



Occupational Health Clinics for Ontario Workers

Annual Report 2014-2015

Celebrating 25 years of Occupational Health

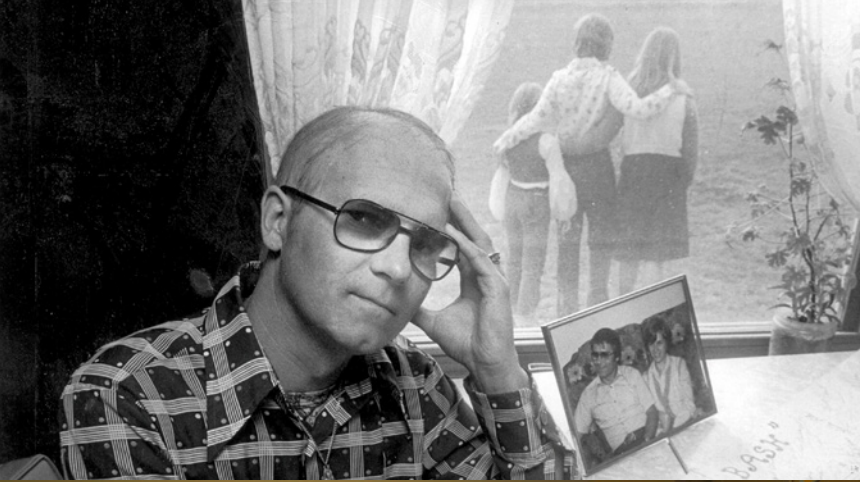


TABLE OF CONTENTS

About Us	4
Message from the President and Chair of the Board	5
Message from the CEO	7
“Celebrating the Past and Looking Forward”	8
OHCOW Then and Now, A Brief History	10
Clinical/Medical Diagnostic Services	12
Patient Case: Manganism or Parkinson’s?.....	14
Patient Case: Work Relatedness of Vocal Cord Nodule	15
Patient Case: Possibility of Benzene Contamination, and Associated Leukemia, from Common Solvents	16
Patient cases: Kellogg’s Plant Closure Intake Clinic	17
2014–2015: OHCOW by the Numbers	18
Exposure/Health–Based Prevention Interventions	19
Group Case: Surprising Volatile Organic Exposure from a UV Printing Press	20
Group Case: Improving an Important Community Health Resource.....	21
Group Case: Hazards and Exposure to Epoxy Coatings in a Small Electrical Parts Plant	22
Group Case Hamilton: Supporting a (Highly) Successful Ergo Team.....	23
Service to Vulnerable Workers.....	24
Inquiry Services.....	27
www.ohcow.on.ca	28
Outreach & Education.....	29
RSI Day ^{PLUS} 2015	30
Knowledge Transfer—Government Submissions.....	31
Prevention Tools—Mental Injury Tool Kit	32
Prevention Tools—Measure Workplace Stress App.....	33
Prevention Tools: PDD Handbook.....	34
Prevention Tools: MSD App Development	35
Research	36
Collaborative Partnerships	38

COVER IMAGES, CLOCKWISE FROM TOP LEFT:

Mesothelioma victim Tommy Dunn, Victims of Chemical Valley sculpture, 2015 app demo, Windsor 1983 march, and the late Federico Arcos, long-time Windsor volunteer with Nick Niforos, OHCOW Windsor Ergonomist



Occupational Health Clinics for Ontario Workers Inc.

INTRODUCTION

The Occupational Health Clinics for Ontario Workers (OHCOW) Inc. is one of six Prevention System partners funded by the Workplace Safety and Insurance Board (WSIB) via the Ministry of Labour (MOL). It has a unique mandate: to prevent occupational injury and disease by providing clinical, hazard and workplace assessment, along with evidence-based research; in response to concerns from workers, employers, and union representatives alike. Education and knowledge transfer are also key

aspects of our prevention efforts. OHCOW is funded in such a way that all services are provided free of charge.

This Annual Report is a snapshot of OHCOW’s work and accomplishments for the period April 1, 2014 to March 31, 2015. It also highlights our 25 year history and the related Anniversary Conference: Celebrating the Past and Looking Forward.

OUR MISSION

The mission of the Occupational Health Clinics for Ontario Workers Inc. (OHCOW) is to protect workers and their communities from occupational disease, injuries and illnesses; to support their capacity to address occupational hazards; and to promote the social, mental and physical well-being of workers and their families.

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.

ABOUT US

Each clinic is built on a unique service model where teams of doctors, nurses, occupational hygienists, and ergonomists provide comprehensive occupational health services and information to workplace parties regarding work-related health problems. Our clinics work in partnership with workers, supervisors, employers, unions, advocates and/or community stakeholders to identify occupational injuries and diseases, plus research and resolve health and safety problems. In addition, any prevention interventions are participatory and include a role for workers and their representatives in assessing and addressing workplace hazards.

- Interdisciplinary team of health and safety professionals responding to needs of workers in all sectors
- Direct involvement in occupational injury and disease through clinical services
- Funding model allows services to be provided without charge
- At the front-line in the detection of work-related health conditions
- Provide services to some of the most vulnerable workers in Ontario
- A vital bridge between the prevention system and the worker community
- Experience working effectively with employers and prevention system partners while rooted in strong labour values.

PRIMARY SERVICES

- **Medical diagnostic** service for workers who may have work-related health problems.
- **Group service** providing educational and investigative support for joint health and safety committees and workplace parties.
- **Inquiry service** to answer workplace health and safety questions.
- **Outreach and education service** to make people aware of health and safety issues and promote prevention.
- **Research service** to identify, investigate and report on illness, injury & disease trends.

CLIENTELE

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

MESSAGE FROM THE PRESIDENT AND CHAIR OF THE BOARD



David J. Chezzi, President and Chair



Donna Campbell

The Occupational Health Clinics for Ontario Workers Inc. (OHCOW) celebrated a significant milestone in 2014: our 25th anniversary as the leading provider of clinical and prevention occupational health services to workers in communities throughout Ontario. The organization continues to remain at the forefront of promoting a health-based prevention approach in responding to concerns from the workplace community. Throughout its 25-year history, OHCOW has been a trusted resource to provide expert prevention advice and sound prevention intervention solutions for all workplace parties. We take great pride in our community partnerships and in our contribution to the development of many innovative prevention tools and resources to increase awareness of health and safety issues and to promote prevention and hazard elimination strategies.

The year proved to be an eventful one at OHCOW, both for the Board and staff. After many years of dedicated service to the organization and community, Donna Campbell, Executive Director, Sudbury and Thunder Bay Clinics, announced her retirement. She will be missed. We also recognized the contributions of outgoing Chief Executive Officer, and former Board member, Anthony Pizzino. Michael Roche graciously accepted appointment as the Interim CEO, in addition to continuing his duties as OHCOW's Chief Financial and Administrative Officer. Under his stewardship the organization continued to thrive. In the fall, executive directors were recruited for the Hamilton and Sudbury/Thunder Bay Clinics, rebuilding the capacity of the Leadership team.

OHCOW is an organization which benefits greatly from its Board in strengthening our ability to meet the needs of workers throughout Ontario. Our Board members represent a wide spectrum of Ontario's labour movement and broader worker community. In 2014-15, OHCOW welcomed new Board members: Gayle Bossenberry as the CUPW representative, Debra De Angelis as the UFCW representative, and Michael Lundy from OPSEU as the LAC Chair, Thunder Bay clinic.

We also developed an action plan which will be implemented for the 2015–2020 strategic plan cycle, providing meaningful outcomes that will allow us to adapt effectively to the changing landscape of occupational health and safety priorities in Ontario. With ongoing support from our funder, we were able to move forward on many key initiatives. OHCOW continued to lobby for funding to launch a clinic in Eastern Ontario, ideally located in Ottawa, in order to meet the increasing demand for our services in this region.

OHCOW plays a unique and vital role providing essential services to ensure prevention of occupational disease, injuries and illnesses in Ontario workplaces and we will continue to do even more for workers and workplaces in the future. I am proud of OHCOW’s achievements in 2014–15 and also am appreciative of the efforts of the many partners, stakeholders, unions and supporters who have worked with us over the past 25 years. We are proud to be a trusted and esteemed prevention resource. We have many reasons to celebrate, and many more opportunities to showcase the valuable services that OHCOW has to offer. Through our important and ongoing collaborative partnerships, along with our constituency, partners and clients, anything is possible.

It has been an honour and privilege to serve in the capacity of President and Chair of the Board. Many thanks to everyone who contributed to our successes, including staff both at the Provincial office and in our clinics. I also want to acknowledge the great work our Local Advisory Committees have been doing in providing guidance and support at the clinic level and throughout their communities. I look forward to the many challenges and exciting ventures in our future, and I am confident we will continue to fulfill our commitment to the mission and values of OHCOW.

David J. Chezzi,
President and Chair
OHCOW Board of Directors

OHCOW plays a unique and vital role providing essential services to ensure prevention of occupational disease, injuries and illnesses in Ontario workplaces



This was a year filled with reflection, change and achievement. I am proud of all that the OHCOW team accomplished together in the promotion of occupational health & safety, plus the fight for disease prevention. Looking back, we are reminded of the many people who have come before us; we honour their dedication and commitment to meet the needs of the workers of the province; and we are inspired to strive for even greater achievements going forward.

Many of the significant milestones and accomplishments of the year are captured in this report, please take some time to review it. The highlight

[Our strategic plan] sets the stage for an increased focus on technology, services, oversight, financial sustainability and growth

was OHCOW’s 25th anniversary, marked with a celebration that included old friends and colleagues, congratulatory words from guests, a video presentation on OHCOW history and past achievements and a series of interactive and informative workshops. The variety of topics demonstrated the breadth of OHCOW knowledge and contributions to prevention.

