

Annual Report

2013 – 2014



Occupational
Health Clinics
for Ontario
Workers Inc.

TABLE OF CONTENTS

Introduction	3
About Us	4
Our Approach to Occupational Health	5
Message from the President and Chair of the Board	6
Message from the CEO.....	7
2013 – 2014: The Year in Numbers	9
Clinical/Medical Diagnostic Services	10
Service to Vulnerable Workers.....	12
Service to Migrant Farm Workers (MFWs).....	13
Service to Small Workplaces.....	15
Exposure/Health-Based Prevention Interventions	16
Case Study: Ergonomic Assessment of a Dietary Aide	18
Case Study: Ergonomic & Occupational Hygiene Assessment at an Underground Waste Management Facility	20
Inquiry Services.....	22
Partnerships and Research	24
Local Advisory Committees (LACs)	26
Outreach & Education	27
Seasonal Health and Safety Hazards	28
Tool Development	29
www.ohcow.on.ca	30
What our clients are saying.....	31
OHCOW by Numbers.....	33

INTRODUCTION

OHCOW's mandate is to respond to concerns from workers, employers, and union representatives to evaluate potential health hazards in their workplace and prevent occupational injury and disease. These evaluations are provided at no cost to our clients. Once the evaluation is complete, recommendations are made to reduce or eliminate any hazards identified to improve workplaces and the health of workers.

This Annual Report is a snapshot of OHCOW's work and accomplishments for the period ending March 31, 2014.



OUR MISSION

To protect all workers and their communities from occupational injuries and illnesses, support capacity building to address occupational hazards and 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.



Occupational Health Clinics for Ontario Workers Inc.

ABOUT US

WHO WE ARE

OHCOW's interdisciplinary team of doctors, nurses, occupational hygienists and ergonomists work like detectives to 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

- **Medical diagnostic** service for workers who may have work-related health problems.
- **A group service** for joint health and safety committees and groups of workers.
- **An inquiry service** to answer workplace health and safety questions.
- **An outreach and education service** to make people aware of health and safety issues.
- **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.

OUR APPROACH TO OCCUPATIONAL HEALTH

Occupational Health Clinics for Ontario Workers (OHCOW) is dedicated to the identification and prevention of work-related injuries and illnesses. At the core of each clinic are interdisciplinary teams with extensive education and experience in occupational health and safety.

OHCOW's teams can provide expert assessments of whether health conditions may be work-related; provide patients with prevention advice; and work with workplace parties on prevention interventions. OHCOW's services are funded through the Ministry of Labour and are provided at no cost to patients and workplaces. OHCOW's services are available to any worker with a possible occupational health problem. We take a health

based approach. This involves determining whether co-workers are at risk, and if possible taking steps to have their workplace exposures evaluated. OHCOW will then support the workplace parties in developing prevention interventions and prevention tools and resources which contribute to elimination of occupational injury and disease.

Education plays a vital role in OHCOW's prevention activities. Workshops and presentations tailored to specific workplace issues or industries may be offered to a union or non-unionized workplace. OHCOW services are offered to unions, employees, employers and Joint Health and Safety Committees and representatives at no cost.

At the core of each clinic are interdisciplinary teams with extensive education and experience in occupational health and safety.

IDENTIFICATION
(Medical Diagnostic & Inquiry)

**EXPOSURE,
HEALTH-BASED
PREVENTION**

**RESEARCH
AND TOOL
DEVELOPMENT**

**KNOWLEDGE
TRANSFER &
EXCHANGE**

MESSAGE FROM THE PRESIDENT AND CHAIR OF THE BOARD

I am very pleased to present OHCOW's Annual Report for the period ending March 31, 2014. The year proved to be a very busy year for OHCOW both with the Board and with staff.

OHCOW continued to play a strong role around implementation of several major recommendations of the expert panel report—in particular, **strengthening health and safety system support and service to vulnerable workers** through our dedicated no-charge frontline 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 musculoskeletal disorders (MSDs), and **strengthening the internal responsibility system** by supporting participatory interventions for MSD, occupational disease prevention, and Psycho Social hazards.

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. This plan will lead us from 2015 through to 2020. I am very excited to embark on this task with the assistance of all our partners and stakeholders.

With ongoing support from our funder, we were able to move forward on many fronts. OHCOW continued to lobby for funding for a pilot clinic in Eastern Ontario with hopes of locating it in Ottawa. This will assist in shortening wait times for our clients in the Eastern corridor of the province to utilize the services OHCOW has to offer.

The OHCOW board welcomed new members in 2013/14: Sari Sairanen as UNIFOR rep, Chris Wheeler from O.P.F.F.A, Dave Wilken (as a Community member), Sylvia Boyce from USW, Scott Richardson as Injured Worker Advocate, UNIFOR Local 444 (LAC Chair, OHCOW Windsor clinic), Eugene Lefrancois from Thunder Bay District Injured Workers Support Group, Andy Sum-

mers from ONA and Neil Martin from OPSEU (LAC Chair, OHCOW Toronto clinic).

From when I first became active several years ago, my belief and that of OHCOW has been 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 2013/14 and also am appreciative of the efforts of the many partners, stakeholders, unions 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.

—David J. Chezzi

MESSAGE FROM THE CEO

Everyone agrees that the prevention of occupational health injuries and disease should be one of society's top priorities. And that investments in OHCOW and Ontario's prevention system partners have a direct impact on improvements to health, work and working conditions for the province's workers. In this regard, during the past year, OHCOW remained focused on ensuring that services are targeted to providing the highest level of occupational health clinical and prevention services.

The past year's accomplishments have been significant, due to continued creative and hard work by OHCOW staff and physicians, and partnerships with many unions and workplaces across the province.

Each of our six clinics has worked hard to ensure that they are accessible to any worker or workplace requiring services, and collaborating more closely across the entire province.

While the report will provide details of all of OHCOW's work,

I would like to highlight some important achievements over the past year. The year 2014 marks OHCOW's 25th anniversary, and planning is underway on a special conference to commemorate and celebrate the two and one half decades of service to Ontario workers. The Provincial Office moved to its new location in early January 2014 providing staff with long-awaited improved facilities. We launched a new mobile-enabled website and organized and hosted Prevention Partner forums in all clinic catchment areas.

As well during the past year, all parts of OHCOW, from the Board of Directors to staff engaged in a comprehensive discussion of the elements required for a future 2015-2020 strategic plan that will guide OHCOW into its 25th year and beyond. The plan was developed, presented to the Board of Directors and approved. OHCOW's 2015-2020 Strategic Directions Plan provides a high level strategy based on the information and discussions by the Board and within the organization to move forward in 2015-2020. The plan identifies strate-

gic opportunities which may provide added value through OHCOW services to workplaces throughout Ontario. It also provides for alignment with the health and safety system Prevention Strategy, while taking into consideration the existing organizational structure and available resources.

Investments in OHCOW have a direct impact on improvements to health, work and working conditions

Following the long-awaited release of the government's Integrated Health and Safety Strategy in December 2013, OHCOW submitted a list of comprehensive recommendations to the Ontario Ministry of Labour's consultation process. OHCOW provided recommendations to address concerns raised in each of the ten priorities of the Integrated Occupational Health and

Safety strategy framework. We strongly encouraged the government to make use of the recommendations to help develop a meaningful strategy to ensure the prevention of occupational injuries and disease in Ontario workplaces. As always, OHCOW has committed to make itself available to provide additional information. This is evidenced by the continued full participation and contribution to all MOL requests, working groups and committees.

OHCOW made its first business planning presentation to the new Chief Prevention Officer in October 2013 for the 2014-2015 fiscal year. In the presentation we reinforced that OHCOW offers no-fee public service delivery of its services; that we engage workplaces directly and that over 90 percent of our clients have been satisfied and implemented our recommendations. We utilize clients' experiences and turn them into tools and reinforced that OHCOW's prevention work is about leading indicators.

