

Occupational  
Health Clinics  
for Ontario Workers



Centre de Santé  
des Travailleurs(es)  
de l'Ontario

# PREVENTION THROUGH INTERVENTION



**2011 Annual Report**

## Who we are:

The mission of the Occupational Health Clinics for Ontario Workers Inc. (OHCOW) is to prevent occupational illness and injuries, and to promote the highest degree of physical, mental and social well-being of all workers. OHCOW's team of doctors, nurses, occupational hygienists and ergonomists work like detectives. They look for clues and examine the workplace for hidden dangers. They do this to help keep workers from becoming sick or getting hurt while they are at work. They assess how workers do their jobs and provide recommendations that will help create a place that is healthy and safe for workers, their families and the community.

## What we do:

1. **Medical diagnostic service** for workers who may have work related health problems.
2. A **group service** for joint health and safety committees and groups of workers.
3. An **inquiry service** to answer workplace health and safety questions.
4. An **outreach and education service** to make people aware of health and safety issues.
5. A **research service** to investigate and report on illnesses and injuries.

## Who can use our services:

- Workers
- Joint Health and Safety Committees
- Unions
- Employers
- Doctors
- Nurses
- Community Groups
- Members of the Public

At the core of each clinic is our dedicated staff trained in occupational health and safety who are available to provide work-related medical assessments for a full range of occupational illnesses and injuries. Our clinics also provide ergonomic and occupational hygiene services at no charge to the client.

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**Cover Photography of Farm Workers : Vincenzo Pietropaolo**

*I am very pleased to present OHCOW's 2011 Annual Report. This was the final year of progress on implementation of our strategic plan for 2009 - 2011, approved by our Board of Directors in 2008. Coming out of the recommendations of the expert panel report where OHCOW board was highly involved in the review process, the year witnessed transformations in the prevention system in Ontario starting with the appointment of Chief Prevention Officer (CPO) to lead the development of a provincial occupational health and safety strategy.*

*OHCOW continued to play a strong role around implementation of several major recommendations of the report- in particular, **Strengthening health and safety system support and service to vulnerable workers** through our dedicated no-charge front-line services to migrant farm workers, new immigrant workers, First Nations and other vulnerable worker populations, **Helping build capacity in the new prevention system** by contributing to awareness around musculo-skeletal disorders (MSDs), and **Strengthening the internal responsibility system** by supporting participatory interventions for MSD and occupational disease prevention.*

*With ongoing support from our funder, we were able to move forward on many fronts. I especially wish to thank WSIB Chair Steve Mahoney and his leadership team for recognizing the challenges faced by OHCOW during the time of continuing scarce resources – in particular, for a second year of funding to our new clinic in Thunder Bay; and to provide additional resources for the third year in a row to serve migrant farm workers, who of course are among the most vulnerable of all of Ontario's workers.*

*During 2011, OHCOW board engaged in reviewing and mapping out key strategic directions for the next strategic plan cycle and role for OHCOW with respect to changes in the occupational health and safety priorities in Ontario as a result of the expert panel report.*

*OHCOW board welcomed three new members in 2011: Don Ashley from Teamsters Canada Rail Conference (TCRC) joined us and replaced Don Fraser as Labour Council representative and Chair of Hamilton Local Advisory Committee (LAC); Jane Ste. Marie from Ontario Secondary School Teachers' Federation (OSSTF); and John Millholand from Communications, Energy and Paperworkers Union of Canada (CEP) representing Sarnia LAC on OHCOW Board.*

*From when I first became active several decades ago, I have believed that we must work to **eliminate** occupational injuries and illnesses. Some will say that this is an impossible dream. And of course it will not be easy, especially with all the economic challenges and uncertainties that we're facing now in Canada and the world. But there is no other vision that makes any sense and it is what has motivated me and so many others who have worked hard for health and safety.*

*I am proud of OHCOW's achievements in 2011 and I am appreciative of the efforts of the many partners and friends who have worked with us this year and in the past. There are many changes yet to come and we look forward to working closely with the Ministry of Labour and contributing to development of an integrated strategy. OHCOW has played a unique and vital role in ensuring prevention of occupational injuries and diseases in Ontario workplaces and we will continue to do even more for workers and workplaces in the future.*

***Lyle Hargrove, Chair, OHCOW Board of Directors***

**2011** was an important year in OHCOW's history. It was the final year of implementation of our strategic plan for 2009 – 2011. The year was also a transition period to the new structure of Ontario's prevention system as recommended by the expert panel. These recommendations mapped out major new directions for occupational health and safety in Ontario. OHCOW offered its full support and involvement with the implementation of several major recommendations.

This annual report is organized by the five main elements of OHCOW's mission and strategic directions. I've highlighted our key accomplishments, which are detailed in the main text of the report.

**Clinical services** – OHCOW entered 2011 with a caseload of 1722 and closed 1570 of those and opened 1314 new cases. We worked hard to close the historical backlog of occupational disease cluster cases to be able to take on new high priority groups and clusters. In 2010, we reduced our caseload from 2634 to 1722 and for 2011 we further reduced it to 1570. In the vital area of linking return to work and prevention, OHCOW took the lead in working with a major health care employer and its three unions, along with the Occupational Disability Response Team, Institute for Work and Health, and the Public Services Health and Safety Association. In 2011, we made major progress on this initiative with all these partners on development of a joint return to work process linked with health and safety renewal and participatory prevention interventions.

Thanks to ongoing support and funding from WSIB, OHCOW was able to expand services to Migrant Farm Workers, providing clinics in farming country for these vulnerable workers. Our new clinic in Thunder Bay entered its second year of funding with majority of clinical work related primarily to ergonomic issues. Continuation of funding also supported OHCOW's lead role in developing a proposed occupational diseases prevention strategy for Ontario's prevention system.

**Prevention services** – with our inter-disciplinary teams of occupational physicians, nurses, hygienists and ergonomists, OHCOW is able to make the link between workers' health concerns and participatory interventions for prevention. In 2010, as with clinical services, OHCOW had reviewed our current prevention workplace

*level interventions to determine which ones could end and which would continue. We thus started 2011 with a much reduced and more focused prevention caseload. This positioned OHCOW to initiate over 377 new workplace based prevention interventions in 2011. It also allowed us to respond more proactively and strategically to broader prevention priorities and partnerships. This included a leadership role in the development of a proposed occupational disease prevention strategy for Ontario – which was tabled with WSIB senior management in the fall of 2010 and was under review in 2011.*

*We also engaged in a wide variety of activities around a seasonal approach to health and safety –including heat stress prevention and various issues around working in the cold. OHCOW's frontline prevention support to migrant farm workers provided vital information to workers through various Spanish and English language educational materials about preventing health problems due to heat and sun exposure,*

*In 2011, more than half of the new interventions were related to ergonomics and musculo-skeletal disorders (MSD) prevention and the overall proportion of interventions addressing hazardous exposures was increased.*

**Research, knowledge transfer, tool development and educational services** – *During 2011, OHCOW continued to make progress in improving the links between its frontline activities and the mobilization of knowledge for prevention. Much of this was done through an innovative collaboration called the Labour/OHCOW/Academic Researcher Collaboration (LOARC). The objective of LOARC is to exchange information and expertise among the partners, to contribute to developing a research agenda based on worker community priorities.*

*OHCOW also participated in a multi-partner initiative, led by the Centre for Research Expertise in the Prevention of MSDs (CRE-MSD), to pilot a workplace level ergonomic hazard survey which had been developed in 2009. The tool was especially focused on helping build consensus between the two workplace parties around MSD hazards in their workplaces. At the year end, this pilot was well underway in around 40 workplaces, with hopes that the tool could be broadly used in future.*

*We worked on a wide range of new or enhanced prevention tools. This included a number of tools on concerns for migrant farm workers such as pesticides and eye safety, in their native languages. We also responded to many calls from unions to develop tools to assess psychosocial hazards and risks of mental injuries.*

**Partnerships** - *OHCOW believes strongly that partnerships, both with the worker community, unions and employers, and with other prevention organizations, are vital to achieving our vision and mission. With the worker community, the most vital component was a central collaborative initiative with labour unions, legal clinics, injured worker groups and the Office of the Worker Adviser, involving working groups on key issues of cooperation.*

*OHCOW also placed a high priority on partnerships with organizations working with the most vulnerable workers, such as new immigrants, First Nations and migrant workers.*

**Commitment to service excellence and to the wellbeing of our staff** – *At the same time as we engaged in dialogue and partnership on many fronts, we also worked extensively to improve many aspects of our internal operations. The focus was on service excellence and the wellbeing of OHCOW staff.*

*OHCOW has had an impressive year of progress on many fronts during 2011. We will enter 2012, with a strong role in improving health and safety for Ontario workers and workplaces. I wish to thank our staff, leadership group, Board and our many partners for contributing to OHCOW's work and success during 2011.*

**Alec Farquhar, Managing Director**



***The Occupational Health Clinics for Ontario Workers are dedicated to the identification and prevention of work-related illnesses. We promote the highest degree of physical, mental and social well-being of all workers.***

The Occupational Health Clinics for Ontario Workers (OHCOW) plays a unique role in Ontario's prevention system, which is reflected in its vision and mission. As occupational health clinics, OHCOW works to detect occupational injuries and illnesses, and then works proactively to prevent and ultimately eliminate them.