Completing a five-year strategic plan, set to begin April 2015, was another major accomplishment. It sets the stage for an increased focus on technology, services, oversight, financial sustainability and growth. We also enhanced

our operational and reporting processes with a goal to continue to run as efficiently and effectively as possible. One example is a new Balanced Priorities report framed on the themes of People, Internal Process, Client, and Financial.

The 2015/16 Business Plan, developed and submitted in the fall, included strategic opportunities targeted to meet the needs of workers throughout the province, particularly by extending services into Eastern Ontario and expanding outreach to vulnerable and migrant workers. We continue to dialogue with the Ministry, Prevention Office, and our partners to try to address these important priorities.

Building and maintaining the clinic system takes a community. OHCOW’s achievements and success have been enabled by the visionary leadership of our Board and LAC members and the commitment of our staff and physicians. We thank them all for their service and dedication.

Michael Roche
Chief Executive Officer

“CELEBRATING THE PAST AND LOOKING FORWARD”

OHCOW celebrated 25 years of providing Occupational Health services to Ontario workers with a special anniversary conference held on October 30–31st, 2014 in Toronto. More than 200 people attended the event which kicked off with reflective and motivating speeches by senior labour and government officials and a stimulating and informative video presentation on OHCOW history and past achievements (<https://youtu.be/GOS3hjFyKc4>).

Speakers included:

- David J. Chezzi, President and Chair of the OHCOW Board
- Kevin Flynn, Minister of Labour
- George Gritziotis, Chief Prevention Officer
- Elizabeth Witmer, Chair of the Workplace Safety and Insurance Board
- Taras Natyshak, MPP (Essex)
- Sid Ryan, President of the Ontario Federation of Labour
- John Perquin, Assistant to the International Secretary-Treasurer of the United Steelworkers (USW), and early Board member
- Nancy Hutchison, Secretary-Treasurer of Ontario Federation of Labour and former Board member



Clockwise from top left: Hon. Kevin Flynn, George Gritziotis, John Perquin, Nancy Hutchison. Below: Dr. Noel Kerin, Occupational Physician, gives a stimulating presentation.



OHCOW staff led a series of informative and interactive workshops highlighting the organization’s strengths on themes of: clinical knowledge; hygiene, ergonomic, and psychosocial hazard recognition, evaluation and control; new and emerging health-based prevention tools; and interesting research projects. The topics are listed below, and the slides, as well as several videos, remain available on www.ohcow.on.ca for future benefit. We thank all of OHCOW staff along with the guest speakers, community partners, and participants in making this event a huge success.

- Mental Injury Tool—launching a new Smartphone App to help measure stress
- Causation of Chronic Diseases Including Cancer
- Intake Clinics screening for Occupational Disease
- Guidelines for the Prevention of Back Injuries Among EMS Workers
- Service to Migrant Farm Workers (MFWs)
- Labour OHCOW Academic Research Collaboration (LOARC)
- Physical Demands Description



Occupational Health Nurse, Cheryl Rook, answers a question.

- Office Ergonomics
- Noise—Its Effects and Methods to Reduce Exposures
- Practical Ergonomics Interventions
- MSD Survey Tool
- Back Care Techniques
- 3D Static Strength Prediction Program
- Quick Exposure Check
- Doing Something about Indoor Air Quality
- Role of the Occupational Hygienist in Establishing Work Relatedness of Occupational Disease

Friends from the Workers Health and Safety Centre: Susan Huizinga, Ellen Simmons, Laura Pascoe, Charlotte McMorow, Roger Silva, Constance Pare.



OHCOW THEN AND NOW, A BRIEF HISTORY

Throughout the 1970s and 1980s, Ontario workers struggled to secure basic health and safety rights. The miner's strike in Elliott Lake 40 years ago is a classic example. Key rights were gained under the 1978 Occupational Health and Safety Act after the Ham Commission. But there remained concern about exposure risks, including the need for independent medical services to recognize and validate linkages with disease in order to substantiate claims and drive prevention.

The first union-sponsored Occupational Health Clinic in North America was started by the United Steelworkers of America, Local 1005 in Hamilton in 1981 in conjunction with activist doctors from McMaster's Occupational Health Program. And building on its success, the Ontario Federation of Labour secured an agreement with the Ministry of Labour in 1988 to fund a pilot project—leading to the creation of OHCOW's first clinics (in Hamilton and Toronto) in 1989.

In Windsor in the mid-1980's, a mesothelioma widow, (Lucie Dunn), initiated meetings to build support for the victims of asbestos-related diseases. The victims' group sponsored a local clinic in 1987, becoming part of OHCOW in 1991, concurrent with a new Sudbury clinic to serve northern workers. The Sarnia clinic began in 1999 to service the escalating number of patients from that area. And Thunder Bay was added in 2010 to improve access in the northwest.

From the beginning the clinic staff worked hard at integrating primary (preventing harm-

ful exposures), secondary (screening for early health indications), and tertiary (recognizing work-relatedness, optimizing treatment and, if possible, return to work) prevention into both the clinical and field work. Guided by Local Advisory Committees, each clinic has grown and evolved to meet the needs of the community they serve.

In 1989, the demand for medical surveillance for designated substances dominated field work. As manufacturing declined, indoor air quality and ergonomics became more common requests. Asbestos issues grew, particularly in Sarnia, resulting in thousands of patients over the years. The Sudbury clinic quickly became an essential partner for communities with scarce resources. OHCOW Toronto served a densely populated area (Mississauga to the Quebec border) managing numerous requests with diligence and creativity. Hamilton staff became involved in epidemiological investigations early on, and the techniques (eg. questionnaires and medical screening) are now used across the organization.

About 10 years ago, Windsor, and then the Hamilton and Toronto, became involved with migrant workers, evolving into targeted clinics, often held evenings or on weekends in community locations. This work is now expanding to other vulnerable worker communities. In a similar vein, the Thunder Bay clinic has developed significant linkages recently with native bands in their area.

OHCOW is a small organization of dedicated professionals—making it nimble and respon-



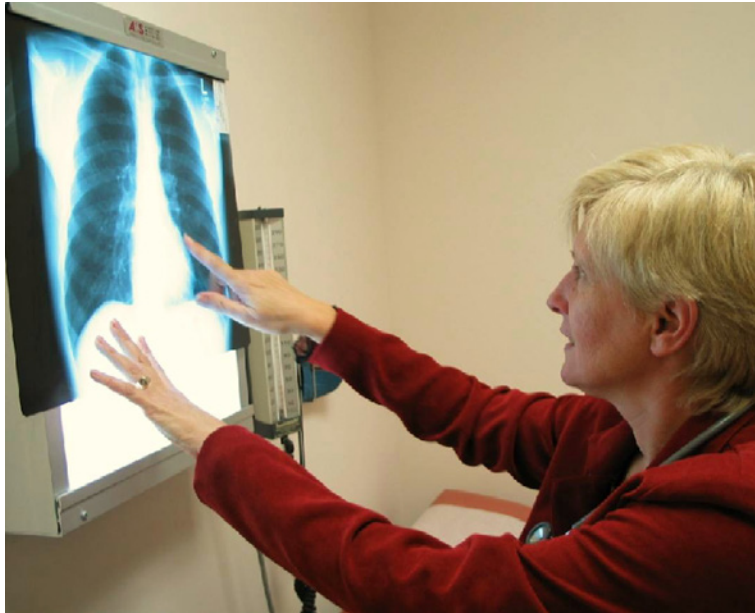
sive—but the reach and impact has been magnified significantly by numerous partnerships with a myriad of organizations and individuals. Connections to workers and their representatives have been especially valuable in keeping efforts grounded, practical and timely. The statistics are impressive. Over the years the multi-disciplinary occupational health teams in the OHCOW clinics have worked on more than 31,000 patient cases and 11,500 workplace interventions; developed >500 occupational health-based prevention tools and resources; presented >10,500 education sessions; and responded to more than 100,000 work-related inquiries.

Workplace hazards and concerns have evolved and changed over time, as has technology. OHCOW strives to stay current and informed, venturing recently into a collaboration to address burgeoning workplace stress and mental health issues and even developing smartphone apps. The issues and tools change, but the underlying need for occupational health expertise, assistance and support to the workers and workplaces of Ontario doesn't. The Occupational Health Clinics for Ontario Workers is as relevant today as it was the day it began.

These centres will vastly increase the availability to workers of independent medical assessments, including occupational histories and physical examinations by occupational health specialists, and medical monitoring of workers exposed to hazardous substances. In addition, they will contribute to improved industrial hygiene standards and will serve as sources of data for epidemiological studies to determine the relationship between work hazards and disease.

— Labour Minister Greg Sorbara
announcing funding for the first
two clinics in April 1988

CLINICAL/MEDICAL DIAGNOSTIC SERVICES



“Per our telephone conversation, please find attached the WSIAT decision ‘won’ for this worker much to the credit of OHCOW and the report prepared by the OHCOW Doctor and Ergonomist. I wish to thank you for the wonderful report.”