As part of our commitment and unique experience with vulnerable workers, our Migrant Farm Workers project continues. OHCOW provides

interdisciplinary clinical and prevention services accessible to this vulnerable worker population in farm towns during the agricultural season.

OHCOW has continued to work with labour unions and researchers in 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 and to address the ways of increasing the collaboration between Unions, OHCOW and Universities.

In the year ahead, we will continue to make improvements to the quality of our services, tools and outreach, and to ensuring we continue to use our limited resources wisely. We will continue to strengthen and focus our overall strategic partnership with the worker community and labour movement.

OHCOW's 25 year history has been built primarily on the local relationships, partnerships and services provided by each of our clinics. We

will continue to move OHCOW forward into a more consistent, effective and coordinated way, including especially consistency in the services provided and the approach to service excellence.

My sincerest thanks, as always, goes out to the Board of Directors, every member of the management leadership team, provincial office staff, clinic administrative staff, hygienists, ergonomists, nurses and physicians.

There is no greater strength that the resolve of our constituents and clients to link together in the pursuit of prevention. OHCOW's successes are stakeholder and community successes, and there is no doubt that we are stronger through collaboration and partnerships, where common goals unite our efforts. We closed out this past year knowing that OHCOW will continue to build on its successes and will strengthen its position as a highly reliable health and safety organization poised to help lead the future of prevention in the Province.

—Anthony Pizzino

2013 – 2014: THE YEAR IN NUMBERS



1619
Clinical cases



721
Inquiries answered



400
Prevention interventions



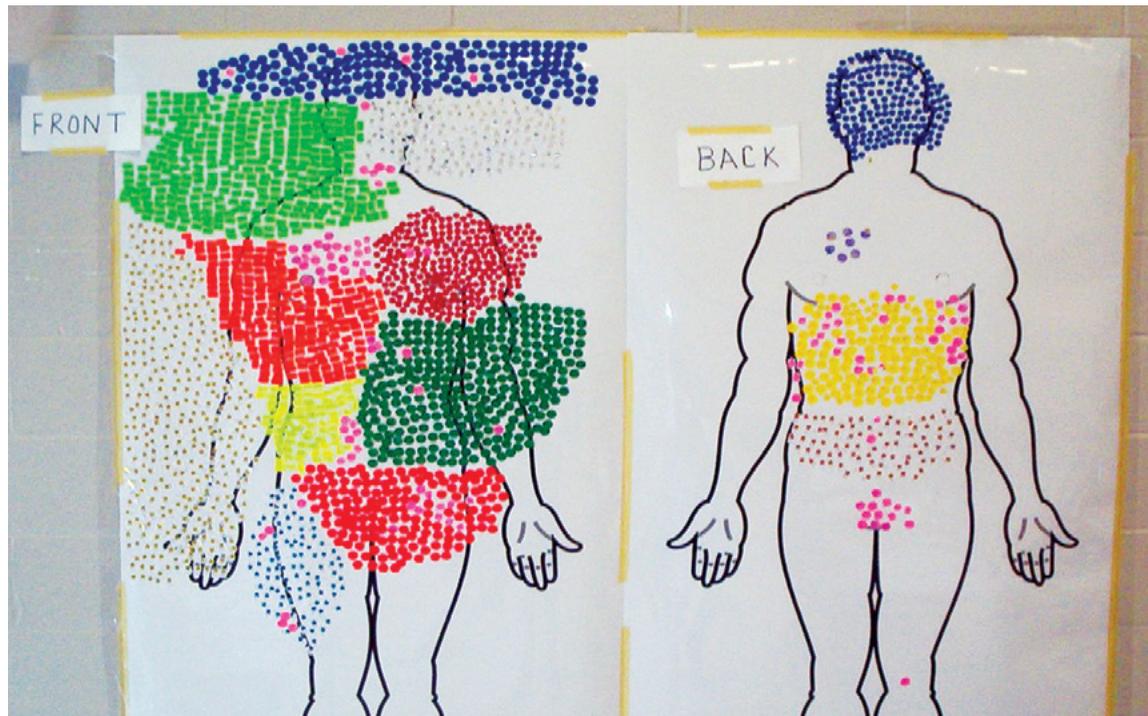
245
Educational sessions

CLINICAL/MEDICAL DIAGNOSTIC SERVICES

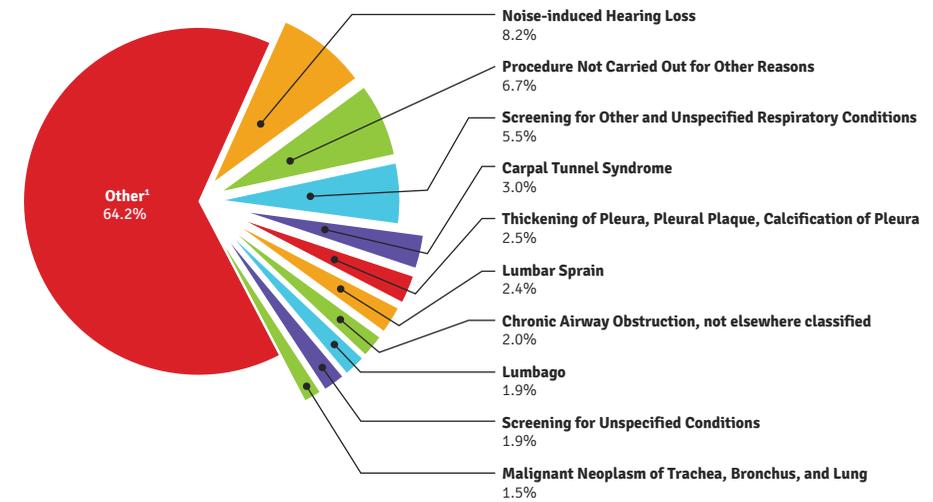
Day in and day out, our clinics are engaged in the investigation and diagnosis of whether specific health conditions resulted from occupational exposures. We provide an evidence-based opinion about the work-relatedness of the occupational injury or disease and produce an occupational medical report,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

In 2013, clinical services continued its focus on the needs of workers and workplaces, the majority of which are the most vulnerable in the province. A wide range of exposures were investigated and numerous diagnoses were made for various occupational diseases.

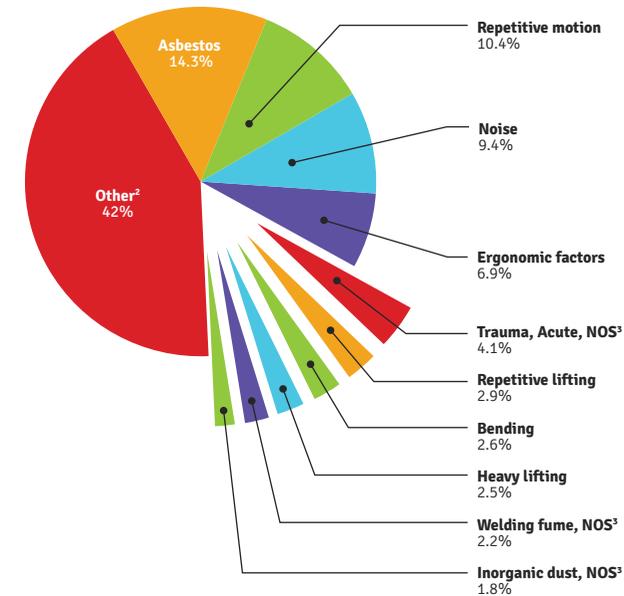
BELOW: "Body Mapping" tool to chart illnesses & injuries using life-sized body posters are often used during OHCOW's occupational disease intake clinics.



