2012 Annual Report




Occupational Health Clinics for Ontario Workers

Centre de santé des travailleurs et travailleuses de l'Ontario

www.ohcow.on.ca

Introduction

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

This Annual Report is a snapshot of OHCOW's work and accomplishments covering the fifteen month period (January 1, 2012 to March 31, 2013) and includes our audited annual financial statement.

Our Vision

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

Our Mission

To protect all workers and their communities from occupational injuries and illnesses, support capacity building to address occupational hazards and promote the social, mental and physical well-being of workers and their families.

Contents

Cover Photography of Farm Workers : Vincenzo Pietropaolo

About Us

Who we are :

OHCOW's interdisciplinary team of doctors, nurses, occupational hygienists and ergonomists work like detectives to look for clues and examine the workplace for hidden dangers. They do this to help keep workers from becoming sick or getting hurt while they are at work. They assess how workers do their jobs and provide recommendations that will help create a place that is healthy and safe for workers, their families and the community.

What we do:

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

Who can use our services :

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

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

Our Approach to Occupational Health

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

OHCOW's teams can provide expert assessments of whether health conditions may be work-related; provide patients with prevention advice; and work with workplace parties on prevention interventions. OHCOW's services are funded by the Ministry of Labour and are provided at no cost to patients and workplaces. OHCOW's services are available to any worker with a possible occupational health problem. We take a health based approach. This involves determining whether co-workers are at risk, and if possible taking steps to have their workplace exposures evaluated. OHCOW will then support the workplace parties in developing prevention interventions and prevention tools and resources which contributes to elimination of occupational injury and disease.

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

Message from the CEO

2012 was one of transition year for OHCOW as we welcomed some new Provincial Office staff and new Board members. We are proud to have an organization of dedicated and caring staff and physicians who continue to provide occupational health prevention services that are second to none in Ontario.

Over the past year, we saw the province begin to implement the recommendations of government's Expert Advisory Panel on Occupational Health and Safety, and the transfer of responsibility for the provincial prevention system from the Workplace Safety and Insurance Board to the Ontario Ministry of Labour. These are significant changes, and ones that will demand steady and knowledgeable leadership if real prevention progress is to be made. In the midst of all this change we can say with assurance that OHCOW has remained committed to ensuring that workers voices are heard, and that our leadership in occupational health continues to be well-respected.

In this Annual Report we describe the varied activities that we have undertaken to support prevention, and the outcomes that we've achieved. The report provides details regarding OHCOW staff engagement in a wide range of occupational health exposures and diagnosis, outlines some prevention interventions and case studies and describes some examples of outreach, education and tool development.

In 2012 we began a comprehensive consultation process to create a new Strategic Directions Plan that will guide OHCOW into its 25th year and beyond. While doing this, we also built many new partnerships with clients and stakeholders that will have a long and positive impact for the organization. We were finally able, after many years of delays and discussion, to provide new office facilities for our provincial office staff. We also began a concerted effort to establish an Eastern Ontario pilot clinic to provide services to this underserved part of the province.

Other achievements included:

- *completing the CRM database development and transitioning data from the old Pivotal database;*
- *launching the Mental Injury Toolkit ; revealing the much improved OHCOW website;*
- *holding an all staff operational and strategic planning session; and*
- *renewing our focus on strengthening partnerships and reinforcing OHCOW's labour base.*

Message from the CEO

I would be remiss if OHCOW's longstanding history and experience assisting vulnerable populations and workers in precarious employment were not highlighted. While the report will cover some of the specifics, it is noteworthy to mention that OHCOW has built a genuine level of credibility and trust working for well over one decade with the Ontario's vulnerable worker community. While there is always more that can be done, I am very pleased with OHCOW's contributions to the prevention system and our progress.

OHCOW has continued to provide the leadership that our clients and constituents have come to expect. Looking ahead to next year, we plan to expand our outreach, make stronger connections with our trade union labour constituency, increase OHCOW's visibility and public image, enhance the quality of OHCOW's reports and publications, and ensure better cross-clinic collaboration. Together we are helping Ontario workers and employers implement prevention measures to ensure everyone has healthy and safe work.

Anthony Pizzino

Chief Executive Officer, Occupational Health Clinics for Ontario Workers Inc.

2012-13 – The Year in Numbers

1600 Clinical cases

1054 Inquiries answered

256 Education sessions

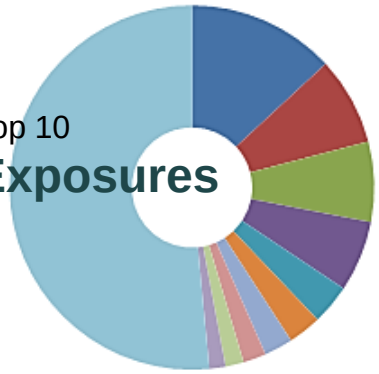
519 Prevention Interventions

Clinical/Medical Diagnostic Services

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

In 2012, clinical services continued its focus on the needs of workers and workplaces, the majority of which are the most vulnerable in the province. A wide-range of exposures were investigated and diagnosed for various occupational diseases.

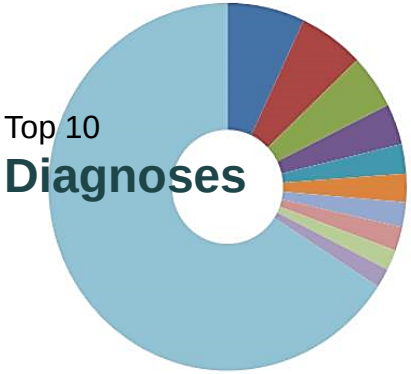
Top 10 Exposures



- Asbestos (12.9%)
- Repetitive Motion (7.7%)
- Ergonomic Factors (7%)
- Noise (6.2%)
- Trauma, Acute, NOS* (3.5%)
- Heavy Lifting (2.9%)
- Inoganic Dust, NOS* (2.5%)
- Repetitive Lifting (2.0%)
- Bending (1.6%)
- Welding Fume, NOS* (1.4%)
- Others (50.70%)

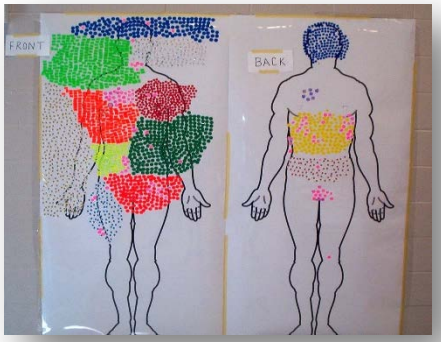
Others include: Slip Trip or Fall, Benzene, Upper extremity, Physical factors, Multiple chemicals, Silica Sand, Vibration, Multiple solvents

Top 10 Diagnoses



- Procedure not carried out for other reasons (7%)
- Noise-Induced Hearing Loss (5.9%)
- Screening for other and unspecified Respiratory Conditions (4.8%)
- Carpal Tunnel Syndrome (3.6%)
- Thickening of Pleura, Pleural Plaque, Calcification of Pleura (2.6%)
- Screening for unspecified condition (2.5%)
- Examination for Nomal Comparison or Control in clinical research (2.2%)
- Chronic Airway Obstruction (2.10%)
- Hearing Loss (1.8%)
- Rotator Cuff Syndrome of Shoulder and Allied Disorders (1.7%)
- Others (66%)

Others include: Malignant Neoplasm of Trachea, Bronchus and Lung; Lumbar Sprain; Asthma; Backache; Sprains and strains of shoulder and upper arm; Malignant Neoplasm of Bladder

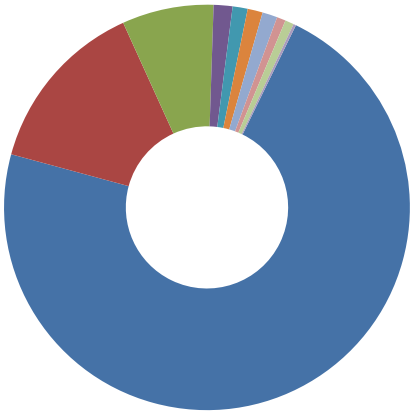


"Body Mapping" tool to chart illnesses & injuries using life-sized body posters are often used during OHCOW's occupational disease Intake clinics.

