

WHSCC News



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HEALTH AND SAFETY CERTIFICATION OFFERED

Most workplaces today recognize that they are ultimately responsible for managing the onsite health and safety of their employees, and by doing this effectively they can improve their bottom line. That's why more and more companies are looking to hire new employees with health and safety training, or train their current employees. And private and public learning institutions are responding to the trend.

The New Brunswick Community College (NBCC) is one such school. The customized training unit at NBCC-Woodstock has developed a new 30-hour course titled *Health and Safety in the Workplace*. This course has been designed to meet the needs of Joint Health and Safety Committee members and for any employees and employers concerned with the health and safety of everyone in the workplace, says Lisa Waugh, NBCC instructor.

Ms. Waugh says participants learn the history and fundamentals of workplace health and safety,

introduced through topics such as employee/employer rights and responsibilities, WHMIS, due diligence, Joint Health and Safety Committees, hazard identification and workplace inspections.

They also study the 5*22 health and safety program, developed by the Workplace Health, Safety and



Above: from left to right, Lisa Waugh, Jim Depow, Angela Acott-Smith and Julie Shaw are the team responsible for NBCC-Woodstock's course on Health and Safety in the Workplace.

Compensation Commission (WHSCC), and are taught how to interpret the *Occupational Health and Safety Act* and regulations.

Health and Safety in the Workplace is available at the NBCC-Woodstock, or can be delivered at a workplace, and can be customized to address the health and safety

concerns of a particular industry or service sector. The course is [Continued on page 2]

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LOCAL DOCTORS UNDERGO SPECIALIZED TRAINING

While occupational illnesses and injuries have seen a steady increase in the past several years, there are few doctors in the Atlantic provinces able to accurately diagnose and treat them.

"Family physicians have only a broad-based knowledge in occupational medicine which, until recently, was not included in undergraduate training," says Dr. Douglas Margison, chief medical officer for the WHSCC. "You need a population base of about four million before you can attract specialists in this field," he says.

But Dr. Margison plans to change this. Rather than attract specialists, he hopes to develop them locally. That's why, with the support of the New Brunswick Medical Society, the WHSCC has recruited physicians from

across the four Atlantic provinces to study occupational medicine.

In August of this year, this cadre of physicians participated in the first part of an occupational medicine course, offered through the American College of Occupational and Environmental Medicine (ACOEM). This included three days of intensive studies on such topics as epidemiology, occupational dermatoses, physical hazards (radiation, vibration, heat, cold, etc.), industrial hygiene, and workplace stress.

The course was offered in Moncton by staff of the ACOEM. The second part of the course will be offered in August 2005, and will cover topics such as toxicology, reproductive health issues, [Continued on page 2]

AMENDMENTS

The Legislative Assembly of New Brunswick recently amended the Occupational Health and Safety (OHS) Act by granting Royal Assent to Bill 2 and Bill 15.

The most significant impact of these amendments is improved protection for employees who exercise their right to refuse dangerous work.

Under the new legislation, employees who refuse dangerous work (Right to Refuse – Sections 19-23) can appeal a health and safety officer's advice to return to work to the Chief Compliance Officer (CCO), and are granted protection from employer reprisal until the CCO renders a decision. The employee may still appeal the CCO's decision to the Appeals Tribunal.

To continue to be protected by the *OHS Act*, however, the employee must abide by the CCO's ruling pending the appeal to the Tribunal. The amendments also require employees to remain at a safe place near the workstation pending any investigation, and regulates that any advice to return to work be given in writing. The employee must continue to be available for other work the employer may assign.

In keeping pace with today's rapidly evolving employment [Continued on page 2]

right to refuse

[continued from page 1]

ACOEM from page 1

infectious diseases, metal diseases, and musculoskeletal disorders. Participants receive Continuing Medical Education credits from the College of Family Physicians of Canada, and, upon course completion, a certificate from ACOEM.

“These cadre physicians will prove an invaluable resource at a time when some injured workers don’t even have a family physician and are forced to receive care at after-hour clinics,” Dr. Margison says. “The WHSCC will employ these doctors a half-day per week, allowing them the time to properly investigate occupational illnesses, and treat them accordingly. The cadre physicians are trained to deal with an ill or injured worker holistically, treating the person, and not merely the injury. Factors such as weight gain and depression as a result of the illness or injury,

for example, must be considered when dealing with an injured worker.”

