



Head Injuries on the Rise (Traumatic Brain Injuries and Concussions)

By: Gary Majesky, *WSIB Consultant*



This month I want to talk about head injuries and concussions. My office receives several every year of varying complexity, but there are some common themes. In situations where there is a significant inner cranial bleed, a craniotomy is performed to remove part of the skull to allow the brain to swell. Alternatively, doctors may drill a hole in a patient's skull, called trepanation, to relieve pressure and allow blood flow.

In the past 12 months I received 10 head injuries claims involving various degrees of concussion, but on January 17, 2013 I received an astounding 3 new head injury claims in one day. That's a lot of head trauma, and our members, foremen, and contractors need more education on this vitally important subject.

Talk about irony, while writing this article on the evening of Friday February 8th, 2013 (day of the snow storm), I received a call at home from a member who was working in Newfoundland advising he slipped on black ice and whacked his head on February 2nd. The employer initially sent him to a camp clinic where he was advised to rest for a shift. He slept 18 hours, which incidentally, is a common experience for persons recovering from brain injuries. Next day he was seen in a local hospital in Long Harbour Newfoundland, and had a CT scan. Due to symptom deterioration, the Brother decided to return home on February 6th, and was assessed at Trillium Health Centre, where they coordinated a referral to a neurologist for follow-up care.

In November 2012, an apprentice from our 353 East Unit who was working at the Detour Gold Mine sustained a head injury. Again, this was a situation where

the brother's condition deteriorated rapidly within a day of his injury; however the employer minimized the significance of the injury, telling the kid to rest and sleep it off. Brother Chuck Murray alerted me to the situation, and got me involved. Fortuitously, the 10-day shift was ending and Chuck drove the kid home because he required proper medical treatment and needed to be in better surroundings. A camp in the wilderness is not the place to be when in need of specialized care for a head injury.

And in another case, I was really irked after I received a call from a contractor on January 17th advising there was an accident that morning. The HR person said ***"Hi Gary, just want you to know that an apprentice fell today, hit his head, he's okay, went to hospital, they checked him out and he'll be back to work tomorrow."***

I told the employer representative that head injuries are complex, and the development and progression of symptoms may not fully manifest within 5 minutes after an injury. Moreover, when dealing with loss of consciousness from 5 seconds to 30 minutes, the precautionary principle applies because head injury victims may not develop the full bouquet of symptoms for several days, characterized by an unremitting progressive deterioration e.g., dizziness, headaches, nausea & vomiting, loss of sleep, sensitivity to light and noise, cognitive and memory impairment, vertigo/balance issues, to name a few.

Based on my involvement in these claims, unless you are a medical doctor, no one should trivialize or second guess workers who have suffered closed head injuries or traumatic Brain Injury by using traditional measures of injury such as a broken

arm. The young apprentice injured on January 17th received emergency care at Mount Sinai hospital, and their initial prognostication was a highly qualified "you should be okay." Yet, within 24 hours the kid was back in Emergency after his symptoms spontaneously deteriorated, and this time, the doctors declared he was unfit for return to work. Now the employer was crying about Lost Time.

Now that we know head injuries are more common, please take some time to familiarize yourself with some medical terms involving head injuries:

Traumatic brain injury (TBI) is an injury from forces transmitted to the brain from an impact to the head. The brain injury may be trivial, and completely reversible by natural healing processes, or it may be serious with varying degrees of damage.

Skull fracture involves a significant amount of force to fracture the adult skull. The amount of injury to brain tissue may range from surprisingly little to very severe. However, the bone at the back of the skull ("occipital region") is very thick, and almost all the energy of the blow is transmitted to the brain. Therefore, falls where a worker strikes the back of the head may result in serious injury.

Concussion. Concussion is traumatically induced transient loss of normal brain function. There may not be loss of consciousness. Concussion is characterized by immediate and transient impairment of mental function, such as confusion, disorientation, attentional dysfunction, or other transient neurological symptoms such as slurred speech or visual impairment.

