

To accompany minutes of February, 1986

THE UNIVERSITY HEALTH AND SAFETY COMMITTEE

PHONE NUMBERS AND AREAS OF REPRESENTATION

CHAIRMAN

Dr. J.B. Farmer

3296

Chemical Safety

SECRETARY

Miss K. Shaw

5478

CUE

*R*	Mr. M. Barnes	4283	CUPE 116
	Dr. G. Bates	2834	Faculty Association
	Mr. E. de Bruijn	4555	Library/Academic Services
*R*	Mr. P. Buchannon	5778	AAPS
*	Mr. T. Derouin	4185	IUOE 882
	Dr D.J. Farquhar	228-7011	Student Health
	Ms M. Flores	5778	Housing
*R*	Mr. D.R. Haller	5543	Physical Plant
	Mr. D. Harper	4654	CUPE 2278/TAU
*R*	Dr. J.B. Hudson	4621	Biohazards
*R*	Ms E. Lebitschnig	<u>2713</u> -2069	CUE
	Dr. D. McAdam	2459	Faculty Association
*R*	Dr. R.T. Morrison	228-8373	Radio-Isotopes
	Mr. D. Napier	3419	CUPE 116
	Mr. G. Sloan	6522	CUPE 116 <u>5377</u>
	Dr. F.J.R. Taylor	4587	Diving

OBSERVERS:

*R*	Assistant-Chief S. Affleck	224-5415	Fire Department
	Mr. R. Black	228-7644	Health Sciences Ctr.
	Dr. W. Greene	4218	Occupational Health and Safety Office

GUESTS:

Dr. J. Gregg (for J. Hudson)	Biohazards
Dr. D. Lyster (for R.T. Morrison)	Radio-Isotopes
Captain R.W. Lawrie (for S. Affleck)	Fire Department

\* Indicates absence

\*R\* indicates absence with regrets



MINUTES OF THE UNIVERSITY HEALTH AND SAFETY COMMITTEE HELD FEBRUARY 25, 1986, AT 10:30 A.M. IN THE BOARD AND SENATE ROOM

Dr. Farmer conveyed regrets from Mr. Barnes, Mr. Buchannon, Dr. Hudson, Ms Lebitschnig, Dr. Morrison and Assistant-Chief Affleck. Dr. Hudson, Dr. Morrison and Assistant-Chief Affleck respectively sent the following representatives: Dr. J. Gregg, Dr. D. Lyster and Captain R. W. Lawrie.

Adoption of the minutes

Mr. Harper moved, seconded by Mr. Napier, that the minutes be adopted as circulated. Carried.

A. BUSINESS ARISING FROM THE MINUTES

1. Eye Wash

Dr. Farmer told the committee that Mr. Haller had confirmed by telephone conversation that the eye wash investigation was still  
+ continuing. The committee will receive an update at the March meeting.

2. Accident Investigation Forms

Dr. Bates said the sub-committee had received no suggestions for the accident report forms since the last meeting. The sub-committee made the following changes:

- Deleted Student Housing as a standard accident site.
- Part 1 pertains to the injured or involved party.
- Part 2 is to be used when a person other than the involved party is filling out the report. It may be usual in cases of direct line reporting.
- First Aid attention is displayed prominently to aid the Occupational Health and Safety Office.
- Part 4 has been alphabetized and subdivided according to injury, incident type, etc., for organizational purposes. Perhaps it could be expanded further to include the standard list of accidents and be used to generate the statistics.
- Part 5 makes reference to the Form 7's.
- The recommended time limit to submit the form will be 48 hours.

Dr. Bates told us that Mr. Mercer from Finance and in charge of insurance on campus was satisfied with the form.

Dr. Bates proposed that the form be accepted to be tried out in an area of the campus. Mr. Harper suggested that the forms be tested in Physical Plant while Dr. Farmer thought that one academic and one non-academic place be used for the test. He added that the final decision was Dr. Greene's. When Dr. Farmer emphasized that it was not Dr. Greene's responsibility to notify WCB of accidents by using this form and that people should be encouraged to not clean up accident sites until after an investigation, Dr. Bates replied that these details would be added to the back of the form.

+ Work continues on the Accident Investigation forms.



