

Occupational
Health Clinics
for Ontario
Workers Inc.

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



Annual Report 2017-2018

Prevention Through Intervention

Welcome



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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.

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.

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.

This Annual Report provides a summary of OHCOW achievements from April 1st 2017 to March 31st 2018. 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.

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About Us

OHCOW has long been a valuable injury and illness prevention resource for the workers and workplaces of Ontario. The first clinics, proposed by the Ontario Federation of Labour (OFL) and funded through the Workplace Safety and Insurance Board (WSIB), were founded in Hamilton and Toronto in 1989. In the years that followed further clinics were established in Windsor, Sudbury, Sarnia, Thunder Bay and Ottawa. Each clinic is built on a unique service model where teams of physicians, nurses, occupational hygienists, ergonomists and client service coordinators provide comprehensive occupational health services to individuals and workplaces regarding work-related health problems. Our clinics work in partnership with a variety of community, public service, labour and other stakeholders to identify occupational injuries and diseases.

Our services include:

- **Inquiry**, to answer work-related health and safety questions.
- **Clinical**, to provide evidence-based technical and medical reports determining work-relatedness for individuals.
- **Group**, providing exposure or health-based prevention consulting for workplaces, health and safety committees and groups of workers.
- **Outreach and education**, to increase awareness of health and safety issues, foster dialogue and promote prevention strategies.
- **Research**, to better understand hazards, illness incidence and control effectiveness.

With a unique approach:

- Interdisciplinary team of health and safety professionals responding to needs of workers in all sectors.
- Direct involvement in occupational injury and disease through clinical services.
- Funding model allows services to be provided for no fee.
- At the front-line in the detection of work-related health conditions.
- Rooted in strong labour values: prevention interventions are participatory and include a primary role for workers and representatives in assessing and addressing workplace hazards.
- Experience working effectively with employers and prevention system partners.
- Championing service and support for the most vulnerable workers.

Supporting Prevention:

- Primary (Eliminating Exposure): Intervention and Tools
- Secondary (Early Detection): Resources & Clinical Services
- Tertiary (Diagnosis & Work Link): Medical, Hygiene, and Ergonomic Reports

Clientele/Stakeholders:

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

Leaders in Occupational Health

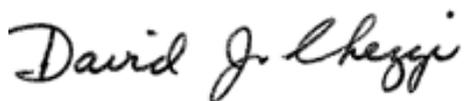
As Chair of the OHCOW Board of Directors and as CEO, we would like to thank the staff, our Board, our LAC and our stakeholders for helping OHCOW provide outstanding service to the workers of the Province. We would also like to acknowledge the contributions of one of our Board members who is retiring, Andrew Lee from the Ontario Professional Fire Fighters Association (OPFFA). Thank you Andrew for serving on our Board of Directors. We welcome Andrew's replacement from (OPFFA), Gavin Jacklyn.

2017-2018 is the third year of our five year strategic plan. Below are some highlights of the progress we have been making on our Strategic Directions:

<p>Services</p> <p>We continue to provide service excellence to the workers of the province including a leadership role with respect to Occupational Disease, Workplace Mental Health and Vulnerability.</p> <p>With respect to the wellbeing of our own staff we have participated in two versions of the Copenhagen Psychosocial Questionnaire (COP-SOQ) survey. The survey helped to identify issues that we are now working on with staff with a goal of continuous improvement.</p>	<p>Financial and Growth</p> <p><u>Strategic opportunity funded projects</u></p> <p>Occupational Disease Website, Occ Disease Marketing Campaign, Physician toolkit</p> <p><u>Occupational Disease Investigation Projects</u></p> <p>Peterborough Project – received funding to do 75 medical assessment cases and outreach to and contact with GE Peterborough cohort</p> <p>McIntyre Powder Project – received funding to do 325 medical assessment cases and outreach to and contact with entire McIntyre Powder cohort</p>
<p>Prevention Launches</p> <p>OHCOW newsletter called The Lens</p> <p>StressAssess online survey tool designed for workers and managers who are interested in assessing psychosocial hazards in the workplace, to anonymously, collectively, and confidentially identify issues.</p> <p>Office Ergonomics Calculator to ErgoTools</p>	<p>Knowledge Translation & Networking Events</p> <p>Mayday, Mayday, Symposium on Workplace Mental Health</p> <p>Migrant Farm Worker Health Forum</p> <p>Occ-tober Symposium on Occupational Disease</p> <p>RSI and Ergonomic events Sudbury, Thunder Bay, Toronto, Sarnia, Windsor</p>

The samples above provide a snap shot of some of our achievements in 2017-2018. We encourage you to review the rest of the Annual Report to get a more in depth look at the various activities OHCOW has been involved in.

As we move into 2018-2019 we look forward to enhancing the Strategic Directions set in 2015. 2018-2019 will be year 4 of our 5 year strategic plan. We will continue our focus of prioritizing the most significant hazards in the system and will try to address them as efficiently and effectively as possible without a goal of revenue generation. We will also continue to invest in collaborative partnerships in order to maximize and prioritize resources which will result in more effective prevention through intervention.



David Chezzi
OHCOW Board of Directors, Chair

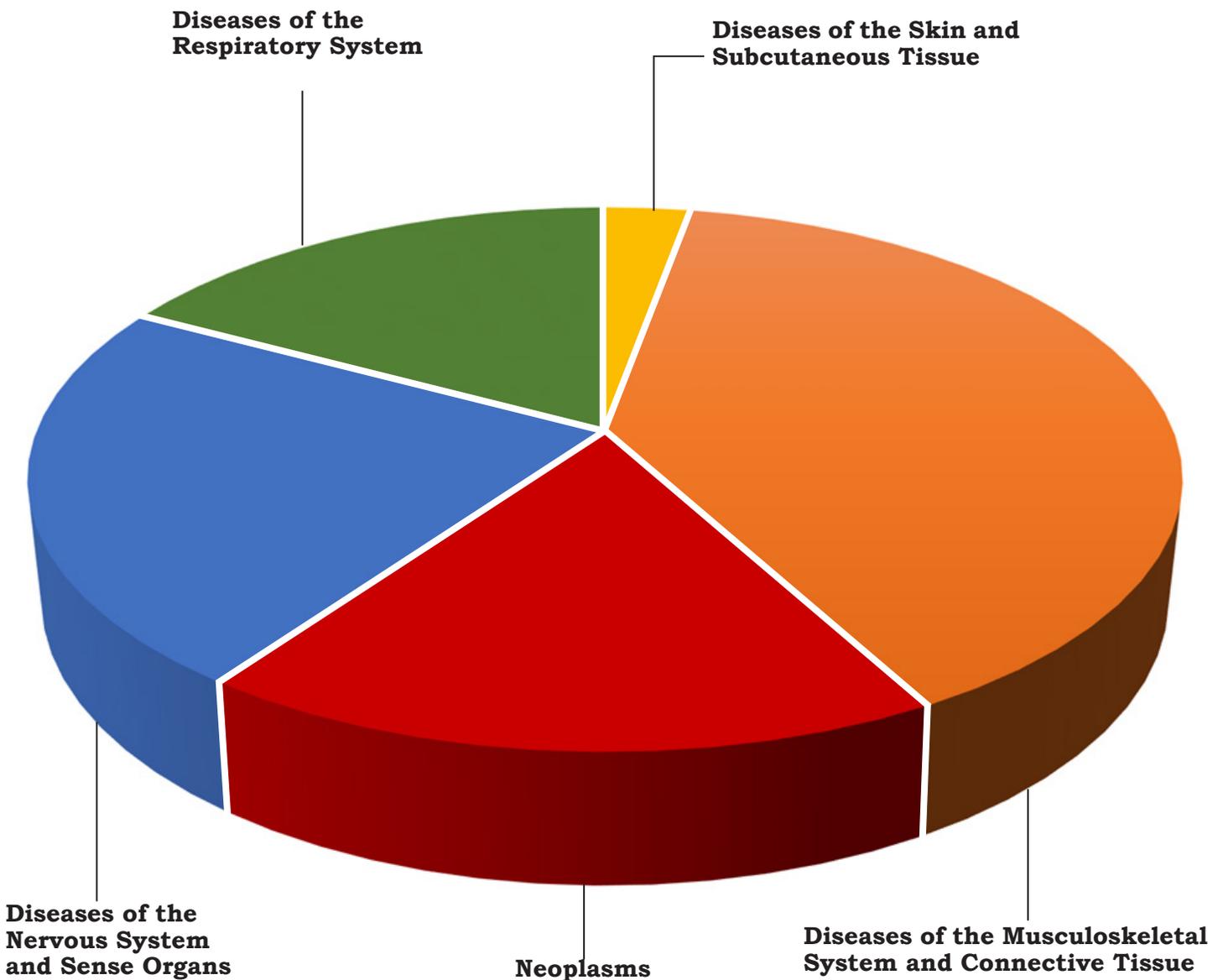


Michael Roche
OHCOW Chief Executive Officer

Historical Perspective

OHCOW recently collated and evaluated data that has been collected since our inception, including well over 37,000 clinical cases, over 31,000 patients, and nearly 10,500 group sessions.