Dr. Margison relates a recent incident where a physician did not properly diagnose the condition of a number of workers exposed to cadmium and ordered blood tests, when urine tests were what was required. “With training in occupational medicine, the doctor would’ve recognized the symptoms, and ordered the appropriate tests and treatment. Luckily the situation wasn’t a serious one.”

Progressive companies such as Brunswick Mines also recognize the value of the training. The company sent two physicians, Dr. Michelle Blanchard and Dr. Michelle Dion to the course. “These doctors are full-time emergency room physicians at Bathurst Regional Hospital who are both performing occupational medicine part-time at Brunswick Mines’ health department,” says Gordon Roy, Supervisor, Safety & Emergency Response. “We

recognize that family and emergency medicine is very different from occupational medicine, and to have quality service we must ensure that our consultants are well-trained in the field. We know as employers we have to invest in our people, and, in turn, they will invest in us,” Mr. Roy says.

“It’s a winning situation for employers, injured workers and doctors,” Dr. Margison says. “My hope is that all these parties will increasingly turn to the cadre physicians for help. Cadre physicians will know where to turn for assistance in measuring exposure, evaluating exposure and providing guidance to family physicians in occupational diseases as well as occupational soft tissue injuries.” □

CERTIFICATION from page 1

The program ... includes courses such as Accident Causation and Investigation, Approaches to Safety Management, Occupational Hygiene and Ergonomics, Emergency Planning and Workplace Wellness.

also offered online. “The online course is very interactive, where the student/participant learns by doing,” says Ms. Waugh.

For more information on the course, visit www.woodstock.nbcc.nb.ca, or call 506 325-3914.

The University of New Brunswick offers an online program called the Certificate in Health, Safety and Environmental Processes, a collaborative effort among UNB’s College of Extended Learning, the Canadian Society of Safety Engineering (CSSE), and Don Sayers and Associates. The interactive 24/7 online course was designed to equip participants with the intellectual and practical skills needed to help their organization identify, prioritize and manage workplace risks, and is appropriate for a wide range of learners, from frontline workers to middle management. The program is offered in two levels, and includes courses such as Accident Causation and Investigation, Approaches to Safety Management, Occupational Hygiene and Ergonomics, Emergency Planning and Workplace Wellness. Individual courses can be taken, although all courses in both levels must be completed to obtain the Certificate. For more information on the Certificate in Health, Safety and Environmental Processes visit <http://extend.unb.ca/csse/main.shtml>. □

OHS from page 1

environment, the amendments also redefined some terms to eliminate loopholes. “Place of employment” has been redefined to include vehicles, trains and ferries, so that these workplaces are now governed by the same regulations that apply to fixed workplaces (with some exceptions). This ensures the full protection of the *OHS Act* for employees who work primarily in vehicles, trains and ferries.

The term “contracting employer” has been added to the definition section to capture those workplaces where the employers or owners have attempted to contract out of their responsibilities for workplace health and safety. A “contracting employer” is defined as “a person or corporation who directs the activities of one or more other employers, through contract or other means,” and is subject to the same obligations under the Act and regulations as an “employer.”

To view the bills in full, please visit: www.gnb.ca.

DEPARTMENT OF TRANSPORTATION WORKPLACE SAFETY CHECKLIST

To promote a safe working environment on all its construction projects, the New Brunswick Department of Transportation (DoT) implemented a Workplace Safety Checklist over the last several construction seasons. The DoT has further expanded this safety initiative by allowing only those contractors with an audited safety program to bid on projects in excess of \$2 million. This will ensure that all contractors working on DoT projects meet the standards under the New Brunswick *Occupational Health and Safety Act*. The

The DoT has further expanded this safety initiative by allowing only those contractors with an audited safety program to bid on projects in excess of \$2 million.

