An Introduction to Occupational Disease Intake Clinics
OHCOW’S HEALTH TEAM

➢ Executive Director

➢ Occupational Physicians

➢ Occupational Health Nurses

➢ Ergonomists

➢ Occupational Hygienists

➢ Client Service Coordinators

➢ Information Technician (Librarian)

*
WHO CAN USE OUR SERVICES…

- Workers, joint health and safety committees or representatives, unions, employers, health professionals, community groups, legal clinics, students, and members of the public.

- OHCOW services provided at no cost
occupational disease *n.*
A pathological condition resulting from a toxic agent, a hazard, or a repetitive operation encountered during the usual performance of one's occupation.

Stedman's Medical Dictionary, 2002
When we hold Occupational Disease Intake Clinics it is looking at workplace hazards to which workers were exposed such as chemicals, biological, and musculoskeletal.

Most intake clinics are conducted in the same way where questionnaires and or surveys are administered. We:

• take the work history & health history of workers
• Record the list of hazards to which the workers were exposed

Many occupational diseases result from long term exposures to substances or processes some of which are no longer in use. This information helps in determining causal links between current health concerns or diseases and the past and workplace exposures.
Timelines can help us link the past with the present

A timeline is formulated to assist the OHcow team by viewing the client’s issue in a chronological order. Timelines offer a visual perspective of the client’s history. An example of a client timeline for Lung Cancer:

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**John Doe Timeline**

File # SU-007

DOB: July 26, 1945

1945

DOB: July 26, 1945

1963

August 1, 1963
Began Diamond Drill Career

1963

June 1974 - May 1977
Began working for United Asbestos Mine

1974

January 12, 1985
Work Accident
A ten foot steel diamond drill bit came loose and struck him across the chest.

2006

March 28, 2006
Diagnosed with Lung Cancer

2006

April 26, 2007
WSIB File claim #
24463235
Denied

2007

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Occupational Health Clinics for Ontario Workers Inc.

Centres de santé des travailleurs (ses) de l’Ontario Inc.
When is an Intake Clinic held?

A group of workers sharing the same employer or
• the same workplace or
• workplace exposures,
have reason to believe they have similar and related health concerns.
Why?

• The United Steel Workers Local 6500 will hold an occupational disease intake clinic May 20, 2009 for anyone who worked at the Iron Ore Plant, which operated from 1953-1993. Widows or descendants of employees of the plant are also invited to attend. The union wants to gather information about exposure to chemicals, the use of personal protection and other matters to help with current and future compensation claims.

• The International Brotherhood of Electrical Workers (IBEW) local 353 will hold an occupational disease intake clinic April 23, 2005. Howard McFadden, Chair LU 353 Health & Safety Committee said, “I can’t stress enough how important this clinic is. If you catch diseases earlier, we can save lives. By coming to this clinic, you are helping your children and grandchildren. By exposing this, we’re forcing government to act, so that our children don’t become sick or die like our brothers today because of work exposures 40 years ago. We want to make the electrical trade a better place to work because of our experience.”

• United Steel workers Local 2251 announced a two day occupational disease clinic to held May 7 & 8, 2008. They were seeing a high rates of cancer and disease as demonstrated to the union by worker concerns, evidence from workers on disease among workers, the fact that Sault Ste. Marie has four times the provincial cancer rate (according to the Algoma Health Unit) and Algoma Steel Inc. (ASI) and (ASI) accounts for approximately three per cent of the provincial occupational disease fatalities (as calculated from WSIB statistics). Between the years of 2001 and 2007, 40 of the occupational disease claims recognized by WSIB have resulted in fatalities.

• And the list goes on..............
Steps in the Intake Clinic Process

- Registration
- Intake interview
- Body Mapping
- Hazard Mapping
- Physical Examination
- Medical/Records
  - Consents
  - Outcomes
Registration ensures that there is a record of that individual’s attendance at the clinic. Preliminary information such as name, address and phone numbers are collected, a file opened, given a number. This also ensures that there is an accurate count of clinic attendees.
The worker will be ushered to a private space where an interview will be conducted. The interviewer may be an OHCOW staff, a union member or co-worker from your workplace, a volunteer. There will be focused questions prepared for the interviewer that will assist in obtaining the information needed from the worker. There will also be ample time for the worker to tell the interviewer the story that he/she wants us to know about the work they did and their exposures.

