Learning Objectives

After reading this chapter, you will be able to:

- Define the term workplace injury.
- Explain how work-related injuries are socially constructed and why that is important.
- Distinguish between root and proximate cause.
- Explain the occurrence of workplace injuries from both the technical and political economy perspectives.
- Identify common causes of injury under-reporting.
Workplace Injury in Theory and Practice

On Monday, April 23, 2012, the Lakeland sawmill exploded and then burned, lighting the night sky of Prince George, British Columbia. The explosion and subsequent fire killed Alan Little, 43, and Glenn Roche, 46, and injured more than twenty other workers. Brian Croy, a vice-president with the United Steelworkers’ local, was sitting in a training session when the mill exploded. The room’s plywood walls were blown down on top of the workers, and Croy and his colleagues escaped through a section of outer wall that had been destroyed by the blast.

“It’s almost like you were coming out of a war zone. Everything was leveled. I met one fellow I think his fingers were blown off, and his clothing, a lot of it was gone. It was off and his hair,” Croy told The Canadian Press. Upon arriving at an outdoor first-aid station, Croy found workers sitting on a tarp, holding up burned arms and hands while one worker lay naked on the tarp, burned black and without any hair.¹

A WorkSafeBC investigation found that an overheated fan shaft had ignited the dust-laden air, resulting in the explosion.² Wood dust is a well-known explosion hazard in sawmills. The Lakeland mill was sawing large amounts of trees killed by pine beetles. This wood is extremely dry and, when milled, creates a large amount of fine dust.
The employer had been aware of the dust issues, and five dust-related incidents (e.g., fires) had been recorded in the months leading up to the explosion. The employer had failed to remediate the hazard or, indeed, engage in adequate preventive maintenance of the mill’s systems. Internal safety inspections were inconsistently undertaken and dust buildup was not mentioned, with some workers stating “that they were tired of complaining about it as nothing was ever done.”

The Lakeland mill explosion—one of two in BC that year—was a major workplace incident. Yet, sadly, these deaths and injuries were but a drop in the bucket. In 2012, the Association of Workers’ Compensation Boards of Canada (AWCBC) reported 245,365 accepted workers’ compensation claims for time-loss injuries. Time-loss injuries are injuries so serious that workers cannot go to work for a period of time. The AWCBC also reported 977 accepted workplace fatality claims. As we’ll see below, these (alarming) statistics significantly under-report the true level of workplace injury in Canada.

Before turning our attention to the practicalities of how to reduce the risks of work-related injuries, it is important to spend some time thinking about what we mean by a workplace injury. While there is little dispute that the injuries that occurred at the Lakeland mill were workplace injuries, the work-relatedness of other injuries can be contested. It is also important to give some thought to what causes workplace injuries. Most explanations tend to focus on the immediate cause of the injury (e.g., the mill blew up). While the explosion did indeed cause the workers’ injuries, that is a superficial analysis of injury causation. Other, less obvious factors created the conditions that led to the explosion. Finally, we need to give some thought to the politics that underlie workplace injuries. We start this process—which continues throughout the book—by examining why many workplace injuries are not reported and who benefits from this under-reporting. This initial discussion is designed to develop a critical perspective on workplace injury.

**OCCUPATIONAL INJURIES**

Broadly speaking, a *workplace injury* is any form of ill health—such as a physical or mental injury or illness—that arises because of a worker’s employment. Instances of work-related ill health can encompass a vast array of injuries and illnesses. Most work-related injuries will be minor and temporary
(such as a slight burn), while others will be permanent (such as an amputation) or life-threatening (such as cancer). Some injuries will be acute (such as a laceration) and some will take years to manifest themselves (such as silicosis). Despite the vast range of potential injuries, when most people think of a workplace injury, what comes to mind is an acute injury caused by an obvious physical cause. For example, a fall from a height may break a worker’s wrist. There are three main reasons why we tend to focus on acute physical injuries:

• Acute injuries are commonplace. In 2012, 92.5% of Canada’s 245,365 accepted time-loss injuries were acute physical injuries while only 7.5% were illnesses.4

• Acute injuries are easy to see and understand. It is obvious when a worker falls from a height, and we intuitively understand how the fall hurt the worker. Contrast this with a diagnosis of mesothelioma (a form of cancer caused by asbestos). Such a diagnosis is often known only to the worker, his family, and his doctor. And the 20-year lag between exposure and diagnosis obscures the work-relatedness of the injury. Indeed, the worker may not know that he was exposed to asbestos in the workplace.

• Acute injuries receive a disproportionate share of public attention. Most of us have limited personal experience with workplace injuries. Instead, what we know about them comes from media reports. As set out in Box 1.1, newspapers dramatically over-report fatalities and injuries caused by contact with objects, and this may skew our perceptions of what constitutes a work-related injury.

The operation of government injury-prevention and injury-compensation systems both reflect and reinforce the bias toward acute physical injuries. Occupational health and safety (OHS) laws often specify clear rules to protect workers from falls and other physical hazards. But, as we’ll see in Chapter 5, the rules around exposing workers to hazardous substances are much more ambiguous.

Similarly, workers’ compensation boards (WCBs)—which provide injured workers with wage replacement and other benefits—use the “arises-and-occurs” test to determine whether an injury was work-related (and thus whether the worker will receive compensation). As we’ll see in Chapter 2, the arises-and-occurs test requires workers to demonstrate that their injury
arose from and occurred during the course of their employment. It is easier for workers with acute physical injuries to show that this is the case than it is for workers who have developed an occupational disease. This is because occupational diseases often take years to manifest themselves and the cause of the disease may be unclear. Not surprisingly, then, the majority of accepted workers’ compensation claims are for acute physical injuries.

Box 1.1 Newspaper reports skew perceptions of injury

Media reports about injuries help to shape our understanding of what is (and what isn’t) a workplace injury. When Canadian newspaper stories about workplace injuries and fatalities are compared to actual injury statistics, it becomes clear that newspaper reports present a misleading picture of who gets injured and how. Consider these discrepancies:

- Fatalities over-reported: Occupational fatalities comprise 61.2% of newspaper reports even though fatalities represent only 0.4% of all injury claims in Canada.
- Injuries to men over-reported: Men account for 62.9% of injury and fatality claims but feature in 95.6% of newspaper reports.
- Traumatic injuries over-reported: Acute physical injuries such as burns, fractures, intracranial injuries, and traumatic injuries are over-represented in newspaper reports, while the more common sprains/strains, bruises and contusions are vastly under-reported or entirely ignored.
- Injuries in blue-collar jobs over-reported: Injuries in the construction and mining/quarrying/oil industries are significantly over-reported by newspapers, while injuries in the health/social services and retail industries are significantly under-reported.

Misrepresenting who gets injured and how they get injured can have profound effects. For example, the absence of reports about strains and sprains—which comprise 47.6% of all injuries—may make workers, employers, and OHS inspectors less likely to identify and remediate the hazards that cause sprains and strains. The virtual absence of reports about injuries to women means that hazards disproportionately faced...
The tendency of workers, employers, and governments to focus on acute physical injuries suggests that work-related injuries have a dual nature. On the one hand, work-related injuries are specific and concrete harms experienced by workers. On the other hand, work-related injuries are social constructions. A social construction is a phenomenon that is determined (or ‘constructed’) by social or cultural practices. In the case of workplace injuries, our individual experiences, media representations, and the operation of various systems help to shape what types of injuries we believe “count” as work-related injuries.

