



## “Cooking The Books”

### Behaviour-Based Safety at the San Francisco Bay Bridge

By: Gary Majesky, WSIB Consultant



**T**his month I want to discuss a subject called Behaviour Based Safety (BBS) that I believe is not an isolated American phenomena. Claims avoidance behavior does exist in Canada, and in fairness, I have my own experiences. Sometimes your gut tells you something is wrong, but we don't want to over-react. In situations where we don't have a smoking gun should we adopt the precautionary principle when dealing with situations where the empirical evidence might be lacking? Einstein once stated “Absence of Evidence is Not Evidence of Absence.”

Dr. Iggy Kosny from the Monash Centre for Occupational & Environmental Health & Preventive Medicine brought this study to my attention that I believe is a wakeup call for health and safety activists. Practitioners of Behaviour-Based Safety (BBS) claim dramatic reductions in worker injuries and illnesses through modifying workers “unsafe behaviours.” This case study of a BBS program implemented by KFM, a giant construction consortium rebuilding the eastern span of the San Francisco Bay Bridge in California, documents how BBS was used to suppress reporting of worker injuries and illnesses on site. The key elements of KFM's BBS “injury prevention” strategy included: 1) cash incentives to workers and supervisors who do not report injuries; 2) reprisals and threats of reprisals against those employees who do report injuries; 3) selection and use of employer friendly medical clinics and workers compensation insurance administrators; strict limits on the activities of contract industrial hygiene consultants;

and 5) a secretive management committee that decides whether reported injuries or illnesses are legitimate and recordable. KFM reported injury and illness rates 55% to 72% lower than other bridge builders, in spite of California OSHA (Cal/OSHA) having to issue citations to the consortium for willfully failing to record 13 worker injuries in their OSHA Log 300. California uses a different reporting model, but there is a similar reporting obligation here in Ontario, under the *Workplace Safety and Insurance Act*, in which injury claims requiring health care **MUST** be reported to the WSIB.

#### Cooking The Books: The Carrot

The centerpiece of KFM's BBS strategy is its “Safety Incentive Programs” designed to motivate employee and supervisor performance to achieve zero injury results in an environment that sustains teamwork, open communication, and total involvement.

Monetary incentives are given to every level of employee – hourly, foreman, supervisors, and managers – for meeting quality and completion timeline goals, but only if no Log 300 recordable injuries are reported. Any reported injury or illness that is “Log 300 recordable” loses the workers, his or her crew, the foreman, other supervisors, and managers the monetary bonus.

#### Cooking The Books: The Stick

When the financial incentives were not enough to suppress reports of recordable injuries and illnesses, Bay Bridge workers told Cal/OSHA that threats of discipline, suspensions, and layoffs were used by supervisors to maintain an accident-

free record. KFM's formal policy is that workers are required to report each and every injury, from simple first aid cases to recordable injuries and illnesses needing medical treatment. Failure to report any workplace injury or illness needing medical treatment could be the basis for disciplinary action against workers, which left workers feeling as if “they got you coming or going – if you report, then you lose the money, if you don't report, then they can use that against you in a disciplinary action,” according to the Cal/OSHA file.

#### Cooking The Books: The Doctors

Behaviour-based systems are accompanied by other methods intended to discourage the recording of work-related injuries and illnesses. Another key to maintaining suspiciously low injury and illness rates at the Bay Bridge was careful management of the “work status reports” received by KFM from its contract first aid personnel on site, from the three occupational health clinics under contract to diagnose and treat injured workers, and from the third party administrator of its self-insured workers compensation insurance. It should be pointed out that a privately funded self-insured workers compensation scheme doesn't exist here in Ontario at this time, but Ontario PC Leader Tim Hudak has stated he would allow employers to opt out of the WSIB and buy insurance from private insurers. The policy enjoys the backing of many firms, including General Motors of Canada, who have advocated they be given the right to self-insure workers compensation under a private insurance model.





## Cooking The Books, The Industrial Hygiene Consultant

Another KFM strategy, since Log 300 recording also depends on employer knowledge of workplace illness, was to limit the information it received that explicitly pointed to employee exposure to potentially illness-causing chemical exposures. In 2002, KFM hired the Salt Lake City-based firm IHI Environmental, which has a Bay Area office, to conduct industrial hygiene monitoring and provide technical assistance at the Bay Bridge. IHI President told Cal/OSHA that his firm was "hired for specific tasks, to provide specific information, we had no general responsibility... We gave KFM the data – it was their responsibility to interpret and act. Early on we gave recommendations. Some were followed, some were not, or partially implemented."

In June 2004, however, the reporting protocol for IHI changed as KFM had been sued by welders claiming welding related illnesses from their work at the Bridge. "We did the same work as before, but reported on the results without interpretation and recommendations by IHI. "KFM did not want anything other than raw results data."

A former Field Safety Manager in his

written statement explained "I was... aware of the air samples in the confined space in which the welders worked. I asked about the results and was told they were within acceptable parameters. When he pointed out workers were still getting sick, the reply was the workers were just "crybabies." It took KFM almost a year of continuous welding fume exposures to welders resulting in employees taking off numerous personal sick days caused by the "KFM flu." Despite the illness related worker absences, ongoing media coverage and state investigations, no welding-related illnesses were ever entered onto KFM's Log 300.

## Cooking The Books: The Real Decision Makers

The ultimate "failsafe" for maintaining low injury and illness rates for KFM at the Bay Bridge is the fact that the consortium, like all employers, is the one who decides what gets entered onto the Log 300, supposedly using medical work status reports, internal accident reports, and Log 300 regulations.

WHY a giant consortium like KFM would spend so much time and effort to keep injury rates low was explained in September 3, 2006 editorial in the Oakland Tribune:

*Good safety records keep insurance rates down, enabling a firm to be more competitive when bidding for jobs. High insurance rates resulting from too many injuries can price contractors out of the market. It's sort-of market-controlled, say Art Ney of the Cal/OSHA. And, if most things are equal, safety records can be the deciding factor in getting a contract since fewer injuries signal that a contractor runs safe projects, saving time and money.*

Miraculous reductions in reported workplace injuries are also the promised result of Behaviour-Based Safety Programs. But BBS critics have long pointed out the hallmarks of BBS programs are a "blame-the-victim/worker" approach, a disinterest in and inability to get to the root causes of injury-producing incidents, and a false picture of the real number of injuries and illnesses on the job.

I am loath to claim the sky is falling, but I see evidence that BBS exists here in Ontario and it's not my imagination or paranoia.

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Section 113 & 130

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