The interviewers will have been provided the education and training that will adequately prepare them to how to ask the questions and why the questions are being asked. Each interviewer will have signed an Oath of Confidentiality.
Top 5 Occ. Diseases:
1. Lung Cancer (115 cases)
2. Chronic Obstructive Pulmonary Diseases (82 cases)
3. Colorectal Cancer (75 cases)
4. Prostate Cancer (69 cases)
5. Asthma (53 cases)
Hazard mapping can provide you with a window into the past of the workplace. It can chart such things as where chemicals were stored or where ventilation systems were inadequate, what walls were added or removed.

In many cases the work you did in the past and the exposures you had while doing that work are important in determining casual links between current health concerns or diseases and the workplace exposures.
• It may be necessary to have the occupational health physician present at the intake session. The occupational health physician is there to make examinations where it is warranted.

• The physician also act as a resource for questions about occupational illness or disease.

• There are certain questions that when answered with a yes or no, depending on the question, the workers is referred directly to the doctor to ensure that all medical liabilities are met.

• There are also times when pulmonary functioning testing is done. Physician approval is needed before approving any medical tests.

• Audio grams (hearing tests) may also be done, by staff when their has been a diagnosis of a disease such as Hand Arm Vibration. (HAVS)
During an intake clinic personal and/or medical information is being collected. How that information will be used and by whom must be clearly stated and the individual must give permission. The collection, use, storage, disclosure and disposal of personal medical information is governed by the Health Information Protection Act.
OUTCOMES (goals)

If we identify the occupational diseases, illnesses, injuries, mental illnesses and stresses only then can we prevent or control them

• Capture the information about the exposures and working conditions in the workplace and the health histories of the workers.

• CLUSTERS

• Database can be compiled to monitor trends and identify research initiative

• Record the list of hazards to which the workers were exposed

• JEM & TEM can be compiled – Job Exposure Matrix, Task Exposure Matrix

• Form 8s that contains the causality information that the worker, advocate, and WSIB need

• Educate - create a plan for disseminating what you have learned and the target audience that needs to know what you have learned. Family doctors, advocates, WSIB, our partners.

• Prevention
QUESTIONS, COMMENTS OR ANY SUGGESTIONS?

Thank You

Donna Campbell, Executive Director
OHCOOW Sudbury & Thunder Bay Clinics*

OHCOW 25th Anniversary

Body Mapping: A picture is worth a thousand words

Leslie Piekarz, Executive Director,
Toronto OHCOW Clinic,
October 30, 2014
Body Mapping of Health Symptoms
What is Body Mapping?

- **Body mapping** is used to chart injuries, illnesses & diseases using life-sized body posters.
- A **Body Map** is a tool for collectively gathering and displaying data whereby health problems are indicated visually (with stickers, symbols, and/or words).
- Colour-coding is used to categorize the health problems of the participants.
What is Body Mapping?

• **Body mapping** is a visual tool that demonstrates possible clusters or trends in a population
• is often a component of the occupational disease intake clinics
• it is a snapshot of the collective health of a group of workers
• is often used in conjunction with hazard mapping (which identifies workplace hazards)
Body Mapping: Why do we do it?

• Term body mapping has been used in the context of occupational health and safety for almost 50 years as a mode of participatory research and awareness raising to identify occupational risks, hazards, and diseases that manifest in the workplace (Gastaldo et. al., p.6)
Body Mapping: Why do we do it?