It can be difficult to grasp the notion that injuries are social constructions. The history of carpal tunnel syndrome is helpful to illustrate how this process works. Carpal tunnel syndrome is a cumulative trauma disorder (CTD) that affects the wrists and hands. Essentially, by subjecting muscles and nerves to repetitive strain, a worker may begin to develop symptoms such as pain, as well as loss of coordination, sensation, and circulation. Carpal tunnel syndrome is caused by compression of the median nerve in the wrist, sometimes due to repetitive bending and flexing, as when keyboarding.

The existence of carpal tunnel syndrome was widely accepted by the 1950s. And it was well known that strenuous grasping aggravated the condition and that the condition was almost always worse in one’s dominant hand. Despite this, carpal tunnel syndrome was not broadly accepted as work-related. Instead, it was deemed idiopathic (i.e., of unknown cause). Dr. George Phalen was a leading American authority on carpal tunnel syndrome. His rejection of the occupational basis of the disease rested, in part, on his assertion that many women had carpel tunnel syndrome and that these women (who sewed and did stenography) did no manual work.

Phalen’s view of the tasks traditionally performed by women in the workplace (such as writing and typing) and in the home (such as cooking and sewing) as not strenuous profoundly shaped his view that carpal tunnel syndrome did not have an occupational cause (or etiology). The information that Phalen thought was relevant to determining the occupational basis of carpal tunnel syndrome, and the way in which he interpreted that information, were both shaped by his views, beliefs, and experience. His act of social construction...
has had profound implications for workers. Phalen’s position as an expert on carpal tunnel meant that his view carried weight with governments and employers. Consequently, there was a decades-long delay in the acceptance of carpal tunnel syndrome as a work-related injury. This, in turn, precluded the prevention of and compensation for carpal tunnel syndrome—an injury affecting three times as many women as men because of occupation segregation (i.e., the tendency of men and women to work in different occupations).²

INJURY CAUSATION

What causes workplace injuries? The obvious answer is workplace hazards. A workplace hazard is any source of potential injury or illness in a workplace. For example, a puddle of water on a floor creates a slipping hazard that could result in a worker sustaining injuries from a fall. Similarly, the presence of lead in the workplace could result in lead poisoning. Yet work-related hazards are not always so obvious. As we’ll see in Chapter 7, sometimes the way in which work is organized causes health effects. For example, precarious employment—“paid work characterized by limited social benefits and statutory entitlements, job insecurity, low wages”—is associated with high risks of ill health.⁶ Think about hotel cleaners who work for a temp agency. Most will be women who are paid low wages and have little job security or control over their schedules. Their work will be physically demanding, and if they are unwell they might be reluctant to call in sick for fear of not being hired again. Some studies suggest that jobs that demand a lot of effort but provide workers with little control over their work and little support can damage workers’ health via stress.⁹

In order to cause a workplace injury, the hazard acts upon the worker in some way. Physical hazards typically (but not always) entail a transfer of energy that results in an injury, such as a box falling off a shelf and striking a worker. Ergonomic hazards occur as a result of the interaction of work design and the human body. Chemical hazards are more complex. They may cause harm to human tissue in a variety of ways (e.g., some chemicals cause burns) or interfere with normal physiological functioning (e.g., some substances cause hallucinations). Biological hazards are organisms—such as bacteria, molds, funguses—or the products of organisms that harm human health. Psycho-social hazards are social environment and psychological factors that can affect human health and safety.
When considering the cause of an injury, it is useful to distinguish between proximate cause and root cause. **Proximate cause** is the event that is immediately responsible for the injury. **Root cause** refers to the ultimate or “real” cause of an injury. For example, if a worker falls down, the proximate cause may be that the worker lost her footing on a wet surface. Yet why was the surface wet? The root cause of the injury may have been an inadequately maintained hose that leaked. Considering both the proximate cause and root cause of an injury results in a better understanding of what caused the injury and, consequently, what can be done to prevent it.