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

Service to Vulnerable Workers

OHCOW's ability and track record as a frontline occupational health organization provides for wide-ranging contact with precarious and vulnerable workers. We have extensive experience assisting vulnerable and precarious workers, both at the frontline in our community-based clinics and in project and group settings such as our Migrant Farm Worker (MFW) project. In 2012, OHCOW included various categories in a definition of Vulnerable Worker to better track and monitor our service levels to workers belonging to these groups.



By category

Vulnerable workers reached

- Did not disclose but are categorised as Vulnerable workers (72%)
- Migrant Farm Workers (14%)
- Older Worker (>= 60 yrs) (7.3%)
- Low Earning (<=$13/hr) (1.5%)
- Worker with Language Barrier (1.2%)
- Janitorial Worker (1.2%)
- Personal Support Worker (1.2%)
- Foreign Worker (0.7%)
- Young Worker (<=25 yrs) (0.7%)
- New to job (<=6 months) (0.2%)

This conference engaged a wide spectrum of 100 stakeholders who came together to discuss MFW health issues and to listen to "on the ground" experiences of clinicians, educators and volunteers. Read presentations from this event

Case Study: Work Relatedness of An Underground Uranium Miner's Lung Cancer

OHCOW was requested to render an expert opinion on work relatedness of an underground miner's lung cancer by an advocate from the Office of the Worker Advisor (OWA). The WSIB claim was not allowed based on their assessment that there was no connection between the occupational exposures and the disease. A detailed nursing, occupational hygiene, and medical assessment was conducted to investigate the causality and answer the advocate's question.

The deceased underground miner was born in 1935 and started his career in 1955 as a diamond driller in the stopes in a copper mine. He also worked for a gold and nickel mine in the same capacity untill 1976. After 1976, he worked for a uranium mine for 20 years as a diamond driller in the stopes. He retired in 1996.

The worker presented to his family physician in the late spring of 2010 with increased fatigue and coughing. The coughing led him to have a chest x-ray which unfortunately showed a 5.4 cm right mid to lower lung lesion. This then led to a CT scan of the thorax which revealed a large mass in the right middle lobe measuring 0.5 cm in diameter and which revealed a poorly differentiated non-small cell carcinoma in the right middle lobe area. The worker was diagnosed with lung cancer at the age of 75 years and passed away from the same disease one year after the diagnosis. The worker also has a conflicting smoking history of 60 pack-years (according to the physicians) and 30 pack- years (according to the worker).

An occupational hygiene assessment and an epidemiological review were conducted to evaluate retrospective exposures of the worker and discuss the prevalence of lung cancer among gold and uranium miners. It was a daunting job to evaluate the exposures because industrial hygiene data was not available to quantify the worker's exposures. The WSIB hygienist evaluated only radiation and dust exposures and according to them, both fell short to meet the WSIB criteria for compensation. OHCOW's hygiene assessment was based on peer reviewed literature and other similar compensation claims. It was argued, based on the work history and anecdotal information in our hygiene assessment, that the worker was not only exposed to radiation but also to other known lung cancer causing agents such as silica and diesel exhaust.

Moreover, the job which the worker performed (stope driller) entailed high dust and diesel exhaust exposures. In addition to this, engineering controls used in older days, especially before the enactment of the health and safety law, were not as robust as current engineering controls. Keeping in mind the aforementioned factors, it was concluded in the hygiene assessment that the worker was significantly exposed to more than one cancer causing agent (silica, radon, and diesel exhaust). Furthermore, a strong evidence of association between working in the gold and uranium mines and lung cancer was found. Finally, OHCOW's occupational health physician opined that the worker's multiple exposures to known carcinogens in the workplace, along with his smoking history likely caused his squamous cell carcinoma of the lung.

Case Study: Exposures to Welding Fumes & Solvents at a Solar Panel Manufacturing Plant

OHCOW was contacted to do an occupational hygiene assessment at a solar panel manufacturing plant to evaluate the welding fumes and solvent exposure during the manufacturing of the solar panels and to investigate the cause of adverse health effects reported by the workers.

OHCOW hygienist reviewed the Material Safety Data Sheets (MSDS), the manufacturing process, developed sampling strategies for the Joint Health & Safety Committee (JHSC) and also educated them on how to take samples. A direct reading monitor (ppbRAE) was also used to measure solvents in the area. The workers were interviewed during the walk-through survey for any adverse health effects. They attributed their symptoms of headaches and sore throats to FluxMF210 (propanol and Dimethyl succinate) and welding fume exposure from soldering solar panels.

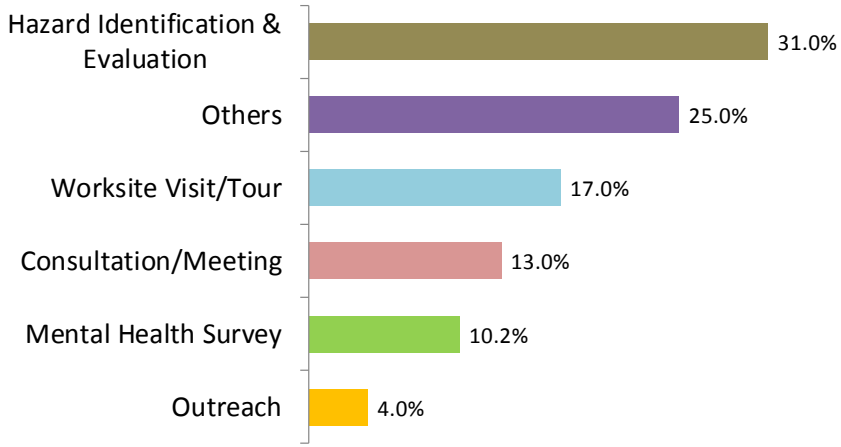
The manufacturing process was a combination of automatic and manual processes. In the first step, a flux cored solder was soldered on approximately 6"x 6" solar panels in a cell string automatic soldering units which were enclosed in a cabinet system. FluxMF 210 was sprayed on the bottom of each panel through three nozzles before soldering. The 6" x 6" panels after being soldered were placed on a large glass sheet for lamination. This glass sheet with panels came out on a welding table and the strings were interconnected by manual welding. The FluxMF 210 sprayed on the solar panels were exhausted in the area. The welding table was equipped with a slot exhaust along both the sides of the table. After welding, solar panels were visually inspected, laminated, cooled, framed, and pelletized to be transferred to the warehouse.

