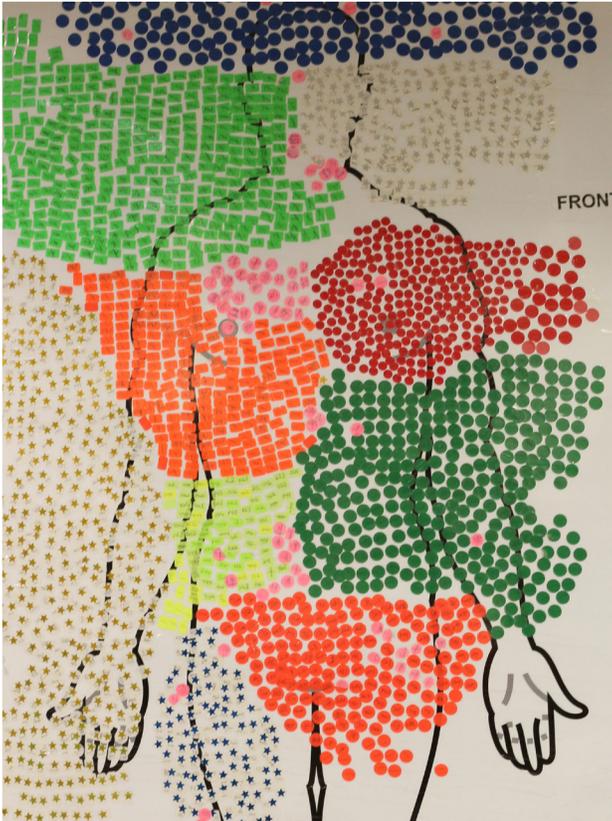




Occupational
Health Clinics
for Ontario
Workers Inc.

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



Annual Report 2018-2019

Prevention Through Intervention

About Us



**Occupational
Health Clinics
for Ontario
Workers Inc.**

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

The Occupational Health Clinics for Ontario Workers Inc. (OHCOW) is a unique organization dedicated to protecting workers from occupational illness, injury, and disease. It is a well-respected partner in Ontario's Occupational Health and Safety Prevention System, funded by the Workers Safety Insurance Board (WSIB) through the Ministry of Labour (MOL).

Mission

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

2019 and begins our celebration of 30 years of OHCOW. It highlights our key priorities: Taking Action against Occupational Disease, Promoting Workplace Mental Health, and Championing Vulnerability in the context of our individual, workplace, project, system, provincial, national, and even international work. We are a small organization of experienced and dedicated staff striving to make a significant impact in these key areas by learning from workers (and workplaces), leveraging research, translating knowledge, developing tools, and especially, cultivating partnerships and networks to broaden reach and impact.

Together, we are making a difference.

We strive to accomplish this through the identification of workplace factors, which are detrimental to the health and well-being of workers; by empowering workplace parties to make positive occupational health changes in their workplace and by providing information, knowledge and organizational skills to the workplace parties to eliminate work practices that cause injury, illness and disability.

This Annual Report provides a summary of OHCOW achievements from April 1st 2018 to March 31st

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.

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Message from Chair and CEO

Message from Chair and CEO

As Chair and CEO of Occupational Health Clinics for Ontario Workers Inc. we wanted to firstly acknowledge our 30th anniversary which occurred on February 17th 2019. The anniversary date was a tremendous milestone for our organization. It provided an opportunity to reflect on the amazing contributions of staff and physicians, both past and present, as well as the contributions of all of our LAC and Board members that have volunteered their time to help to guide our organization. These efforts have had a significant and meaningful impact on the workers of the province and we sincerely thank you for all of your contributions.



(L-R) CEO, Michael Roche; Chair, David Chezzi

We also want to acknowledge the contributions of Edie Strachan from the Ontario Public Service Employees Union, who retired from our Board as the LAC Central Region Representative. We welcome Edie's replacement from the Ontario Secondary School Teachers Federation, Scott West.

2018-2019 is the fourth year of our five year strategic plan and we encourage you to review this annual report for some of the significant accomplishments that have been noted. Some of the highlights include:

Continued support for workers that make up Occupational Disease clusters including the Peterborough, McIntyre and Rubberworkers projects. Support has included disease identification, prevention, research, information sessions, website development and knowledge transfers.

Continued leadership and support of the action plan in the priority area of Occupational Disease. This included an awareness product to gain an understanding of nanotechnology and the development of a new occupational disease website called www.preventoccdisease.ca.

Continued development relating to data and products. This included an EKOS survey that captured updated data in the areas of mental health, vulnerability and occupational disease. The data is used for baseline measurement comparisons as well as for products like <https://stressassess.ca/> and a new app that looks at Hazard Assessments.

2019-2020 will be the final year of our 5 year strategic plan. As we move forward with a renewal of our strategy we will continue to focus on the most significant health based hazards in the system in order to address the needs of the most vulnerable workers in the province.