The real world, of course, is messier than the proximate-and-root-cause model suggests. There is often a chain of causality that leads to an injury. In the example above, why was the hose not properly maintained? The root cause of that may well have been inadequate staffing levels. And what caused the inadequate staffing levels? Perhaps the employer was trying to minimize the cost of production. Why would the employer be trying to minimize costs? Perhaps because the employer feels pressure to maximize profitability to retain investment in capitalist economies.

When thinking about what causes injuries, it is also important to realize that there are both technical explanations and political-economy explanations. The **technical approach** to injury emphasizes the mechanism(s) of injury. Such explanations of injury are laudable in that a better understanding of how an injury occurred allows us to alter work to prevent similar injuries in the future. Yet there are many cases where well-known hazards have gone un-remediated for decades. For example, fluorspar (a colourful mineral used in manufacturing) miners in the remote Newfoundland community of St. Lawrence developed a variety of diseases from their working conditions, including lung cancer and silicosis. Yet the employer ignored the problem and the provincial government delayed its recognition and compensation of these injuries for decades. Why is that?

The **political-economy approach** to explaining workplace injury examines issues of power and financial gain to reveal why some hazards are remediated and others are not. This approach recognizes that employers and workers have differing interests in the workplace and therefore view workplace injuries differently. For employers, risk is mostly an economic issue. Employers are rarely injured themselves, and the most prominent impact of a workplace injury from an employer’s perspective is the interruption of work (i.e.,

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ultimately, loss of profit). Not surprisingly, employers tend to view the risk of workplace injury as minimal, unavoidable, and acceptable.11

Since perfect safety is unattainable, employers often adopt a cost-benefit approach to safety: safety should only be improved when it costs less to prevent the injury than the injury itself costs.12 This isn’t to suggest that employers actively wish to see their workers injured or don’t take safety seriously. Rather, it highlights that employers and managers face structural pressures (e.g., the profit imperative of capitalism) and that these pressures shape how they behave and, indeed, how they view issues like workplace safety.

These pressures are also felt in the public and non-profit sectors, where profit affects decisions in a more indirect fashion. While neither sector worries about profit per se, both have finite resources and face pressure to keep costs down. Broadly speaking, governments believe they must minimize taxation on businesses and individuals to maintain political support. Non-governmental (non-profit) organizations rely heavily on funding from private donors and government grants, and these funders demand efficient use of their dollars.

On the surface, this economic perspective appears quite sensible. Every activity does entail some risk. And risk reduction can be very expensive. Nevertheless, workers—those most often injured and killed—tend to see things differently. Workers note that workplace injury is not a natural phenomenon that no one can control. Rather, the risks workers face reflect decisions employers make—decisions about what, when, where, and how goods and services are produced. Employers make these decisions with the goal of maximizing profitability. In this way, injury is a cost imposed on workers by employers. And allowing employers to do this is a political choice by government (“the state”). Workers know that the consequence of employers accepting health and safety risks may be injury and death of workers. Reducing injury, disease, and death—not maximizing cost-effectiveness—is the pre-eminent goal of occupational health and safety activities. That is not to say that workplace injuries don’t have economic consequences. Clearly they do. Society must pay for medical treatment. Injured workers cannot earn a living and may lose their houses. Employers profit from dangerous work. But these economic outcomes are secondary effects—by-products of workers being exposed to the risk of injury and death by choices their employers make about production.

So, coming back to the fluorspar miners, the political-economy approach suggests that the employer’s primary interest was maximizing the profitability of its operation. Delaying the installation of safety equipment and the payment
of injury compensation was in the employer’s economic interest. The difficulty the miners had in proving that their diseases were caused by their work (due to the long latency period and murky causality often associated with occupational diseases) allowed the employer to delay injury recognition and compensation.

The technical and political-economy approaches to injury causation offer different ways to “see” workplace injuries. Being mindful of both approaches gives us a better appreciation of why injuries occur and what can be done to prevent them. Consider, for example, the commonly held view that worker carelessness causes injuries. Box 1.2 analyzes this view by looking at both root and proximate cause and the technical and political-economy approaches.