TOP 10 DIAGNOSES



TOP 10 EXPOSURES



FOOTNOTES

¹ Others include: Asthma; Backache; Sprains and strains of shoulder and upper arm; Malignant Neoplasm of Bladder

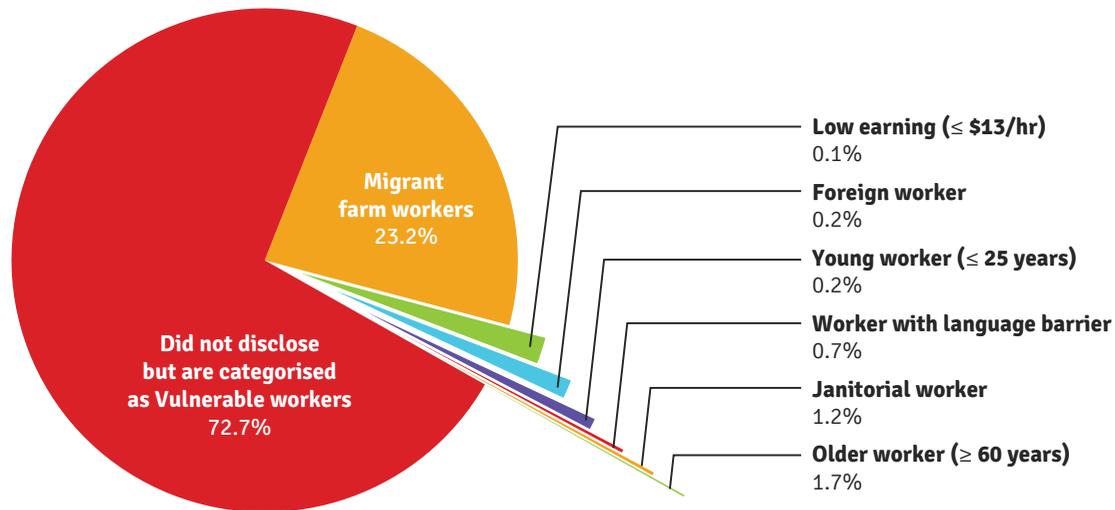
² Including Slip Trip or Fall, Benzene, Upper extremity, Physical factors, Multiple chemicals, Silica Sand, Vibration, Multiple solvents.

³ NOS - not otherwise specified or "unspecified" indicate that there is insufficient information in the medical record to assign a more specific code.

SERVICE TO VULNERABLE WORKERS

OHCOW's ability and track record as a frontline occupational health organization provides for wide-ranging contact with precarious and vulnerable workers. We have extensive experience assisting vulnerable and precarious workers, both at the frontline in our community-based clinics and in project and group settings such as our Migrant Farm Worker (MFW) project. OHCOW's unique and longstanding role in many vulnerable worker partnerships makes us a trusted resource for vulnerable workers and for those who work with them.

VULNERABLE WORKERS REACHED BY CATEGORY



SERVICE TO MIGRANT FARM WORKERS (MFWs)

OHCOW staff has firsthand experience with migrant farm 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. As part of OHCOW's MFW project, we provide interdisciplinary clinical ser-

vices to this vulnerable worker population along with distribution of information tools, educational sessions, engaging employers/workplaces, community consultations and collaborating with employers as well as community partners. Evaluation and assessments are carried out on an ongoing basis to assess the effectiveness of our MFW project.



ABOVE: During occupational health clinics for Migrant Farm Workers, we also set up information tables displaying our occupational health education and prevention based materials for workers to look at and take with them. Staffing the information table also provides an opportunity to answer migrant farm workers' many questions.

BELOW: OHCOW introduced an eye injury prevention project which was a combination of education and providing safety glasses free of charge to migrant farm workers. At the end of the project it was determined that use of safety glasses combined with an educational component resulted in reduced eye symptoms.

Occupational Health Clinics for Ontario Workers Inc. **Eye Protection for Migrant Agricultural Workers – Real World Challenges of Program Implementation and Evaluation in the Field**
 Michelle Tew, Murray Lawrence, Eduardo Huesca (CARWH June 2012)

The Problem:
Eye symptoms and injuries for Migrant Workers

Background
Approximately 30,000 migrant farm workers come to Canada each year mainly from the Caribbean and Mexico. They normally live and work on farms, are isolated, and work very long hours. The majority of time is spent in fields, orchards, packing areas and greenhouses where they are exposed to wind, sun, irritating dust, and pesticide residue on a continuous basis. Our experience in running medical clinics over a number of years saw up to 30% of workers presenting with eye complaints such as burning, redness, itchiness, eye injury, as well as pytergia

Challenges

- Language barriers
- Low literacy
- Long workdays
- Limited worker availability
- Limited access to workers on farms
- Time constraints
- Competing demands
- Limited resources

The Intervention

Workshop

- Eye symptoms + conditions
- Eye safety + first aid
- Optical medical care in Ontario
- Care of safety glasses

+ Safety Glasses

- Self selected
- Included protector for glasses

• Conducted at convenient time on the farm (N=6) or in the community when workers were available (N=4)
 • English + Spanish
 • Between 2-10 volunteers per session

Evaluation Strategies

Strategies (3)	Response Rate
1. Pre-post questionnaire (3 methods)	
Individual follow up (at community centre)	19%
Mail + in postcard	2%
Group meetings at farm	7% (3), 31%, 41%, 85%
Overall	17%
2. Focus group with workers at farm	1 farm (6 workers/ 100)
3. Interview with employer re project	100%

Findings – Time 1

Eye symptoms at baseline (T1) (N=262)

Frequency of eye injury/ something in eye (N=262)

Reasons do not wear safety glasses

18% of eye conditions were predicted by exposure to fruit and grapes (R=180, p=0.0)

Results

Change in eye conditions T1 – T2 for total group and high response rate group

Eye Symptoms	All follow ups (RR=17%) (N=79)	>80% RR Group (N=23)
Hurt	0.45 (.001)*	0.30 (.166)
Red	0.55 (.000)*	0.55 (0.12)
Itchy	0.42 (.004)*	0.27 (.142)
Blurry	0.38 (.005)*	0.45 (.07)**
# Eye injuries/100h	0.23 (.238)	↑ 0.36 (.162)

- Reported glasses comfortable/ very comfortable 90%
- Average # days safety glasses worn per wk 4.5
- Glasses broken or scratched 10%
- Employers identified they would repeat workshop next year 100%

Lessons Learned/ Future Directions

- Use of safety glasses + educational session can result in reduced symptoms
- Safety glasses should have protective case for this population
- Involve larger community for sustainability
- E.g. Local safety equipment provider to have product available for migrant workers and employers
- Delivery of health and safety educational interventions requires flexibility in availability and methods
- Interventions need to be planned early in the season with options for changes if needed
- Human resource needs increase with level of interaction with worker
- Evaluation and follow up is very difficult
- Needs low dependence on print-based materials
- Suggest focused assessment and/or specific target groups
- Combination of qualitative assessment + scientific assessment data

SERVICE TO MIGRANT FARM WORKERS (MFWs)

CLINICAL SERVICES

15 clinics were held in high density MFW areas from June to October 2013. The average number of workers seen per clinic was 14.

EDUCATIONAL SESSIONS AND WORKSHOPS

21 workshops were conducted on farms. Topics included Eye Health and Safety, Heat Stress and Sun Safety, Back Strain and Stretching, Health at Work, Pesticide Safety. Other sessions addressed Working with Migrant Labour, and How to Develop a Population Needs Based Planning Approach for Migrant Workers in Ontario.