David J. Chezzi

Michael Roche

2018-2019 by the Numbers

1,310 Group Interventions

1,130 Clinical Cases

261 Educational Sessions

78 LAC Members

56 Staff Members

18 Board Members

17 Affiliated Physician Consultants

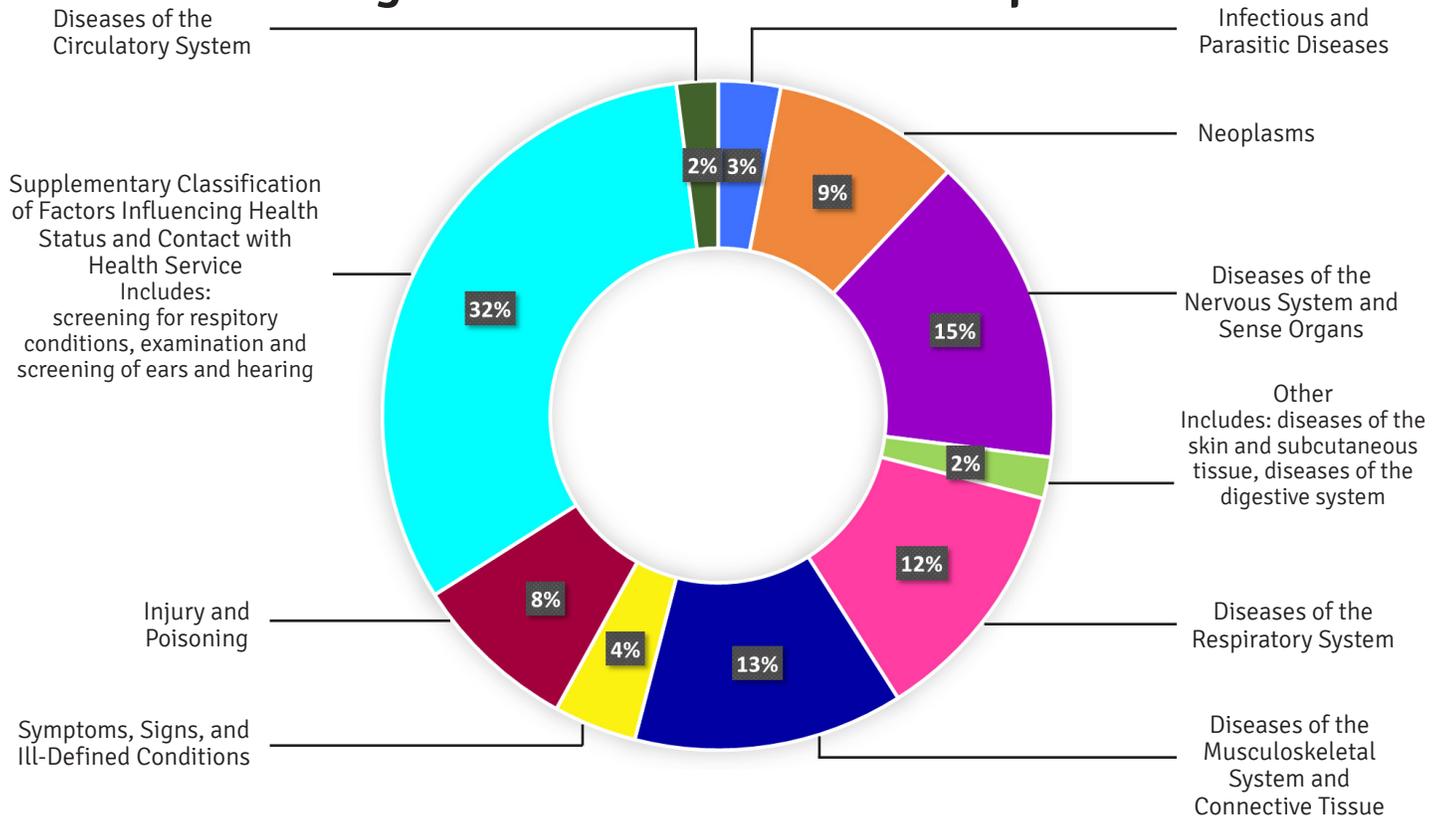
7 Clinics

1 Satellite Office

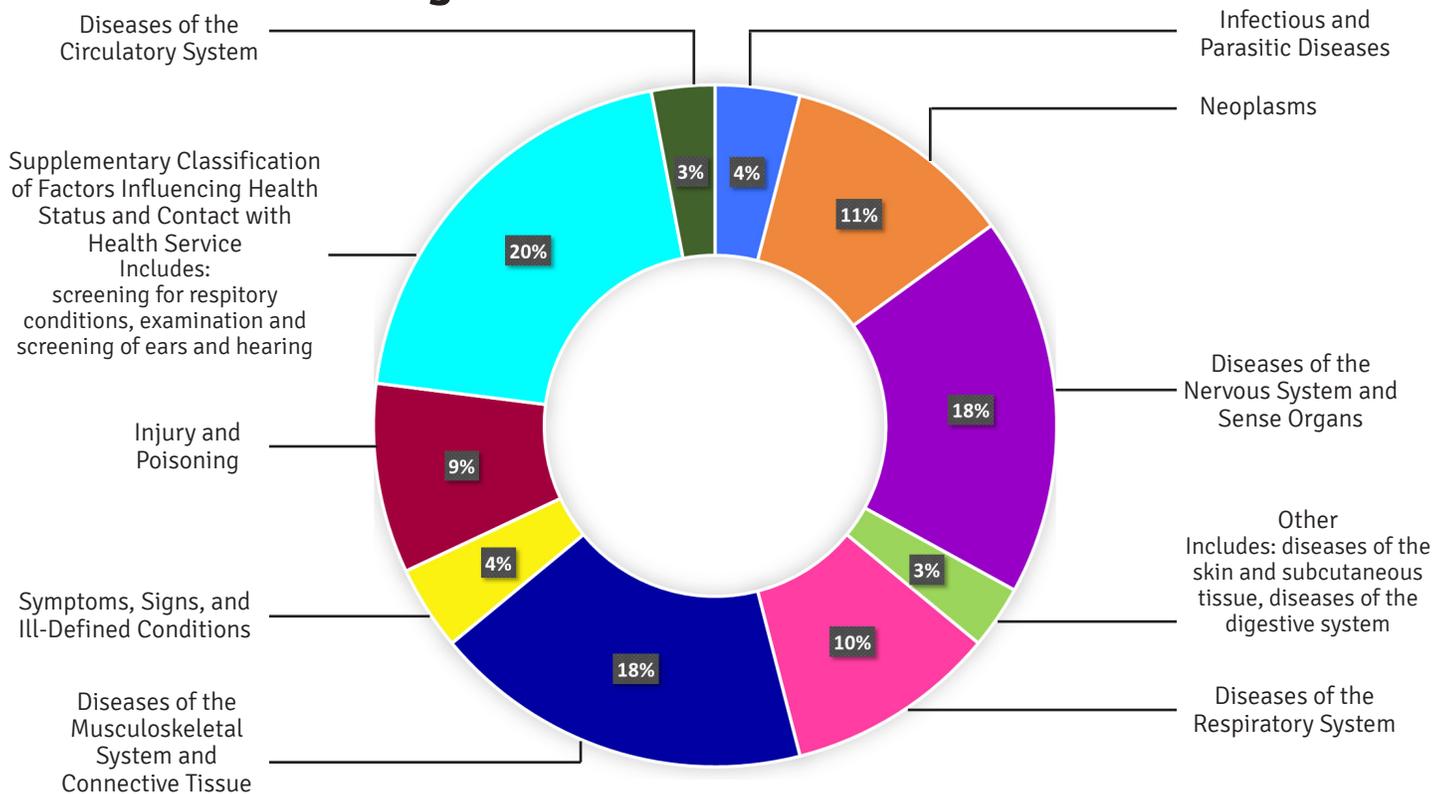


Historical Perspective

Diagnoses Since OHCOW's Inception

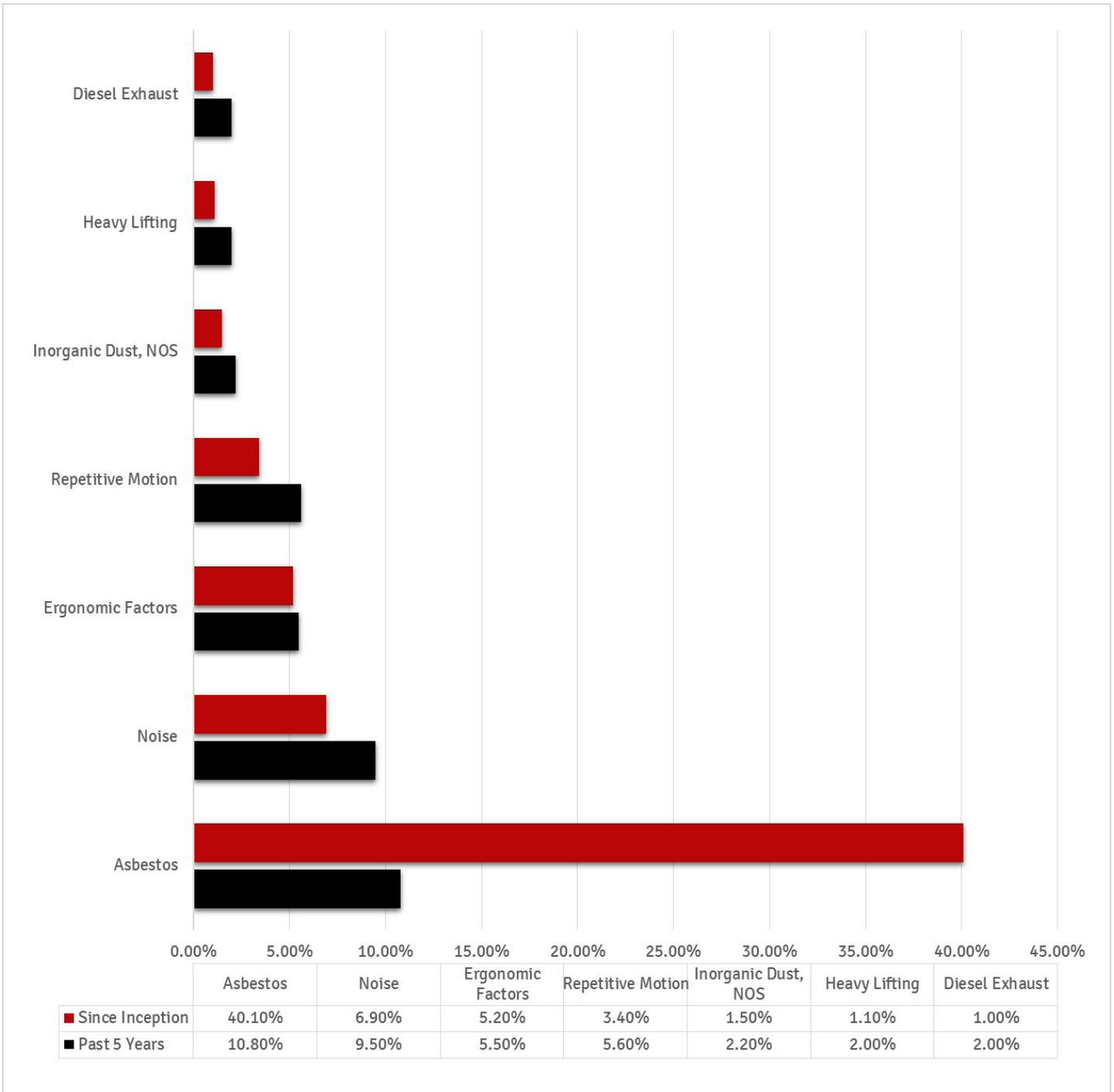


Diagnoses in the Past Five Years



Historical Perspective

Most Prevalent Exposures



Prevention through Intervention

Lung Cancer due to Multiple Carcinogen Exposure

Background

The worker was diagnosed with lung cancer. The initial claim for entitlement to benefits for lung cancer, attributing his occupational exposure to toxins to his onset of disease, was denied due to the weight of the evidence which did not demonstrate the exposures to be a significant factor in the development of the worker's lung cancer. The worker passed away before his claim had been decided by the Board.

The worker started working at the copper refinery in 1970, when he was 35 years old. From 1970 to 1983, he worked in the furnaces department. His specific jobs in this department were the following: process labourer, chipper and grinder, inspector brakeman, weigher, and labourer. From 1983 to 1998, he worked in the tank house as an anode helper.