### 3. University Smoking/Non-Smoking Policy

Ms Flores announced that the sub-committee had reviewed smoking policies of the GSAB building and Waterloo University. They were not prepared to make recommendations as Vancouver City had not revised their smoking policy. Tonight at 7:30 there would be a meeting at City Hall where a draught report would be presented making recommendations to Vancouver City Council for amendments to health by-laws which would alter the areas of the city of Vancouver where smoking is controlled.

Our sub-committee anticipated if the Council endorses the manager's report they will probably recommend that the University incorporate those changes to our policies on campus. When Ms Flores asked whether a campus wide survey was necessary or whether the sub-committee was to use their own judgement, Dr. Farmer answered that they had been given a broad mandate and each member was experienced to make the decisions. They were to use their own judgement.

+ A report will be ready for next month.

Questions followed about smoking permitted in the classrooms, designated areas, enforcement of the rules, placarding, etc.

This item will remain on the agenda.

### 4. Update on Soil Sampling

Dr. Farmer told the committee that reference samples had been taken from the Old Administration Building as it was similar in age, type and construction to the Chemistry Building. He will inform us of the  
+ test results when they are available.

### 5. Films

Miss Shaw passed out copies of her review of the film seminar and answered questions. Dr. Farmer commented that all the films were technically well done.

Both reviewers agreed that Back Fire, which illustrates proper lifting procedures, was worth purchasing in the 1/2 inch video format. Mr. Sloan explained that manuals are open to interpretation. The film would clearly show proper methods and avoid confusion.

Mr. Napier moved, seconded by Mr. Sloan, that we purchase the Back Fire film. "The price is worth one back!" Carried.

Dr. Lyster supported Miss Shaw's recommendation that the films be reviewed by the purchaser before buying and that other films about backs be seen before a decision was made.

At Mr. Harper's  
+ request, Back Fire will be shown at next month's meeting. Miss Shaw will make the necessary arrangements. At subsequent meetings, The Risk Takers and To See Another Day will be shown.



Dr. Gregg raised concern for the animals on campus which could not escape fire or related disasters. He emphasized that the Canadian Council of Animal Care needed to know that we were addressing this matter.

- + At the March meeting Dr. Gregg will make a presentation regarding the plan for these animals.

## B. NEW BUSINESS

### 1. Accident and Industrial Disease Report

Dr. Greene distributed copies of the January report. The second page gave a brief description of each accident.

Dr. Bates suggested that a new category for severity of accidents be added to the report.

### 2. Director's Report

Copies of Dr. Greene's report are attached to the minutes.

Mr. Napier and Dr. Bates raised questions about lock-out procedures. Dr. Greene recommended that only one key be available in such instances. That key would be available to the only person doing the work with the fume hoods, etc.

## C. OTHER BUSINESS

### 1. Emergency Passes

When Dr. Bates inquired when the emergency passes would be available, Dr. Greene announced they had arrived but needed to be filled out and distributed.

### 2. Radio-active Lines

Mr. Napier requested a uniform guide in the form of written procedures for those who cut into radio-active lines. When he referred to plumbers, lab people and drain traps, Dr. Greene assured the committee that very few drain traps were associated with radio-activity. He stated the workers could use the "Right to refuse" clause until the area is checked.

- + Dr. Greene will report back on this matter.

## Adjournment

Ms Flores moved, seconded by Mr. Napier, that the meeting be adjourned.

## NEXT MEETING

Tuesday, March 25, at 10:30, in the Board and Senate Room.

J. B. Farmer

Dr. J. B. Farmer (Chairman)

K. Shaw

K. Shaw (Secretary)



**UNIVERSITY OF BRITISH COLUMBIA**  
**REPORT OF ACCIDENTS**

**PART 1**

Mr. Ms. Mrs. Miss		Last name (please print)		First name	
Address				City	Postal Code
Telephone: Home		Work		Signature	
				Date	
Occupation		Status:			
		Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/> _____ specify _____			

**PART 2**

Accident occurred at _____ am/pm on _____		
day month year		
Location of Accident		
Describe the accident (include details of injuries if sustained)(use back if insufficient space)		
Was first aid received? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will a W.C.B. Claim Form 7 be filed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Eyewitnesses Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes provide witnesses name, telephone number etc. if possible)		

**PART 3**

Do you have any recommendations to reduce any hazards that may have contributed to this accident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please specify (use back if insufficient space)		