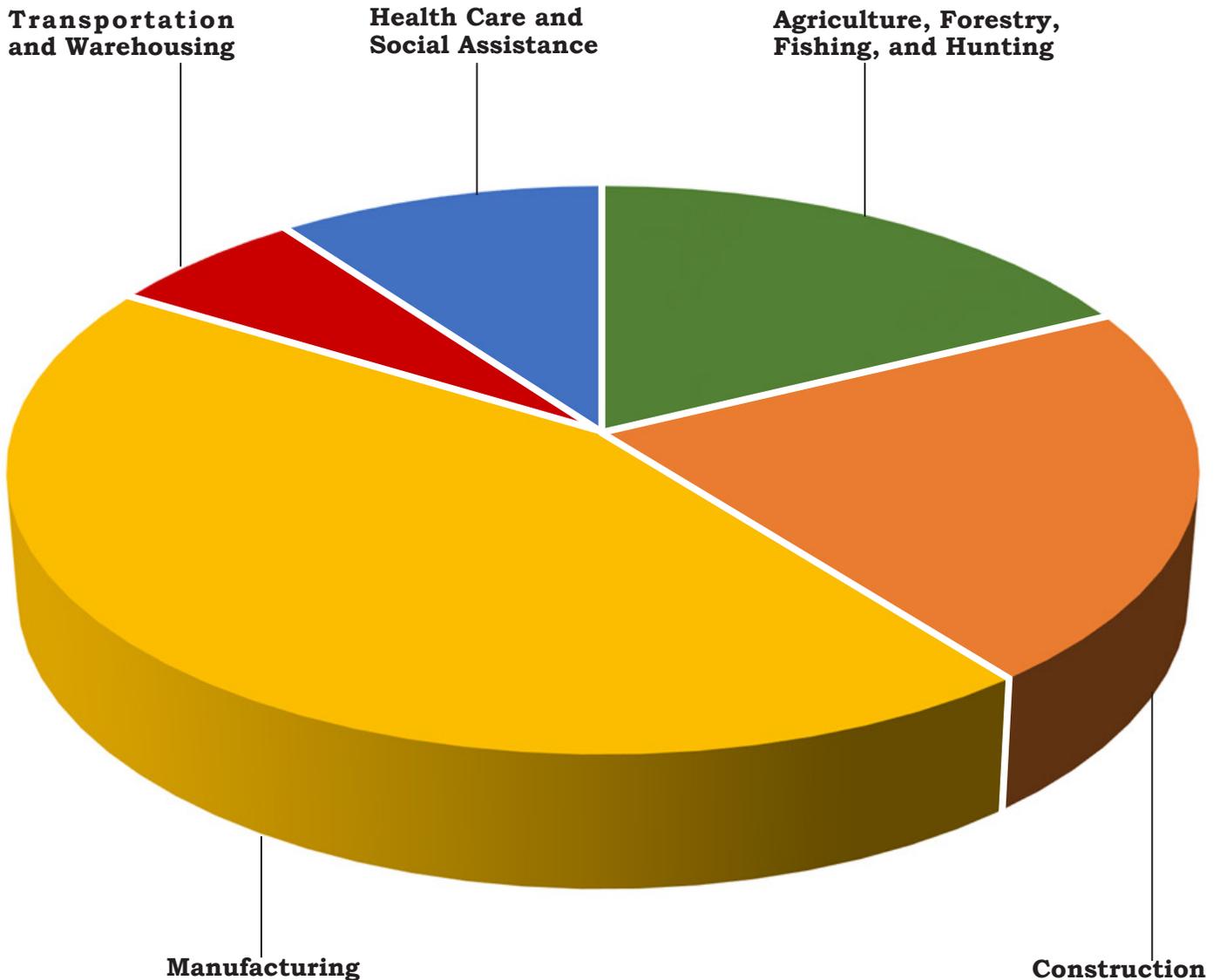
Top 5 Disease Categories Represented in OHCOW Case Experience



Historical Perspective

We also had an abundance of other data, including which industries our patients hailed from, and which conditions were most prevalent among our Ontario patients over the last 30 years.

Top 5 Sectors Represented in OHCOW Case Experience



2017-2018 by the Numbers

10,827 Information Materials Distributed

1,148 Clinical Cases

408 High Level Firms Engaged

229 Educational Sessions

46 Staff Members

18 Board Members

7 Clinics

Prevention through Intervention: Clinical and Group Cases

A significant proportion of the efforts of OHCOW's inter-disciplinary teams are directed toward clinical cases and group (workplace) consultations and interventions. In both circumstances, it is critical to be able to identify workplace exposures, past or present, and how they affect the health of workers. Recognizing causal relationships allows for the ability to support claims as and when warranted, but more importantly, to advise workers, workplaces and even industries on how to prevent such exposures in future.

Lung Cancer due to Diesel Exhaust Exposure

Background

The worker developed a non-small cell carcinoma of his left lung in 2010 and passed away from the condition in 2012. The issue in question is whether this lung cancer was due to previous occupational exposures.

The worker's 40-year employment history included 29 years working underground in the mining industry, 19 years in a uranium mine, and 10 years in a gold mine.

The worker had a significant smoking history of over 42 pack years. WSIB took this into consideration when their decision was made.



Intervention – An OHCOW Scientific & Medical Report

Both the OHCOW hygienist and physician reviewed the worker's exposure history and recognized that he had exposure to diesel engine exhaust during his career. The physician's report noted that diesel exhaust exposure in miners was highest prior to 1988, and in the period after 1988, exposures were generally lower, although still considered high. After 2006, exposures were significantly lower. Thus, the worker had ~11 years of significant diesel exhaust exposure in mining prior to 1988.

IARC has classified diesel engine exhaust as a confirmed human carcinogen (Group 1), mainly based on excess lung cancer cases from an epidemiological study from various non-metal mines. Research by the OHCOW hygienist affirms that the workers most likely to be exposed to diesel emissions include mine, railroad, farm and dock workers, auto, truck, and bus maintenance workers plus truck and fork-lift drivers.

The OHCOW physician noted that a case-control study of miners with lung cancer found that the odds ratio was 3.2 among heavily exposed workers. Using the relative risk of three, the probability of causation of lung cancer in a miner exposed to diesel exhaust would be approximately 67%.

The OHCOW physician goes on to conclude that, given the knowledge of historical exposures to diesel exhaust in mining, along with recent epidemiological estimates of relative risk of lung cancer, the worker's exposure to diesel exhaust may well have contributed to the risk of lung cancer.

Prevention through Intervention: Clinical and Group Cases

OHCOW Impact

WSIB agreed with the OHCOW report(s) that it is likely that the worker's exposure to diesel exhaust was sufficient enough to have made a material contribution to the disease. In doing so, it placed significant weight on OHCOW's report and conclusion of work-relatedness, particularly the evidence brought forward indicating that the exposure to diesel exhaust occurred while working underground and that exposure prior to 1988 was relatively high. WSIB granted entitlement for lung cancer to the worker's estate, making a difference to his survivors and indirectly strengthening the case for control of diesel exhaust exposures in mining and other workplaces.



Occupational Asthma due to Cleaning Agent Exposure

Background

A 50 year-old female who worked as a custodian with a school board for 25 years was referred to OHCOW by her union representative.

She was previously diagnosed with occupational asthma related to the use of a wax stripper, and a WSIB disability claim was accepted. Following a period away from work, she returned to work with limitations, including avoiding exposure to specified cleaning products and avoiding areas where floor stripping and waxing is taking place.

Three years later, the worker sought medical attention due to the worsening of her asthma symptoms. She was required to be off work for four months; however, the WSIB denied entitlement for occupational asthma and the need for lost time.

It is important to note that the worker had no symptoms when she was away from work.

Intervention/Approach

OHCOW reviewed the products, tasks, and facility information related to the worker's exposures and potential association with the development and ongoing recurrence of her occupational asthma. The key components of the wax stripper (and other cleaners currently in use) contain some of the most hazardous cleaning agents reported in the literature including: benzyl alcohol, glycol ethers, and ethanolamine. Other chemicals present in the remainder of the cleaning products include: alcohol ethoxylates, acrylic styrene copolymer and fragrances, which are also implicated as respiratory irritants.

The OHCOW occupational hygiene assessment determined that exposure to these chemicals was likely, even if the worker was following restricted work conditions, due to limited building ventilation. HVAC systems were turned off overnight and on weekends, which likely aggravated the sensitized worker's reaction to the chemicals when she returned to the workplace in the mornings, especially Monday.



Prevention through Intervention: Clinical and Group Cases

Along with the hygiene assessment, an OHCOW occupational physician reviewed the WSIB file and medical literature, then interviewed the worker. His report provided a conclusion of work-relatedness plus made recommendations for the prevention of further adverse health effects associated with exposure to the cleaning chemicals.



OHCOW Impact

OHCOW's occupational hygiene retrospective exposure assessment and case review by the occupational physician both supported the worker's appeal to the WSIB for the previously denied lost time benefits resulting from the relapse of occupational asthma symptoms. OHCOW continues to support the worker as the appeal process progresses and solutions are considered to accommodate in an environment that does not threaten her health through further aggravation of her occupationally-induced asthma.

Heavy Metal Exposure Assessment During Fabrication of X-ray shields

Background

Cut-outs are used for X-ray shielding on patients undergoing radiation treatment for cancer. An alloy of bismuth, lead, indium, tin, and cadmium is handled and fabricated by radiation technology staff in a treatment facility. The staff became concerned about their potential exposure to heavy metals during the process of fabrication of the cut-outs. After raising their concerns at the Joint Health and Safety Committee (JHSC), OHCOW was contacted with a request to evaluate potential exposures and make recommendations, as necessary, to prevent adverse health outcomes.