DoT will phase in the requirement for an audited safety program as follows:

April 1, 2005

Projects exceeding \$2 million (engineer’s estimate)

April 1, 2006

Projects exceeding \$1 million (engineer’s estimate)

April 1, 2007

Projects exceeding \$75,000 (engineer’s estimate)

Contractors planning to bid on DoT projects are encouraged to obtain the

appropriate certification of their safety programs by April 1, 2005. To have your safety program audited, please contact the New Brunswick Construction Safety Association at 506 627-1477, or go to: http://www.nbcsa.ca/english/docs/audit_program.pdf. □

CAR BATTERY EXPLOSION INJURES WORKER

A 51-year-old woodworker sustained facial and eye injuries when struck by plastic fragments and acid from an exploding battery. The accident occurred as he was removing a booster cable after boosting a battery. An investigation revealed that cold weather, a discharged battery, and the boosting procedure were all contributing factors.

In cold weather, powered mobile equipment batteries are especially prone to discharge due to frequent idling and many starts and stops. When a battery charge drops below 12.4 volts, the acid (60%) and water (40%) mixture, known as an electrolyte, in the battery separates. The battery acid then reacts with lead plates inside the battery, creating a highly explosive hydrogen gas. As pressure inside the battery increases, the gas is vented to the outside through ventilation openings. In cold weather, the water can also freeze and expand, causing battery pressure.

This leads to three possible outcomes:

1. Gas created cannot be vented fast enough and the cover of the battery blows off, or the battery explodes;
 2. Gas is vented properly and an external spark ignites the fumes released from the battery, which can then back draft and ignite fumes inside the battery, causing it to explode;
 3. An internal spark ignites fumes inside the battery, leading to an explosion.
- Sparks are common when placing and removing booster cables and can provide the ignition that would begin the reaction leading to an explosion.

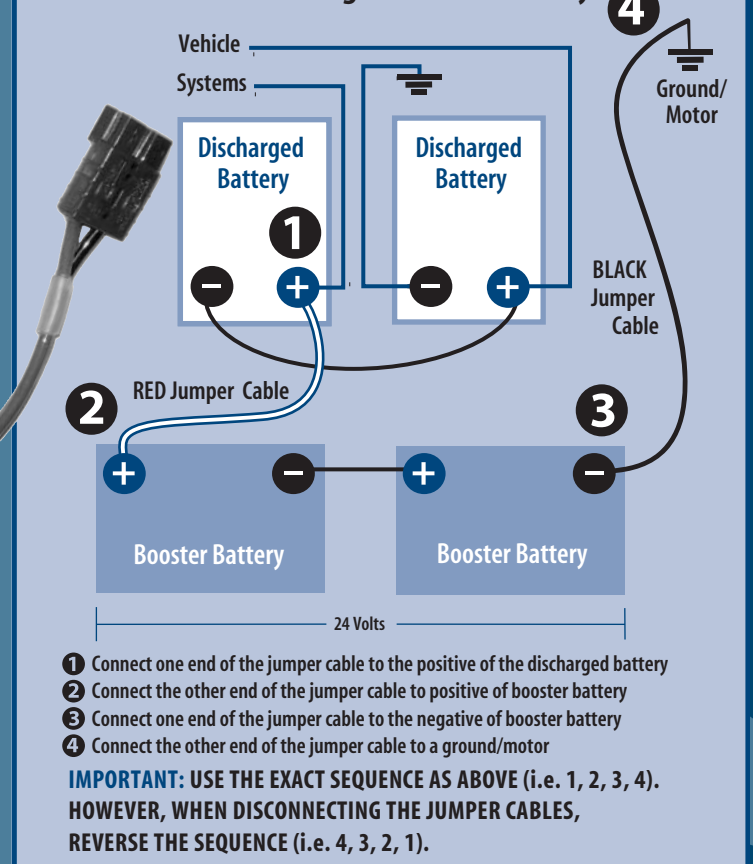


Vehicle battery harness

RECOMMENDED PREVENTIVE ACTION

- Remove batteries at the end of the day, store indoors, and reinstall the next morning. They could be recharged at this time if required.
- When it is very cold and the units cannot be stored inside, check the state of the battery at the end of the day and recharge if necessary (less than 12.4 volts).
- Avoid boosting or charging a frozen battery. For batteries with removable caps, check for signs of freezing by removing the filler plugs situated on top of the cells and looking inside for signs of frozen electrolyte. For those batteries without removable caps, check for signs of bulging or cracking.

