 2 See Construction Safety Association of Ontario, *Annual Report 2007*. The reported comparative provincial construction industry lost-time injury rates are derived from data provided by the Association of Workers' Compensation Boards of Canada.
- 3 See: Kochan, T.A., L. Dyer and D.B. Lipsky. (1977). *The Effectiveness of Union-Management Safety and Health Committees*. W.E. Upjohn Institute for Employment Research, Kalamazoo, Michigan.; Shannon, H., V. Walters, W. Lewchuk, J. Richardson, D. Verma, T. Haines and I. Moran, 1992, *Health and Safety Approaches in the Workplace*, MacMaster University, Hamilton; Reilly, B., P. Paci and P. Holl, 1995, "Unions, Safety Committees and Workplace Injuries", *British Journal of Industrial Relations*, Vol. 33, No. 2, June; Walters, David, 1996, "Trade Unions and the Effectiveness of Worker Representation in Health and Safety in Britain", *International Journal of Health Services*, New York, Vol. 26, No. 4, 625—641; Walters, David, and Kaj Frick, 2000, "Worker Participation and the Management of Occupational Health and Safety: Reinforcing or Conflicting Strategies?", Chapter 3 in *Systematic Occupational Health and Safety Management*, eds. K. Frick, P.L. Jensen, M. Quinlan and T. Wilthagen, Elsevier Publishers, Amsterdam; Health and Safety Commission. (2002). *Safety Representatives' Charter*. Higher and Further Education Advisory Committee, Schools Education and Advisory Committee. Available at <http://www.hse.gov.uk/aboutus/hsc/iacs/hifeac/rep charter.pdf>; and Shaw, Neil and Roger Turner, 2003, *The Worker Safety Advisors (WSA) Pilot*, Health and Safety Executive, Research Report 144, HSE Books, Norwich.
- 4 Construction Secretariat of BC, 2001, *Construction Information Profile*, BC Ministry of Competition, Science and Enterprise.
- 5 See *Still Fighting to Stop the Killing: United Steelworkers Review of BC Forest Safety Performance*, Vancouver: United Steelworkers, March 2007.
- 6 See Coroner's Court of BC, *Verdict of Coroner's Inquest: Findings and Recommendations as a Result of the Inquest Into the Death of Theodore Joseph Gramlich*, September 22, 2006.
- 7 Construction Labour Relations Association of B.C., *Construction Industry Human Resources Project: Comparison of Non-Union versus Union Construction Activity in the Province of British Columbia, 1988 through 1999 and 2000 through 2005*.
- 8 Construction and Home Building Industry Advisory Committee, 2006, *Heightened Competitiveness*, a report prepared for the BC Competition Council, February, accessed at www.bccompetitioncouncil.ca/Construction_Housing_IAC_Report.pdf.
- 9 Construction Safety Association of Ontario, 1997, *Application for Designation as a Safe Workplace Association and Training Centre*, October 23.
- 10 The best short overview of the UK system is: HSE. (2002). *The Health and Safety System in Great Britain*. 3rd Ed. (Originally published 1992) HSE Books, Norwich. Accessed at www.hse.gov.uk/pubns/ohsingb.pdf.
- 11 As we note elsewhere in this study, there is a large amount of data on the accident, injury and fatality experience of the UK construction industry, most of which can be found in the publications of the Health and Safety Executive.
- 12 UK Health and Safety Executive, accessed at www.hse.gov.uk/statistics/construction/injuries.htm.
- 13 For more information, see the CSCS web site at www.cscs.uk.com.

- 14 Walters, David, Theo Nichols, Judith Connor, Ali C. Tasiran, and Surhan Cam, 2005, *The Role and Effectiveness of Safety Representatives in Influencing Workplace Health and Safety*, Health and Safety Executive, Research Report No. 363, accessed at <http://www.hse.gov.uk/research/rrhtm/rr363.htm>.
- 15 Shaw, Neil and Roger Turner, 2003, *The Worker Safety Advisors (WSA) Pilot*, Health and Safety Executive, Research Report 144, HSE Books, Norwich.
- 16 See: Page, Sarah, 2002, *Worker Participation in Health and Safety: A Review of Australian Provisions for Health and Safety Representation*, Health and Safety Executive, July, accessed at <http://www.hse.gov.uk/research/misc/pinreport.pdf>.
- 17 *Construction*, Australian Safety and Compensation Council, accessed at www.ascc.gov.au/ascc/PriorityIndustries/Construction.
- 18 Maxwell, Chris, 2004, *Occupational Health and Safety Act Review*, State of Victoria, Melbourne, March.
- 19 Construction Secretariat of BC, 2001, *Construction Information Profile*, BC Ministry of Competition, Science and Enterprise.
- 20 Construction Industry Advisory Council, 1982, *Report of the British Columbia Construction Industry Safety Inquiry*, Victoria, April.



The British Columbia & Yukon Territory Building & Construction Trades Council (BCYT-BCTC) is the umbrella organization for 14 local unions affiliated to 10 International Construction Unions. There are over 35,000 rank and file members belonging to unions affiliated to the BCYT-BCTC. The BCYT-BCTC coordinates action by these unions and lobbies government and industry on labour relations, occupational health and safety, trades training, health/welfare and pensions.

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