

OHCOW Annual Report 2003

Mission Statement

The mission of the occupational health clinics for Ontario Workers Inc. (OHCOW) is to identify and prevent occupational illnesses, injuries, disabilities and to promote the highest degree of physical, mental and social well-being of all workers.

We strive to accomplish this through the identification of workplace factors which are detrimental to the health and well-being of all workers, through the distribution of excellent occupational health, hygiene, and ergonomic information to increase knowledge among workers, employers and the general public; and through the provision of services designed to produce changes to improve workplaces and the health of workers.

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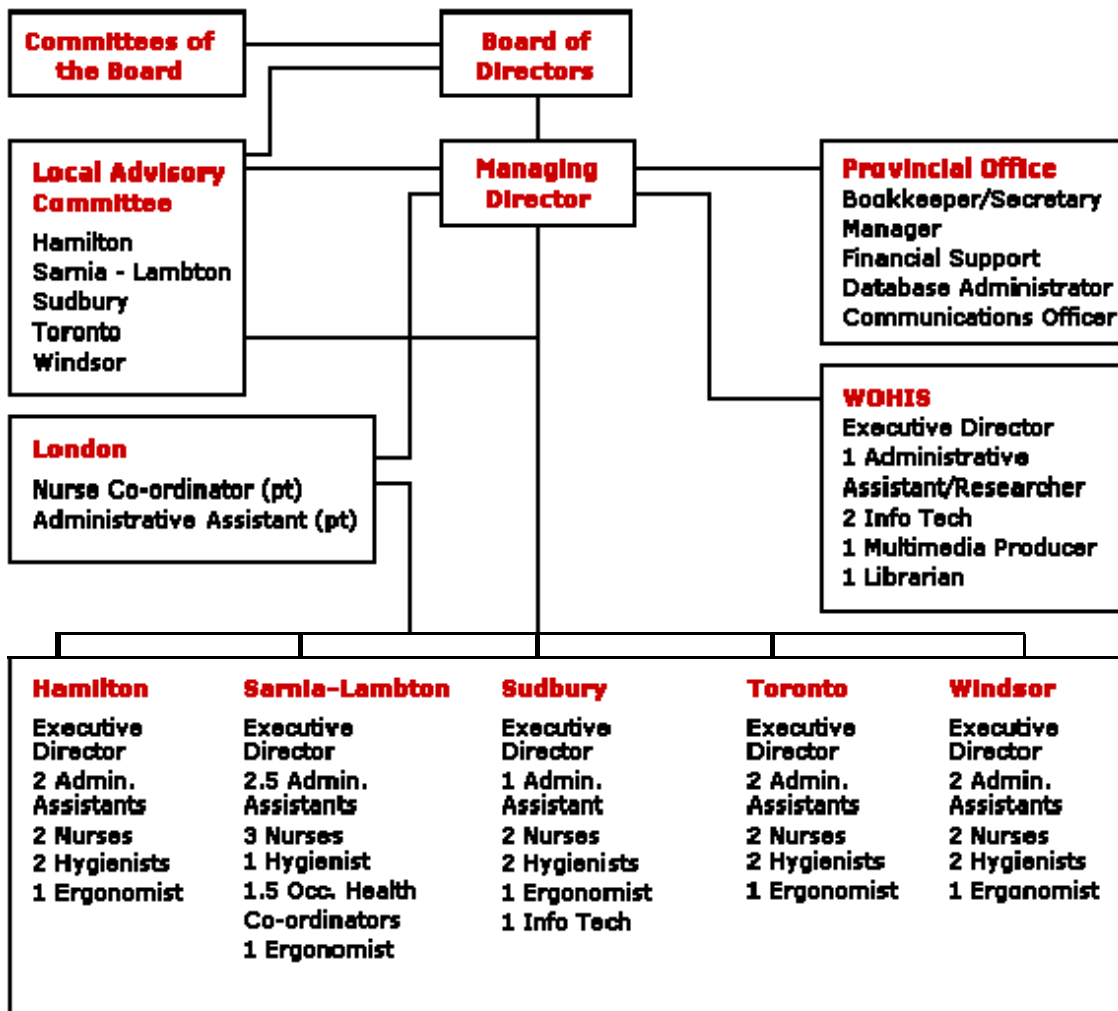
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Organizational Chart



Chair and Managing Director's Report

It seems rather fitting that this year's annual report is brought to you online, for one of the accomplishments of 2003 was the redesign and launch of the OHCOW website.

Making the report available online and downloadable is one of the cost efficiencies that we decided upon last year. The savings are substantial. Last year the costs of writing designing and producing hard copies of our annual report were nearly \$15,000. This year our costs were the time it took to compile the copy and to upload it on our site. Your thoughts on this new format would be appreciated.

The changes made to our web site and the uses it is now being put to represent just a fraction of the initiatives undertaken by the Provincial Office and the individual clinics.

The mission of the Occupational Health Clinics for Ontario Workers is to protect workers from occupational illnesses or injuries by identifying workplace exposures or hazards. We do this by:

- Providing medical review service for workers who may have work-related health problems
- Maintaining relationships with labour and management through joint health and safety committees
- Identifying and analyzing workplace hazards and exposures
- Providing an education service to make people aware of health and safety issues
- Doing research to improve working conditions

You will see examples of all the above as you read through the highlights of clinic activities.

2003 was an exciting time in the history of the organization. The Board and staff embarked on a strategic planning exercise that developed critical priorities on which the staff and Board could focus its energies. 2003 also saw the Board embark on a process of reviewing their governance structure which will allow them to develop policies and set priorities for the organization in a more structured and efficient way.

Considerable time and resources were spent last year developing and then beginning to implement a comprehensive internal and external communications plan.