Procedure for Boosting a Double Battery



- Follow proper jump-starting procedure:

- a. Connect the "+" clamp of the red booster cable to the "+" terminal of the discharged battery
- b. Connect the clamp at the other end of the red cable to the "+" terminal on the booster battery
- c. Connect the "-" clamp of the black cable to the "-" terminal of the booster battery

- d. Connect the clamp at the other end of the black cable to a solid, unpainted metallic surface located away from the battery and its associated fumes
 - e. Once started, disconnect the cable clamps in reverse order (d, c, b, a)
- When boosting regularly, install and make use of a vehicle battery harness, as shown in the picture.

PUBLIC AWARENESS CAMPAIGN FOCUSES ON YOUNG WORKERS

In its ongoing commitment to promoting health and safety through accident prevention, the WHSCC's 2004 public awareness campaign focused on young workers.

"We focused our campaign this year on young workers, because, although accidents in this sector have decreased over the past three years, there are still five young workers between the ages of 15-24 injured every day," says Andy Rauska, Director, Divisional Support Services, WHSCC. "It's a statistic that very much concerns the Commission, and one we are dedicated to erasing. Our

plan is to educate and instill a safety sense that will see them safely through their entire working life."

This year's campaign targeted parents, employers and young workers, in three stages: the pre-employment stage of May to June; the employment stage of July and August; and the post-employment stage of September to December.

Two television commercials were aired during the pre-employment stage, depicting a

fatality of a young worker as told by both a parent and an employer. The call to action was for parents to talk to their kids about the safety of their workplace and their safety training, while the ad targeted to employers emphasized their obligation to train all workers, and, specifically, young workers, on health and safety.

In conjunction with these commercials, employer CDs were sent out to all work-

places, with a wealth of information on health and safety training, including helpful Internet links.

In co-operation with the Department of Education, a poster and checklist from the WHSCC was sent home with students at the end of the school year, encouraging parents to go through the health and safety checklist with their child before they start work.

To build on the awareness generated by the television

commercials and CDs, radio ads, conveying the same message as the television ads, were aired during the summer.

A CD developed for use by parents, youth and especially teachers, was distributed as the new school year began. This CD contains material on facts to take to work, young injured workers' stories and links to pertinent websites. □

"...although accidents in this sector have decreased over the past three years, there are still five young workers between the ages of 15-24 injured every day."

— Andy Rauska, Director, Divisional Support Services

[announcement]

DIRECT-PAY PRESCRIPTION DRUG PROGRAM

Effective December 2004, the Workplace Health, Safety and Compensation Commission will adopt a direct-pay prescription drug program, which will be implemented online at all pharmacies throughout New Brunswick.

This program will ensure that all injured workers entitled to reimbursement for drugs for the treatment of a workplace injury or illness will receive quality and timely service, while also ensuring that the WHSCC only pays for those prescription drugs that treat the work-related condition. The WHSCC has prepared and mailed an information package to all injured workers with prescription drug claims, as well as to every pharmacy in the province. If you have not received this package, please contact 1 888 340-1122.

[appointment]

The WHSCC Board of Directors is pleased to welcome:

MORRIS MENDELSON as Worker Representative. Mr. Mendelson is an assistant professor at the University of New Brunswick, Saint John, whose area of academic interest is human resources, and, more specifically, occupational health and safety.

BACK PAIN DEMYSTIFIED

Up to 80% of adults experience back pain at some time during their lives. Unfortunately, there are many misconceptions about back pain. Read on to learn **Seven Myths About Back Pain**, excerpted from an article in *Occupational Health & Safety Magazine* (Sept. 2002).

Myth 1 If you've slipped a disk (also known as a herniated or ruptured disk), you must have surgery.