– From an advocate to OHCOW

Dr. Deborah Hellyer, Windsor Physician

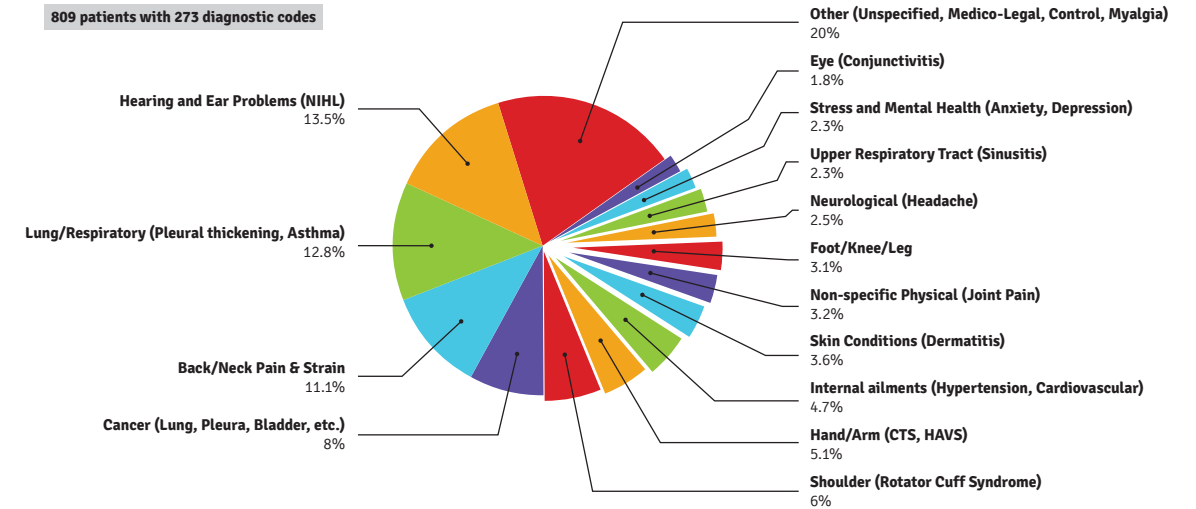
“I have just recently read your [medical] report and I have no words to express the vigilant efforts you display for the workers and families. We are so fortunate to have a genuine decent professional on our side, no matter what the outcome. I feel fortunate to have met you.”

– Individual patient feedback

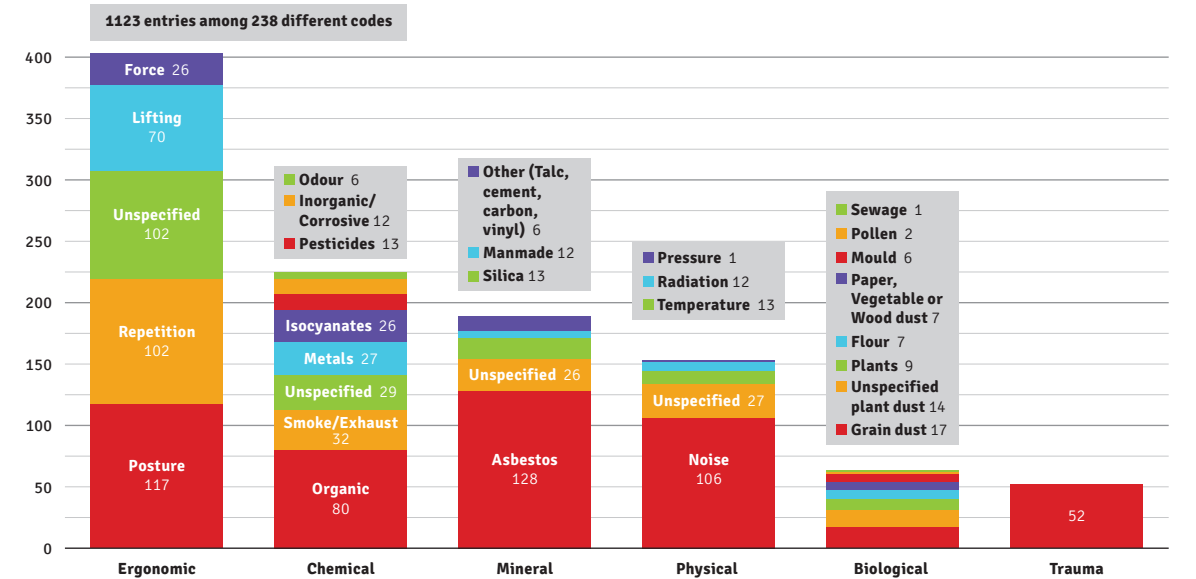
Day in and day out, OHCOW clinics are engaged in the investigation and diagnosis of whether specific health conditions resulted from occupational activities or exposures. We provide an evidence-based opinion about the work-relatedness of the injury or disease and produce an occupational medical report, often informed by occupational hygiene and/or ergonomic information.

In 2014, Clinical Services continued its focus on the needs of workers, many of whom are the most vulnerable in the province. A wide range of work activities, tasks and exposures were investigated and numerous diagnoses were made for a wide variety of occupational diseases.

DIAGNOSES AT A GLANCE: A WIDE RANGE



EXPOSURES AT A GLANCE: A DIVERSE STORY



PATIENT CASE: MANGANISM OR PARKINSON'S?

ROUND 1: A DIAGNOSIS QUESTION

- 50 year old ironworker with Parkinson's disease referred by advocate in 2009 after WSIB claim denied
- Symptoms, test results, and response to treatment directly assessed
- Specialists' reports reviewed
- Careful analysis of individual's condition in light of current research.
- OHCOW report substantiating Manganism submitted
- Claim accepted in 2010, but denied in 2012 on appeal

ROUND 2: AGAIN, DIAGNOSIS WAS THE ISSUE

- Both experts provided opinions based on clinical experience and research findings.
- Neurologist had expertise in clinical diagnosis, research and treatment of Parkinson's disease, but had never directly assessed the worker.



- OHCOW physician, with expertise in clinical epidemiology and in the neuro-cognitive effects of Manganese, did interview and assess the worker.
- An extensive review of the literature was provided which supported that the worker's profound cognitive impairment was consistent with manganese-induced neurotoxicity. Report was 8 pages with 28 references.

RESULT

- Claim was allowed at Tribunal (WSIAT Decision 1281/14). OHCOW clinical expertise and submission of scientific data enabled an evidence-informed decision.

With the support of the worker's family, OHCOW has contacted the Parkinson's Society to share the case and its implications.

PATIENT CASE: WORK RELATEDNESS OF VOCAL CORD NODULE

INTERVIEW

- Female, High school teacher for 14 years
- ~30 students/class and Activities with 30-100 students
- Constantly talking 7am-6pm, including lunch
- Symptoms began two years ago: hoarse voice & inability to talk, better on weekends
- Specialist advised result of excessive talking, common among teachers
- Accommodated with an FM system, microphone with speakers

REVIEW

- WSIB denial ("numerous contributing factors"), all medical, and claim file.

LITERATURE

- Strong odds ratios with voice disorders in teachers in 23 studies

- Consistent disorders in similar occupations: singers, clergy, telemarketers, day care staff
- Nodules more common in females
- In Poland, voice disorders in teachers 25% of all occupational diseases
- In Finland, vocal nodules and allergic laryngitis approved as occupational disorders in 2006.
- Work-related exposures identified include:
 - Noise—in and out of the classroom, long speaking distance, unfavorable acoustics
 - Temperature, humidity (dry air), lighting, ventilation
 - Irritants e.g. blackboard chalk, mould, chemicals
 - Workload, size of class, work pressure
 - Using a loud voice

WSIAT

- **Decision No.: 2330/11**
Teacher 2005 vocal cord surgery. Dr. Hellyer (OHCOW Windsor) 2007; Diagnosis of dysphonia related to laryngeal nodular growths, consistent with occupational etiology and medical literature indicating an increased association with dysphonia for teachers. Allowed 2012.
- **Decision No.: 1911/99**
Telemarketer, sore throat, hoarseness, vocal cord polyps, aphonia, laryngitis, Reinke's edema. Entitled to temporary disability benefits for aggravation of the underlying condition of Reinke's edema surgery and consequent functional aphonia. Allowed 2004.

Medical report and literature review supporting appeal was submitted to the WSIB. Decision pending. Developing educational materials for teachers & others.

PATIENT CASE: POSSIBILITY OF BENZENE CONTAMINATION, AND ASSOCIATED LEUKEMIA, FROM COMMON SOLVENTS

An advocate sent a case to the Hamilton clinic questioning whether his chronic lymphocytic leukemia was related to past work with naphtha solvents in an automotive assembly plant. The extent and types of exposures were characterized in a detailed hygiene file review and interview. Benzene was not listed on any of the Material Safety Data Sheets (MSDSs), which only list carcinogens if their concentration exceeds 0.1%.

To estimate the dermal absorption, the hygienist reviewed the literature and assumed a range of benzene contamination in naphtha solvents from 10-1000 ppm (0.001-0.1%). He then used the mathematical model published by Petty, Nicas & Bioarski (2011), and executed 10,000 Monte Carlo simulations varying the input variables within defined ranges according to specified distributions. The simulations provided an average estimate of the dermal absorption of benzene equivalent to an inhalation dose of 11.6 ppm-yrs (5th percentile 3.9 ppm-yrs; 95th percentile 23.4 ppm-yrs). However, in his estimation, the true level of benzene absorption would likely have been higher since the naphtha was mixed with an alcohol (benzyl alcohol) which enhances the skin's permeability, potentially as high as a cumulative dose equivalent to 50+ ppm-yrs of


inhalation exposure. Both levels exceed the German occupational disease criteria which states that 10 ppm-yrs is sufficient for >50% probability of work-related leukemia.

This case is an important illustration of the point that not all hazardous substances are disclosed on safety data sheets, and that users and occupational health practitioners need to be aware of the possibility of undeclared low level benzene contamination in commonly used solvents leading to significant dermal exposures. OHCOW will actively draw attention to this lesson by pursuing dissemination opportunities and including it in future case analysis plus awareness and education initiatives.