Two samples were taken outside the soldering unit; one for propanol and the other for dimethyl succinate by using the National Institute for Occupational Safety and Health (NIOSH) and Occupational Safety and Health Administration (OSHA) sampling methods respectively. The ppbRAE was also used to measure Total Volatile Organic Compounds (TVOCs) outside the soldering cell and at various locations in the manufacturing area. One area sample was also taken at the welding table for evaluating metal exposure for 6 hours. Propanol and dimethyl succinate were below the reporting limit. However, TVOCs were measured at 1.5 ppm with a peak of 5 ppm. All the metals except zinc and aluminum were below the reporting limit in the sample.

It was concluded that although the sampling results were below the reporting limit, symptoms of sore throats and headaches can be explained by the presence of TVOCs in the manufacturing area. Therefore, it was recommended to install a Local Exhaust Ventilation (LEV) system equipped with an organic solvent filter in the soldering units to avoid escape of solvent vapours in the area. It was also recommended to keep ensuring proper use and maintenance of the exhaust system at the welding table.

Exposure/Health-Based Prevention Interventions

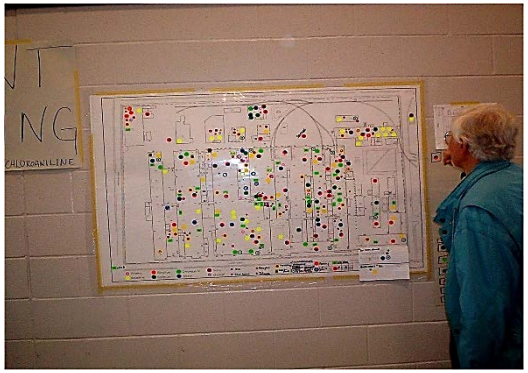
OHCOW continued to provide assistance and advise to workplace parties through numerous prevention interventions in partnership with workplace parties. We often work with Joint Health & Safety Committee members and use a participatory approach to identify & analyze the workplace hazards & exposures. These interventions involve recommending practical solutions and control measures made by OHCOW's team of experts often in a written report to change working conditions in order to prevent further injuries or diseases.



Interventions by

Primary Focus

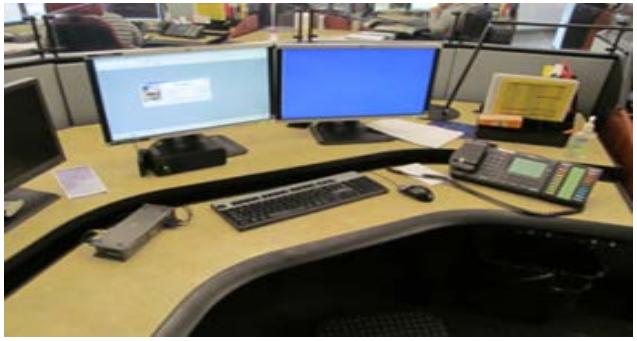
Others included: Ongoing intervention program support, capacity building and evaluation; Recommendation for prevention action; Tool development, Ergonomic, and Hygiene review



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

Case Study: Ergonomic Intervention at a Communication Centre

We were asked to perform an ergonomic assessment at a communication centre utilized by a law agency. The assessment was requested for a worker that was returning from a lower back injury. Upon speaking with a supervisor, we were informed that other workers had also complained of shoulder, neck, and wrist pain.



Communications operators could work at any one of 22 different work stations on any particular shift. Communications operators perform the duties of either "Call Taker" or "Dispatcher" utilizing one of two different types of workstations. The workstations were all similar but the "Dispatching" workstations required that the employee utilize a "Double Foot Pedal Controller" beneath the desk while concurrently taking calls and performing data entry. Upon conducting the ergonomic assessment, we found that each workstation was fully adjustable. The desks were split and fully height adjustable allowing the employees to perform their jobs from a seated or standing position. There were three different sizes of fully adjustable chairs available as well as footrests, height adjustable monitors, and headsets for workers to utilize. We also found that although the work stations were fully adjustable the worker did not know the correct way to adjust the workstation in order to place themselves in the most favourable postures.

This was similar for many of the workers.

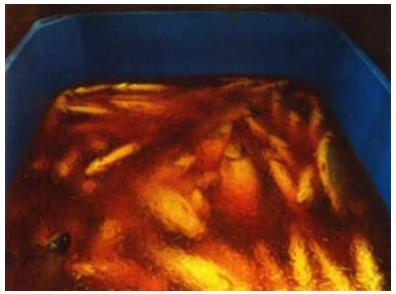
We recommended purchasing gel wrist and mouse rests for all workstations. We also recommended placing a specially designed footrest beneath the "Double Foot Pedal Controller" to equalize the height of both legs beneath the dispatching workstation. In addition to demonstrating the correct workstation setup for the individual worker we developed "Workstation Adjustment Checklist" to be utilized each time the worker began a new shift at a workstation.

Since the needs of the equipment and the needs of the workers were unique, we recommended that all workers be provided with these checklists. We were subsequently asked to return to provide six education sessions for all the communications operators explaining the importance of correct workstation setup as well as to demonstrate the correct use of the "Workstation Adjustment Checklist". The communication centre has adopted the checklist and has it posted at each workstation to remind workers to correctly adjust their workstation prior to each work shift.

Case Study: Ergonomic Assessment of a Fish Trimmer

We were asked to provide an opinion on whether the client's diagnosis of Reynaud's phenomenon/HAVS (Hand-Arm Vibration Syndrome) was related to his work as a fish trimmer. We reviewed the WSIB decisions (denied), all medical documents, the claim file, summaries, client history, client notes provided to us by the client, and completed an in depth research about the work and the tasks that the client completes on a daily basis.

As a fish trimmer, the client would spend the majority of his time at work trimming or gutting fish of various sizes, using his left hand to hold the fish and using a knife in his right hand. The client would pick up the fish from a bucket of cold water and then gut the fish with his pin bone knife (pneumatic tool) which produced some vibration.



The client had bilateral hand pain, coldness and finger locking. His symptoms had been present for 4-5 years. The symptoms first began as the weather began to get cold (around October/November). His symptoms included decreased grip strength, decreased sense of touch, numbness/tingling, whitening of finger tips, bluish fingers/hands, and a diagnosis of Raynaud's syndrome. Any exposure to cold triggered the symptoms which included pain and redness; and wearing gloves did not help his symptoms.