Truth The causes of back pain can be complex and difficult to diagnose. For more than 70% of patients with chronic back pain, it's not possible to make a specific diagnosis pinpointing the cause of the pain. Very specific tests should be done to confirm that a disk has been damaged and that the pain is directly related to this damage. Even if tests show a damaged disk, approximately 90% of patients with a herniated disk improve gradually over a period of six weeks. Only 2% of back pain patients are likely to benefit from surgery. Most specialists agree that non-surgical treatment should be tried first.

Myth 2 X-ray images, CT and MRI scans can always identify the cause of pain.

Truth These images can be misleading, because abnormalities of the spine are as common in people without back pain as they are in people suffering from back pain. Also, even the best imaging tests cannot identify muscle spasms or strained ligaments that might be the cause of a patient's pain.

Myth 3 If your back hurts, you should take it easy until the pain goes away.

Truth Today's thinking is to continue the routine activities of daily living and work as normally as possible. Persons who remain active do better than those who try either bed rest or immediate exercise. However, not all workers can immediately return to work. Those with physically demanding jobs may not be able to return to work as quickly as those with less demanding or sedentary jobs. It is often helpful to have workers with back pain return to some form of light work until they recover more fully.

Myth 4 Most back pain is caused by injuries or heavy lifting.

Truth It's true that workers whose jobs involve lifting, lowering and carrying materials are much more likely to experience lower back pain than workers who don't do this kind of work. However, it's also true that people who work at sedentary occupations also have a risk of disk injury. Up to 85% of persons with back pain can't recall a specific incident that brought on their pain. While heavy lifting or injuries are risk factors for back pain, they don't account for most episodes of pain.

Myth 5 Back pain is usually disabling.

Truth Most people with back pain get better, regardless of whether they receive treatment or the treatment method used. Most people who leave work return within six weeks, and only a small percentage never return to their jobs. That's the good news.

The bad news? If you've experienced back pain in the past, you're at a greater risk of experiencing it again. Fortunately, recurring episodes of pain usually go away on their own, just like the original back pain did.



People who work at sedentary occupations also have a risk of disk injury.

Myth 6 Everyone with back pain should have a spinal X-ray.

Truth Routine X-rays of the spine are unnecessary and often of little value. The latest medical guidelines for evaluating back pain recommend that the use of X-rays be limited to patients who have suffered major injuries.

Myth 7 Bed rest is the mainstay of therapy.

Truth For the longest time, patients with back pain were told to lie down to get better. While many patients experienced less pain while lying down, it was not always the case that they got better. Studies have shown that four days of bed rest turn out to be no more effective than two days, or even no bed rest at all. □

[noteworthy]

INTERESTING WEBSITE:

www.lni.wa.gov/safety

Click on "Idea Banks" under the Hazard Prevention menu, and check out the Ergonomics Ideas Bank, which allows you to search for industry-specific ideas that may help reduce the risks of work-related musculoskeletal injuries. It also features an idea bank on noise reduction.

MANAGING A BACK INJURY AND A CAREER CHANGE GRACEFULLY

A career change can be exciting, albeit a little intimidating. But when it's chosen for you it can be downright terrifying, says Jennifer Holmes.

Two back injuries forced Miss Holmes into that very situation. She had been working as a geriatric aide at the Loch Lomond Villa for five years when the first injury occurred in 2001.

"Life was good," Miss Holmes says. "I had a job that I loved, and had built up seniority. But that all changed when I hurt my back."

After a gradual return to work, Miss Holmes injured her back a second time while transferring a patient. "This time, I knew it was really serious. I was nauseous from the pain," she recalls. The physical pain was not her only challenge, however. Around the same time, her partner lost his business,

compounding the family's stress and taxing their finances.

Although Miss Holmes spent 12 weeks in rehabilitation undergoing

Results from functional capacity tests established that she would have to be retrained for another position.

physiotherapy, chiropractic therapy, and acupuncture, she was unable to return to the job that she so enjoyed. A letter from the WHSCC confirmed in writing what she knew was inevitable – results from functional capacity tests established that she would have to be retrained for another position.

"Although I was expecting it, it was still quite a shock. I had been doing something that I really liked, something I thought I'd be doing the rest of my life. I never expected to have to change careers – it's a very different thing when it's chosen for you."

