

## An Introduction to Occupational Disease Intake Clinics



# OHCOW'S HEALTH TEAM

- Executive Director
- Occupational Physicians
- Occupational Health Nurses
- Ergonomists
- Occupational Hygienists
- Client Service Coordinators
- Information Technician (Librarian)

\*

# WHO CAN USE OUR SERVICES...

- Workers, joint health and safety committees or representatives, unions, employers, health professionals, community groups, legal clinics, students, and members of the public.
  
- OHCOW services provided at no cost

\*

Occupational Health  
Clinics for Ontario  
Workers Inc.



Centres de santé  
des travailleurs (ses)  
de l'Ontario Inc.

# Definition of Occupational Disease

## **occupational disease** *n.*

A pathological condition resulting from a toxic agent, a hazard, or a repetitive operation encountered during the usual performance of one's occupation.

Stedman's Medical Dictionary, 2002

# Intake Clinics Continued

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

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

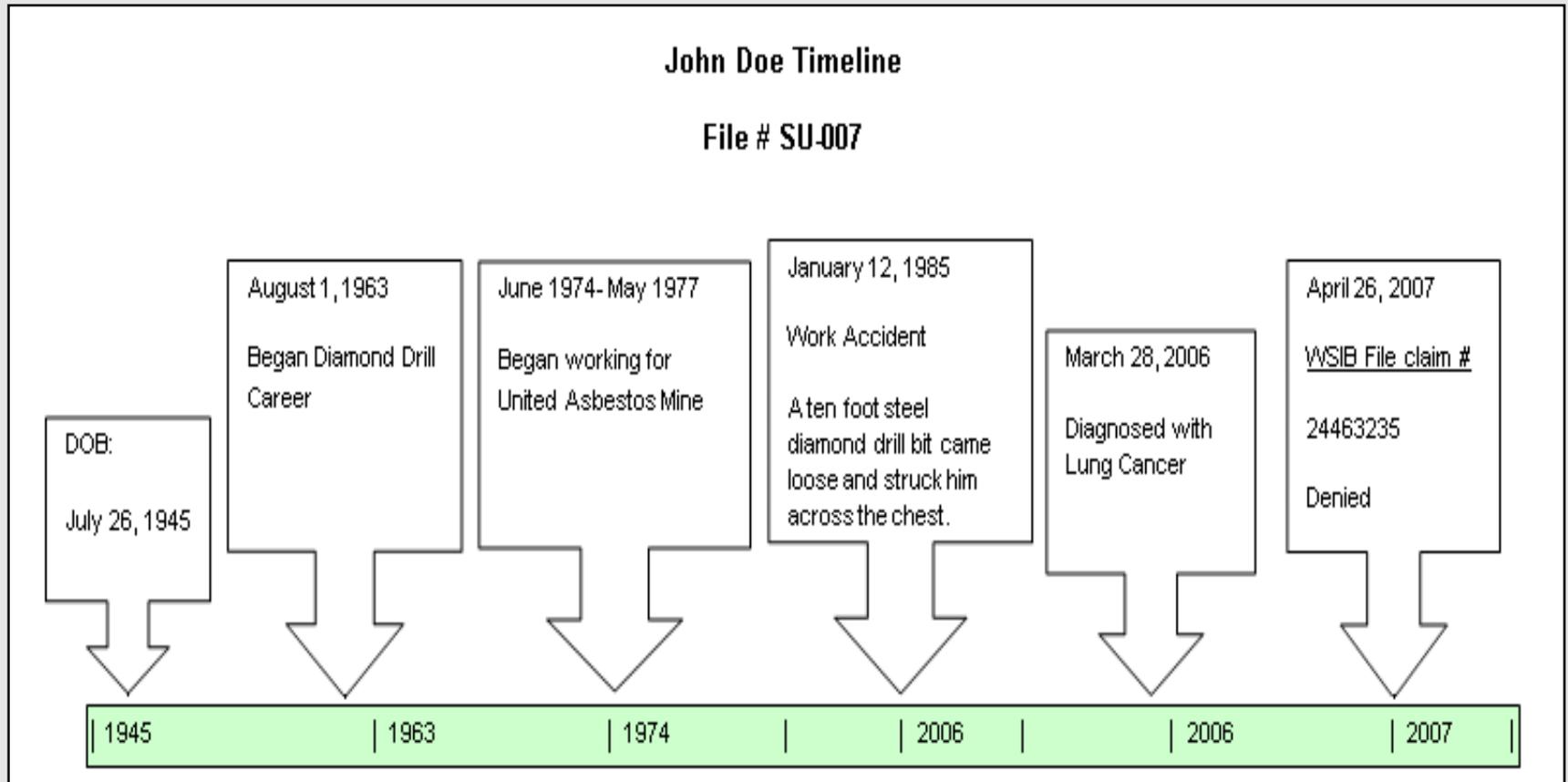
We:

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

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

# Timelines can help us link the past with the present

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



# When is an Intake Clinic held?

A group of workers sharing the same employer or

- the same workplace or
- workplace exposures,

have reason to believe they have similar and related health concerns.

# Why?

- The United Steel Workers Local 6500 will hold an occupational disease intake clinic May 20, 2009 for anyone who worked at the Iron Ore Plant, which operated from 1953-1993. Widows or descendants of employees of the plant are also invited to attend. The union wants to gather information about exposure to chemicals, the use of personal protection and other matters to help with current and future compensation claims.
- The International Brotherhood of Electrical Workers (IBEW) local 353 will hold an occupational disease intake clinic April 23, 2005. Howard McFadden, Chair LU 353 Health & Safety Committee said, “ I can’t stress enough how important this clinic is. If you catch diseases earlier, we can save lives. By coming to this clinic, you are helping your children and grandchildren. By exposing this, we’re forcing government to act, so that our children don’t become sick or die like our brothers today because of work exposures 40 years ago. We want to make the electrical trade a better place to work because of our experience.”
- United Steel workers Local 2251 announced a two day occupational disease clinic to held May 7 & 8, 2008. They were seeing a high rates of cancer and disease as demonstrated to the union by worker concerns, evidence from workers on disease among workers, the fact that Sault Ste. Marie has four times the provincial cancer rate (according to the Algoma Health Unit) and Algoma Steel Inc. (ASI) and (ASI) accounts for approximately three per cent of the provincial occupational disease fatalities (as calculated from WSIB statistics). Between the years of 2001 and 2007, 40 of the occupational disease claims recognized by WSIB have resulted in fatalities.

