OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS

ANNUAL REPORT – 2010

Chair's message

I am very pleased to present OHCOW's 2010 Annual Report. This was the second year of progress on implementation of our strategic plan for 2009 - 2011, approved by our Board of Directors in 2008. We moved forward on a number of major initiatives as well as dealing with some longstanding issues. We also participated in the process of reviewing Ontario's health and safety system, led by Tony Dean and an eminent expert panel.

I am very proud that we have reached this stage. It involved strong collaboration by our Board members, staff and partners, who helped make the ideas on our strategic plan into realities. I wish to thank all those who contributed. I especially wish to thank WSIB Chair Steve Mahoney and his leadership team for their support to OHCOW during a time of continuing scarce resources – in particular, for helping us open the first new OHCOW clinic in over 10 years, in Thunder Bay; and to provide additional resources for the second year in a row to serve migrant farm workers, who of course are among the most vulnerable of all of Ontario's workers.

One of my top priorities as Board Chair was to ensure that OHCOW's Board represents the broadest possible spectrum of unions in Ontario; as well as employers and the community. I am pleased that progress on this continued in 2010. Sid Ryan, incoming President of the Ontario Federation of Labour, joined our Board early in 2010. Later in the year, Sid nominated Vern Edwards, OFL Director for Health, Safety and the Environment, to replace him and Vern joined our Board in the Fall of 2010. It was particularly important to have Vern on our Board in 2010 because he provided an invaluable link, along with Carmine Tiano of the Provincial Building and Constructions Trades Council, to the expert panel process. Two very long Serving Board members left in 2010 – Peter Polischuk, who had represented the London and District Labour Council, and Kevin Conley, Chair of our Sudbury Local Advisory Committee. I wish them both the very best in their retirement. David Chezzi of the Canadian Union of Public Employees replaced Kevin and brings another strong voice for Northern Ontario to OHCOW's Board.

During 2010, I retired from my position in the Health and Safety Department of the Canadian Auto Workers. This led me to look back on my own career and to remember the many health and safety causes and issues that I've been involved in since I began work in the auto sector a number of years ago. At the beginning, in the 1960s, health and safety wasn't the priority that we see today. Working conditions were often dirty and dangerous. These took a great toll on Ontario workers. Unfortunately several of my workmates from those times have suffered and

died from occupational cancer. I knew then, as of course I believe today, that no one should have to risk their life and health to earn a living. And I have dedicated myself to doing something about it. I have worked for many years with my fellow workers, my own union and the broader labour movement; and also with the employers, Workers' Compensation Board (later re-named WSIB), Ministry of Labour, researchers and many other organizations.

I have always thought that if workers and our unions had strong expert support, we would be much better able to engage with the employers and health and safety system to the benefit of all. So I joined many others in the labour movement and broader community to push for such resources to be provided. The result was the establishment of OHCOW over twenty years ago. Through all the time since, OHCOW has been an invaluable resource for Ontario workers, unions, JHSCs and employers. Most important, workers and unions have a place we can trust in helping us deal with vital issues of life and health.

I believe that my efforts, and those of so many others, were worthwhile and effective. Health and safety has come a long way since the 1960s. But the deaths of four immigrant workers at Christmas Eve in 2009, and the continuing heavy toll of asbestos disease, show us that we still have a long way to go. We need especially to protect the most vulnerable workers – such as young people entering the workplace, new immigrants and all those who have little power to protect themselves. This has made me particularly proud of the work done in 2010 by OHCOW with migrant farm workers.

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

I am proud of OHCOW's achievements in 2010. I am appreciative of the efforts of the many partners and friends who have worked with us this year and in the past. At the end of the year, we received the expert panel report and its roadmap for the future of the prevention system. So I know that there are many changes yet to come. Through it all, OHCOW has played a unique and vital role. I look forward to being able to do even more for workers and workplaces in the future.

Lyle Hargrove, Chair, OHCOW Board of Directors

Managing Director's message

2010 was an important year in OHCOW's history. It was the second complete year of implementation of our strategic plan for 2009 – 2011. It was also a year of fast paced change in Ontario's prevention system. The year was dominated by the comprehensive review of health and safety in Ontario led by the former Secretary of Cabinet, Tony Dean and an expert panel from the employer, labour and research communities, which tabled its historic report on December 16, 2010. Our Board of Directors took all of this into account when it reviewed OHCOW's strategic plan at mid-year in 2010 and refocused our priorities. My job was to work with the Board, staff and partners to make major progress on these priorities. Thanks to everyone's hard work and collaboration, we succeeded.

The strategic plan provided overall direction to build on OHCOW's historic strengths and make major improvements in all key areas of our work: clinical and prevention services, our approach to research, prevention tool development and knowledge transfer, the way we work with partners and how we work best for service excellence and health, safety and wellness within the organization.

I wish to thank in particular our funder, WSIB, which found ways, in spite of its own significant fiscal challenges, to provide additional resources to OHCOW to meet our highest priority needs – opening our first new clinic in over 10 years, in Thunder Bay; accessible service to migrant farm workers in Ontario's farming country; development of an occupational disease prevention strategy; and continuation of the services agreement, which allowed OHCOW to provide additional clinical services to injured and ill workers.

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

Clinical services – when I arrived at OHCOW in the Fall of 2007, the organization was struggling with the aftermath of an unprecedented surge of workload earlier in the decade, related to the investigation of numerous clusters of occupational disease in Ontario workplaces. Many of these clusters had been dealt with through intake clinics, resulting eventually in thousands of individual cases. Very major progress has been made over the past two years as all five clinics reviewed their caseloads with a view to reducing these historic backlogs. During 2009, we reduced our caseload from 6772 to 2634; and in 2010, further reduced it to 1638. In the vital area of linking return to work and prevention, OHCOW took the lead in working with a major health care employer and its three unions, along with the Occupational Disability Response Team, Institute for Work and Health, and the Public Services Health and Safety Association. In 2010, we began a pilot with all these partners on development of a joint return to work process linked with health and safety renewal and participatory prevention interventions.

Thanks to funding from WSIB, OHCOW was able to continue our Migrant Farm Workers Project in 2010, providing clinics in farming country for these vulnerable workers. Finally, I was very proud to be part of the launch of OHCOW's first new clinic in 10 years – in Thunder Bay, to serve Northwestern Ontario, again thanks to new funding from WSIB.

Prevention services – with our inter-disciplinary teams of occupational physicians, nurses, hygienists and ergonomists, OHCOW is able to make the link between workers' health concerns and participatory interventions for prevention. In 2009, as with clinical services, OHCOW had reviewed our current prevention workplace level interventions to determine which ones could end and which would continue. We thus started 2010 with a much reduced and more focused prevention caseload. This positioned OHCOW to initiate over 400 workplace based prevention interventions in 2010. It also allowed us to respond more proactively and strategically to broader prevention priorities and partnerships. This included a leadership role in the development of a proposed occupational disease prevention strategy for Ontario – which was tabled with WSIB senior management in the Fall of 2010.

We also engaged in a wide variety of activities around a seasonal approach to health and safety – including heat stress prevention and various issues around working in the cold. I am very proud of OHCOW's frontline prevention support to migrant farm workers – including eye safety, where we provided vital information to workers along with distributing over 300 pairs of safety glasses.

In 2010, OHCOW continued to put a high priority on prevention of musculo-skeletal disorders (MSDs) resulting from poor ergonomics; we also played an active role in the development of an MSD prevention strategy framework, in an initiative led by Workplace Safety Prevention Services.

Finally, OHCOW played a leading role in important initiatives throughout 2010 to raise awareness about asbestos exposure and disease, including hosting an eminent Indian occupational physician, Dr. Tushar Joshi, in his visit to Canada in May 2010.

Research, knowledge transfer, tool development and educational services – During 2010, OHCOW continued to make progress in improving the links between its frontline activities and the mobilization of knowledge for prevention. Much of this was done through an innovative collaboration called the Labour/OHCOW/Academic Researcher Collaboration (LOARC). The objective of LOARC is to exchange information and expertise among the partners, to contribute to developing a research agenda based on worker community priorities.

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

this pilot was well underway in around 40 workplaces, with hopes that the tool could be broadly used in future. In Ontario, MSDs are the single largest source of human suffering and financial cost in workplaces. OHCOW was also proud to play a major role in building awareness of ergonomics and MSDs, including significant events for international RSI Day.