Intervention/Approach

An OHCOW hygienist and occupational health nurse visited the facility to assess work practices and existing controls associated with the fabrication and use of the cut-outs. Radiation technologists and the hospital safety coordinator were involved with the walk-through and assessment.

The team observed and discussed activity tasks, equipment, and facilities:

- In the fabrication process, heavy metals (including lead and cadmium) are melted and poured into molds, removed after cooling and then finished by filing prior to transport from the lab to the radiation treatment room.
- Limited engineering controls were observed and no air or surface monitoring had been performed in the fabrication facility.
- The potential for spread of contamination from location to location within the hospital (lab to office to waiting room to treatment room) was also noted.
- The potential for inhalation (molten metal fume and metal filings), as well as inadvertent dermal contact (and subsequent ingestion) from surface contamination, presented the very real possibility of exposure to metals and potential adverse health effects.

OHCOW's recommendations were to:

- Conduct air and surface sampling for lead and cadmium;
- Perform quantitative tests on local ventilation;



Prevention through Intervention: Clinical and Group Cases

- Improve cleaning by using HEPA vacuums;
- Consider using a P-100 respirator at a minimum; and
- Consider baseline biological monitoring for lead and cadmium.

Based on the results of the assessment, a formal control program for lead (and other metals) would be required to minimize staff (technologists, cleaners and occupants of other affected areas) exposure to the heavy metals.

OHCOW Impact

Following the report produced by OHCOW, a lead assessment was conducted by the workplace consisting of air and surface wipe sampling for lead. Although air samples collected indicated lead concentrations below the detection limit, the surface wipe samples of various locations within the facility were above health-based criteria for lead. OHCOW continues to work with, and support, the workers, and facility management to ensure appropriate control measures are in place to minimize, reduce, and eliminate occupational exposures to lead and other heavy metals during the cut-out production process, as well as the handling and use of the X-ray shields.

Automotive Electrician with Elevated Chromium Levels



Background

The worker started his career as an electrician with the International Brotherhood of Electrical Workers (IBEW) in industrial and commercial settings. For 21 years, he worked in the automotive industry as a full-time electrician, primarily in a welding area where spot welding, arc welding, and welding onto sealants was done, mostly with aluminum. His current work area, in the trim and chassis department, did not raise any concern in regard to exposures.

He was referred to the clinic by his family physician to determine if his elevated chromium levels were related to his exposures at work. He did not complain of any symptoms related to chromium toxicity, at that time.

Intervention

During the nursing interview reviewing work and medical history with this patient, it was discovered that he had undergone a hip replacement using a Birmingham procedure, (Birmingham hip resurfacing arthroplasty). The procedure shapes and recaps the head of the femur and the socket with a metal surface made of cobalt, chromium, and nickel. It was decided to seek the opinion of a toxicologist to determine whether that procedure could still be affecting his chromium levels.

Prevention through Intervention: Clinical and Group Cases

This patient was given the following information regarding his levels from the consulting toxicologist:

- *Increased levels of chromium and cobalt can occur after a joint replacement, in particular with the Birmingham joint. The levels tend to be increased in the first six months as the metal surfaces wear in.*
- *The levels from the urine test were minimally increased and nowhere at a toxic level. Research indicates that the levels of chromium and cobalt never do increase to the toxic level. Chromium is reduced to chromium 3, which does not produce symptoms. The cobalt level was not elevated above the acceptable level.*
- *You are asymptomatic. Symptoms tend to be related to the initial reaction to the metal joint in the soft tissue around this area. Seek a follow-up appointment with your orthopaedic surgeon if symptoms are present.*
- *Metal medical devices advice: The US FDA indicates that if a person does not have symptoms, no further testing is required. The UK recommends that any biological monitoring should be done through blood testing.*
- *If you have concerns then whole blood testing for the cobalt and chromium can occur through Trace Metals Lab at the University Hospital in London Ontario.*
- *As you are ten years post joint replacement and are presently asymptomatic, further testing is not required.*

Impact

Thus, OHCOW's detailed investigation and subsequent referral determined that in this case, the individual's chromium exposure and blood elevation were most likely a result of the patient's hip surgery and not from his workplace exposures. Certainly, it is critical to our credibility, and part of our clinical practice, to look at patients holistically, exploring every avenue of causation, not just the most obvious or "convenient" one.

Multidisciplinary Intervention at a Cannabis Greenhouse

Background

OHCOW was contacted by the JHSC from a cannabis greenhouse. Workers were concerned about exposure to noise, lighting, chemicals, and awkward postures. The greenhouse was about to undergo a major expansion. OHCOW's interdisciplinary team of Occupational Hygienist and Ergonomist immediately recognized an ideal "prevention through intervention" opportunity. As consultants, OHCOW could help with the future expansion project by ensuring sound health, safety, and prevention concepts were included in the design to address and control known and anticipated hazards prior to start-up of the new expansion.



OHCOW could help with the future expansion project by ensuring sound health, safety, and prevention concepts were included in the design to address and control known and anticipated hazards prior to start-up of the new expansion.

Prevention through Intervention: Clinical and Group Cases

Intervention/Approach

Workers performed various tasks in the different departments of the operation, mainly: harvesting, planting, trimming, sorting, cleaning, and packaging. The Occupational Hygienist and Ergonomist performed a walkthrough assessment to identify specific hazards so that appropriate recommendations could be made to eliminate or mitigate them, including exposure to:

- Noise levels up to 100dBA while operating a manicure twister in the packaging department
- Bright lights (Ultraviolet –C from the high pressure sodium light bulbs) and possibly fertilizer in the grow rooms
- Cleaning chemicals including quaternary ammonia compounds throughout

Plus several ergonomic issues were noted:

- Horizontal reach to the middle row of plants for entire shifts and potentially several days
- One size shears regardless of hand size, causing contact stress
- Concerns over portable workstations, general office setup; laptops used as a primary device and office seating lacking support and adjustability



OHCOW Impact

Recommendations were presented to the JHSC to reduce worker exposure to the identified hazards and included:

- The manicure twister operator to be moved behind noise barrier to reduce the noise exposure,
- Workers in the grow rooms to wear appropriately tinted glasses to protect vision,
- Workers to be trained on the appropriate storage and safe handling of chemicals and fertilizers - Substitution of the quaternary ammonia compounds was also recommended.
- Implementing a rotation schedule in the grow rooms to decreasing exposure to extended forward reaching.
- Providing different shears to accommodate varying hand sizes.

OHCOW also suggested that the planned expansion, and associated relocation, would be the perfect time to be proactive and organize office equipment and furniture to fit the workers and their tasks. Education on the importance of optimal workstation setup and assistance with the purchasing of new office furniture has been proposed.

This intervention was another leading example of OHCOW's inter-disciplinary team combining health and safety expertise with a health-based prevention approach.

Shoulder Injury of a Kitchen Worker

Background

A middle-aged commercial kitchen worker experienced progressively worsening musculoskeletal symptoms, initially limited to the left elbow, which subsequently expanded to the left shoulder and eventually crossed over the neck to include the right shoulder.

Prevention through Intervention: Clinical and Group Cases

A WSIB claim was submitted but denied on the reasoning that the repetitive lifting associated with the job did not expose the worker to risk factors that would cause injury to the shoulders.

The worker was extremely short-statured, with a height below the first percentile for their gender.

The worker was responsible for preparing large volumes of food.

Ingredients were stored on shelves that ranged in height from below knee level to above head height relative to this worker.

Multi-shelved carts were used to transfer food from one area of food preparation to the next. Cart shelves started from below knee level to above the head height of this worker. The work required the repetitive loading and unloading of the carts throughout the food production cycle.

Food preparation tasks done at a worktable involved repetitive movements with raised elbows.

Approach

The worker was referred to OHCOW through their union representative after the denial.

An occupational health nurse interviewed the worker to collect preliminary information on work, exposure, medical, and health history. The worker was then medically assessed by an occupational health physician who confirmed a diagnosis of bilateral shoulder rotator cuff syndrome. Later ultrasound imaging revealed a tear of a rotator cuff tendon.

The case file was then forwarded to the OHCOW Ergonomist for a literature review and further comment on the exposure history of the worker in relation to the diagnosis.

The research literature suggests that kitchen work can be shoulder-loading, involving risk factors known to be harmful to the shoulders. Research observations recognized that short kitchen workers could be especially susceptible to shoulder region injuries, since work requiring frequent reaches above shoulder height are a recognized risk factor.

OHCOW Impact

The medical and ergonomic reports supporting work-relatedness were sent to the worker's representative to be submitted in an appeal. Decision is pending.

OHCOW also recommended that the workplace investigate the possibility of a platform to be used when performing tasks at the worktable to help lower the working height of the hands for this worker. We also suggested that the upper height range of the storage shelves and cart racks be addressed.



Prevention through Intervention: Clinical and Group Cases

Asbestos Exposure in a School Building

Background

A union health & safety representative for staff in a building undergoing renovations (which included the disturbance of asbestos-containing building materials) asked the clinic to review an occupational hygiene report summarizing asbestos air sampling, which had concluded that the building was “deemed safe for general occupancy”.