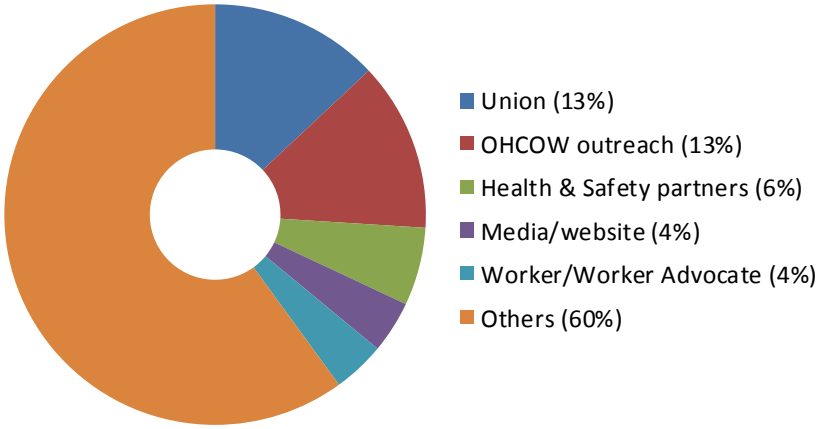
of

We found a study completed in 1977 about a sea fish processing plant, where workers were exposed to the cold temperatures constantly (environmentally and in the ice bath where the fish are stored), and some instances of re-warming their hands after cooling quite often. This study was exactly the same situation that our client was in. He re-warms his hands in a bucket constantly (5 seconds per session, 20 sessions per hour). The workers were also exposed directly to the cold, just like the client. The study found that after 10 years of employment, nearly 90% of the workers suffered from Raynaud's phenomenon. The signs and symptoms our client had presented with regards to white hands, white fingers, numbness and others were directly correlated to the signs described within the 1977 study.

In the end, we concluded that our client had evidence that he had a prevalence of Reynaud's phenomenon/HAVS (Hand-Arm Vibration Syndrome). The main factor of concern was the individual's cold exposure at work. Significant cold exposure totaling several thousand hours over 11 years is the main determination of work relatedness for his finger blanching and vascular problems. Although it appeared that our client had vibration white finger (VWF), as it is a component of HAVS, his signs and symptoms overlapped within the condition. It is noted that his prevalence is very minimal to develop HAVS via vibration, the combination of severe cold and vibration, followed by severe cold over a longer period of time are ergonomic risk factors for the development of his condition of Raynaud's phenomenon. This client was later accepted for compensation for his condition.

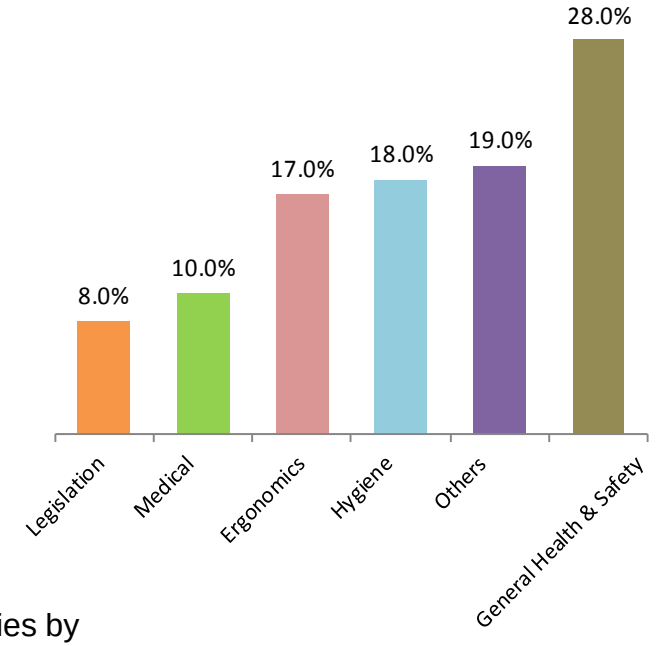
Inquiry services

At no charge to the client, our inquiry services provide confidential access to general occupational health and safety information and respond to workplace safety and health-related questions about occupational exposures, illnesses and injuries. A majority of inquiries in 2012 originated through unions and OHCOW's outreach events in the community. Questions received were mainly focussed on general health and safety information, and occupational hygiene and ergonomics.



Inquiries by
Source

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

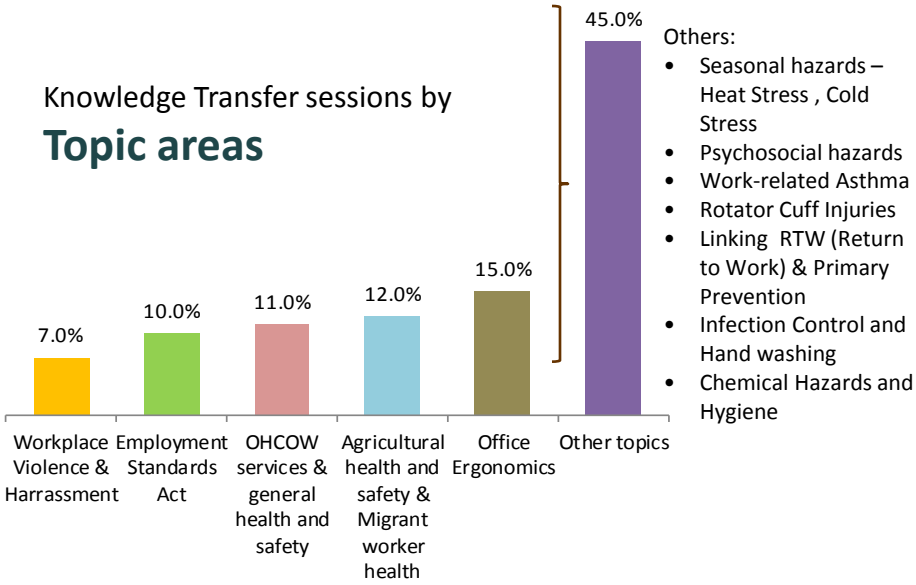


Inquiries by
Topic areas

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

Outreach & Education

Through research, knowledge transfer, tool development and educational services, OHCOW aims to contribute to the mobilization of knowledge in having a broad positive impact on prevention activities and strategies. Every year OHCOW staff deliver formal knowledge transfer sessions tailored to the needs of workers, workplaces, employers, community organizations, prevention system partners and research partners.

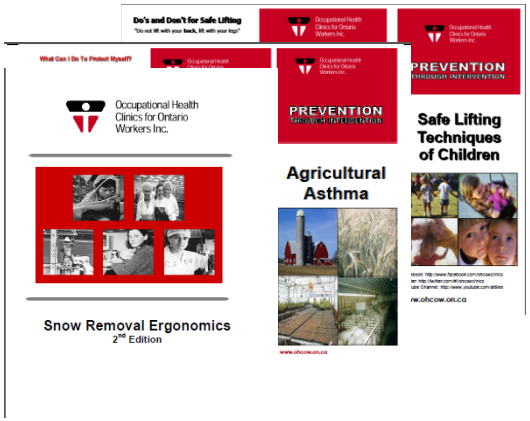


Others:

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

Workplace injuries such as repetitive strain injuries (RSI's) account for 42% of all lost time claims and 50% of all lost time days. To increase awareness on these issues OHCOW hosts annual RSI PLUS Awareness day at the Cambrian College's eDome in Sudbury, Ontario. The 2012 event was attended by **474** people in total: with **104** present in the studio audience and 370 partaking via the internet all throughout Ontario as well as across Canada and the United States, India, Poland, Australia, Tasmania, Saudi Arabia, and Hong Kong. Click here to learn more about the 2012 event.