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

Partnerships - OHCOW believes strongly that partnerships, both with the worker community, unions and employers, and with other prevention organizations, are vital to achieving our vision and mission. With the worker community, the most vital component was a central collaborative initiative with labour unions, legal clinics, injured worker groups and the Office of the Worker Adviser, involving working groups on key issues of cooperation. OHCOW also placed a high priority on partnerships with organizations working with the most vulnerable workers, such as new immigrants, First Nations and migrant workers.

Within the prevention system, OHCOW, in spite of its modest size and resources, played a leading role during 2010 in the development of a proposed Occupational Disease Prevention strategy for Ontario. As well, an OHCOW physician was appointed lead for the occupational component of the Ontario Lung Association's Asthma Plan of Action.

OHCOW also continued in 2010 to strengthen its partnerships within the occupational health and occupational medicine communities – including providing internships and others placement opportunities for medical, nursing and kinesiology students; and participating in the educational programs for these professions.

Commitment to service excellence and to the wellbeing of our staff – At the same time as we engaged in dialogue and partnership on many fronts, we also worked extensively to improve many aspects of our internal operations. The focus was on service excellence and the wellbeing of OHCOW staff. This included important progress in 2010 on a participatory process to review OHCOW's service delivery model with a view to making it more effective and consistent across all the clinics. Reporting and accountability mechanisms were also strengthened.

I believe that OHCOW has had an impressive year of progress on many fronts during 2010. We will enter 2011, the final year of our strategic plan and a vital year for Ontario's prevention system, positioned to be able to play a strong role in improving health and safety for Ontario workers and workplaces. I wish to thank our staff, leadership group, Board and our many partners for contributing to OHCOW's work and success during 2010.

Alec Farquhar, Managing Director

2010 Annual report

Background and introduction

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

OHCOW's Vision and Mission

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.

Mission:

OHCOW has been designated by the Workplace Safety and Insurance Board (WSIB) under section 6(1) of the Workplace Safety and Insurance Act ("the Act"), as the medical clinic recognized under the Act. Thus OHCOW plays a unique role in Ontario's prevention system, which is reflected in its vision and mission: as an occupational health clinic, OHCOW works to detect occupational injuries and illnesses, and then moves proactively to prevent and ultimately eliminate them.

OHCOW works towards the realization of its vision pursuant to its mission statement, which identifies several key priority areas. This report documents progress in each of these areas.

Mission statement

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

Clinical services

- Providing inter-disciplinary services to workers who are concerned about their occupational health and to the families of workers who fall victim to occupational disease

Prevention services

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

Research, knowledge transfer, tool development and educational services

- Conducting and supporting participatory research and promoting its contribution to knowledge transfers and development of prevention tools and resources.
- Educating and learning from workers, workplaces and the community about occupational hazards, exposures and prevention solutions

Partnerships

- Building and maintaining strong relationships with workers and unions and, wherever possible, with employers through joint health and safety committees, trades committees and health and safety representatives.
- Building and maintaining strong partnerships within the Ontario prevention system, to further our vision and mission.

Commitment to service excellence and to the wellbeing of our staff

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

1) Clinical services

- Providing inter-disciplinary services to workers who are concerned about their occupational health and to the families of workers who fall victim to occupational disease

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

OHCOW faced very significant clinical services challenges for 2010. Putting the Sarnia clinic aside, because much of its caseload of more than 700 can be seen as one large, complex, multi-sectoral asbestos disease cluster, OHCOW had dealt with 38 disease clusters since 2000, including 9 with over 100 cases each. By far the greatest proportion arrived from 2003 – 2005, when 19 clusters, including 8 large ones, were received. Another major flow of over 800 cases came in 2008 from an intake clinic and subsequent additional cases at an Ontario steel mill.

Essentially, this workload far exceeded OHCOW's capacity of approximately 1000 – 1200 new cases annually and had partially immobilized the organization. To add to the pressures, during 2008 and 2009, and into 2010, a number of unions had asked OHCOW to deal with potential new clusters and with exit assessments and interventions for workplaces closing down due to Ontario's economic situation. Overall these workplaces had over 20,000 workers, greatly exceeding OHCOW's intake capacity.

Historic progress was made in 2009 in breaking the logjam and addressing the historic backlogs. There was a net reduction during that year of over 4000 cases – from 6772 to 2634. The objective for 2010 was to continue that progress and position OHCOW to be able to take on new work in 2011 and beyond. Through a multi-facetted strategy, this was achieved. Support from our funder, WSIB, was a vital component.

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

- through around $120,000 under the services agreement (whereby WSIB reimburses OHCOW for certain designated services provided by OHCOW physicians) – and which especially gives OHCOW some "surge capacity" to deal with unexpected groups or clusters of cases

- a second year of $100,000 funding for expanded services to migrant farm workers

- $250,000 initial funding to establish a new clinic in Thunder Bay to serve Northwestern Ontario. This was the first new clinic opened by OHCOW in over ten years.

- Continuation of funding to support OHCOW's lead role in developing a proposed occupational disease prevention strategy for Ontario's prevention system. The initial funding amount of around $50,000 was not substantially expended in 2010 due to project timelines. At year end, WSIB approved transfer of these funds for use in 2011 to support development of operational strategies for occupational disease prevention.

- In all, for 2010, WSIB's funding approvals represented over $500,000 beyond the base budget level of $6,733,000 and was targeted to high priority areas as noted.

OHCOW's accomplishments were significant: due to continued creative and hard work by OHCOW staff and physicians, and partnerships with many unions and workplaces across the province, OHCOW reduced historic backlogs very substantially for the second year in a row. This included a review of cases open longer than 3 years, with the objective of closing as many as possible during 2010. OHCOW entered the year with a caseload of 2634 and closed 2247 of those, while opening 1251 new cases. Overall, during 2010, we reduced the number of cases open 3 years or longer (excluding surveillance/monitoring cases) by 67% over 2009 levels. This left a caseload of 1638 at year end, of which a significant proportion were composed of a cohort of around 700 asbestos exposed workers in the Sarnia area who are participating in a screening project led by Princess Margaret Hospital. The project team carries out low-dose CT scans in an effort at early detection of asbestos related diseases. Overall, OHCOW reduced its historical backlog of occupational disease cluster cases from 457 at the beginning of the year to 366 by year end – a 20% reduction.

All of this meant that 2010 was a second year of vital progress for an organization which had struggled so much with its workload over the preceding years. Further progress was anticipated for 2011, with the objective of clearing off most of the remaining historical work backlog by the end of that year. This was the main strategic objective established for clinical services by the 2009 – 2011 strategic plan. For 2011 and beyond, this cleared the way for OHCOW to be able to take on new high priority groups and clusters of cases again, although with careful planning in terms of case numbers and timing.

Clinical services highlights:

- **Most common exposures and health conditions –** Analysis of OHCOW's clinical services caseload shows a wide range of exposures and related health conditions. The top exposures included asbestos (38% of cases), chemical exposures (19%), dust and silica (8%), noise (17%) and ergonomic factors (18%). The resulting top diagnoses included noise induced hearing loss (29%), respiratory system (including thickening of the pleura, pleural plaques, asbestosis, asthma and chronic airway obstruction) (44%), cancers (8%) and MSDs (19%).

- **Migrant farm workers –** with our second year of $100,000 funding from WSIB for OHCOW's Migrant Farm Worker project, we were able to hire part time staff, who worked with an occupational health nurse, physicians and occupational hygienist during farm season. The objective was to provide inter-disciplinary clinical services accessible to this vulnerable worker population – which usually meant Friday evenings in farm towns during the agricultural season. We ran 7 clinics in Simcoe, 2 in Virgil, 1 in Bradford and 1 in Leamington, totaling 11 overall and allowing us to see a total of 156

migrant farm workers during the 2010 season. We also carried out extensive prevention work in support of farm workers, which is reported in that section of this report.