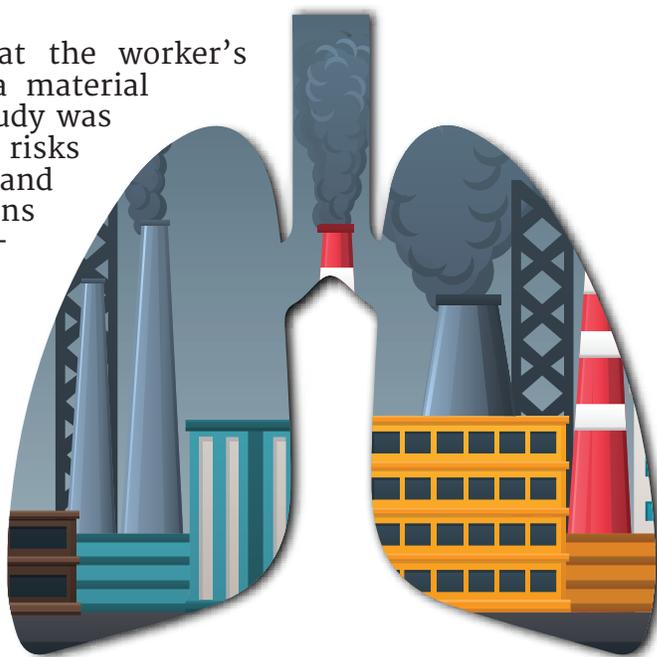
The worker had a 40 pack year history of smoking. WSIB took this into consideration when their decision was made.

Intervention

OHCOW doctor submitted a report opining that the worker's occupational exposure appeared to have made a material contribution to the onset of his lung cancer. A study was referenced, which investigated the exposures and risks of lung cancer at the worker's copper refinery, and concluded that Polycyclic Aromatic Hydrocarbons (PAHs) are possible causes of lung cancer mortality among nickel/copper smelter and refinery workers.

The OHCOW physician submitted another report concluding that the worker's occupational exposures "appear to have made a material contribution to his development of squamous cell carcinoma."

Dispute over the worker's working environment arose. The Estate indicated that although the worker was not an "arc furnace operator," he did work in the arc furnace area; therefore his exposure to carcinogens should be recognized. It was argued that his exposure would be the same as an "arc furnace operator," despite not being labelled as "arc furnace operator" in the employment history. To further understand the working environment of the deceased worker, OHCOW conducted an "intake clinic" in 2018 with retired co-workers who were working in the copper refinery from the early 1960s to early 2000s. The OHCOW occupational hygienists found that copper refinery workers were exposed to a number of confirmed carcinogens (Group 1). The job title of the worker may not fully represent the extent of mixtures that the workers are exposed to. For example, it was found that as "process labourer", all workers initially commenced their service as process labourers, hence they were exposed to a range of IARC Group 1 carcinogens. The hygienist's report argued that the health risks should not only have been concerned with PAHs, which the worker was first adjudicated on. Other confirmed carcinogens of the lung were also investigated, such as nickel compounds, asbestos, respirable crystalline silica, and PAHs. Other human carcinogens were also noted: sulphuric acid mist.



Prevention through Intervention

It was determined that the worker started to work as a labourer, and job types thereafter, which would have exposed the workers to all of the listed IARC carcinogens throughout the copper refinery. As such, the health risk for lung cancer would apply to all workers through the copper refinery. Furthermore, the OHCOW hygienists conducted statistical analysis of airborne contaminants throughout various areas of the copper refinery, and were able to confirm that there was, in fact, no significant difference when comparing the distribution of contaminants through the plant across different areas. OHCOW hygienists were able to show that all occupants in the copper refinery had an elevated level of risk from being exposed to a combination of airborne contaminants known to cause lung cancer (IARC Group 1), thus providing a confirmed link between exposures to these Group 1 carcinogens with an increased risk of lung cancer.

OHCOW Impact

WSIAT agreed with the OHCOW report that there was evidence in the present case that the worker's occupational exposures significantly contributed to the onset of his lung cancer, and his Estate was therefore entitled to benefits for the worker's disease. Significant weight was placed on OHCOW reports and conclusion of worker's indirect exposure to various other lung cancer causing agents. This case indirectly strengthened the power of mixed exposures to various different contaminants and their additive/synergistic effects to the disease outcome.

This case further strengthens the work-relatedness of exposure to asbestos, and other cancer causing agents in the workplace, by noting that the evidence of cigarette smoking will not disentitle a worker to benefits for lung cancer. If, in addition to evidence of cigarette smoking, there is evidence that the occupational exposures made a material contribution to the onset of disease, then the worker will be entitled to receive benefits for that disease.

Hip Osteoarthritis of an Auto Mechanic

Background

In 2005 after working as an auto mechanic in the same shop for 23 years, the worker developed pain in his legs and hips that gradually worsened over time. In 2006 x-rays demonstrated osteoarthritis (OA) in both hips with severe degenerative changes in his right hip and mild degenerative changes in his left hip. He received a right hip replacement in 2006. The worker is right hand dominant and visually impaired in his left eye. He previously had no history of altered gait. He had been involved in two MVA (both motorcycle) in 1983 and 1990 where he fractured his left lower leg (1983) and his clavicle (1990). The client was 49 years of age at the onset of condition.

The worker's job demands were typical of an auto mechanic involving many awkward postures with lifting and carrying required.

The work area had a sloped floor where the majority of the liquid (water, etc.) from the entire shop flowed into the drain. The floor was usually wet and slippery from mid-day onward on a daily basis.

The Workplace Safety and Insurance Board (WSIB) denied the claim stating the OA was not work related because the forces imparted during work would be bilateral and would not result in a greater severity of the right side.

Intervention

The worker was referred to OHCOW asking for an opinion on whether there was a relationship between the increased severity of the client's right hip osteoarthritis (OA) and the work he performed as an auto mechanic in one specific garage.

Prevention through Intervention

The Ergonomist reviewed the WSIB decision (denied), all medical documents, the claim file, client history, interviewed the worker, and completed in-depth research regarding the work and tasks that the client completed on a daily basis.

The ergonomic report provided by OHCOW included the following information:

“There is a high relationship between hip OA and heavy physical work load. The duration of work must be at least 10 to 20 years and the loads must be at least 10 to 20 kgs to pose an increased risk of hip OA. The client would, within the scope of his job duties, be required to lift and move between 10 to 65 kg on a regular basis. He also worked as a mechanic for 23 years prior to demonstrating symptoms of hip OA. It would be reasonable to assume that the client’s work duties did contribute to an early onset of hip osteoarthritis (he was 49 years of age at onset).



Right hip replacement took place at age of 50 years which is quite young.

The WSIB denial was based upon the inequality of OA between the left and right hip.

Several factors may have contributed to a greater development of osteoarthritis in the right hip over the left.

Since the floor was wet and slightly sloped toward to the drain, the client was constantly standing, walking, and working on a slippery and uneven surface. Working on this type of surface would likely force a person to utilize each leg differently in order to maintain balance.

The client was right handed, visually impaired in the left eye and had a previous injury to his left leg. Being right handed, a person would generally reach, lean and twist toward the right to perform tasks more often than the left and thus tend to place more of their weight upon the right leg. Not having full vision in the left eye would also force a person to favor the right side while performing tasks. Additionally, having a previous injury of the left leg, it seems reasonable that a person would naturally utilize the right leg more while performing heavy work, lifting, or carrying tasks. These three factors would likely force an individual to place more stress on the right leg than the left.”

The ergonomic report concluded that it was the combination of all factors that contributed to the onset and severity of his right hip osteoarthritis.

Further review by an occupational health physician led to the same conclusions as the Ergonomist.

OHCOW Impact

The medical and ergonomic reports supporting work relatedness were sent to the worker’s representative to be utilized in the appeals process.

The worker’s claim for a permanent right hip impairment was allowed at the Workplace Safety and Insurance Appeals Tribunal (WSIAT) level. WSIAT concluded with “...the worker’s work duties over many years were a significant contributing factor to the onset of the worker’s right hip injury.”

Prevention through Intervention

Bladder Cancer and Exposures in the Manufacture of Vinyl Upholstery Products

Background

A worker who developed bladder cancer while working in a plant that manufactures vinyl upholstery products requested the services of OHCOW to assist with the preparation of information that would be used to submit an initial claim to the WSIB. He is seeking compensation for his cancer which he believes is due to workplace exposures. At the time of the investigation he was still working at the plant.

The worker has been a color matcher/assistant manager for nearly 50 years at a vinyl products plant. His work involves the mixing, formulation and application of various ink products that contain materials that have been linked to bladder cancer. Based on previous hygiene reports involving similar worker duties and exposures, the working environment would have exposed the worker to solvent-based inks and many other chemicals. Based on discussions with the worker and a JHSC union representative it appears that insufficient precautionary and/or protective measures have been taken in the workplace, such as air quality monitoring, ventilation, or the provision of washing or showering facilities. Much of the cleaning process, including cleaning the kettles, floors, spills, and others involves the use of a mixture containing trichloroethylene (TCE). The worker also works in the vicinity of diesel tanker trucks that deliver materials to the production tanks so he has ongoing exposure to diesel exhaust emissions.