Intervention/Approach

An OHCOW hygienist reviewed and compared the asbestos sampling results in detail, and noted that, on average:

- Indoor fibre concentrations were more than twice those measured outdoors;
- Occupied rooms had double the fibre concentration of the vacant ones (meaning some of the dust stirred up by occupants was asbestos-containing); and
- While the concentrations measured did comply with the Ontario occupational exposure clearance level for asbestos (<0.01 f/cc), 35% of the measurements exceeded the more current, health-based exposure criteria of 0.002 f/cc adopted recently in the Netherlands.

Furthermore, our review identified that the:

- Sampling strategy used to collect the asbestos air samples did not follow either the approved clearance sampling protocol nor the personal breathing zone exposure sampling strategy;
- Laboratory which counted the fibres collected on the air sampling filters did not participate in any quality control/quality assurance programs; and
- Writers of the report had no formal qualification in occupational hygiene.
- Contrary to the conclusions of the consultant’s report, based on the evaluation of the evidence collected, we concluded that the workers in the building were exposed to quantities of asbestos, which, if accumulated over a working life (30-40 years), would represent a non-trivial risk of developing an asbestos-related disease.



OHCOW Impact

This highlights the difference between demonstrating compliance with a particular exposure standard and deeming an environment “safe.” The situation in question occurred in a large and complex workplace. Despite receiving the inquiry late in the project, OHCOW’s insights are being used to educate and inform building occupants and their peers, which is already raising awareness and influencing the management of asbestos across the organization.

Apps in Action

A Key Action in OHCOW's Strategic Direction is to integrate technology to engage, reach, and empower Ontario workers to better meet their occupational health and safety prevention needs and provide tools to help assess potential hazards in their workplaces. Below are some examples of these tools in action.

Air Assess: Improving Office Indoor Air Quality

Background

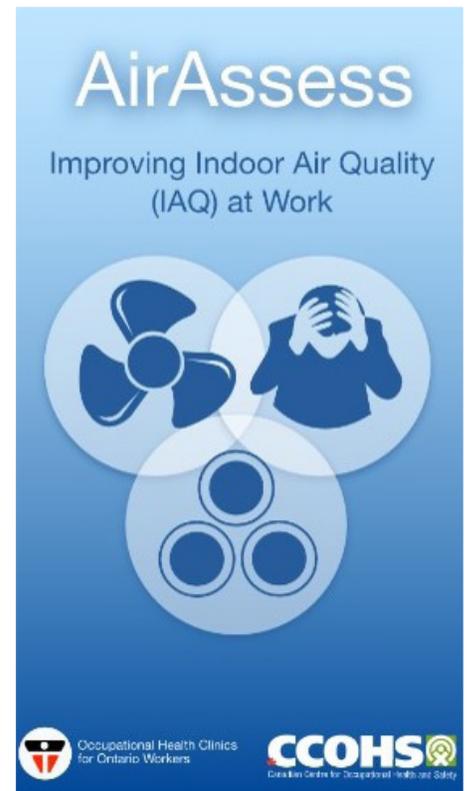
A union representative requested information on how to deal with indoor air quality (IAQ) concerns from occupants (headaches, breathing issues) of a downtown office. The building had been undergoing renovations for a couple of years and most recently odours from roofing tar within the office space were of concern.

Intervention/Approach

OHCOW referred the worker to the AirAssess app and also explained how we could become involved with the air quality assessment, for example, reviewing and providing feedback on any information contained in air quality reports previously completed, as well as helping with the interpretation of AirAssess results, including recommendations and/or actions moving forward.

OHCOW Impact

OHCOW's Air Assess App was introduced at an OHCOW Workshop and subsequently used by a client to investigate and address air quality issues in a large downtown office building. This is a clear example of OHCOW providing a tool, supporting its use, and guiding workplace parties in its effective implementation.



StressAssess: A Success Story

Background

Terry works in a relatively small non-profit workplace (27 surveyed) that provides social, mental, and healthcare supports for people living on the street. It has a downtown storefront in a large city.

Terry is an engaged Worker JHSC Representative and one day a new worker questioned the lack of psychosocial content in health & safety orientation session.

Learn

Terry and his fellow committee members looked for materials online to help assess workplace psychosocial hazards. They found the Copenhagen Psychosocial Questionnaire (COPSOQ) and downloaded a copy. They considered distributing it, but then wondered how they would interpret the results. The COPSOQ website listed contacts for each country that uses the survey, so they contacted the Canadian name on the list.

Apps in Action

Organize

OHCOW explained how they had made survey administration easy by using an online questionnaire, and having an outside organization handle data and produce the report provided confidential, independent support. The JHSC (management and worker reps) agreed to use OHCOW's services to administer the survey.

Assess

The May/June survey had 74% response in 3 weeks (80% goal, but still a very respectable level of engagement)

Strengths = Commitment to the workplace, Meaning of work, Quality of leadership and Possibilities for development.

Challenges = Emotional demands; Offensive behaviours and Vertical trust between management and workers.

Some of these results were to be expected given the type of work, however others highlighted strained internal relationships.

Change

Management and workers committed to addressing the top three issues: vicarious offensive behaviours (particularly bullying); lack of trust of management, and emotional demands).

The existing harassment & discrimination policy was revised (and reviewed in a workshop) due to concerns about vicarious offensive behaviours.

The Vertical trust concerns seemed daunting, but a facilitator consulted individually and collectively, then made specific recommendations. An internal committee drafted "Working Together Differently" which broke down barriers between staff, leadership, and their Board.

Evaluate

Communication pathways were opened and staff input was sought in policy and decision-making. Terry could feel a "culture shift" to a much more collaborative, less hierarchical climate. The time seemed ripe to see if the shift could actually be measured.

Good news -- the repeat survey showed improvements in vertical trust, a decrease in offensive behaviour reports and a decrease in emotional demands!

However, a new issue arose: inadequate staffing and resources to do the work as it should be done.

And so the next cycle of reflection, dialogue, design, implementation, and evaluation begins. The survey can help organizations at all stages of stress prevention!



Apps in Action

Office Ergonomics Calculator: Increasing Reach

OHCOW has begun an office ergonomics pilot project with the goal of improving the reach and effectiveness of our services while empowering workplace parties to take a more active role in health and safety.

To achieve this, we are educating workplace parties (via webinar or in person) on office ergonomics and the methods for an office self-assessment. As an additional resource, a video was developed for future review.

In the process the workplace parties:

- Complete a checklist to aid in identifying any issues of concern beyond equipment being too high/low
- Measure both the physical dimensions of the worker being assessed, and the heights of their equipment.
- Record results on the checklist or submit on the web based [Office Ergonomics Calculator](#), generating a unique ID code for the Ergonomist to pull up and review.
- Submit photographs of the worker sitting, the work area, and the worker performing typical tasks. The OHCOW Ergonomist then reviews the information and generates a report of recommendations to reduce the risk of injury. During the review, the ergonomist double checks measurements against anthropometric norms and provides specific feedback on any anomalies.

While it may seem a little overwhelming to the workplace at first, we have received positive feedback from the companies partaking in the process. Comments included things like:

“I have a much better understanding of the process.”

“I have an increased understanding of the results and recommendations.”

“I enjoy being an active participant in the process and have learned so much.”

Moving forward:

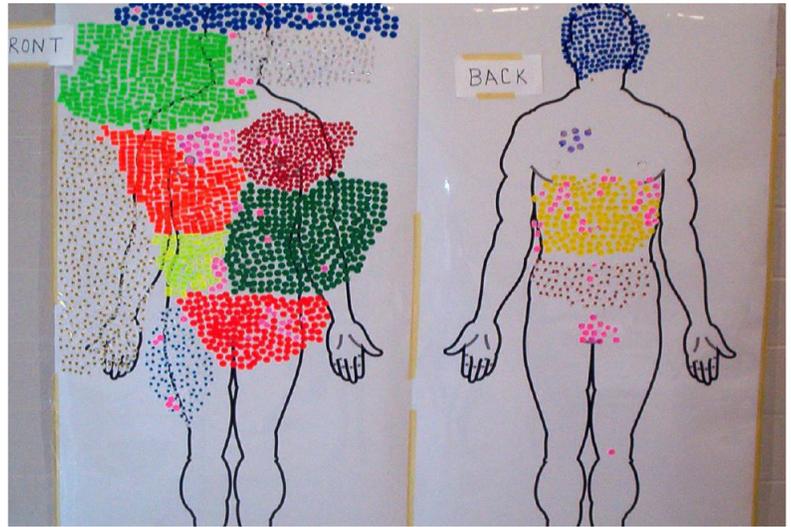
Plans are underway to streamline the process further so that the checklist, measurement submission, and uploading of photographs can be sent through a single web based program from a computer, tablet, or phone.

