



Occupational
Health Clinics
for Ontario
Workers Inc.

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

ANNUAL REPORT 2015–2016

*Prevention through
Intervention*



- . Worker
- . Joint Health
- . Unions
- . Employers

About Us	4
2015/16 OHCOW by the Numbers	5
Message from the President & Chair of the Board	6
Message from the CEO	7
Focus On: Occupational Disease Prevention	8
Eastern Region Clinic Grand Opening	10
Occ-tober	12
The Inaugural G'Minoomaadozimin	13
Petrochemical Forum and WDLC H&S Conference	14
Toronto LAC Forum: Asbestos & Stress	15
RSI ^{Plus} Day 2016	16
Migrant Farm Worker Health Forum	17
Diagnoses & Exposures at a Glance	18
Patient Cases: Back Injury in a Short-Statured Operator	19
Osteoarthritis in a Brick Mason	20
Scleroderma After Only 20 Months of Solvent Exposure	21
Rubber Factory Worker Cancers	22
Prevention Interventions	23
Group Cases: Beware Standardized Chair Purchasing	24
Reducing MSDs in Crane Operators	25
Patient as a Window Into Workplace	26
Modern Assembly Line Challenge	27
Vulnerable Workers: Youth Engagement	28
Nail Salon Outreach	29
Migrant Farm Worker Program	30
Knowledge Transfers & Exchanges (KTE): Reach & Website	32
Government Submissions	33
Collaborative Partnerships	34
Tool Development: Painpoint App	35
MIT and COPSOQ	36
Research: Completing the Picture	38
Inquiry Services: Nature & Source	39



Occupational Health Clinics for Ontario Workers Inc.

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

INTRODUCTION

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.

OHCOW fulfills its Mission and cultivates its Vision through the evidence-based identification of workplace factors detrimental to health and well-being; the distribution of excellent occupational health, hygiene, and ergonomic information to increase knowledge among workers, employers and the general public; and the provision of services and tools designed to produce changes to improve workplaces and the health of workers.

In its original (1988) mandate letter from Greg Sorbara, Ontario Minister of Labour, he identified the key role that a Clinic system would play in Occupational Disease Prevention in the province. OHCOW has gone on to fulfill that role in many different ways, responding to the needs of workers, the changing economy and the technological revolution.

This Annual Report provides a summary of OHCOW achievements from April 1st 2015 to March 31st 2016. Highlights include patient and workplace success stories, and the opening of a new clinic in Ottawa, an App launch, and progress on key initiatives like Occupational Disease Prevention, the Migrant Farm Worker Program, and the Mental Injury Toolkit.

OUR MISSION

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.

OUR VISION

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

For over 27 years, OHCOW has 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 Ontario Ministry of Labour (MOL), were founded in Hamilton and Toronto in 1989. Expansion to Windsor, Sudbury, Sarnia, Thunder Bay (and more recently Ottawa) occurred over the next 20+ years.

Each clinic is built on a unique service model where teams of doctors, nurses, occupational hygienists, and ergonomists provide comprehensive occupational health services plus information to workplace parties regarding work-related health problems. Our clinics work in partnership with a variety of stakeholders to identify occupational injuries and diseases, plus research and resolve health and safety problems.

HIGHLIGHTS

- **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 **free of charge**
- At the **front-line** in the detection of work-related health conditions
- Provide services to some of the **most vulnerable workers** in Ontario
- A **vital bridge** between the prevention system and the worker community
- Rooted in strong labour values: **prevention interventions are participatory** and include a role for workers and representatives in assessing

and addressing workplace hazards.

- Experience **working effectively with employers** and prevention system partners

SUPPORTING PREVENTION

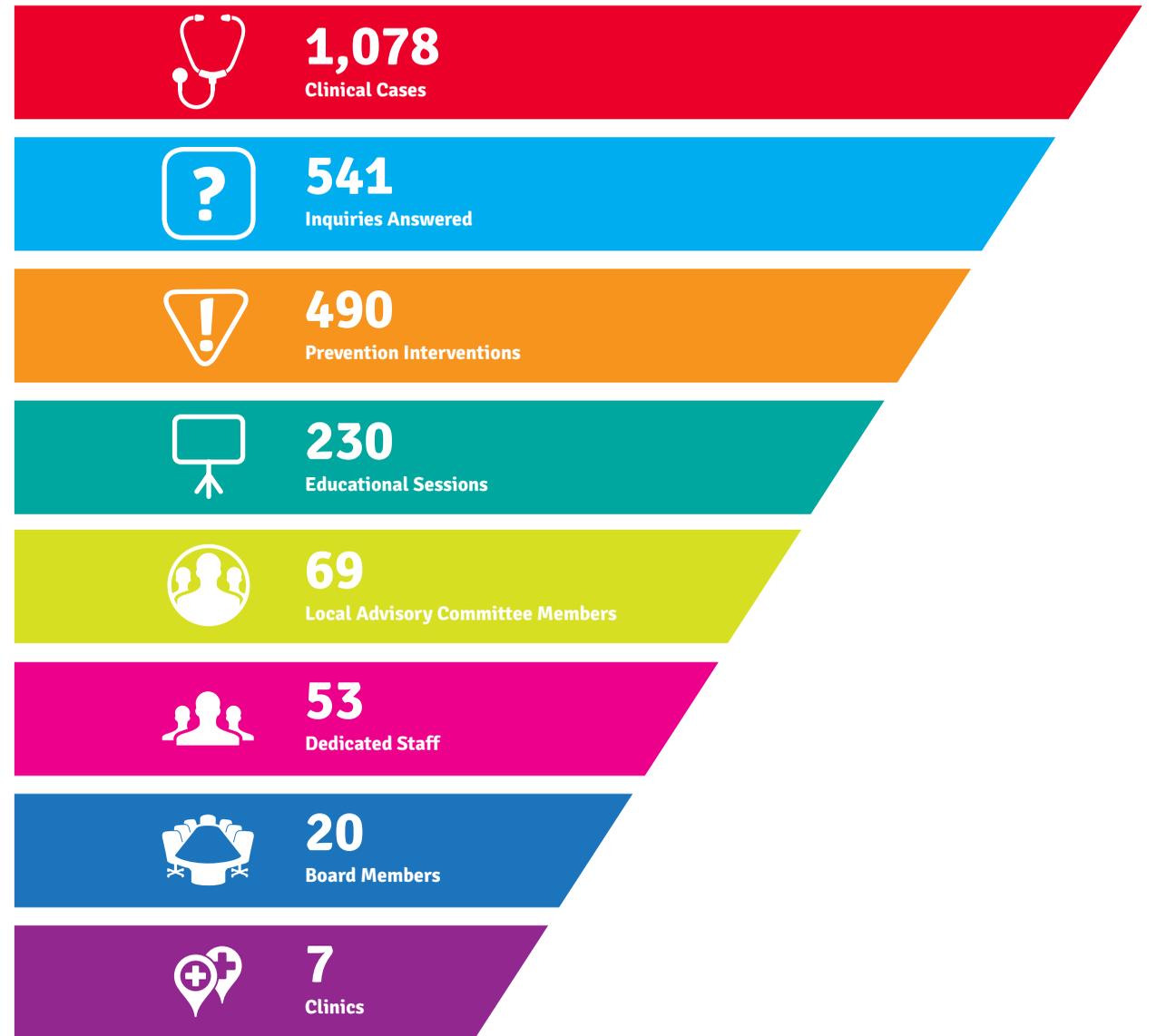
- 1° (Eliminating Exposure): Intervention and Tools
- 2° (Early Detection): Resources & Clinical Services
- 3° (Diagnosis & Work Link): Medical, Hygiene & Ergonomic Reports

PRIMARY SERVICES

- **Medical diagnostic** service for workers who may have work-related health problems.
- **Group** service providing educational and investigative support for joint health and safety committees and workplace parties.
- **Inquiry** service to answer workplace health and safety questions.
- **Outreach and education** service to make people aware of health and safety issues and promote prevention.
- **Research service** to identify, investigate and report on illness, injury & disease trends.

CLIENTELE/STAKEHOLDERS

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





As the Chair of the Board for the past two and a half years, I have seen the Occupational Health Clinics for Ontario Workers Inc. (OHCOW) achieve many successes. One of the most exciting was the recent opening of a new clinic for Eastern Ontario in Ottawa. Ontario Minister of Labour, Kevin Flynn, and Chief Prevention Officer, George Gritziotis, attended and made the official pronouncement with supportive and inspirational words to welcome and mark this historic expansion. It was a proud day for OHCOW, recognizing our contribution to the health and safety system and calling us to continue to lead by assisting the workers of the province, and ultimately, driving injury and illness prevention. I would like to thank all board members and OHCOW staff for their continued efforts to operationalize our Mission and make Ontario a safer working environment.