Both the Board and the Executive Directors felt that internal communications should be the first priority in developing an overall communications plan. There was consensus that there was limited and inconsistent communication between management and staff; a general lack of information by each clinic about the other clinics and there was limited and intermittent communication/interaction between staff working in the same professional areas.

The redevelopment of the website and the publication of an internal newsletter were both viewed as an opportunity to promote healthier and more intensive internal communications.

There was also consensus that professional communications expertise would have to be brought into the organization to not only do the work on the internal plan but to begin planning the external plan.

As a result, a strategic communications officer was hired on contract to build and deliver a comprehensive communications plan.

Much was accomplished in 2003. In addition to the website and internal newsletter, new brochures were produced; a new display booth was created, and a communications plan document was formulated, agreed to by the Board and subsequently adopted by each of the clinics.

To further improve internal communications a very successful retreat was held in September allowing the board and staff to interact with each other, learn about clinic activities and discuss joint future initiatives.

In keeping with our responsibilities to maintain relationships with others in the health and safety community and because of our commitment to occupational disease OHCOW managed to get the Occupational Health and Safety Council (OHSCO) to develop a multi-year strategy to encompass a tool to identify occupational disease priorities, identify workers who are most at risk and increase early detection and prevention of occupational diseases.

We were actively engaged in discussions with the WSIB over their desire to integrate occupational health into primary care delivery. A number of meetings were held to discuss the complexities of doing this as well as the WSIB's desire to create synergy between their prevention strategies and community partnerships that reach beyond the Ministry of Labour and the Health and Safety Associations in the Province.

We were also heavily involved in the planning of an international conference on asbestos that was held in Ottawa in September- a conference that ultimately passed a resolution calling for a ban on the production and export of asbestos.

Considerable time was spent last year amending the contract that OHCOW has with its physicians. A new independent contractor agreement which maintains the relationship between doctors and OHCOW as one of contract and not employer/employee has now been put in place.

Yet another highlight from last year was the Annual Meeting held in Hamilton at which Hassan Yussuff the CLC Secretary-Treasurer spoke eloquently of the need to build coalitions to move the health and safety agenda forward.

A new provincial government was installed last year and almost immediately the Labour Minister said that health and safety would be his number one priority. Commitments were made to ban smoking in all workplaces and public places and also to end the 60 hour work week, initiatives about which we were consulted on and made submissions. We made a presentation to the SARS Commission and began the process of building a relationship with Chris Bentley inviting him to tour our clinics and get a first hand impression of what we do. All in all a busy and satisfying year.

Once again, many thanks to the staff in the Clinics and at Provincial Office for their commitment to delivering occupational health services to workers in the Province.

Lyle Hargrove
Chair of the Board

Mary Cook
Managing Director

Clinic Highlights

The Occupational Health clinics for Ontario Workers (OHCOW) play a key role in enhancing occupational health and safety in the Province. By providing multidisciplinary advice, identifying and analyzing workplace hazards and exposures, educating the community and conducting research OHCOW leverages the strengths and resources of the clinics to achieve its vision and mission. Together the clinics work towards the goal of eliminating work-related injuries, illness and death in the province.

What you will read in the clinic reports is just a sampling of the work the clinics undertook in 2003.

Hamilton

Cases:

An Ergonomic Intervention in a Small Non-unionized Workplace

OHCOW (Ergonomist, Occupational Health Nurse) began working with this company's JH&SC to help them identify the risk factors and problem-solve ways to reduce the injury risk to the employees. Our services were recommended to the JH&SC through a Ministry of Labour inspector.

This project began with a meeting between OHCOW and the JH&SC. We began by discussing the services the clinics can provide, then the H&S problems within the plant, and finally we formulated a plan to best serve the needs of the workers.

An ergonomic assessment of the job of the rag makers was then completed. Several measurements and pictures of the workstations and workers were taken, and we also spoke with several workers.

A few weeks later we returned to the company and delivered a presentation to the staff which discussed:

- Background information (OHCOW's services, how/why we were called in)
- General ergonomic information (definition and goal of ergonomics, basic anatomy, injury progression)
- Workplace specific information (injury risk factors within their work)
- Injury prevention (recommendations for changes including both engineering and administrative changes)

This presentation to the company led to an open discussion and brainstorming session for additional recommendations to improve the workers comfort level and to reduce their risk of injury.

Neurological Disease and Mercury Exposure

Over the past several years, the Hamilton clinic has seen a series of workers from Great Lake freighters who have been exposed to mercury while working on the boats. The exposure occurred over many years because of the type of ballast gauges which contained liquid mercury.

Symptoms include neurological disturbances and several of the workers have been referred for neurological-psychological testing, a very complex process. One worker has had a WSIB claim accepted. The clinic is also working with the union(s) and has held an educational session regarding the exposure and on going risks. The clinic has also been in contact with Transport Canada, who is responsible for enforcement of occupational health and safety aboard ships.

Charges have been laid against the employer for mercury exposure by Transport Canada and the case is currently in trial. Dr. Burgess has been called as an expert witness and will be called to testify again.

Brain Cancer Mortality in a Chemical Plant

OHCOW staff in three clinics collaborated on an investigation of brain cancer mortality in a group of chemical plant workers from the Windsor area. OHCOW met with the local union, family members and others to form a working group that found six cases of primary brain cancer and sufficient information about the workers for an SMR analysis for brain cancer. In 2003, OHCOW staff refined the original report and responded to the questions of the WSIB and its peer reviewers. One of the six WSIB claims has been accepted to date. Further discussions with all parties are in the planning stage.