During 2011, the Ontario Legislature approved amendments to the Workplace Safety and Insurance Act (WSIA) and to the Occupational Health and Safety Act (OHSA) transferring responsibility for prevention to the Ministry of Labour (MOL), effective April 1, 2012. Therefore 2011 included important preparatory steps for this transition.

2011 was also the third of the three years covered by OHCOW's 2008—2011 strategic plan. That plan, developed through extensive external and internal consultation during 2008 and approved by OHCOW's Board of Directors in that year, established OHCOW's vision, mission and key strategic directions for the period 2009 – 2011. OHCOW's Board carried out a mid-term review of the plan during 2010, confirming the overall thrust and establishing priorities among the strategic directions. This report documents the important progress made in 2011 on the key directions in that plan.

### Our Vision

The detection, prevention and elimination of occupational injuries and illnesses, and the promotion of the highest degree of physical, mental and social well-being for all workers.

### Our Mission

To protect workers and their communities from occupational injuries and illnesses, and to promote their social, mental and physical well-being through:

#### Clinical Services

Investigating occupational health concerns through an inter-disciplinary team for workers who are concerned about their occupational health and for the families of workers who fall victim to occupational disease.

#### Prevention Services

Identifying and analyzing occupational hazards and exposures, and developing effective programs for prevention and elimination. Participating in prevention initiatives which address environmental or public health as well as occupational health.

#### Research and Tool Development

Conducting and supporting participatory research and promoting its contribution to the development of prevention tools, resources and strategies.

#### Knowledge Transfer and Exchange

Transferring knowledge, building capacity and learning from workers, workplaces and the community about occupational hazards, exposures and prevention solutions.

#### Partnerships

Building and maintaining strong relationships with workers and unions and, wherever possible, with employers through joint health and safety committees, trades committees and health and safety representatives.

Building and maintaining strong partnerships within the Ontario prevention system, to further our vision and mission.

#### Corporate Services

Commitment to service excellence and to the wellbeing of our staff.

Dedicating ourselves to the highest degree of service and respect to those we serve, and to being an exemplary healthy, safe, supportive and respectful workplace, focusing our resources on the most important priorities and operating in a cost efficient, accountable and effective way.

Since its establishment in 1989, OHCOW has provided vital and unique clinical services to Ontario's workers. OHCOW does not provide treatment but focuses on whether the health condition suffered by a worker might be linked in some significant way to occupational exposures. OHCOW provides its clinical services to both individual workers and groups of workers.

***OHCOW does not provide treatment but focuses on whether the health condition suffered by a worker might be linked in some significant way to occupational exposures.***

OHCOW faced very significant clinical services challenges for 2011. OHCOW had dealt with 38 different disease clusters since 2000, including 9 with over 100 cases each. This does not include the special patient caseload of more than 700 complex and multi-sectoral asbestos related disease cluster. By far the greatest proportion arrived from 2003 – 2005, when 19 clusters, including 8 large ones, were received. Another major flow of over 800 cases came in 2008 from an intake clinic and subsequent additional cases at an Ontario steel mill.

Essentially, by 2008 this workload far exceeded OHCOW's capacity of approximately 1000 – 1200 new cases annually and had partially immobilized the organization. To add to the pressures, during 2008 and 2009, and into 2010, a number of unions had asked OHCOW to deal with potential new clusters and with exit assessments and interventions for workplaces closing down due to Ontario's economic situation. Overall these

workplaces had over 20,000 workers, greatly exceeding OHCOW's intake capacity.

Historic progress was made in 2009 in reducing the backlog of cases from 6772 to 2634. That progress was continued in 2010 with a reduction from 2634 to 1722 cases. The objective for 2011 was to continue that progress and position OHCOW to be able to take on new work in 2012 and beyond. Through a multi-faceted strategy, this was achieved. Support from our funder, WSIB, was a vital component.

In spite of its own fiscal challenges, WSIB recognized the challenges faced by OHCOW and provided much appreciated support through:

- \$113,383 under the services agreement (whereby WSIB reimburses OHCOW for certain designated services provided by OHCOW physicians) – and which especially gives OHCOW some “surge capacity” to deal with unexpected groups or clusters of cases
- a third year of \$100,000 funding for expanded services to migrant farm workers
- a second year of \$250,000 funding for the new clinic in Thunder Bay, serving Northwestern Ontario. Launched in June 2010, this was the first new clinic opened by OHCOW in over ten years.

- Continuation of funding to support OHCOW's lead role in developing a proposed occupational disease prevention strategy for Ontario's prevention system. The initial funding amount of around \$50,000 was not substantially expended in 2010 due to project timelines. At year end, WSIB approved transfer of these funds for use in 2011 to support development of operational strategies for occupational disease prevention. This supported important partnership work developing prevention strategies for Hand-Arm Vibration Syndrome (HAVS), and occupational dermatitis and asthma.
- In all, for 2011, WSIB's funding approvals represented over \$500,000 beyond the base budget level of \$6,733,449 and was targeted to high priority areas as noted.

OHCOW's accomplishments were significant: due to continued creative and hard work by OHCOW staff and physicians, and partnerships with WSIB, many unions and workplaces across the province, OHCOW addressed historic backlogs very substantially for the third year in a row.

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This included a review of cases open longer than 3 years, with the objective of closing as

many as possible during 2011. OHCOW entered the year with a caseload of 1722 and closed 1570 of those, while opening 1314 new cases.

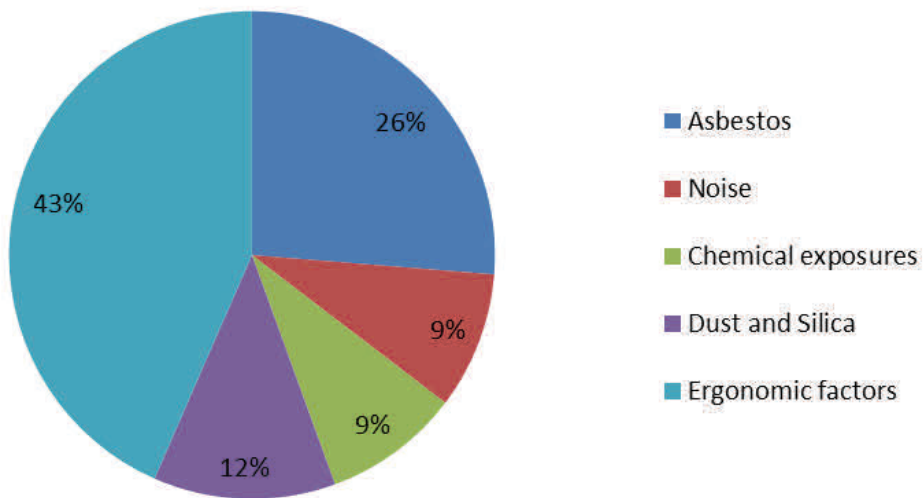
As part of this, OHCOW reduced its historical backlog of occupational disease cluster cases from 457 at the beginning of the year to 366 by year end – a 20% reduction. This left a caseload of 1466 at year end, of which a significant proportion were composed of a cohort of around 700 asbestos exposed workers in the Sarnia area who are participating in a screening project led by Princess Margaret Hospital. The project team carries out low-dose CT scans in an effort at early detection of asbestos related diseases.

All of this meant that 2011 was a third year of vital progress for an organization which had struggled so much with its workload over the preceding years. This was the main strategic objective established for clinical services by the 2009 – 2011 strategic plan. For 2012 and beyond, this cleared the way for OHCOW to be able to take on new high priority groups and clusters of cases again, although with careful planning in terms of case numbers and timing.

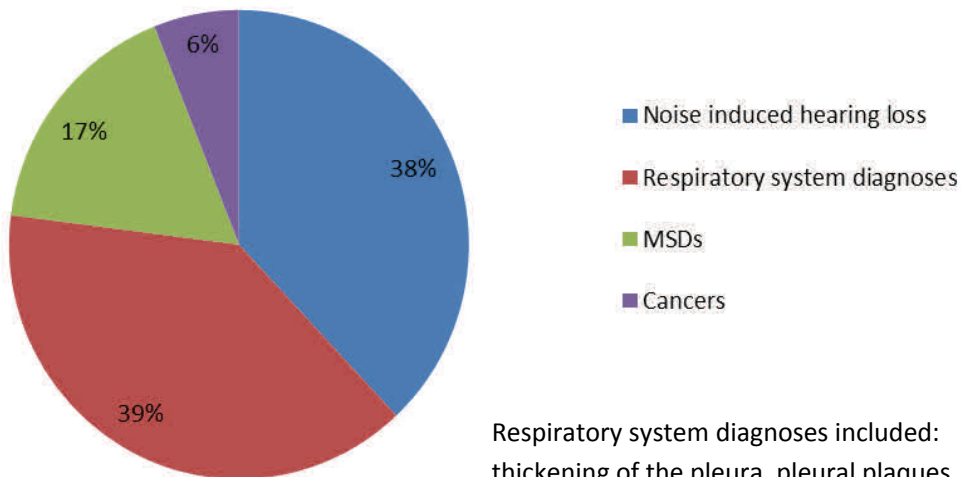
## Most common exposures

Analysis of OHCOW's clinical services caseload shows a wide range of exposures

### Top Exposures



### Top Diagnoses



Respiratory system diagnoses included: thickening of the pleura, pleural plaques, calcification of pleura, asbestosis, asthma and chronic airway obstruction

### Migrant Farm Workers (MFW)

With our third year of \$100,000 funding from WSIB for OHCOW's [Migrant Farm Worker project](#), we were able to hire part time staff, who worked with an occupational health nurse, physicians and occupational hygienist and ergonomist during farm season.