The screenshot displays the 'About your workstation' section of the Office Ergonomics Calculator. It features a red header with the title 'About your workstation'. Below the header, there are two links: 'Click here for a how-to video on the office ergo calculator' and 'Click HERE to retrieve a previous assessment'. The main content area is divided into eight measurement input fields, each with a diagram and a text box labeled 'Enter in CM':

- Seat Pan Height (from floor)**: Diagram shows a chair with a red arrow indicating the height from the floor to the seat pan.
- Arm Rest Height (from floor)**: Diagram shows a chair with a red arrow indicating the height from the floor to the arm rest.
- Seat Pan Depth (from back rest)**: Diagram shows a chair with a red arrow indicating the depth from the back rest to the front edge of the seat pan.
- Workstation Height (from floor)**: Diagram shows a person sitting at a desk with a red arrow indicating the height from the floor to the desk surface.
- Screen Height (from floor)**: Diagram shows a person sitting at a desk with a red arrow indicating the height from the floor to the top of the monitor.
- Keyboard Height (from floor)**: Diagram shows a person sitting at a desk with a red arrow indicating the height from the floor to the keyboard.
- Mouse Height (from floor)**: Diagram shows a person sitting at a desk with a red arrow indicating the height from the floor to the mouse.

Occupational Disease: Investigation

Occupational Disease investigations are conducted for a number of reasons: to identify if there is a common exposure of concern which should be evaluated and possibly reduced or eliminated (primary prevention); to screen individuals to detect early signs of disease so treatment can mitigate the harm, and potentially compounding exposures avoided (secondary prevention); to review individual circumstances and determine whether the link between workplace factors and disease incidence is strong enough to warrant compensation (tertiary prevention); and also serves to raise awareness about health and safety in general, promoting prevention throughout the workplace or industry, as appropriate.



Body Map indicating worker symptoms

General Electric (GE) Peterborough

OHCOW has been involved in a disease cluster investigation involving the General Electric (GE) plant in Peterborough since hosting an intake clinic there in 2004. The size and complexity of the workplace and the level of detail required in putting together individual exposure profiles has made report generation slow and laborious and many claims have been denied or relinquished over time. In response to continuing community concerns, the Ministry of Labour hosted a successful information event in Peterborough at the end of March, 2017 for the workers of GE and their families which OHCOW attended, along with local partners and other stakeholders.

In May 2017, The Report of the Advisory Committee on Retrospective Exposure Profiling of the Production Processes at the General Electric Production Facility in Peterborough, Ontario 1945-2000 was created by a group of dedicated GE retirees, spearheaded by Robert and Dale DeMatteo, with technical assistance and publication provided by Unifor. The study found that “GE Peterborough employees were exposed to a multiplicity of carcinogens and other toxic chemicals. The chemicals used at the plant have well-known adverse health effects and are associated with occupational illnesses.”

The findings of the report are now being used as a resource by OHCOW, worker advocates and the WSIB in order to improve estimation of individual exposures based on work history.

Four months later, WSIB announced that it would re-examine ~250 previously denied claims from GE workers and their families, indicating the time was right given the evolving scientific evidence with respect to links between chemicals and certain cancers. By the end of 2017, the WSIB had approved 30 of the first 47 files reviewed.

During this time, OHCOW worked closely with the MOL to propose a funding model to accelerate our work on the Peterborough Project. Funds would be used to generate individual patient case reports which would include a summary of the worker’s exposures as experienced in the various GE departments.

OHCOW was awarded project funding for the GE Peterborough Project in mid-March, 2018 and immediately began to gear up to increase capacity and provide a local presence in the community.

Occupational Disease: Investigation

Unfortunately, in late 2017, GE announced the shutdown of the Peterborough plant as of September 2018. OHCOW continues to work closely with workers, retirees, advocates, health care providers and community members in providing information, evidence-based scientific medical reports and support.

McIntyre Powder Project

Between 1940 - 1980, over 27,000 gold and uranium miners were forced to inhale aluminum (Al) dust in a misguided attempt to prevent the development of silicosis. Starting in 2016 with intake clinics in Timmins and Sudbury, OHCOW has been working with the McIntyre Powder Project, a voluntary registry that collects information on miners who may have suffered health effects as a result of exposure to this highly toxic substance.

The founder of the project, Janice Martell, was particularly motivated by the possibility that powder exposure had contributed to neurodegenerative diseases, such as the Parkinson's disease that led to the death of her father, Jim Hobbs in May 2017. Initial reporting to OHCOW also revealed an unexpected increased prevalence of the motor neuron disease Amyotrophic Lateral Sclerosis (ALS, or "Lou Gehrig's" disease). This issue was highlighted in April 2017 media reports by the CBC & others.

In August 2017, the WSIB rescinded its longstanding policy to deny any connection between occupational aluminum exposure and neurological effects and commissioned a two year study by the Occupational Cancer Research Centre (OCRC) matching McIntyre powder exposure records with health records for neurodegenerative diseases.

Upon receiving special Project funding from the MOL in October 2017, OHCOW set out to complete initial exposure and medical assessments on the 325 miners (living and deceased) registered during the intake clinics by increasing our administrative, occupational hygiene and occupational medicine capacity, completing initial exposure and medical assessments on 400+ (including approximately 100 new registrants) exposed miners by the end of March. The resulting information, including 2,000 exposure records for individual mining assignments, has been entered into a database for further study, while more in-depth hygiene and medical reports to determine which health effects are associated with mining exposures, including McIntyre powder, are underway.

Engagement with research partners around the world to further investigate the nature of McIntyre powder and its health effects continues and now includes Health Canada, Laurentian University, McMaster University, The University of British Columbia, and University of Montreal), Keele University in the U.K., and Flinders in Australia, as well as ongoing consultation with the OCRC and its health records matching study.



Key Priority: Occupational Disease

Occupational Disease Action Plan

The Occupational Disease Action Plan (ODAP) is an initiative of the Ontario Ministry of Labour, led jointly by OHCOW and the Prevention Office. It aims to reduce illnesses and fatalities associated with occupational diseases in Ontario workplaces by building upon previous and ongoing work and, particularly, looking for opportunities to address gaps in prevention. In order to focus effort, priorities were chosen based on the best available evidence, the current environment, and the best opportunity for impact. The Plan was finalized in December 2016, and began in January 2017 with a broad Implementation Team as well as 5 working groups aligned with the key priorities:

- General Occupational Disease Awareness
- Noise
- Allergens & Irritants (A&I) (both skin & lung)
- Diesel Exhaust Emissions (DEE)
- Emerging Issues

“Occ-omplishments” of the first full year of action include:

Intelligence

Develop a strategy to embed “Occupation” into EMR

Ontario MD discussions; Patient-entered data pilot; Completing the Picture Community Health Centre (CHC) study

Develop a plan for obtaining baseline exposure data to focus and support action for prevention

Diesel Exhaust in Construction & Radon in Workplaces MOL grants

“Mine” existing exposure and disease surveillance data to set priorities and better target prevention effort

Sources identified; Occupational Cancer Research Centre (OCRC) Mining Master File Project; Large WSIB Occupation Disease (OD) Data Report

Awareness

Develop and implement a communications and marketing plan focusing on raising awareness of the priority exposures in the workplace, with an underlying theme of general OD prevention (17/18 System priority)

International Noise Awareness Day (INAD) 2017 plus 2018 **Noise and Diesel (planned) webinar series**

Target specific sectors to raise awareness of priority allergens and irritants

Fact sheets developed and reviewed for sector specificity

Central Repository website development

OHCOW funded to develop preventoccdisease.ca

Research

Conduct a scan to review OD legislation & prevention strategies in other jurisdictions

Ongoing & per Working Group request

Conduct a scan to Identify priority irritants and allergens for skin & lung disease to focus activities

Narrowed to Cleaning agents; Wet work, Isocyanates and Preservatives

Identify emerging issues from current research & develop research questions

OD subjects for ROP; **Nano group created; Developing healthcare links re: Lead**

Explore & evaluate workplace exposure assessment tools

International Noise Awareness Day OHCOW Noise App and Upload Project

Advisory and Support Services

Deliver education & resources to build system knowledge and capacity re: priorities

Occ-tober 2017 + ODAP & Priorities by OHCOW staff at many System + external conferences

Target services to workplaces falling under the expanded noise regulation

Infrastructure Health & Safety Association (IHSA) & Workplace Safety and Prevention Services (WSPS) regional conferences & meetings

Target services on other priorities to specific sectors

All Health and Safety Associations (HSAs) independently

Key Priority: Occupational Disease

Education and Training

Inventory and align system educational resources and training to promote OD prevention

Complete for Noise & DEE, in progress for A&I

Identify gaps and a process to develop new resources or training initiatives to address & support ODAP implementation

5 Things to do about Noise & Diesel Guides under development

Review mandatory training initiatives and standards to identify opportunities to add or strengthen OD content

In progress by MOL Prevention Office (PVO), planned focus on WHMIS

Develop and deliver physician education on priority hazards + general OD (eg. Occupational Asthma)

Occ Med Champions Program, Case development, OHCOW Physician Toolkit Project funded

Provide/recommend tools to JHSC for health hazard identification & management

Workplace Safety North (WSN) Diesel JHSC Certification II Course developed

Enforcement, Legislation, and Programs

Develop enforcement strategies for OD priorities (eg. Noise, WHMIS, Occupational Exposure Limits (OELs))

2017/18 year long MOL Noise Blitz

Review and consider opportunities for regulatory change

OEL update including DEE consultation launch

Explore integration of OD into WSIB premium or prevention programs

Noise in Small Business Program; Many OD elements in Workwell

Explore opportunities to incorporate OD elements into accreditation

Recent consultation; Will include OD if/when developed



We Need to Keep Occ-omplishing Together

- ODAP has created energy and momentum to address large, complex, and poorly understood issues
- Efforts & success are affected by many external and competing internal factors
- Challenge to achieve functional reach amidst “noise” – sector specificity proven to have an impact – how to capitalize?
- Think of it as Orchestra, Working Groups as Ensembles, but what we need is a Choir.
- Partnerships are Key
- Priorities and Activities reviewed annually but input & ideas always welcome
- Thanks for the interest, add a voice to the choir!