A Pilot Study Evaluating the Effectiveness of Office Ergonomic Training

The Ergonomist and Occupational Health Nurses, with assistance from McMaster Labour Study students, have been involved in administering a pilot study which examines the effectiveness of our office ergonomic intervention in reducing the musculoskeletal discomfort level of the workers.

This is done by administering a short one-page discomfort questionnaire prior to, during, and after our involvement with the workers. The intervention consists of the following steps:

- Office tour (take pictures, measurements, and speak with the workers)
- Educational presentation/workshop lasting approximately 75 minutes (the pictures from the workplace incorporated into the presentation)

Presentations:

- "Working with Unions" to the Hamilton Occupational Health Nurse Association
- "Heat Stress" to the CAW, PPHSA, and IAPA
- "Office Ergonomics" at the Niagara Trade Show
- "Ergonomics for Health Care Workers" at the SEIU conference
- "Aging Workforce" to Niagara and Hamilton Public Health and the OMAFRA Food Inspection Branch
- "Ergonomics, IAQ, mould and stress modules" at McMaster University
- "Occupational Health/Surveillance" at Mohawk College
- "Applied Hygiene" at McMaster and Mohawk Labour Studies Program

McMaster University offers a diploma course in occupational health and safety which is designed to provide basic instruction in the principles of occupational health and safety. The course attracts students from various backgrounds including physicians, industrial hygienists, occupational health nurses, ergonomists, HR and other related professionals who have a responsibility for the health and safety of workers in industry. A number of the professionals within the Hamilton clinic are alumni of the course including the Executive Director, four physicians, two nurses, and the ergonomist.

The staff at OHCOW Hamilton are now used as resources for the course, being guest speakers at occupational health rounds and facilitating the following one day modules for the class:

- Ergonomics
- Stress
- Indoor air quality and mould

Publications and Posters:

“Investigating Respiratory Responses to Metalworking Fluids”, Applied Occupational and Environmental Hygiene

Ergonomics and the OHN (OOHNA Journal)

Indoor Air Quality Investigations: The Evolution of a New Occupational Health Investigations Paradigm (OOHNA Journal)

Metal Working Fluids Poster at American Thoracic Society (USA) and ICOH Conference (Brazil)

Sarnia-Lambton

Cases:

The Sarnia clinic continues to focus on the occupational health problems of workers employed throughout the Chemical Valley and beyond. Respiratory disease, noise-induced hearing loss (NIHL), cancer, and musculoskeletal disorders represent the four most prevalent categories of occupationally-related disease. Over 600 workers with medically diagnosed asbestos-induced pleural plaques are now registered. These workers bear an elevated risk of developing asbestos-related disease. The clinic medical and nursing staff members are developing a protocol for continuing surveillance in order to assist in early detection.

Outreach / Presentations:

The Sarnia clinic remains highly visible within the community on public health issues. Local forums were well attended on such topics as: hazards of pesticides; hazardous waste; asbestos litigation; occupational and environmental risk factors for breast cancer; West Nile Virus; local refinery emissions and potential impacts; and health hazards of asbestos. Staff also gave presentations to numerous local unions, including the Sarnia and Chatham Labour Councils. Presentations were given to the first year nursing class at the University of Windsor regarding occupational health. Clinic nurses participated in presenting to the local occupational health nurses association. Many of the outreach and presentation activities resulted in the registration of new cases and professional consultations.

The clinic sponsored a day long ergonomics workshop and display on RSI Day. Local health providers participated and set up displays. Similarly, the clinic hosted April 28th activities at which over a 100 people participated. Clinic staff participated in local Health Fairs and community events by setting up displays and distributing clinic material. A series of presentations and workshops were held in connection with the Sarnia First Nation's regarding community health issues.

A presentation was given to the Ontario Commission in Toronto examining the SARS outbreak and was later posted on the OHCOW and Ontario Nursing Association web sites. Clinic staff gave a presentation on the impact of asbestos related disease in Sarnia to the Ottawa Global Ban Asbestos conference in September. Portions of this presentation are scheduled to be published in the International Journal of Occupational and Environmental Health in 2004.

Research:

In 2003 the Sarnia clinic, in partnership with the University of Windsor, received three grants to study the possible association between breast cancer and occupational and environmental risk factors. This research is titled the Lifetime Occupational and Environmental History Record (LOEHR). Over 1000 women with breast cancer and 1000 women in the community without the disease will be interviewed in the course of a three year period. The research monies were given by the Canadian Breast Cancer Foundation, Breast Cancer Society of Canada, and the Green Shield Foundation. A number of Canadian Auto Worker locals have also made donations in support of the research.

Several Sarnia clinic staff members are participating in another research study hosted by the University of Windsor. A proposal to examine the possible health outcomes of the Sarnia community arising from refinery emissions was successful.

Publications:

The clinic physician newsletter has continued to be a regular feature of our community outreach. It has covered such topics as: Hand Arm Vibration; Assessing Review Articles; Health Care Hazards; Occupational Injuries and Diseases; Breast Cancer Risk in Health Care; and Joint Pain.

OHCOW staff members continue to write a column in the Sarnia Observer on such topics as: bullying in the workplace; occupational cancer; diesel exhaust; lead risk assessment; summer work hazards; and hazardous waste.

Three clinic staff had peer review publications on such topics as the Application of a Job Exposure Matrix in the Natural Gas Industry; Workplace Health and Safety Mapping; and Breast Cancer and Agriculture. These articles appeared in the American Industrial Hygiene Journal, Occupational Health Review (UK) and in the International Journal of Occupational and Environmental Health.

Sudbury

Cases:

Three additional doctors brought their expertise to the Sudbury team. This means Sudbury has doctors in Sudbury, Timmins, and Sault Ste. Marie.