Intervention

As an interdisciplinary team, the OHCOW hygienist, occupational health nurse and occupational physician completed literature review of chemicals used, and a retrospective exposure assessment to determine any potential association with the exposures and the development of bladder cancers and prepared hygiene and physician reports. The assessments and reports were provided to the worker and his advocate (union H&S rep) who are using the information to prepare and submit a WSIB claim for compensation due to the development of bladder cancer.

OHCOW Impact

A review of the worker's occupational exposures indicates the likelihood that his combined workplace exposures to various agents -- most notably diesel exhaust emissions (and associated PAHs), and solvents (in particular TCE) -- contributed to the development of his bladder cancer.



The OHCOW investigation and assessment provided a summary of potential exposures and possible association with the development of bladder cancer. This will aid with the worker's WSIB claim and also provide further justification for the implementation of prevention initiatives within the plant (i.e. reduction of exposure to chemicals used in the process through engineering and administrative controls).

Prevention through Intervention

College Cell Tower Re-Location – Health by Design

Background

Joint Health and Safety Committee worker representatives (OPSEU) from the building trades at a college were concerned over the potential radiofrequency radiation (RF) exposures to maintenance staff (and building occupants) working/residing in the vicinity of a student residence where the college was planning to install a cell transmitting tower on the roof. The college provided the JHSC with the Safety Code 6 (Health Canada guidelines) evaluation from the proposed antenna supplier as well as a consultant's review of the RF exposure assessment. The JHSC representatives were not satisfied with the outcomes and recommendations from these reports since they only considered compliance with regulatory requirements and not the precautionary principle (i.e. reasonable precautions should be taken to minimize exposures despite uncertainty around the adverse health effects associated with various levels of exposure due to the potential severity of impact on society).



Intervention

An OHCOW hygienist reviewed the Safety Code 6 report and the consultant's review and prepared questions and comments regarding these assessments.

- At two meters above the roof level the power densities would be at or above 50% of the current Safety Code 6 guidelines. If any work takes place above the two meters (ladders, stepping on equipment etc) the guidelines may be exceeded – more calculated scenarios were required
- The assumptions of the exposure model were not clearly identified in the consultant's report – such as what frequencies (and powers) were assumed in the exposure models given there are multiple frequencies for each sector/antenna (700, 850, 1900, 2100, 2600 MHz) and this is important since each of these frequencies has a different exposure guideline (i.e. adverse health effects are frequency as well as power dependent).
- The reviewing consultant indicated that personal protective equipment may be required to reduce exposures but neither the type of work nor the PPE were specified and no clarification was issued following this question.
- Since RF in these frequencies is considered “possibly carcinogenic to humans” by IARC (International Agency for Research on Cancer) – category 2B – then the Precautionary Principle should be followed.
- The Safety Code 6 guidelines are based on thermal effects (e.g. tissue heating) and not the potential chronic health effects (such as cancer) which may pose a risk at much lower power density levels than given in the regulated exposure guidelines (e.g. Safety Code 6)

OHCOW Impact

As a result of further consideration, including the points raised by OHCOW, the decision was made not to install the antennas on a cell tower located on the building roof but rather on an existing tower located approximately 1 km (along the highway) from the campus building. This prevented the potential exposure of workers and building occupants to RF radiation and the JHSC members were satisfied with the outcome.



Prevention through Intervention

Occupational Hygiene at a Winery- Prevention of Potential Exposures

Background

Workers at a local Winery were experiencing irritation of the mucus membranes during the sanitizing procedure of the bottling line machine.

There are approximately 30 workers at the winery that work indoors, including; bottling, labelling, packing, retail shipping and receiving. Additionally they have workers that harvest the grapes. The bottling line is in close proximity to labelling and boxing.



Intervention

At the request of the Joint Health & Safety Committee (JHSC), OHCOW performed a walkthrough assessment. The Occupational Hygienist was asked to identify any potential exposures to the sanitizer and recommend the appropriate control measures.

- The Sanitizing chemical included peroxyacetic acid. Workers are required to manually dispense some sanitizer from a drum into a 2 litre graduated beaker. Appropriate PPE was not being utilized by the workers and the chemical storage room had no ventilation.
- The sanitizer is then diluted with water in another drum and from there it is fed by hose into the bottling line machine. The open drum is of concern because of the evaporation of the sanitizer. On the discharge side of the bottling line the sanitizer exits the machine and travels down an open trough to a collection drum.
- Heat-stress is also a concern in the summer months.



Prevention through Intervention

OHCOW Impact

Recommendations were provided to the JHSC in regards to the routes of exposure for the sanitizer and included:

- Adding appropriate amount of mechanical ventilation to remove vapours from the air.
- Enclosing the system even further with a covering for the diluting drum and the waste trough.
- Utilize the appropriate PPE for short duration tasks - respiratory protection, goggles chemical resistant apron and gloves.
- Sealed transport containers for sanitizer.
- Humidex based heat response plan implementation recommended.
- The Occupational Hygienist also identified multiple trip hazards from hoses and cords and recommended that they be run overhead or anti-slip pipe covers be utilized.

This is an excellent example of how OHCOW works with, and supports, the workers, and facility management to ensure appropriate control measures are in place to minimize, reduce, and eliminate occupational exposures.

Educating Future Professionals in Ergonomics

Background

Recently OHCOW has partnered with a local college to assist with the “ergonomic” and “health & safety in the workplace” components of their curriculum. OHCOW ergonomists were originally contacted by one instructor requesting assistance with this portion of the curriculum however, many other instructors felt their students would benefit greatly from this type of expertise. Ergonomic education has been provided to the following programs: Woodworking, Refrigeration & Cooling, Interior Design and Chemical Laboratory Technology.

Intervention

OHCOW ergonomists provided the students with knowledge on Labour Laws, the Occupational Health & Safety Act, Manual Material Handling Guidelines and CSA Standards for Office Ergonomics. The students were educated on the basics of ergonomics, including the hazards and where they exist in their particular field, as well as methods on how to control the hazards. OHCOW Ergonomists have also provided material to the various instructors on such content as anthropometry and workplace design.

OHCOW Impact

The Ergonomists enriched the People in Motion course

Below is an impact statement from the Interior Design Instructor and students:

“This current semester, I am teaching a 2nd year Interior Design course called People in Motion. I had reached out to OHCOW to see if they would be interested in coming to speak to the students. OHCOW ergonomists responded to me immediately saying that they would be excited to come and asked about areas of ergonomics we were covering to ensure that what they spoke about was relative to what the students were learning in the classroom.”

Key Priority: Occupational Disease

Occupational Disease Investigations (Special Projects)

Peterborough Satellite Office

The OHCOW Peterborough Satellite Office serves the workers of GE and Ventra Plastics.

Our satellite office in Peterborough was officially opened in September 2018. OHCOW Toronto has been actively engaged with the Peterborough community, especially workers at General Electric and Ventra Plastics and their families, since 2004. Supporting Unifor and the Office of the Worker Adviser, OHCOW continues to provide information and evidence-based scientific and medical reports.

In 2018, the Workplace Safety and Insurance Board (WSIB) completed its review of over 200 previously denied occupational disease claims made by GE workers. Although a large number of claimants could not be located or withdrew their claims, over 70 of the reconsidered claims were overturned, a rate of slightly more than 40%.

The WSIB reconsideration process was spurred and enabled by the release of a report on workplace exposures at GE between 1945 and 2000 prepared under the auspices of Unifor National by an Advisory Committee led by two health and safety professionals (Dale and Bob DeMatteo) and made up largely of GE retirees (Unifor Local 524). This report will continue to form the basis of OHCOW's ongoing work for those who are appealing denied WSIB claims or filing new claims for occupational diseases related to employment with GE.

In 2019, a group of dedicated workers and retirees from Ventra Plastics (Unifor Local 1987) began working with the same researchers on a similar retrospective exposure profile report for that plant. This work is being supported by OHCOW and will no doubt prove invaluable as we continue to support these workers in seeking ever improved workplace conditions and compensation for those who have been harmed in the past.



L-R: Diane Therrien, Sue James, Daryl Bennett, David Chezzi, Rose Wickman at ribbon cutting, OHOW Peterborough.

Key Priority: Occupational Disease

McIntyre Powder Project

What: McIntyre Powder (finely ground aluminum/aluminum oxide powder). Miners were forced to inhale this fine dust prior to each work shift as a (since discredited) prophylactic measure against silicosis.

When: 1943-1980 (following experimental trials on Timmins miners from 1940)

Where: Primarily gold and uranium mines in northern Ontario. Over 27,000 Ontario mineworkers were exposed during the life of the McIntyre Powder program. It was also used in several other Canadian provinces and other countries, in mining and other silica dust-producing industries. www.mcintyrepowderproject.com/licenses---canada---ontario

Health effects: Exposed miners report multiple diagnoses and/or symptoms related to the powder and the mining environment more generally, including cancers, respiratory, neurological, cardiovascular, and other health conditions. OHCOW continues to collect medical records for review and to verify health conditions reported by workers or their Estates.