Occupational Disease: Knowledge Translation

Occ-tober:

Now in its third year, OHCOW's annual Symposium on Occupational Health and Disease Prevention was a stimulating and energizing event. It brought Prevention System partners, researchers, policy-makers, and worker advocates together; in order to learn, reflect and generate ideas on new avenues to explore, and products or initiatives to plan to further our shared goal.

Minister of Labour, Kevin Flynn, provided insightful and aspirational opening remarks.

He was followed by Sophie Rosa, from Public Health Ontario's Health Promotion Capacity Building Services, giving a thought-provoking talk on taking a marketing "nudge" approach to our Prevention strategies in her talk: Reach and Impact: Successful Strategies for Social Marketing.

Dr. Paul Demers, the director of the Occupational Cancer Research Centre at Cancer Care Ontario then gave an update on their recently released study on the Burden of Occupational Cancer and its implications for prevention: Beyond the Burden: From Cancer Risk to Reduction.

Co-chair Val Wolfe (OHCOW) and Working Group leads: Mike Russo (IHSA), Linn Holness (CRE-OD), Kevin Hedges (OHCOW), and Victoria Arrandale (OCRC) then outlined the first year of the Occupational Disease Action Plan and its progress on Noise; Allergens and Irritants; Diesel Exhaust; and Intelligence and Data, exhorting everyone to "join the choir", raise awareness and contribute to exposure prevention as they are able.

In the afternoon we welcomed Dr. Pat Rasmussen from the Exposure and Bio-Monitoring unit of the Healthy Environments and Consumer Safety Branch at Health Canada speaking on the new and emerging hazard of nano-particles, particularly how to measure them to quantify risk: Nano Assessment and Exposure Prevention: National and International Perspectives.

OHCOW Hygienist, Dr. Kevin Hedges then delivered a presentation developed with Occupational Health Nurse, Michelle Tew, on past, present and future issues related to lead exposure and monitoring: Getting the Lead Out: Problem and Challenges Continue.

And a series of expert talks highlighted jurisdictional perspectives on approaching apparent disease clusters: Cluster Challenges, Approaches & Prevention Opportunities:

- Biostatistics and Public Health Process
- MOL Roles and Response
- WSIB Approach
- Short-term influence eg. GE Hazard Mapping
- Long-term benefits eg. McIntyre links to International Aluminum Research

The day's schedule was also enlivened by intermittent "Occ-omplishments" highlighting partner initiatives:

- Occupational Health and Workplace Mental Health: StressAssess Workplace Survey Launch, OHCOW and CCOHS
- New System Noise Resources, IHSA and OHCOW
- OEL and Blitz Updates, MOL

Factoring in Vulnerability, Institute for Work & Health (IWH)

All sessions available to view on the [OHCOW website](#).

Key Priority: Workplace Mental Health

Workplace Mental Health (WMH) continues to grow in importance as an occupational health and safety issue, reflecting a greater understanding of the contributory causes and an appreciation of the significant harm that can result. After several years of being one of the few organizations offering support on this issue (through the Mental Injury Toolkit (MIT) and its associated resources) OHCOW is proud to continue to play a leadership role in the Ontario Prevention System with respect to Workplace Mental Health. In 2017/2018 we were very busy and accomplished a lot:

- Engaged and supported the Prevention System WMH Working Group (started by OHCOW in 2016) to develop a WMH Strategy for the Province
- Organized, hosted and live-streamed the first WMH Symposium, appropriately named Mayday, Mayday to build understanding and capacity across the Prevention System and beyond to workers, advocates and workplaces – videos still available!
- Invested in technology and updated our Mental Injury Toolkit in the development of a self-serve version of its survey tool, now called StressAssess, with the help of our partners at the Canadian Centre for Occupational Health and Safety (CCOHS) in order to extend our reach and impact in workplaces large and small
- Presented on the importance of Workplace Mental Health and the opportunity for primary (at source) prevention at numerous conferences & meetings, including Partners in Prevention Regional Conferences, Global Ergonomics Month, RSI Day 2018 plus a peer reviewed talk accepted at the Safe, Healthy & Productive Workplaces Conference in Vancouver
- Actively participated in the Copenhagen Psychosocial Questionnaire (COPSOQ) International Network to share our Canadian data and experience which validates its use in an English-speaking population for the first time
- Co-developed and co-delivered educational webinars to WSIB and Health and Safety Association front line staff on Workplace Mental Health Awareness and Harm Prevention, recognizing the issue and impact, that prevention is possible and providing strategies for supporting workplaces
- Supported more than a dozen workplaces and organizations in customizing, delivering, interpreting, learning from and responding to MIT or StressAssess surveys
- Took the time to focus internally, reflecting on OHCOW's own generally positive survey results, and working through the International Labour Organization Stress Prevention Checkpoints with our Provincial Health and Safety Committee followed by all staff review and discussion. Dialogue and work towards identified opportunities for improvement continue.



Workplace Mental Health: Tools

Taking Action on Workplace Stress

Just in time for the fifth anniversary of the National Standard of Canada for Psychological Health and Safety in the Workplace and recognition of Chronic Mental Stress by WSIB (in January of 2018), the Occupational Health Clinics for Ontario Workers (OHCOW) and the Canadian Centre for Occupational Health and Safety (CCOHS) launched StressAssess, a free online survey tool to assist workplaces in identifying and addressing psychosocial hazards that can lead to stress and mental injury.

- StressAssess is designed to provide insight, perspective and a basic understanding of the causes of workplace stress.
- Workplaces can use it to gather the information they need to take action to improve the work environment and protect both the physical and mental health of their workers
- StressAssess was developed by OHCOW with website and technical expertise from the Canadian Centre for Occupational Health and Safety (CCOHS). It is based on the MIT-COPSOQ Survey, a combination of the internationally recognized Copenhagen Psychosocial Questionnaire (COPSOQ) and OHCOW's multi-stakeholder Mental Injury Toolkit.
- In 2016, OHCOW surveyed more than 4,000 Canadians in order to establish a representative baseline to which Canadian workplaces can now be compared.
- StressAssess is an optimal way to anonymously, collectively, and confidentially gather information about working conditions, safety concerns and psychosocial hazards, including prevalence of offensive behaviours like harassment and bullying.
- Administrators deploying the survey in their workplace are guided through a five step process supported by instructions, templates, and reminders.
- A summary report is provided immediately upon closure. Along with comparisons against national averages, it includes correlations of stressors with symptoms and practical ideas for action to help workplaces address identified concerns.
- While the survey tool is meant to diagnose the workplace (not the worker), the website also includes a personal edition for individuals interested in measuring their own personal level and sources of stress.
- In its first months of operation, 298 accounts were created, and 56 surveys launched (*See page 31-32 for a true story of the difference the survey made in a small workplace in 2017/2018*)
- StressAssess is available at www.stressassess.ca and a mobile app version is in development.



Workplace Mental Health: Knowledge Translation

Mayday, Mayday: A Symposium on Workplace Mental Health and Injury Prevention

On Wednesday, May 3, 2017, OHCOW hosted an important inaugural symposium focussing on the latest information on Workplace Mental Health (WMH) in general and, more specifically, mental injury prevention. The title was chosen deliberately to reflect not only the timing, but also the urgency of the issue (an internationally recognized emergency call) and its critical importance to workers around the world (May 1st is Labour Day in many countries). Sixty enthusiastic attendees from the Prevention System (including WSIB, MOL, and most HSAs) plus OHCOW stakeholders from across the province were present, and dozens more joined from their desks and meeting rooms by livestream. The full event was captured as video, and is available for viewing on the [OHCOW website](#).

An annotated version of the event's program is listed below. In addition, there were several short "May Minutes" interspersed to stimulate discussion:

Welcome: Minister of Labour, the Honourable Mr. Kevin Flynn

A passionate and informed call to action on a broad and complex issue.

Mayday, Mayday – A Call to Action against Stress & Mental Injury: Dr. Fergal O'Hagan, Trent University

A look at impact and opportunity to make a difference

Preventing Mental Injury using a Survey tool: Mr. John Oudyk, OHCOW

Sharing OHCOW's extensive experience using surveys to build understanding and focus

Challenges & Solutions Workshop: John Oudyk, Terri Aversa, and all

A review of resources & approaches to find solutions that fit.

Building an Understanding Nomenclature Workshop: Ms. Kim Slade, PSHSA, and all

An interactive session to define: Mental Health, WMH & Stigma

Successful Strategies for Preventing PTSD: Dr. Carol Parrott, PhD, C.Psych

An interesting current research synopsis by a PTSD practitioner.

Achieving Psychological Safety at Work: Dr. Martin Shain, Principal, Neighbour at Work Centre

A call and strategy to meet the National Standard by noted expert & key contributor

Closing and Next Steps Challenge: Chief Prevention Officer, Mr. George Gritziotis

An aspirational and realistic reminder to go beyond talking and find a way to take measurable action together.