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

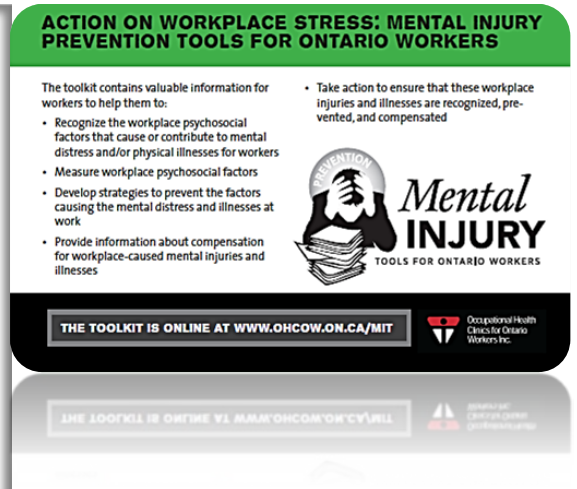


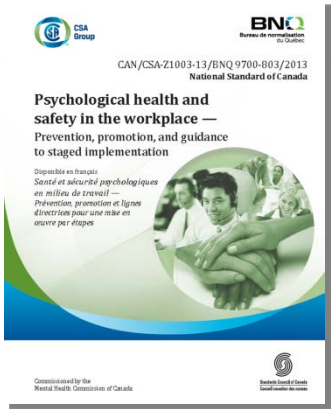
Occupational Health Clinics for Ontario Workers
Centre de santé des travailleurs et travailleuses de l'Ontario

Tool Development - Addressing Workplace Psychosocial Hazards

In 2009, OHCOW, along with a group of provincial labour unions, University of Waterloo researchers, representatives from the Office of the Worker Advisor (OWA) and Workers Health & Safety Centre (WHSC), collaborated to form the “Mental Injury Tool” (MIT) Group to develop mental injury prevention tools and resources.

On October 10, 2012 in recognition of the World Mental Health Day, MIT group launched the ***Action on Workplace Stress: Mental Injury Prevention Toolkit for Ontario Workers*** *at a day-long conference event hosted at Cambrian College's eDome in Sudbury, Ontario, with video-feeds to other locations. The conference attracted participants from across Canada as well as Europe, Australia and the United Arab Emirates. The toolkit provides workers a basic understanding of workplace stress and what to do about it. Click here to learn more about the MIT group and the online resource kit on workplace stress.*

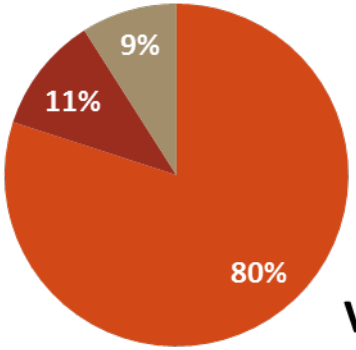




The release in January 2013 of the CSA standard Z1003-13 “Psychological health and safety in the workplace - Prevention promotion and guidance to staged implementation” was welcomed by the MIT group.

Occupational Health Clinics for Ontario Workers
Centre de santé des travailleurs et travailleuses de l’Ontario

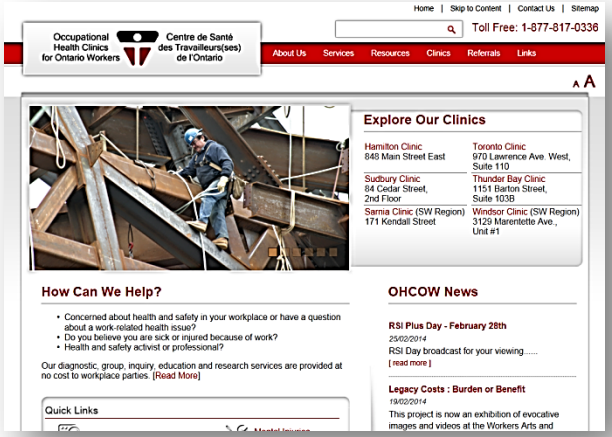
In 2012 , OHCOW's website was revamped for better content organization and consistent look and feel throughout the entire site. The new site allowed each of the six clinics to maintain and manage their webpages and post relevant information for their respective catchment areas. The website is a rich source of health and safety resources and provides information on OHCOW services and upcoming educational sessions and conferences.



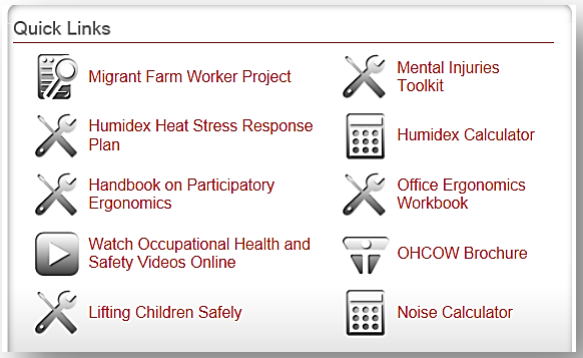
Visitors by geographic location

Canada United States Others

Other s included visitors from Australia, United Kingdom, Indonesia, India, Singapore, France , and Philippines



2000 Average unique visitors per month



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

Occupational Health Clinics for Ontario Workers
Centre de santé des travailleurs et travailleuses de l'Ontario

What our clients are saying ?

"My family and I would like to thank you and your staff for all the hard work that you've done for my dad's case. You promised my mother that you'll never give up ……, and you have succeeded to your promise and we cannot thank you enough from the bottom of our hearts and it is truly appreciated…We wish you and your staff all the success in your future endeavours for helping others, thank you once again for all your help and kindness." ***-Family member of a deceased worker***

"We would sincerely like to thank your organization for sending us one of your staff members to assist us with decibel testing and hearing protection education. Your occupational hygienist, xxx, was very helpful, informative, knowledgeable and very professional. In fact, he assisted us in seeing a new approach to "Hearing Protection Education and Testing". He educated us on the use of the equipment to test the decibel levels on our job sites….He also helped us interpret various documents…"
- Joint Health and Safety Committee (JHSC) of a large construction company

"What an excellent presentation on safe lifting. I have attended many lifting presentations and I would say this would be one of the best for being informative, use of good examples. I actually learned something new. I think it would be beneficial to have you invited into our group homes as most of our injuries occur during lifting and transferring individuals. Thank you!"
- Attendee at one of OHCOW's educational sessions on Safe Lifting

"Very good assessment of my work area and very knowledgeable. A few area of weakness were pointed and corrected the day of the assessment – areas of which I had no knowledge on. The package sent was very comprehensive and informative. Would definitely access services again." - ***Member of the JHSC of a company providing personal support services***

"Your report on the ergonomic issues with our Sheet Metal Workers was instrumental in getting the new equipment that we needed. In your report you recommended that work-benches should be height-adjustable so that the workers would not have to bend over so much to do their work. Straining like this has been the cause of several neck and back related injuries over the years and we were looking for a solution. With your recommendations in hand, we (the JHSC) were able to convince the Company that purchasing lift kits for six sheet metal benches would be a cost effective way of solving a future problem. The guys liked the idea from the start and now that the lift kits are installed, use this feature every day to lessen their strain and make their work easier."
- Joint Health and Safety Committee of a large manufacturing company

OHCOW by Numbers

Year 1989

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

18 Board Members

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

40 LAC members

- OHCOW clinics also have support from the Local Advisory Committees (LACs) ensuring that clinics are responsive to the needs of the communities that they serve. Each Chair of the LAC also sits as a member on the Board.

43 Employees

- Represents OHCOW's full time paid employees.