This report covers year one of the board approved five year strategic plan. Over the past year OHCOW has developed a number of workplace safety and injury prevention resources and tools. One such initiative is the musculoskeletal injury prevention app, PainPoint.

Launched in October 2015 and developed in association with our good friends at the Canadian Centre for Occupational Health and Safety (CCOHS), it is designed to put injury and hazard identification into the hands of individuals, and therefore drive communication, control and prevention.

This year also saw Michael Roche accept the role as Chief Executive Officer. Recognizing Michael's knowledge and contributions over the years as CFO, we are confident that he will lead OHCOW to further success. We subsequently recruited David Wilken to be OHCOW's new Chief Operating Officer. David is a good fit, with significant experience in health, safety and advocacy, having long represented workers as legal counsel.

In 2015/2016 OHCOW's Board of Directors welcomed many new faces: returning member Diane Parker (as the Thunder Bay LAC Chair); Peter Denley representing CUPW; Russ Archibald representing Teamsters Canada Rail Conference (as the new Hamilton LAC Chair); Joel Schwartz from IAVGO (as the community member); Andrew Lee representing OPFFA and Laurie Brown representing ONA. This diverse board enables OHCOW to increase our abilities to meet the needs of more and more of Ontario's workforce.

OHCOW remains a trusted resource for providing expert prevention advice, a reputation that continues to grow. I look forward to being involved and assisting the Board and the staff in translating the important mission and vision into action over the year to come.



Firstly, I would like to thank our Board of Directors with special mention to our Chair, David Chezzi, and the Local Advisory Committee (LAC) members for their support during my first year as CEO of OHCOW. We continue to address the needs of the workers of the province in our unique position as the only occupational health clinics in the Ontario prevention system.

Year 1 of our Strategic Plan began April 2015 and our journey

following the strategic direction set by our Board of Directors has begun. The highlight of our year's activities was achieving success in our Strategic opportunity request for an Eastern Ontario clinic. This goal was realized with significant support from our Board of Directors, the Ottawa Labour Community and with the assistance and partnership of the MOL prevention staff. We were particularly pleased to have Minister Flynn, Chief Prevention Officer George Gritziotis and several long time OHCOW supporters - including John Perquin from USW - in attendance at the launch. We thank everyone involved for their significant contribution in making the Eastern Ontario Clinic a reality and look forward to serving the workers in the Eastern part of the province with additional resources and support.

Our Strategic Plan also has a renewed focus on technology that includes website development, app development and sharing of

tools via electronic channels to reach more workers. Another goal for 2015-2016 has been prioritizing our clinical resources and addressing the issues that the most vulnerable workers in the province face, including occupational disease and psychosocial issues. To meet the needs of these workers we do not charge for services and run administratively as efficiently and effectively as possible.

The annual report reflects highlights from our dedicated staff and contracted physicians and we encourage you to read it to see the important work that is being done by them for the workers of the province.

FOCUS ON: OCCUPATIONAL DISEASE PREVENTION

Occupational Disease Prevention (ODP) is a very complex and challenging issue. Clear evidence of work-relatedness takes many years (and sadly lives) to be recognized; prevention success is difficult to prove; and individual health characteristics further cloud the issues. Government regulation with respect to exposure, control, and compensation often lags by decades.

OHCOW's original mandate challenged the organization to be leaders in ODP. In 2010 OHCOW led Prevention System partners to draft a Strategy for Occupational Disease Prevention. The key recommendations were to: 1. Focus on reducing harmful exposures 2. Establish appropriate reporting and surveillance mechanisms 3. Ensure maximum use of best evidence 4. Improve education and awareness 5. Target high priority diseases, exposures, and industries 6. Promote ongoing engagement and strategic partnerships.

The committee also recognized that the greatest advances in reducing risk can be made by targeting exposures affecting a large number of workers causing common diseases for which effective prevention approaches are available. Initial targets were: Noise-induced hearing loss, Hand-Arm Vibration Syndrome plus occupational skin and respiratory conditions.

Occupational Disease accounts for 2/3s of all fatalities in Ontario. OHCOW will continue to engage Prevention System partners and other stakeholders to reduce this toll going forward.

In an effort to re-energize and build on the Strategy, OHCOW commissioned medical reviews of each of these important subject areas from experts in the Occupational Health field in 2015/16. Full texts of these reviews, plus the 2010 Strategy framework document,

are available on the OHCOW website and summarized below:

Noise-induced Hearing Loss (NIHL) is a widespread preventable condition that is the top occupational disease in terms of both numbers and cost. The majority of prevention effort is directed at hearing protective devices, with limited success. Research indicates that the most effective prevention mechanisms to reduce NIHL are engineered solutions to reduce noise in the workplace.

**“The primary goal of the new occupational health centres will be to contribute to the prevention of occupational disease by improving the accuracy of diagnosis”
-Labour Minister Greg Sorbara (1988)**

An effective hearing conservation strategy should include the following:

- Engineered solutions to reduce workplace noise
- Adequate education, awareness and training programs
- Baseline and scheduled audiogram testing
- Continuous auditing of the effectiveness of hearing conservation programs

Hand-Arm Vibration Syndrome (HAVS) is a well-known condition in occupational medicine, but there is a general lack of awareness by physicians, employers and regulators -- and therefore it is drastically under-reported. HAVS is caused by vibration from the use of hand-held vibrating tools or contact with hand guided or fed vibrating machines. The main industries (tools) that pose a risk for the development of HAVS are construction (jackhammers, hammer drills, concrete breakers, grinders), mining (jackleg drills, stoper drills), forestry (chainsaws), automotive assembly (impact wrenches, riveting guns), foundries (grinders, chipping guns) and the metalworking trades (sanders, buffers).

Symptoms can be musculoskeletal and neurological, are generally irreversible, and have a considerable effect on disability and quality of life. With high exposure, HAVS can develop over a surprisingly short time frame: latencies between the onset of tool use and the development of symptoms range between six weeks and 14 years, depending on the intensity of exposure. Controls include reducing exposure through anti-vibration tool purchase, use of dampening materials and adjusting tool use and duration.

Occupational Asthma: Approximately 10-25% of adult asthma is related to work from exposure to lung sensitizers and irritants. Yet, work-relatedness is significantly under-recognized. Once a worker has developed asthma (particularly sensitizer-induced), their prognosis is quite poor. Medical treatment is often ineffective at managing the disease. Simply, prevention needs to begin by reducing respiratory allergens and irritants so that lung sensitization does not occur. Relevant exposures and possible controls depend greatly on the type of asthma. It is imperative that identification, recognition and control of sensitizing

agents be made.

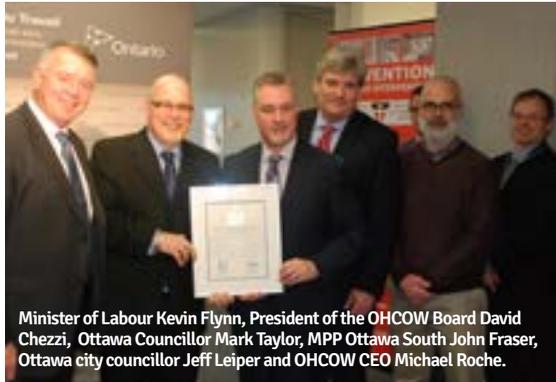
Occupational skin disease is extremely common, primarily as irritant (where substances cause a direct effect on the skin) or allergic (arising from an immune response to sensitizers) contact dermatitis. Risks include: wet work, soaps and detergents, solvents, food ingredients and metalworking fluids, plus common occupational allergens: nickel, chromium, epoxy, acrylates, formaldehyde resins, rubber additives, and preservatives.

Occupational Disease accounts for 2/3s of all fatalities in Ontario

Approaches to reducing exposure include:

- Elimination or substitution of harmful substances (irritants, allergens)
- Technical measures (eg. enclosure of the process, automation)
- Administrative or organizational (eg. distribution of work tasks to decrease duration of exposure)
- Skin protection programs to maintain skin barrier function
- Personal protective equipment
- Education
- Regulatory activity

EASTERN REGION CLINIC GRAND OPENING: JANUARY 21, 2016



Minister of Labour Kevin Flynn, President of the OHCOW Board David Chezzi, Ottawa Councillor Mark Taylor, MPP Ottawa South John Fraser, Ottawa city councillor Jeff Leiper and OHCOW CEO Michael Roche.

2015/16 saw the opening of OHCOW's seventh clinic. Fulfilling our strategic objective for growth, and the realization of a long-standing hope, this expansion recognizes both the value of our services and a local need. It is an immense achievement for all of OHCOW's staff, medical consultants, board members and affiliates. The official opening ceremony was attended by Minister of Labour Kevin Flynn, Chief Prevention Officer George Gritziotis, and Ottawa Councillor Mark Taylor along with other esteemed members of OHCOW's Board, staff, Prevention System partners and the local community.