PATIENT CASES: KELLOGG'S PLANT CLOSURE INTAKE CLINIC

- London Kellogg's plant slated for closure
- Union raised concerns about future health of members
- OHCOW staff met with Union representatives to review concerns
- Hygienist reviewed exposure reports and union data
- Ergonomist examined job demands and hazards of each job
- In consultation with MD, suggested a clinic focussed on respiratory issues
- CSC and OHN coordinated 2 clinics in October, 2014 with Respiriologist—15 workers seen, case review continues
- Provided information and screening tools to help workers understand hazards and determine work-relatedness of any future problems, particularly Musculoskeletal Disorders and Noise-induced hearing loss.




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Do you think you are losing your hearing?

Ten Ways to Recognize Hearing Loss



Ten Ways To Recognize Hearing Loss

The following questions will help you determine if you need to have your hearing evaluated by a medical professional:

Do you have a problem hearing over the telephone?
Yes No

Do you have trouble following the conversation when two or more people are talking at the same time?
Yes No

Do people complain that you turn the TV volume up too high?
Yes No

Do you have to strain to understand conversation?
Yes No

Do you have trouble hearing in a noisy background?
Yes No

Do you find yourself asking people to repeat themselves?
Yes No

Do many people you talk to seem to mumble (or not speak clearly)?
Yes No

Do you misunderstand what others are saying and respond inappropriately?
Yes No

Do you have trouble understanding the speech of women and children?
Yes No

Do people get annoyed because you misunderstand what they say?
Yes No

If you answered "Yes" to three or more of these questions, you may want to see an [otolaryngologist](#) (an ear, nose, and throat specialist) or an [audiologist](#) for a hearing evaluation. You may also be able to get a *screening* audiogram at work or by another occupational health professional.

Turn Over

- Union is using jointly developed tools for other prevention & awareness opportunities across the province.

2014–2015: OHCOW BY THE NUMBERS

 1022
Clinical cases

 600
Inquiries answered

 437
Prevention interventions

 205
Educational sessions

 43
Staff

 18
Board members

 6
Clinics

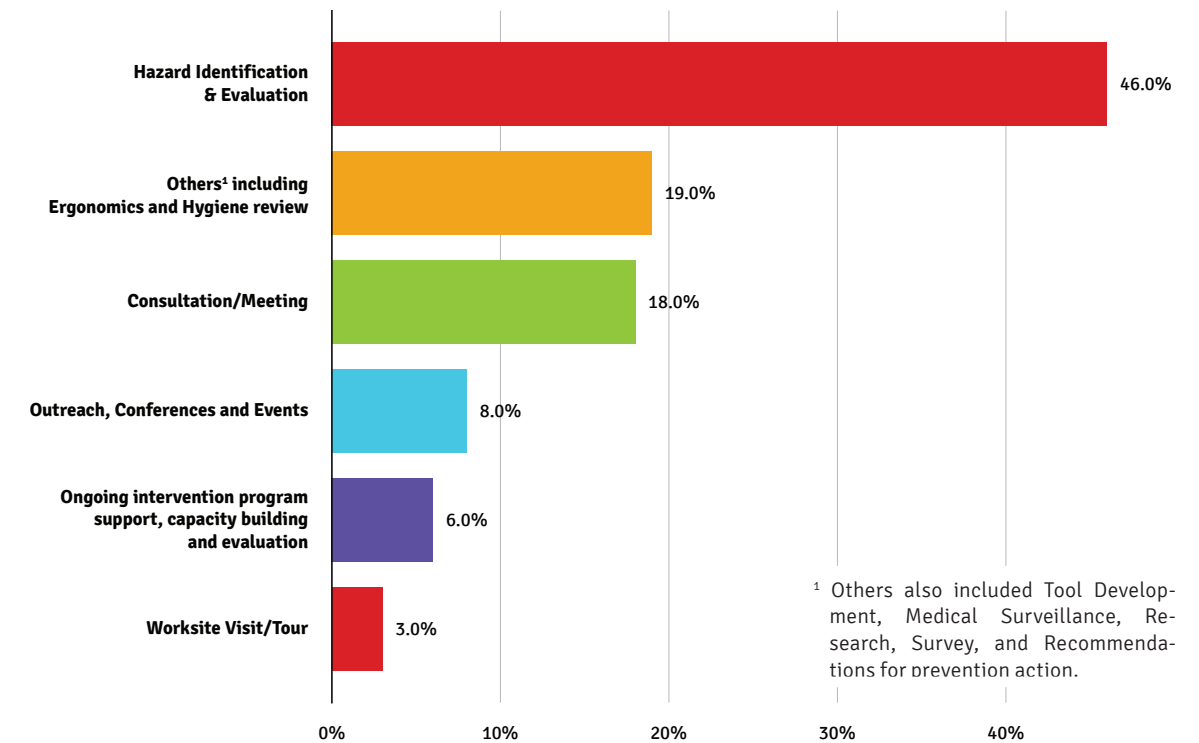
EXPOSURE/HEALTH-BASED PREVENTION INTERVENTIONS

OHCOW continued to provide assistance and advice to workplace parties through numerous prevention interventions. We generally work with Joint Health & Safety Committee (JHSC) members, using a participatory ap-

proach to identify and analyze hazards and exposures. Interventions by OHCOW's team of experts (often in the form of a written report but potentially including site visits, presentations, and even workshops) involve recommending prac-

tical solutions, suggesting control measures and building knowledge and capacity among the workplace parties to change working conditions in order to prevent further injury or disease.

INTERVENTIONS BY PRIMARY FOCUS



GROUP CASE: SURPRISING VOLATILE ORGANIC EXPOSURE FROM A UV PRINTING PRESS

A Windsor hygienist was invited to a plant that prints labels for cans because workers (on three rotating 12h shifts) operating a new ultra-violet (UV) press were complaining of headaches plus irritation of eyes and throat.

- Press installed 3 months prior to visit
- UV method eliminates VOC exposures during process.
- Two presses still operate using old methods of ink (pigments + solvents).
- Many different labels are produced.
- Each changeover requires clean—usually 3-4 changes during a 12 hour shift.
- New UV press requires 90 minute wash with petroleum distillate/naphtha to remove colour
- Old press requires only 20 minute clean
- Plant manager did not realize extent of change over



wash. Purchased UV press due to no VOC exposure during printing

- No PPE being used

CONCLUSION/ RECOMMENDATIONS

- High levels of exposure to VOCs during press cleaning.
- Switch to a cleaner with lower volatility
- Close off UV press room to minimize worker exposure

RESULTS

- Ventilation increased by increasing air changes/hour
- Workers provided with PPE (appropriate gloves & respirator) and education on hazards.
- Company is requesting future OHCOW involvement to review ozone levels

GROUP CASE: IMPROVING AN IMPORTANT COMMUNITY HEALTH RESOURCE

The Thunder Bay Clinic received a request for an assessment to evaluate the risk of musculoskeletal disorders (MSDs) during the process of obtaining and analyzing radiology images in a mobile breast screening bus due to past and current worker knee, back, shoulder and/or arm pain/injury.

Observation and Interview summary of Medical Radiation Technician (MRT):

- position patient within the Mammography unit (involves reaching per height of patient)
- take the required image (at computer behind partition across bus)
- view/compare images on two (fixed) computer monitors
- Four images/patient and MRT repeats process for each image



- 21 patients per 8 hour shift; 31 patients per 12 hour shift
- re-location of equipment not possible (secured due to mobility)

- Noticeable safety hazards present due to the set up and layout of all the equipment within the bus

CONCLUSION:

- Placement of patient into Unit leads to awkward upper limb, torso, and neck postures due to the location of the unit and the varied heights of the patients.
- Utilizing the computer components causes awkward neck, shoulder, wrist, and torso postures due to the location across the bus as well as the lack of adjustability

RESULTS:

- Adjustable computer components purchased and computer area modified
- A new design (to eliminate safety hazards, create better work flow, and provide full adjustability) was created to be presented to the manufacturer of the mobile bus unit. Management of the Health Sciences Centre stated that they would utilize this design in future bus acquisitions



GROUP CASE: HAZARDS AND EXPOSURE TO EPOXY COATINGS IN A SMALL ELECTRICAL PARTS PLANT

A letter of request from the plant JHSC co-chairs outlined a concern related to hazard phrases on the MSDS for an epoxy coating. During the visit, exposed workers also mentioned that they were concerned about symptoms they had been experiencing in greater frequency over time.

Direct reading measurements for respirable and ultrafine particulate were taken over the start up and running of the epoxy coating line. During the brushing down of a drum at start up, peak particulate concentrations reached up to 40 mg/m³ for a 5-10 minutes, however concentrations were generally below 0.05 mg/m³ during operation. The operator experienced peak exposures up to 1 mg/m³ when opening the enclosure and cleaning the internal surfaces. The respiratory protection worn was only adequate to protect against exposures up to 4 mg/m³. Thus, it was recommended that workers brushing down the filter cartridges be provided with a powered air purifying respirator with a full face-piece, along with disposable coveralls. Furthermore, this increased respiratory protection should be included in a written respiratory protection plan as per the requirements of CSA-Z94.4-11.

Acid anhydride is a potent sensitizer, so an OHCOW doctor, nursing student and hygienist arranged to meet with members of management and the JHSC to discuss offering a medi-

cal consultation to those working with the epoxy powder—in order to evaluate whether or not they are developing signs and symptoms of allergic reactions to the materials, and to address any other health concern.