- And the list goes on.....

# Steps in the Intake Clinic Process

- Registration
- Intake interview
- Body Mapping
- Hazard Mapping
- Physical Examination
- Medical/Records
  - Consents
  - Outcomes

# REGISTRATION

Registration ensures that there is a record of that individual's attendance at the clinic.

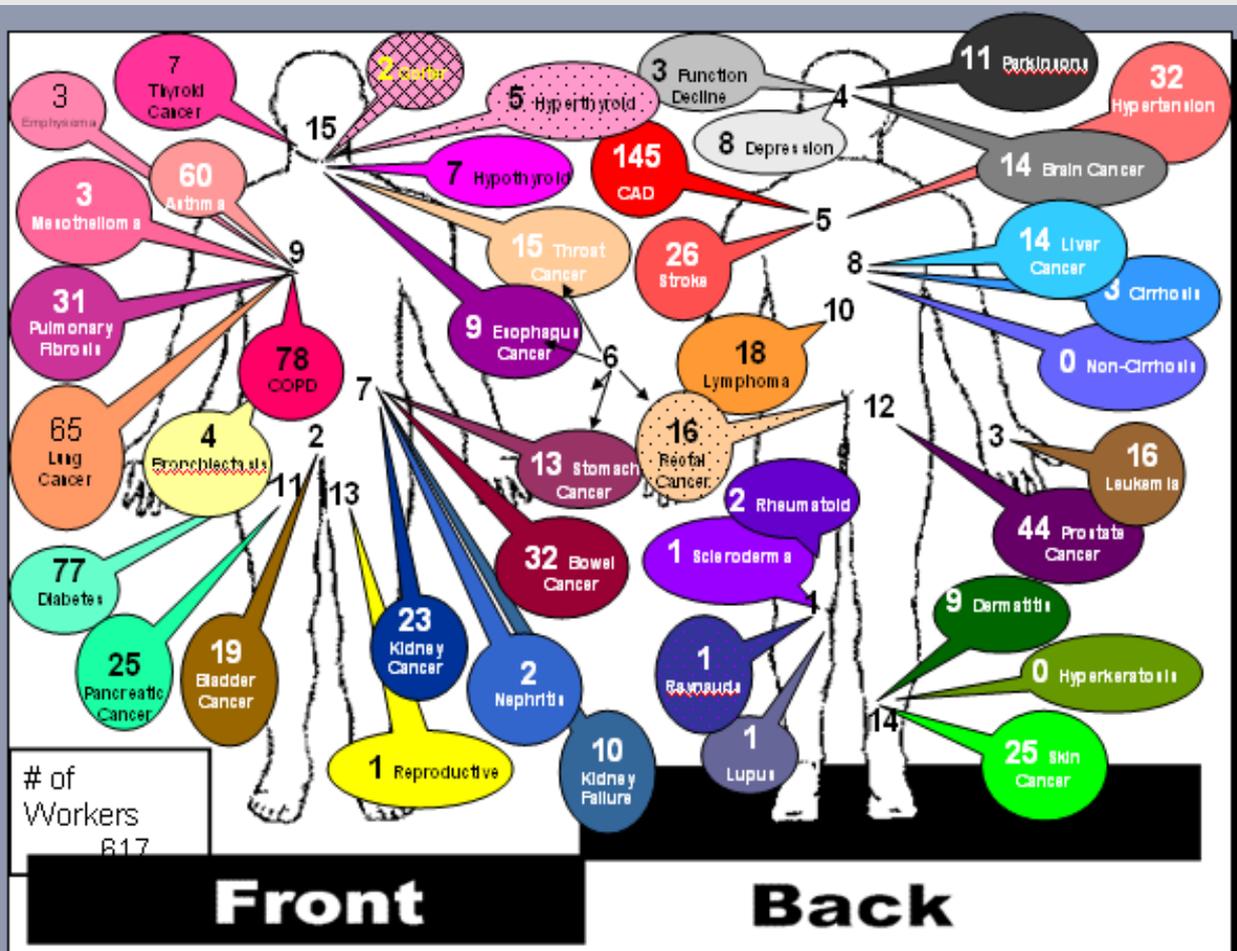
Preliminary information such as name, address and phone numbers are collected, a file opened, given a number. This also ensures that there is an accurate count of clinic attendees.

# INTAKE INTERVIEWS

The worker will be ushered to a private space where an interview will be conducted. The interviewer may be an OHCOW staff, a union member or co-worker from your workplace, a volunteer. There will be focused questions prepared for the interviewer that will assist in obtaining the information needed from the worker. There will also be ample time for the worker to tell the interviewer the story that he/she wants us to know about the work they did and their exposures.

The interviewers will have been provided the education and training that will adequately prepare them to how to ask the questions and why the questions are being asked. Each interviewer will have signed an Oath of Confidentiality.