President of the OHCOW board, David Chezzi, began by reflecting on OHCOW's 27 year journey, from the first clinic in Hamilton in 1989 to celebrating our 25th anniversary in 2014 – particularly commending the multi-disciplinary staff that have made OHCOW what it is today.

“It is a great achievement that OHCOW can now serve the workers of Ottawa and the Eastern Ontario region.”
David Chezzi, President of the OHCOW Board

27 Years of OHCOW Accomplishments:

- More than 31,000 patient cases
- Over 500 occupational health/prevention tools and resources.
- Almost 11,000 education sessions.
- Greater than 100,000 work related inquires

“Ensure Ontario remains one of the most attractive places for people to invest but also to live, to work safely, to raise a family and to come home to that family at the end of the day.”

-Minister of Labour Kevin Flynn



Minister of Labour Kevin Flynn and Chief Prevention Officer George Gritziotis

Staffed by a multi-disciplinary team (Client Service Coordinator, Occupational Health Nurse, Occupational Hygienist, Ergonomist and Executive Director) this full service clinic will make every effort to drive Occupational Health and Disease prevention for:

- Vulnerable and Aboriginal workers,
- Small business,
- Workers in high hazardous regional industries including: Construction, Mining and Agriculture.

Given that ~20% of Ontario's occupational fatalities occur in the Eastern Region, OHCOW's efforts will be critical to the reduction of fatalities, injuries or disease in the work place through the unique knowledge and experience it

provides to workers, workplaces and the community, working with local and provincial partners to save the lives of Ontario's workforce.

Ottawa Clinic Calculated Demand (based on population):

- 125 to 150 cases per year
- 100 enquires
- 40 prevention interventions
- 25 educational sessions



Building on the success of 2014's 25th anniversary conference and leveraging the Occupational Disease Strategy Updates, OHCOW organized a symposium to share the latest information on Occupational Health and Disease Prevention with the MOL and Prevention System partners. Branded "Occ-tober", it was a highly successful event, linking researchers with policy makers and program builders, broadening understanding on the scope, scale and challenges of OD prevention.

In celebration of Global Ergonomics month, it also served as the stage for the launch of OHCOW's newest app, PainPoint: Prevent Musculoskeletal Disorders at Work (see p. 35 for more information).

Several of the presenters graciously allowed public access. Links to video and slides can be found on www.ohcow.on.ca. Five brief OHCOW "Occ-omplishments" (OO) were highlighted throughout the day.

The knowledge, insight and ideas exchanged certainly advanced the conversation about Occupational Health and Disease Prevention. The day was so successful we are hoping to make it an annual event.



"OHCOW is at the Coalface" – Dr. N. Kerin

PROGRAM AND SPEAKERS

Welcome and Introductions, George Gritzotis, CPO

Occupational Disease Incidence + Prevention:

- **OD Strategy Framework + Skin Disease**
Dr. Linn Holness, CRE-OD, St. Michael's Hospital
- **Workplace Asthma**
Dr. Mike Pysklywec, OHCOW, Hamilton
- **Noise-Induced Hearing Loss,**
Dr. Pravesh Jugnundan, OHCOW, Toronto

Occupational Cancer Incidence + Prevention:

- **General Occupational Cancer Review**
Dr. Paul Demers, OCRC & CAREX
- **UV/Solar Radiation & Skin Cancer Prevention**
Dr. Thomas Tenkate, Occupational & Public Health, Ryerson University

Infection Prevention and Control

- **Ignite! Infection Prevention through Complexity Science,**
Ms. L. Gitterman, Infection Prevention & Control, UHN

Mental Injury Incidence and Prevention,

Dr. D. Posen

Discussion/Future Initiatives,

Dr. N. Kerin, OHCOW Toronto

OO: OHCOW Occ-omplishments:

- **Ergonomics – MSD App Launch,**
Curtis VanderGriendt, OHCOW Hamilton
- **Clinical – Teacher Vocal Cord Nodule Case,**
Cheryl Rook, OHCOW, Toronto
- **Outreach – Migrant Farm Worker Program,**
Eduardo Huesca, OHCOW, Hamilton
- **Hygiene – Mining Elevator Ear Drum Case,**
Masood Ahmed, OHCOW Hamilton
- **Health – Mental Injury Toolkit & App Update,**
Terri Aversa, OPSEU

The G'minoomaadozimin ("We Are Living Well") Aboriginal Health and Safety Conference was held on November 24 and 25, 2015. The first of what will hopefully be an annual event, it was designed to provide information to improve and develop a better understanding of the importance of health and safety in the workplace and the home, building on recent economic and community development success. More than 90 delegates were treated to two days of presentations by local and national speakers specializing in Federal and Provincial Jurisdiction, Ergonomics, Due Diligence, Crisis Trauma Response, Outdoor Safety and Mental Wellness. An interactive trade show supplemented learning on day two, including a PPE-equipped health and safety "selfie booth" for all to enjoy.



David Chezzi Acknowledging OHCOW's involvement in the project

This conference is only one component of the G'minoomaadozimin "We are living well," Health and Safety Prevention and Innovation Program, which aims to reach vulnerable workers, students and families living in communities of the Robinson Superior Treaty area and beyond. The initiative is guided by a steering committee striving to link First Nations values with health and safety culture. Key partners include Occupational Health Clinics for Ontario Workers (OHCOW), Nokiiwin Tribal Council, Workplace Safety and Prevention Services (WSPS), and Infrastructure Health and Safety Association (IHSA). The emphasis of this project is on awareness initiatives and the development of systems that will cultivate and nurture health and safety champions in the workplace, at home and in the community.



OHCOW AT THE SELFIE BOOTH

- Audrey Gilbeau- Thunder Bay LAC
- Dwayne Fuchs – Thunder Bay Ergonomist
- Eugene Lefrancois – OHCOW Board member, Thunder Bay LAC
- Denis Boileau – Executive Director of Northern Clinics
- Leslie Piekarz – Executive Director of Toronto Clinic
- David Chezzi – Chair of OHCOW board
- Diane Parker – Chair of Thunder Bay LAC

The two OHCOW Clinics in the South West Region, in Windsor and Sarnia, have long been recognized as a valuable occupational health and safety injury and illness prevention resource in their respective communities. In addition to their extensive individual patient and group work, they are well known for their capacity for knowledge transfer and exchange: through “lunch and learns” hosted at the clinics, speaking at community events, and being involved in the organization and delivery of larger events, working with partners from the Local Advisory Committees, local Labour Councils and the community. Two major events from 2015/16 were the Petrochemical Forum at Lambton College in Sarnia in June and the Windsor and District Labour Council (WDLC) Health and Safety Conference held in October.

Now in its 20th year, the content and audience of the **Petrochemical Forum** has continually expanded. In 2015, OHCOW’s Sarnia Clinic was involved in the organization and delivery of the event. Speakers included a number of Ministry of Labour staff and local health professionals providing a regulatory & prevention update, plus talks on eye hazards and WHMIS/GHS. The Occupational Health Nurse from the South Central Region Clinic in Hamilton presented on outdoor health hazards that are relevant to many workers and workplaces. Entitled Working and Playing in the Great Outdoors, the talk covered the



Brenda Mallat, OHCOW Ergonomist

risks and prevention strategies related to West Nile Virus, Giant Hogweed, and Lyme Disease.

The WDLC Health and Safety Conference was an inaugural event entitled Exploring History to Educate and Motivate for Safer Workplaces. OHCOW’s Executive Director for the South West Region, Mark Parent was heavily involved in the planning and delivery, including providing a plenary talk on OHCOW Resources. Strategy Focus Groups identifying challenges and solutions were held on 8 different topics, including Health & Safety Awareness, Repetitive Strain Injuries and Ergonomics, Prevention Strategies for Young/New Workers and Violence in the Workplace. The event was so successful it is already in the planning stages for 2016, once again with full OHCOW participation.



In partnership with the International Brotherhood of Electrical Workers, Local 353, the Local Advisory Committee of the Toronto OHCOW Clinic held an Information Forum on May 2, 2015. The goal of the forum was to educate the more than 50 workers and worker representatives in the audience about current issues.

Asbestos continues to be the leading cause of work-related death in Canada and worldwide. The

Asbestos presentation answered fundamental questions: What is it? Where is it? What can we do about it? It empowered workers to pay attention, be careful and ask questions when actively disturbing (or nearby) any substance that could be suspected as asbestos-containing material based on its age and make-up.

Taking Action against Workplace Stress described the costs and toll of stress in the workplace, how it affects individuals and organizations and how one can take action to prevent it--including an introduction to the Mental Injury Toolkit (MIT), the Copenhagen Psychosocial Questionnaire (COPSOQ) and a 5 step action plan for dealing with workplace stress.