**PART 4**

Please check the most appropriate category(s) for the accident		
fire <input type="checkbox"/>	flood <input type="checkbox"/>	explosion <input type="checkbox"/> MVA <input type="checkbox"/> bicycle accident <input type="checkbox"/> equipment malfunction <input type="checkbox"/> property damage <input type="checkbox"/>
chemical spill <input type="checkbox"/>	teaching laboratory accident <input type="checkbox"/>	research laboratory accident <input type="checkbox"/> student housing accident <input type="checkbox"/>
sports injury <input type="checkbox"/>	slip/fall <input type="checkbox"/>	cuts <input type="checkbox"/> burns <input type="checkbox"/> chemical burn <input type="checkbox"/> eye injury <input type="checkbox"/> animal bite <input type="checkbox"/>
other <input type="checkbox"/>	Specify _____	

**PART 5**

Office Use only		Reference No.: _____	
Copies sent to:		DABS committee <input type="checkbox"/> Employee Relations <input type="checkbox"/> Student Health <input type="checkbox"/>	
Fire Department <input type="checkbox"/> Filing Party <input type="checkbox"/> Dept. Head <input type="checkbox"/> Employee's Supervisor <input type="checkbox"/>			
Traffic and Security <input type="checkbox"/> Other <input type="checkbox"/> _____ specify _____			
Accident investigation by DABS committee initiated		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Accident investigation report received:		day month year	
		day month year	
Comments :			

Forward completed form to:

Director, Occupational Health and Safety, Room 209, Old Administration Building,  
University of British Columbia, Vancouver, B.C. V6T 2B3



To be posted at work location

(Department Name)

Lock-out Procedures for (Work location)

HARD-WIRED MACHINE TOOLS

1. Any adjustment, cleaning, lubrication, repairs or other maintenance work shall ONLY be carried out by authorized personnel.
2. Before commencing any repair or maintenance work, the power supply shall be cut off at the main control panel.
3. The worker shall secure the control device (breaker) in the OFF position by placing his or her personal lock on that device.
4. Each personal lock shall identify the NAME of the worker. Combination locks shall NOT be used.
5. The worker applying the FIRST lock shall press the 'start' button on the machine tool to ensure that it is locked-out and inoperable.
6. EACH worker who works on the machine tool shall place his or her personal lock on the control device (breaker).
7. When the worker has completed the operation, the worker shall remove ONLY his or her lock from the control device (breaker).
8. The worker who removes the LAST lock is responsible for ensuring that all personnel are clear and that the machine tool can be safely re-started.

(Person in charge of Work location)

Signed

Date

OHS 86.02.24

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UNIVERSITY OF BRITISH COLUMBIA  
ACCIDENT AND INDUSTRIAL DISEASE REPORT  
MONTH OF JANUARY, 1986

Accidents Reported:	<u>This Month</u>	<u>This Y.T.D.</u>	<u>Last Y.T.D.</u>
Involving Wage Loss:	18	18	12
Involving No Wage Loss:	15	15	15
Total	<u>33</u>	<u>33</u>	<u>33</u>

Wage Loss Claims By Type of Injury:	<u>This Month</u>	<u>This Y.T.D.</u>	<u>Last Y.T.D.</u>
Back	2	2	1
Arm or hand	5	5	3
Knee, leg or ankle	4	4	6
Head, neck and shoulder	6	6	1
Eye	1	1	1
Other			
Total	<u>18</u>	<u>18</u>	<u>12</u>

Wage Loss Claims By Cause:	<u>This Month</u>	<u>This Y.T.D.</u>	<u>Last Y.T.D.</u>
Struck by object	2	2	4
Fall from elevation	3	3	2
Fall on same level	4	4	2
Caught in/by object			
Pulling/lifting objects	4	4	4
Striking against objects	3	3	
Contact electricity/heat/cold			
Toxic substances			
Transportation related			
Other	2	2	
Total	<u>18</u>	<u>18</u>	<u>12</u>

Wage Loss By Employee Category:	<u>This Month</u>	<u>This Y.T.D.</u>	<u>Last Y.T.D.</u>
Managerial/Professional			
Teaching			
Clerical/Library			
Food Services Workers	1	1	3
Janitorial	8	8	2
Miscellaneous Service	3	3	3
Farm/Horticulture	1	1	2
Mechanical Repair			
Construction Trades	3	3	2
Vehicle Operators	1	1	
Technical	1	1	
Other			
Total	<u>18</u>	<u>18</u>	<u>12</u>