# BODY MAPPING



## Top 5 Occ. Diseases:

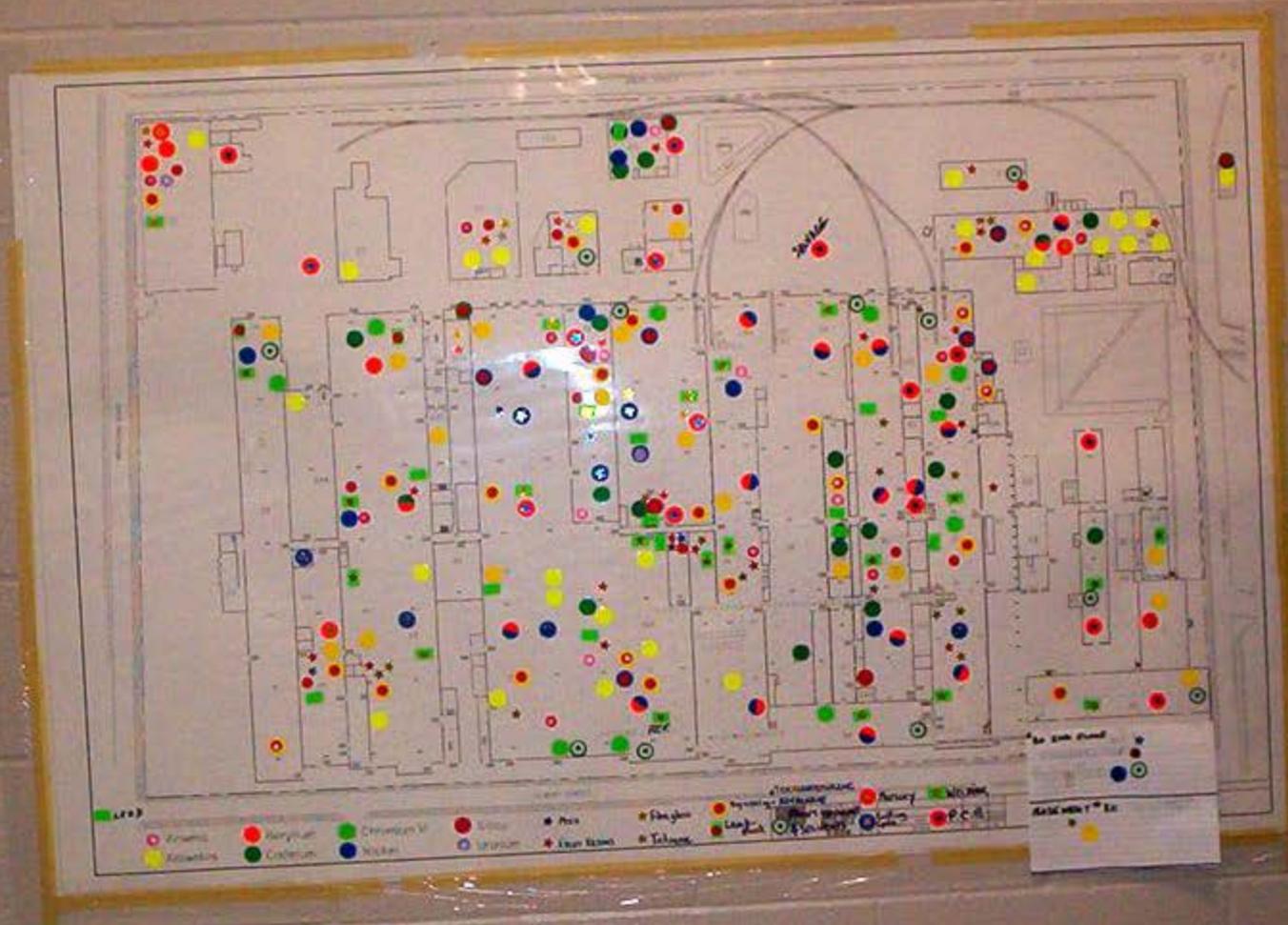
1. Lung Cancer (115 cases)
2. Chronic Obstructive Pulmonary Diseases (82 cases)
3. Colorectal Cancer (75 cases)
4. Prostate Cancer (69 cases)
5. Asthma (53 cases)

# HAZARD MAPPING

Hazard mapping can provide you with a window into the past of the workplace.. It can chart such things as where chemicals were stored or where ventilation systems were inadequate, what walls were added or removed.

In many cases the work you did in the past and the exposures you had while doing that work are important in determining casual links between current health concerns or diseases and the workplace exposures.

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# MEDICAL

- It may be necessary to have the occupational health physician present at the intake session. The occupational health physician is there to make examinations where it is warranted.
- The physician also act as a resource for questions about occupational illness or disease.
- There are certain questions that when answered with a yes or no, depending on the question, the workers is referred directly to the doctor to ensure that all medical liabilities are met.
- There are also times when pulmonary functioning testing is done. Physician approval is needed before approving any medical tests.
- Audio grams (hearing tests) may also be done, by staff when their has been a diagnosis of a disease such as Hand Arm Vibration. (HAVS)

# CONSENTS

**During an intake clinic personal and/or medical information is being collected. How that information will be used and by whom must be clearly stated and the individual must give permission. The collection, use, storage, disclosure and disposal of personal medical information is governed by the *Health Information Protection Act*.**

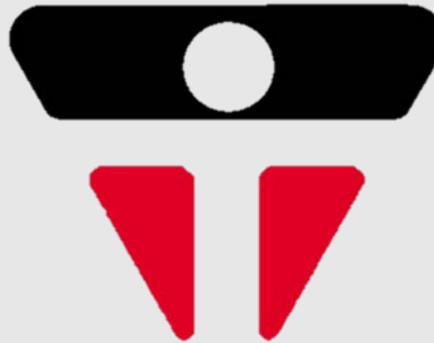
# OUTCOMES (goals)

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

- Capture the information about the exposures and working conditions in the workplace and the health histories of the workers.
- CLUSTERS
- Database can be compiled to monitor trends and identify research initiative
- Record the list of hazards to which the workers were exposed
- JEM & TEM can be compiled – Job Exposure Matrix, Task Exposure Matrix
- Form 8s that contains the causality information that the worker, advocate, and WSIB need
- Educate - create a plan for disseminating what you have learned and the target audience that needs to know what you have learned. family doctors, advocates, WSIB, our partners.
- Prevention