More than 82% of participants indicated that the information presented in the forum would be helpful in making changes in their workplace.



“This session is a reminder of asbestos and the dangers it poses to Ontario’s workforce. It is great to know workers are being reminded and educated about this substance because there is still lots around.”

-Forum Attendee



Trevor Schell,
OHCOW Ergonomist

This year marked the 17th anniversary of the first International RSI Day event. OHCOW's Sudbury clinic would like to thank the presenters and all of those who attended for continuing to be part of this initiative to demystify Repetitive Strain Injuries (RSIs).

An Added "Plus": RSI is a ubiquitous term used to describe an ache or pain located anywhere in the body. "RSI Day" tends to draw focus towards upper limb disorders, especially those related to computer work. RSIs (also known as Cumulative Trauma or Musculoskeletal Disorders) are but a portion of the occupational health domain. By adding "PLUS" to the name of the event it enables OHCOW to think outside the box and address other issues that can affect the health and safety of workers.

Program Highlights:

- **All Shook Up: Vibration Exposure Characteristics and Health Risk Prevention Strategies**
Dr. Tammy Eger, Mallorie Leduc (Laurentian University)
- **Ergonomic? Yes? No? Maybe?**
Trevor Schell, OHCOW Sudbury
- **Ergonomics and Driving,**
Brenda Mallat, OHCOW Windsor

- **PPE and Potential MSDs,**
Trevor Schell, Chelsie Desrochers, and Alicia Canning, OHCOW Sudbury

Ever popular, the event was available in studio (in Sudbury) and online with hundreds of attendees throughout Ontario as well as Newfoundland, New Brunswick, Nova Scotia, Prince Edward Island, Quebec, Manitoba, Saskatchewan, Alberta, British Columbia, Northwest Territories, Georgia, Indiana, California, Florida, Virginia, Texas, Australia, China, England, and South Korea.

Session videos (and several others) can be found on OHCOW's YouTube Channel.

Participants included professionals, advocates, JHSC members, employers and worker from school boards, the mining sector, union officers, public service organizations, insurance companies, hotels, utilities, public health, hospitals, nursing homes, universities, colleges, forestry, municipal and provincial governments, and transportation.



We would like to thank our sponsors for making this day possible.



Eduardo Huesca, MFW Coordinator

On March 31st, 2016 OHCOW's Migrant Farm Worker Program hosted the first Ontario Migrant Farm Worker Health Forum in partnership with the International Migration Research Centre (IMRC) at Wilfrid Laurier University, the Balsillie School of International Affairs, and the Association of Ontario Health Centres (AOHC).

This forum brought together a wealth of experience from across the province and beyond, showing practical insights in service delivery and work with

migrant farm worker communities. The resulting discussion also identified concerns including service and policy gaps that require increased focus and continued work.

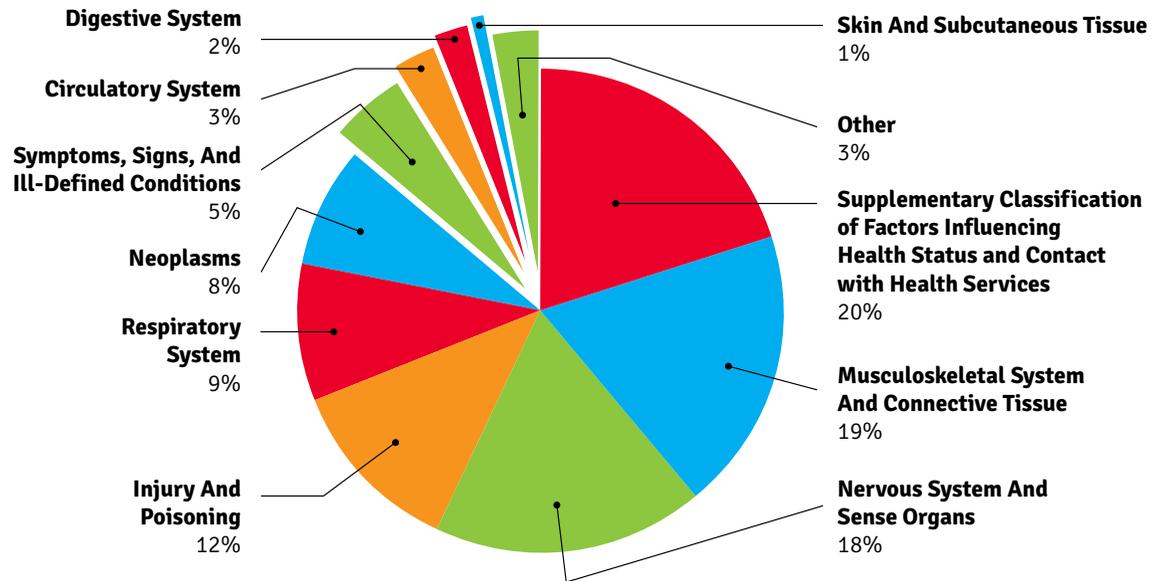
It was a highly successful event. Attendees included representatives of community health centres, health care practitioners, program directors and coordinators, service providers, community development and support organizations, public health professionals, researchers, outreach workers, and students.

OHCOW staff showcased our experience and work with migrant farm worker communities through opening the event, speaking as part of the midday plenary, as well as contributing three sessions to the forum: **Approaching the Challenge of Worker Feedback Data Collection** and **Pesticides & MFWs** by Eduardo Huesca, plus **Occupational Health Issues in Agriculture** by Dr. Mike Pysklywec.

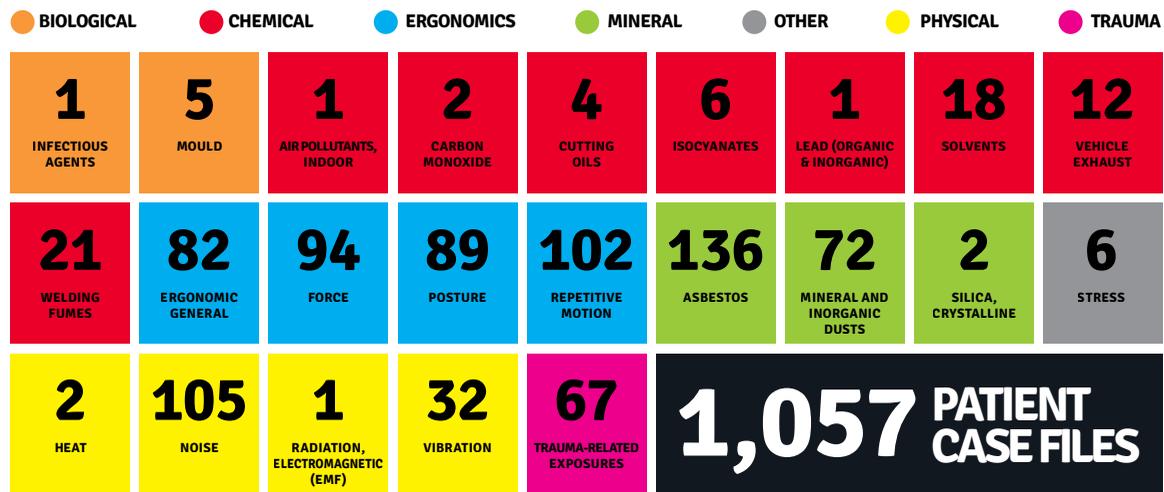
Other topics included Safety Hazards, Advocacy and Collaboration, Population Health issues, Communication and Education, the Regulatory Environment and Housing. For more information visit www.ohcow.on.ca/mfw.



DIAGNOSES AT A GLANCE: A WIDE RANGE



EXPOSURES AT A GLANCE: A DIVERSE STORY



PATIENT CASE: BACK INJURY IN A SHORT-STATURED OPERATOR

HISTORY:

- Female haulage truck operator of heavy equipment that runs the length of a mine in order to distribute materials.
- She cleans, fuels, and services the equipment, as necessary.
- 5 day on & off rotation, 10.5h shifts
- Height: 5' 2"

DIAGNOSIS:

- Diagnosed with a sprain/strain to the upper back as well as soft tissue injuries.

LITERATURE:

- Work-related exposures identified include:
 - Repetition
 - Static postures (sitting)
 - Vibration
 - Limited seat adjustability
- Sitting postures rotate the pelvis backwards and flatten the lumbar spine, which can amplify vibration transmission to the spine and place pressure on the discs
- Heavy equipment operators are typically exposed to vibration levels in excess of those

recommended by ISO-2631

- Back pain constitutes 60% of musculoskeletal complaints in drivers
- Individuals driving fewer miles vs long distances tend to report a higher incidence of musculoskeletal disorders.
- Uncomfortable seats, uncomfortable back support, and uncomfortable steering wheel were all associated with musculoskeletal pain.
- Shorter operators often adjust the suspension to gain vertical height in the seat to improve



their positioning in relation to the visual task. Visibility in the task is critical and often work posture or features of the seating suspension to control whole body vibration become compromised

RESULT:

The worker's objection was allowed.