Comparison of Worker Days Lost:	<u>This Y.T.D.</u>	<u>Last Y.T.D.</u>
Number of Work Days Lost	395	131
Wage Loss Compensation & Rehabilitation	20693.19	9036.92
Medical Aid	4427.51	1601.69

Average Cost per Claim:

1) Wage Loss & Rehabilitation	1149	821
2) Medical Aid	130	66



## SUMMARY OF WAGE LOSS INJURIES

Technician	Employee injured right hand when it became caught under tractor hydraulic lift.
Truck Driver	While lowering truck tail gate, employee slipped and fell on hand.
Electrician	While stepping off a ladder employee fell and cracked a rib.
Electrician	While stepping out of a line bucket employee twisted left knee.
Maintenance Engineer	While bending over to put pump into position, employee felt pain in lower back.
Project Worker	While pruning a planter box, employee cut his knee on a metal pin attached to the box.
Farm Worker	Fell off tractor and was dragged 20 feet. Cuts and bruises to head, employee lost consciousness.
Assistant Cook	Mixing bowl slipped injuring employee's right wrist.
General Work Heavy	Employee slipped on truck tailgate and injured right leg.
General Worker Light	Employee slipped and fell on wet floor and injured right arm and also hit head.
Service Workers	Employee slipped and fell on her hand, breaking wrist.
	While picking up paper and waste employee felt pain to legs and ribs.
	Employee was bending over cleaning a sink and experienced sharp pain in back.
	While lifting garbage employee felt pain in neck, shoulder and back.
	While moving equipment, caught foot on carpet hitting chin and teeth cut lower lip.
	Slipped while emptying bucket, injuring left wrist.
	Employee had dust in her eye.
	Firecracker exploded under a chesterfield, employee burned right hand.



# UNIVERSITY OF BRITISH COLUMBIA REPORT OF ACCIDENTS

Complete and return within 48 hours of the accident to: Director, Occupational Health and Safety, Room 209, Old Administration Building  
University of British Columbia, Vancouver, B.C., V6T 2B3  
Retain a copy for your records

## PART 1

The information for Part 1 should pertain to the injured/involved party.

Mr. Ms. Mrs. Miss	Last name (please print) _____		First name _____	
Address _____	City _____		Postal Code _____	
Telephone: Home _____	Work _____	Occupation _____		
Status: Student <input type="checkbox"/>	Staff <input type="checkbox"/>	Faculty <input type="checkbox"/>	Visitor <input type="checkbox"/>	Other <input type="checkbox"/> _____ Specify _____
Signature of reporting party _____ If this report is signed by a person other than the injured/involved party complete the following				
Your name (please print) _____		Telephone _____	Relationship to injured/involved party _____	

## PART 2

Did this accident result in an injury? No <input type="checkbox"/> Yes <input type="checkbox"/>	Was first aid received? No <input type="checkbox"/> Yes <input type="checkbox"/>
The accident occurred at _____ am/pm on _____ 19____	
Location of the accident _____	
Describe the accident (include details of injuries if sustained) _____ (use back if insufficient space)	
Eyewitnesses No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes provide witnesses name, telephone number etc. if possible)	

## PART 3

Do you have any recommendations to reduce any hazards that may have contributed to this accident? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes please specify (use back if insufficient space)
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## PART 4

Please check the most appropriate category(s) for the accident					
animal bite <input type="checkbox"/>	burn <input type="checkbox"/>	chemical splash <input type="checkbox"/>	cut <input type="checkbox"/>	eye injury <input type="checkbox"/>	fall (from elevation <input type="checkbox"/> on same level <input type="checkbox"/> )
pulling/lifting injury <input type="checkbox"/>	sports injury <input type="checkbox"/>	striking against object <input type="checkbox"/>	struck by object <input type="checkbox"/>		
bicycle accident <input type="checkbox"/>	equipment malfunction <input type="checkbox"/>	explosion <input type="checkbox"/>	fire <input type="checkbox"/>	flood <input type="checkbox"/>	motor vehicle accident <input type="checkbox"/>
property damage <input type="checkbox"/>	spills (biological <input type="checkbox"/> chemical <input type="checkbox"/> radioactive <input type="checkbox"/> )				research laboratory accident <input type="checkbox"/>
teaching laboratory accident <input type="checkbox"/>	other <input type="checkbox"/> _____				
specify _____					