The objective was to provide interdisciplinary clinical services accessible to this vulnerable worker population – which usually meant Friday evenings in farm towns during the agricultural season. We also carried out extensive prevention work in support of farm workers, which is reported in that section of this report.

- Six migrant farmworker occupational health clinics were held from June to September 2011; five of which were held in Simcoe and one in Virgil (near Niagara on the Lake).
- The average number of migrant farmworkers workers seen per clinic was 14.5; 90% of the workers seen were Mexican, 8% were Caribbean and 2% were from another country.
- The types of health problems seen were 25% musculoskeletal injuries (15% back, 5% upper limb and 6% lower limb); 18% gastrointestinal complaints; 14% skin problems; 9% respiratory tract problems; 7% eye problems; 7% were psychological problems; 4% genito-urinary problems; 3% cardiovascular problems and 7% of the problems were of other types.

### Return to Work and Prevention

OHCOW, along with a number of prevention system partners and unions, identified the importance of linking primary and secondary prevention with return to work.

An ergonomist in OHCOW's Hamilton clinic played a leading role in an important pilot project at Niagara Health Services, a major health care provider in the Hamilton catchment area.

This initiative, begun in 2009, links provision of clinical services and support to injured workers with participatory ergonomic interventions to change the conditions which had contributed to the onset of musculo-skeletal disorders (MSDs). All of this is taking place in the context of an ambitious project to establish an enterprise-wide joint return to work program.

The partnership involves the employer, its three unions (Ontario Nurses' Association, Service Employees' International Union and Ontario Public Service Employees' Union), OHCOW, the Occupational Disability Response Team, the Public Services Health & Safety Association and Institute for Work and Health. It's a good example of the power of prevention partnerships.

At the end of the reporting period, major progress had been made on laying the groundwork for the joint return to work program and important implementation steps had taken place.

### Highlights from OHCOW Clinics

**Toronto clinic** continued work on the complex Peterborough Project. An Occupational Disease Intake Clinic was originally held in 2004. More than 700 workers participated. The Toronto clinic continues to offer work-related medical assessments to those workers who are considered to be a priority due to their occupationally related health issues. The diagnoses for this group of workers includes asbestosis and asbestosis-related disease; noise-induced hearing loss; chronic obstructive pulmonary disease (COPD) and other respiratory issues, as well as numerous cancers. In addition to lung cancer, OHCOW's medical team has assessed workers with the following cancers: stomach, brain, kidney, colon, bowel, gastro-intestinal, prostate, pancreatic, etc. The occupational exposures that these workers endured include asbestos; trichloroethylene (TCE); benzene; toluene; silica; lead; arsenic; cadmium; beryllium; isocyanates; epoxies; polycyclic aromatic hydrocarbons (PAHs) etc.

Major progress was also made on the caseload from two other Occupational Disease Intake Clinics which were held in partnership with the Building Trades. Workers in the building trades often experience multiple work-related health issues. The types of claims submitted on behalf of these workers included noise-induced hearing loss; asbestos-related disease and occupational asthma, numerous musculoskeletal issues including degenerative disc disease, carpal tunnel syndrome, hand-arm vibration, rotator cuff syndrome etc. By the end of 2011, only a handful of patient cases remained to be completed.

**Hamilton clinic** provided clinical services to Health care, Manufacturing, Transportation and Warehousing workplace sectors, seeing 299 new patients and closing 337 cases.

Top exposures included Repetitive motion, Dust, Trauma, chemicals, and lifting. Top diagnoses included carpal tunnel syndrome, sprains and strains of back, hand-arm vibration syndrome and pain in joints.

**Sudbury clinic** continued work on the cases emerging from an occupational disease intake clinic in 2008 at a large steel mill. This clinic, which had been planned in close partnership with the United Steelworkers union and involved WSIB from the outset, was attended by over 800 workers. Additional cases were brought forward by the USW after the intake clinic. The screening of cases by the union meant that only those requiring work by OHCOW were referred. During 2011, 25 new cases were referred and 15 cases were closed, leaving only 30 as of year-end.

Sudbury also reviewed 5 new cases from a nickel refinery (12 were completed), with 2 cases still active at year end.

During 2011, Sudbury clinic continued to remain extensively involved in support for the new OHCOW clinic in Thunder Bay for Northwestern Ontario (see below). This included providing administrative, management, ergonomic and hygiene services to Thunder Bay.

**Thunder Bay clinic** – 2011 was the second year of funding for OHCOW's Thunder Bay Clinic. The clinic started 2011 with 33 open cases. During the year, it received 53 new cases, closing 58 of them, leaving 28 at year end. As we had anticipated, the majority of clinical work resulted from work related MSDs related primarily to ergonomic issues.

**Windsor clinic** provided support to the unions in several major local workplaces which faced closing in 2009 or 2010, primarily in the automotive sector, to ensure that exposures and potential health concerns in those workplaces were documented. These were complex situations with extensive historical records covering thousands of workers.

While the majority of Windsor cases dealt with MSDs, there were substantial caseloads related to industrial exposures, including solvents, asbestos and welding.

Top diagnosis at the end of 2011 included sprains and strains of shoulder and upper arm, screening for unspecified respiratory conditions and Lumbar and neck sprains.

**Sarnia clinic** continued to face very significant challenges resulting from the heavy occupational disease caseload which had developed over the years. 2011 was a year of consolidation and review, focused on identifying cases requiring continuing work and closing those which did not.

However, demand for OHCOW's services continued to be heavy. From a starting caseload of 746, 479 new cases were added with 423 closed – leaving a case-

load of 802 at year end.

A significant proportion of Sarnia's remaining cases are part of a major low dose CT screening project for workers with significant asbestos exposures, in partnership with Princess Margaret Hospital in Toronto. The objective is early detection of asbestos disease, including especially mesothelioma and lung cancer.

During 2011, 73 new cases were added to the project cohort, with 87 being closed, resulting in 668 open screening cases at year end. While asbestos remained by far the most significant exposure recorded for OHCOW's Sarnia cases, hearing loss was second most prevalent – reflecting the often noisy working conditions of years past.



**W**ith its inter-disciplinary team of ergonomists and occupational health nurses, physicians, hygienists and client service coordinators, OHCOW has a unique capacity to support workers and workplaces with participatory prevention interventions.

Often, an intervention will begin with workers' concerns about health conditions arising from historical and/or current exposures. However, our resources are limited. So the challenge posed in OHCOW's strategic plan for 2009 – 2011 was how to best deploy OHCOW's limited resources – and especially to balance our support to individual workplaces versus broader interventions at the sectoral or provincial level.

***With its inter-disciplinary team of ergonomists and occupational health nurses, physicians, hygienists and client service coordinators, OHCOW has a unique capacity to support workers and workplaces with participatory prevention interventions.***

Interventions at all these levels are vital in the prevention system's efforts to move towards eliminating occupational injuries and illnesses in Ontario. This includes broader initiatives where there are environmental or public health aspects to an exposure or health condition as well as the occupational aspect. OHCOW made significant contributions at all these levels during 2011.

As with clinical services, OHCOW has had to respond to a historical overload of individual prevention projects, many of which stemmed from intake clinics, especially during the period 2003 – 2005. In 2009, each OHCOW clinic reviewed its prevention activities to determine which could be completed and which required continued OHCOW involvement.

Starting from a base of 647 interventions open at the beginning of 2009, more than twice as many interventions were closed as were opened during the year – 906 versus 422 – resulting in a much reduced and more focused prevention workload of 160 at year end. This positioned OHCOW to respond more proactively and strategically to prevention priorities in 2010.

In 2011, we initiated 377 new workplace based prevention interventions and closed 425, leaving us with 129 active at year end. This meant that we finished the cycle of our 2009 – 11 strategic plan with the lowest number of active prevention interventions in many years.

Although more than half of the new interventions related to ergonomics and MSD prevention, the overall proportion of interventions responding to hazardous exposures increased in the active year end caseload. These tend to take more time and resources than ergonomic interventions. We will have to monitor our workplace level interventions closely in 2012 and beyond, to ensure that we maintain a good flow of activities and don't become backlogged again.

OHCOW's inquiry service is a major way to use scarce resources to support work-

place parties in prevention activities. During 2011, OHCOW responded to over 1683 inquiries, with a focus on gradual onset health conditions arising from ergonomic and exposure hazards. This was up substantially from 985 inquiries in 2010.