E-MAIL FROM THE ADVOCATE:

This exceptional report is from my perspective the gold standard of ergonomic assessments. I say this because this report consists of an in-depth investigation into all ergonomic risk factors related to our client's injury, supportive scientific literature and robust professional opinion.

The important work that OHCOV is doing has largely gone without the recognition that it deserves. On behalf of our clients, kindly accept my most sincere appreciation.

E-MAIL FROM THE CLIENT:

I just wanted to thank you very much for the ergonomic review that you provided for me. You did an amazing job. I appreciate it very much!

PATIENT CASE: OSTEOARTHRITIS IN A BRICK MASON

HISTORY:

- Refractory brick mason worked on knees in ovens as small as 12" x18" for 35y
- Constant kneeling, recurrent bending, carrying/dragging/pushing bricks, mortar and tools
- Unable to work after double knee surgeries.
- Diagnosis of severe osteoarthritis (OA) at age 50. (Typically only symptomatic over 60 years.)
- WSIB claim allowed, overturned after reconsideration, denial upheld by an Appeals Resolution Officer (ARO), who found insufficient evidence to establish causation between work and the osteoarthritis.
- Request from Building Trades Workers' Services to assist with final appeal (WSIAT) case prep

APPROACH:

- Occupational Health Nurse took a detailed history and conducted an extensive literature search and review.
- Patient medically assessed by an Occupational Health Physician.
- Non-work related risk factors (eg. age, gender, obesity, genetic and familial links) for osteoarthritis were ruled out.
- Based on the disease pathology, concluded early osteoarthritis was indeed compatible with 30 years of exposure to physical stressors in the workplace

LITERATURE:

- Strong evidence linking the development of knee OA to: kneeling, squatting, working in cramped space, repeated knee bending/

straining, stair climbing, lifting/carrying, floor activities, awkward posture or heavy physical work.

- Also, strong evidence linking OA to occupations: construction, construction apprentices, electricians, carpentry, floor layers, carpet installers, mining, farming, dockers, and physical education teachers.

RESULT:

- Worker's claim allowed by WSIAT, recognizing that employment made a significant contribution to the knee problems



PATIENT CASE: SCLERODERMA AFTER ONLY 20 MONTHS OF SOLVENT EXPOSURE

Scleroderma is a chronic, systemic, autoimmune disease characterised by hardening of the skin. It can also affect internal organs with significant associated health effects.

In 1996, a 50 year old woman developed scleroderma-like symptoms after working as a PVC injection molding machine operator for 20 months. Exposures included polyvinyl chloride, lubricants (trichloroethylene + propane), and degreasers.

An initial WSIB claim was denied in 1998 on the basis that there was no workplace exposure to silica dust, then thought to be the only occupational cause.

The case was reconsidered in 1999 on the basis that literature then supported a possible link between solvents and scleroderma, but was denied based on an assumption of minimal exposure due to "very good" ventilation.

An appeal was launched in 2011, based on a WSIAT decision recognizing scleroderma from 6 yrs of solvent exposure but was denied citing "a clear lack of evidence to establish any workplace correlation".

The worker referred herself to OHCOW Hamilton in Sept 2011 and was seen by the Nurse and Doctor.

In November she was interviewed and her full case file, including past air testing and MSDS info was reviewed & researched for exposure characterization and estimation by the Hygienist

In January, 2012 an OHCOW Medical Report was completed, endorsing work-relatedness and supplying exposure and disease evidence to support the link.

A WSIAT Hearing was held on the case in January 2015, with the decision allowing the claim issued in October – almost 20 years after it was first submitted. "It is more likely than not the worker's exposure to trichloroethylene at work was a factor that significantly contributed to the onset of disease"

Trichloroethylene



PATIENT CASE: RUBBER FACTORY WORKER CANCERS



When Michelin shut down its tire factory in Kitchener in 2006, 1,100 workers lost employment to plants in the US and it was the end of a local industry that had been in that area since 1913. In 2013, the Office of the Worker Advisor (OWA) assumed responsibility for handling the outstanding WSIB claims of many former workers from this industry and has referred several of these to OHCOW Hamilton for an opinion regarding work relatedness.

By 2012, IARC had updated its monograph on cancers in the rubber industry (Vol. 100F) reaffirming the earlier reported associations with bladder cancer and leukemia and adding lung and stomach cancers, plus lymphoma, multiple myeloma and other lymphopietic cancers. In general, most of the cases from the OWA involve these types of cancer. However, some include exposures which are not

specific to the rubber industry, (eg. asbestos,) or arising from work done in other industries. And some cases are related to diseases other than cancer, such as COPD.

Using OHCOW's detailed reports (involving exposure characterization and potential links to carcinogens which take many hygienist and physician hours to research and prepare), the OWA successfully appealed to the WSIB and the decisions on three cases were overturned in 2015: two lung and one stomach cancer. Notably, these are the types for which IARC recently reported a strong association with the rubber industry.

OHCOW Hamilton has been involved with 32 Rubber Worker cases: 3 remain in progress; 24 have been completed (7 of which could not be substantiated for work relatedness) and reports sent; 2 have reached WSIAT (for which there is an extensive wait) – one successful, and one not; and then the three reported here. A key factor for these three successful cases is the avoidance of a long wait since the original denials were overturned at the WSIB operations level based on the IARC changes and the OHCOW reports.

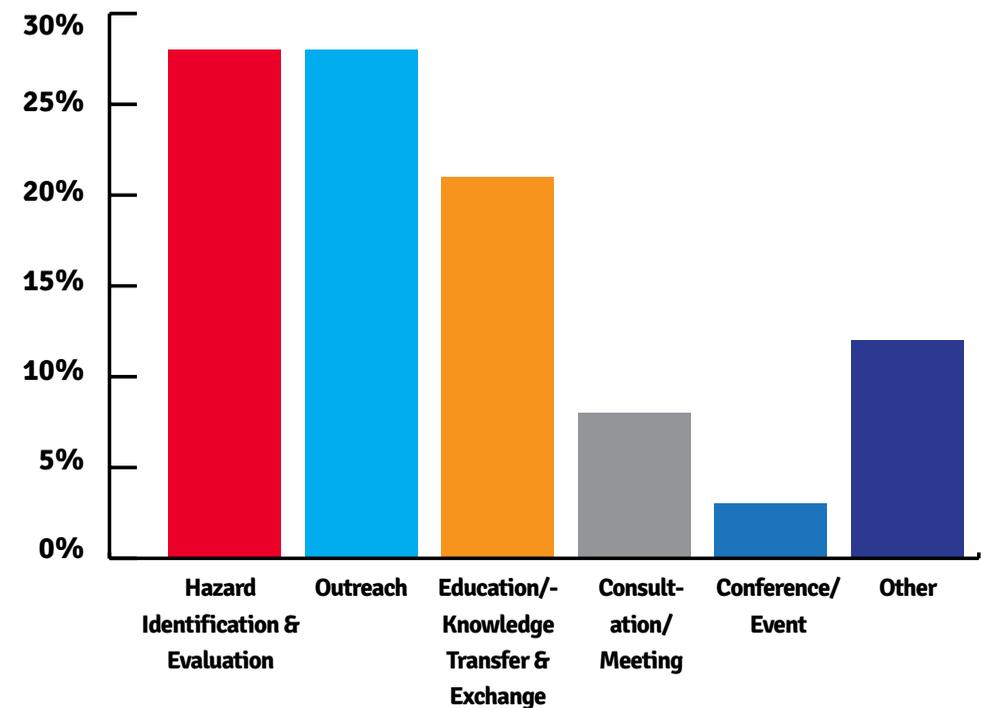
It is hoped that this recognition will expedite many of the cases currently in the system. OWA continues to provide OHCOW with new cases, though the numbers are now quite few.

PREVENTION INTERVENTIONS

One of OHCOW's main services is to provide exposure or health-based assistance and advice to workplace parties, commonly called Prevention Interventions (or more simply Group Cases). We generally work with Joint Health and Safety Committee (JHSC) members and other workplace parties using a participatory approach to foster communication, and identify (and analyze)

hazards and exposures. Interventions by OHCOW's team of experts (often in the form of a written report but potentially including site visits, presentations, and even workshops) involve recommending practical solutions, suggesting control measures and building knowledge and capacity among the workplace parties to change working conditions in order to prevent injury or disease.