Box 1.2 Who benefits from the careless worker myth?

A good example of the contested nature of workplace injuries and the importance of distinguishing root and proximate cause is the careless worker myth. The idea that workers are accident-prone, careless, or even reckless in the execution of their duties and thus cause their own injuries has wide currency.

While workers’ behaviour often features in explanations of the proximate cause of an injury (e.g., “the worker fell off of the roof”), it is useful to probe the root cause of injury. Who sent the worker onto the roof and why? Why wasn’t the worker given fall protection equipment? Most injuries are ultimately caused by unsafe working conditions, and working conditions are under the control of employers, not workers. Yet it is easy to blame workers for their injuries because it fits into a broad set of negative views about workers. Workers’ compensation recipients are often stigmatized as malingerers who exaggerate the extent of their injuries to maximize benefits from WCB and time away from work. Individuals collecting social-assistance payments are often called “welfare bums.” These stereotypes blame individuals for their circumstances while obscuring the contribution of other factors, such as employers organizing work unsafely, the absence of real return-to-work options, and the lack of jobs.

The careless worker myth developed during the late 19th and early 20th century as a way for employers to avoid financial liability for
workplace injuries. After all, employers couldn’t be held liable if a worker contributed to his or her own injury. The careless worker myth was also closely associated with the employer argument that workers chose the jobs they held, and thus the level of risk they experienced. This assertion is superficially true: workers did (and do) often choose the jobs they hold. But keep in mind that all events have proximate and root causes.\textsuperscript{15}

Yes, a worker may have chosen a dangerous job. But the worker may have had little real choice in the matter. The range of jobs workers can choose from is normally quite limited. Workers have little control over how employers design work and the hazards workers face as a result. And workers’ ability to turn down jobs is limited by their need to put food on that table. So are workers really to blame for the hazards they face at work?

As we’ll see in Chapter 8, blaming workers (rather than the work) for injuries continues today. Consider present-day occupational cancer prevention suggestions for workers from the Alberta Cancer Board:

- Don’t eat, chew, or drink in the work area.
- Always wash your hands and face thoroughly with soap and water before eating and after using the washroom.
- Avoid breathing chemical vapours.
- Avoid skin contact with chemicals.
- If you are a smoker, make use of available cessation programs.
- Eat at least five to ten servings of vegetables and fruits daily.
- Maintain a healthy body weight through regular physical activity and healthy eating.\textsuperscript{16}

Focusing on workers’ behaviours (at work and at home) obscures the root cause of occupational cancer: employers designing work that exposes workers to carcinogens. The impression such cancer-prevention tips leave is that workers’ lifestyle factors cause cancer, rather than how employers have organized the production process.\textsuperscript{17}

The state is the third important player in workplace health and safety. In Chapter 2 we’ll explore the ways in which the federal, provincial, and
territorial governments have intervened in injury prevention and compensation. For now, simply consider the idea that the state has two objectives when regulating employment. On the one hand, government must facilitate the *capital accumulation process*—that is, it must act in ways that allow employers to produce goods and services in a profitable manner and thereby encourage private investment. Failing to do so may result in an economic downturn, for which the government may well be held responsible.

On the other hand, government must maintain its own *legitimacy* with voters (so it gets re-elected). It must also maintain the legitimacy of the existing capitalist economic system. *Capitalism* is an economic system in which the means of production are mostly owned by private individuals, the distribution of goods mostly occurs through market mechanisms, and employers face significant pressure to maximize profitability. A recurring issue for governments in such economies is that workers (who comprise the majority of the electorate) are often negatively affected by the operation of the system. We see this in the form of low pay, poor working conditions, and the spectre of workplace injury and death. These effects can cause a loss of confidence in a particular government or, more broadly, in capitalist social formation.