In our local Business Plan we identified the small workplace as a priority for 2003. Our database confirms that the bulk of our work in 2003 related to issues from the small workplace.

Group Works:

The ergonomist and hygienist travel throughout the catchment area to provide support and do interventions in the workplace. The majority of these required an onsite workplace visit and a comprehensive written report/knowledge transfer explaining the issue and recommendations to correct the issue. i.e.:

- Although we worked with small workplaces there were group projects with multi international employers also. Our Occupational Hygienist assisted with variety of issues including; indoor air quality, noise, mould, lighting, polypropylene glycol, silica, lead, heat

- stress and particulates. There was an increase in concerns and activities around biological contaminants (i.e. Mould) and physical hazards (i.e. heat, noise, lighting).
- OHCOW Sudbury did a great deal of ergonomic work with hospitals and long term care facilities in our attachment area in 2003. The workplaces found the recommendations were cost effective and the majority were implemented within 10 months. Other ergonomic assessments were completed in mines; saw mills, sewing industry, pulp and paper mills, libraries, and school boards.

Individual Clients:

- A union advocate for a local company who had noticed a cluster of injuries involving heavy equipment operators in a lumberyard contacted OHCOW Sudbury. The Clinic was asked to investigate this cluster to determine whether there was a link between their shoulder/neck and their work as heavy equipment operators in a lumberyard. A link was found. After the report had been sent to the Advocate representing the injured workers, the company contacted the Clinic to help them eliminate the problem at the source. A site visit and investigation was conducted with a report being generated and sent to the JHSC. A follow-up will be done in 2004 to determine if the recommendations were implemented.

Outreach / Presentations:

- The majority of the knowledge transfers were requested by small workplaces. The knowledge transfers were tailored for to the worksite and taught at their worksite. IAQ, RSI's, NIOSH Lifting Equation, Silica Exposures, Beryllium, office ergonomics, Occupational Stress, Factors That Can Lead To Accidents.
- Participated in Health & Safety North Conferences – taught workshops
- Continued to partner with and network with community organizations – WSIB, Laurentian University, Public Health Unit, Northern Client Health & Safety Council to name a few.
- Host nursing and kinesiology students from Laurentian University and Cambrian College.
- Establish partnership with Northern Ontario Medical School (NOMS)

Research:

- Continue a successful partnership with Laurentian University because of a Research Associate cross appointment. This person has a PhD, in Biomechanics. This will enable us to Build occupational health (OH) research program
- Canada Post - Preventing slips and falls by improving ice cleat design
- NSERC - Better understanding of how spine stability is controlled
- Partner with PhD in Health at Laurentian – to provide these courses by 2004 -2005
- Partner with Master in Human Kinetics at Laurentian – to provide these courses 2005-2006
- Data collection equipment has been purchased through Canada Foundation for Innovation grant
- Did a project in Laurentian University Lab. on which types of work boots should be used in various working conditions in the workplace (mining) to address the increase in sprain, slip and falls injuries. This resulted changes to purchasing practices and site-specific use of different types of work boots. Follow-up will be completed in 2004 to determine if the injuries decreased.
- Our industrial hygienist continues to have an active role in two large cohort studies currently being directed by the North-eastern Ontario Cancer Treatment Center.

Publications / Meetings / Forums / Conferences:

The clinic was involved in a three-day workshop in conjunction with CAW and USWA locals as well as with the WHSC and Falconbridge. The first of the three days was dedicated to issues

surrounding Beryllium. Local, provincial and international specialists were brought in for the presentations. This symposium help launch a provincial task force in which our Occupational Hygienist is an active participant. This committee will move forward with this issue at a provincial level.

Sudbury Clinic developed fact sheets on:

- Preventing Low Back Injury Facts Sheet
- Communicable Diseases and Ventilation,
- Working In The Sun
- Contact Dermatitis Facts sheet, which should be completed in early 2004 – draft document sent to WSIB to assist in their project on dermatitis

RSI Day 2003:

- Our focus was on young worker awareness and was held onsite at a local school It was in partnership with OHCOW, Laurentian University and the Worker's Health and Safety Centre

Community Symposium on The Healthy Office and you.

Workshops on:

- Indoor Air Quality
- Office Ergonomics
- Joint Health & Safety Committees
- Occupational Illness & Injuries
- Preventing Back Injuries

Toronto

Cases:

- SARS and infectious diseases: The Toronto clinic took an active role in the investigation of this disease, its causes and its spread. They then participated in the development of screening protocols to address both staff and client concerns. Their involvement with the infectious disease became an asset when later last year they had to deal with West Nile and Norwalk viruses.
- Toronto Terminal 1: The clinic was asked to provide an ergonomic assessment at the new terminal building. From the worksite visit, recommendations were made which were implemented in the baggage loading areas. Over 100 workers benefited from the intervention.
- IAQ and CAW: The CAW requested our hygienist do an IAQ investigation. From the site inspection and information provided, potential hazards were identified and recommendations were made for preventive measures. The approach Toronto used is now being recommended by CAW to all their offices.

Outreach / Presentations:

- West Nile Virus: In response to the potential health risk of West Nile virus, the Toronto clinic made several presentations over the summer months. The presentation focused

workers to prevention measures. In addition, the clinic developed a poster for children, which we distributed to newspaper carriers and sports organizations.

- Occupational Health Nursing with a Physical Hazards Focus: Toronto's occupational health nurse presented to a group of HR students at George Brown College. Discussed were the OHCOW clinics, the mandate and the multi-disciplinary approach to occupational health.
- The Toronto clinic, in collaboration with OPSEU, participated in an Occupational Disease Intake Clinic for a group of workers having tremendous health problems from long-term exposure to hazardous compounds in the workplace. The focus of the issue has been around IAQ in a 'sealed' building, compounded by toxicity from the environment.