Current Actions: OHCOW began active work on this issue in 2016 at the request of the United Steelworkers and the independent McIntyre Powder Project. Since then it has registered files regarding 540 mineworkers, including 62 new intakes in 2018-2019. Work continues on 486 of these files, many with multiple diagnoses of possibly work-related medical conditions. By year end, initial health and work exposure assessment questionnaires had been completed in 470 of these cases, resulting in a database that now includes over 3100 individual exposure records regarding the various mining jobs held by these workers throughout their careers.

OHCOW has assembled a McIntyre Powder Project (MPP) team including administration, leadership, nurses, physicians, and occupational hygienists and work is systematically collecting further information (with over 1700 calls and letters to workers, family members and doctors' offices during the year) and review the files. The interdisciplinary team completed drafts on a number of general reports on issues common to groups of miners, including COPD, lung cancer, sarcoidosis, bladder cancer, kidney cancer, pancreatic cancer, cardiovascular conditions, biological significance of McIntyre Powder exposure based on particle size and manner of exposure, radiation exposure in uranium miners, and the WSIB's dusty gold mine policy. These form the basis of more detailed ongoing work in individual cases, including over 140 work exposure and initial medical assessments in the year, with 92 new WSIB claims filed.

Planning also began this year regarding the distribution of our group reports to primary care physicians, medical staff, miners, their families, and the general public in 2019-2020. Work on neurological conditions is expected to resume in earnest in 2019-2020 following the expected completion of a study by the Occupational Cancer Research Centre commissioned by the WSIB.

OHCOW continues to engage with research partners worldwide to further investigate the nature of McIntyre Powder and its health effects. Currently under review for publication is lab analysis research on the physical and chemical characteristics of McIntyre Powder conducted by Laurentian University in conjunction with Health Canada, and the University of Evry in Paris, France. McMaster University is in the ethics approval stage for a study of in-vivo aluminum body burden measurement. Participants will be drawn from the OHCOW MPP database. Most importantly, work on individual worker files continues.



Key Priority: Occupational Disease

Ontario Rubber Workers Project

Initially an occupational disease intake clinic organized with United Steelworkers Local 677 in 2002, OHCOW Hamilton has worked to provide information and objective hygiene and medical assessments to hundreds of workers from the rubber industry in Kitchener. The largest group were employed in Kitchener's automobile tire plants, which employed as many as 6000 workers in the mid-1970's and went through several owners, including BF Goodrich, Epton Industries, Uniroyal and Michelin, before the last plant closed in 2010.



OHCOW has continued to provide support to individual workers and their representatives from the USW and Office of the Worker Adviser over the years and is now ramping up to another period of intense work as a result of renewed activism by members of the [Steelworkers Organization of Active Retirees \(SOAR\) Chapter 80](#). In December 2018, the Workplace Safety and Insurance Board (WSIB) announced that it would review approximately 300 previously denied occupational disease claims made by rubber workers between 2002 and 2017 using updated scientific information, including 2012 findings by the International Agency for Research on Cancer (IARC) regarding exposures in the rubber industry.

In partnership with USW and the OWA, OHCOW organized a two-day information session in Kitchener on March 28 and 29, 2019, with the WSIB in attendance to allow workers and family members to file claims or obtain updates on established claims. This event resulted in the opening of OHCOW files related to about 160 diagnoses, including more than 100 cancers. Our information is that more than 100 new claims were filed with the WSIB over the two days.

OHCOW will continue to follow up on these cases and to provide occupational hygiene and medical assessments of possible work-relatedness for those whose claims are rejected by the WSIB on review. For more information, visit www.rubberworkersproject.ca.



A portion of attendees of the Rubber Workers Project information session in Kitchener

Collaborative Partnerships

Ontario's Occupational Disease Action Plan (ODAP)

Occupational Health & Safety, generally, has tended to focus on physical safety and musculoskeletal issues with less attention to Occupational Disease, though the statistics and lack thereof, tell the opposite story. Occupational disease fatalities have outnumbered traumatic fatalities in each of the past ten years by nearly three times, and have increased each year since 2012, while traumatic fatalities have decreased. Many more work-related illnesses and deaths go unrecognized and /or unreported. In its second year, ODAP is the best example of a truly collaborative initiative to improve Occupational Disease Prevention in Ontario through efforts of the Occupational Health & Safety System Partners and additional Research and Healthcare bodies led jointly by the Ministry of Labour Prevention Office and OHCOW. With a focus on raising awareness about Occupational Disease in general and according to the 5 Working Groups corresponding to the selected priority areas of Noise, Allergens & Irritants, Diesel Exhaust Emissions, Intelligence and Decision Support, Electronic Medical Record, all while ensuring to not lose sight of Emerging Issues.

ODAP Activities and Actions have increased provincial awareness through Webinars, Infographics, Social Media and cohesive targeted collaborative communications.

Year Two ODAP Highlights:

Working Group	Actions/Activities/Accomplishments
Intelligence and Decision Support -Develop and use existing exposure and disease surveillance data (WSIB, OCRC- Occupational Disease Surveillance System (ODSS)) to inform priorities, better target prevention efforts and generate research questions	<ul style="list-style-type: none"> • Occupational Disease Surveillance System https://www.odsp-ocrc.ca/projects/odss/ • CRE-OD patch test database and related tailored presentations
Allergens & Irritants	<ul style="list-style-type: none"> • Priority irritants and allergens have been identified and include cleaning agents, wet work, isocyanates and preservative • 17 Fact Sheets for priority irritants and allergens. Health & Safety Association have been tailoring to their respective sectors
Noise	<p>Webinars leveraging social media and communications around international Noise Recognition days- World Hearing Day, International Noise Awareness Day and National Hearing Protection Month.</p> <ul style="list-style-type: none"> • WSIB Noise Induced Hearing Loss Campaign
Diesel Exhaust Emissions	<ul style="list-style-type: none"> • JHSC Part 2 Hazard Module-Diesel Engine Exhaust – Workplace Safety North • Webinar on Diesel Engine Exhaust in collaboration with CAREX Canada • Presentation at Mine Diesel Emissions Council Conference • MOL Consultation on Proposed Changes Affecting the Protection of Workers from Exposures to Biological or Chemical Agents under the Occupational Health & Safety Act. This included a proposal for a new listing and OEL for diesel particulate matter in Table 1 Regulation 833. • MOL Operations Enforcement-Mining- Internal Responsibility System-Occupational Disease Prevention
ODAP General- Implementation Team	<ul style="list-style-type: none"> • www.preventoccdisease.ca (more details below)

Collaborative Partnerships

	<ul style="list-style-type: none"> • Occ-tober: The annual Occ-tober conference featured three keynote speakers providing insight and advice to stakeholders and the ODAP- Anya Keefe (Worksafe BC), Michael Boileau (SafeWork Manitoba) and Dr. Tee Guidotti (Int'l OHS expert). Occ-tober also featured ODAP WG accomplishments and concurrent focus groups on ODAP priorities with representation from system partners and industry (more details below) • MOL Enforcement All Sector Workplace Hazardous Materials Information System Initiative • Various presentations about ODAP and the priority exposures across Ontario at Regional WSPS Partners in Prevention, WSN Mining H & S, Canadian Society of Safety Engineers, Occupational Hygiene Association of Ontario and other Conferences and Symposiums
<p>Emerging Issues</p>	<ul style="list-style-type: none"> • Nanotechnology & Health Network – 30 minute eResource that discusses the potential health hazards of nanomaterials and how workers can be protected from related illness and injury. This e-resource provides participants with a definition of nanotechnology, information on how nanomaterials are made, and ways to control and prevent exposure and potential health effects. https://www.ccohs.ca/products/courses/nano-technology/



Occupational Health Clinics for Ontario Workers Inc.

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



Public Services Health & Safety Association™



Ontario



Workplace Safety North™



Workplace Safety & Prevention Services™



Infrastructure Health & Safety Association™



Occupational Cancer Research Centre



Centre for Research Expertise in Occupational Disease

Public Health Ontario

Santé publique Ontario

BREATH E
the lung association

Key Priority: Occupational Disease

ODAP's PreventOccDisease.ca was launched in February 2019 on World Cancer Day and is designed to be a valuable and trusted web portal for sharing information about occupational disease and its prevention in the Canadian context, with some emphasis on Ontario since the project is funded through a strategic opportunity allocation from the Prevention Office of the Ontario Ministry of Labour.

The framework and content is provided by the Occupational Health Clinics for Ontario Workers (OHCOW) and its Ontario Prevention System (and Occupational Disease Action Plan Implementation Team) partners, with website design and hosting support from the Canadian Centre for Occupational Health and Safety (CCOHS).