6 Clinics

- Clinics are staffed by an inter-disciplinary team of Client Service Coordinators, Occupational Hygienists, Ergonomists, Nurses , and contracted Physicians . The management of OHCOW is comprised of the CEO, Director of Finance and four Executive Directors of the six clinics.

1 Provincial Office

- OHCOW Provincial Office ensures corporate governance and provides strategic planning, corporate communications, marketing, finance , HR, information technology and reporting services.

200 +Resources

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

Financial Statements

Occupational Health Clinics for
Ontario Workers Inc.

March 31, 2013

Grant Thornton LLP
19th Floor, Royal Bank Plaza South

200 Bay Street, Box 55
Toronto, ON
M5J 2P9
T (416) 366-0100
F (416) 360-4949
www.GrantThornton.ca

Independent Auditor's Report

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 March 31, 2013 and the statements of operations and changes in net assets and cash flows for the fifteen month period January 1, 2012 to March 31, 2013, 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 accounting standards for not-for-profit organizations 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.

Independent Auditor's Report…cont'd

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 March 31, 2013, and its financial performance and its cash flows for the fifteen month period then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Comparative Information

Without modifying our opinion, we draw attention to Note 3 to the financial statements which describes that **Occupational Health Clinics for Ontario Workers Inc**. adopted Canadian accounting standards for not-for-profit organizations on January 1, 2012 with a transition date of January 1, 2011.These standards were applied retrospectively by management to the comparative information in these financial statements, including the statements of financial position as at December 31, 2011 and January 1, 2011, and the statement of operations, statements of changes in net assets and cash flows for the twelve month period ended December 31, 2011 and related disclosures. We were not engaged to report on the restated comparative information, and as such, it is unaudited.

Grant Thornton LLP

Toronto, Canada
June 26, 2013

Chartered Accountants
Licensed Public Accountants

Occupational Health Clinics for Ontario Workers Inc.

Statement of Operations

	Fifteen month period ended March 31, 2013	Twelve month period ended December 31, 2011 (unaudited)
Revenue		
Ministry of Labour		
Operational funding	$ 6,733,449	$ -
Thunder Bay Clinic funding	211,026	-
Migrant farm worker funding	138,974	-
Workplace Safety and Insurance Board		
Operational funding	1,683,362	6,733,449
Thunder Bay Clinic funding	113,838	258,171
Migrant farm worker funding	37,364	48,661
Other program funding		
Service agreement	162,322	113,383
Occupational Health and Exposure Program project	105,245	76,832
Occupational disease strategy project	-	21,820
Other revenue		
Recoveries – safety products	755	860
Interest	111,867	89,423
Other revenue	7,066	13,651
Conference revenue	3,525	-
Threads of Life fundraising	7,947	6,513
	9,316,740	7,362,763

Occupational Health Clinics for Ontario Workers Inc.

Statement of Operations…cont'd

Expenses		
Salaries – Other Operations/Support	3,342,224	2,454,635
Employee Benefits	1,171,104	906,337
Salaries – Doctors	1,122,416	891,539
Salaries – Management	885,121	759,589
Occupancy	771,255	618,584
Thunder Bay Clinic project expenses	320,679	257,910
Services Agreement project expenses	162,322	113,383
Supplies & Services	139,039	131,685
Other business expenses	125,561	106,476
Occupational Health and Exposure program expenses	105,245	76,832
Employee future benefits	103,700	91,200
Hardware under $5,000	99,802	51,160
Other personnel costs	90,252	48,234
Windsor Occupational Health Information Service	81,255	65,004
Travel - field consultants/trainers	70,970	60,073
Telecommunications	68,981	67,318
Internet	60,540	52,101
Equipment & Maintenance	52,939	37,580
Migrant Farm Worker Expenses	51,976	48,661
Software	47,199	71,761
Audit	48,873	42,025
Consultants	41,960	23,308
Board of Director expenses	15,668	26,354
Postage, courier & freight	31,042	24,379
Other insurance	32,312	18,242
Licensing	21,537	11,550
Subscriptions & library costs	19,760	14,072
Advertising and promotion	18,572	6,826
Finance charges & bad debts	18,053	9,952
Maintenance	12,174	8,358
Threads of life fundraising expenses	7,947	6,513
Travel - Other	3,748	5,225
Conference expenses	3,008	-
Amortization	2,078	1,663
Legal	1,871	18,319
Occupational disease strategy project expenses	-	21,820
	9,151,183	7,148,668
Excess of revenue over expenses	**$ 165,557**	$ 214,095

See accompanying notes to the financial statements.

Occupational Health Clinics for Ontario Workers Inc.

Statement of Changes in Net Assets

Period ended

	Unrestricted	Invested in capital assets	Internally Restricted - Severance reserve	Total Net Assets
Balance, January 1, 2011 (unaudited)	$ 39,198	$ 4,989	$ 802,246	$ 846,433
Excess of revenue over expenses	214,095	-	-	214,095
Transfer to the severance reserve	(51,493)	-	51,493	-
Amortization of capital assets	1,663	(1,663)	-	-
Balance, December 31, 2011 (unaudited)	203,463	3,326	853,739	1,060,528
Excess of revenue over expenses January 1, 2012 to March 31, 2013	165,557	-	-	165,557
Transfer to the severance reserve	(31,630)	-	31,630	-
Amortization of capital assets	2,078	(2,078)	-	-
Balance, March 31, 2013	**$ 339,468**	**$ 1,248**	**$ 885,369**	**$ 1,226,085**

See accompanying notes to the financial statements

Occupational Health Clinics for Ontario Workers Inc.

Statement of Financial Position

	March 31, 2013	December 31, 2011 (unaudited)	January 1, 2011 (unaudited)
Assets			
Current			
Cash and cash equivalents (Note 2)	$ 1,082,743	$ 1,092,967	$ 1,300,547
Investments (Note 4)	992,038	-	663,405
Accounts receivable	208,843	147,582	194,127
Prepaids	33,494	36,366	48,965
	2,317,118	1,276,915	2,207,044
Investments (Note 4)	1,135,090	2,188,715	1,400,620
Capital assets (Note 5)	1,248	3,326	4,989
	$ 3,453,456	$ 3,468,956	$ 3,612,653
Liabilities			
Current			
Payables and accruals	$ 622,485	$ 804,402	$ 890,134
Deferred revenue	88,186	153,326	486,386
	710,671	957,728	1,376,520
Employee future benefits obligation (Notes 2 and 6)	1,516,700	1,450,700	1,389,700
	2,227,371	2,408,428	2,766,220
Net Assets			
Unrestricted	339,468	203,463	39,198
Invested in capital assets	1,248	3,326	4,989
Internally restricted - Severance reserve (Note 7)	885,369	853,739	802,246
	1,226,085	1,060,528	846,433
	$ 3,453,456	$ 3,468,956	$ 3,612,653

Commitments (Note 8)

On behalf of the Board

Director Director

Occupational Health Clinics for Ontario Workers Inc.