# QUESTIONS, COMMENTS OR ANY SUGGESTIONS?

Thank You



Donna Campbell, Executive Director  
OHCOW Sudbury & Thunder Bay Clinics\*





Occupational  
Health Clinics  
for Ontario  
Workers

Centre de santé  
des travailleurs  
et travailleuses  
de l'Ontario

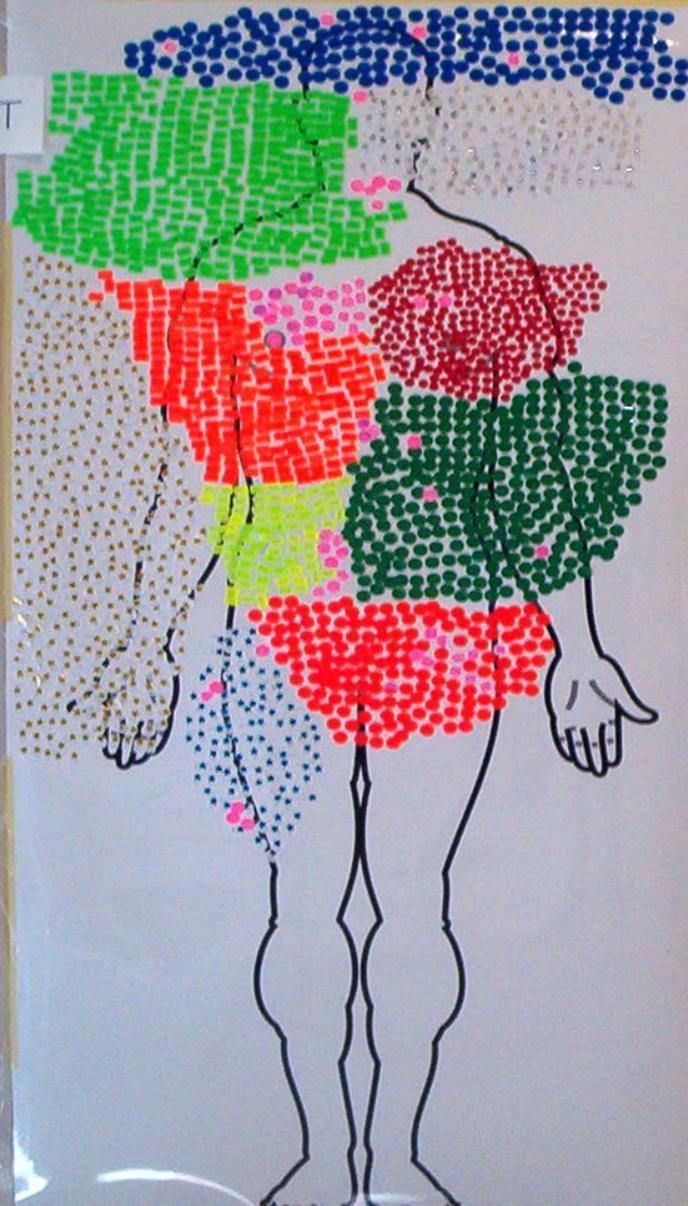
# **OHCOW 25<sup>th</sup> Anniversary**

## **Body Mapping: A picture is worth a thousand words**

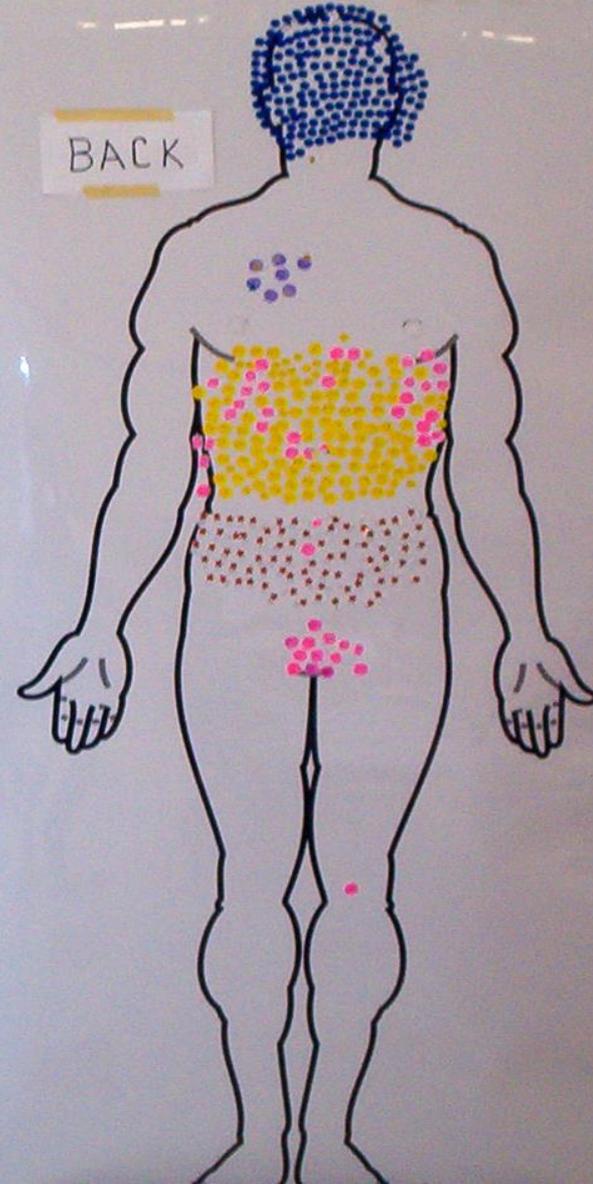
**Leslie Piekarz, Executive Director,  
Toronto OHCOW Clinic,  
October 30, 2014**

# Body Mapping of Health Symptoms

FRONT



BACK



# What is Body Mapping?

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

# What is Body Mapping?

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



# Body Mapping: Why do we do it?

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- Term body mapping has been used in the context of occupational health and safety for almost 50 years as a mode of **participatory research** and **awareness raising** to identify occupational risks, hazards, and diseases that manifest in the workplace (Gastaldo et. al., p.6)