Visit and Submit resources to the Prevent Occupational Disease website at www.preventoccdisease.ca



Another Collaborative initiative spun from ODAP is the Nanotechnology and Health Network (NHN) whose work has continued throughout 2018 and 2019 to include the launch of a new e-Resource in collaboration with CCOHS. The e-Resource went live in October 2018 and has reached over 300 participants. In addition to the e-course, several presentations on Nanotechnology and Health were delivered throughout the year at conferences, workshops and Board meetings including:

National CCOHS Forum 2019 in Winnipeg (March), Petrochem 2018 in Sarnia (June), Education Day at The Ottawa Hospital ONA H&S reps (September 2018), Occ-tober OHCOW event in Toronto (October 2018), OHCOW Board of Directors meeting in Toronto (December 2018).

The Network, established in December 2017 is composed of a mix of technical experts formerly involved in the CSA/ISO committee, researchers and EHS professional at the provincial and federal level including Health Canada and the National Research Council and also representatives that would be directly associated with the workplaces (unions, health and safety representatives, facility management, etc.).

Currently the group is working on an infographic and podcast in a joint effort with the CCOHS.



Todd Irick presenting at National CCOHS Forum 2019

Key Priority: Occupational Disease

Occ-tober

Once again, at the end of October, OHCOW hosted Occ-tober, its Annual Symposium on Occupational Health and Disease Prevention at the Centre for Health and Safety Innovation in Mississauga

Now in its 4th year, attendance was strong, including Ontario OHS Prevention System staff, researchers, other partners and invited stakeholders.

The important day of learning and dialogue began with: Frame & Focus: Building Understanding and Direction through Surveillance, by Dr. P. Demers, Occupational Cancer Research Centre (OCRC) based on his recent studies: The Burden of Occupational Cancer, and Occupational Disease Surveillance System (for which OHCOW served on the advisory panel).

Dr. Demers was followed by a presentation on the results of a cross-country research scoping study funded by Worksafe BC with a talk entitled Reach & Impact: Promising Strategies for Primary Prevention, by Project Manager, Anya Keefe, representing the SafetyNet Centre for Occupational Health & Safety Research at Memorial University.

We then heard from Manitoba: Provincial Progress: Manitoba's OD Strategy by Michael Boileau an occupational hygienist from SAFEWork Manitoba sharing a significant exposure sampling project they are undertaking at 20 different workplaces across the province.

And finally, we were educated and challenged by Dr. Tee Giudotti, Occupational & Environmental Health & Medicine professor in both Canada and the US, with an International Perspective on OD Prevention.

The morning was wrapped-up by Ron Kelusky, Ontario's Chief Prevention Officer, speaking on Evidence & Effectiveness: Building a New Prevention Strategy.

Threaded throughout the day were a number of "Occ-omplishment" updates highlighting the provincial Occupational Disease Action Plan (ODAP) and its priorities: Noise, Wajish Yajaman, WSPS; Allergens and Irritant, Dr. Linn Holness, CREOD; Diesel, Dr. Kevin Hedges, OHCOW; Intelligence and Data, Dr. Victoria Arrandale, OCRC; Nanotechnology & Health, Todd Irick, OHCOW ; and the PreventOccDisease.ca Intro by CCOHS and Val Wolfe, OHCOW & Chair, ODAP.

The afternoon transitioned to Concurrent Workshops on 2 key ODAP Priorities, Allergens & Irritants and Diesel Engine Exhaust. The final Wrap-up shared Ideas for Action from each workshop which were then taken back to the ODAP working groups for development and implementation.

Please visit our [website](#) for updates on this and other events and to view videos and a detailed agenda from this event.



Dr. Tee Giudotti

Key Priority: Workplace Mental Health

Tools: StressAssess

Taking Action on Workplace Stress

A Joint Management-Union Occupational Stress Injury (OSI) Committee for a large organization began to consider using an expanded version of the Copenhagen Psychosocial Questionnaire (COPSOQ) II Short questionnaire to survey its multiple facilities along with community field workers and supporting departments. The joint management-union committee worked on selecting extra scales to be included. After almost 4 years of committee work, the survey was launched in December 2017. Over 8500 worker and management employees were eligible to participate and over a seven month collection period almost 3000 responded (34.5% response rate, the community workers had a 60% response rate). Results were collected and separate reports were produced for 24 facilities, 4 provincial regions of community workers and 6 supporting departments. Dominant issues across the groups were emotional demands, lack of recognition and role conflicts. The survey included a free-text comment section at the end of the survey. These comments from 825 surveys (30%) were analyzed qualitatively by graduate students and their supervising professor from a business school. The main themes identified were relationships, offensive behaviours and workplace values. The results were presented to the OSI Committee and the JHSC. The OSI Committee is now working on a strategy to facilitate custom interventions in each of the facilities, regions and departments.



Mayday, Mayday 2018

Mayday, Mayday 2018 was an engaging symposium with an International perspective on Workplace Mental Health and Injury Prevention. Organized and hosted by OHCOW, but held in the same venue as WSPS' much larger Partners in Prevention Conference, it gave participants an opportunity to learn and dialogue as well as recognize the issue(s) in the broader context of occupational health and safety. Opened by Ontario Labour Minister Kevin Flynn with strong words recognizing the importance of mental health in the workplaces of today, and particularly the need to address prevention, despite the complexity of issues that it entails.

The plenary talk was given by Dr. Hanne Berthelsen from Malmo University, who has been involved in organizing and analysing stress survey implementation in Sweden and Denmark. Her research goes beyond prevention and considers the elements assessed and addressed through survey implementation to be major indicators of sustainability, recognizing the critical value of human capital in the success of any enterprise.

We also heard from Jamie Hall, the COO of SAFE Work Manitoba, about the development and implementation of their new Psychological Safety in Workplaces Strategy.

In addition, OHCOW Ergonomist, Melissa Statham presented on Psychosocial Ergonomics. Followed by OHCOW hygienist, John Oudyk, and IWH researcher, Dr. Peter Smith, sharing the validation of, and insights from, the MIT/COPSOQ survey conducted on our behalf by EKOS in 2016.



Dr. Hanne Berthelsen speaking at Mayday, Mayday 2018

Key Priority: Workplace Mental Health

Susan Freeman from CCOHS then shared their ongoing experience implementing the CSA standard and Ontario Prevention System partners PSHSA, WSPS, WSN, WSIB presented their current products and initiatives, along with OHCOW giving an update on the recently launched StressAssess survey tool.

The day wrapped up with an engaging discussion led by Workplace Mental Health Working Group Chair Carol Sachville-Duyvelshoff (MOL) on collaboration and future workplace needs before the insightful farewell by Chief Prevention Officer, Ron Kelusky.

Videos of most of the talks are available on our website: <https://www.ohcow.on.ca/mayday-mayday-2018-videos.html>

Migrant Farm Worker Program - House of Commons Committee on Worker Mental Health

On October 30th, 2018, OHCOW MFW Program coordinator, Eduardo Huesca, and occupational health nurse, Michelle Tew, were honoured to present to the House of Commons Committee on Agriculture and Agri-Food in Ottawa, as part of the committee's study on the mental health challenges facing Canadian farmers, ranchers, and producers.

OHCOW's testimony called on the House of Commons Committee to include migrant farm workers, and the mental health challenges they are facing, into their study, and into their consideration of what responses and mental health supports are needed for agricultural communities.

During OHCOW's direct work with migrant farm worker communities, workers have identified facing mental health challenges. Many of these challenges stem from various and often compounding stressors, including those related to their experience as racialized, temporary status migrants, as well as industry stressors of Ontario farming, including production pressures and challenging agricultural work practices. Our findings are reflected in a growing body of research, as well as in clinical data emerging from Ontario Community Health Centres running specialized primary health clinics for these communities.



L-R: Michelle Tew, Eduardo Huesca

While acknowledging the resilience of Canadian farmers, we recognize the hardships they face, and their urgent need for support. However, we echo Dr. Patrick Smith, National Chief Executive Officer, of the Canadian Mental Health Association (CMHA) who noted in his presentation to the House of Commons Committee, “We also cannot forget some of the most vulnerable and invisible members of this (the agricultural) community: migrant farm workers”.

MFW program staff have followed up their presentation with the submission of a policy brief to the House of Commons Committee. This brief expands on our findings and provides policy recommendations focusing on the need to prioritize a mental health strategy for the industry that responds to the needs of all of those affected, including Ontario migrant farm workers.

For a copy of this brief, or for more information on this focus, email: MFW@ohcow.on.ca

Key Priority: Championing Vulnerability

Migrant Farm Worker (MFW) Program

MFW program staff contribute to a chapter in the book- Sick and Tired Health and Safety Inequalities

Occupational Health Nurse, Michelle Tew and Migrant Farm Worker Program Coordinator, Eduardo Huesca, had the opportunity to collaborate with Dr. Janet McLaughlin Associate Professor at Wilfrid Laurier University on a chapter entitled Compounded Vulnerabilities and Creative Strategies: Occupational Health of Temporary Foreign Agricultural Workers, for the book Sick and Tired: Health and Safety Inequalities. This book was published by Fernwood Publishing, and edited by Dr. Stephanie Premji, assistant professor in the School of Labour studies at McMaster University. Michelle and Eduardo contributed clinical data, case studies, and insight drawn from our MFW program work, to help bring light to OHS vulnerabilities experienced by Ontario migrant farm workers and to initiatives offering support to these communities.