2016 GROUP CASES



GROUP CASE: BEWARE STANDARDIZED CHAIR PURCHASING



OHCOW was invited to deliver 10 knowledge transfer sessions to a government ministry office with 100+ employees. The workplace had just relocated and had purchased new chairs for all staff at a total of over \$30,000. The goal of these sessions was to show the workers how to set up their workstations to fit their size and tasks.

After delivering two sessions it became quickly apparent that the chairs were not always the proper size for each user. As a result, it was decided that OHCOW Ergonomist time would be best served determining who did not fit the current chairs. The chairs in question have a minimum seat depth of 18.5" and a seat height of 19". Ninety-two (92) of the 110 staff were available to be measured over a two day period. The chairs were too deep for 64%, and too high for 75% of those measured.

Ideally, one should be able work with one's feet flat on the ground, and be able to fit a squeezed fist between the seat front edge and the back of your calves. If this cannot be accomplished, a pressure point develops on the back of the leg resulting in a reduction of blood flow and nerve supply into the lower limb. To relieve this pressure, the worker subconsciously slides forward in their seat thereby eliminating any benefit of the backrest and adopting a

slouching posture which then lengthens the muscles and ligaments of the back causing them to activate which can lead to fatigue and even back spasms over the course of the day.

One year later, OHCOW returned to perform ergonomic assessments on a number of workstations. The supplier had replaced the height control cylinder in many cases, allowing employees to lower their chairs to the correct height. However, they were unable to correct the seat pan depth. As a result, the employer purchased OBUS Forme Back Rests for all employees whose seats were too deep for them. This significant additional investment moved the worker approximately two inches forward on their seat correcting the mismatch for many. Chairs are now replaced on an individual, as needed basis.

The main principle of ergonomics is "Fit the job to the worker, not the worker to the job." The average female in Ontario is 5'4", and the average male 5'10". A work environment that fits them is an increasing necessity based on hours spent there.

This case is an example of the false economy of bulk purchasing, when a considerable amount of time and money gets spent retrofitting, instead of anticipating individual needs in the first place.



GROUP CASE: REDUCING MSDs IN CRANE OPERATORS

Sudbury Ergonomists were invited to a mine in order to assess the ergonomic implications of operating a crane. Workers were complaining of hip, knee, and ankle pains despite previous efforts to modify the machinery.



OBSERVATIONS:

- The distance between each pedal was 27 inches
- Awkward foot posture while using the far right pedal
- Pedal angle (especially the closest) was too steep, causing ankle extension
- Significant amount of glare on windows – view is hindered
- Mullion bars obstruct view
- Workers are not adjusting the seat height or seat pan depth, (restricting blood flow and nerve supply to the lower limbs)

RECOMMENDATIONS:

- Ensure seat height adjustability, ranging 36–47 cm for men & 35–45 cm for women
- Seat cushion > 45cm wide
- Seat depth 42–46 cm with 5cm adjustability
- A depression of 1–3 cm in seat pan cushioning
- Armrests slightly below seated elbow height to ensure comfort while using the hand controls/ joystick
- Educate workers so they understand how to adjust the seat to fit
- Ensure that the foot pedal angle can be adjusted to reduce ankle extension
- Assign center pedal to joystick to reduce the awkward postures in legs and ankles
- Bring distal pedals closer together
- Change the angle or tinting of the windows to reduce glare

CONCLUSION:

- The angle and position of the foot pedals are now fully-adjustable
- Workers are educated on proper seat ergonomics
- ~60% of workers adjust their seat upon entering the cab
- Implementation of other recommendations in progress



PHONE CALL FROM HEALTH AND SAFETY REPRESENTATIVE:

"Your services were excellent. We were very satisfied with the report"

GROUP CASE: PATIENT AS A WINDOW INTO WORKPLACE



Tertiary Prevention Works – WSIB appeal decision prompts OHCOW workplace assessment.

A worker's WSIB claim for a diagnosis of Hand Arm Vibration Syndrome (HAVS) was originally denied, and then later accepted following a detailed OHCOW report linking vibrating exposure from his manufacturing workplace to the development of HAVS.

With this evidence, the co-chairs of the JHSC obtained agreement from management to have OHCOW conduct a workplace consultation to assess vibration exposure. In June 2015, the Hamilton Ergonomist and Occupational Health Nurse attended the workplace and, with worker

input, identified tasks and jobs that put workers at risk as well as the contributory equipment. An inventory of similar equipment in use was taken, and vibration magnitudes and exposures were calculated based on manufacturer declared values.

The total daily exposure significantly exceeded the maximum acceptable levels when compared to recognized regulations and standards from other jurisdictions and the broader scientific community (there is no prescribed standard in Ontario). A detailed site specific report was provided as well as an educational session for the JHSC which included recognition of symptoms and diagnosis of the condition. A total of 12 recommendations were included to address engineering controls, administrative controls as well participatory approaches, plus the HSE Hand-Arm Vibration Exposure Calculator was demonstrated for future internal use.

Prior to the WSIB decision, management had been reluctant to recognize a work related cause for the worker's HAVS. OHCOW Hamilton was able to help the worker and the workplace – an optimum use of our time and expertise.



GROUP CASE: MODERN ASSEMBLY LINE CHALLENGE

In the past, assembly lines required workers to perform the same task, over and over again. Ergonomists would evaluate this task, and indicate if the job was safe, or unsafe. In the modern assembly line, workers are now responsible for performing multiple tasks at one workstation – this has made it more difficult than ever to evaluate the risk of injury within a job. Traditional Ergonomics tools don't allow the ergonomist to evaluate this type of risk.

Curtis VanderGriendt, the Ergonomist from OHCOW Hamilton, and Dr. Jim Potvin from McMaster University helped the employees at a large copper coil manufacturer by testing out a new method for evaluating the complex combination of repetitive work seen in modern assembly lines. Curtis and Jim tied in the latest research on fatigue and repetition, to validate a new method called the "Root Mean Quartic Approach for predicting Maximum Acceptable Efforts", or RMQ for MAE. This tool provided a method for assessing the unique and complex types of work happening at each station, and provided the workers and JHSC with information on aggregated risk that was previously unavailable.

The company has used the OHCOW report to help with the design of their work cells, and has invited OHCOW back to confirm proper implementation of the initial findings. Curtis and Jim have also presented the results at a number of Ergonomics conferences which hopefully will broaden the impact to multiple workplaces as the technique is adopted and validated.



Three separate tasks, completed within one work cycle at a copper coil manufacturing facility. Previously, there has been no way to objectively determine how multiple tasks combine to raise or lower injury risk.

Youth Engagement Program – Windsor-Essex Secondary Schools



Catherine Joyce, University of Windsor

Young workers have long been recognized as being particularly vulnerable in the workplace. The absence of skills and knowledge, plus a lack of job security, causes a dangerous fear of asking questions and a reluctance to communicate problems that can cause fatal results.

OHCOW Windsor has been involved with the Windsor Occupational Health Information Service (WOHIS) and the University of Windsor Labour Studies Program in the delivery of a Youth Engagement Program – Preparing Youth for the Workplace – for the past 6 years. The workshop-based program is comprised of three components, covered in 60-90 minute presentations focusing on three key areas: Employment Standards, Occupational Health and Safety, and Violence and Harassment.

Each session occurs prior to the students going out to their practicum experience. Its unique success is the result of the involvement of university level Peer Youth Leaders, combined with partner expertise.

The program is considered relevant, impactful, and engaging by local high schools. 2016 marked the first year that OHCOW presented to all the Co-Op classes at Windsor-Essex School Board, doing 115 presentations, educating over 2530 students from September 10, 2015 through March 31st, 2016.

This brings the total number of presentations over the past six years to 665, or 12,472 students. Truly an “occ-omplishment”, driving prevention the OHCOW way – through community partnerships and worker engagement.

OHCOW considers service to vulnerable workers as one of its key priorities. Outreach to Nail Salons about worker health issues was a new initiative in 2016. Based on local Public Health lists, materials were sent out to hundreds of salons by the Toronto and Sarnia clinics, inviting contact, and offering education, assessment & occupational health support.

Nail cosmetic use, dictated by fashion trends, is on the rise for men and women. With the associated increase in clients, salon workers (often precariously employed) are being put at risk of increased and prolonged exposures to various hazards in the workplace:

- Nail polish may contain formaldehyde and some methacrylates which can cause occupational asthma with repeated inhalation exposure.
- Ethyl methacrylate (EMA) and related substances have now replaced methyl methacrylate (MMA) as an adhesive for artificial nails, because of MMA’s potential for sensitizing, however both MMA and EMA are known to cause occupational asthma.
- Repeated skin contact with formaldehyde and methacrylates in nail polish can lead to Dermatitis from sensitization where subsequent exposures will lead to an allergic reaction and conditions such as eczema, skin rashes and hives.

- Xylene, methacrylates, toluene, acetates and ketones in nail polish can be skin irritants if protection is not worn. Skin irritation can include itchiness, swelling and/or burning sensation.