COMMUNITY OUTREACH

Virgil Health Fair, Simcoe MFW Health Fair, Leamington Health Fair, student MFW interest group in Niagara, Migrant Farm Worker Employer Engagement, 2014 Fruit and Vegetable Growers Convention, Ontario Bee Keepers Association Annual Meeting. OHCOW collaborated with other community partners and supported the creation of

a Sarnia—Lambton Welcome Booklet for Migrant Workers.

COMMUNITY PARTNERSHIPS & CONSULTATIONS

Niagara Migrant Worker Interest Group, Norfolk Health Care Accessibility Committee, The Migrant Worker Community Program, Pesticide Management Regulatory Agency, Health Canada, Wilfrid Laurier University. OHCOW partnered with the Association of Ontario Health Centres which presented a proposal for a provincial program of primary care for MFWs to the Ministry of Health and Long-Term Care. This, combined with Wilfrid Laurier University, Niagara and Simcoe partners resulted in unique funding for migrant farm workers primary care clinics by the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN). OHCOW is providing occupational health services to these clinics.

OHCOW connected the Vulnerable Worker Specialist and other Ministry of Labour (MOL) personnel to community events and contacts to

allow front line engagement with vulnerable workers.

OHCOW has used occupational health materials developed by U.S. organizations and in some cases it has participated in their development or in adapting the materials to the Ontario context. Currently we are using materials on heat stress and sun safety that we helped to pilot and we are working with Health Canada to adapt some US pesticide safety materials for use in Ontario. We have translated health and safety materials developed by the U.S. Environmental Protection Agency (EPA) and the Migrant Clinicians Network (MCN) into Thai as well as translating materials developed by the Haldimand—Norfolk Health Unit Public Health Unit into Spanish. We have encouraged the MOL to translate some of their materials into Spanish and Health Canada to begin developing graphic and multilingual materials.

SERVICE TO SMALL WORKPLACES

OHCOW's small workplace prevention intervention service is one of our strengths. We have realized success through our practice of building credible relationships with the Joint Health and Safety Committees (JHSC) or the employer and worker representatives.

While establishing a relationship built on trust, we provide the workplaces with simple and effective solutions and the delivery of the crucial no cost resources through our interdisciplinary team.

Small businesses need resources that are readily available and free of charge. There are often too many competing priorities for a small business owner to understand the importance of financial investment in health and safety.

RIGHT: OHCOW participated in the facilitation of the WSIB SCIP Small Workplace Initiative program (SCIP) across Northern Ontario. This was a partnership with other Ontario Health & Safety Associations to reach and educate small business owners about the importance of health and safety in the workplace. OHCOW received many requests for ergonomic and hygiene on-site prevention interventions as a result of the SCIP program.

In 2013/14, we responded to the needs of small businesses through prevention interventions and providing recommendations to address concerns related to occupational hygiene, ergonomic, and occupational diseases. The workplace parties we work with come to know that OHCOW is their resource and that we assist with the prevention of workplace illnesses or injuries without any cost barriers. Workplaces contact OHCOW when they have identified or suspect that there are hazard(s) with which they need assistance.