Research:

- Research Paper: Toronto's Ergonomist was an integral group participant in writing a research paper and presenting this at the Association of Canadian Ergonomists Annual Conference in London, Ontario. The paper was entitled; " Specificity of Changes in Reporting Musculoskeletal Pain after Ergonomic Intervention, in Apparel Manufacturing".
- Needle Trades Study: In partnership with the University of Waterloo, The Institute for Work and Health and UNITE, the Toronto Ergonomist engaged in a WSIB funded research project aimed at building prevention strategies for Work-related Musculoskeletal Disorders in the clothing industry. Building on these strategies, further funding grants were awarded by HRDC's Labour Management Partnership Program. This was to focus on the development of innovative participative ergonomic programs, to implement change and reduce injuries

Publications / Meetings / Forums / Conferences:

- Community Right to Know: OHCOW, as an active member of the Toronto Cancer Prevention Coalition, began work on an initiative to survey and monitor occupational and environmental carcinogens in the city. The Community's right to know was the driving force to lobby for administrative, regulatory and by-law changes through City Council. One outcome that involves the clinic directly is the education of community and its workers on the health effects of the chemicals they are exposed to as community members. Added to that is that we will be able to present recommendations to reduce the levels of 10 identified carcinogens.
- Environmental Tobacco Smoke: OHCOW added its support to the work being done by Physicians for a Smoke-free Environment; to eliminate second-hand smoke from all workplaces. Workers at significant risk are residential home workers. Toronto's nurse appeared before the Ministry of Health, to make a submission on Toronto's Environmental Tobacco Smoke By-Law – Designated Substances.
- Visitors from China: At the request of the CAW, OHCOW participated in a presentation and discussion with delegates from the Chinese Coal Miners Union. Toronto's role was to help identify coal-mining hazards, the health effects and control measures. Secondly, the clinic assisted them with developing dust control measures and controls around temperature and humidity.

Windsor

Cases:

Indoor Air Quality:

Workers that provide community health care were complaining of upper respiratory problems and headaches. It was also noted that there was an increase in absenteeism. A worksite visit was conducted to investigate the building and address worker concerns. Several recommendations were provided as a result of the investigation.

Medical Surveillance:

Windsor completed a medical surveillance of fifty-five workers from a plant which uses Isocyanates in its processes. In conjunction with the medical surveillance a workplace tour was conducted by Windsor's Hygienist, Nurse, Ergonomic and Nursing co-op students from the University of Windsor. Following the plant tour a number of other concerns were raised including dermatitis and latex gloves, fit-testing for respirator use, and reproductive concerns. The Joint Health and Safety Committee members agreed to consider OHCOW recommendations for a safer alternative replacement glove, as well as price quotes on fit-testing from suppliers. Also, progress was reviewed on a program to address reproductive concerns.

Outreach / Presentations:

The Windsor clinic has addressed the challenge of transferring knowledge into practical, accessible workplace solutions by establishing a monthly Seminar Series on timely and important occupational health issues. There are two scheduled one-hour presentations which are held on the first Wednesday of each month.

In another example an ergonomist from the Windsor clinic presented at the Ontario Dental Hygiene Provincial Conference. The conference presentation package provided included the OHCOW University of Windsor Co-op Student work term report titled "Ergonomics in Dentistry". As a result a dental hygiene College instructor requested permission to include this report in their curriculum. Also since the presentation, there have been several inquiries requesting more information regarding ergonomics and dental work, along with several requests for presentations to many other local dental hygiene groups within Ontario. St. Clair College in Windsor also requested a presentation to second year dental hygiene students. Consequently, the instructor has requested working with the Ergonomists at the Windsor Clinic to consult in the design and set-up of a new dental hygiene lab in the college.

Research:

Our experiences over the past decade has identified a significant need for the development of prevention and education strategies, targeting the smaller non-unionized industries such as autobody repair shops, agricultural workers and acrylic nails salons. With the multidisciplinary teamwork approach, Windsor developed two 3-panel brochures. The brochures for "Isocyanates in Autobody Repair" and "Occupational Health Hazards in Nail Salons" have been developed.

Publications / Meetings / Forums / Conferences:

Ergonomists and our Ergo co-op student participated in the Association of Canadian Ergonomists (ACE) National Workshop "Low Back Injury: Improving Prevention Strategies & Rehabilitation Approaches" by Dr. Stu McGill of the University of Waterloo. The student wrote an article based on the presentation that was published in the ACE newsletter. Other published articles include:

“Shiftwork”; “Stress Prevention”; “Reducing Workplace Stress”; “Size Really Matters”; “OHCOW A Valuable Resource”; and others.

Windsor’s Ergonomists also participated in the ACE National Conference held in London, Ontario and in the Canadian Standard Association Learning Centre “Guidelines on Office Ergonomics Based on the CSA-Z412 Standard.” The clinic’s Occupational Nurses attended the OOHNA Annual Conference held in London and also along with our Occupational Hygienist participated in a one day Occupational Disease Symposium in Toronto. A Nurse also completed the WHSC Basic Certification Training as well as computer training along with members of the Administration Group. Our staff attended the Multicultural Centre Sensitivity Training called “Effectiveness in Health Care Within a Multicultural Community.”

The Windsor staff developed and delivered a Stress in the Workplace presentation to the CAW Leadership conference in Port Elgin as well as assisted in developing a Stress Survey. All disciplines attended the Workplace Safety and Insurance Appeals Tribunal (WSIAT) education session as well as attended the Essex County Medical Society (ECMS) Clinic Day.