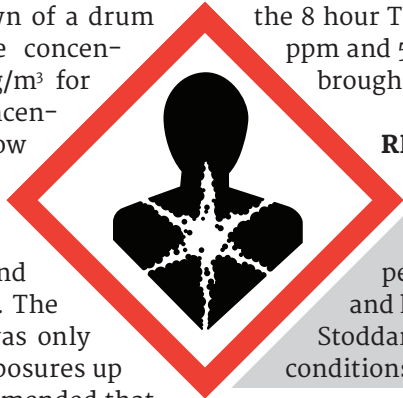
The visit also caused the inadvertent discovery, via the workplace measurements, that the whole plant had a concentration of Stoddard Solvent (from the stamping operation) exceeding the SCOEL 2007 exposure criteria for both the 8 hour TWA and the 15 minute STEL (20 ppm and 50 ppm respectively) which was brought to the committee's attention.

RESULTS:

The workplace has adopted the recommended improved personal protective equipment and have committed to retesting for Stoddard Solvent under variable work conditions to better understand the risk.

“Thank you so much! Our Joint Health and Safety Committee will review this ASAP, and look forward to implementing your recommendations. We really appreciate your advice, your time and your visit. Thanks again.”

– From an Employer



GROUP CASE HAMILTON: SUPPORTING A (HIGHLY) SUCCESSFUL ERGO TEAM

Horizon Plastics requested assistance with the establishment of an Ergonomics Change Team and an Ergonomics Program in 2013. The company had set a target to review a number of jobs and implement changes to one job in its first year. Over a two year period, OHCOW Hamilton has supported the initiation and continued education of the team.

To activate the team, OHCOW worked with the organization to provide a full day workshop on MSD risks, identifying hazards, assessment tools, possible controls, cost-benefit analysis, and solution implementation; this included going out onto the production floor and assessing different tasks using the Quick Exposure Check (QEC).

In 2014 OHCOW returned to provide an in-depth workshop on MSD hazard assessment: developing ideas, and evaluating and prioritizing solutions for one particular area with a high injury risk. **The recommendation was proposed to management, approved and implemented. The solution has resulted in measurable improvements to worker discomfort, quality, waste and productivity.**

The Ergonomics Team continues to address concerns in the workplace and expand its efforts related to job assessments and improvements. They have established the use of a number of tools to meet their needs, including the OHCOW QEC tool, the Washington State checklists and the UK HSE Vibration Calculator. The Ergonomics Team recently presented at a CRE-MSD conference highlighting the success of its Ergonomics Program.



2014 – Redesign of Slide Work Cell

By using a conveyor to remove the parts from the machine the trim tables were moved closer to the discharge point of the conveyor. Over the course of an 8 hr shift this saved an operator bending down completely to the floor 175 times and walking 1,100'

The new tables were designed with adjustable legs. This allows each operator to set the table at a working height that is comfortable for them while keeping them safe from back/neck injuries. This also positions the part at an optimum trimming angle reducing the occurrence of trimming errors and poor quality.

OHCOW's ability and track record as a front-line occupational health organization provides for wide ranging contact with precarious and vulnerable workers. We have extensive experience assisting individuals directly at community based clinics, as part of a small group during workshops and providing materials and tips in Fair settings. In addition, OHCOW's unique and longstanding role in many community social action partnerships makes us a trusted resource for vulnerable workers and for those who support them.

A primary program in recent years has been targeting assistance to migrant farm workers, and the networks created are now leading us into expanding and diversifying to provide immigration and refugee worker support. An initial foray in this area was participating in the planning and delivery (including offering an OHCOW clinic) at the 2014 Guelph Newcomer Health Fair and we look forward to more endeavours in this area in 2015/16.

Early 2015 brought enhanced outreach to the employers of vulnerable workers, particularly farmers, by participating in several conferences and tradeshows, developing and providing materials and information targeted to their needs, creating free Resource Tool Boxes to support their health and safety management efforts, and updating the OHCOW website for clarity and accessibility.

OHCOW's unique and longstanding role in community social action partnerships makes us a trusted resource for vulnerable workers

Agricultural workers are exposed to a variety of occupational hazards including intense physical labour, repetitive motion, long working hours, pesticides and fertilizers, heat, sun, dusts, mechanized equipment and falls from platforms and farm vehicles. After running a series of seasonal projects since 2006, the Occupational Health Clinics for Ontario Workers now has permanent funding for a program specifically focused on supporting Ontario's migrant farm workers and their employers. As part of OHCOW's MFW program, we provide interdisciplinary clinical services to this vulnerable worker population along with distribution of information tools and resources, delivery of educational sessions, and engagement and collaboration with employers, as well as community partners.

CLINICAL AND PREVENTION SERVICES

Nine clinics were held in high density MFW areas from June to October 2014, with 102 workers assessed: 4 in Simcoe in collaboration with Grand River CHC (as part of a series of new LHIN funded MFW clinics) and 1 each in Beaverton, Bradford, Carlisle and Niagara-on-the-Lake, plus the Simcoe Health Fair. In general we addressed:

- Occupational and general health concerns for workers without access to primary care services (~50% of issues are directly occupational)
- Orientation of primary care staff to: barriers and specific needs of this population regarding health; recognizing occupational health issues; prevention and work modification which may be warranted; recognition of work impact on non-occ. conditions and vice versa; WSIB and the claims process.

Evaluation and assessments were carried out on an ongoing basis to review strate-



gies to connect with the farm workers, and to confirm a systematic program better able to offer complete and effective services.

OCCUPATIONAL HEALTH WORKSHOPS & FAIRS

Nine workshops were conducted over the season, on farms, at fairs, to medical and nursing students as well as partner agencies. 215 workers participated in the communities of Carlisle, NOTL, Beaverton, Newcastle and Bradford. Topics included heat/sun safety, eye health and safety, and a general health at

work (hygiene, pesticide safety, poisonous plants, muscle strain and injury prevention). Each also included a review of the Occupational Health and Safety Act and WSIB entitlements.

We continued to prioritize attending MFW health fairs (6) as they allow us to offer services and resources to a large number of migrant workers (415 total) in many areas of Ontario (Simcoe, NOTL, Virgil, Beaverton, Clarington & Cobourg). Health fairs also provide an opportunity to connect with local service providers and stakeholders



working with this population, and provide occupational health perspectives to context and support their work.

PREVENTION TOOL DEVELOPMENT

Introduced in 2014 for the benefit of Community Health Centres (CHCs) and community organizations, our Tool Box offerings expanded in the winter of 2015 to include Employers. Each box contains copies of relevant occupational health and safety handouts, organized for easy access by topic and language (Spanish or English and pictorial). CHC and organization boxes have handouts to inform and guide their MFW clients, plus a number of resources relevant to treatment of this population. Employers have materials targeted toward managing safety, plus documentation to share with workers. Much

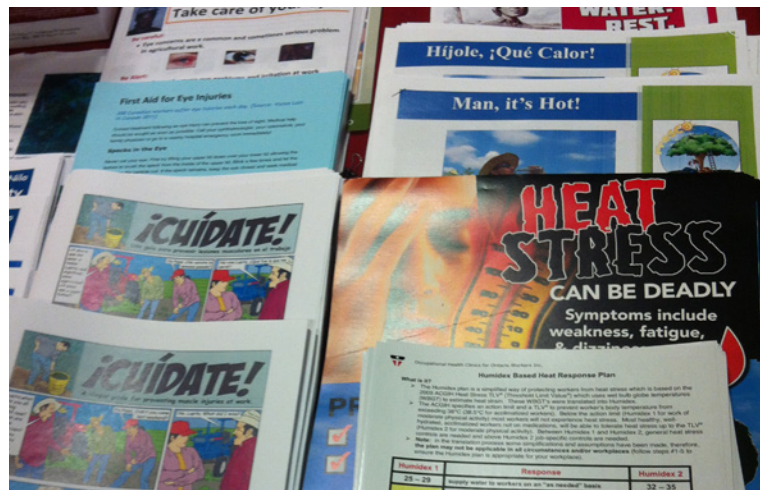
of the content is now posted at http://www.ohcow.on.ca/mfw_resources.

EMPLOYER OUTREACH

Building on the success of employer outreach in 2014, the winter of 2015 saw the MFW program attend 3 agricultural producer gatherings, providing outreach to a large number of farmers on occupational health and safety topics related to farming and outdoor work, as well as specifically on the Program itself. Connections made led to requests for Resource Tool Boxes and on-the-farm workshops for migrant workers, plus they provided the opportunity to get better connected to the Ontario farming community, build trust, and better

understand the occupational health needs of farm workers and their employers.

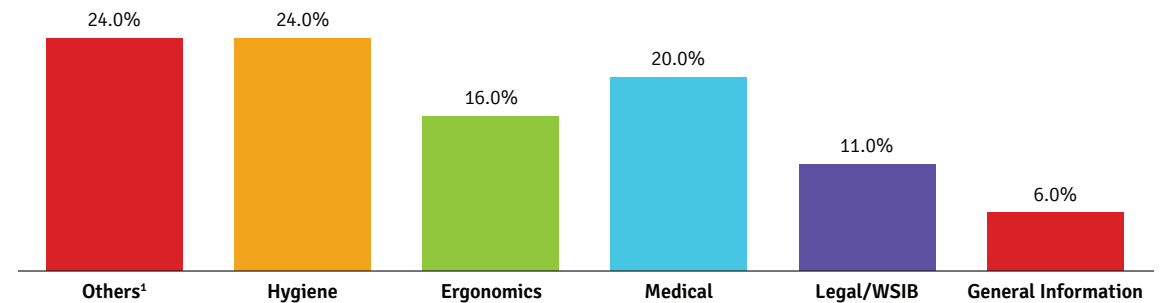
With 35 direct contacts, the Guelph Organic Conference opened up great opportunities to connect to smaller scale farms across Ontario who hire some migrant farm workers, but also Canadian interns and youth workers. Overall these employers seemed to have little awareness of occupational health and safety responsibilities and resources, and therefore will be a group that we target in future. The Ontario Fruit and Vegetable Convention in February allowed outreach to several large scale producers as well as associations and other organizations with whom we hope to partner in future.