The workplace parties we work with come to know that OHCOW is their resource

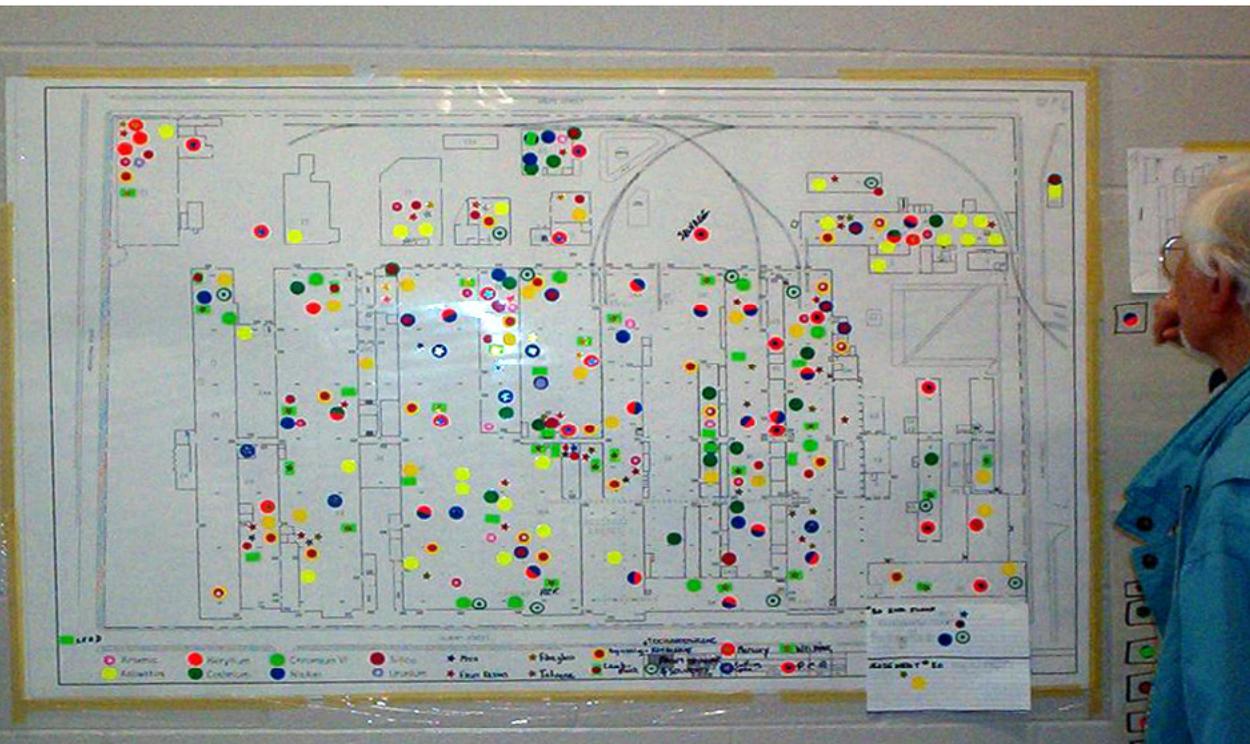


EXPOSURE/HEALTH-BASED PREVENTION INTERVENTIONS

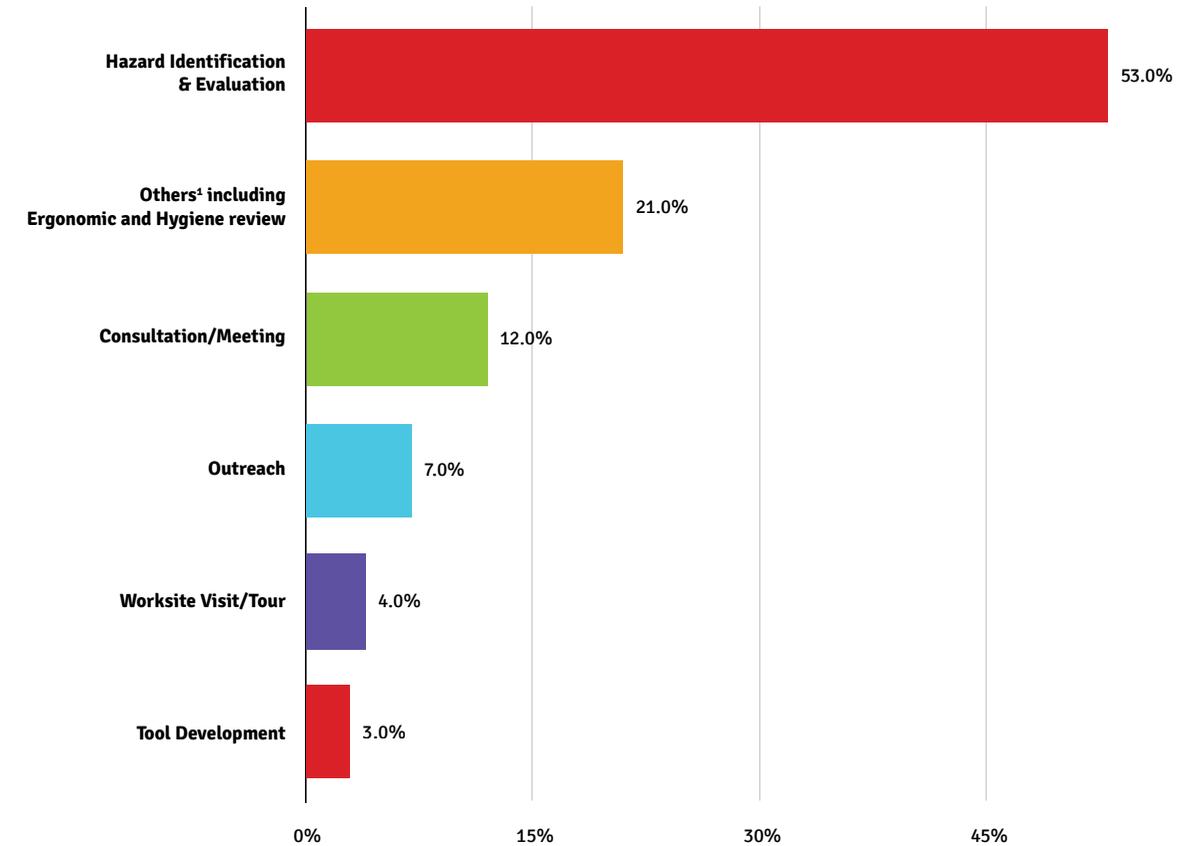
OHCOW continued to provide assistance and advise to workplace parties through numerous prevention interventions in partnership with workplace parties. We often work with Joint Health & Safety Committee (JHSC) members and use a participatory approach to identify &

analyze the workplace hazards & exposures. These interventions involve recommending practical solutions and control measures made by OHCOW's team of experts often in a written report to change working conditions in order to prevent further injuries or diseases.

BELOW: Workplace Hazard Mapping tool—to target the workplace hazards for elimination. Often helps to build the case/argument to effect change in the workplace.



INTERVENTIONS BY PRIMARY FOCUS



FOOTNOTES

¹ Others also included: Ongoing intervention program support, capacity building and evaluation; Recommendation for prevention action

CASE STUDY: ERGONOMIC ASSESSMENT OF A DIETARY AIDE

OHCOW Sudbury was asked to provide an opinion on whether the client's diagnosis of bilateral Carpal Tunnel Syndrome (CTS) was work-related as a dietary aide. We reviewed the WSIB decision (denied), all medical documents, the claim file, client history, interviewed the client, and completed in-depth research about the work and the tasks that the client completes on a daily basis.

The client has worked as a dietary aide since 1995 and began to notice numbness in fingers in 2006 and was diagnosed 3 months later with bilateral CTS for which the client later underwent surgery. A claim for CTS was filed with WSIB in 2008.

The Workplace Safety and Insurance Board (WSIB) Ergonomist concluded that "although the worker's duties were at times repetitive, they were not sustained, strenuous and highly forceful." OHCOW reviewed the client file which included a Physical Demands Analysis (PDA) which stated that the job required the client to flex her wrist frequently (34-66% of the time) and

continuously using her fingers (67-100% of the time.)

We continued to explain that:

- Although the client's tasks required only light force in operating equipment, when serving plates (which the client does for one hour each shift) the client was required to use a pinch grip;
- A pinch grip applies more forces to a smaller group of muscles which increases the risk of injury compared to a gross grasp;
- The client was indeed exposed to a wide number of tasks that the WSIB Ergonomist mentioned, however, these tasks which included scooping, mixing, cutting, serving and washing all involved exposure to the same identical risk factors of awkward postures, force, and repetition;
- So while the tasks were varied, the exposures were not, and the client was exposed to the same risk factors no matter what task was being performed; and

- The worker's claim for bilateral CTS was allowed at the Workplace Safety and Insurance Appeals Tribunal (WSIAT) level. WSIAT concludes with "The Panel finds that the worker's job duties were not only repetitive but they were forceful and that this combination presents a significant risk factor for development of carpal tunnel syndrome."

We reviewed the WSIB decision (denied) ... The worker's claim for bilateral CTS was allowed at the Workplace Safety and Insurance Appeals Tribunal (WSIAT) level



CASE STUDY: ERGONOMIC & OCCUPATIONAL HYGIENE ASSESSMENT AT AN UNDERGROUND WASTE MANAGEMENT FACILITY

OHCOW was contacted by the Joint Health and Safety Committee (JHSC) co-chairs of an underground waste management facility with a request for OHCOW to partner with them to complete ergonomic and occupational hygiene proactive prevention interventions. The purpose of the request was to evaluate the risk of developing musculoskeletal disorders and evaluate dust exposure during the waste management process.

The purpose of the request was to evaluate the risk of developing musculoskeletal disorders and evaluate dust exposure during the waste management process.

To address the situation, the OHCOW ergonomist and hygienist reviewed the work process of the waste manage-

ment shop at the underground mine. The OHCOW ergonomist observed the work being completed by the workers and the hygienist took direct dust readings using a dust monitor to measure dust in the area. The workers were interviewed during the assessment to determine where the workers were feeling symptoms of Musculoskeletal Disorders (MSDs). Most workers did not have any symptoms at the time of the assessment. It was very rewarding to be part of an intervention that was being done for proactive purposes to prevent injuries before they occur.

The waste management process was a very labour intensive. The waste throughout the mine is brought to the waste management station with a forklift. The forklift operator travels from one level to the next to pick up luggers full of garbage

and brings them down to the waste management station. At the station, the forklift operator would flip the lugger over in order to empty it. A lugger is a large 10 foot by 4 foot bin used within the mine to collect garbage and scrap. Once the lugger is empty and removed by the forklift, the ground team sorts through the garbage and separates the waste into different piles: steel, paint and aerosol cans, pails, water bottles, wood and garbage.

Empty shotcrete bags are also brought to the dumping station and manually transferred into the bailer. Shotcrete is a form of concrete containing silica. When working with shotcrete bags, there is a lot of dust that is created from moving the bags around, therefore the pile of shotcrete bags is sprayed with water before transferring them to the bailer. On the day of assessment the worker simulated the loading of the bailer with shotcrete bags which took him 15 minutes. Usually, they

load 150 bags in an 8 hour shift which takes approximately 1 hour. There is a duct opening at the entrance of garbage dumping station for dilution ventilation.

Once separated, the waste is placed in a bailer in order to crush and compact the waste and then it is tied with bail wire to secure the bail. This would increase the amount of waste they can bring to the surface with the cage, making the task more cost efficient.

Whatever can be recycled is sent to a recycling station within the city and the garbage is sent to the landfill.

The main ergonomic risk factors that were identified with this operation are:

- heavy work load combined with body motions beyond safe ranges that increase the risk for back injuries especially when bending down to fill the garbage cans with separate materials from the floor

- frequent, forceful movements, and forceful grips create a high risk for wrist and other upper limb injuries
- working while standing/walking on a hard floors creates the risk for lower leg discomfort and accelerates the development of fatigue

These factors have a compounding effect. In other words, each of them increases the effect of the other. Due to the operation being underground, there is limited space which creates a challenge when trying to implement recommendations. Recommendations were provided by the OHCOW ergonomist to reduce the risk of developing MSDs.