Facilitating capital accumulation while maintaining political legitimacy can be difficult. Sometimes the state must make important trade-offs between the demands of employers and the safety of workers. Yet the state has other management strategies it can use to contain conflicts. For example, the state can seek to shape workers’ sense of just how dangerous workplaces are by the ways in which it records workplace injuries.

It is also worth noting that the government is also an employer and a rather large one at that. As an employer, they are subject to the same pressures and interests as private-sector employers. While government services are not designed to “turn a profit,” governments face pressure to contain the cost of delivering services to keep taxes low. These pressures lead public-sector (and non-profit) employers to adopt the same cost-benefit approach to safety as private-sector employers. Also, in recent years, there has been an increased demand that governments adopt the practices and approaches of private enterprise in order to be more “business-like.” Those practices include intensified focus on efficiency, cost-savings, and “the bottom line,” all of which undermine commitment to health and safety.
The introduction to this chapter noted that there were 245,365 accepted workers’ compensation claims for time-loss injuries in 2012. As astounding as these annual time-loss injury numbers are, they profoundly understate the true level of workplace injury in Canada. The understatement of injury numbers occurs in a number of ways. First, time-loss injuries are accepted workers’ compensation claims where a worker could not report to work due to the injury. But not all workers must (or can) report their injuries to a workers’ compensation board (WCB). In fact, only about 85% of workers are covered by workers’ compensation in Canada. So, right out of the gate, we know time-loss claims represent only 85% of all time-loss injuries. Second, WCBs don’t accept every time-loss claim filed by workers. Exact data on acceptance rates is unavailable, but approximately 5% of all workers who submit a claim have that claim rejected and thus those injuries are excluded from the total above. So far, then, the 245,365 claims represents only about 80% of all time-loss injuries. Third, not all workers report their injuries. The best data available suggests that 40% of injuries go unreported. All in all, this suggests the true number of time-loss injuries likely is closer to 430,000 per year.

Moreover, time-loss claims comprise only a fraction of all injuries. Missing from these numbers are all other injuries where the worker could go to work (albeit with an injury). This includes injuries requiring medical aid only or injuries where the employer was able to modify the worker’s duties to prevent time loss. It also includes injuries where the worker just decides to soldier on, such as burns, cuts, sprains, and strains, as well as injuries where the worker receives benefits from private medical insurance. The true number of workplace injuries is possibly as great as 10 times the reported number of time-loss injuries. The idea that there might be 2.4 million workplace injuries in Canada each year suggests that state injury-prevention efforts are not very effective. Governments’ use of the (much smaller) time-loss claims numbers may reflect a desire to manage public perceptions of danger in the workplace.

So why are so many workplace injuries not reported? There are several explanations. The most salient explanation is that employers may discourage workers from reporting injuries because injury claims can affect employers’ workers’ compensation premiums as well as their ability to successfully bid on some contracts. Employers may offer workers paid time off and private insurance benefits in order to avoid workers’ compensation claims. The risk
of this arrangement for workers is that, if the worker is re-injured at a later date and requires workers’ compensation benefits, there will be no record of the original injury and thus the “new” injury may not be fully compensable. Box 1.3 examines how employers have gamed the financial incentives offered by the Workers Compensation Board of Manitoba to employers with low workers’ compensation claim costs.

**Box 1.3 Gaming Manitoba workers’ compensation premiums**

As is explained in Chapter 2, workplace injury compensation in Canada is administered through provincial and territorial WCBs. Benefits are funded by employer-paid premiums. **Premiun**s are calculated based upon an employer’s payroll. Sometimes these premiums are adjusted up or down based upon the employer’s claims record. This is called **experience rating** and is designed to reward safer employers with lower WCB premiums and penalize unsafe employers.

Manitoba employers can receive reductions of about 40% in their premiums if they have low claims costs compared to other employers. Employers with high costs can see their premiums increased by up to 200%. This has created a significant incentive for employers to minimize the cost of the workers’ compensation claims filed by their workers.