Statement of Cash Flows

	Fifteen month period ended March 31, 2013	Twelve month period ended December 31 2011 (unaudited)
Increase (decrease) in cash and cash equivalents		
Operating activities		
Excess of revenue over expenses	$ 165,557	$ 214,095
Items not affecting cash		
Amortization of capital assets	2,078	1,663
Employee future benefits	66,000	61,000
	233,635	276,758
Changes in non-cash operating working capital		
Receivables	(61,261)	46,545
Prepaids	2,872	12,599
Payables and accruals	(181,917)	(85,732)
Deferred revenue	(65,140)	(333,060)
	(71,811)	(82,890)
Investing activities		
Proceeds from maturity of investments	158,530	821,908
Purchase of investments	(96,943)	(946,598)
	61,587	(124,690)
Net decrease in cash and cash equivalents	(10,224)	(207,580)
Cash and cash equivalents, beginning of year	1,092,967	1,300,547
Cash and cash equivalents, end of year	$ 1,082,743	$ 1,092,967
Cash and cash equivalents are comprised of:		
Cash	$ 921,234	$ 1,092,967
Guaranteed investment certificates	161,509	-
	$ 1,082,743	$ 1,092,967

See accompanying notes to the financial statements

1. Description of operations

Occupational Health Clinics for Ontario Workers Inc. ("the Clinics" or "Organization") is a network of inter-disciplinary occupational health clinics in Ontario. The Clinics provide clinical services to workers and groups of workers; prevention services to workers, unions, employers and workplaces; carries out participatory research and prevention tool development; and engages in knowledge transfer and exchange with workplace parties and the community.

Prior to March 31, 2012, the Clinics were designated to carry out this role under Ontario`s Workplace Safety and Insurance Act and were primarily funded by the Workplace Safety Insurance Board (WSIB).

Effective April 1, 2012, the Clinics are designated to carry out this role under the Occupational Health & Safety Act and are primarily funded by the Province of Ontario through the Ministry of Labour through annual funding agreements.

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

2. Summary of significant accounting policies

Basis of presentation

The Clinics have prepared these financial statements in accordance with Canadian Accounting Standards for Not-for-Profit Organizations ("ASNPO").

Revenue recognition

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

Capital assets

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

Computer equipment	-	33 1/3%

In the year of acquisition and disposition, the Clinics record amortization at half the above rates. The Clinics review long-lived assets for impairment whenever events or changes in circumstances indicate the carrying amount of the asset may not be recoverable and exceeds its fair value. The impairment loss, if any, is the excess of carrying value over fair value.

Cash and cash equivalents

Cash and cash equivalents include cash on hand and balances with banks and short term investments with maturities of three months or less.

Employee future benefits

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

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

- The Organization uses the deferral and amortization method to account for its defined benefits plan. The excess of actuarial experience gains and losses over 10% of the greater of the benefit obligation and the fair value of plan assets is amortized over the expected average remaining service lifetime (EARSL), estimated by actuaries to be 13.9 years (2011 – 13.1 years).

Financial Instruments

Initial measurement

The Organization's financial instruments are measured at fair value when issued or acquired. For financial instruments subsequently measured at cost or amortized cost, fair value is adjusted by the amount of the related financing fees and transaction costs. Transaction costs and financing fees relating to financial instruments that are measured subsequently at fair value are recognized in operations in the year in which they are incurred.

Subsequent measurement

At each reporting date, the Organization measures its financial assets and liabilities at cost or amortized cost (less impairment in the case of financial assets), except for equities quoted in an active market, which must be measured at fair value. The financial instruments measured at amortized cost are cash and cash equivalents, short and long term investment in guaranteed investment certificates, accounts receivable, and payables and accruals.

For financial assets measured at cost or amortized cost, the Organization regularly assesses whether there are any indications of impairment. If there is an indication of impairment, and the Organization determines that there is a significant adverse change in the expected timing or amount of future cash flows from the financial asset, it recognizes an impairment loss in the statement of operations. Any reversals of previously recognized impairment losses are recognized in operations in the year the reversal occurs.

Use of Estimates

Management reviews the carrying amounts of items in the financial statements at each year end date to assess the need for revision or any possibility of impairment. Many items in the preparation of these financial statements require management's best estimate. Management determines these estimates based on assumptions that reflect the most probable set of economic conditions and planned courses of action. These estimates are reviewed periodically and adjustments are made to net revenue as appropriate in the year they become known.

Items subject to significant management estimates include allowance for doubtful accounts and employee future benefits obligation.

3. First-time adoption of ASNPO

These are the Clinic's first financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations ("ASNPO"). The date of transition to ASNPO is January 1, 2011. The accounting policies presented in Note 2 to the financial statements were used to prepare the financial statements for the year ended March 31, 2013, the comparative information and the opening statement of financial position as at the date of transition.

The adoption of ASNPO resulted in adjustments to the previously reported assets, liabilities, net assets, and excess of revenue over expenses of the Clinics. Section 1501 – First-time Adoption by Not-for-Profit Organizations, contains exemptions to full retrospective application of ASNPO which the Clinic may use upon transition. The Clinics elected the use of the employee future benefits exemption at the date of transition to ASNPO which requires the Clinics to recognize all unamortized actuarial losses and past services costs at the date of transition.

The charge to net assets as a result of adopting this exemption at the date of transition of January 1, 2011 was as follows:

Net assets, Unrestricted at January 1, 2011, in accordance with previous GAAP	$ 502,098
Unamortized past service costs	(54,100)
Unamortized actuarial losses	(408,800)
Net assets, unrestricted at January 1, 2011, in accordance with ASNPO	$ 39,198

A reconciliation of the excess of revenue over expenses reported in the Clinics most recent previously issued financial statements to its excess of revenue over expenses under ASNPO for the same period is as follows:

Excess of revenue over expenses for the year ended December 31, 2011 in accordance with previous GAAP	$ 134,702
Adjustment for employee future benefit expense	27,900
Adjustment for severance reserve expense being reflected as a transfer under Net Assets	51,493
Excess of revenue over expenses for the year ended December 31, 2011 in accordance with ASNPO (unaudited)	$ 214,095

The comparative period statement of cash flows has been restated to reflect the impact of the above adjustments related to the employee future benefit expense and the severance reserve.

Occupational Health Clinics for Ontario Workers Inc.

Notes to the Financial Statements…cont'd

March 31, 2013

4. Investments

	March 31, 2013	December 31, 2011 (unaudited)	January 1, 2011 (unaudited)
Guaranteed Investment Certificates as follows:			
interest at 4.85%, maturing September 18, 2013	$ 992,038	$ -	$ -
interest at 3.17%, maturing December 21, 2015	375,873	361,471	350,365
interest at 2.77%, maturing October 26, 2016	759,216	733,712	-
interest at 4.85%, maturing September 18, 2011	-	935,002	891,752
interest at 1.50%, maturing June 19, 2013	-	158,530	-
interest at 1.50%, maturing December 20, 2011	-	-	158,503
interest at 4.48%, maturing September 19, 2011	-	-	663,405
	2,127,127	2,188,715	2,064,025
Less current portion	992,038	-	663,405
	$ 1,135,089	$ 2,188,715	$ 1,400,620

The Clinics have internally restricted the investments above and a portion of the cash and cash equivalents for the following obligations and reserve balances:

	March 31, 2013	December 31, 2011 (unaudited)	January 1, 2011 (unaudited)
Employee future benefit obligation (Notes 2 and 6)	$ 1,516,700	$ 1,450,700	$ 1,389,700
Severance reserve (Note 7)	885,369	853,739	802,246
Total	$ 2,402,029	$ 2,304,439	$ 2,191,946

5. Capital assets

	Cost	Accumulated Amortization	Net Book Value
March 31, 2013			
Computer equipment	$ 739,247	$ 737,999	$ 1,248
December 31, 2011 (unaudited)			
Computer equipment	$ 739,247	$ 735,921	$ 3,326
January 1, 2011 (unaudited)			
Computer equipment	$ 739,247	$ 734,258	$ 4,989

6. Employee future benefits obligation

The Clinics provide health care, hospitalization, vision care, dental and life insurance benefits to substantially all employees. The Clinics measure its accrued benefit obligation for accounting purposes as at January 1 for the prior years and March 31, 2013 for the fifteen month period ended March 31, 2013.