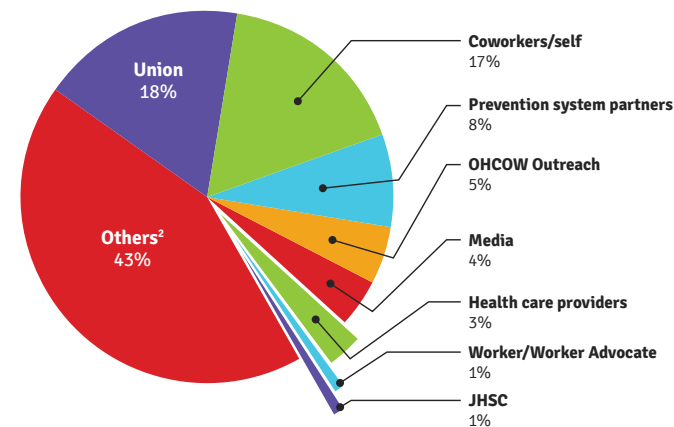
INQUIRY SERVICES

At no charge to the client, our inquiry services provide confidential access to general occupational health and safety information and respond to workplace safety and health-related questions about occupational exposures, illnesses and injuries. A majority of inquiries in 2014-15 originated through our work with the prevention system partners, unions and OHCOW's outreach events in the community. Questions received were mainly focused on general health and safety information, occupational hygiene and ergonomics.

NATURE OF INQUIRY



INQUIRIES BY SOURCE



¹ Others included Legislation, Environmental, Toxicology, and Multiple topics

² Others included Employers, Injured Workers Group, Learning and Research Institutions, and Legal clinics

OHCOW website is a rich source of health and safety resources and provides information on OHCOW services and upcoming educational sessions and conferences. The website also features information on each of the six OHCOW clinics, their respective catchment areas and community linkages.

2200
average unique
visitors per month

26,192
total new users

VISITORS BY GEOGRAPHIC LOCATION

38,294
sessions in the year from

50
different countries

30,028
from Ontario

3537
from the rest of Canada

2576
from the United States

plus significant traffic from
the UK, Australia, India, and
Germany

“Our experience with OHCOW was wonderful—everyone was amazing, knowledgeable, compassionate, easy to contact and very helpful. I felt they were just a call away.”
- Individual patient feedback

“I felt that the staff who dealt with me were caring, understanding, patient & knowledgeable. I believe this service is extremely important & should be kept.”
- Individual patient feedback

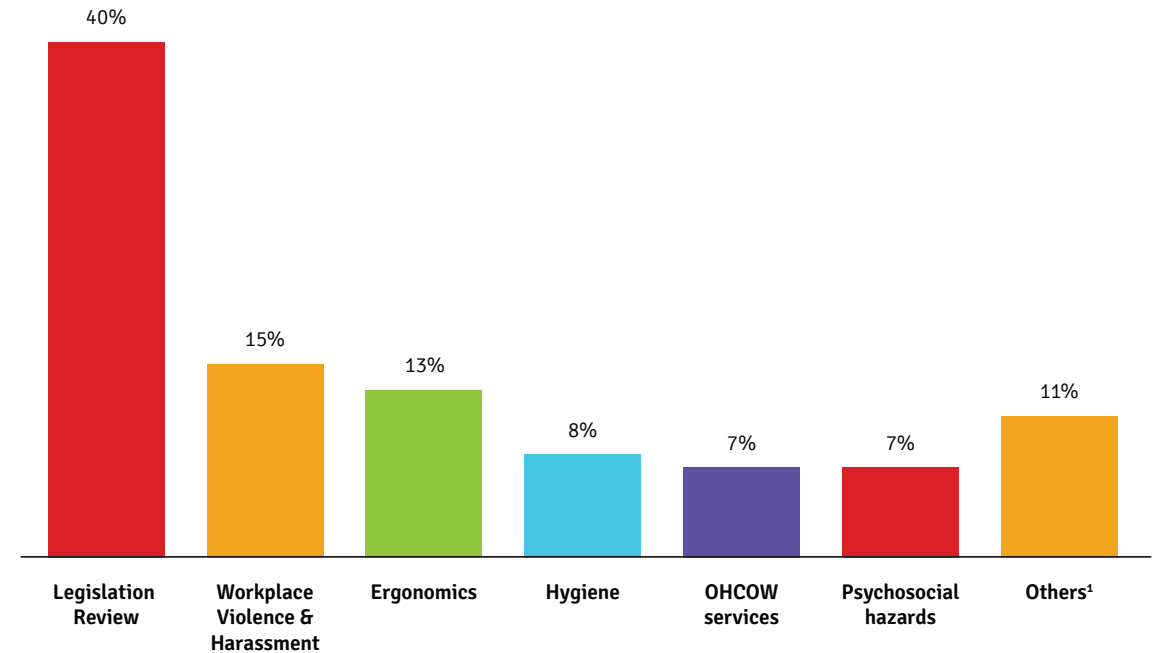
OUTREACH & EDUCATION

Through research, communication, tool development and educational services, OHCOW aims to contribute to the mobilization of occupational health knowledge in order to have a broad and positive impact on prevention activities and strategies. Every year OHCOW staff delivers formal knowledge transfer sessions tailored to the needs of workers, workplaces, employers, community organizations, preven-

tion system partners and research partners. OHCOW publishes various information materials in the form of factsheets, brochures and workbooks focused on various occupational hazards, exposures, diseases and injuries. These resources are offered at no charge and are easily accessible from our website.

Learn more at www.ohcow.on.ca/resources.

KNOWLEDGE TRANSFER SESSIONS BY TOPIC AREAS



¹ Others include: Agricultural Health and Safety, Psychosocial hazards; Hand Arm Vibration Syndrome; General health and safety.



Fiscal 14/15 went out with a very successful knowledge transfer event, RSI+ Day—marking the 16th anniversary of International RSI Day with some “pluses”: a broader Occupational Health focus; involving every OHCOW Ergonomist; and a month later to reduce travel risk to the northern venue.

492 participants:

- 112 at the eDome in Sudbury, ON
- 262 throughout Ontario
- 100 in the rest of Canada
- 18 locations outside Canada, including: California, Florida, Washington, Michigan, Tennessee, Texas, Australia, Tasmania, United Arab Emirates, South Korea, and Hong Kong.

Attendees were professionals and lay people from many sectors, including: municipal and provincial government; school boards, uni-

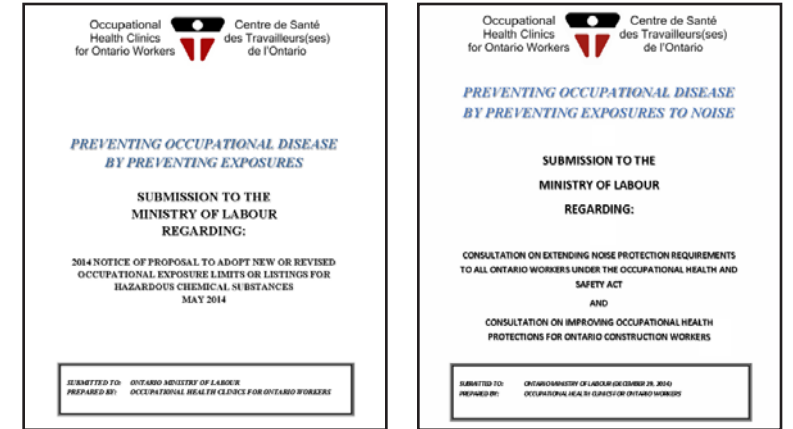
versities, and colleges; mining and forestry; unions and public service organizations; public health, hospitals, and nursing homes; insurance, hospitality, utilities, and transportation.

Popular and relevant subjects included:

- Designing an MSD (Musculoskeletal discomfort) App
- Safe Lifting
- To sit or not to sit – that is the question
- Planning Your Next Step; The Brain’s Connection with Movement
- Documenting the Physical Demands of Work: OHCOW’s PDD Handbook
- Upper Limb Musculoskeletal Disorders

Presentation slides and a video of the full proceedings are linked from the website at www.ohcow.on.ca.

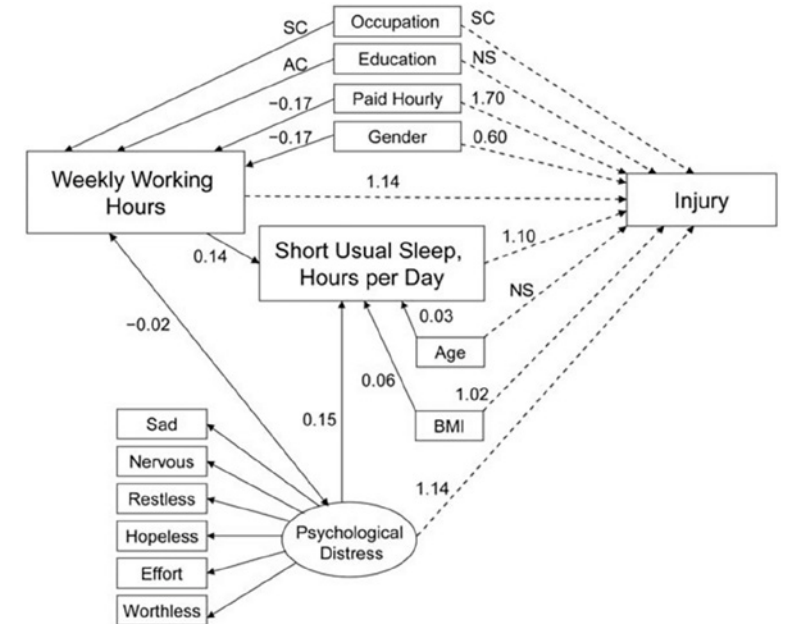
Part of OHCOW’s role in the OHS System is to use its collective expertise to critically assess and comment on legislative initiatives. In 2014/15 there were two opportunities to comment on legislative change—with respect to the Occupational Exposure Limits in May, and Noise Protection in December. In both cases, OHCOW provided evidence recommending lowering limits further than had been proposed.