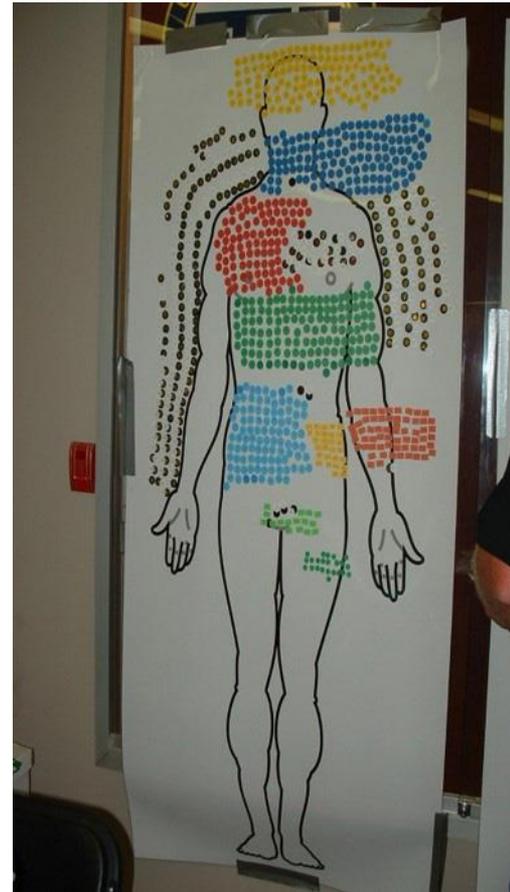
# Body Mapping: Why do we do it?

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- Involves workers – they learn that other workers have the same kinds of health issues & that they are not alone.
- Is Participatory
- To explore perceived health status in order to identify occupational hazards
- Encourages discussion
- **Can be used to effect change**

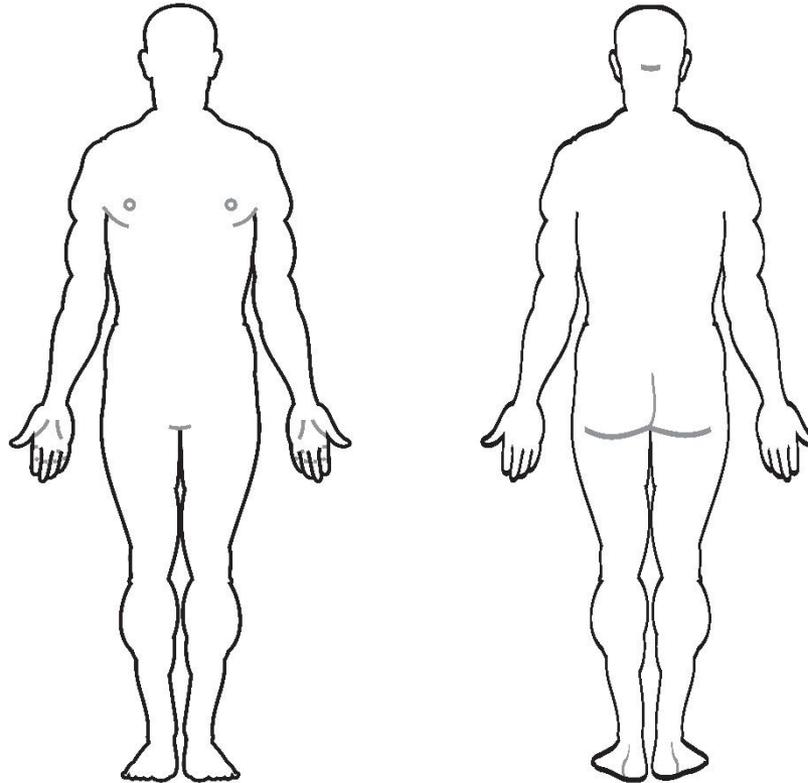
# From an Occupational Disease Intake Clinic

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# Front and Back

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# Body map legend

Symptoms/ Conditions	Map & Body Placement	Identifier
Cancer	Place where the cancer is on the body	
Musculoskeletal	Place on the body part affected	
Psychosocial (stress)	Place over the head	
Respiratory	Place on chest	
Skin (Dermatitis)	Place on forearms & hands	
Noise-induced hearing loss	Place on ears	

# Sources

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- Gastaldo, Denise, Magalhaes, Lilian, Carrasco, Christine & Davy, Charity. 2012. Body-Map Storytelling as Research: Methodological considerations for telling the stories of undocumented workers through body mapping. Retrieved from [http://www.migrationhealth.ca/sites/default/files/Body-map\\_storytelling\\_as\\_reseach\\_LQ.pdf](http://www.migrationhealth.ca/sites/default/files/Body-map_storytelling_as_reseach_LQ.pdf)
- Keith, M. Brophy, J., Kirby, P., & Rosskam, E. 2002. *Barefoot research: A workers' manual for organising on work security*. Malta: Interprint Limited.
- Keith, M. M. & Brophy, J.T. 2004. Participatory mapping of occupational hazards and disease among asbestos-exposed workers from a foundry and insulation complex in Canada. *International Journal of Occupational and Environmental Health*, 10(2), 144-153.

# USW LU 2251 Occupational Disease Clinic

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



# Partnering with OHCOW



Occupational Health  
Clinics for Ontario  
Workers Inc.



UNITED STEELWORKERS  
**USW**  
UNIT AND PROGRESS FOR WORKERS  
Local 2251

**AUTHORIZATION FOR RELEASE OF PERSONAL HEALTH INFORMATION**

Name of Client: \_\_\_\_\_ FILE # \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_, ON Postal Code \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize, the United Steelworkers (USW) Local 2251 and the Occupational Health Clinics for Ontario Workers Inc. (OHCOW) joint privileges to discuss and release to one another the following information resulting from the USW Occupational Disease Intake Clinic held on May 7 & 8, 2008 in Sault Ste. Marie, Ontario.