Pesticide Safety Education for field workers

Pesticide exposure continues to be a high hazard in agricultural production. Exposure to pesticides can cause acute as well as long-term health effects ranging in severity to the point where exposure can cause death. To date, provincial pesticide education requirements have focused on those at highest risk, including pesticide handlers and sprayers, however important safety information has not widely reached agricultural workers who are not directly handling pesticides, but who still face a risk of being exposed to pesticides by working in close proximity to them. Through the support of an MOL innovation grant, OHCOW's MFW program has led a project to develop pesticide safety resources for farm workers (non-sprayers), recognizing that providing pesticide safety education to all workers on the farm is a best practice towards ensuring everyone is knowledgeable on pesticide hazards and related safety measures, and therefore can understand, adhere, contribute to, and strengthen workplace pesticide safety programs and protocols. The resources developed by MFW program staff include a Pesticide Safety for Farm Workers workbook and 10 pesticide safety posters, available in both English and Spanish, as well as an employer checklist on how to support pesticide safety on the farm. These resources will be launched and made available soon.



Work, Migration and Health 2018 - A Forum on Precarity, Vulnerability, Occupational Health & Safety among Newcomers and Temporary Foreign Workers in Canada

The Work, Migration and Health Forum 2018, was the result of a unique collaboration between OHCOW and academia; the Dalla Lana School of Public Health at the University of Toronto and the Global Migration and Health Initiative. Built on the experience of a decade of OHCOW event focussing on agricultural worker health, this forum broadened attention to include Canada as a whole, to learn and reflect on the experiences and challenges faced by temporary foreign workers in all sectors, as well as newcomers, refugees, working international students, undocumented migrants and other groups. It also addressed the global forces that impact labour and mobility, often resulting in precarity.

Over 200 people attended, and as in the past, the Forum was an opportunity for migrant workers,

Key Priority: Championing Vulnerability

community organizers, care providers, advocates, policy makers, and scholars to meet and learn from each other. This unique integration of multiple perspectives, approaches and disciplines addressing the complexity of factors influencing work dynamics and precarity, will indubitably foster effective workplace health and safety, as well as overall health, outcomes in the future.

The event, which included a public lecture by lawyer Fay Farraday, 8 plenary sessions (including openings by Dr. Santino Severoni, World Health Organization Coordinator, Public Health and Migration, and Toronto Star reporter Sara Mojtehdzadeh), 60 presentations and workshops involving more than 90 presenters. Many of the plenaries were recorded and are available for viewing at: <https://www.ohcow.on.ca/videos-from-work-migration-and-health-forum-2018.html>



Panelists, including Val Wolfe, Director OHCOW Hamilton

One session, by the Toronto Healthy Nail Salon Network, a grassroots group including health care providers (CHC), a community legal worker, a health promoter, an academic researcher as well as a worker leader, particularly highlighted the richness of collaboration (and is also available on video). The project focussed on better understanding of the occupational exposures of nail technicians, the development of culturally appropriate (Chinese and Vietnamese) education materials and the use of a peer-to-peer education format. Workers in this industry, who had not had any health and safety training in the past for the most part, were very engaged in the information provided, which included information on their rights, employment standards as well as focussed information on exposures and controls. Through the integration of research, clinical expertise and worker and employer engagement, concrete steps were taken to create safer and healthier work environments.

W M H WORK, MIGRATION AND HEALTH

A Forum on Precarity, Vulnerability, Health and Safety among Newcomers and Temporary Foreign Workers in Canada

Toronto Star reporter Sara Mojtehdzadeh speaking on Temporary Employment at the Work, Migration and Health Forum, 2018.

A video of the session can be viewed on our channel here: https://youtu.be/Uwb8Z_7vkSo



Knowledge Translation: International

RSI PLUS Day 2019

The year of 2019 marked the 20th anniversary of the first International RSI Day event.

Repetitive Strain Injury (RSI) refers to a category of injuries involving damage to muscles, tendons and nerves (also known as musculoskeletal disorders) and account for 42% of all lost time claims and 50% of all lost time days. The theme for the 20th anniversary was “Looking Back and Moving Forward.” Highlights of this year’s event included:

- Sudbury MPP Jamie West awarding OHCOW a Certificate of Recognition for the organization’s dedication for continuing and championing RSI Day for 20 years.
- Interview with RSI Day Founder Catherine Fenech regarding the formation and continuation of RSI Day.
- Introduction to Ontario’s Revised MSD Prevention Guidelines, Dr. Amin Yazdani, CRE/MSD
- Concussions in the Workplace, Dr. Daryl Stephenson, OHCOW Hamilton
- Vibration White Foot Disorder, Katie Goggins PhD Candidate, CROSH
- Moving Forward: Where do we go from Here? Trevor Schell, OHCOW Sudbury

Video and handouts of the presentations can be found on our [website](#).



L-R: Kimberly O’Connell, Director OHCOW Northern & Eastern Regions; Jamie West; Dr. Daryl Stephenson; Katie Goggins; Dr. Amin Yazdani; Trevor Schell

Knowledge Translation: International



The event continues to grow with over 500 attendees from all over Canada and Internationally, either in person or virtually via livestream. Areas in red indicate where attendees are from including 9 Canadian Provinces, 9 US States, Mexico, Columbia, Ireland, England, Switzerland, Portugal, Slovakia, France, Poland, Morocco, Egypt, Nigeria, India, China, Malaysia, South Korea, Australia, Tasmania, and New Zealand.

International Conference on the Science of Exposure Assessment



From September 24 to 26, 2018, Dr. Kevin Hedges, Occupational Hygienist and technical lead on the McIntyre Powder Project (MPP) attended and presented at the 9th International Conference on the Science of Exposure Assessment in Manchester of the United Kingdom.

This global conference, X2018, provides a platform for international experts to exchange knowledge in exposure assessment sciences for human health studies. X2018 will contribute to the development of state-of-the-art methodologies and practices, and thereby improve our knowledge to effectively assess and control exposure to hazardous agents in the work environment, at home and elsewhere in the general environment.

Attending this conference provided a golden opportunity, on behalf of OHCOW, to present on the ongoing work to establish a job exposure matrix (JEM) on former Ontario Miners working in underground gold and uranium mines who between the 1940's and 1980's had been forced to inhale aluminum and aluminum oxide (McIntyre Powder) as a prophylactic thought at the time to prevent silicosis. Dr. Hedges' full presentation, titled "[Development of an individual expert exposure assessment framework](#)" can be seen on the X2018 website. The presentation describes how an "Individual Expert Assessment Framework" is being developed to categorise workers job exposure matrices. The framework is risk based. It's development is modelled on the Canadian Job Exposure Matrix (CANJEM), with enhancements, to provide more objectivity and build risk into the model algorithm. The McIntyre Powder project has provided an opportunity to develop such a model, which can be utilised for future retrospective exposure assessments, and the theory is it will greatly assist by expediting future compensation claims for occupational illness.

Community Engagement

23rd Annual Petrochem Forum in Sarnia

The 23rd Annual Petrochem Forum was held on June 14, 2018 at Lambton College in Sarnia, Ontario. The day which included presentations on current occupational health and safety topics, was a great success with approximately 100 participants from all over Southwestern Ontario.

John Millholland, Sarnia LAC Chair, was co-chair of the steering committee. Mark Parent, Executive Director of the southwest region and Kelly Brown, a Registered Nurse from the Sarnia clinic were also steering committee members. The committee consisted of both management and labour members from the petrochemical industries such as Shell Canada, Nova Chemicals and Suncor Energy Inc. Other member organizations included Workplace Safety and Prevention Services, Ministry of Labour, Workers Health and Safety Centre and the Occupational Health Clinics for Ontario Workers.

Speaker topics included Radon, Nanotechnology & Health, Mental Health Awareness and Depression in the Workplace, Marijuana in the Workplace, as well as presentations from the Ministry of Labour and Lambton College

The diversity of topics presented prompted much interest and questions from participants, resulting in a very interactive forum.

Each year the steering committee chooses a different charity in the surrounding area to be the beneficiary of the Forum's Financial Donation. This year, a \$2,500 cheque was presented to Bluewater Health Foundation for the Withdrawal Management Program.



*John Millholland,
Sarnia LAC Chair*

Rolly Marentette Award

This award recognizes significant contributions to eliminate or prevent occupational disease and bring awareness to workplace health and safety issues. It is a reflection of Rolly's leadership, his deep compassion, and his knowledge and understanding of the complexities involved in promoting healthy working environments.

Rolly has made a very important difference in the lives of so many people throughout our community, and through the years, he has mentored countless others to follow in his footsteps.

So, it was very fitting that the very first recipient of the OHCOW Rolly Marentette Award was Tracie Edward. She is not only someone Rolly proudly mentored, they became very dear friends as well.