Miss Holmes showed an

aptitude to work in a medical environment, and in September 2002 began training as a medical secretary through the Academy of Learning. She graduated with

honours in October 2003, and then began on-the-job training at St. Joseph's Hospital. In January 2004, she was offered a position in the X-ray department of the Saint John Regional Hospital.

Miss Holmes credits her rehabilitation specialist, Jeff Curtis, with helping her down this new path.

"Jeff was fabulous. He was there every step of the way, guiding me along," she says. "For every question I had, he found the answer." She also commends her case manager,



Above: Jennifer Holmes, centre, credits her rehabilitation specialist, Jeff Curtis, and her case manager, Kay Fitzgerald, for her successful return to work.

Kay Fitzgerald, for her help.

Miss Holmes believes it's important to develop solid, co-operative relationships with the therapists and case managers. "Things just go so much better if you're easy to get along with."

Miss Holmes says she's very happy with her new job. "The hours are good, and pretty consistent, and my bosses are interested in what I think," she says. "It's a crazy environment – fast-paced and challenging – but a good one.

"Things are definitely improving," she adds, saying that she and her partner, Gerry, are excitedly working

on opening a new business selling hand-made products.

Miss Holmes has some words of advice for all workers: "Protect yourself and take care of your body – you only have one." And for those who are going through rehabilitation, she says, "keep thinking positive thoughts."

AWCBC DEVELOPS ALTERNATIVE PROCEDURE FOR INTER-JURISDICTIONAL TRUCKING

Here's a reminder for trucking companies and independent operators traveling between provinces and territories. To reduce paperwork and the overcharging of premiums, the Association of Workers' Compensation Boards of Canada (AWCBC) and the Canadian Trucking Association have developed an Alternative Assessment Procedure (AAP) for inter-jurisdictional trucking.

The procedure applies to all jurisdictions in Canada, with the exception of the Workers' Compensation Board in Saskatchewan, who elected not to participate.

The AAP began as a three-year pilot project in 1995, and has been extended year-to-year. Trucking firms and independent operators face different rules for determining

employment relationships and for paying premiums in each jurisdiction through which their trucks/brokers travel, resulting in excessive administration for both the companies and for the applicable WCB* or Commission.

The AAP eliminates the need to prorate kilometres and pay premiums to the WCB in each province a truck or

*WHSCC in New Brunswick.

broker travels through. Now earnings need only be reported to the WCB or Commission in the province where an employee/broker resides. For information purposes only, they must still be registered with the local WCB in the provinces through which the trucks travel, but the trucking company will not be required to pay premiums to these boards.

The procedure provides trucking companies and independent operators with the choice to: a) continue to pay premiums based on the kilo-

The AAP eliminates the need to prorate kilometres and pay premiums to the WCB in each province a truck or broker travels through.

meters driven in each jurisdiction (prorating method); or b) pay premiums to the WCB in the province in which their employees reside.

Please note that the AAP does not change the protections offered to the employer and the worker or change the payment of premiums for employees who are not involved in inter-jurisdictional trucking, and it does not apply to Saskatchewan or the United States.

To find out more about the AAP or to obtain an application, please call 1 800 222-9645, or visit www.whscc.nb.ca and click on the Forms link under the Topics menu on the left-hand side. □

[hot off the press]

The following publications are now available from the WHSCC by contacting the Communications Department at 1 800 222-9775 or by visiting our website at www.whscc.nb.ca

- 2003 Annual Report
- 2003 Report to Stakeholders
- Occupation Health and Safety Acts – Reprint
- WHMIS Pamphlet – Revamped version
- Let's S-T-R-E-T-C-H Wallet Card*
- Lockout Warning Sticker*
- Important Facts to Take to Work – Pamphlet
- WHMIS Symbol Card*

Hazard Alerts

- Worker Fatally Injured in Rock Crusher Explosion
- Worker Drowns While Making Repairs to Equipment on a Salmon Cage Site – Alone
- Supervisor Crushed Under Falling Wall Partitions
- Cigarette Lighter Starts Fire
- Worker Dies When Van Strikes Truck, Pinning Him Underneath
- Battery Explosion Injures Worker

Risk Alerts

- Product Delivery
- Cart Safety

Also, check our website for recent news releases, new and revised policies, and Appeals Tribunal decisions.