- **Linking return to work and prevention** - OHCOW, along with a number of prevention system partners and unions, identified the importance of linking primary and secondary prevention with return to work. An ergonomist in OHCOW's Hamilton clinic played a leading role in an important pilot project at a major health care provider in the Hamilton catchment area. This initiative, begun in 2009, links provision of clinical services and support to injured workers at a major health care provider, with participatory ergonomic interventions to change the conditions which had contributed to the onset of musculo-skeletal disorders (MSDs). All of this is taking place in the context of an ambitious project to establish an enterprise-wide joint return to work program. The partnership involves the employer, its three unions (Ontario Nurses' Association, Service Employees' International Union and Ontario Public Service Employees' Union), OHCOW, the Occupational Disability Response Team, the Public Service HSA and Institute for Work and Health. It's a good example of the power of prevention partnerships. At the end of the reporting period, major progress had been made on laying the groundwork for the joint return to work program and important implementation steps were anticipated for 2011.

- **Toronto clinic** continued to make progress completing its work on the Peterborough project, which had held intake clinics and dealt with over 700 workers from two major local workplaces, starting in 2005. The bulk of the initial work on cases had been completed prior to 2010 with project funding from WSIB. By the end of 2010, almost all the cases had received initial work up, which would allow a focus on the second round of work – reviewing the pool of over 200 denied claims – during 2011 and beyond. As the first phase of this work, a Toronto hygienist conducted in-depth research and development of a report regarding work-relatedness of adenocarcinoma of the stomach in a Peterborough Crane Operator, for use at WSIAT hearing scheduled for 2011.

- Major progress was also made on the caseload from two major intake clinics with the building trades unions, which had been backlogged from earlier in the decade – one group of cases was completed in 2010 and significant progress was made on the other one. Toronto Clinic was involved in two important Workplace Safety and Insurance Appeals Tribunal (WSIAT) Decisions – in Decision **No. 883/09,** a worker's appeal was allowed for kidney disease resulting from exposure to solvents. Significant weight was placed on the OHCOW Physician's opinion. In Decision No. **544/10**, opinions from two OHCOW Physicians were important in supporting allowance of an appeal for plantar fasciitis.

- **Hamilton clinic** continued its work on exit assessments at a truck plant which was closing down and evaluated a possible cancer cluster at a closed auto parts plant. An OHCOW occupational hygienist participated in hearings at WSIAT that dealt with the evaluation of a job exposure matrix (JEM) which the WSIB had created to help adjudicate claims from a closed fiberglass plant. Since WSIB uses this methodology for other potential disease clusters, the OHCOW opinion may have impact beyond this particular case.

- **Sudbury clinic** continued work on the cases emerging from an intake clinic in 2008 at a large steel mill. This clinic, which had been planned in close partnership with the United Steel Workers union and involved WSIB from the outset, was attended by over 800 workers. Additional cases were brought forward by the USW after the intake clinic. The screening of cases by the union meant that only those requiring work by OHCOW were referred. During 2010, 7 new cases were referred and 11 cases were closed, leaving only 20 as of year end. Sudbury also reviewed 59 new cases from a nickel refinery, with 10 cases still active at year end and carried out assessments for 22 workers at a rubber product manufacturing facility. During 2010, Sudbury clinic was extensively involved in the set up of the new OHCOW clinic in Thunder Bay for Northwestern Ontario (see below). This included providing administrative, management, ergonomic and hygiene services to Thunder Bay.

- **Thunder Bay clinic -** 2010 was a very important year for OHCOW, as a result of the WSIB funding decision which enabled us to open our first new clinic in 10 years – at Thunder Bay, serving Northwestern Ontario. Northwestern Ontario unions, injured worker groups, employers and the broader community had advocated for a local OHCOW clinic for a number of years, especially because of the unique needs and geography of this very important part of the province. The Hon. Michael Gravelle, MPP for Thunder Bay – Superior North and Minister of Northern Development and Mines and the Hon. Steven Mahoney, Chair of WSIB, joined OHCOW Board Chair Lyle Hargrove for the opening ceremonies of the new clinic on June 24, 2010. During 2010, the clinic received 55 new cases, closing 23 of them, leaving 32 at year end. As we had anticipated, the majority of clinical work resulted from work related MSDs related primarily to ergonomic issues. There were no substantial clusters of MSDs or occupational disease encountered during 2010.

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

related to industrial exposures, including solvents, asbestos and welding. Among many other cases, Windsor clinic assisted a sheet metal worker who had developed pleural plaques and chronic obstructive pulmonary disease. The clinic nurse developed a workplace exposure history which indicated significant exposure to asbestos. The worker's claim was allowed in 2010 for his breathing problems.

- **Sarnia clinic** continued to face very significant challenges resulting from the heavy occupational disease caseload which had developed over the years. As with 2009, 2010 was a year of consolidation and review, focused on identifying cases requiring continuing work and closing those which did not. Very significant progress was made: from a starting caseload of 1496, 414 new cases were added with 1173 closed – leaving a much reduced and more manageable caseload of 737 at year end. A significant proportion of Sarnia's remaining cases are part of a major low dose CT screening project for workers with significant asbestos exposures, in partnership with Princess Margaret Hospital in Toronto. The objective is early detection of asbestos disease, including especially mesothelioma and lung cancer. During 2010, 38 new cases were added to the project cohort, resulting in 682 open screening cases at year end. While asbestos remained by far the most significant exposure recorded for OHCOW's Sarnia cases, hearing loss was second most prevalent – reflecting the often noisy working conditions of years past. Sarnia clinic was involved in a number of positive WSIAT appeal decisions, including the following:

    - an appeal on behalf of a Registered Nursing Assistant suffering from hypereosinophilia with multiple end organ damage.
    - an appeal for benzene-related acute myeloid leukemis
    - a bladder cancer appeal for a deceased claimant
    - a an appeal by a former Wheelsman on a lake freighter for traumatic hearing loss

2) Prevention services

- Identifying and analyzing occupational hazards and exposures, and developing effective programs for prevention and elimination.

- Participating in prevention initiatives which address environmental or public health as well as occupational health.

With its inter-disciplinary team of ergonomists and occupational health nurses, physicians, hygienists and client service coordinators, OHCOW has a unique capacity to support workers and workplaces with participatory prevention interventions. Often, an intervention will begin with workers' concerns about health conditions arising from historical and/or current exposures.

However, our resources are limited. So the challenge posed in OHCOW's strategic plan for 2009 – 2011 was how to best deploy OHCOW's limited resources – and especially to balance our support to individual workplaces versus broader interventions at the sectoral or provincial level. Interventions at all these levels are vital in the prevention system's efforts to move towards eliminating occupational injuries and illnesses in Ontario. This includes broader initiatives where there are environmental or public health aspects to an exposure or health condition as well as the occupational aspect. OHCOW made significant contributions at all these levels during 2010.

As with clinical services, OHCOW has had to respond to a historical overload of individual prevention projects, many of which stemmed from intake clinics, especially during the period 2003 – 2005. In 2009, each OHCOW clinic reviewed its prevention activities to determine which could be completed and which required continued OHCOW involvement. Starting from a base of 647 interventions open at the beginning of 2009, more than twice as many interventions were closed as were opened during the year – 906 versus 422 – resulting in a much reduced and more focused prevention workload of 160 at year end. This positioned OHCOW to respond more proactively and strategically to prevention priorities in 2010. In 2010, we initiated 414 new workplace based prevention interventions and closed 362, leaving us with 212 active at year end. Although more than half of the new interventions related to ergonomics and MSD prevention, the overall proportion of interventions responding to hazardous exposures increased in the active year end caseload. These tend to take more time and resources than ergonomic interventions. We will have to monitor our workplace level interventions closely in 2011 and beyond, to ensure that we maintain a good flow of activities and don't become backlogged again.

OHCOW's enquiry service is a major way to use scarce resources to support workplace parties in prevention activities. During 2009, OHCOW responded to over 985 enquiries, with a focus on gradual onset health conditions arising from ergonomic and exposure hazards.

Prevention highlights:

- OHCOW co-led a project to develop a proposed occupational disease prevention strategy for the provincial system, for consideration by WSIB. During 2010, the project steering committee completed its work and submitted the proposed strategy to WSIB senior management. At year end, WSIB had undertaken to send the strategy to the Ministry of Labour for consideration as it took leadership of the prevention system. In the meantime, WSIB opened the door for work during 2011 on strengthening operational partnerships around prevention of occupational dermatitis, asthma, hearing loss and hand/arm vibration syndrome. In support of this, WSIB authorized OHCOW to use remaining occupational disease strategy funding of around $50,000 from 2010 in 2011.