Plus OHCOW participated in 2 presentations to the Mine Safety Review committee in December:

- Can we measure the effectiveness of the internal responsibility system? By J. Oudyk,
- Fatigue: Exploring the Health and Safety Implications by J. Oudyk, M. Tew, C. Vandergrindt

The submissions are archived on the website under **Past News**.



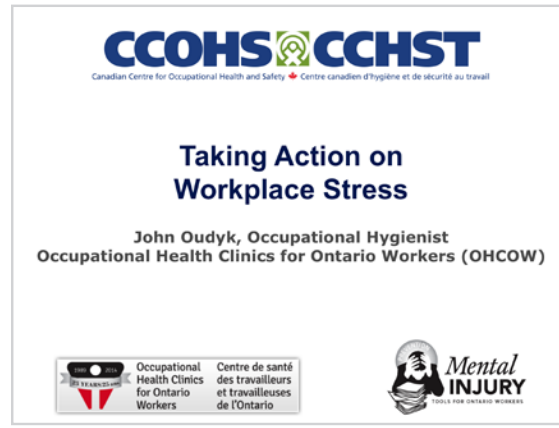
PREVENTION TOOLS—MENTAL INJURY TOOL KIT

The MIT survey has now been out for 2 years. The 2014/15 year began with a calming in the number of requests from workplaces to administer it. Two particular requests of note were the staff of a large union and a trucking firm.

The union staff members (400+) did the survey and achieved an 85% participation rate. The comments provided were especially rich in describing their workplace stress experience, so a comprehensive qualitative analysis was done for the first time, and results were reported regionally.

The trucking firm responses compared quite well with the norm for most factors except hours of work—unexpectedly, emotional demands were a dominant concern. As a result, the workplace has initiated Friday afternoon social gatherings (e.g. BBQ) which they hope will address this concern. As the year ends we have been laying the groundwork to conduct a number of very large surveys (1000+ each) in another trucking firm, among correctional workers, and across number of educational facilities.

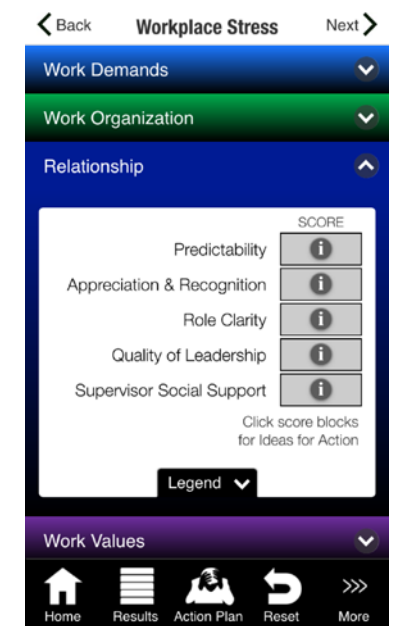
In addition, the group partnered with the Workers Health & Safety Centre to incorporate the survey into their revised 3-hour workplace stress module; posters relating to the MIT were accepted at two major Canadian conferences; and we were also invited to share our experience at the International Copenhagen Psychosocial Questionnaire (COPSOQ) Users Group meeting October, 2015 in France.



However, the highlight of the year was the collaboration with the CCOHS, to convert a shortened version of the COPSOQ into a smartphone app. The app was launched at the OHCOW 25th Anniversary Conference in October 2014 and within 6 months had >1000 downloads. We also delivered a webinar with CCOHS (Taking Action on Workplace Stress) which set a record for registration (1000+).

PREVENTION TOOLS—MEASURE WORKPLACE STRESS APP

The App lets the user get a “feel” for what is in the Mental Injury Survey plus gives the individual ideas on how to improve workplace psychosocial conditions. The user is asked to respond to questions about work factors: demands; organizational characteristics, relationships, workplace values, health and safety concerns, stress symptoms and offensive behaviours. Responses are automatically scored in comparison to a reference population and users can also access ideas, in the form of an action plan, on dealing with factors where they have scored worse or lower than the reference population.



Measure Workplace Stress App – available for free in Apple, Google Play and the Blackberry store. Over 1000 cumulative downloads from various app stores since launched in October 2014.

NEW OHCOW PHYSICAL DEMANDS DESCRIPTION HANDBOOK AND TEMPLATE

Physical Demands Descriptions (PDDs), often referred to as Physical Demands Analyses (PDAs), are used for numerous reasons by a variety of internal (e.g. HR, Health & Safety, Engineering, Supervisors) and external (e.g. physicians, other healthcare providers, insurance adjudicators) groups. They are intended to provide a detailed overview of the physical demands of a particular job. The current challenge is that there is no set standard as to how they are documented or how physical demands are measured and reported.

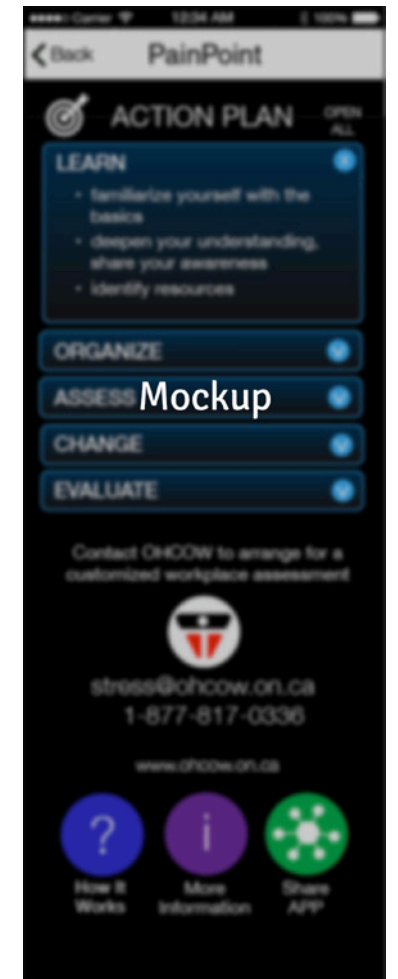
A new handbook was written by OHCOW staff and partners to provide guidance on the process that should be taken in any workplace when completing PDDs to ensure that they are both objective and accurate. It discusses how to prepare to conduct PDDs, observation and data collection, and reporting. It highlights all of the physical demands that should be captured and how they should be measured. A template was also designed in an attempt to bring standardization to PDDs that include objective measures, with an ultimate goal of becoming a national standard. The template was intentionally designed to collect measures that can be directly inputted into risk assessment tools used by practitioners. It is available online or in print version by contacting info@ohcow.on.ca. And in 2015 it is going to be adapted for standard use by the WSIB in new guidelines for employers.



PAIN POINT—NEW OHCOW MUSCULOSKELETAL (MSD) APP IN DEVELOPMENT

Again in partnership with the CCOHS, a joint team began working on the combination and extrapolation of an ergonomic survey tool (in the form of a body map), a severity predictor and general and task-specific recommendations into a smart phone application in early 2015. The app will be completed in early summer and launched during Ergonomics month in October 2015.

The OHCOW Pain Point app will deliver a very basic ergonomic assessment by running through a series of diagrams and questions to pinpoint musculoskeletal pain, identify possible sources, and discover practical solutions on a smartphone. The results are depicted on a body map, with recommendations to address work-related MSD hazards that could be contributing to your discomfort. No personal data is collected, but summary results can be shared with others (at the individual’s discretion) in order to report hazards or foster solutions.



RESEARCH

LOARC

In April 2014, the Labour, OHCOW, Academic Research Collaboration (LOARC) released a summary of findings from a 2012 research project as a guidebook for health and safety reps. It contains the findings of a survey of 888 reps along with 8 success (garnering change) stories, plus 10 principles for guiding effective participation in health and safety improvements—all distilled from 50+ individual respondents who did extended interviews. Electronic copies were sent to the 600+ participants who had requested it, plus it was posted on various websites including OHCOW's.