Occupational Health Clinics for Ontario Workers Inc.

Notes to the Financial Statements…cont'd

March 31, 2013

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

	March 31, 2013	December 31, 2011 (unaudited)	January 1, 2011 (unaudited)
Accrued benefit obligation, end of year	$ 1,413,700	$ 1,423,800	$ 1,389,700
Unamortized gain	103,000	26,900	-
Employee future benefits obligation	$ 1,516,700	$ 1,450,700	$ 1,389,700

Details of the accrued benefit obligation are as follows:	January 1, 2012 to March 31, 2013	January 1, 2011 to December 31, 2011 (unaudited)
Accrued benefit obligation, beginning of year	$ 1,423,800	$ 1,389,700
Service cost	25,700	17,900
Interest cost	78,000	73,300
Benefits paid	(37,700)	(30,200)
Actuarial gain	(76,100)	(26,900)
Accrued benefit obligation, end of year	$ 1,413,700	$ 1,423,800

The benefit expense for the year is determined as follows:

Current service cost	$ 25,700	$ 17,900
Interest cost on obligation	78,000	73,300
Benefit expense	$ 103,700	$ 91,200

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

Discount rate	-	4.2% (December 31, 2011 – 4.4%)
Medical benefits cost escalation		
- Supplementary hospital	-	15.0% per annum for 4 years then gradually to 4.5% over 10 years
- Extended health care	-	15.0% per annum for 4 years then gradually to 4.5% over 10 years
- Other health care	-	15.0% per annum for 4 years then gradually to 4.5% over 10 years
- Prescription drugs	-	15.0% per annum for 4 years then gradually to 4.5% over 10 years
- Dental care	-	4.5 % per annum

Investments and cash and cash equivalents have been internally restricted by the Board of Directors to fund the balance of the employee future benefits obligation in the amount of $1,516,700 (December 31, 2011 – $1,450,700, January 1, 2011 - $1,389,700),see Note 4.

7. Internally restricted -Severance Reserve

By resolution of the Board of Directors, the Clinics have provided a reserve in respect of the expected cost of employee severance. Annual estimated severance entitlements are charged to expenses as they are earned by employees through service and a corresponding transfer is made to the reserve. Concurrently, investments in respect of this reserve have been internally restricted, see Note 4. During the year, severance payments paid amounted to $Nil (December 31, 2011 - $Nil).

8. Lease commitments

At March 31, 2013, minimum payments under operating leases for rental of premises and equipment over the next five fiscal years approximate the following:

2014	$ 264,413
2015	203,606
2016	167,022
2017	106,939
2018	1,745
	$ 743,725

9. Financial instruments

The main risks the Organization is exposed to through it financial instruments are credit risk, and liquidity risk. There were no significant changes in exposure from the prior year.

Credit risk

The Organization has determined that the financial assets with credit risk exposure are accounts receivable since failure of any of these parties to fulfill their obligations could result in significant financial losses for the Organization. The Organization is also exposed to concentration risk in that all of its cash and investments are held with one financial institution and the balances held are in excess of Canadian Deposit Insurance Corporation Limits.

Interest rate risk

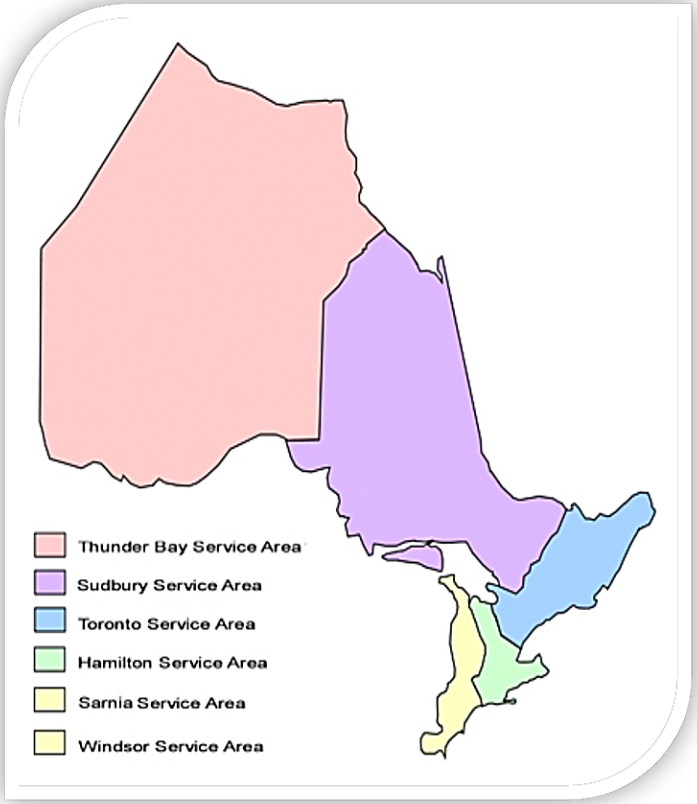
The Organization is exposed to interest rate risk with respect to investments that bear interest at a fixed rate.

Liquidity risk

The Organization is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. The Organization is, therefore, exposed to liquidity risk with respect to its accounts payable.

Occupational Health Clinics for Ontario Workers (OHCOW)

Contact the OHCOW Clinic closest to you



Provincial Office
1090 Don Mills Road, Suite 606,
Toronto, ON, M3C 3R6
Tel 416.510.8713
Fax 416.443.9132
Email info@ohcow.on.ca
Toll Free1-877-817-0336

Hamilton
848 Main Street East
Hamilton, Ontario L8M 1L9
Tel 905.549.2552
Fax 905.549.7993
Email hamilton@ohcow.on.ca

Sudbury
84 Cedar St., 2nd Floor
Sudbury, Ontario P3E 1A5
Tel 705.523.2330
Fax 705.523.2606
Email sudbury@ohcow.on.ca

Toronto
970 Lawrence Ave. West, Suite110
Toronto, Ontario M6A 3B6
Tel 416.449.0009
Fax 416.449.7772
Email toronto@ohcow.on.ca

Sarnia-Lambton
171 Kendall Street
Point Edward, Ontario N7V 4G6
Tel 519.337.4627
Fax 519.337.9442
Email sarnia@ohcow.on.ca

Thunder Bay
1151 Barton Street, Suite 103B
Thunder Bay, ON P7B 5N3
Tel 807.623.3566
Fax 807.622.5847
Email thunderbay@ohcow.on.ca

Windsor-London
3129 Marentette Avenue, Unit # 1
Windsor, Ontario, N8X 4G1
Tel 519.973.4800
Fax 519.973.1906
Email windsor@ohcow.on.ca

Follow us online

www.ohcow.on.ca