- OHCOW continued with its focus on seasonal health and safety hazards. This includes dissemination and use of our frontline heat stress resource kit, which is now widely used by prevention partners within and outside Ontario. We also did extensive work, especially from Sudbury clinic, supporting workplace parties around winter hazards such as working in the cold and snow shovelling.

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

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

- OHCOW played a leading role at the Ontario and national level in efforts to raise awareness about asbestos disease and work for prevention of exposures – as well as pressing for an end to Canadian production and export of asbestos to the developing world. This included hosting Dr. Tushar Joshi, a leading Indian occupational physician, for sessions with Toronto occupational health professionals, in May 2010.

- **Toronto clinic** was involved in a broad range of ergonomic and hygiene interventions at the workplace level during 2010. The majority of the ergonomic interventions focused on office settings, especially computer workstations. While hygiene interventions addressed a broad range of hazards, most common were those around indoor air quality.

- **Hamilton clinic**, as part of the WSIB-funded Migrant Farm Workers' Project, provided direct frontline information, some in Spanish, for farm workers on eye safety. A total of 6 workshops were conducted, reaching around 400 workers. Over 300 pairs of safety glasses were distributed as part of these initiatives. A number of the Hamilton occupational hygiene interventions were in sophisticated manufacturing settings addressing complex issues. A Hamilton ergonomist led OHCOW's team to link participatory MSD prevention with a joint return to work initiative at a major health care provider (reported in more detail under clinical services, above).

- **Sudbury clinic** worked in 2010 with a major public sector union and employer on prevention of back injuries in emergency medical services. In response to two significant

clusters of occupational health concerns from construction workers who had been working in plumes emanating from paper mills, Sudbury clinic continued to work in 2010 with building trades unions to develop a prevention strategy and protocol for responding to these complex and sometimes high profile situations. Sudbury clinic's 85 workplace level interventions during 2010 covered a wide range of sectors and situations. This included significant service and support to small and medium sized manufacturing workplaces; the federal and provincial governments; broader public sector, especially education and health care; and many small and medium sized service sector organizations such as restaurants and call centres. This meant that apart from the positive impact on worker health, Sudbury clinic contributed to the economic wellbeing and success of employers in Northern Ontario.

- The newly opened **Thunder Bay clinic** carried out 11 workplace based prevention interventions during 2010. These were mainly ergonomic related, in office and health care settings primarily.

- **Windsor clinic** carried out ergonomics and hygiene interventions in a wide variety of sectors and settings – including agriculture, construction, auto manufacturing, and government services.

- **Sarnia clinic's** primary focus in 2010 continued to be its clinical services caseload. However, there were some prevention interventions carried out by the clinic's occupational hygienist. This included especially responding to a wide range of concerns about asbestos exposure in the community. Other interventions addressed concerns about wood dust in a developmental services workshop and air quality in several settings. Many significant prevention concerns were also dealt with through enquiries and knowledge transfers. Sarnia clinic also led the way within OHCOW for involvement in broad partnered initiatives around prevention of asbestos exposure in our workplaces and efforts to end Canadian production and export of asbestos to the developing world. This included attendance by Sarnia staff and members of the Local Advisory Committee at national asbestos prevention events in Ottawa in May 2010.

3) Research, knowledge transfer, tool development and educational services

- Conducting and supporting participatory research and promoting its contribution to knowledge transfers and development of prevention tools and resources.

- Educating and learning from workers, workplaces and the community about occupational hazards, exposures and prevention solutions

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

Research and tool development provincial highlights:

- During 2010, OHCOW worked 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.

- LOARC drafted a joint paper on the Internal Responsibility System (IRS) for submission to the Expert Advisory Panel on Occupational Health & Safety. A Toronto clinic ergonomist contributed to the drafting of this paper.

- In May 2010, LOARC held a teach-in at McMaster University which involved a number of OHCOW staff. The teach-in focus was on accomplishments and remaining challenges around occupational health and safety - **Internal Responsibility Thirty Years Later: Not Yet Healthy: and Still Not Safe.** As part of this session, a Hamilton hygienist and nurse presented on their experience with the Migrant Farm Workers project; and a Toronto ergonomist presented: "Worker Participation and Ergonomic Intervention Strategies: Success Stories/Practical Examples". In the Fall of 2010, this Ergonomist participated in a presentation to the Expert Panel on Ergonomics Case Studies supporting participatory interventions. At the year end, LOARC was working on planning for a teach-in scheduled for the first quarter of 2011.

- OHCOW played a major role in a multi-partner initiative, led by the Centre for Research Expertise in the Prevention of MSDs (CRE-MSD), to develop and pilot a workplace level ergonomic hazard survey. Extensive development work was carried out in 2009 and the pilot in around 60 workplaces began in 2010. A unique feature of this tool is that it is designed to encourage consensus between the worker and employer members of joint health and safety committees in the workplace. By year end, 40 of the planned 60 workplaces had been visited. We are hoping that this tool will be validated by the pilot and used in many more workplaces in the future.

- OHCOW also played a major role building awareness of ergonomics and MSDs, including significant involvement in events for RSI Day, February 28, 2010, in Sudbury and Toronto.

- As part of our Migrant Farm Worker Project, OHCOW developed or adapted a number of prevention tools and resources for farm workers. We tried to make as many of these as possible accessible in the native languages of the workers. This included:
    - Thai translation of the EPA pesticide safety book was completed with the help of Asian Community AIDS Services (ACAS) and distributed at a health fair in Leamington.
    - Workshop materials on eye protection (Spanish, Caribbean, including Patois)
    - Distributed DVD on pesticides (Spanish + English)
    - Developed display and adapted materials related to hygiene and pesticides (Spanish & English).
    - PowerPoint / workshop materials on hygiene and pesticides (Spanish & English)
    - Workshop on ergonomic work processes
    - Translation into Thai, Filipino and Spanish of Hogweed warning notice.

- During 2010, OHCOW played a major role in a multi-union partnership responding to growing concerns and interest in prevention of workplace violence and injury/stress resulting from psycho-social hazards. A mental injuries tools group was formed to review and develop a tool to measure workplace psychosocial hazards, with plans for a workshop to be held 2011.

- In response to the emerging hazards of nanotechnology, particularly nano-particles, OHCOW worked on development of a workplace level nanotechnology information resource.

Knowledge transfer and exchange provincial highlights:

- OHCOW staff and physicians carried out around 170 knowledge transfer and exchange activities. These ranged from workplace based sessions to participation in major conferences and partnered events. KTE activities are a crucial way for OHCOW to leverage the impact of our inter-disciplinary expertise by helping build capacity in individual workplaces and broader sectors. Highlights are included in individual clinic reports below.

- OHCOW ergonomists from several clinics collaborated on an ambitious Safety Day for 650 employees at 3 locations of a major construction company. Activities included body mapping, a symptoms survey and lifting exercise. Translation into Portuguese was provided for the Hamilton/Dundas group.

- OHCOW worked with the Canadian Partnership Against Cancer on an international expert workshop on asbestos disease in March 2010.

- OHCOW's Managing Director presented on occupational health and safety and workers' compensation for occupational stress, to the annual conference of the Healthy Workplace Coalition in March 2010 and to the Nova Scotia Workers' Counsellor conference in November 2010.

- Staff and physicians from several clinics participated in the June 2010 conference of the Canadian Association for Research on Work and Health. This included a presentation by Hamilton clinic on a "Case study investigation of birth defects in a newspaper office environment"; a presentation by Hamilton clinic and partners on "An asbestos exposure database for asbestos mine/mill workers (1977-1994)" and a joint OHCOW/New York State presentation on inter-disciplinary clinics and prevention.

- OHCOW hosted a major presentation by Dr. Devra Davis in November 2010 on emerging science around health effects from electro-magnetic fields and cell phones in particular.

- In November 2010, the OHCOW Managing Director presented to a major Ontario Federation of Labour Health and Safety and Workers' Compensation conference. Also in November, the Managing Director was keynote speaker at the annual Sarnia Links for Life health and safety awards banquet.

Clinic highlights:

- An ergonomist at **Toronto clinic** completed in early 2010 an innovative and practical research project, funded by CRE-MSD, to test the usability and reliability of a computer workstation hazard identification checklist included in the 2006 MSD Prevention Guideline for Ontario. A paper on the project was presented in October 2010 at the Association of Canadian Ergonomists conference in Kelowna, BC. and published in the conference proceedings.