Many from the Windsor Clinic were involved in media conferences and interviews on subjects ranging from RSIs, ETS, EMF, IAQ, etc. Staff attended a “Violence in the Workplace” workshop. Nursing, Ergonomics and Hygiene presented to the migrant Farm Workers.

Forums attended or held include: Microbiological Contamination (Moulds) and Indoor Air Quality, -Stress “WORKable” solutions; Kids, RSI’s and Computer Use; International RSI day 2003; and West Nile Virus.

Meetings attended representing the Windsor Clinic include: Windsor-Essex Council on Smoking and Health; ACE (Association of Canadian Ergonomists) Ontario; IWAC (Injured Workers’ Action Committee); Windsor Cancer Prevention Coalition; and the Essex County Occupational Health Nurses Association.

London and District Worker's Health Clinic

In 2003, 71 clients contacted the Clinic for assistance. The Clinic completed fifteen information packages. There were ten physician visits in 2003, which dealt with twenty-two new cases and follow-up work on thirty-six cases. Due to case over-load, thirteen client files were referred to the Sarnia Clinic for immediate attention. In addition, ten referrals were made for hygiene and ergonomic support.

Community Involvement:

The Clinic coordinator is a member of the London Occupational Safety and Health Information Service (LOSH), the London Regional Health and Safety Network and London Regional Advocates Group. Through these groups, the Clinic was involved in the 3rd Annual International Repetitive Strain Injuries Awareness Day, and three one-day educational workshops.

Windsor Occupational Health Information Services (WOHIS)

The Windsor Occupational Health Information Service (WOHIS) is a non-profit, United Way organization. Our comprehensive health and safety library is available to all residents of Windsor-Essex County; workers, students, employers, health and safety representatives, professionals and concerned citizens.

Both OHCOW and WOHIS are committed to improving occupational health and safety, therefore, a special arrangement was agreed upon. As a means of achieving our common goal, the Windsor Occupational Health Information Service orders and processes information for OHCOW. This service includes, but is not limited to, providing OHCOW staff unrestricted access to our extensive occupational health library and video library, assistance in providing information regarding inquiries, ordering requests of books and journals articles, videotaping health related seminars, workshops, etc. Both agencies promote the services of each other during events and presentations they attend.

Highlights/Accomplishments in 2003:

- Original partner in the launch of the Windsor-Essex Health Gateway Community Portal. The gateway uses GIS technology to allow users to create custom maps that access and displays the data that fit their health and information needs.
<http://wplgis.uwindsor.ca/website/healthgateway>
- Assisted the CAW Windsor Regional Council with a community presentation by David Suzuki.
- Hosted 21st Annual Clifton Grant Awards Banquet to honour health, safety and environmental activists.
- Hosted Union Counselling Training Program and informed participants of services offered by both WOHIS and OHCOW.

Financial Statements of
**OCCUPATIONAL HEALTH CLINICS
FOR ONTARIO WORKERS INC.**
December 31, 2003



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Auditors' Report

To the Board of Directors of
Occupational Health Clinics for
Ontario Workers Inc.

We have audited the statement of financial position of Occupational Health Clinics for Ontario Workers Inc. as at December 31, 2003 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Clinics' management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Clinics as at December 31, 2003 and the results of their operations and their cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

A handwritten signature in black ink that reads "Deloitte + Touche LLP". The signature is written in a cursive, flowing style.

Chartered Accountants
Mississauga, Ontario
March 5, 2004

Member of
Deloitte Touche Tohmatsu

OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

Statement of Financial Position, Year Ended December 31, 2003

	2003	2002
ASSETS		
CURRENT		
Cash - unrestricted	\$ 547,143	\$ 828,451
Accounts receivable	23,998	30,409
Prepaid expenses	57,897	32,746
	629,038	891,606
EMPLOYEE FUTURE BENEFITS FUND (Note 3)	404,500	220,100
SEVERANCE FUND (Note 4)	617,591	561,299
CAPITAL ASSETS (Note 5)	305,646	383,405
	\$ 1,956,775	\$ 2,056,410
LIABILITIES		
CURRENT		
Accounts payable and accrued charges	\$ 462,428	\$ 468,996
Current portion of obligation under capital lease (Note 6)	39,349	39,349
Deferred revenue	-	13,450
	501,777	521,795
EMPLOYEE FUTURE BENEFITS (Note 3)	404,500	220,100
OBLIGATION UNDER CAPITAL LEASE (Note 6)	68,025	93,552
DEFERRED CAPITAL FUNDING (Note 7)	18,250	-
SEVERANCE RESERVE (Note 4)	617,591	561,299
	1,610,143	1,396,746
NET ASSETS (DEFICIENCY)		
INVESTED IN CAPITAL ASSETS	180,022	250,504
EXTERNALLY RESTRICTED (Note 8)	(37,288)	70,735
UNRESTRICTED	203,898	338,425
	346,632	659,664
	\$ 1,956,775	\$ 2,056,410

OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

Statement of Operations, Year Ended December 31, 2003

	2003			2002
	Sarnia	General	Total	Total
REVENUE				
Grants	\$1,552,496	\$ 4,956,512	\$ 6,509,008	\$6,356,870
Services	-	21,858	21,858	32,035
Interest	-	42,500	42,500	27,098
Lifetime history study research	-	10,655	10,655	-
Amortization of deferred capital fund	-	2,028	2,028	-
	1,552,496	5,033,553	6,586,049	6,416,003
EXPENSES				
Amortization	13,788	84,249	98,037	111,533
Administrative chargeback	111,079	-	111,079	111,077
Bank charges	-	4,430	4,430	4,152
Board development	-	28,087	28,087	41,310
Consulting fees	9,673	77,477	87,150	123,799
Delivery of service - outreach	9,777	94,444	104,221	79,592
Doctors	380,564	456,720	837,284	744,804
Employee future benefit expenses (Notes 3)	32,600	151,800	184,400	66,800
Insurance	-	24,501	24,501	10,399
Interest expenses	-	13,821	13,821	11,190
Lifetime history study research	-	10,655	10,655	-
London clinic	-	59,584	59,584	52,627
Maintenance and utilities	434	35,137	35,571	39,291
Medical supplies	333	11,601	11,934	2,676
Meeting expenses	15,790	63,816	79,606	82,567
Miscellaneous	-	8,237	8,237	2,477
Office	40,437	194,968	235,405	310,547
Printing	7,697	91,017	98,714	31,532
Professional fees	-	63,844	63,844	40,117
Rent	93,357	329,113	422,470	418,067
Salaries and benefits	882,433	3,096,470	3,978,903	3,502,199
Security	67	9,404	9,471	1,966
Severance	36,441	19,850	56,291	13,653
Small business asthma project	-	47,769	47,769	-
Staff expenses	13,762	76,815	90,577	108,783
Subscriptions and reference materials	16,067	97,455	113,522	137,086
Telephone	8,574	55,558	64,132	89,764
Vehicle costs	-	15,158	15,158	15,051
Volunteers' expense reimbursement	1,434	2,794	4,228	13,219
	1,674,307	5,224,774	6,899,081	6,166,278
(DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES	\$ (121,811)	\$ (191,221)	\$ (313,032)	\$ 249,725

OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

Statement of Changes in Net Assets, Year Ended December 31, 2003

	2003				2002	
	Invested in Capital Assets		Externally Restricted	Unrestricted	Total	Total
	Sarnia	General	Sarnia			
NET ASSETS, BEGINNING OF THE YEAR	\$ 62,113	\$ 188,391	\$ 70,735	\$ 338,425	\$ 659,664	\$ 409,939
PURCHASE OF CAPITAL ASSETS	-	20,278	-	(20,278)		
AMORTIZATION	(13,788)	(84,249)	13,788	84,249	-	-
DEFERRED CAPITAL FUNDING RECEIVED	-	(20,278)	-	20,278	-	-
AMORTIZATION OF DEFERRED CAPITAL FUNDING	-	2,028	-	(2,028)	-	-
DECREASE IN CAPITAL LEASE OBLIGATION	-	25,527	-	(25,527)	-	-
(DEFICIENCY) EXCESS OF REVENUE OVER EXPENSES	-	-	(121,811)	(191,221)	(313,032)	249,725
NET ASSETS, END OF YEAR	\$ 48,325	\$ 131,697	\$ (37,288)	\$ 203,898	\$ 346,632	\$ 659,664

OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

Statement of Cash Flow, Year Ended December 31, 2003

	2003	2002
NET (OUTFLOW) INFLOW OF CASH RELATED TO THE FOLLOWING ACTIVITIES		
OPERATING		
(Deficiency) excess of revenue over expenses	\$ (313,032)	\$ 249,725
Items not affecting cash		
Amortization of capital assets	98,037	121,317
Amortization of deferred capital funding	(2,028)	(9,784)
	(217,023)	361,258
Changes in non-cash working capital items		
Accounts receivable	6,411	(10,182)
Prepaid expenses	(25,151)	1,645
Accounts payable and accrued charges	(6,568)	116,879
Employee future benefits (Note 3)	184,400	66,800
Deferred revenue	(13,450)	13,450
	(71,381)	549,850
FINANCING		
Capital lease obligation payments	(39,349)	(28,890)
Capital lease obligation financing	13,822	78,619
Deferred capital funding	20,278	-
	(5,249)	49,729
INVESTING		
Acquisition of capital assets	(20,278)	(68,840)
Employee future benefits fund	(184,400)	(220,100)
	(204,678)	(288,940)
NET CASH (OUTFLOW) INFLOW	(281,308)	310,639
CASH, BEGINNING OF YEAR	828,451	517,812
CASH, END OF YEAR	\$ 547,143	\$ 828,451

OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

December 31, 2003

1. DESCRIPTION OF OPERATIONS

The Occupational Health Clinics for Ontario Workers Inc. ("the Clinics") operates health clinics for the benefit of workers in Ontario. The Clinics provide medical services for the diagnosis of occupational illnesses and injuries and information services in the nature, prevention and treatment of occupational illness. Research in occupational illness is also conducted by the Clinics. The funding for the Clinics is provided by the Workplace Safety and Insurance Board.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles (GAAP) for not-for-profit organizations. The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Due to the inherent uncertainty involved in making estimates, actual results could differ from those estimates.

Revenue recognition

The Clinics follow the deferral method of accounting for contributions. Restricted contributions, if any, are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Capital assets

Capital assets are stated at cost less accumulated amortization. Amortization is provided in the accounts at the following annual rates:

Computer equipment	30% declining-balance
Leasehold improvements	20% straight-line
Medical equipment	30% declining-balance
Office furniture and equipment	20% declining-balance
Equipment under capital lease	Over term of lease

Employee future benefits

The Clinics accrue obligations under employee benefit plans as the benefits are earned through employee service. Under the accounting policy:

- The post retirement benefits earned by employees are actuarially determined using the projected unit credit actuarial cost method, pro rated on service and management's best estimate of salary escalation, retirement ages of employees and expected health care costs.
- Past service costs from plan amendments are amortized on a straight-line basis over the average remaining service period of employees active at the date of amendment.
- The expected average remaining service lifetime (EARSL) is estimated by actuaries to be 15.5 years.

3. EMPLOYEE FUTURE BENEFITS OBLIGATION

The Clinics provide health care, hospitalization, vision care, dental and life insurance benefits to substantially all employees.