Specify:  
The files and information contained in my file and all information resulting or obtained after the above mentioned Clinic that is necessary to assist in their joint efforts to determine the work relatedness of my illness or injury and if necessary file a form 8 with WSIB on my behalf.

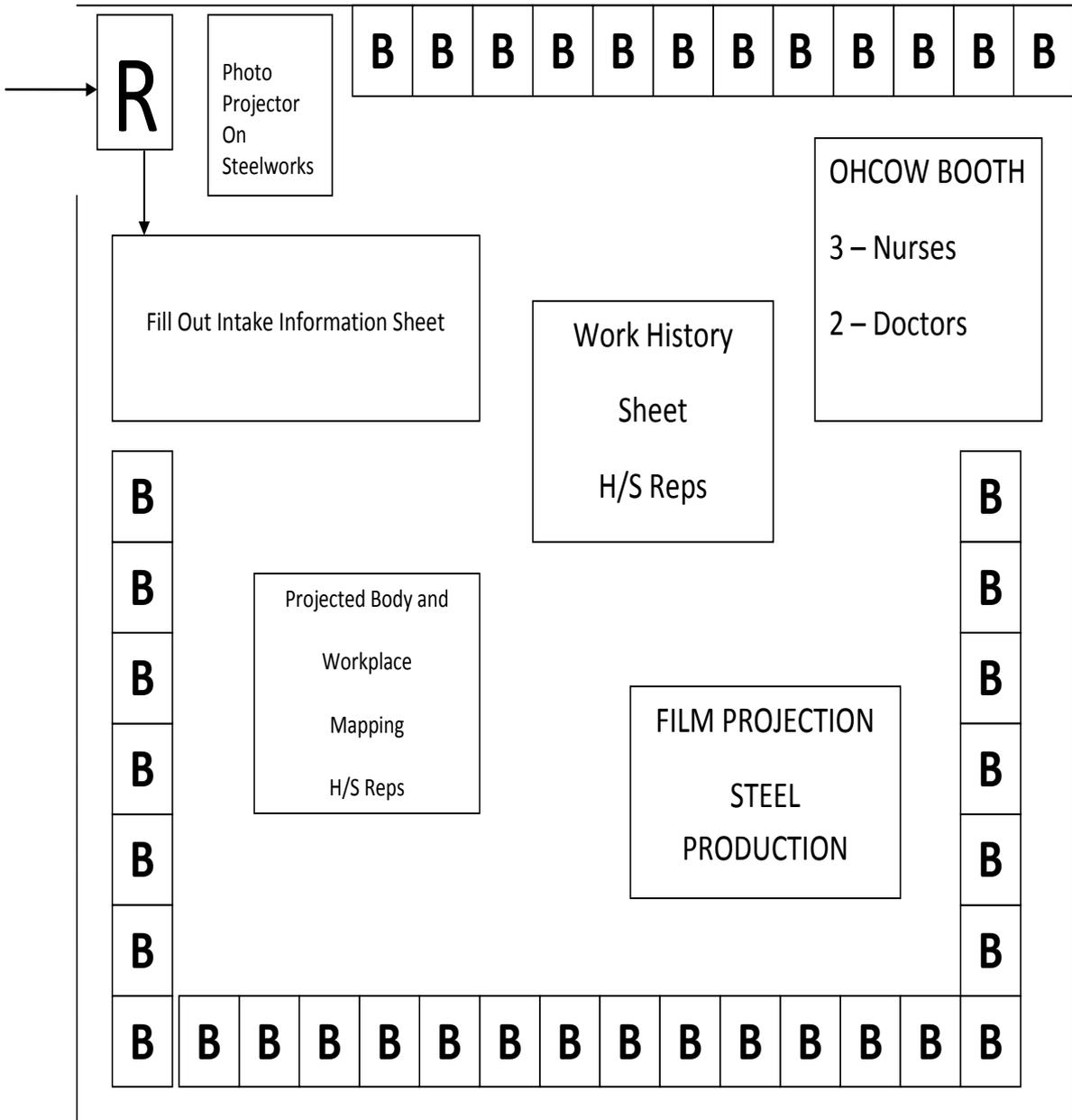
This information will be shared with the Occupational Health Clinics for Ontario Workers Inc. and the United Steel Workers Local 2251 at the following addresses:

Address: OHCOW 84 Cedar Street, 2 <sup>nd</sup> Floor Sudbury, Ontario P5E 1A5	Address: USW Local 2251 88 Dennis Street Sault Ste. Marie, Ontario P6A 2W9
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Signed: \_\_\_\_\_  
Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

- Joint authorization form
- Claims were initiated through OHCOW doctors filling out Form 8
- PFTs and patient interviews

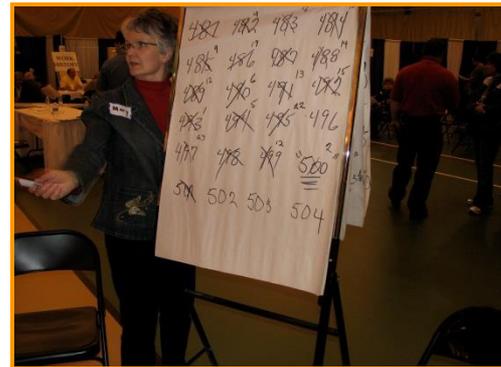




- R = Reception Table - \*photo Copying Station
- B = Interview Booth 8 X 10 by 6FT high
- Booths will be numbered
- Body Mapping – H/S Reps
- Work History – H/S Reps
- Interviewer – Officers, WSIB trained, OHCOW,
- G = Grief Counseling in oval meeting room
- Note: Facility size = 125 FT by 116 FT.
- Intake Information – we require clip boards, pens, etc.