- **Toronto clinic** made a major contribution to the CRE-MSD led project developing a workplace level MSD hazard identification tool. At the beginning of the project a Toronto ergonomist provided guidance to the project ergonomist. OHCOW assisted with the hazard identification process, piloting the tool and report generation. The OHCOW ergonomist continued to act throughout 2010 as a mentor for the project ergonomist. The same ergonomist also played an active role in developing a research proposal to WSIB's Research Advisory Council entitled "Understanding the challenges of participation: The Workers' perspective". This represented a groundbreaking attempt to understand the

challenges for worker participation in health and safety in a changing economy where contingent employment and job insecurity is increasing.

- **Toronto clinic** continued its work to develop a Participatory Ergonomics Handbook from the Automotive Industry and Clothing Industry Projects. The Toronto clinic's nurse was a member of the OHSCO Steering committee on Workplace Violence Prevention. In 2010 this committee produced a number of tools to support the implementation of Bill 168, which amended the Occupational Health and Safety Act to include workplace violence and harassment.

- The **Executive Director of the Toronto clinic** represented OHCOW on the expert panel working group on vulnerable workers. She collaborated with the WHSC representative to prepare an evidence based report and recommendations regarding workers in high risk occupations and sectors.

- **Toronto clinic** also carried out a wide range of KTE activities. This included:

    - A province wide news and information company – a presentation was given on-site and through webinar, reaching more than 500 staff

    - Educational for community staff who work in the newcomer information centre. This equipped them to provide better advice and referrals to new immigrant workers.

    - OHCOW ergonomists collaborated to provide input into a draft Canadian Standards Association ergonomics standard.

    - Presentation to the Ontario Community Support Association on ergonomic fundamentals. The objective here was to help the OCSA build capacity to deal with MSDs in the home care sector.

    - Workshop for a large national union on how to conduct inspections in a call centre environment and a ticket booking counter setting

    - Workshop facilitation and presentation on workplace violence prevention at the Ontario Federation of Labour Health and Safety and Workers' Compensation Conference.

- **Hamilton clinic** played a major role in a RAC funded research project into occupational health of migrant farm workers, in partnership with the University of Waterloo. This study seeks to describe the extent and nature of occupational health and safety issues of temporary migrant farmworkers in Ontario as well as accessibility and barriers to health care. Little is known about the health of this population, nor the effect of a temporary

workforce on the health of Canadians. The researchers propose obtaining data from a wide range of informants including farmworkers, employers and health care providers, and to follow select workers to their home countries in an effort to understand long-term and international implications for work related injuries and illnesses.

- A **Hamilton clinic hygienist** served on the team for a major research project, in partnership with major infectious disease practitioners and researchers, to investigate the transmission of influenza among health care workers. Hamilton and Windsor clinics began a collaborative research project into brain cancer among chemical workers, to continue in 2010. Hamilton clinic worked with a major union on development of a self-administered MSD survey tool.

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

    - An innovative project to improve detection of lung cancer cases to which asbestos exposure may have contributed.

    - Developing, administering and analyzing a survey post implementation of phase one of a major municipality's ergonomics program

    - Systematic review of literature on occupational brain cancer, in collaboration with Windsor clinic, in support of investigation of a potential cluster in a chemical plant

    - Program evaluation and tool development for a construction workplace for a tools application before future jobs start to allow for proper evaluation of ergonomic issues for construction job sites.

    - Worked with a major union to produce a set of questionnaires for their workers' compensation conference attendees to evaluate with respect to identifying types of workplace stress and the health effects associated with such exposures.

    - Translated suvaPro (Switzerland) workplace stress screening tool

- **Hamilton clinic** also carried out a very wide range of KTE activities in 2010 including presentations to McMaster Family Medicine physicians regarding occupational medicine, work-related asthma and OHCOW's role.

- **Sudbury clinic** carried out a number of participatory research and tool development projects, including:
    - Working with a local emergency response employer and its union to develop an educational tool to prevent low back injuries among EMS workers. A first draft was completed and awaiting further review in 2011.
    - Enhanced Minimal Lift Toolbox for patient transfers - created the minimal lift DVD, reminder cards and patient handling fact sheet.
    - Enhanced office ergonomics handbook - created a tool box and pilot tested it with former OHCOW group clients.
    - Testing a new approach to pre- and post intervention evaluations of workers to determine if there are better ways to determine whether our prevention interventions have helped them. Surveys to be administered to 83 workers prior to intervention and 6 months post intervention.
    - Developing a comprehensive literature study on job duties and inherent risks for powerline workers.
    - Identifying health hazards from pulp and paper emissions for construction workers and developing the best approaches to protect construction workers exposed to these emissions during construction at different mills throughout the province.
    - Review of exposure sampling data in copper mining and refining. Reviewing and analyzing sampling exposures with the workers and their union to determine any overexposures and using this data to aid in determining work-relatedness of health conditions.
    - Office ergonomics purchasing – pre- and post intervention study of workplaces which have used OHCOW's office ergonomics purchasing guide.
- **Sudbury clinic** also engaged in a wide range of KTE activities, including:
    - Providing text for 17 community media partners within the Sudbury Clinic catchment area that publish articles to inform the public of prevention on occupational health and safety topics
    - A number of presentations on office ergonomics in multiple sectors
    - Several knowledge transfers to northern medical students on occupational hygiene and OHCOW's role.

- Knowledge transfer provided on heat and cold stress as part of RSI Day 2010 events in Sudbury and around the world by webinar.
- Workplace violence and Bill 168 to group home workers.
- Ergonomics workshop to business track students in secondary school
- Back care and lifting - to university maintenance staff
- First Nations students - on back care, proper lifting and working in the sun
- Knowledge transfer on back and lifting for daycare workers
- Workshops at major international union health and safety conference on workplace ergonomics and MSD prevention
- Ergonomics and snow shoveling to university maintenance staff
- Presented to over 100 firefighters on heat stress
- Attended the OPP Wellness Day with OHCOW booth and fact sheets
- Presentation to Timmins health and safety conference on heat stress and indoor air quality

- **Thunder Bay clinic** carried out a modest number of KTE activities during its first year of operation. These were primarily around ergonomics and MSD prevention.
- **Windsor clinic carried out a number of KTE activities in 2010:**
  - A number of presentations on office ergonomics in multiple sectors
  - Presentation on ergonomic awareness and indoor air quality to first year hair styling students
  - Work with city environment department and Health Canada to develop heat response plan
  - Presentation on ergonomics, MSD prevention and hygiene provided to students in the advanced level of the Provincial Brick and Stone apprenticeship program.
  - Hygiene sampling presentation given at WHSC Hygiene Module to Canada Post Workers.

- **Sarnia clinic** focused primarily on clinical services in 2010 but did carry out some research and knowledge transfer activities:

    - Participation with a number of local partners in the Lambton Health Study. This study is intended to review potential trends of health conditions resulting from environmental and occupational exposures in the Sarnia/Lambton area.

    - A Sarnia physician and Hamilton hygienist reviewed the literature regarding the relationship between asbestos and gastro-intestinal cancers and discussed findings with worker and union representatives. This is a challenging area where scientific views have been developing over the past few years.

    - Sarnia clinic partnered with Princess Margaret Hospital on a Low-Dose CT scan study to improve early detection of asbestos disease. This large study is breaking new ground. OHCOW coordinates the largest group in the cohort and was accepting new registrants in 2010 as well.

    - An OHCOW Sarnia physician presented two lectures on occupational medicine to medical students at the University of Western Ontario. This was presented at the Windsor campus and went by way of video conference to the London campus. Due to increasing class sizes, starting in 2011 the lectures will no longer be done by video conference and instead simultaneous lectures will be made at both sites. An OHCOW Windsor clinic physician will give the lecture at Windsor campus and the Sarnia physician at London. They will be collaborating on the presentations and development of lecture notes for the students.

    - Presentation in a community college program on health and safety concerns for beauticians

4) Partnerships

- Building and maintaining strong relationships with workers and unions and, wherever possible, with employers through joint health and safety committees, trades committees and health and safety representatives.
- Building and maintaining strong partnerships within the Ontario prevention system, to further our vision and mission.