- Involves workers – they learn that other workers have the same kinds of health issues & that they are not alone.
- Is Participatory
- To explore perceived health status in order to identify occupational hazards
- Encourages discussion
- Can be used to effect change
From an Occupational Disease Intake Clinic
<table>
<thead>
<tr>
<th>Symptoms/Conditions</th>
<th>Map &amp; Body Placement</th>
<th>Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Place where the cancer is on the body</td>
<td>🌟</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Place on the body part affected</td>
<td>🔄</td>
</tr>
<tr>
<td>Psychosocial (stress)</td>
<td>Place over the head</td>
<td>🌐</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Place on chest</td>
<td>🎯</td>
</tr>
<tr>
<td>Skin (Dermatitis)</td>
<td>Place on forearms &amp; hands</td>
<td>🌈</td>
</tr>
<tr>
<td>Noise-induced hearing loss</td>
<td>Place on ears</td>
<td>🎧</td>
</tr>
</tbody>
</table>
Sources


USW LU 2251 Occupational Disease Clinic

• 2 day clinic held May 7\textsuperscript{th} & 8\textsuperscript{th} 2008
• Local newspaper ran headline “40 deaths attributed to work-related illness at ASI”
• 540 attended
• In some years our members/retirees represented 3\% of total occupational disease fatalities according to WSIB statistics, but do not represent 3\% of workforce
Partnering with OHCOW

- Joint authorization form
- Claims were initiated through OHCOW doctors filling out Form 8
- PFTs and patient interviews
• R = Reception Table - *photo 
   Copying Station
• B = Interview Booth 8 X 10 by 
   6FT high
• Booths will be numbered
• Body Mapping – H/S Reps
• Work History – H/S Reps
• Interviewer – Officers, WSIB 
   trained, OHCOW,
• G = Grief Counseling in oval 
   meeting room
• Note: Facility size = 125 FT by 
   116 FT.
• Intake Information – we
   require clip boards, pens, etc.

Prepared by: Andy LaDouceur and Joe Krmpotich
February 7, 2008
Occupational Disease Intake Clinic
Algoma Workers

453 Diseases

OCCUPATIONAL DISEASE CLINIC
MAY 7-8, 2008
After the Clinic

- Held 5 mini-clinics surveying another 193
- Workers/retirees have reported 1165 diseases/illnesses to the union
- 261 allowed claims
- 596 denied claims
- Still referring files to OHCOW
- Individual intakes occur on a regular basis
## Cancer Incidence Rate at ASI