May Minutes

- StressAssess "Sneak Peek", CCOHS and OHCOW
- WSPS WMH Experience, Resources & Services, Ms. Danielle Stewart
- Mental Injury Toolkit Guide & Implementation, Ms. Terri Aversa, OPSEU
- PSHSA WMH Experience, Resources & Services, Ms. Kim Slade
- CCOHS WMH Experience, Resources & Services, Mr. Gareth Jones

Championing Vulnerability

OHCOW has long recognized that factors which undermine the effectiveness of Internal Responsibility System rights (to know, to participate, and to refuse) make workers particularly vulnerable to injury and illness. Positioned as we are, learning from injured workers, hearing from worker representatives and being questioned by worker advocates, gives us a unique understanding of these, often structural, challenges, which we then voice at every table that we are able - in order to raise awareness, and particularly, motivate and mobilize partners to strive to address the complex underlying issues.

Migrant agricultural workers are a classic example of vulnerability, given the inherent communication challenges, pressure, pace and hazards of their work, isolated and dependent living situation and the precarity of their status, hence our continued Migrant Farm Worker program.

However, they are not the only ones who face such marginalization, barriers, and risks. In 2017/2018 OHCOW participated in many initiatives targeted at overcoming vulnerabilities and empowering workers including:

- Developing and delivering Basic Awareness training to refugee groups
- OHS System Young Worker and Small Business Action Planning Team participation
- Reflecting on Vulnerability in the context of Occupational Disease at Occ-tober
- Continued engagement in, and support of, the Healthy Nail Salon Network

In addition, we provided leadership and significant resource investment on three major files during the winter of 2018:

- Planning and organizing a uniquely integrated academic, policy and practitioner conference, the [Work, Migration & Health Forum](#) to be OHCOW's biggest event yet, at University of Toronto in May 2018, with new partners from the Dalla Lana School of Public Health and its Global Migration and Health Initiative
- Planning, developing, and organizing April/May pilot delivery and evaluation of an Occupational Health and Safety Workshop for Settlement Agencies with new partners from the Institute for Work and Health (IWH), the Ministry of Citizenship and Immigration, plus System Partners from the MOL and WSPS.
- Fostering, supporting and coordinating with the planning of two MOL sponsored System Vulnerability Days in April and May with the goal of reviewing research and data to determine the scope, scale and context of the issue and "co-create a path forward" in order to drive prevention as far as we can.



Championing Vulnerability

Migrant Farm Worker Program

The aim of OHCOW's Migrant Farm Worker (MFW) program is to support the occupational health and safety (OHS) of men and women arriving from various countries to work temporarily in Ontario's agricultural and horticultural industries. The demanding and highly hazardous nature of the work, coupled with barriers in accessing language and literacy-appropriate OHS information, as well as health care itself, makes outreach and support to this worker community important. Each year our program activities include working directly with workers to help build their awareness, knowledge and confidence around OHS issues to be safe and healthy at work, while also working with their employers to ensure workplace OHS programs are effective and address their unique needs.

In 2017, as part of our frontline work with MFW communities, we continued running "popup" occupational health clinics across Ontario in key locations including: Kingsville, Simcoe, Niagara, Beaverton and Bowmanville. At the clinics, 76 different migrant farm workers consulted with our occupational health physicians and nurses to review concerns they believe are work-related.

Collaboration with local health care services in each region is part of our clinical strategy, to facilitate and support their provision of primary healthcare to MFW communities and ideally add an occupational health perspective to their ongoing provision of care. This is particularly the case in Simcoe, ON where we continue to collaborate with Grand River Community Health Centre, staffing their weekly MFW clinic monthly with OHCOW medical staff. We also share OHS prevention and education materials with primary healthcare clinics, particularly resources developed specifically for MFWs.

Clinics also allow us to identify the key occupational health issues affecting workers, which inform our prevention and education interventions and activities. In 2017, we continued providing OHS workshops in both community settings (6) and at workplaces (12). Topics included eye health and safety, heat stress and sun safety, pesticide safety and muscle strain prevention. The latter was reviewed, redesigned and piloted as an ergonomics intern project (with supervision). Musculoskeletal injuries, including strains and pulls, are among the top issues identified at our clinics. The redesign is important to ensure we are presenting the most up-to-date information in an effective and engaging manner.

The Ministry of Labour (MOL) grant-funded Pesticide Safety for Farm Workers workshop was also piloted through the summer. It was developed in 2016 to address a gap in Ontario's pesticide safety education programming (which only focuses on pesticide sprayers and assistants, leaving out workers exposed via crops, drift, or direct contact). The workshop was presented seven times and we are continuing to improve it, adding educational materials to supplement the initiative.

In tandem with the Pesticide project, we also piloted a Community Outreach Worker trial in 2017, hiring (and supporting) representatives in 5 key farming regions. They disseminated OHCOW OHS resources and helped present workshops, which broadened our reach and expanded local engagement. The impact of this pilot, and its sustainability as part of the MFW program is under review.

The MFW program also strives to inform, educate, and support employers in ensuring their OHS programs are effective and reflect the needs of MFW workers. Our booth at the annual Ontario Fruit and Vegetable Convention offers OHS materials and resources developed for migrant farm workers, as well as information on workshops and other program services. We also work closely with Workplace Safety and Prevention Services, the Ontario Ministry of Labour (MOL) and other Prevention System partners to share program insights and findings, to encourage and inform services, programs, and policy responses.

Vulnerability: Knowledge Translation

Migrant Farm Worker Health Forum

The 2nd annual [Migrant Farm Worker Health Forum](#) was held April 21 & 22, 2017 in partnership with Brock University (in the midst of the Niagara fruit belt), bringing together 120 diverse stakeholders working with MFW communities in the areas of OHS, healthcare provision, social and support services, research, and policy implementation. It was our biggest forum ever: 1.75 days, 37 concurrent sessions, and 6 plenary talks, wrapping up with an energetic and colourful performance by Ballet Folklorico Puro Mexico.

The event opened with an informative and moving talk by Dr. Janet McLaughlin from Wilfrid Laurier University giving the historical picture: [The Backbone of Niagara Agriculture for over 50 Years: Celebrating the Contribution of Migrant Farm Workers](#); and a local snapshot of current activities by Niagara Migrant Workers Interest Group chair Jackie Barrett Green: [Community Collaboration and Worker Engagement in Niagara](#).

Eduardo Huesca from OHCOW offered the Day 1 closing plenary on our [2017 MFW Program](#), including expanded outreach, followed by colleague Michelle Tew summarizing the day and gearing everyone up for more.

The truly committed returned on Saturday for a morning of sessions, culminating in a stimulating closing on [Expanding Rights: Possibilities for Improving Provincial and Federal Laws that Apply to Migrant Workers](#) by the Migrant Workers Alliance for Change, and a particularly courageous (and disturbing) talk by three Central Americans about their [current living and working conditions](#). Everyone certainly left with a strong drive to work together to make a difference.

Broad session topics, delivered by researchers, community representatives, and service providers across the province included:

- Health care & WSIB Issues
- Mental Health in the Agricultural Industry
- Migrant Worker Housing
- Sexual Health & Women's Issues
- Prevention of Musculoskeletal Injuries
- Pesticide exposure & other Specific health challenges
- Innovation in Translation & Outreach
- Program Innovation & Clinical Engagement
- Communication in Agricultural Health & Safety



The final meal was alive with ideas and strategies, which really gave a boost to collaborative initiatives and partnerships that carried through the whole 2017 season, plus sparked planning for a bigger and broader Forum in 2018. OHCOW is proud of its efforts to assist one of the most vulnerable worker populations in the province, and particularly of the synergy and resulting service expansion that these educational networking events promote.

Livestreaming: Knowledge Translation

RSI^{PLUS} Day 2018

The year of 2018 marked the 19th 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 program highlighted work by several OHCOW staff to raise awareness of these issues and a call to action for participants to implement something learned from the day in their respective workplaces.

Program Highlights:

- Stress Assess -Workplace Stress and it's Prevention
- Shiftwork – Health Effects and Solutions
- Psychosocial Ergonomics
- Economics of Ergonomics: How to Avoid Costly Mistakes

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



This annual event continues to grow with over 655 attendees from all over Canada and Internationally, either in person or virtually via Livestream. In the map below, the areas in red indicate where attendees were tuning in from.



Testimonials:

“Content was fabulous - very informative. I wish we had more time for each of the topics though “

“The information is extremely relevant and all the speakers are extremely knowledgeable

“All speakers have a level of professionalism that is very impressive to see [...] I am always very impressed.”

“Topics are very relevant for new concerns in health and safety today. Provided up-to-date info and advised us of excellent resources available”.

“Well organized and good examples of tools to use in the real world. Topics continue to grow and develop”.

Community Engagement

OHCOW is a provincial organization but also has regional roots, each clinic having been fought for (and won by) local labour advocates and organizations, and each too, striving to play a leadership role in the catchment area and communities that they serve. Local roles include support and participation in events plus seeking and delivering knowledge translation opportunities large and small.

Day of Mourning

OHCOW's regional engagement is no more evident than in the support and recognition of the National Day of Mourning for persons killed or injured in the workplace, held each April 28th in communities across the province. Staff spread out across each catchment area to plan, speak at, and/or support local services at memorials far and wide. In 2017, the Windsor service was particularly poignant, since past Windsor Local Advisory Committee member, Rolly Marentette, wrote a special message after a Stage 4 cancer diagnosis:

“When will the community-at-large finally understand that this affects every one of us and we as a society must say no more? When will we accept that death by occupation is not part of the job and is unacceptable? One day soon my voice will be silenced. I believe the people in this room can and will continue to be the voice for those of us who can no longer speak.”