OHCOW believes strongly that partnerships are vital to achieving our vision and mission. As a labour designated organization, OHCOW builds and maintains vital partnerships at the workplace, sectoral and provincial level with Ontario's workers and their unions, and wherever possible with their employers. At the same time, OHCOW works within the Ontario prevention system on partnerships at many levels and of many types. 2010 was an important year of

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

Partnerships with workplace parties:

- During 2010, OHCOW continued to strengthen and focus our overall strategic partnership with the worker community and labour movement. The most vital component was a central collaborative initiative with labour unions, legal clinics, injured worker groups and the Office of the Worker Adviser, which was composed of five working groups on key issues of cooperation – development of an OHCOW/worker community guide on how best to work together; strengthening and developing ways to share information among OHCOW and worker representatives; a review of ten years of intake clinics with the objective of developing resource materials on how best to carry out such collective interventions; building awareness within the workers' compensation system of the terminology used in the scientific/medical community; strengthening frontline support for health and safety and workers' compensation activists. Progress was made in all of these project areas, including especially the significant work done on tools and strategies related to psycho-social hazards and mental injuries.

- A major focus of partnership was the Labour/OHCOW/Academic Researcher Collaboration (LOARC) reported earlier in this report.

- Labour partners supported OHCOW in the launch during 2010 of Thunder Bay clinic, our first new clinic in over 10 years. There was also an important partnership around the Migrant Workers Project with the United Food and Commercial Workers.

- OHCOW across the province participated in the three main annual events organized by the worker community – RSI Day, Worker Day of Mourning and Injured Workers' Day. We also played a regular role in the Ontario Federation of Labour Health and Safety and Workers' Compensation Committees.

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

- Toronto clinic dealt actively, along with OHCOW provincial office, with a continuing strong call from the worker community for an OHCOW clinic in Eastern Ontario. OHCOW submitted a proposal to fund an Ottawa clinic and although this could not be funded by WSIB for the 2011 year, we intend to continue with these efforts. The lack of a clinic for Eastern Ontario is the biggest current service gap for OHCOW. Eastern

Ontario is served by Toronto clinic, which is already very hard pressed to serve the GTA and Central Ontario.

- Hamilton clinic strengthened extensive partnerships with key organizations involved with migrant farm workers – this includes United Food and Commercial Workers Union, legal clinics, researchers and various networks supporting farm workers. Hamilton clinic also made presentations for the first time at meetings of 3 construction sector labour/management groups at their yearly meeting. This included representatives from Kitchener, Hamilton and Niagara along with the new Infrastructure Health and Safety Association.

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

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

    - an ongoing partnership with Service Canada and its union for ongoing proactive ergonomic intervention and prevention services

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

- During 2010, Thunder Bay clinic built an impressive network of stakeholder partnerships, as a vital element of getting established in northwestern Ontario. This included:

    - Thunder Bay Labour Council, Northwest Building Trades and International Brotherhood of Electrical Workers, Canadian Auto Workers and United Steel Workers around referrals and identifying high priority hazards

    - Thunder Bay and Dryden and District Injured Workers' Support Groups, primarily around referrals

    - Networking with various First Nations Groups, to identify vulnerable worker populations and small business which most needs support

    - Grand and Toy, to promote consideration of ergonomics in purchasing

- Windsor clinic participated in extensive partnerships with the worker community:
    - regular forums with key local worker representatives, for both workers' compensation and prevention, including educational activities and partnership building events.
    - Partnership with the Windsor and District Labour Council on a wide range of issues of joint concern
    - The clinic also placed a high priority on partnerships with organizations helping the most vulnerable workers – including among others Women Working with Immigrant Women, the Injured Workers' Coalition, the Migrant and Seasonal Workers Support Group, the Educational Intervention Partnership (including the West Elgin Community Health Centre, Queen's University, University of Toronto, University of Ottawa, McMaster University, Kingston General Hospital, and Ontario Farmers' Association, which focuses on migrant workers), Centres for Study in Social Justice, Chatham-Kent Sexual Assault Crisis Centre and the Community Partnership focused on cancer prevention with Multicultural Groups.
    - Support for the Injured Worker Coalition. The coalition applied for a grant for a project called "Legacy Costs" to show the hidden legacy costs not mentioned nor included in reports during times of economic crisis such as we are currently experiencing. This will be done by collection of personal narratives from injured workers, specifically in Windsor, Sarnia and Chatham-Kent.
- **Sarnia clinic** continued its strong partnerships with local worker, employer and other key stakeholders, including:
    - The main local First Nation, which experiences the combined impact of occupational and environmental exposures from the petrochemical industry.
    - Victims of Chemical Valley – this group is composed of victims and family members affected by occupational disease in Sarnia. The group strives to raise awareness and promote prevention and workers' compensation for occupational diseases.
    - Sarnia and District Labour Council – especially around joint work on occupational disease prevention.

Prevention system partnerships:

2010 was a year of tremendous change within the prevention system, due to the merger of 12 sectoral safe workplace organizations into 4 and also the work throughout the year of the expert panel reviewing Ontario's health and safety system. Strong and effective partnerships were vital in helping all of the prevention organizations continue progress throughout the year.

- OHCOW contributed to the greatest extent possible to the success of the expert panel process. Two of our Board members served on the panel. The Executive Director of Toronto clinic participated in the panel's working group on vulnerable workers, along with a WHSC representative; and a Hamilton hygienist participated in the working group on data and performance measures. OHCOW's Board made a presentation to Tony Dean, Chair of the panel, in June 2010. OHCOW's Managing Director participated in a number of strategic discussions by HSA CEOs with Tony Dean. The panel submitted its report to the Minister of Labour on December 16, 2010 and we anticipated a very active year in 2011 as implementation of the recommendations moves forward.

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

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

- OHCOW participated actively in the prevention system's integrated planning process and tried to maximize collaboration in addressing some of the more complex workers' compensation and prevention situations facing the system. This included participation and follow up on major intake clinics and dealing proactively with potentially high profile clusters (large and small) or occupational diseases. One planning highlight for 2010 was the increased dialogue and cooperation with MOL around migrant farm workers.

- OHCOW also participated actively in regular prevention system partner meetings with WSIB – to ensure coordination and accountability.

- 2010 also saw much progress on an important partnership with a major health care employer, its three unions, the Occupational Disability Response Team, Institute for

Work and Health and Public Services HSA, around a major initiative to link return to work and prevention in the context of a renewal and re-commitment to health and safety. This initiative is reported in more detail in the clinical and prevention sections of this report.

- In 2010, OHCOW continued to work closely with its sister organization, the WHSC, and in particular to provide professional input around development and updating of ergonomics and occupational hygiene training modules.

- OHCOW supported and participated in major partnerships around research and knowledge transfer – particularly with CRE-MSD and CRE-OD (where OHCOW served on the advisory committees of both CREs) and the Institute for Work and Health (which was developing evaluation approaches for the major project linking return to work and prevention reported earlier). The Toronto Clinic Executive Director served as a member of the IWH's Prevention is the Best Medicine Advisory Committee: the goal of the project is to develop a tool to share information about workers' compensation, workplace rights and occupational health and safety with newcomers entering the labour force in Ontario.

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

- During 2010, OHCOW also played a major role in the Canadian Environmental Law Association's Making the Links Project. This is an interdisciplinary outreach program being undertaken with funding from the Law Foundation of Ontario. It is focused on environmental law and access to justice issues in six Ontario communities, including Hamilton, Windsor, Brantford and Sarnia. These communities were chosen, in part, because of the presence of high pollution burdens and incidences.

- An occupational health nurse at Toronto clinic represented OHCOW on the steering committee of the OHSCO initiative to prepare for implementation in 2010 of Bill 168, the workplace violence and harassment legislation. This committee and the prevention partners developed high quality resource materials for workplace parties to support the implementation.

- **Toronto clinic** also played a major role in organizing events around the visit of Indian occupational physician Dr. Tushar Joshi in May 2010, reported in more detail under prevention services.

- **Hamilton clinic** fostered and strengthened important partnerships with health care providers, including its lead role around Work Related Asthma. In addition, Hamilton clinic provided an opportunity for two community medicine residents from McMaster University to learn about frontline occupational medicine.