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Cases per 100 000 (2009 Canadian Cancer Society)</th>
<th>÷4 for comparison</th>
<th>Observed for ASI (at approx. 25 000)</th>
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</thead>
<tbody>
<tr>
<td>All Cancers</td>
<td>460</td>
<td>115</td>
<td>534</td>
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<tr>
<td>Prostate</td>
<td>149</td>
<td>37.25</td>
<td>69</td>
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<tr>
<td>Lung</td>
<td>56</td>
<td>14</td>
<td>100</td>
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<tr>
<td>Colorectal</td>
<td>60</td>
<td>15</td>
<td>70</td>
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<tr>
<td>Bladder</td>
<td>18</td>
<td>4.5</td>
<td>34</td>
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<tr>
<td>Non-Hodgkin’s</td>
<td>21</td>
<td>5.25</td>
<td>17</td>
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<tr>
<td>Leukemia</td>
<td>15</td>
<td>3.75</td>
<td>27</td>
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<tr>
<td>Kidney</td>
<td>13</td>
<td>3.25</td>
<td>43</td>
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<tr>
<td>Melanoma</td>
<td>17</td>
<td>4.25</td>
<td>5</td>
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<tr>
<td>Oral</td>
<td>11</td>
<td>2.75</td>
<td>15</td>
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<tr>
<td>Pancreas</td>
<td>8</td>
<td>2</td>
<td>18</td>
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<tr>
<td>Stomach</td>
<td>9</td>
<td>2.25</td>
<td>12</td>
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<tr>
<td>Brain</td>
<td>8</td>
<td>2</td>
<td>18</td>
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<tr>
<td>Liver</td>
<td>7</td>
<td>1.75</td>
<td>11</td>
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<tr>
<td>Multiple Myeloma</td>
<td>7</td>
<td>1.75</td>
<td>10</td>
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<tr>
<td>Esophagus</td>
<td>6</td>
<td>1.5</td>
<td>16</td>
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<tr>
<td>Reported Disease</td>
<td>Total Accepted</td>
<td>Accepted By WSIB Based On Criteria</td>
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<tr>
<td>----------------------</td>
<td>----------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
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<tr>
<td>Acute Myeloid Leukaemia</td>
<td>1</td>
<td>Benzene exposure</td>
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<tr>
<td>Asbestosis</td>
<td>10</td>
<td>Asbestos exposure</td>
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</tr>
<tr>
<td>Asthma</td>
<td>1</td>
<td>Asthma Sensitizers</td>
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<tr>
<td>Cancer – Bladder</td>
<td>1</td>
<td>Cumulative exposures (Foundry Worker)</td>
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<tr>
<td>Cancer – Bladder</td>
<td>1</td>
<td>Coke Oven Emissions</td>
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<tr>
<td>Cancer – Bladder</td>
<td>2</td>
<td>Oils &amp; Greases</td>
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<tr>
<td>Cancer – Colorectal</td>
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<td>Asbestos exposure</td>
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<tr>
<td>Cancer – Esophageal</td>
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<td>Asbestos exposure</td>
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<tr>
<td>Cancer – Kidney</td>
<td>1</td>
<td>Cadmium, PAH’s, Asbestos and other chemicals – <strong>ARO Decision</strong></td>
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<td>Cancer – Laryngeal</td>
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<td>Asbestos exposure</td>
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<tr>
<td>Cancer – Laryngeal</td>
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<td>Cumulative exposure to welding fumes (Welder)</td>
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<tr>
<td>Cancer – Lung</td>
<td>63</td>
<td>Asbestos exposure</td>
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<tr>
<td>Cancer – Lung</td>
<td>1</td>
<td>Cumulative exposure to Asbestos, respirable Quartz, Arsenic, Coal Tar Pitch Volatiles, Silica, Metal Fumes</td>
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<tr>
<td>Cancer – Lung</td>
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<td>Cumulative exposure (Foundry Worker)</td>
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<tr>
<td>Cancer – Lung</td>
<td>3</td>
<td>Cumulative exposure to Asbestos &amp; Coke Oven Emissions</td>
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<td>Cancer – Lung</td>
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<td>Cumulative exposures to Asbestos, Coke Oven Emissions, Silica</td>
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<td>Cancer – Lung</td>
<td>6</td>
<td>Coke Oven Emissions exposure 1 <strong>ARO Decision</strong></td>
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<tr>
<td>Cancer – Lung</td>
<td>1</td>
<td>Cumulative exposure to Asbestos, Coke Oven Emissions</td>
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</tr>
<tr>
<td>Condition</td>
<td>Count</td>
<td>Description</td>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Mesothelioma</td>
<td>6</td>
<td>Asbestos exposure</td>
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<tr>
<td>Myelodysplastic Syndrome</td>
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<td>Benzene exposure</td>
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<tr>
<td>Nickel Allergy</td>
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<td>Nickel exposure</td>
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<tr>
<td>Non-Hodgkin’s Lymphoma</td>
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<td>Cumulative exposure to Welding &amp; Soldering, Varsol, Chlorinated Solvents, (trichloroethylene), Benzene, Coke Oven Emissions &amp; Condensate, Light Oil-ARO Decision</td>
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<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>1</td>
<td>Cumulative exposure to benzene and positive report from OHOW – ARO Decision</td>
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<td>Non-Hodgkin’s Lymphoma</td>
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<td>Cumulative exposure to several substances associated with an increased risk of NHL including; chlorinated solvents, benzene, and coal tar pitch volatiles &amp; positive OHOW report – ARO Decision</td>
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<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>1</td>
<td>Cumulative exposure to trichloroethane, varsol/Stoddard solvents and trichloroethylene</td>
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<tr>
<td>Pleural Plaques</td>
<td>29</td>
<td>Asbestos exposure</td>
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<tr>
<td>Psoriasis</td>
<td>1</td>
<td>Cumulative exposure to irritants</td>
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<tr>
<td>Pulmonary Fibrosis</td>
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<td>Balance of probability based on cumulative dust exposure-ARO Decision</td>
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<tr>
<td>Silicosis</td>
<td>1</td>
<td>Silica</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>261</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Impact of Occupational Disease in SSM

- 2 fatal workplace injuries since 2000
- 88 occupational disease deaths since 2000
- Records show over 140 deaths due to occupational disease
- $13.1 million paid (based on payment information received in 109 claims)
- $741,648.60 paid annually (based on 36 monthly pensions)