A review of Manitoba’s experience-rating model revealed examples of claims suppression. In one case, a food-processing employer was planning to develop jobs that served no productive purpose. Injured employees placed in these jobs would not claim workers’ compensation benefits, thereby reducing the employer’s claims costs. This arrangement was projected to save the company $3.2 million over five years.

In another case:

[The worker] rolled his ankle and as his knee buckled he heard a snap. He advised his supervisor who directed him to the nursing station to initiate an accident investigation. He was advised that he could be accommodated without medical attention. He decided to go to his doctor although this was not encouraged by the employer representative. He was advised he had to be at work the next shift.
His doctor recommended he be off work for one to 2 weeks until the swelling in his knee went down. The worker decided to disregard his doctor’s advice and accept the light duty accommodation. Because he was unable to bear weight on his injured leg, his accommodated job was to sit outside the entrance to a department to advise workers to wipe their feet before entering. He pointed out that there was already a sign above the door advising workers to wipe their feet. He indicated the light duty assignment was demeaning and unpleasant.

This worker described the company’s safety rewards program which is organized by departments. There is a pizza lunch for every department that does not exceed a minimal quota of medical aid claims. At the end of the year the department with the lowest rate gets a company-sponsored barbecue. He indicated there was also a year-end bonus system that included improvement in the lost time injury and medical aid claims rate over the previous year. At the time of our interview the bonus had not yet been announced. He stated: “it’s looking like about $200 . . . for 2012.” This worker indicated that the peer pressure to minimize reportable injuries is well entrenched in the workforce.

While such employer behaviour is unsettling, it is commonplace and reflects employers responding to the profit imperative of capitalism—they are minimizing their labour costs in order to maximize their profitability.

Workers’ willingness to go along with not reporting injuries is understandable. Workers are often dependent upon their employer for their livelihood. Injured workers are even more dependent because their ability to seek other employment may be limited by their injury. While under-reporting may be a violation of various laws enacted by the state, most governments act on under-reporting only when there are complaints. Workers who are prepared to acquiesce to employer requests to not report injuries are unlikely to complain about such requests. The result is that these violations stay hidden. This minimizes employers’ workers’ compensation premiums and reduces the apparent rate of injury.
OVERVIEW OF BOOK

The chapters that follow provide an introduction to OHS in Canada. Chapter 2 begins by examining the legislative framework that has emerged around workplace injuries. In short, governments have passed laws designed to prevent and compensate workplace injuries. That governments have been forced to pass such laws tells us that—left to their own devices—employers are not particularly interested in preventing or compensating workplaces injuries. One of the key outcomes of OHS legislation is placing an obligation on employers to identify and control workplace hazards. The process of hazard recognition, assessment, and control is examined in Chapter 3.

As noted above, there are different categories of workplace hazards. Chapter 4 examines physical hazards, including less obvious hazards such as noise, vibration, and radiation. This chapter also examines ergonomic hazards—where the design of workplaces can interact with the human body to cause injuries. For example, many workplaces and work tools are designed for male workers of average build. This design choice means that workers who don’t fit the male norm are at greater risk of injury. Chapter 5 introduces chemical and biological hazards, raising profound questions about the science that underlies the various protective standards. This chapter also examines how statistical analysis can be a double-edged sword for workers—on the one hand establishing that certain substances are hazardous while at the same time setting the bar of proof so high that other hazards can slip underneath it.

Psycho-social hazards are canvassed in Chapter 6. Stress and fatigue can pose significant hazards to workers. Other forms of psycho-social hazards are workplace harassment, bullying, and violence. Chapter 7 introduces the idea that the structure of work itself can be hazardous. Beginning with an examination of the health effects of long hours and shift work, this chapter draws our attention to how job design decisions can cause ill health. These negative health effects can be more pronounced for precariously employed workers because the pressures generated by precarious employment can reduce workers’ ability to protect themselves. Similarly, the size of an employer can create workplace dynamics that heighten the risk of injury and ill health.