- Nail polish removers are strong solvents which are highly volatile. Exposure to organic solvents can cause many problems.

- Nose, throat, lung
- Skin and eye irritation
- Headaches
- Light-headedness
- Nausea
- Increased pulse rate
- Confusion
- Neurological changes



- Symptom severity is generally related to the concentration of the solvent(s) in the air, although solvents are also absorbed through the skin, increasing overall exposure and risk of harm.

- Long hours in awkward postures plus frequent repetitive movements with applied force are key risk factors for musculoskeletal injuries

Efforts will continue on this important initiative as OHCOW works with partner stakeholders in the Healthy Nail Salon Network, and it is a good model for outreach to other unique vulnerable worker populations going forward.

VULNERABLE WORKERS: MIGRANT FARM WORKER PROGRAM



Nearly 40,000 migrant farmworkers (MFWs) come to Canada each year to work in the agriculture industry, with approximately 24,000 arriving to Ontario. The health of these workers is strongly influenced by their experience of migration, their living and work environments, and their access to health care and health and safety support. These workers face many barriers, including language, isolation, intimidation, and disconnect from available services. Many service providers have not yet connected to these communities; those who have are challenged with the task of ensuring services reflect unique needs.

OHCOW's Migrant Farm Worker Program (MFWP) began in 2006 and continues to grow, offering services to migrant farm workers, their employers and community partners.

2015/16 HIGHLIGHTS:

- **14 clinics across southwestern Ontario**, providing occupational health consulting to 122 patients while discovering issues affecting this worker group to inform our program
- **33 educational workshops to 396 workers on key OHS issues** – on farms at the invitation of employers, as well as at community events in Durham, Haldimand-Norfolk & Niagara Regions plus Brant & Lambton Counties.
- Attended **9 health fairs organized for MFWs**. Set up display tables, provided extensive materials in English & Spanish plus educational activities to offer OHS support to attendees.

- Created and delivered **20 Resource Tool Boxes** containing dozens of OHS resources for farmers and workers in English and Spanish
- Worked actively with **community social action committees** focused on improving the access of MFWs and new immigrants to health and social support services, including the Durham Region Migrant Farm Worker Network, Niagara Migrant Worker Interest Group, Norfolk Health Equity Community Committee and the Guelph Access to Services Committee.
- Ongoing **collaboration with Grand River CHC in Simcoe and Quest CHC in Niagara**, who have special funding to serve MFWs. The MFWP provides OHS support to their primary care and health promotion programs.
- Successfully facilitated the training of **Ontario's first Spanish speaking Farmer Assistant instructors** (in partnership with the Ontario Pesticide Education Program (OPEP)) who will now be able to provide this mandatory

training to MFWs in their native language, improving comprehension, and therefore safety for all.

- Continued to **collaborate on the first mental health drop-in centre** for MFWs in Simcoe Ontario, which is sustained through the Community Addiction and Mental Health Services of Haldimand and Norfolk.
- **Engaged with employers** at industry conferences and through partner activities in order to identify needs and determine assistance we can provide
- Worked with WSPS, the MOL, and other Prevention System Partners on the **Agriculture/Horticulture Action Plan**



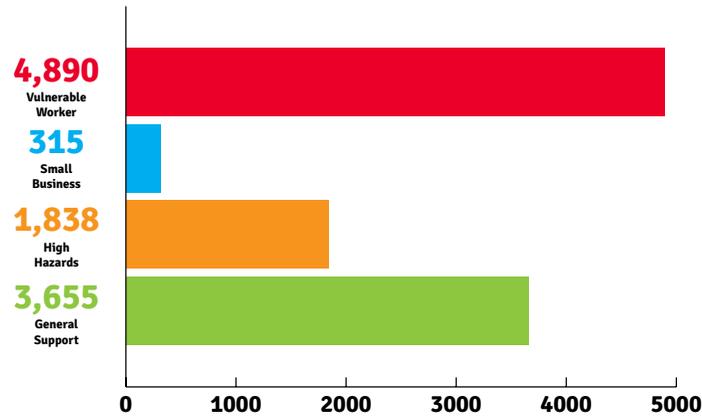
charting cooperative and independent activities to reduce injuries and illness across the sector over the next 3 years.

- MFW Outreach and program coordinator presented at the **National Centre for Farm worker Health (NCFH)'s 2015 Midwest Stream Farmworker Health Forum** in Albuquerque, New Mexico. Participation provided a great opportunity to share our experiences and work, learn, and enhance connections to better advance work in Ontario.
- In **partnership with the Ontario Pesticide Education Program (OPEP)**, submitted a grant proposal to the Ministry of Labour on developing

a pesticide safety training program for non-spraying farm workers, building on the right to know. The proposal was successful and will be developed and executed over the next 2yrs.

- Continued **collaboration with a number of Ontario Universities** (Brock, Laurier, and Western), creating student learning opportunities focused on the experience of MFWs, occupational health and safety, as well as supporting student-lead initiatives advancing work in this field.
- Organized, supported and delivered the **inaugural Migrant Farm Worker Health Forum** (see p. 17) bringing together a broad range of researchers, regulators, community activists and health-care providers.

KNOWLEDGE TRANSFER AND EXCHANGE (KTE): REACH



KTE: WEBSITE ANALYTICS

Our website is a rich source of health and safety material that provides visitors with OHCOW’s services, info & resources, upcoming educational sessions and conferences. The website also features information on each of the seven OHCOW clinics and their respective catchment areas and community linkages.

25,140

TOTAL USERS

36,264

VISITS PER YEAR

2,095

USERS PER MONTH

30,457

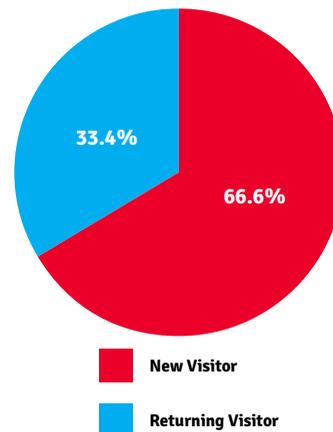


SESSIONS FROM CANADA

2,576



SESSIONS FROM U.S.



As an Occupational Health and Safety leader in the province, OHCOW makes every effort to review and comment on proposed legislative changes from an evidence and practice-based perspective. In June 2015 we organized a group of internal and external medical and EHS professionals to make recommendations regarding the “Consultation on Proposed Changes to Ontario Regulation 490/09 – Designated Substances and the Requirements for Medical Surveillance, Respiratory Protection and Measuring”. The full document is available on the website, but in summary:

1. Our experience indicates that the current status of designated control programs in Ontario has deteriorated through neglect over the years since they were first initiated – we recommend that the MOL reinstate the deployment of occupational nurses, physicians and hygienists to audit control programs to ensure they meet the regulatory requirements.
2. We agree with the MOL that all workers working in workplaces subject to a designated substance program should fall under the provisions of such a program whether or not they are third party contractors, construction workers, or any worker as defined by the OHS Act.
3. We agree with the proposal to update the code for measuring designated substances. However, we recommend that it include

KTE: GOVERNMENT SUBMISSIONS

the requirement to conduct such sampling using appropriate sampling strategies (as defined in current occupational hygiene practice) – allowing for a range of qualitative to quantitative techniques as outlined in the hierarchy of exposure assessment.

4. We also concur with the strategy of using the CAN/CSA-Z94.4-11 – “Selection, Use, and Care of Respirators” as the pattern to establish appropriate respiratory protection programs.
5. Given the general approach of the proposed codes for measuring and prescribing respiratory protection for exposures to the designated substances, we recommend that this approach also be applied to the chemical agents listed in O.Reg 833, Control of Exposure to Biological or Chemical Agents.
6. In general, while we endorse the changes to the specific medical surveillance codes, we have a number of concerns about the outdated bases for the recommendations in the supporting documentation: current literature shows that health effects are associated with exposures resulting in blood lead and urine mercury levels lower than the proposed criteria; also, there is evidence to show an increase of genetic mutations in workers exposed to cumulative levels of vinyl chloride below current OEL levels.

OHCOW participates in dozens of collaborative partnerships each year on a local, provincial and national level. Key among these are Prevention System committees and initiatives, including System Leaders, Partners in Operations, Communications, Finance and Data, plus Action Planning working groups addressing high hazards and areas of concern. Of note, OHCOW played a leading role (in partnership with WSPS and the Prevention Office) in the development of an Agriculture/Horticulture Action Plan in 2015 to support and drive Occupational Health and Safety in this important sector over the next 3 years. Plus, OHCOW sparked the creation, and is currently leading, a Workplace Mental Health Working Group which is sharing knowledge, resources and ideas to help the Prevention System and the province respond to this important and highly complex issue.