During the 2003 year, the employee agreements of certain plan members had changed to reflect a decrease in eligible retirement age from 65 to 55. The past service costs relating to this plan amendment are \$369,800 and are being amortized on a straight-line basis over the average remaining service period of employees active at the date of amendment.

	2003			2002
	Samia	General	Total	Total
Accrued benefit obligation	\$ 187,400	\$ 563,000	\$ 750,400	\$ 220,100
Unrecognized past service costs	(86,400)	(259,500)	(345,900)	-
Accrued benefit liability	\$ 101,000	\$ 303,500	\$ 404,500	\$ 220,100

The significant actuarial assumptions adopted in estimating the Clinics' accrued benefit obligation were as follows:

	Benefit Plan
Discount rate	6.75%
Medical benefits cost escalation - hospitalization	15.0% per annum for 5 years then gradually to 4.5% over 10 years
Medical benefits cost escalation - extended health care	21.0% per annum for 5 years then gradually to 4.5% over 10 years
Medical benefits cost escalation - other health care	15.0% per annum for 5 years then gradually to 4.5% over 10 years
Medical benefits costs escalation - prescription drugs	10.0% per annum for 5 years then gradually to 4.5% over 10 years
Dental benefits cost escalation	10.0% per annum for 5 years then gradually to 4.5% over 10 years

In 2002, the Board of Directors approved to provide a fund in respect of the expected cost of employee future benefits. The balance of the fund is \$404,500 (2002 - \$220,100).

4. SEVERANCE FUND

By resolution of the Board of Directors, the Clinics have provided a reserve in respect of the expected cost of employee severance. Annual estimated severance entitlements are charged to expenses, and credited to the reserve, as they are earned by employees through service. Concurrently, funds in respect of this reserve have been accounted for as an internally restricted fund. During the year, no severance payments were paid (2002 - \$Nil).

5. CAPITAL ASSETS

	2003						2002			
	Cost		Accumulated Amortization		Net Book Value		Net Book Value	Net Book Value		
	Sarnia	General	Sarnia	General	Sarnia	General	Total	Sarnia	General	Total
Computer equipment	\$ 81,475	\$ 644,954	\$ 64,146	\$ 560,860	\$ 17,329	\$ 64,584	\$ 101,323	\$ 24,767	\$ 120,840	\$ 145,606
Leasehold improvements	1,986	229,566	1,787	220,958	199	6,608	8,987	695	-	695
Medical equipment	759	148,283	604	144,286	155	3,987	4,152	220	6,728	6,948
Office furniture and equipment	63,990	597,784	40,401	530,378	23,588	67,405	90,994	28,487	72,206	101,692
Equipment under capital leases	-	160,206	-	60,436	-	99,770	99,770	-	120,504	120,504
	\$ 148,210	\$ 1,780,799	\$ 106,938	\$ 1,518,418	\$ 41,272	\$ 284,374	\$ 308,949	\$ 64,059	\$ 320,340	\$ 383,408

6. OBLIGATION UNDER CAPITAL LEASES

The future minimum payments under capital leases are as follows:

2004	\$ 39,349
2005	39,349
2006	26,647
2007	13,945
2008	10,457
Total minimum lease payments	129,747
Less amounts representing imputed interest	22,373
Present value of obligation under capital leases	107,374
Due within one year	39,349
Long-term portion of obligation under capital leases	\$ 68,025

7. DEFERRED CAPITAL FUNDING

Deferred capital funding represents the amount of grants received from Workplace Safety & Insurance Board for the purchase of capital assets. The amortization of this funding is at the same rate as the related capital assets purchased and is recorded in the statement of operations.

Deferred capital funding, beginning of year	\$ -
Contributions received in the year	20,278
Amortization of deferred capital funding	(2,028)
Deferred capital funding, end of year	\$ 18,250

8. EXTERNALLY RESTRICTED NET ASSETS

Sarnia net assets are externally restricted as directed by the funder.

RAC 980049 net assets are externally restricted for investigative research into the incidence of cancer among workers in an auto parts plant. At December 31, 2003, RAC 980049 net assets were \$Nil (2002 - \$Nil). The project was substantially completed in 2001 and the Clinics are awaiting release of statistical data from Cancer Care Ontario to finalize the project.

9. LEASE COMMITMENTS

At December 31, 2003, minimum payments under operating leases for rental of premises and equipment over the next five fiscal years approximate the following:

2004	\$ 334,725
2005	257,781
2006	248,083
2007	183,274
2008	134,865
Thereafter	108,766

10. INCOME TAX STATUS

As a not-for-profit organization, the Clinics are not taxable under the Income Tax Act.

11. ECONOMIC DEPENDENCE

The Clinics receive a significant amount of revenue from the Workplace Safety & Insurance Board based on annual budget submissions to the Board.

12. EMPLOYEE HEALTH TAX

In 1999, the Clinics received a notice of assessment from the Province of Ontario assessing them for \$65,717 in employee health tax relating to years 1995-1998 and were unsuccessful in contesting the assessment. This amount had previously been paid and expensed in 2000. As a result of the adverse ruling, the Clinics did a voluntary assessment for the years 1999-2003 and expensed the amount in 2003.

13. ACCRUED LIABILITY

As a result of the unsuccessful appeal of the employee health tax decision, the Clinics voluntarily disclosed to Canada Custom and Revenue Agency (CCRA) regarding Canada Pension Plan contributions for the years 2000 to 2003 and employment insurance premiums for the years 2001 to 2003 with respect to payments made to doctors during that period. An amount based on management's best estimates is included in accrued liabilities at December 31, 2003.

14. COMPARATIVE FIGURES

Certain prior years figures have been reclassified to conform with the current year's presentation.