Chapter 8 examines training and injury prevention programs. While training is often recommended as a panacea for workplace injury, few workers receive such training, and the content of the training may not be very effective at preventing injury. Training is often embedded in injury prevention
programs that focus attention on worker behaviour rather than the structural causes of injury. How to investigate a workplace incident is the focus of Chapter 9. In addition to explaining the process of incident investigation, this chapter returns our attention to the importance of distinguishing root cause from proximate cause.

Disability management and returning injured workers to work is considered in Chapter 10. This chapter begins by examining the social construction of disability before examining employer obligations and strategies to accommodate workers with disabilities. The chapter ends by critiquing the recent tendency to view return-to-work programs—which offer injured workers modified work duties—as rehabilitative. The book concludes in Chapter 11 by examining the day-to-day challenges facing occupational health and safety practitioners in Canadian workplaces.

**SUMMARY**

At the end of the investigation into the Lakeland mill explosion, the company was fined $724,000—a fine the owners are appealing at the time of writing. The decision of a coroner’s jury that the explosion was an “accident”—the outcome of unintended or unexpected events—outraged families of the dead workers. “It is unfortunate that these proceedings did not assign fault or accountability,” said Ronda Roche, widow of Glenn Roche. “It has been an emotional journey for myself, my family and the injured workers.” The BC government had earlier decided not to proceed with criminal charges.

That employers could operate a business in a way that any reasonably informed person should know posed a risk of injury and death to workers and, after maiming and killing their workers, escape with only a small financial penalty highlights how workplace injuries differently affect stakeholder groups. As we saw in this chapter, this contested terrain includes disputes over what types of injuries are accepted as work-related and what types are not—disputes that often entail gender and racial discrimination. There are also disputes over the nature of injuries. Is the risk of injury minimal, unavoidable, and acceptable, as employers assert? Or is the risk of injury a cost that employers intentionally pass onto workers? And how do the decisions that governments make about what types of injuries to prevent and compensate shape occupational health and safety? These tensions and questions recur throughout the discussion of injury prevention, compensation, and management that follows.
DISCUSSION QUESTIONS

› What were the proximate and root causes of the Lakeland sawmill explosion?
› In what ways are workplace injuries social constructions? How might the social construction of injury affect government efforts to prevent injuries?
› Why is it important to look at the root cause of workplace injuries?
› How might employers and the state benefit from perpetuating the careless worker myth?
› Why do public-sector and non-profit employers possess similar interests to private-sector employers around health and safety?
› What are the major causes of injury under-reporting?

EXERCISES

A  Go online and find the government department in your province or territory responsible for occupational health and safety. Locate the most recent workplace injury statistics as well as any information they publish about preventing workplace injuries and write 200-word answers to the following questions:

1. What kinds of injuries are reported and not reported?
2. Do you think these statistics give a true picture of workplace injury? Why or why not?
3. In reviewing the injury-prevention materials, what actions does the government suggest to workers and employers?
4. How do the suggested actions differ for workers and employers? Why do you think they differ?

B  Go online and find a newspaper article about another workplace injury. Write 100-word answers to the following questions:

1. What were the proximate and root causes of the worker’s injury? Was the root cause discussed in the article?
2. Who did the reporter use as a source for this article? How might the story have differed if the reporter had talked to different sources?

3. What next steps or actions does the article suggest will occur? Can you find any further coverage of the injury?

NOTES
2 You can read the full incident investigation report here: https://www2.worksafebc.com/PDFs/investigations/IIR2012136900086.pdf
4 Ibid.
10 Rennie, R. (2006). “All part of the game”: The recognition of and response to an industrial disaster at the Fluorspar mines, St. Lawrence, Newfoundland,


19 AWCBC. (2014).