The main occupational hygiene risk factors that are identified with this operation are:

- Excessive dust exposure when loading shotcrete bags

- High noise levels
- Heat stress hazards

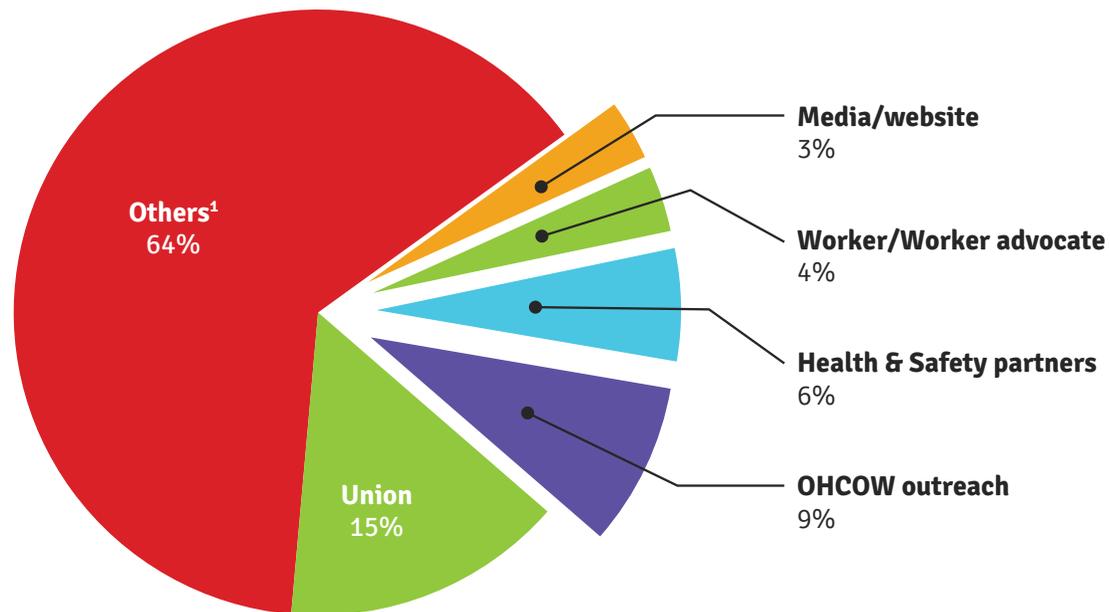
Recommendations were provided by the OHCOW Hygienist to help reduce the occupational exposures.

Recommendations were provided by the OHCOW ergonomist to reduce the risk of developing MSDs

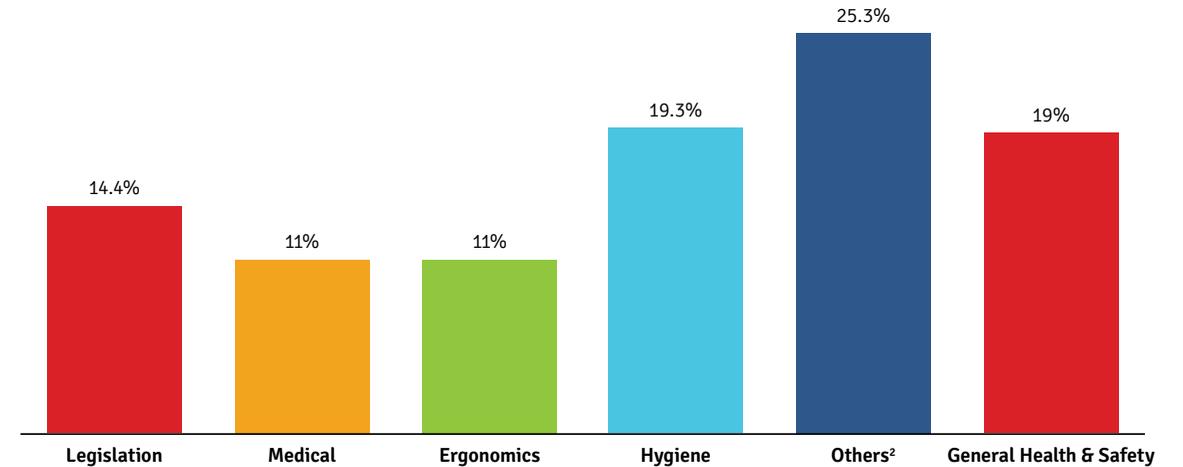
INQUIRY SERVICES

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 2013/14 originated through unions and OHCOW's outreach events in the community. Questions received were mainly focussed on general health and safety information, and occupational hygiene and ergonomics.

INQUIRIES BY SOURCE



INQUIRIES BY TOPIC AREA



FOOTNOTES

¹ Others include: Community-based organizations, Joint Health & Safety Committees, Health care providers, Learning institutions

² Others include: Environmental, Legal, Toxicology, and Multiple topics

PARTNERSHIPS AND RESEARCH

OHCOW continues to build on its innovative partnerships with organizations working with vulnerable populations and small workplaces in development of new resources. We are also a partner in LOARC (Labour OHCOW Academic Research Collaboration) which has resulted in many useful prevention tools. The goal of LOARC is to improve working conditions and health for workers through fostering research collaboration across unions, occupational health and safety professional and university researchers.

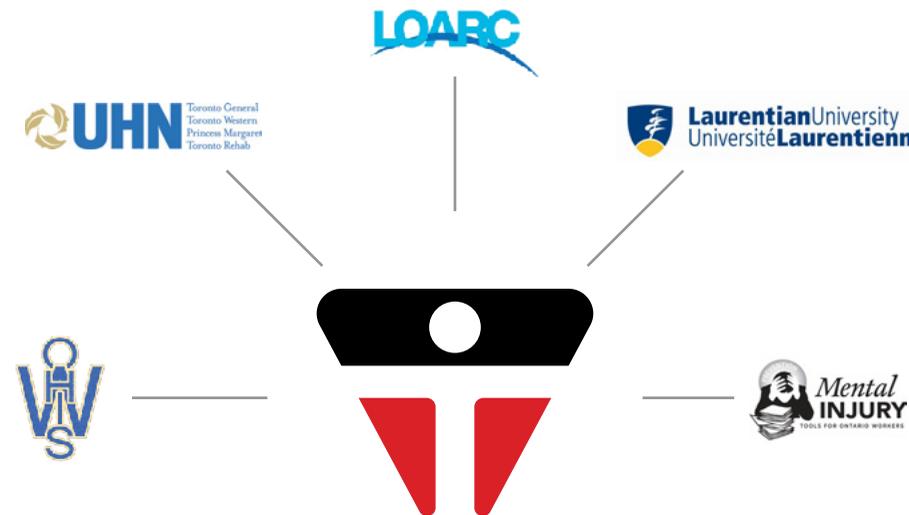
TRIPARTITE COLLABORATION PROJECTS:

- Research study with Laurentian University, and a union to evaluate the effect of packing environmentally friendly bags on shoulder load and muscle activation during grocery bagging.
- Proactive prevention intervention in the pulp and paper sector to determine vibration levels of newly purchased heavy equipment i.e. Lieberts. Two different educational videos were developed for back care, effects of whole body vibration and stretching exercises for heavy equipment operators.

RESEARCHER-LABOUR COLLABORATIVE PROJECTS:

- Evaluation of workplace level MSD-Knowledge Transfer Intervention, and creation of an online MSD prevention planning tool. [Learn more](#)
- OHCOW is providing an expert advisory role in WSIB Research Advisory Council (RAC) Bridging the Gap Grant 2013-14 “Back Pain in Daycare Workers” project. The aims of this study are to evaluate the current situation in Ontario daycares with respect to back pain as the basis for recommendations for decreasing the risks and therefore prevalence of injury.