### Occupational Disease Prevention

OHCOW co-led a project to develop a proposed occupational disease prevention strategy for the provincial system, for consideration by WSIB. During 2010, the project steering committee completed its work and submitted the proposed strategy to WSIB senior management. At year end in 2010, WSIB had undertaken to send the strategy to the Ministry of Labour for consideration as it took leadership of the prevention system.

In the meantime, WSIB opened the door for work during 2011 on strengthening operational partnerships around prevention of occupational dermatitis, asthma, hearing loss and hand/arm vibration syndrome (HAVS). In support of this, WSIB authorized OHCOW to use remaining occupational disease strategy funding of around \$50,000 from 2010 in 2011.

This funding enabled the Centre for Research Expertise in Prevention of Occupational Disease (CRE-OD) to develop strategies for prevention of HAVS and occupational dermatitis. OHCOW worked in partnership with the Ontario Lung Association to develop a prevention strategy for occupational asthma, with much work done in 2011 and anticipated completion early in 2012.

OHCOW participated in the occupational component of the Ontario Asthma Plan of Action. This was a good example of the power of initiatives combining occupational, environmental and public health components. During 2010, an OHCOW physician was appointed lead for the work related asthma component of the Plan of Action, allowing OHCOW to take an even more active role in 2011.

In response to the tremendous human and financial costs of ergonomic hazards and the need for prevention of musculoskeletal disorders (MSDs), OHCOW participated actively during 2010 in prevention system partnerships, led by Workplace Safety Prevention Services, to develop a comprehensive provincial MSD prevention strategy. This work continued in 2011. We also engaged in extensive participatory research, tool development and knowledge transfer and exchange on MSD prevention, reported elsewhere in this annual report.

OHCOW played a leading role at the Ontario and national level in efforts to raise awareness about asbestos disease and work for prevention of exposures – as well as pressing for an end to Canadian production and export of asbestos to the developing world. This included hosting a multi-partner asbestos disease symposium in November 2011, including presentations by the Occupational Cancer Research Centre, Ministry of Labour, University Health Network, WSIB, OHCOW and by Linda Reinstein of the American Asbestos Disease Awareness Organization.

### Seasonal Health and Safety Hazards

OHCOW continued with its focus on seasonal health and safety hazards. This included:

- Winter and summer toolboxes were placed on OHCOW's website during the respective seasons.
- Updating the heat stress/humidex document, which has been widely adopted within and outside Ontario.
- Delivering a community based seminar in Sudbury on heat stress in partnership with MOL.
- Partnering with Workplace Safety Prevention Services in Toronto on a heat stress event. Representatives of twenty workplaces participated in the event.
- Sudbury and Thunder Bay clinics led a snow shoveling initiative in the north. 2,105 English and 585 French fact sheets were distributed throughout the Thunder Bay and Sudbury catchment areas.

### Highlights from OHCOW Clinics

**Toronto clinic** was involved in a broad range of ergonomic and hygiene interventions at the workplace level during 2011. The majority of the ergonomic interventions focused on office settings, especially computer workstations. While hygiene interventions addressed a broad range of hazards, most common were those around indoor air quality and noise

induced hearing loss.

**Hamilton clinic** was involved in a broad range of ergonomic and hygiene interventions at the workplace level during 2011. Hygiene interventions involved a variety of work setting and involved indoor air quality surveying and testing; measuring exposure, VOCs and administered symptom logs for the workers affected.

**Sudbury clinic** worked in 2011 with a major public sector union and employer on prevention of back injuries in emergency medical services. In response to two significant clusters of occupational health concerns from construction workers who had been working in plumes emanating from paper mills, Sudbury clinic continued to work in 2011 with building trades unions to develop a prevention strategy and protocol for responding to these complex and sometimes high profile situations.

Sudbury clinic's 79 workplace level interventions during 2011 covered a wide range of sectors and situations. This included significant service and support to small and medium sized manufacturing workplaces; the federal and provincial governments; broader public sector, especially education and health care; and many small and medium sized service sector organizations such as restaurants and call centres.

This meant that apart from the positive impact on worker health, Sudbury clinic contributed to the economic wellbeing and success of employers in Northern Ontario.

**Thunder Bay clinic** carried out 36 workplace based prevention interventions during 2011. These were mainly ergonomic related, in office and health care settings primarily.

**Windsor clinic** carried out ergonomic and hygiene interventions in a wide variety of sectors and settings – including auto manufacturing, and retail. Hygiene and ergonomic interventions focused on walkthrough assessments with measurements including review of engineering controls and provided recommendations.

**Sarnia clinic's** primary focus in 2011 continued to be its clinical services caseload. However, there were some ergonomic and hygiene prevention interventions carried out by the clinic.

This included air quality evaluations and a combined ergo/hygiene intervention addressing ergonomic & chemical hazards facing hairdressers in their work. The clinic also responded to a wide range of concerns about asbestos exposure in the community.

Many significant prevention concerns were also dealt with through inquiries and knowledge transfers such as occupational disease prevention presentations at the monthly Petrochem committee meetings, and educational sessions for MFW.

Sarnia clinic also led the way within OHCOW for involvement in broad partnered initiatives around prevention of asbestos exposure in our workplaces and efforts to end Canadian production and export of asbestos to the developing world. This included active participation

by Sarnia staff and members of the Local Advisory Committee in planning a major community mobilization in the fall of 2011, involving around 400 people participating in events to honour asbestos disease victims and work for elimination of further exposures. A Sarnia physician also participated in the OHCOW asbestos disease symposium in November 2011 in Toronto.

**T**hrough research, knowledge transfer, tool development and educational services, OHCOW aims to contribute to the mobilization of knowledge in having a broad positive impact on prevention activities and strategies.

Unlike the safe workplace associations and Workers' Health and Safety Centre, OHCOW does not provide training. So the foundation for OHCOW's involvement in the mobilization of knowledge is the involvement of inter-disciplinary teams serving and interacting with workers, unions and employers. OHCOW also contributed inter-disciplinary support to the development of training materials by the Workers' Health and Safety Centre.

### Provincial Highlights

#### Labour/OHCOW/Academic Researcher Collaboration (LOARC)

During 2011, OHCOW continued to work with labour unions and researchers in an innovative collaboration called the LOARC. The objective of LOARC is to exchange information and expertise among the partners, to contribute to developing a research agenda based on worker community priorities and to address the ways of increasing the collaboration between unions, OHCOW and universities.

OHCOW made a major contribution to LOARC's research initiative around strengthening the Internal Responsibility System and to development of the Mental Injury Toolkit.

#### Musculoskeletal Disorders (MSDs)

OHCOW continued to play a major role in

a multi-partner initiative, led by the Centre for Research Expertise in the Prevention of MSDs (CRE-MSD), to develop and pilot a workplace level ergonomic hazard survey. Extensive development work was carried out in 2009 and the pilot in around 60 workplaces began in 2010.

A unique feature of this tool is that it is designed to encourage consensus between the worker and employer members of joint health and safety committees in the workplace. By year end, 40 of the planned 60 workplaces had been visited. The pilot continued in 2011 with 26 workplaces involved.

We are hoping that this tool will be validated by the pilot and used in many more workplaces in the future.

*Through research, knowledge transfer, tool development and educational services, OHCOW aims to contribute to the mobilization of knowledge in having a broad positive impact on prevention activities and strategies.*

OHCOW also played a major role building awareness of ergonomics and MSDs, including significant involvement in province-wide events for RSI Day, February 28, 2011.

OHCOW developed and deployed a short version of the [MSD discomfort survey tool](#). Ontario Nurses' Association (ONA) workshops and Canadian Auto Workers (CAW) ergonomics course are a few examples of places where it was piloted in 2011. OHCOW revised and updated its prevention tool for minimal lift in

healthcare.

### Migrant Farm Worker Project

- OHCOW developed or adapted a number of prevention tools and resources for farm workers. Many of these were made accessible in native languages of the workers.
- Workshop materials on eye injury prevention, sun safety and heat stress were completed. Future workshops will also focus on musculo skeletal issues.
- A Health at work and Hand hygiene presentation was given to farm workers in the Sarnia/Lambton area
- A number of collaborations and interventions resulted from stakeholder meeting held in March 2012 entitled “Towards Healthier Workers: A Focus On Access To Health Care And Prevention Of Work-Related Health Issues For Migrant Agricultural Workers In Ontario”

### Mental Injuries Tools

During 2010, OHCOW played a major role in a multi-union partnership responding to growing concerns and interest in prevention of workplace violence and injury/stress resulting from psycho-social hazards. A [mental injuries tools](#) group (MIT) was formed to review and develop a tool to measure workplace psychosocial hazards. In 2011, MIT developed substantial momentum, with a number of major unions joining the planning group.

### Noise Induced Hearing Loss Tools

Further work was done in 2011 on a

[noise induced hearing loss prevention tool](#), especially for use in workplaces with limited technical capacity and vulnerable workers. It was identified that additional tools to be developed will include software apps for mobile devices. OHCOW has discussed its NIHL tools with MOL;

### Nanotechnology

In response to the emerging hazards of nanotechnology, particularly nanoparticles, OHCOW worked on development of a **workplace level nanotechnology information resource**. In 2011, development work on a first draft was completed. The kit was piloted with internal staff and labour representatives. It was determined that further refinements were required and work began on that. OHCOW staff were also involved in working with the Canadian Standards Association on a nanotechnology standard.