*L-R:
Brian Hogan, President
WDLG; Mark Parent, ED
OHCOW – Southwest Re-
gion; Tracie Edward, Ex-
ecutive Assistant – H&S
ETFO; Mario Spagnuolo,
Vice President Greater
Essex ETFO; Kristen Gar-
rett-Spanswick, Vice-Pres-
ident Greater Essex OSSTF;
Irene Taylor, Equity Officer
Greater Essex OSSTF; Gary
Parent; Sandra Marentette.*

Community Engagement

Justice for Injured Workers

With the aim of raising awareness of the impacts of occupational disease, dedicated JFIW cyclists from the Ontario Network of Injured Workers Groups (ONIWG) spent a weekend in Northern Ontario on May 25-27, 2019. The weekend kicked off in Elliot Lake with a public seminar "Occupational Disease in Mining and McIntyre Powder Research," with presenters from OHCOW, the McIntyre Powder Project, Laurentian University, and the Occupational Cancer Research Centre. On Saturday, the JFIW cyclists dedicated the first leg of their journey to the McIntyre Powder miners with the "Jim Hobbs Memorial Ride" ride from Elliot Lake - where Jim had worked in the mines - to his hometown of Massey. On Sunday, the JFIW ride continued to Sudbury, culminating in a Sudbury and District Labour Council event at the United Steelworkers Hall welcoming the cyclists and focusing on recognizing mine workers who died of occupational diseases.



Youth Workplace Health & Safety Challenge

OHCOW's Eastern Ontario Interdisciplinary Team were happy to participate as judges January 29, 2019 at the Ottawa Carleton District School Board (OCDSB) Skills Competition - Workplace Health & Safety Challenge.

OHCOW was able to share Occupational Health expertise, and be inspired by our future leaders in Occupational Health and Safety. Elementary School students participated in 3 judged competitions to showcase and further develop Health & Safety Skills:

- Mock Inspection of a Science/Lab Class,
- Presentation of Hazard Assessment and Safety Plan for a Fast Food Restaurant
- Gingerbread House "Construction" and the associated identification of H & S Hazards.



Committed to Research and Data

OHCOW continues to be dedicated to objective, evidence-based research to support its work and contributes to research initiatives in its key focus areas of the prevention of occupational disease, workplace mental health, and championing vulnerability.

EKOS/OHCOW Survey – Workplace Exposure Survey

In December 2019 OHCOW consulted with the Institute for Work and Health (IWH) and the Occupational Cancer Research Centre (OCRC) to design a survey for workers based on various workplace exposures (solvents, smokes, fumes, powders or dusts, sun, vehicle exhaust, diesel exhaust emissions, asbestos, engineered nano-particles, wet work, noise, indoor air quality) and the exposure scale of IWH's vulnerability survey (and other exposure questions based on the vulnerability instrument pattern), the IWH Organizational Performance Metric (IWH-OPM) and the workplace environment questions from StressAssess. The survey was conducted between March 21-31, 2019. A detailed analysis of the results is underway and hopes to help act as a baseline and help drive OHCOW's strategic direction and evaluate impact.

Specifically regarding the Workplace Psychosocial piece of the survey, EKOS and OHCOW conducted a cross-Canada survey in March 2016, and again in 2019, polling over 4000 working Canadians from workplaces with more than 5 employees (in both English and French).

The 2016 survey was analysed and validated with partners at the Institute for Work & Health with the results published in the prestigious American Journal of Industrial Medicine in March 2019.

The full-text article is available online by joint sponsorship.

Preliminary findings from the latest survey regarding Ontario workers (1500+ respondents) include:

- 54% of Ontario workers (in workplaces with >5 employees) rate the workplace psychological climate as “good” or “healthy/supportive”; 8% rate it as “poor” or “toxic.”
- However, when asked whether the organizational culture in the workplace tolerates behaviours that are harmful to mental health 36% “agree” or “strongly agree” that the workplace culture does tolerate such behaviours.
- 71% of Ontario workers reported that they were “satisfied” or “very satisfied” with their job as a whole, everything taken into consideration.
- 57% of Ontario respondents answered that “to a large extent” or more they felt their work was important and meaningful.
- 43% reported that “to a large extent” or more they felt recognized, appreciated, and treated fairly by management
- 39% of respondents reported that “to a large extent” or more, they felt engaged in their workplace (felt their work was of great importance and would recommend others to apply for a position at their workplace)
- 37% responded that, at least “to a certain degree” their work drains their energy and time such that it causes a negative effect on their private life.
- 12% of Ontario workers report having experienced sexual harassment in the past year. At most 16% have experienced threats of violence and 11.5% have experienced actual physical violence in the past year. 29% have experienced bullying and 19% have reported some type of discrimination. Respondents reporting experiencing any of these offensive behaviours in the past year being perpetrated by those in power positions over them (e.g. managers/supervisors/etc.) had the highest average stress symptom scores.
- When we considered which psychosocial factors were statistically most strongly associated with burnout symptoms the top 5 factors were: role conflicts, emotional

Committed to Research and Data

demands, work pace, a lack of workplace justice & respect, and, the lack of being recognized, appreciated, and treated fairly by management.

- When we considered which psychosocial factors were statistically most strongly associated with commitment to the workplace (engagement) the top 5 factors were: predictability (i.e. open communication), meaning of work, being recognized, appreciated, and treated fairly by management, possibilities for development, and, vertical trust between workers and management.

The new National survey dataset has been uploaded as the comparator in OHCOW's free workplace survey tool at stressassess.ca. The site includes a Wizard to support survey implementation and analysis plus suggests resources for action once the results are collated and priorities determined.

The McIntyre Powder Project

This project continues to be of interest to a variety of academics including:

- McMaster University who are working on the development of a study designed to measure the bone aluminum content of McIntyre Powder exposed miners.
- Dr. Tee Guidotti, who continues to conduct an epidemiological/gap analysis of the Intrinsic report on the health effects of aluminum commissioned by the WSIB
- Analysis of the Occupational Cancer Research Center's (OCRC) Ontario Mining Exposures Database (OMED). This includes collaboration with Daniel Drolet to program a MS excel based program to conduct occupational hygiene statistical analysis of the database.

In addition to OHCOW internal reports/scientific literature reviews:

- Chronic Obstructive Pulmonary Disease: Occurrence And Associations With Occupational Exposures And Smoking
- McIntyre Powder: Fine (PM_{2.5}) and ultrafine dust exposures and cardiovascular disease
- McIntyre Powder: Biological significance of the manner of exposure and particle size
- Sarcoidosis: Epidemiology, Pathogenesis, Diagnosis, And Causal Associations With Occupational And Environmental Exposures

Other:

- OHCOW was also happy to participate as a Key Informant in the University of Ottawa Research Project entitled: Ontario workers' perceptions, experiences and exposures to occupational risks in the context of reproductive health.

- OHCOW is a proud Advisory Board Member of the Centre for Research in Occupational Safety & Health (CROSH) and have collaborated on the promotion of Occupational Health & Safety at a number of Northern Ontario Events and Webinars. CROSH is currently working on a 3rd party validation study of OHCOW's ErgoCalculator Tool.



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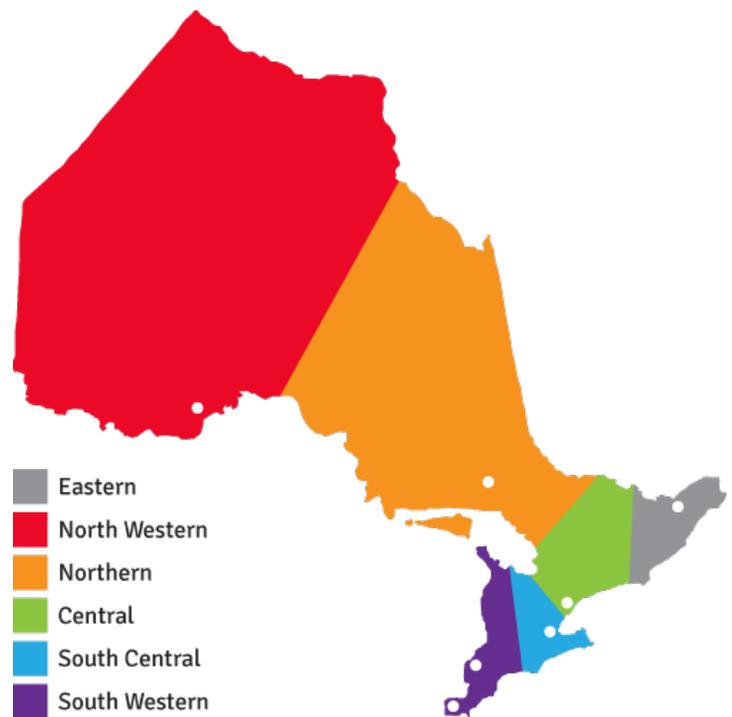
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