- During 2010, **Hamilton clinic** made an important connection with MOL around efforts to ensure protection of migrant farm workers. The Provincial Coordinator of MOL's Industrial Health and Safety Program, met OHCOW to discuss our MFW project and to seek support and resources for the MOL inspectors to assist when they go to farms. Hamilton clinic also met with the MOL Industrial Program Advisory Committee along the same lines. Hamilton clinic also shared with Windsor clinic involvement in the London regional health and safety partners' network. Hamilton's Executive Director represented OHCOW on the prevention system working group on the Internal Responsibility System, which worked to develop a definition of good IRS. A Hamilton occupational hygienist represented OHCOW on the advisory committee to CAREX – a national initiative to document occupational exposures to carcinogens.

- **Sudbury clinic** participated in a broad range of partnerships in 2010. This included:

    - Ongoing referrals and partnerships with Workplace Safety North and Workplace Safety Prevention Services as well as referrals from WSIB

    - Providing technical support to the Community Committee for Sudbury Soil Study. This committee was focused on community concerns regarding environmental exposures from the local nickel operations.

    - Supporting the establishment of the Centre of research for occupational safety and health (CROSH) at Laurentian University

    - Student placements for nursing, human kinetics, and business administration. Sudbury staff also contributed to teaching around prevention in the Early Childhood Education course at Cambrian college on an ongoing basis

    - Continued its longstanding partnerships with educational programs for medical students. In 2010, this included working with the Northern Ontario School of Medicine by providing Community Learning Session Placements for medical students.

    - Sudbury clinic submitted over 50 organizational indices surveys in support of the OHSCO Performance Measures initiative. Sudbury also has an ongoing referral relationship with the Arthritis Society – many workers with MSDs may also have arthritis problems.

- **Thunder Bay clinic** build an impressive network of prevention system partnerships during 2010, including:
    - Establishing a partnership with MOL to improve understanding of OHCOW and develop methods to assist each other on an ongoing basis
    - Workplace Safety North and WSIB around referrals and mutual support
    - WHSC around referrals and mutual support
    - With Office of the Worker Adviser on referral relationships for non-union workers
    - Developing referral protocols with the local MPPs
    - Working with the Workforce Planning Board to build understanding of the supportive role which OHCOW can play
    - Ongoing partnership with the Northern School of Medicine
    - Thunder Bay Medical Association around referrals and OHCOW's role helping local physicians with the occupational element of their patients' cases
- Windsor clinic carried out extensive partnerships in the prevention system and with other important community organizations, including:
    - Partnered actively with the WHSC and other HSAs, through the South Western Ontario Client Service Council and other networks.
    - Extensive involvement mentoring students from University of Windsor, University of Western Ontario, St. Clair College and TRIOS College. This specifically included medical and nursing students, as well as Kinesiology, Labour Studies, Business and Sociology students.
    - Educationally Influential Ergonomist Group - The members were selected based on a survey of all Association of Canadian Ergonomists members in Ontario to select who they believe are the ergonomists that people go to for information. Includes ergonomists from the HSAs, MOL, WSIB, OHCOW, Industry, Private Consulting, Universities and others.
    - Cancer Prevention Network – Erie St.Clair. This is a group of 22 stakeholder group members who meet regularly to address the mandate of Cancer 2020 for Cancer Prevention.

- **Sarnia clinic** is very deeply rooted in its local community and has developed extensive partnerships within the prevention system, health care providers and many other community organizations. Key partnerships include:
    - The Community Care Access Centre and LHIN, particularly around service and support to Sarnia's many occupational cancer victims.
    - The Ontario Environment Network - We provide expert opinion on air quality matters. We are well positioned to advance air quality issues for outdoor workers in both the policy arena and the OH&S community.
    - University of Western Ontario Faculty of Medicine - objectives developed for lecture series on occupational disease with medical students
    - Sarnia and Region Environment Network Exchange (SARENE) - The aim of the project is to build communications and networking capability, and general capacity within the local environmental community. Other partners include the Victims of Chemical Valley and Wallaceburg Advisory Team for a Cleaner Habitat.
    - Sarnia Lambton Workforce Development Board - Involvement with migrant/immigrant workers in the community and familiarizing them with social and employment resources related to health & safety.

5) Commitment to service excellence and to the wellbeing of our staff

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

OHCOW's 20 year history has been built primarily on the local relationships, partnerships and services of each of the 5 longstanding clinics. The primary internal challenge, identified in the strategic plan and addressed actively in 2009 and 2010, was to move OHCOW forward into a more consistent, effective and coordinated approach, including especially consistency in the services provided and the approach to service excellence. Much progress was made in 2009 and continued in 2010.

- Major progress was made on an ambitious, participatory process to systematically review OHCOW's services and service approach. Involving representatives of all of OHCOW's disciplines and staff groups, the service delivery review made substantial progress in 2010. This included finalization of the basic service process. This laid

the foundation for development in 2011 of more detailed service policies and procedures for incorporation into a new case management system.

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

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

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

- Due to the pending transformation of the prevention system, WSIB put a hold on development of OHCOW's new case management system. At year end, we anticipated obtaining approval to move forward in 2011.

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

- Also during 2010, OHCOW, along with the other prevention system organizations, worked to ensure financial accountability consistent with Ontario government and WSIB directives .

Appendix A:

2010 Financial Statements

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Financial Statements

Occupational Health Clinics for Ontario Workers Inc.

December 31, 2010

Contents

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Independent Auditors' Report

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To the Directors of
Occupational Health Clinics for Ontario Workers Inc.

We have audited the accompanying financial statements of **Occupational Health Clinics for Ontario Workers Inc.**, which comprise the statement of financial position as at December 31, 2010 and the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

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

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Occupational Health Clinics for Ontario Workers Inc. as at December 31, 2010, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles

Grant Thornton LLP

Toronto, Canada
April 27, 2011

Chartered Accountants
Licensed Public Accountants

Occupational Health Clinics for Ontario Workers Inc.

Statement of Operations

Year Ended December 31

	2010	2009
Revenue		
WSIB funding	$ 6,733,449	$ 6,733,449
Service agreement	201,916	131,188
Thunder Bay	166,478	-
Migrant farm worker funding	100,000	102,949
Interest	80,098	75,104
Peterborough funding	5,023	103,282
Other revenue	4,170	3,764
Conference revenue	3,551	250
Amortization of deferred capital funding	2,527	632
Occ disease project	1,837	9,800
Recoveries – products	1,565	7,230
Trillium Essex	-	29,117
MYCS income	-	11,681
CRE-MSD(339401)	-	9,995
Windsor golf tournament	-	4,997
	7,300,614	7,223,438
Expenses		
Salaries –Management	789,139	695,727
Salaries – Other Operations/Support	2,429,149	2,432,218
Employee Benefits	907,187	961,201
Employee Future Benefits	89,900	73,500
Doctors	946,378	1,078,084
Occupancy	577,819	580,396
Services Agreement Expenses	201,916	131,188
Supplies & Services	172,394	124,256
Thunder Bay	166,478	-
Other Business Expenses	115,482	117,202
Migrant Farm Worker Expenses	100,000	102,949
Telecommunications	75,247	52,241
Travel - Field Consultants/Trainers	74,837	63,761
Hardware Under $5K	67,886	47,929
WOHIS	65,004	65,004
Internet	61,932	38,827
Other Personnel Costs	44,287	44,408
Equipment & Maintenance	43,933	45,548
Amortization	40,612	13,910
Audit	29,487	49,241
Legal	28,990	4,349
BOD Expense	26,856	46,798
Licensing	25,443	23,076
Postage, Courier & Freight	24,849	23,606
Consultants	22,259	14,687
Software	21,533	2,185
Other Insurance	19,650	22,755
Advertising and Promotion	16,632	-
Subscriptions & Library Costs	14,064	20,087
Finance Charges & Bad Debts	9,845	9,763
Peterborough Expenses	5,023	103,282
Travel - Other	4,280	24,879
Maintenance	2,665	4,105
Occ Disease Project	1,837	9,800
Cost of Goods Sold – Conferences	1,182	-
London Clinic	-	45,318
Trillium Project	-	29,117
CRE-MSD Expenses	-	9,995
MYCS Expenses	-	8,772
Windsor Golf Tournament Expenses	-	4,997
	7,224,175	7,125,161
Net revenue for the year	$ 76,439	$ 98,277

See accompanying notes to the financial statements.