Prepared by: Andy LaDouceur and Joe Krmpotich  
February 7, 2008

# Occupational Disease Intake Clinic

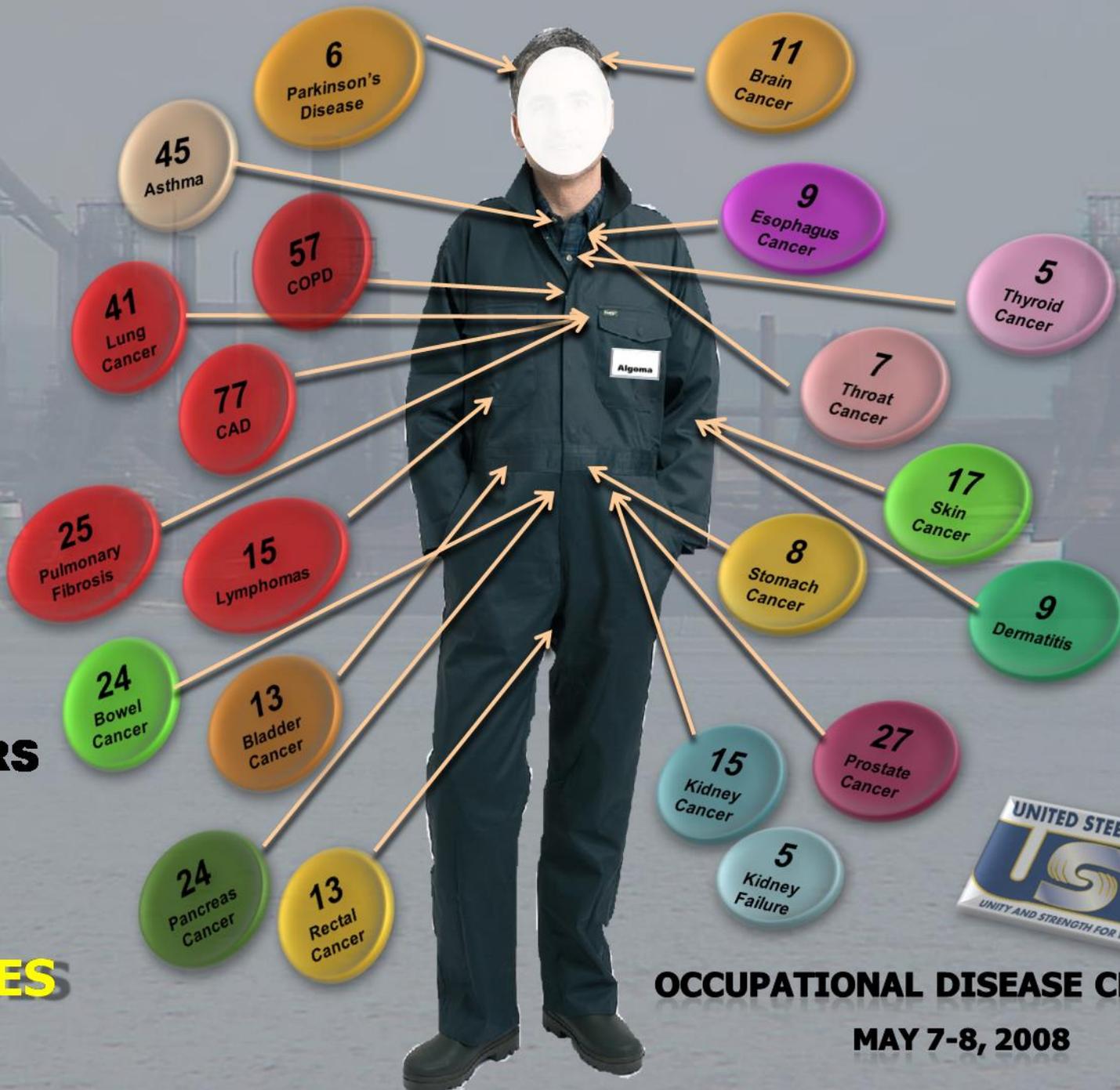


Occupational  
Health Clinics  
for Ontario  
Workers

Centre de santé  
des travailleurs  
et travailleuses  
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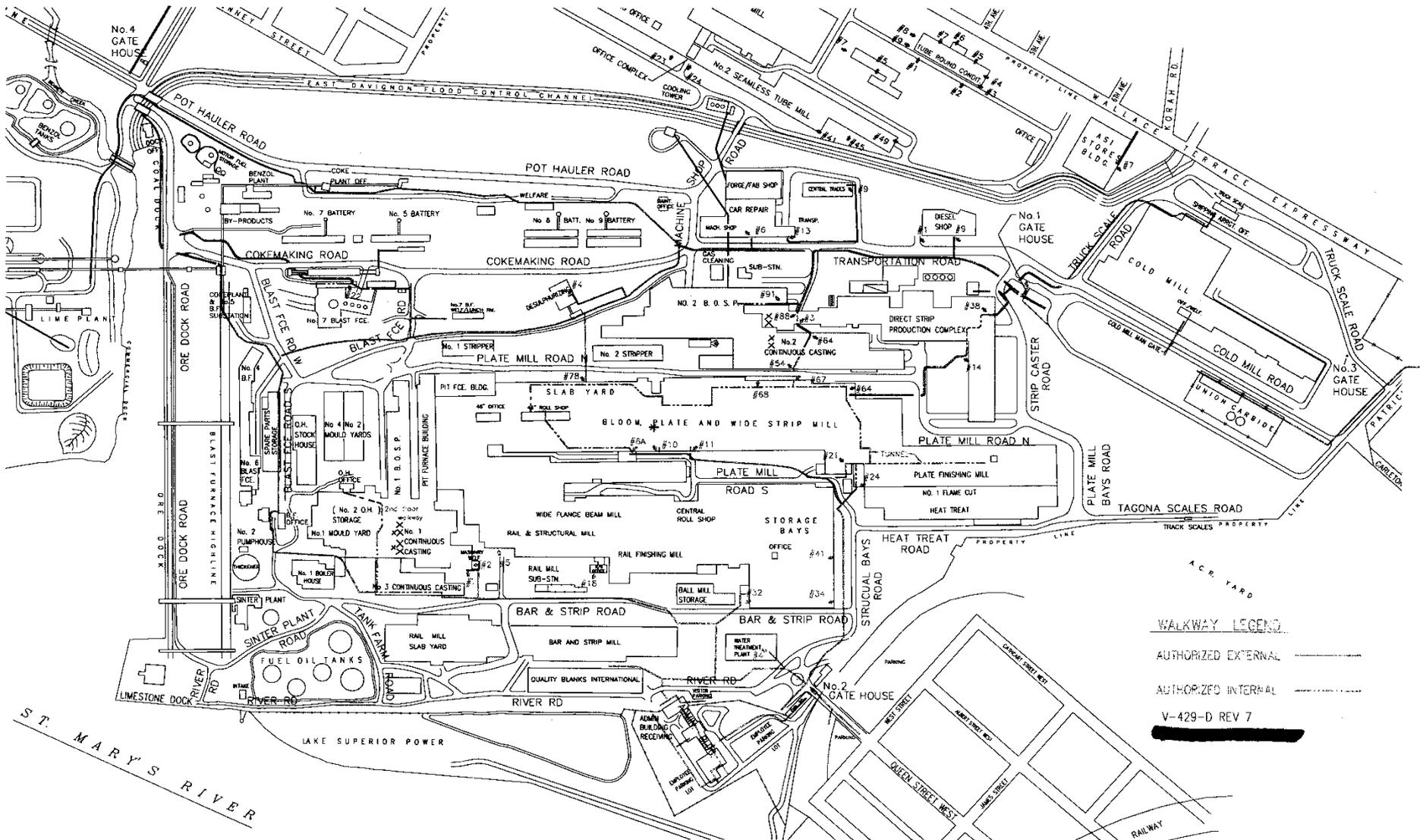
**Algoma  
WORKERS**

**453  
DISEASES**



**OCCUPATIONAL DISEASE CLINIC  
MAY 7-8, 2008**

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WALKWAY LEGEND

AUTHORIZED EXTERNAL ————

AUTHORIZED INTERNAL - - - - -

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# After the Clinic

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

# Cancer Incidence Rate at ASI

Cancer Type	Cases per 100 000 (2009 Canadian Cancer Society)	÷4 for comparison	Observed for ASI (at approx. 25 000)
All Cancers	460	115	534
Prostate	149	37.25	69
Lung	56	14	100
Colorectal	60	15	70
Bladder	18	4.5	34
Non-Hodgkin's	21	5.25	17
Leukemia	15	3.75	27
Kidney	13	3.25	43
Melanoma	17	4.25	5
Oral	11	2.75	15
Pancreas	8	2	18
Stomach	9	2.25	12
Brain	8	2	18
Liver	7	1.75	11
Multiple Myeloma	7	1.75	10
Esophagus	6	1.5	16

## Current Accepted Claims

Reported Disease	Total Accepted	Accepted By WSIB Based On Criteria
Acute Myeloid Leukaemia	1	Benzene exposure
Asbestosis	10	Asbestos exposure
Asthma	1	Asthma Sensitizers
Cancer – Bladder	1	Cumulative exposures (Foundry Worker)
Cancer – Bladder	1	Coke Oven Emissions
Cancer – Bladder	2	Oils & Greases
Cancer – Colorectal	10	Asbestos exposure
Cancer – Esophageal	1	Asbestos exposure
Cancer – Kidney	1	Cadmium, PAH's, Asbestos and other chemicals – <b>ARO Decision</b>
Cancer – Laryngeal	4	Asbestos exposure