### Other initiatives

OHCOW participated as a principal investigator in the multi-partner Research Advisory Council funded study on the transmission of influenza among health care workers. The study is ongoing with many of the leading experts in infectious disease control in Canada. OHCOW met with the researchers to talk about involvement of the unions.

The research team has agreed to now include unions in upcoming meetings. In 2011, OHCOW further developed an **exit intervention/hazardous exposure profiling toolkit** with labour partners. The toolkit was refined for use in a major Windsor area exit intervention.

**K**nowledge Transfer and Exchange (KTE) activities are a crucial way for OHCOW to leverage the impact of our inter-disciplinary expertise by helping build capacity in individual workplaces and broader sectors. Provincial highlights include:

OHCOW staff and physicians carried out around 206 knowledge transfer and exchange activities, an increase from 170 in 2010. These ranged from workplace based sessions to participation in major conferences and partnered events.

OHCOW participated in Manual Material Handling symposium, June 2011 which was convened by CRE MSD.

In October 2011, OHCOW played a major role in the Labour OHCOW Academic Research Coalition (LOARC) Teach-In. An OHCOW hygienist from the Hamilton clinic presented on the Experience of Unions dealing with Psychosocial Hazards.

***Knowledge Transfer and Exchange (KTE) activities are a crucial way for OHCOW to leverage the impact of our inter-disciplinary expertise by helping build capacity in individual workplaces and broader sectors.***

### Highlights from OHCOW Clinics

**Toronto clinic** made a major contribution to the CRE-MSD led project developing a workplace level MSD hazard identification tool. At the beginning of the project

a Toronto ergonomist provided guidance to the project ergonomist. OHCOW assisted with the hazard identification process, piloting the tool and report generation. The OHCOW ergonomist continued to act as a mentor throughout 2011 for the project ergonomist.

Tool development included WSIB Noise Assessment tool and a factsheet on Nano-particles. A hygienist from the Toronto Clinic led the Canadian Standards Association (CSA) subcommittee.

Toronto clinic also continued with active participation in two other research studies:



- WSIB RAC Bridging the Gap Grant-Project entitled “Making participation work in the new economy”. This project commenced in fall of 2011 and included development of education and training tools focussing on trends and differences across the province with respect to the impact of Joint Committee Representatives.
- WSIB-RAC grant proposal entitled: ‘Evaluation of a workplace level MSD-Knowledge Transfer Intervention and creation of an online MSD prevention

planning tool” was submitted.

Toronto clinic KTE activities in 2011 included:

- numerous ergonomics and office ergonomics presentations at various workplaces and conferences, hygiene related presentation at the Ban Asbestos Conference held in India.
- Clinic staff participated at various health fairs and secondary school career days.
- Clinic Executive Director gave presentation on asbestos at the OHCOW sponsored screening of the documentary film “Breathtaking- A personal investigation into the present day use of asbestos” in Ottawa. The film was also screened at ROM in Toronto.

A **Hamilton clinic** hygienist served as co-investigator on the team for a major research project, in partnership with major infectious disease practitioners and researchers, to investigate the transmission of influenza among health care workers. Hamilton and Windsor clinics began a collaborative research project into brain cancer among chemical workers, to continue in 2011. Hamilton clinic worked with a major union on development of a self-administered workplace-level MSD physical hazard survey tool.

**Hamilton clinic** participated in several other research and tool development projects:

- Lead role in continued piloting and use of the MSD discomfort survey in several major union settings. The short form of the discomfort survey

tool was developed, deployed and supported by OHCOW. Ontario Nurses’ Association workshops and the CAW ergonomics course are a few examples of places where it was piloted in 2011.

- Psychosocial hazards assessment tool with labour partners, Humidex Heat Stress Plan and Sun Safety and stress prevention for farm workers were some of the other tools developed in 2011.

**Hamilton clinic** carried out a very wide range of KTE activities in 2011 including:

- presentations to McMaster Family Medicine physicians regarding occupational medicine, work-related asthma and OHCOW’s role, presentation to Health care section 21 committee on linking Return to Work (RTW) and primary prevention, USW health and safety conference, and CAW’s women’s conference to introduce the MIT stress questionnaire.
- Occupational health nursing discipline presented to the Canadian Hearing Society regarding Noise Induced Hearing Loss and to the Motor Vehicle Safety Action Committee on training and orientation regarding a Positive Community Norms approach to motor vehicle safety.
- Clinic Executive Director presented at the Ministry of Labour western region health and safety organization meet and greet.
- a physician was published in Publication of Case Study on Effort



Thrombosis in the American Journal of Industrial Medicine Case report and review of work-related effort thrombosis, co-written with C. Cina, thoracic surgeon.

**Sudbury clinic** carried out a number of participatory research and tool development projects, including:

- Working with a local emergency response employer and its union to develop an educational tool to prevent low back injuries among EMS workers. A first draft was completed and awaiting further review in 2011.
- Enhanced Minimal Lift Toolbox for patient transfers – including the minimal lift DVD, reminder cards and patient handling fact sheet. Enhanced office ergonomics handbook - created a tool box and pilot tested it with former OHCOW group clients.
- Testing a new approach to pre- and post-intervention evaluations of workers to determine if there are better ways to determine whether our prevention interventions have helped them. Surveys to be administered to 83 workers prior to intervention and 6 months post intervention.
- Developing a comprehensive literature study on job duties and inherent risks for powerline workers.
- In 2010, OHCOW had worked with building trades unions to identify health hazards from pulp and paper emissions for construction workers and developing the best approaches to protect construction workers exposed to these emissions during con-

struction at different mills throughout the province. In 2011, work began on developing a prevention tool for wider use to protect construction workers exposed to other varieties of plumes.

- Review of exposure sampling data in copper mining and refining. Reviewing and analyzing sampling exposures with the workers and their union to determine any overexposures and using this data to aid in determining work-relatedness of health conditions.
- Office ergonomics purchasing – pre- and post-intervention study of workplaces which have used OHCOW's office ergonomics purchasing guide.

Sudbury clinic also engaged in a wide range of KTE activities, including:

- Providing text for 17 community media partners within the Sudbury Clinic catchment area that publish articles to inform the public of prevention on occupational health and safety topics.
- Workshops at major international union health and safety conference on workplace ergonomics and MSD prevention.
- A number of presentations on office ergonomics in multiple sectors.
- Ergonomics and snow shoveling to university maintenance staff . Ergonomics workshop to business track students in secondary school.

- Presented to Health and Safety Associations in the Workplace Safety North (WSN) group regarding OHCOW services.
- Several knowledge transfers to northern medical students on occupational hygiene and OHCOW's role.
- Knowledge transfer provided on heat and cold stress as part of RSI Day 2011 events in Sudbury and around the world by webinar.
- Presented to over 100 firefighters on heat stress. Back care and lifting to: university maintenance staff, daycare workers, and First Nations students.

**Thunder Bay clinic** carried out a modest number of KTE activities during its first year of operation. These were primarily around office ergonomics and MSD prevention, and heat stress.

**Windsor clinic** carried out a number of KTE activities in 2010:

- Presentation of OHCOW tools, humidex, and noise calculator to Building Trades.
- Ergo & Dental work presentation including MSD awareness, mechanisms of injury to 30 students.
- Presentation on ergonomic awareness and indoor air quality to first year hair styling students.
- Work with city environment department and Health Canada to develop heat response plan.
- Presentation on ergonomics, MSD

prevention and hygiene provided to students in the advanced level of the Provincial Brick and Stone apprenticeship program.

- Presentation on "Ergonomics in the Workplace" to grade 12 students (17 students).
- Developing Nanotechnology fact sheet for JHSC.

**Sarnia clinic** focused primarily on clinical services in 2011 but did carry out some research and knowledge transfer activities:

- Participation with a number of local partners in the Lambton Health Study. This ongoing study is intended to review potential trends of health conditions resulting from environmental and occupational exposures in the Sarnia/Lambton area. The Board of the community health study met regularly in 2011.
- Sarnia clinic partnered with Princess Margaret Hospital on a Low-Dose CT scan study to improve early detection of asbestos disease. This large study is breaking new ground. OHCOW coordinates the largest group in the cohort and was accepting new registrants in 2011 as well.
- Ongoing study in partnership with Brock University regarding the psychological effects that asbestos exposed workers who are determined to have markers for pleural plaques, etc.
- KTE activities included educational and information sessions focused on services to MFW and OHCOW role.

**A**t OHCOW we strongly believe that partnerships are vital to achieving our vision and mission. As a labour governed organization, OHCOW builds and maintains vital partnerships at the workplace, sectoral and provincial level with Ontario's workers and their unions, and wherever possible with their employers. At the same time, OHCOW works within the Ontario prevention system on partnerships at many levels and of many types.

2011 was another important year of accomplishments resulting from those partnerships, highlighted by the work of the expert panel reviewing Ontario's health and safety system. Because these partnerships were in support of OHCOW's clinical, prevention and research/knowledge transfer/tool development/educational services, many of the outcomes have been reported earlier in this report.