There are several grades of concussion, depending on its severity. Grade 1



concussion is defined as mild, very brief, neurological disturbance such as confusion, without loss of consciousness. In Grade 3 there is a loss of consciousness, either brief or more prolonged. In all grades, there may be a short period of amnesia.

There is a natural healing process after brain injury. Hemorrhages absorb, swelling subsides, nerve cells and their

connections, if not permanently destroyed, can recover and resume function, which is called neuroplasticity of the brain. In other words the neuropathways have the ability to regenerate (i.e., re-wire). Often times there is a good prognosis for recovery. However, it is a long process, and certainly not within the hyper-fast pace of the Early and Safe Return to Work mantra

eschewed by employers and the WSIB.

As a union founded to promote respect and worker dignity, let's extend the same consideration bestowed on Sidney Crosby and other sports notables, because our members bust their ass, work hard, and are the backbone of our industry. They deserve to be treated with respect and compassion when they suffer a head injury, not scorn.

Important Update - Workers Compensation Appeals

There are two levels of appeal. The first is the WSIB Appeals Branch. The second is the Workplace Safety and Insurance Appeals Tribunal. The latter is the final level of appeal.

WSIB Appeals Branch: Members involved in my office are aware that I have filed many appeals. However, we are all hostage to the appeal system and the delays, which is not a failure on my part. This notice is to update members regarding recent changes and explain what is happening. In 2011 and 2012, I filed many appeals at the WSIB Appeals Branch, including all the paperwork, and we were waiting for these cases to be assigned to an Appeals Resolution Officer (ARO). Starting January 1, 2013 members, myself included, started receiving letters and forms from the WSIB advising there is new "Modernized Appeal Program" in place that will enable a faster resolution for those who are ready to proceed with their objection. The notice further states that workers that were registered in the Appeals Services Division before February 1, 2013, but their appeal has not been assigned to an ARO, will retain their place in the queue of unassigned cases. WSIB also advised there is a backlog of have 5,000 unassigned

cases. The introduction of this new WSIB appeals process has meant that I must complete and submit new forms, and re-file documents in support of your appeals, even though I had previously completed all the paperwork, and your file was appeal ready. This extra step, after waiting a year in some cases, is another hurdle for our members. I want the members to know that I am completing all the new appeal paperwork, and request your cooperation by not submitting anything to the WSIB. This is my responsibility. Hang in there.

Down the road at the **Workplace Safety and Insurance Appeals Tribunal**, which in my opinion is an efficient administrative body, they too have serious problems. The Chairman on February 1st posted the following message: "**2012: Year of the Appeals Tsunami.** 'Rule Britannia!' contains a line 'Britannia, rule the waves.' In 2013, the Appeals Tribunal must follow in Britannia's wake and attempt to deal with one giant wake from 2012, which swamped the Tribunal with appeals. Although the Tribunal adjudicator roster shrank in 2012, the appeals caseload increased by over 40%...The 2012 financial pressures, combined with the large increase in appeals, as well as

staff and Vice-Chair shortages, resulted in longer timelines for processing appeals and scheduling hearings..."

As the members can now see, this is the workers compensation environment that our injured members and I must contend with. I am working diligently, but the delays are outside of my control. I did explain to Vice-President Brother Jeff Irons that this is another face of Austerity because when the WSIB wants to save money, they tighten the screws by saying no to many claims, whether initial entitlement, denying claims because of pre-existing conditions, denying lost time, refusing to pay health care, and declaring that injured workers are fully recovered when there is evidence of a permanent impairment. In the process, I believe they are ignoring settled legal jurisprudence and policy that should guide decision making. For members that don't properly report injuries in a timely fashion, this is what awaits you!

My 2013 message is simple - Your appeal is not lost in the system and I will try to expedite your case, but please be patient.

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