OHCOW
continues to build
on its innovative
partnerships



NETWORK MEMBER AND PARTICIPATING PARTNER:

- Health Professional Network for Asbestos-related Disease led by Eudice Goldberg – to develop a network to deal with all relevant concerns that might be encountered by physicians and other health care providers. [Learn more](#)
- The Mesothelioma Research Program at Princess Margaret Hospital (PMH)/University Health Network. [Learn more](#)
- Early Detection of Lung Cancer and Mesothelioma in Prior Asbestos Workers Using Low-Dose Computed Tomography (LDCT) – PMH project
- “Impact of Lung Screening on Quality of Life in Asbestos-Exposed Workers” – PMH study
- OHCOW is a major participating partner in the Lambton Community Health Study Board. [Learn more](#)

OTHER PARTNERSHIPS:

- The Petrochem Forum Organizing Committee. [Learn more](#)
- University of Windsor and Windsor Occupational Health Information Service on “Youth Engagement Program Preparing Youth for the Workplace”. The program summarizes the core values behind the Occupational Health and Safety Act, the Employment Standards Act, and a component on violence and harassment.
- System-wide group on Noise Induced Hearing Loss (NIHL). [NIHL prevention tools](#) launched in 2012 have been developed through this group with OHCOW hygienist playing an active role.
- Work Related Asthma Programs: Provider Education and Industry Prevention Education.
- Multi-union partnership around detection, compensation, Return to Work (RTW) and prevention of mental injuries.

LOCAL ADVISORY COMMITTEES (LACs)

Local Advisory Committees (LACs) in each catchment area ensure that the clinics are responsive to the needs of workers in their local communities and regions. The LACs act as an advisory body to each OHCOW clinic and identify community needs for OHCOW services and partnerships and also help in promoting services of OHCOW in the catchment area of each clinic. The committee consists of many stakeholders within each clinic's catchment and provide advice on how to approach key local or regional issues.

LAC members help develop volunteer support for the work of the clinic and play a visible role in major outreach activities like community forums and speakers' bureaus. The LAC Chair brings community and regional concerns to the attention of OHCOW Board and reports back to the committee and community on the policies, plan and other decisions of the Board.

OHCOW clinics with support from their LACs, have been hosting **“Prevention Partner Forums”** to help Union Leadership, Health & Safe-

ty Representatives, Worker Compensation Advocates and Community Partners understand OHCOW and its no-charge services and how workers can be better served, and those that represent them. These forums provide a great opportunity for participants to learn more about OHCOW services and emerging trends in occupational diseases and injuries. Presentations from other sister organizations and prevention partners are also included in these forums.

10

October 19, 2013

11



PRÉVENTION PAR INTERVENTION

Occupational Health Clinics for Ontario Workers / Centre de Santé des Travailleurs(es) de l'Ontario

SERVICE DE GROUPE pour des interventions de prévention en milieu de travail

DIAGNOSTIC MÉDICAL revue des problèmes de santé liés au travail

SERVICE DE RENSEIGNEMENTS sur les risques en milieu de travail

INITIATION ET ÉDUCATION des questions de santé et de sécurité

RECHERCHE ET ÉVALUATION

OUTREACH & EDUCATION

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. Every year OHCOW staff deliver formal knowledge transfer sessions tailored to the needs of workers, workplaces, employers, community organizations, prevention system partners and research partners.



OHCOW publishes various information materials in the form of factsheets, brochures and toolboxes 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](#)

PREVENTION TOUJOURS DISPONIBLE

Agricultural Asthma

What Can We Do To Protect Against? ...

Prevention: ...

Occupational Health Clinics for Ontario Workers / Centre de Santé des Travailleurs(es) de l'Ontario

OHCOW PHYSICAL DEMANDS DESCRIPTION HANDBOOK

Occupational Health Clinics for Ontario Workers / Centre de Santé des Travailleurs(es) de l'Ontario

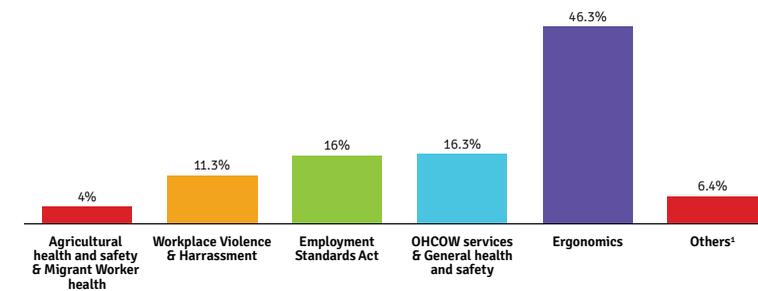
Safe Lifting Techniques of Children

Do's and Don'ts for Safe Lifting

Do... Don't...

Occupational Health Clinics for Ontario Workers / Centre de Santé des Travailleurs(es) de l'Ontario

KNOWLEDGE TRANSFER SESSIONS BY TOPIC AREAS



FOOTNOTES

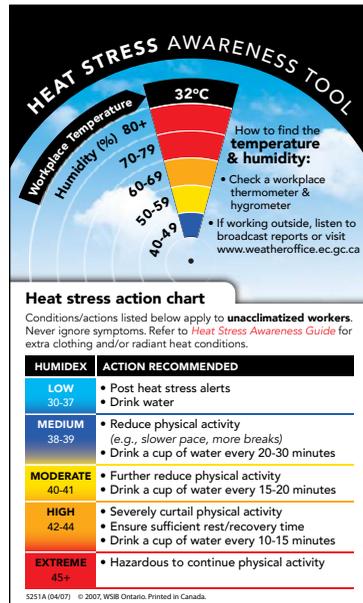
¹ Others include: Seasonal hazards – Heat Stress, Cold Stress; Psychosocial hazards; Work-related Asthma; Rotator Cuff Injuries; Linking RTW (Return to Work) & Primary Prevention; Infection Control and Hand washing; Chemical Hazards and Hygiene

SEASONAL HEALTH AND SAFETY HAZARDS

OHCOW's outreach and education efforts continued with its focus on seasonal hazards and issues such as working in the cold weather and health effects of heat stress. Such activities include:

- Heat stress prevention knowledge transfers to workplaces and JHSCs;
- Cold stress prevention knowledge transfers to workplaces and JHSCs;
- Ergonomics and Snow Removal initiatives and tool development;
- Publishing articles in local newspapers around seasonal hazards;
- Interviews with local media (TV, radio etc.)

Relevant seasonal hazard awareness resources such as Winter and summer toolboxes are also posted on our website and social media is used to promote prevention. In 2013, a video on Snow Shoveling and Back Pain has been completed.



BELOW: OHCOW clinics held a complimentary seminar on Cold Stress and Ergonomics of Snow Removal as part of outreach and education on seasonal health and safety hazards.

Complementary Seminars on:
Cold Stress and Ergonomics of Snow Removal Devices
 Do you work in cold temperatures?

Cold Stress
 Hazards & health effects of working in the cold
 1:00 pm to 3:00 pm
 Tuesday October 29, 2013

Ergonomics of Snow Removal Devices
 Everything from devices to snow blowers
 1:00 pm to 3:00 pm

Location:
 Airlane Hotel & Conference Centre
 698 Arthur St. W.
 Thunder Bay, Ontario

RSVP by Oct 25, 2013
 807-623-3566
 1-888-889-4824
 Or email
atuchs@ohcow.on.ca

Occupational Health Clinics for Ontario Workers Inc. / Centres de santé des travailleurs (ses) de l'Ontario Inc.

LEFT AND BELOW: OHCOW has contributed to development of *Occupational Health and Safety Council of Ontario's (OHSCO) Heat Stress Awareness Toolkit*.

HEAT STRESS CAN BE DEADLY
 Symptoms include weakness, fatigue, & dizziness

PROTECT YOURSELF!

- DRINK WATER.
- WEAR LIGHT, LOOSE CLOTHING.
- SCHEDULE MORE FREQUENT BREAKS.
- USE SUNSCREEN & KEEP YOUR HEAD COVERED OUTDOORS.
- SCHEDULE WORK FOR A COOLER PART OF THE DAY.