During 2011, OHCOW continued to strengthen and focus our overall strategic partnership with the worker community and labour movement. The most vital component was a central collaborative initiative with labour unions, legal clinics, injured worker groups and the Office of the Worker Adviser, which was composed of five working groups on key issues of cooperation :

- development of an OHCOW/worker community guide on how best to work together;
- strengthening and developing ways to share information among OHCOW and worker representatives;

- a review of ten years of intake clinics with the objective of developing resource materials on how best to carry out such collective interventions;
- building awareness within the workers' compensation system of the terminology used in the scientific/medical community;
- strengthening frontline support for health and safety and workers' compensation activists.

***As a labour governed organization, OHCOW builds and maintains vital partnerships at the workplace, sectoral and provincial level with Ontario's workers and their unions, and wherever possible with their employers.***

Progress was made in all of these project areas, including especially the significant work done on tools and strategies related to psycho-social hazards and mental injuries. A major focus of partnership was the **Labour/OHCOW/Academic Researcher Collaboration (LOARC)** reported earlier in this report.

There was an important partnership around the Migrant Farm Workers Project with the United Food and Commercial Workers.

OHCOW across the province participated in the three main annual events organized by the worker community – RSI Day, Worker Day of Mourning and In-

## PARTNERSHIPS

jured Workers' Day. We also played a regular role in the Ontario Federation of Labour Health and Safety and Workers' Compensation Committees.

All OHCOW clinics placed a high priority on partnerships with organizations working with the most vulnerable workers – including legal clinics, Office of the Worker Adviser, immigrant worker groups and young workers.

### Highlights from OHCOW Clinics

**Toronto clinic** dealt actively, along with OHCOW provincial office, with a continuing strong call from the worker community for an OHCOW clinic in Eastern Ontario.

In 2010, OHCOW had submitted a proposal to fund an Ottawa clinic and although this could not be funded by WSIB for the 2011 year, we continued with these efforts. The lack of a clinic for Eastern Ontario is the biggest current service gap for OHCOW. Eastern Ontario is served by Toronto clinic, which is already very hard pressed to serve the GTA and Central Ontario.

**Hamilton clinic** strengthened extensive partnerships with key organizations involved with migrant farm workers – this includes United Food and Commercial Workers Union, legal clinics, researchers and various networks supporting farm workers.

**Institute for Work & Health Participation in the study “ A Utilization Evaluation of Red Flags/Green Lights: A Guide to Identifying and Managing Return to Work Problems**

Hamilton clinic took part in the study

aimed at determining how the Guide could be used in practice.

### **OWA/OFL/OHCOW GI cancer and asbestos working group**

OHCOW is participating in this group which is reviewing WSIB/WSIAT response to this issue.

### **CELA Making the Links: Environmental Health, Equity & the Law Project**

The Making the Links Project is an interdisciplinary outreach program being undertaken with funding from the Law Foundation of Ontario. It is focused on environmental law and access to justice issues in six Ontario communities, including Hamilton and Brantford. These communities were chosen, in part, because of the presence of high pollution burdens and incidences of environmental health issues, and high percentages of sensitive populations. Clinic Executive Director attended final project workshop in Nov. 2011. They presented their legal and resources toolkits and had a workshop on community organizing principles.

**Sudbury clinic** built or maintained extensive partnerships with the Northern Ontario worker and employer communities – including especially:

- a major partnership with Emergency Medical Services and its union for the design of a specific prevention program for paramedics that focuses on ergonomic factors contributing to MSDs, reported in more detail in the prevention section of this report;
- an ongoing partnership with Service

Canada and its union for ongoing proactive ergonomic intervention and prevention services ; and

- the Building Trades (around the plume protocol and gradual onset health conditions) and the union representing steel mill workers involved with a major intake clinic.

**Thunder Bay clinic** continued to build an impressive network of stakeholder partnerships, as a vital element of getting established in northwestern Ontario. This included:

- Thunder Bay Labour Council, Northwest Building Trades and International Brotherhood of Electrical Workers, Canadian Auto Workers and United Steel Workers around referrals and identifying high priority hazards.
- Thunder Bay and Dryden and District Injured Workers' Support Groups, primarily around referrals
- Networking with various First Nations Groups, to identify vulnerable worker populations and small business which most needs support

**Windsor clinic** participated in extensive partnerships with the worker community.

- Regular forums with key local worker representatives, for both workers' compensation and prevention, including educational activities and partnership building events.
- Partnership with the Windsor and District Labour Council on a wide range of issues of joint concern.

- The clinic also placed a high priority on partnerships with organizations helping the most vulnerable workers – including among others Women Working with Immigrant Women, the Injured Workers' Coalition, the Migrant and Seasonal Workers Support Group, the Educational Intervention Partnership (including the West Elgin Community Health Centre, Queen's University, University of Toronto, University of Ottawa, McMaster University, Kingston General Hospital, and Ontario Farmers' Association, which focuses on migrant workers), Centres for Study in Social Justice, Chatham-Kent Sexual Assault Crisis Centre and the Community Partnership focused on cancer prevention with Multicultural Groups.
- Support for the Injured Worker Coalition. The coalition applied for a grant for a project called "Legacy Costs" to show the hidden legacy costs not mentioned nor included in reports during times of economic crisis such as we are currently experiencing. This will be done by collection of personal narratives from injured workers, specifically in Windsor, Sarnia and Chatham-Kent.

**Sarnia clinic** continued its strong partnerships with local worker, employer and other key stakeholders, including:

- The main local First Nation, which experiences the combined impact of occupational and environmental exposures from the petrochemical industry.

- Victims of Chemical Valley – this group is composed of victims and family members affected by occupational disease in Sarnia. The group strives to raise awareness and promote prevention and workers' compensation for occupational diseases.
- Sarnia and District Labour Council – especially around joint work on occupational disease prevention.
- Sarnia clinic played a major role working with asbestos disease victims and family members to organize a walk attended by over 400 people in October 2011.

### Prevention system partnerships

2011 was a year of tremendous change within the prevention system, due to the report from the expert panel reviewing Ontario's health and safety system and the resulting legislation implementing the panel's recommendations. Strong and effective partnerships were vital in helping all of the prevention organizations continue progress throughout the year, as everyone prepared for the shift in prevention responsibility from WSIB to MOL as of April 1, 2012.

OHCOW, in spite of its modest size and resources, co-led the **Occupational Disease Prevention strategy** project, reported earlier in this report, with the objective of developing a proposal for an occupational disease prevention strategy to complement the current injury prevention strategy. The draft strategy was submitted to WSIB senior management in the Fall of 2010 and was then provided to

MOL in 2011. It helped inform operational partnerships around occupational disease prevention. It is anticipated that the report will be discussed with the new Chief Prevention Officer during 2012.

In keeping with the high priority on asbestos disease, OHCOW partnered in 2011 with the Occupational Cancer Research Centre and St. Michaels Hospital on an innovative multi-site project to increase identification of asbestos-related lung cancer. It was anticipated that this initiative would continue into 2012.

OHCOW played a leading role in heat stress prevention initiatives and the work related asthma component of the provincial asthma plan of action, reported earlier under prevention services. During 2010, an OHCOW physician was appointed provincial lead for the occupational component of the Asthma Plan of Action, through the Ontario Lung Association. This allowed extensive work on asthma during 2011.

OHCOW participated actively in the prevention system's integrated planning process and tried to maximize collaboration in addressing some of the more complex workers' compensation and prevention situations facing the system. This included participation and follow up on major intake clinics and dealing proactively with potentially high profile clusters (large and small) or occupational diseases. OHCOW also participated actively in regular prevention system partner meetings with WSIB – to ensure coordination and accountability.

2011 also saw much progress on an important partnership with a major health

## PARTNERSHIPS

care employer, its three unions, the Occupational Disability Response Team, Institute for Work and Health and Public Services HSA, around a major initiative to link return to work and prevention in the context of a renewal and re-commitment to health and safety.

In 2011, OHCOW continued to work closely with its sister organization, the Workers Health & Safety Centre (WHSC), and in particular to provide professional input around development and updating of ergonomics and occupational hygiene training modules.

OHCOW supported and participated in major partnerships around research and knowledge transfer – particularly with CRE-MSD and CRE-OD (where OHCOW served on the advisory committees of both CREs) and the Institute for Work and Health (which was developing evaluation approaches for the major project linking return to work and prevention reported earlier.

OHCOW participated actively in the international Manual Material Handling symposium, which was convened by CRE-MSD in June 2011. OHCOW also coordinated with related Ministry of Labour MSD blitz activities.

OHCOW engaged across the province in various arrangements with educational programs for health and safety professionals – providing internships, placements and other opportunities for front-line experience. This was complemented by many educational and partnerships carried out within professional organizations for ergonomists, occupational physicians, hygienists and occupational

health nurses.

**Hamilton clinic** fostered and strengthened important partnerships with health care providers, including its lead role around Work Related Asthma.

Hamilton and Windsor Ergonomists were members of the Provincial MSD Working Group established to develop an MSD Prevention Strategy for the province. The group (comprised of the MOL, WSIB, HSAs and IWH and CRE-MSD) also created a 1.5 hour MSD Awareness education module to be used by all the system partners.