Occupational Health Clinics for Ontario Workers Inc.

Statement of Changes in Net Assets

Year Ended December 31, 2010

	Invested in Capital assets	Unrestricted	**2010 Total**	2009 Total
Net assets, beginning of year	$ 43,074	387,574	**$ 430,648**	$ 332,371
Net revenue for the year	-	76,439	**76,439**	98,277
Amortization of capital assets	(40,612)	40,612	**-**	-
Amortization of deferred capital funding	2,527	(2,527)	**-**	-
Net assets, end of year	$ 4,989	$ 502,098	**$ 507,087**	$ 430,648

See accompanying notes to the financial statements.

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

December 31

	2010	2009
Assets		
Current		
Cash and cash equivalents	$ 1,635,526	$ 1,594,031
Accounts receivable	194,127	92,407
Prepaids	48,965	39,062
	1,878,618	1,725,500
Restricted cash		
Employee future benefits fund (Note 3)	926,800	861,800
Severance fund (Note 4)	802,246	790,068
Capital assets (Note 5)	4,989	45,601
	$ 3,612,653	$ 3,422,969
Liabilities		
Current		
Payables and accruals	$ 751,981	$ 789,478
Other liabilities	138,153	93,609
Deferred revenue	486,386	454,839
	1,376,520	1,337,926
Employee future benefits obligation (Note 3)	926,800	861,800
Severance reserve (Note 4)	802,246	790,068
Deferred capital funding (Note 6)	-	2,527
	1,729,046	2,992,321
Net Assets		
Invested in capital assets	4,989	43,074
Unrestricted	502,098	387,574
	507,087	430,648
	$ 3,612,653	$ 3,422,969

Commitments (Note 7)

On behalf of the Board

Director

Director

See accompanying notes to the financial statements.

Occupational Health Clinics for Ontario Workers Inc.

Statement of Cash Flows

Year Ended December 31

	2010	2009
Increase (decrease) in cash		
Operating activities		
Net revenue for the year	$ 76,439	$ 98,277
Items not affecting cash		
Amortization of capital assets	40,612	13,910
Amortization of deferred capital funding	(2,527)	(632)
	114,524	111,555
Changes in non-cash operating working capital		
Receivables	(101,720)	73,205
Prepaids	(9,903)	(2,318)
Payables and accruals	(37,497)	216,844
Employee future benefits	65,000	51,900
Severance	12,178	79,193
Deferred revenue	31,547	238,005
Other liabilities	44,544	17,144
	118,673	785,528
Financing activities		
Additions of capital assets	-	(6,410)
Investing activities		
Employee future benefits fund	(65,000)	(51,900)
Severance fund	(12,178)	(79,193)
	(77,178)	(131,093)
Net increase in cash	41,495	648,025
Cash and cash equivalents, beginning of year	1,594,031	946,006
Cash and cash equivalents, end of year	$ 1,635,526	$ 1,594,031

See accompanying notes to the financial statements.

1. Description of operations

The Occupational Health Clinics for Ontario Workers Inc. ("the Clinics") operates health clinics for the benefit of workers in Ontario. The Clinics provide medical services for the diagnosis of occupational illnesses and injuries and information services in the nature, prevention and treatment of occupational illness. Research in occupational illness is also conducted by the Clinics. The funding for the Clinics is provided by the Workplace Safety and Insurance Board.

2. Significant accounting policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles (GAAP) for not-for-profit organizations. The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Due to the inherent uncertainty involved in making estimates, actual results could differ from those estimates.

Revenue recognition

The Clinics follow the deferral method of accounting for contributions. Restricted contributions, if any, are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Capital assets

Capital assets are stated at cost less accumulated amortization. Amortization is provided in the accounts on a straight line basis at the following annual rates:

Computer equipment	-	33 1/3%
Medical equipment	-	20%
Office furniture and equipment	-	20%

In the year of acquisition and disposition, the Clinics record amortization at half the above rates.

Employee future benefits

The Clinics accrue obligations under employee benefit plans as the benefits are earned through employee service. Under the accounting policy:

- The post retirement benefits earned by employees are actuarially determined using the projected unit credit actuarial cost method, pro rated on service and management's best estimate of salary escalation, retirement ages of employees and expected health care costs.

2. Significant accounting policies (continued)

- Past service costs from plan amendments are amortized on a straight-line basis over the average remaining service period of employees active at the date of amendment.
- The expected average remaining service lifetime (EARSL) is estimated by actuaries to 14.6 years (2009 - 13.4 years).

Financial Instruments

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

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

3. Employee future benefits obligation

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

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

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

	2010	2009
Accrued benefit obligation	**$ 1,389,700**	$ 1,056,100
Unamortized past service costs	**(54,100)**	(61,400)
Unamortized loss	**(408,800)**	(132,900)
	$ 926,800	$ 861,800

Details of the accrued benefit obligation are as follows:

Accrued benefit obligation, beginning of year	**$ 1,056,100**	$ 794,700
Current service cost	**13,500**	9,000
Interest on obligation	**67,200**	57,500
Premiums paid	**(24,900)**	(21,600)
Obligation experience loss	**277,800**	216,500
Accrued benefit obligation, end of year	**$ 1,389,700**	$ 1,056,100

3. Employee future benefits obligation (continued)

The benefit expense for the year is determined as follows:

	2010	2009
Current service cost	$ 13,500	$ 9,000
Interest cost on obligation	67,200	57,500
Amortization of past service costs	7,300	7,300
Amortization of experience loss	1,900	(300)
Reversal of prior year additional accrual	-	-
Benefit expense	$ 89,900	$ 73,500

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

Discount rate	- 5.30% (2009 – 6.40%)
Medical benefits cost escalation	
- Supplementary hospital	- 10.0% per annum for 5 years then gradually to 4.5% over 10 years
- Extended health care	- 21.0% per annum for 5 years then gradually to 4.5% over 10 years
- Other health care	- 15.0% per annum for 5 years then gradually to 4.5% over 10 years
- Prescription drugs	- 15.0% per annum for 5 years then gradually to 4.5% over 10 years
- Dental care	- 10.0% per annum for 5 years then gradually to 4.5% over 10 years

In 2002, the Board of Directors resolved to provide a fund in respect of the expected cost of employee future benefits. The balance of the fund is $926,800 (2009 – $861,800).

4. Severance Fund

By resolution of the Board of Directors, the Clinics have provided a liability in respect of the expected cost of employee severance. Annual estimated severance entitlements are charged to expenses, and credited to the liability, as they are earned by employees through service. Concurrently, cash in respect of this liability has been internally restricted. During the year, severance payments paid amounted to $Nil (2009 – $Nil).

5. Capital assets

	Cost	Accumulated Amortization	2010 Net Book Value	2009 Net Book Value
Computer equipment	$ 739,247	$ 734,258	$ 4,989	$ 21,253
Medical equipment	149,084	149,084	-	494
Office equipment and equipment	661,775	661,775	-	23,854
	$ 1,550,106	$ 1,545,117	$ 4,989	$ 45,601

During the year, the Clinics made changes in estimates related to the useful lives of capital assets. The effect of this change is an additional amortization expense of $29,316 recognized in the operating expenses for the year ended December 31, 2010. The total amortization for the year including the change is $40,612 (2009 - $13,910).

6. Deferred capital funding

Deferred capital funding represents the amount of grants received from Workplace Safety & Insurance Board for the purchase of capital assets. The amortization of this funding is at the same rate as the related capital assets purchased and is recorded in the statement of operations.

Deferred capital funding, beginning of year	$ 2,527
Amortization of deferred capital funding	2,527
Deferred capital funding, end of year	$ -

7. Lease commitments

At December 31, 2010, minimum payments under operating leases for rental of premises and equipment over the next five fiscal years and thereafter approximate the following:

2011	$ 325,174
2012	317,782
2013	322,141
2014	241,729
2015	204,479
Thereafter	320,175
	$ 1,731,480

8. Income tax status

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

9. Economic dependence

The Clinics receive a significant amount of revenue from the Workplace Safety & Insurance Board based on annual budget submissions to the Board and is economically dependent on this funding.

10. Comparative figures

Certain of the comparative figures have been reclassified to conform with the financial statement presentation of the current year.