Report heat stress concerns to your supervisor!

keep your cool!

Developed by members of the Occupational Health and Safety Council of Ontario (OHSCO). For additional information on heat stress, call the Ministry of Labour's toll free 1-888-889-4824 or visit www.ohs.gov.on.ca

TOOL DEVELOPMENT

OHCOW launched the Emergency Medical Services (EMS) back care program in the spring of 2013. The handbook was produced in partnership with the Greater City of Sudbury and Canadian Union of Public Employees (CUPE), and has been designed to serve as a guideline for preventing back injuries. This program is being used by many colleges across Canada as part of their curriculum.

Occupational Health Clinics for Ontario Workers Inc. / **Centres de santé des travailleurs (ses) de l'Ontario Inc.**

Guidelines for the Prevention of Back Injuries in Paramedics

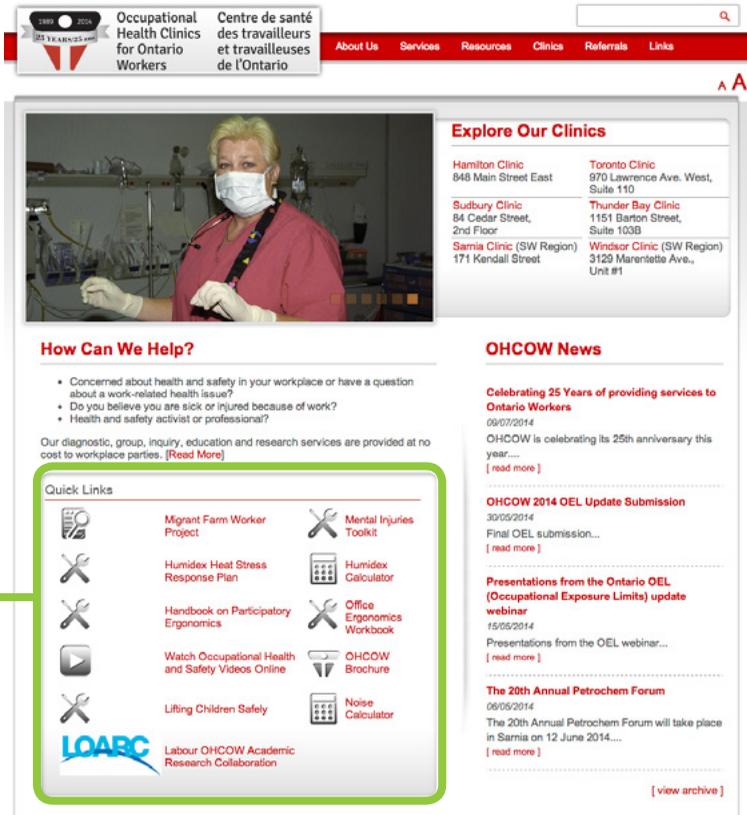
EMS MEDIC

GREATER-GRAND SUDBURY
 EMERGENCY SERVICES SERVICES D'URGENCE

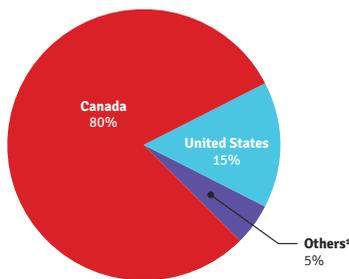
CUPE Canadian Union of Public Employees and its Local 4705
 Providing Quality Municipal Services in Your Community and Across Canada

OHCOW’s 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 and their community linkages in respective catchment areas. In 2013, we completed a website usability review for OHCOW website to assess and evaluate site content, information layout and user-experience.

RIGHT: The Quick Links section on the home page features some of our most popular and frequently requested information and resources.



VISITORS BY GEOGRAPHIC LOCATION



2000
average unique
visitors per month

FOOTNOTES

¹ Others included visitors from Australia, United Kingdom, Indonesia, India, Singapore, France, and Philippines

WHAT OUR CLIENTS ARE SAYING

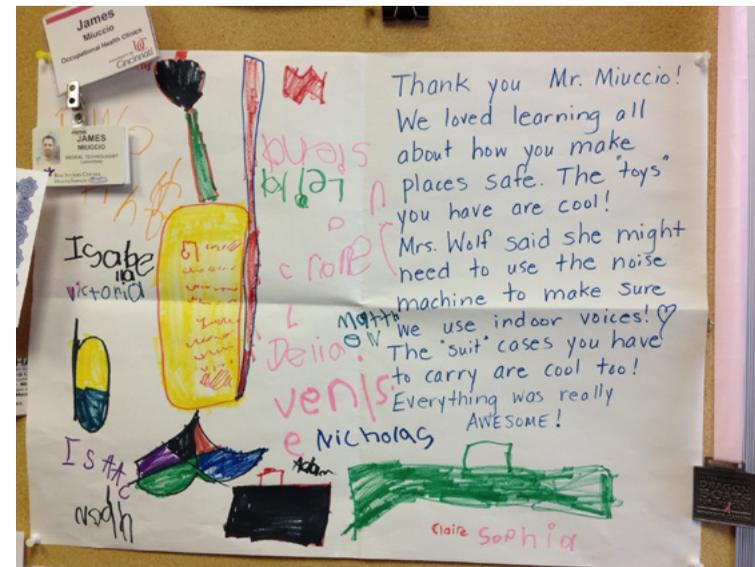
“Thank you for your services. As a committee we learned a lot from your hands-on assessment of our workplace. It was very valuable. I would like to compliment you on your pleasant and professional manner.”

– Joint Health and Safety Committee members at a workplace where OHCOW ergonomist assessed multiple computer workstations and library services stations

“I just wanted to pass on a big huge thanks... for the excellent presentation you did of office ergonomics for one of our Locals. They have been looking forward to your presentation since before Christmas. This local is really doing a lot of work to involve their members in health and safety and I can honestly say that your presentation helped immensely. Feedback is great—and they loved

the little booklet. Once again, OHCOW is always there to support workplaces.”

– Health and Safety representative from a large union



LEFT: OHCOW Hygienist, attended a Junior and Senior Kindergarten “Community Helpers Show and Tell” day and presented to the class. This is the thank-you letter he received.

WHAT OUR CLIENTS ARE SAYING



OHCOW BY NUMBERS

1989

OHCOW was established in **1989** to act as a resource to workers and employers to provide objective, scientific information and focus on prevention of occupational health problems in the workplace. The year also marked the opening of OHCOW's first clinic in Hamilton.

18

Funded through the Ministry of Labour,

OHCOW is a provincial organization governed by an independent, **18-member Board** representing a wide spectrum of Ontario's labour movement and broader worker community. Our Board members are all important leaders in their unions and communities and have a huge amount of experience in prevention and workers' compensation.

40

OHCOW clinics also have support from **40 Local**

Advisory Committee (LAC) members ensuring that clinics are responsive to the needs of the communities that they serve. Each Chair of the LAC also sits as a member on the Board.

1

OHCOW Provincial Office ensures

corporate governance and provides strategic planning, corporate communications, marketing, finance, HR, information technology and reporting services.

6

6 clinics are staffed by an inter-disciplinary team of Client

Service Coordinators, Occupational Hygienists, Ergonomists, Nurses, and contracted Physicians. The management of OHCOW is comprised of the Chief Executive Officer, Chief Financial and Administrative Officer, and the Executive Directors of the six clinics.

44

OHCOW is staffed by **44 full time equivalent employees.**

200+

Occupational health and safety information resources available in the form of simple fact sheets, brochures, posters, videos, articles and toolkits.



OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

www.ohcow.on.ca

 fb.com/ohcowclinics

 [@ohcowclinics](https://twitter.com/ohcowclinics)