## PART 5

Office Use only	Reference No.: _____
Copies sent to: DABS Committee <input type="checkbox"/> Employee Relations <input type="checkbox"/> Department Head <input type="checkbox"/> Fire Department <input type="checkbox"/>	
WCB <input type="checkbox"/> Employee's Supervisor <input type="checkbox"/> Traffic and Security <input type="checkbox"/> Reporting party <input type="checkbox"/> Other <input type="checkbox"/> _____	
Accident investigation by DABS committee initiated? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> _____ 19____
DABS Accident investigation report received: _____ 19____	
WCB notified of accident? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> _____ 19____
WCB Claim Form 7 to be filed? _____	No <input type="checkbox"/> Yes <input type="checkbox"/> _____ 19____
Comments: _____	
_____	
_____	
_____	



Review of films presented at  
INTERNATIONAL TELE-FILM'S SAFETY IN THE WORKPLACE '86

by Karen Shaw

On February 19, 1986, Dr. Farmer and I reviewed 17 safety films at the Robson Media Centre. The titles are as follows:

1. I'll never happen to me.
2. That's the rule.
3. Anatomy of a fall.
4. Muppet lift off (icebreaker) : Safety zone.
5. See for yourself.
- (B) 6. To see another day.
7. Right-to-know : chemical concerns at work.
8. Handling hazardous chemicals safely.
- (B) 9. I can't see!
10. Don't be a dinosaur!
11. Back fire.
- (B) 12. I can't hear!
13. Why'd the beetle cross the road? (icebreaker)
14. Housekeeping.
15. I do mind dying.
16. The risk takers.
- (B) 17. Blind man's bluff.

All the films are American with the exception of those four marked (B) which are British.

Because most of the films were unsuitable for UBC, I will give general reasons why I think they should not be considered instead of elaborating on them.

1. They dealt with freeway or industrial situations.
2. Safety problems were a result of poor communication and/or poor supervision.
3. The onus of safety responsibility was placed upon the employee while the employer was free to concentrate on profits without regard for the employees, community or environment. Examples of this included encouraging the employee to wear personal protective equipment instead of having the hazard stopped or reduced at its source. In some cases the employee had to compensate for the lack of equipment or use faulty machinery.

The problems which arose from reasons 2 & 3 were never addressed. It would seem that the audience was expected to view such conditions as acceptable.



4. Because all the films were foreign, they did not deal with Canadian standards or regulations. Unless the audience was aware of the nuances they would receive a false sense of security or be confused about responsibilities. A clear example of this is the American "Right-to-Know". Canada awaits such legislation. Unless instructed further, Canadian employees would believe that if an object was not labelled as dangerous there would be no need for cautious measures! Mainly for this last reason, I think we cannot afford to consider 14 of the films.

The 3 films worthy of further attention are:

1. To See Another Day.

This film focuses on the office environment and gives good advice on avoiding accidents dealing with falls, sharp objects, furniture, faulty equipment. Although it is British, the diction and vocabulary are easily understood. Time: 16 minutes.

Sale: Film/Video \$825; Rental: \$145

2. Back Fire

An excellent presentation illustrating correct lifting procedures, posture, etc., to prevent back problems. The film clearly shows the costs of a damaged back.

Time: 15 minutes.

Sale: Film \$630, Video \$588; Rental \$125.

Date: 1983.

Includes manual.

3. The Risk Takers

Unlike safety regulations, healthy safety attitudes are universal! The reinforcement of those attitudes in this film makes this my personal favourite. It stresses that people take an unnecessary risk for an unimportant reason. The consequences of the risk outweigh the imagined rewards. The film encourages people to weigh the few seconds they try to save against injury or death to themselves AND OTHERS. Shall I continue?

Time: 15 minutes.

Sale: Film \$645, Video \$599; Rental \$125.

Date: 1985? (...XXCV, truly!)

If I were to make a recommendation it would be that the person/s empowered to requisition the films review these 3 before renting and/or (hopefully) purchasing them in the video format to be used in small training sessions.