**Sudbury clinic** participated in a broad range of partnerships in 2011. This included:

- Ongoing referrals and partnerships with Workplace Safety North and Workplace Safety Prevention Services as well as referrals from WSIB;
- Providing technical support to the Community Committee for Sudbury Soil Study. This committee was focused on community concerns regarding environmental exposures from the local nickel operations;
- Supporting the establishment of the Centre of research for occupational safety and health (CROSH) at Laurentian University;
- Student placements for nursing, human kinetics, and business administration. Sudbury staff also contributed to teaching around prevention in the Early Childhood Education course at Cambrian College on an ongoing

basis; and

- Continued its longstanding partnerships with educational programs for medical students. In 2011, this included working with the Northern Ontario School of Medicine by providing Community Learning Session Placements for medical students.

**Thunder Bay clinic** continued to build an impressive network of prevention system partnerships during 2011, including:

- Establishing a partnership with MOL to improve understanding of OHCOW and develop methods to assist each other on an ongoing basis.
- Workplace Safety North and WSIB around referrals and mutual support. WHSC around referrals and mutual support. With Office of the Worker Adviser on referral relationships for non-union workers. Developing referral protocols with the local MPPs.
- Ongoing partnership with the Northern School of Medicine. Thunder Bay Medical Association around referrals and OHCOW's role helping local physicians with the occupational element of their patients' cases.
- Working with the Workforce Planning Board to build understanding of the supportive role which OHCOW can play.

**Windsor clinic** carried out extensive partnerships in the prevention system and with other important community organizations, including:

- Partnered actively with the WHSC and other HSAs, through the South Western Ontario Client Service Council and other networks. Extensive involvement mentoring students from University of Windsor, University of Western Ontario, St. Clair College and TRIOS College. This specifically included medical and nursing students, as well as Kinesiology, Labour Studies, Business and Sociology students.
- Educationally Influential Ergonomist Group - The members were selected based on a survey of all Association of Canadian Ergonomists members in Ontario to select who they believe are the ergonomists that people go to for information. Includes ergonomists from the HSAs, MOL, WSIB, OHCOW, Industry, Private Consulting, Universities and others.
- Cancer Prevention Network – Erie St. Clair. This is a group of 22 stakeholder group members who meet regularly to address the mandate of Cancer 2020 for Cancer Prevention.

**Sarnia clinic** is very deeply rooted in its local community and has developed extensive partnerships within the prevention system, health care providers and many other community organizations. Key partnerships include:

- The Community Care Access Centre and LHIN, particularly around service and support to Sarnia's many occupational cancer victims. The Ontario Environment Network - We provide expert opinion on air quality matters.



We are well positioned to advance air quality issues for outdoor workers in both the policy arena and the OH&S community.

- University of Western Ontario Faculty of Medicine - objectives developed for lecture series on occupational disease with medical students. Sarnia and Region Environment Network Exchange (SARENE) - The aim of the project is to build communications and networking capability, and general capacity within the local environmental community. Other partners include the Victims of Chemical Valley and Wallaceburg Advisory Team for a Cleaner Habitat.
- Sarnia Lambton Workforce Development Board - Involvement with migrant/immigrant workers in the community and familiarizing them with social and employment resources related to health & safety.

Our 20 year history has been built primarily on the local relationships, partnerships and services of each of the 6 longstanding clinics. The primary internal challenge, identified in the strategic plan and addressed actively in 2009, 2010 and 2011, was to move OHCOW forward into a more consistent, effective and coordinated approach, including especially consistency in the services provided and the approach to service excellence. Much progress was made in 2010 and continued in 2011.

Major progress was made on an ambitious, participatory process to systematically review OHCOW's services and service approach. Involving representatives of all of OHCOW's disciplines and staff groups, the service delivery review made substantial progress in 2011. This included development of more detailed service policies and procedures for incorporation into a new case management system.

In addition to the overall service delivery review, special focus continued on the relationship with OHCOW's physicians, including opportunities for the physicians to strengthen their own dialogue with key worker representatives.

Key worker community representatives were integrally involved with efforts to strengthen consistency and effectiveness of OHCOW services. These initiatives are documented in the partnerships section of this report.

Staff health and safety was fostered both in each clinic, in provincial office and on an OHCOW-wide basis.

Due to the pending transformation of the prevention system, in 2010, WSIB put a hold on development of OHCOW's new customer relationship management (CRM) system. During 2011, OHCOW received approval to move forward, resulting in an intensive effort to build a new system – with anticipated implementation in 2012.

***Key worker community representatives were integrally involved with efforts to strengthen consistency and effectiveness of OHCOW services.***

Operational information systems and reporting were improved substantially during the year, building on work done in 2009. During 2010, the bulk of necessary data clean-up was completed, which provided the organization with a much better idea of current workloads and pressures. Reporting formats were made more rigorous and report quality improved throughout 2011.

Also during 2011, OHCOW, along with the other prevention system organizations, worked to ensure financial accountability consistent with Ontario government and WSIB directives.



Financial Statements

**Occupational Health Clinics for  
Ontario Workers Inc.**

December 31, 2011

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# Independent Auditor's Report

**Grant Thornton LLP**  
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To the Directors of  
**Occupational Health Clinics for Ontario Workers Inc.**

We have audited the accompanying financial statements of **Occupational Health Clinics for Ontario Workers Inc.**, which comprise the statement of financial position as at December 31, 2011 and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

## **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

## **Auditor's Responsibility**

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of Occupational Health Clinics for Ontario Workers Inc. as at December 31, 2011, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles

*Grant Thornton LLP*

Toronto, Canada  
April 16, 2012

Chartered Accountants  
Licensed Public Accountants

## Occupational Health Clinics for Ontario Workers Inc.

### Statement of Operations

Year Ended December 31	2011	2010
<b>Revenue</b>		
WSIB funding	\$ 6,733,449	\$ 6,733,449
Service agreement	113,383	201,916
Thunder Bay	258,171	166,478
Migrant farm worker funding	48,661	100,000
Interest	89,423	80,098
Peterborough funding	-	5,023
Other revenue	13,651	4,170
Conference revenue	-	3,551
Amortization of deferred capital funding	-	2,527
Occ disease project	21,820	1,837
Recoveries – products	860	1,565
OHEP Income	76,832	-
Windsor golf tournament	6,513	-
	<b>7,362,763</b>	<b>7,300,614</b>
<b>Expenses</b>		
Salaries –Management	759,589	789,139
Salaries – Other Operations/Support	2,454,635	2,429,149
Employee Benefits	957,830	907,187
Employee Future Benefits	119,100	89,900
Doctors	891,539	946,378
Occupancy	618,584	577,819
Thunder Bay	257,910	166,478
Supplies & Services	131,685	172,394
Services Agreement Expenses	113,383	201,916
Other Business Expenses	106,476	115,482
OHEP Expenses	76,832	-
Software	71,761	21,533
Telecommunications	67,318	75,247
WOHIS	65,004	65,004
Migrant Farm Worker Expenses	48,661	100,000
Travel - Field Consultants/Trainers	60,073	74,837
Internet	52,101	61,932
Hardware Under \$5K	51,160	67,886
Other Personnel Costs	48,234	44,287
Audit	42,025	29,487
Equipment & Maintenance	37,580	43,933
BOD Expense	26,354	26,856
Postage, Courier & Freight	24,379	24,849
Consultants	23,308	22,259
Occ Disease Project	21,820	1,837
Legal	18,319	28,990
Other Insurance	18,242	19,650
Subscriptions & Library Costs	14,072	14,064
Licensing	11,550	25,443
Finance Charges & Bad Debts	9,952	9,845
Maintenance	8,358	2,665
Advertising and Promotion	6,826	16,632
Windsor golf tournament	6,513	-
Travel - Other	5,225	4,280
Amortization	1,663	40,612
Peterborough Expenses	-	5,023
Cost of Goods Sold – Conferences	-	1,182
	<b>7,228,061</b>	<b>7,224,175</b>
<b>Net revenue for the year</b>	<b>\$ 134,702</b>	<b>\$ 76,439</b>

See accompanying notes to the financial statements.

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## Occupational Health Clinics for Ontario Workers Inc.

### Statement of Changes in Net Assets

Year Ended December 31, 2011

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	Invested in Capital assets	Unrestricted	2011 Total	2010 Total
Net assets, beginning of year	\$ 4,989	502,098	\$ 507,087	\$ 430,648
Net revenue for the year	-	134,702	134,702	76,439
Amortization of capital assets	<u>(1,663)</u>	<u>1,663</u>	-	-
Net assets, end of year	\$ <u>3,326</u>	\$ <u>638,463</u>	\$ <u>641,789</u>	\$ <u>507,087</u>

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See accompanying notes to the financial statements.