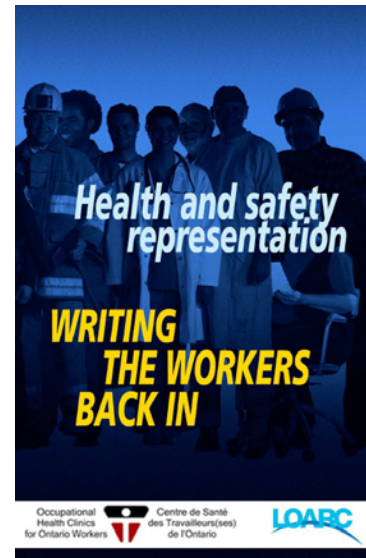
MIGRANT AGRICULTURAL WORKER HEALTH IN ONTARIO: EVALUATING A PROVINCIAL PILOT INITIATIVE TO INCREASE ACCESS TO PRIMARY HEALTH CARE

OHCOW participated in the evaluation of the LHIN-funded MFW clinics in Simcoe and Niagara regions along with a

The survey responses were studied further using a statistical technique called cluster analysis, and 3 groups were identified. Two were labelled based on categories previously identified by research published by Alan Hall (2006), also the principal investigator in this project, Technical Legal (worker reps who only go by the “rules”), and Knowledge Activists (individuals who collect information on hazards and organize worker support for change). The third group was characterized as less experienced reps, still evolving in their representational style. The analysis was summarized in a paper, “Identifying Knowledge Activism in Worker Health

graduate student from McMaster University (S. Mayell) and Dr. J. McLaughlin (Wilfrid Laurier). There were 462 workers seen at the clinics (visits = 715). Client survey respondents (N=86) stated their health needs were met and the location of the clinic was easy to find. Occupational health issues and chronic health issues remain prominent. Al-

and Safety Representation: A Cluster Analysis,” accepted for publication in the American Journal of Industrial Medicine in the next fiscal year.



though these programs exceeded projected targets, only 5% of the MFW population in the two regions was served. Providing follow-up and secondary care remained challenging. The results of this research will be presented at the International Conference on Rural Health in Italy in September.

OHEP

As a response to the concerns about future health implications raised by Hamilton Firefighters (IAFF 188) attending the Plastimet fire in 1997, City of Hamilton agreed to fund a 25 year program to monitor their health and exposures. Occupational Health Works Inc. (OHW), in partnership



ONGOING RESEARCH PROJECTS OF NOTE

- Completing the Picture: Collecting workplace exposure information from community health centres' patients
 - Researchers include Occupational Cancer Research Centre [OCRC], Centre of Research Ex-

with OHCOW, were awarded a contract to provide services for the Occupational Health & Exposure Program (OHEP) program. OHCOW is responsible for supplying a physician, plus the group analysis of the data collected (including: lab tests; a pre-test questionnaire of possible associated factors, occupational exposure and medical history, lung function

- Early Detection of Lung Cancer and Mesothelioma
- peritise in Occupational Disease [CREOD], in partnership with researchers from Centre of Research Expertise for the Prevention of Musculoskeletal Disorders (CRE-MSD), and Laurentian University. OHCOW and PSHSA play a consultative role.

and chest X-rays, and medical interview and exam).

The program is designed “to detect any patterns in the work force that might indicate underlying work related problems.” OHCOW receives and analyzes data to look for patterns and trends over time. Any exposure related trends detected would trigger deeper study. Because there is an enormous amount of data accumulated over 10 phases of the program, a graduate student was hired in Q4 to “clean” it up—identifying unusual entries and then checking them against the originals in patient files. This extensive cleaning sets the stage for reliable analysis of the cumulative data collected between 1999 to 2015.

- “Impact of Lung Screening on Quality of Life (QOL) in Asbestos-Exposed Workers,” with PMH and resesarchers from Brock University
- in Prior Asbestos Workers Using Low-Dose Computed Tomography (LDCT), with Princess Margaret Hospital (PMH)

COLLABORATIVE PARTNERSHIPS

OHCOW continues to build on its innovative partnerships with organizations working with vulnerable populations and small workplaces in development of new resources and new prevention solutions.

CANADIAN CENTRE FOR OCCUPATIONAL HEALTH AND SAFETY

Long a valued partner of OHCOW in dealing with Inquiries, 2014/15 brought the two organizations closer together in the development of the Health and Safety System's first smart phone application (app): Measuring Stress at Work. The relationship deepened further in the development of a detailed grant proposal to design, deliver and evaluate several more apps within a year. And, despite the associated funding uncertainty, work progressed jointly on developing an MSD Prevention App, and overseeing the efforts of Algonquin College students to convert an existing OHCOW Indoor Air Quality Tool into an app format. Both of these products ended the year basically complete and will be fine-tuned, uploaded and released



John Oudyk, OHCOW's longest serving employee accepting a congratulatory plaque at the Anniversary Conference from Steve Horvath, President and CEO of CCOHS.

in 2015/16. Definitely a year of accomplishment, setting the stage for a future of cooperation, creativity and synergy.

YOUTH ENGAGEMENT PROGRAM—PREPARING YOUTH FOR THE WORKPLACE

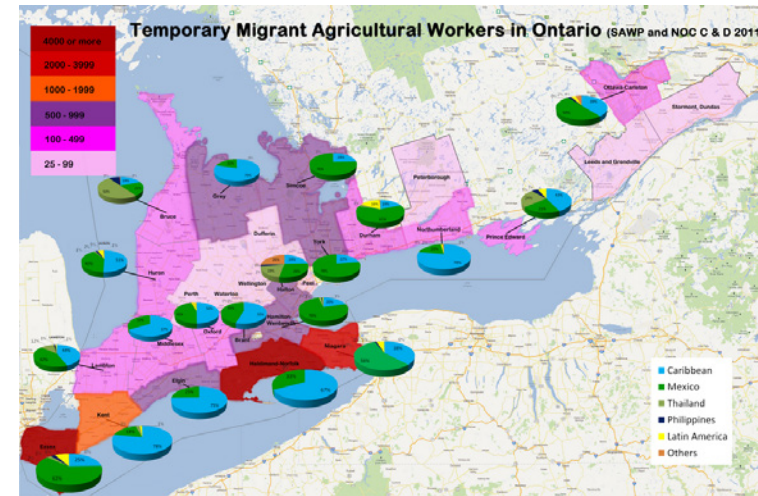
The Windsor Occupational Health Information Service (WOHIS), the University of Windsor Labour Studies Program, and the Occupational Health Clinics for Ontario Workers (OHCOW) are now in year three of a five year United Way funded strategy, offering three engaging and interactive classroom presentations for grades 10, 11 and 12 regard-

ing: 1. Occupational Health & Safety, 2. Workplace Violence & Harassment, 3. Employment Standards.

OHCOW provides a guest speaker, who works in collaboration with university Peer Youth Leaders and the high school teacher(s). The strategy is unique, and its success is due to students speaking to other students—allowing them to relate and learn from one another.

VULNERABLE AND MIGRANT FARM WORKERS

Community partnerships continue to be critical to moving the MFW program for-



ward, particularly in connecting to workers in new regions. This year we engaged in work directly with Grand River and Quest (Niagara) CHCs, plus we were involved in 8 partnerships with community-based organizations: the Bradford MFW support group Project el Sembrador; the AIDS Committee of Durham Region; Toronto-based migrant

farm worker support group ENLACE; the Durham Region Migrant Farm Worker Support Network; Haldimand-Norfolk Resource Centre; Ontario Council of Agencies Serving Immigrants (OCASI); Growing Community Health-Guelph; the Guelph Newcomer Access to Health services committee, Immigrant Services Guelph-Wellington; and Ni-

“I believe each clinician; pioneer and tireless workplace safety advocate at OHCOW have provided our country with an immense amount of value.”

— Steve Horvath, President & CEO, CCOHS

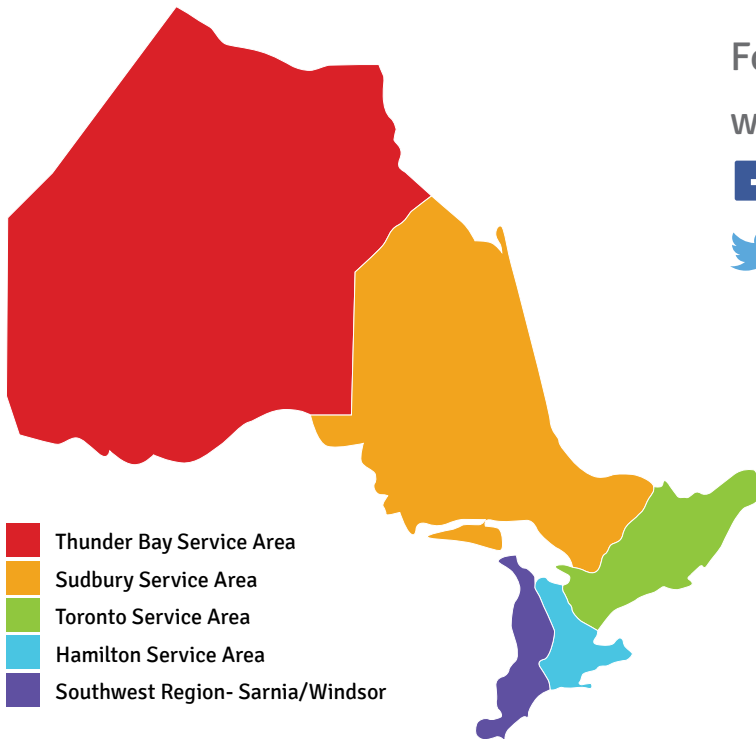
agara Migrant Worker Interest Group. In addition we have developed links with clinics serving refugees and immigrants in Kitchener and Hamilton who are certain to become future partners.

PARTNERS IN PREVENTION

OHCOW Leadership and technical staff work regularly with their peers in the Ministry of Labour, Workplace Safety and Insurance Board and the 5 other prevention organizations on a variety of projects and system initiatives. In addition, OHCOW tools, and the research behind them, are often incorporated into Workers Health and Safety Centre training modules.

Fiscal 2014/15 saw the formalization of a system network of ergonomists into the Ergonomic Integrated Planning and Advisory Committee (EIPAC) which was led by OHCOW ergonomist, Curtis VanderGriendt, for much of the year. They have been highly focused and productive, developing a multi-year action plan, organizing a System Learning Day and setting the stage for an Ergo Month in October 2015.

CONTACT THE OHCOW CLINIC CLOSEST TO YOU



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