Cancer – Laryngeal	2	Cumulative exposure to welding fumes (Welder)
Cancer – Lung	63	Asbestos exposure
Cancer – Lung	1	Cumulative exposure to Asbestos, respirable Quartz, Arsenic, Coal Tar Pitch Volatiles, Silica, Metal Fumes
Cancer – Lung	1	Cumulative exposure (Foundry Worker)
Cancer – Lung	3	Cumulative exposure to Asbestos & Coke Oven Emissions
Cancer – Lung	1	Cumulative exposures to Asbestos, Coke Oven Emissions, Silica
Cancer – Lung	6	Coke Oven Emissions exposure <b>1 ARO Decision</b>
Cancer – Lung	1	Cumulative exposure to Asbestos, Coke Oven Emissions

Mesothelioma	<b>6</b>	Asbestos exposure
Myelodysplastic Syndrome	<b>1</b>	Benzene exposure
Nickel Allergy	<b>1</b>	Nickel exposure
Non-Hodgkin's Lymphoma	<b>1</b>	Cumulative exposure to Welding & Soldering, Varsol, Chlorinated Solvents, (trichloroethylene), Benzene, Coke Oven Emissions & Condensate, Light Oil- <b>ARO Decision</b>
Non-Hodgkin's Lymphoma	<b>1</b>	Cumulative exposure to benzene and positive report from OHCOW – <b>ARO Decision</b>
Non-Hodgkin's Lymphoma	<b>1</b>	Cumulative exposure to several substances associated with an increased risk of NHL including; chlorinated solvents, benzene, and coal tar pitch volatiles & positive OHCOW report – <b>ARO Decision</b>
Non-Hodgkin's Lymphoma	<b>1</b>	Cumulative exposure to trichloroethane, varsol/Stoddard solvents and trichloroethylene
Pleural Plaques	<b>29</b>	Asbestos exposure
Psoriasis	<b>1</b>	Cumulative exposure to irritants
Pulmonary Fibrosis	<b>1</b>	Balance of probability based on cumulative dust exposure- <b>ARO Decision</b>
Silicosis	<b>1</b>	Silica
<b>Total</b>	<b>261</b>	

# Impact of Occupational Disease in SSM

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