**Occupational Health Clinics for Ontario Workers Inc.**  
**Statement of Financial Position**

December 31 2011 2010

**Assets**

Current

Cash and cash equivalents	\$ 1,412,243	\$ 1,635,526
Accounts receivable	147,582	194,127
Prepays	<u>36,366</u>	<u>48,965</u>
	<b>1,596,191</b>	<b>1,878,618</b>

Restricted cash

Employee future benefits fund (Note 3)	1,015,700	926,800
Severance fund (Note 4)	853,739	802,246
Capital assets (Note 5)	<u>3,326</u>	<u>4,989</u>
	<b>\$ 3,468,956</b>	<b>\$ 3,612,653</b>

**Liabilities**

Current

Payables and accruals	\$ 634,635	\$ 751,981
Other liabilities	169,767	138,153
Deferred revenue	<u>153,326</u>	<u>486,386</u>
	<b>957,728</b>	<b>1,376,520</b>

Employee future benefits obligation (Note 3)	1,015,700	926,800
Severance reserve (Note 4)	<u>853,739</u>	<u>802,246</u>
	<b>2,827,167</b>	<b>3,105,566</b>

**Net Assets**

Invested in capital assets	3,326	4,989
Unrestricted	<u>638,463</u>	<u>502,098</u>
	<b>641,789</b>	<b>507,087</b>
	<b>\$ 3,468,956</b>	<b>\$ 3,612,653</b>

Commitments (Note 6)

On behalf of the Board

 Director  Director

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## Occupational Health Clinics for Ontario Workers Inc.

### Statement of Cash Flows

Year Ended December 31	2011	2010
Increase (decrease) in cash		
<b>Operating activities</b>		
Net revenue for the year	\$ 134,702	\$ 76,439
Items not affecting cash		
Amortization of capital assets	1,663	40,612
Amortization of deferred capital funding	<u>-</u>	<u>(2,527)</u>
	<b>136,365</b>	114,524
Changes in non-cash operating working capital		
Receivables	46,545	(101,720)
Prepays	12,599	(9,903)
Payables and accruals	(117,346)	(37,497)
Employee future benefits	88,900	65,000
Severance	51,493	12,178
Deferred revenue	(333,060)	31,547
Other liabilities	<u>31,614</u>	<u>44,544</u>
	<b>(82,890)</b>	118,673
<b>Investing activities</b>		
Employee future benefits fund	(88,900)	(65,000)
Severance fund	<u>(51,493)</u>	<u>(12,178)</u>
	<b>(140,393)</b>	(77,178)
Net (decrease) increase in cash	<b>(223,283)</b>	41,495
Cash and cash equivalents, beginning of year	<u>1,635,526</u>	<u>1,594,031</u>
Cash and cash equivalents, end of year	<b>\$ 1,412,243</b>	<b>\$ 1,635,526</b>

See accompanying notes to the financial statements.

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# Occupational Health Clinics for Ontario Workers Inc.

## Notes to the Financial Statements

December 31, 2011

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### 1. Description of operations

Occupational Health Clinics for Ontario Workers Inc. ("the Clinics") is a network of interdisciplinary occupational health clinics in Ontario. The Clinics provide clinical services to workers and groups of workers; prevention services to workers, unions, employers and workplaces; carries out participatory research and prevention tool development; and engages in knowledge transfer and exchange with workplace parties and the community. The Clinics are designated to carry out this role under Ontario's Workplace Safety and Insurance Act.

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### 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 on a straight line basis at the following annual rate:

Computer equipment	-	33 1/3%
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In the year of acquisition and disposition, the Clinics record amortization at half the above rates.

#### 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, prorated on service and management's best estimate of salary escalation, retirement ages of employees and expected health care costs.

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## Occupational Health Clinics for Ontario Workers Inc.

### Notes to the Financial Statements

December 31, 2011

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#### 2. Significant accounting policies (continued)

- 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 13.1 years (2010 – 14.6 years).

#### Financial Instruments

Financial assets are classified as either held for trading ('HFT'), held to maturity ('HTM'), or loans and receivables. Financial liabilities are classified as either HFT or other.

HFT financial assets and financial liabilities are measured at fair value with the changes in fair value reported on the statement of operations. There was no fair value adjustment in the current year. HTM financial assets, loans and receivables and financial liabilities other than those held for trading are measured at amortized cost.

#### Future accounting changes

On December 31, 2010, the Accounting Standards Board issued Part III of the Accounting Handbook: Accounting Standards for Not-for-Profit Organizations ("ASNPO"). The standards are effective for annual financial statements relating to fiscal years beginning on or after January 1, 2012. The standards are applicable to all not-for-profit organizations. Not-for-profit organizations maintain the option to adopt International Financial Reporting Standards. Early adoption is permitted. OHCOW has decided to adopt Part III ASNPO for the fiscal year beginning January 1, 2012.

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#### 3. Employee future benefits obligation

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

The Clinics measures its accrued benefit obligation for accounting purposes as at January 1 of each year.

A reconciliation of the Clinics post-retirement benefit plan to the amount recorded in the financial statements is as follows:

	<u>2011</u>	<u>2010</u>
Accrued benefit obligation	\$ 1,423,800	\$ 1,389,700
Unamortized past service costs	(46,800)	(54,100)
Unamortized loss	<u>(361,300)</u>	<u>(408,800)</u>
	<u>\$ 1,015,700</u>	<u>\$ 926,800</u>

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## Occupational Health Clinics for Ontario Workers Inc.

### Notes to the Financial Statements

December 31, 2011

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#### 3. Employee future benefits obligation (continued)

Details of the accrued benefit obligation are as follows:

Accrued benefit obligation, beginning of year	<b>\$ 1,389,700</b>	\$ 1,056,100
Current service cost	<b>17,900</b>	13,500
Interest on obligation	<b>73,300</b>	67,200
Premiums paid	<b>(30,200)</b>	(24,900)
Obligation experience (gain)/loss	<b><u>(26,900)</u></b>	<u>277,800</u>
Accrued benefit obligation, end of year	<b><u>\$ 1,423,800</u></b>	<u>\$ 1,389,700</u>

The benefit expense for the year is determined as follows:

	<u>2011</u>	<u>2010</u>
Current service cost	<b>\$ 17,900</b>	\$ 13,500
Interest cost on obligation	<b>73,300</b>	67,200
Amortization of past service costs	<b>7,300</b>	7,300
Amortization of experience loss	<b><u>20,600</u></b>	<u>1,900</u>
Benefit expense	<b><u>\$ 119,100</u></b>	<u>\$ 89,900</u>

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

Discount rate	-	4.4% (2010 – 5.3%)
Medical benefits cost escalation	-	
- Supplementary hospital	-	15.0% per annum for 5 years then gradually to 4.5% over 10 years
- Extended health care	-	15.0% per annum for 5 years then gradually to 4.5% over 10 years
- Other health care	-	15.0% per annum for 5 years then gradually to 4.5% over 10 years
- Prescription drugs	-	15.0% per annum for 5 years then gradually to 4.5% over 10 years
- Dental care	-	15.0% per annum for 5 years then gradually to 4.5% over 10 years

In 2002, the Board of Directors resolved to provide a fund in respect of the expected cost of employee future benefits. The balance of the fund is \$1,015,700 (2010 – \$926,800).

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#### 4. Severance Fund

By resolution of the Board of Directors, the Clinics have provided a liability in respect of the expected cost of employee severance. Annual estimated severance entitlements are charged to expenses, and credited to the liability, as they are earned by employees through service. Concurrently, cash in respect of this liability has been internally restricted. During the year, severance payments paid amounted to \$Nil (2010 – \$Nil).

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## Occupational Health Clinics for Ontario Workers Inc.

### Notes to the Financial Statements

December 31, 2011

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5. Capital assets	2011		2010	
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>	<u>Net Book Value</u>
Computer equipment	\$ <u>739,247</u>	\$ <u>735,921</u>	\$ <u>3,326</u>	\$ <u>4,989</u>

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#### 6. Lease commitments

At December 31, 2011, minimum payments under operating leases for rental of premises and equipment over the next five fiscal years and thereafter approximate the following:

2012	\$ 317,782
2013	322,141
2014	241,729
2015	204,479
2016	179,584
Thereafter	<u>140,591</u>
	\$ <u>1,406,306</u>

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#### 7. Income tax status

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

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#### 8. Economic dependence

The clinics receive a significant amount of revenue from the Workplace Safety Insurance Board based on annual submissions to the Board and is economically dependent on this funding. As of April 1, 2012 there will be a change in funding from the Workplace Safety and Insurance Board to the Ministry of Labour. OHCOW will receive funding at the same rate from the WSIB for the 1st quarter of 2012 and has had confirmation from the Ministry of Labour for a continuation of the same level of funding for the fiscal year from April 1st 2012 to March 31, 2013.

At the end of 2011 OHCOW's unrestricted surplus exceeded the WSIB's allowable surplus recovery policy amount of 6% of total revenues. The overage however will be reduced in 2012 to below the 6% threshold as a result of OHCOW adopting a change in accounting standards for Not for Profits relating to Employee Future Benefits. OHCOW has received direction from WSIB that this timing difference will not negatively affect the WSIB's surplus calculation for 2011 and that the reduction in the unrestricted surplus balance that will occur in 2012 as a result of changes to the employee future benefits policies will be taken into consideration when calculating the 2011 accumulated surplus balance.

Occupational  
Health Clinics  
for Ontario Workers



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