- Rolly Marentette -



Rolly Marentette Award created

Sadly, Rolly passed away May 25, 2017. To acknowledge his impact and loss, the OHCOW Windsor Local Advisory Committee created the “Rolly Marentette Award” to recognize an individual or group that has made a significant contribution in efforts to eliminate or prevent occupational disease, and bring awareness to workplace health and safety issues within the greater community. The Award is meant to be a reflection of Rolly's leadership, his deep compassion, and his knowledge and understanding of the complexities involved in promoting healthy working environments.



Community Engagement

Spring into ACTION Health and Safety Conference

Informative, Effective, Applicative:

On May 27, 2017 OHCOW's Eastern Clinic partnered with the Ottawa District Labour Council to offer an important inaugural knowledge translation event. Morning guest speakers: included George Gritzotis - Chief Prevention Officer; Andrew (Andy) King from the Labour OHCOW Academic Research Coalition, Janice Martell from the McIntyre Powder Project, and Christian Bruneau speaking on Criminal Negligence and the Westray Bill.

Afternoon OHCOW workshops included:

- Indoor Air Quality and Noise Tools by Hygienist, Todd Irick
- Online Ergonomic Tools by Ergonomist, Chelsie Baizana
- Mental Injury Toolkit and App by Hygienist, John Oudyk.

It was an informative and enriching day which generated considerable dialogue as well as ideas for future events and collaboration.



Global Ergonomics Month

In October 2017, OHCOW ergonomists Brenda Mallat and Melissa Stratham presented "Psychosocial Ergonomics & Ergonomics - Fact or Fiction" at Lunch & Learn events throughout Southwestern Ontario.

Melissa provided an introduction to psychosocial workplace factors (job demands, time pressures etc.) that can lead to stress and increase a worker's risk of developing musculoskeletal disorders. Strategies to assess, control and eliminate these were also discussed.

Brenda updated participants on several topics related to ergonomics in the workplace (e.g. job rotation, stretching programs, and the use of exercise balls as seating) providing facts versus fiction supported by research evidence.

The events were well-subscribed, so the delivery timing and method will definitely be used for other outreach and education initiatives.

Committed to Research

As an organization that prides itself on relying upon clear and critically assessed evidence, OHCOW also makes every effort to support research, particularly in its key focus areas of occupational disease, workplace mental health and vulnerability.

In 2017/18 we supported a number of ongoing projects, including the validation of the international COPSOQ psychometric tool used in StressAssess, with peer-reviewed presentations of our data in BC and Santiago, Chile

- Oudyk, J., T. Aversa, S. Freeman, P. Smith & the Mental Injury Tool Group (MIT) (2017): A Tool to Allow Workplaces to Perform Psychosocial Risk Assessments – Safe Healthy and Productive Workplaces Conference – Vancouver, BC
- Oudyk, J., P. Smith, T. Aversa, T Haines & the Mental Injury Tool Group (MIT) (2017): Psychometric Properties of the Canadian EN & FR COPSOQ III, 6th COPSOQ International Network Meeting, Santiago, Chile

As well as the drafting of an article on its validation in 6 countries which has been accepted for publication in noted journal Safety and Health at Work (Copenhagen and Berlin).

Links with academics around the world have sparked a number of studies related to the McIntyre Powder Project cohort:

- Health Canada: Analysis of the powder; Dispersal of the powder; Inhalation toxicology
- Laurentian University: Analysis of the powder; Effects on human tissue in vitro; Emotional effects of exposure
- McMaster University: In vivo measurement of bone aluminum in exposed miners
- The University of British Columbia: Post mortem analysis of tissue from exposed miners
- University of Montreal: Establishment of an Individual Expert Assessment Framework using the CANJEM model
- Keele: Toxic and neurotoxic effects of aluminum; Analysis of powder

Plus, an independent medical expert is being retained to conduct a gap analysis on recent literature reviews.

OHCOW is also a partner in an MOL Research Opportunities Project launched in January 2018 entitled Setting priorities: Testing a workplace tool to identify and prioritize current occupational exposures in workplaces which involves creating an exposure survey tool and trialling its use by JHSC reps in small and medium-sized workplaces.

We have also recently joined a consortium along with the Ministry and other HSAs to allow all staff access to key occupational health academic journals that previously required individual article purchase, which will streamline and support our clinical work, and ensure any evidence presented in our reports is robust, and as current as possible.



Collaborative Partnerships

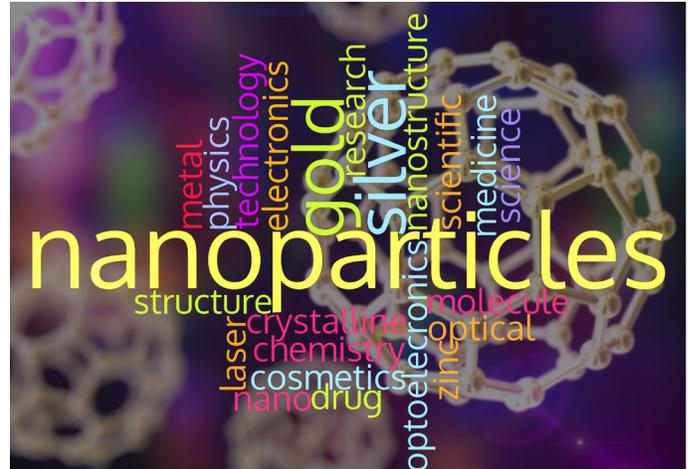
OHCOW is a small organization, which is able to have a big impact by networking extensively with government, professional, academic and community partners, and leveraging their capacity and reach.

A key example in 2017/2018 was the creation of the **Nanotechnology and Health Network**.

The group was established in December 2017 and is a mix of technical experts (e.g. CSA/ISO committee members, researchers & EHS professionals) including Health Canada and the National Research Council, and workplace stakeholders (health and safety representatives, unions, facility management, etc.) looking to collect and disseminate current information on hazards in order to foster the implementation of workplace controls for disease prevention.

Preliminary goals are to:

- Identify industries, organizations and operations who produce, use, or manipulate nanomaterials
- Develop a strategy for prioritizing identified groups (who is most at risk?)
- Initiate communication with prioritized groups to discuss/evaluate current practices and control measures
- Establish a process for evaluation and reporting on findings



The group has already triggered the development of a Nanotechnology and Health e-learning awareness course being coordinated by CCOHS with input from all the Network participants. It will be free, and available to all by the end of 2018.

CCOHS is also a key partner in the development of OHCOW's 3 smartphone apps, and new this year, created the website and self-serve survey StressAssess Other significant partnerships in 2017/2018 include:

- Northern Partners Knowledge Exchange and CROSH creating efficiencies in the North
- Community Health Centres, and specifically the ongoing relationship with the Grand River CHC on Migrant Farm Worker health and clinics,
- the Mental Injury Toolkit committee on StressAssess and other Workplace Mental Health initiatives;
- Local Colleges and Universities, including the Dalla Lana School of Public Health and its Global Migration & Health Initiative on the broadened and deepened Work, Migration and Health Forum;
- the MOL, WSIB and Health and Safety Association colleagues on System working groups who also support OHCOW initiatives and events, especially related to key priorities Occ Disease, WMH, and Vulnerability
- the ODAP Orchestra (Team), Bands (Working groups) & Choir (organizations & individuals who are spreading the word and raising awareness)
- and especially our seven Local Advisory Committees who provide regional insight and act as OHCOW & OHS community boosters throughout the province.

Thanks – we couldn't do it without you!

Prevention Through Intervention

Contact Us

Toll Free: 1.877.817.0336

Provincial Office
606 - 1090 Don Mills Rd.
Toronto, ON M3C 3R6
Telephone 416.510.8713
Email ask@ohcow.on.ca

Ottawa Clinic, Eastern Region
110 - 1545 Carling Ave.
Ottawa ON, K1Z 8P9
Telephone: 613.725.6999
Email: ottawa@ohcow.on.ca

Thunder Bay Clinic, North Western Region
103B - 1151 Barton St.
Thunder Bay, ON P7B 5N3
Telephone: 807.623.3566
Email: thunderbay@ohcow.on.ca

Sudbury Clinic, Northern Region
84 Cedar St. 2nd Floor
Sudbury, ON P3E 1A5
Telephone: 705.523.2330
Email: sudbury@ohcow.on.ca

Peterborough Satellite Office, Central Region
Telephone: 705-749-3444
Fax: 705-745-2463

Toronto Clinic, Central Region
110 - 970 Lawrence Ave. West
Toronto, ON M6A 3B6
Telephone 416.449.0009
Email: toronto@ohcow.on.ca

Hamilton Clinic, South Central Region
848 Main St. East
Hamilton, ON L8M 1L9
Telephone: 905.549.2552
Email: hamilton@ohcow.on.ca

Sarnia Clinic, South Western Region
171 Kendall St.
Point Edward, ON N7V 4G6
Telephone: 519.337.4627
Email: sarnia@ohcow.on.ca

Windsor Clinic, South Western Region
3192 Marentette Ave., Unit #1
Windsor, ON N8X 4G1
Telephone 519.973.4800
Email: windsor@ohcow.on.ca



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