* Not available online

BERNICE DOIRON CHIASSON BEGINS SECOND TERM

Bernice Doiron Chiasson is serving her second term on our Board of Directors, as the member representing the general public.

When Mrs. Doiron Chiasson was first appointed to the board in 2001, she met with the then minister of Training and Employment Development to discuss the role and its responsibilities.

“I took my appointment very seriously and wanted the role thoroughly defined, so I could best serve the general public and the Commission,” she says.

Mrs. Doiron Chiasson's experience spans all levels — civic, regional, provincial and federal.

“I was quite honoured and pleased to be appointed to such a well-respected board,” she says. “Everyone is so smart, so professional – the people of New Brunswick are very well-represented by both the Board and the WHSCC staff. They are very competent. I was impressed when I first arrived, and I am still impressed.”

Mrs. Doiron Chiasson's experience spans all levels – civic, regional, provincial and federal. A medical laboratory technologist now working as an adult educator, Mrs. Doiron Chiasson worked in hospitals in Moncton and Lameque before joining the Department of Fisheries and Oceans. She currently teaches part-time at the Fisheries Institute in Caraquet and the Memramcook Institute in Caraquet and Tracadie.

Her volunteer contributions are too numerous to list, but they were enough to win her the award for “Top Female Volunteer of the Year” for the town of Shippagan in

2001. And they were also enough to help her earn the seat of deputy-mayor for the town in this year's municipal election.

Mrs. Doiron Chiasson has worked tirelessly for the Canadian Cancer Society (CCS), serving on the provincial board, and as chairperson of the CCS's Annual Fund Campaign for the region. Her role as founding member and chair of the New Brunswick Parents Committee (Comité de parents du N.-B.) earned her a seat on the Commission

nationale des parents francophones. Mrs. Doiron Chiasson is proud of her work helping single mothers on social assistance develop the self-esteem and skills necessary to enter the workforce, and of her role as chair of la Fédération des Dames d'Acadie, an organization that was instrumental in founding the Coalition for Pay Equity for women in New Brunswick.

She is also very proud of the WHSCC's recognition in the Report of the Auditor General – 2003, where in several categories the Board was mentioned as an example of good governance (Crown Agency Governance Chapter 6: 6.48; 6.59; 6.78; 6.107; 6.109; 6.111; 6.128; 6.139; 6.146).

Mrs. Doiron Chiasson said her role as representative for the general public was a challenge when she first joined, since there is only one member in that role. “It was a heavy burden at first, as there was nobody sharing that role to discuss things with. But it has been made easier with the Board's decision on unanimity – to arrive at a



consensus on all issues.” She believes her most important contribution to the board is providing a voice of balance, one that is based on careful listening and a thorough understanding.

Mrs. Doiron Chiasson's appointment may well have been based on her 30 years of public service, but it didn't hurt that she could also offer a female perspective and serve as a bilingual representative. Her warmth and enthusiasm were an added bonus.

Mrs. Doiron Chiasson and her husband Claude have been married for 39 years, and live in Shippagan. They have three grown children, Chantal, Roch and Camille, and three grandchildren. They love to travel and enjoy outdoor activities, especially cross-country skiing, hiking and cycling. □

[upcoming events]

ASHCAT Seminar

The Association of Safety & Health Consultants and Trainers Inc. will offer their annual two-day Certification Seminar in Moncton, NB, April 18–19, 2005. For more information, please visit their website at: www.ashcat.com, or call toll free 1 866 454-7281.

Day of Mourning

On April 28, the WHSCC invites you to join workers, their families, employers and government in paying tribute to those who were injured, killed or suffer from an occupational disease as a result of their work.

2005 First Aid Workshops

In early 2005, a new First Aid Regulation is scheduled to come into effect in New Brunswick. Learn more about this new regulation and how it affects your workplace.

February 22 St. George, Moncton

February 23 Fredericton

February 24 Saint John

March 22 St. George, Sussex, Moncton

March 23 Saint John

April 19 St. George

April 20 Fredericton, Moncton

April 21 Saint John