Another significant Prevention System initiative in early 2016 was the development of a WSIB resource book entitled “Approach to Job Accommodation” which features OHCOW’s Physical Demands Description Handbook (developed in 2014). The Handbook leads workplaces in the implementation of a Disability Prevention Model (safely adjusting an environment to a worker’s needs), in contrast to the more traditional Disability Management model (fitting the worker into an existing environment). The main idea is that all workplace parties, including the worker seeking the accommodation employer, union (if any), and JHSC or H&S rep, work together to implement solutions that accommodate the worker and eliminate future risk to others doing the same task.

The illustration below, from the OHCOW PDD Handbook, shows the contrast between the two approaches.

EXAMPLE: A worker is returning to work. The restriction is no lifting or carrying more than 10 Kg. Currently, the job requires carrying a 12 Kg box. 12KG



OHCOW LAUNCHES MUSCULOSKELETAL DISORDER PREVENTION APP: PAINPOINT

Timed to mark Global Ergonomics Month, OHCOW’s second smart phone application – **PainPoint – Prevent Musculoskeletal Disorders (MSD) at Work** – was officially launched on Wednesday, October 14, 2015 in the presence of the Chief Prevention Officer, and a large number of Prevention System partners and stakeholders.

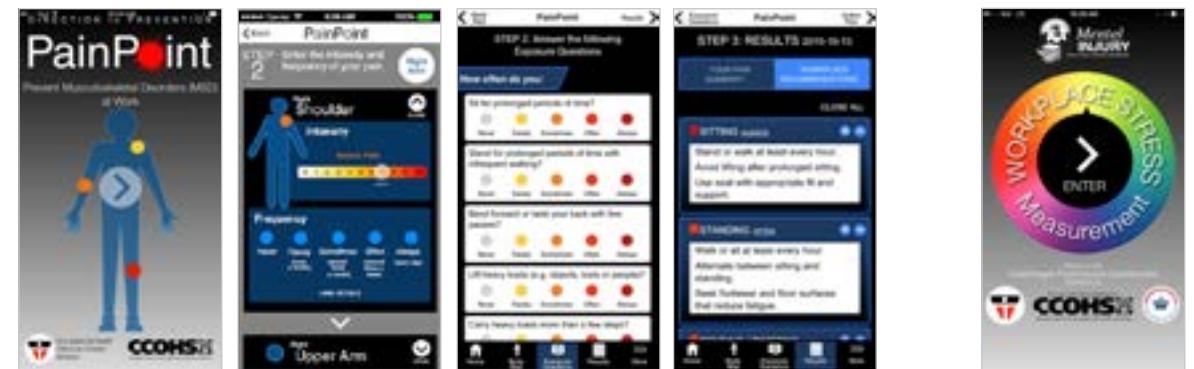
The app is designed to deliver a very basic ergonomic assessment, putting injury and hazard identification in the hands of individuals, and (through the Share function), fostering communication about solutions large and small. PainPoint is another successful product developed in partnership with the Canadian Centre for Occupational Health and Safety (CCOHS).

Working through the app involves three sections:

- A **Body Map** to enter Pain location, intensity and frequency
- An **Exposure Questionnaire** to indicate frequency of common ergonomic risk factors
- **Results**, including a pain summary plus general and workplace recommendations

There is also information about a 5 step process to Take Action in the workplace, and results can be saved for comparison over time.

OHCOW’s first app, Measuring Stress in the Workplace remains popular. It helps the user figure out aspects of work which are contributing to their stress levels; determine possible solutions; and communicate through sharing – to drive a prevention discussion in the workplace.



Visit www.ohcow.on.ca/apps for more information on both apps and other Prevention tools.

TOOL DEVELOPMENT: MENTAL INJURY TOOLKIT (MIT) AND COPENHAGEN PSYCHOSOCIAL QUESTIONNAIRE (COPSOQ)

2015/16 was an exciting year for OHCOW and the Mental Injury Tools working group:

- The survey was conducted for 11 organizations (though one included 18 separate workplaces). **A total of 2825 surveys were completed and 39 separate reports generated.** One of the workplaces was a repeat of the survey in order to evaluate prevention success. The sectors included healthcare, services, education, metal extraction and processing, transportation and some of the Prevention Partners themselves.
- **OHCOW represented Canada at the 5th International Copenhagen Psychosocial Questionnaire (COPSOQ) Network Meeting** in Paris in October 2015. This is a meeting of people from around the world who use the COPSOQ to measure workplace psychosocial conditions. OHCOW presented our experience with using the survey in Ontario workplaces as one of 23 talks. It was a very good opportunity to network with other users and learn from their experience, particularly to gauge our progress and results against those with more years of use.
- The meeting also introduced a **revised version of the questionnaire (COPSOQ III)**. Each country represented was asked to test and validate the revisions in their particular context -- then the collective results will be combined and reviewed in order to release a revised, validated version in 2017.
- In order to fulfill our validation obligation and obtain data more reflective of Ontario (having

always previously compared results to the Danes), polling company EKOS Research was hired in February 2016 **to survey a representative population sample of Ontario workers** from workplaces with more than 5 workers using the existing MIT survey (including COPSOQ II) plus the proposed COPSOQ III questions. Later **the project was expanded to include all of Canada.** **By March we had a total of 4113 respondents** (survey offered in both English and French), 125 of whom were re-tested to confirm reliability. Initial results have proved interesting. Full analysis will be done in 16/17 in partnership with the Institute for Work and Health, adjusting for the national and provincial occupation distribution census data.

- Another challenge addressed over the past fiscal year, is what to do with the comments invited at the end of each survey -- **there is very rich information provided as participants tell stories, or elaborate more specifically about their experiences** – providing critical observations about the issues and recommendations on how things may be improved. As a pilot, a manual qualitative analysis of 225 comments from one organization’s surveys was conducted. This analysis provided a valuable voice to the participants beyond the categories derived from the directed questions in the survey. However, it was a very slow and painstaking process, so a software solution involving IBM SPSS Text Analytics for Surveys is being developed and “tuned” to assist in future.

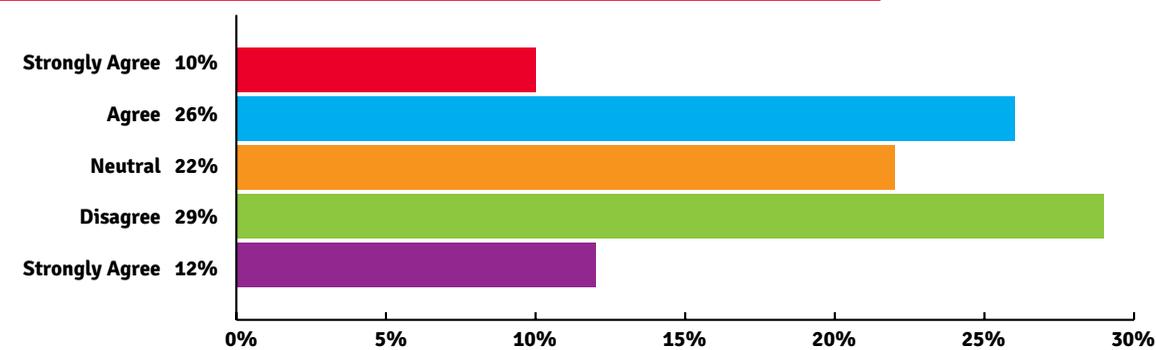
- The **“Occupational injury among young workers: Exploring the impact of psychosocial forces”** is an initiative funded by the MOL. OHCOW is part of the advisory committee for this project where the COPSOQ II (short version) was used as a tool to measure the exposure to psychosocial risk factors among young workers recruited from 4 youth employment agencies in Ontario. Given our background, we have been providing advice regarding the analysis of their data and have shared the EKOS survey results for those under 30 years of age for comparison purposes.
- We also partnered with two regional health units to provide workshops for employers on **Taking Action against Workplace Stress.** Other presentations included workshops for union health and safety staff to know how

to administer and analyse survey results, presentations at union conferences, at a local CSSE chapter breakfast meeting, and, working with the IHSA to provide presentations at the ESDC Federal Contractors Open House.

- The **Measuring Workplace Stress App** was promoted at several large conferences (including the COPSOQ) and has proved a popular tool. Updates and revisions are being planned.

Overall, it has been a very rewarding year and we have been able to make significant strides in developing a highly relevant tool for Ontario workplaces to use to improve their psychosocial working conditions, reducing mental harm and injury, and hopefully promoting well-being.

MIT REPORT EXAMPLE: ORGANIZATIONAL CULTURE TOLERATES BEHAVIOURS HARMFUL TO MENTAL HEALTH



RESEARCH: COMPLETING THE PICTURE

OHCOW has been involved in several research studies over its 27 year history. In 2015/16 we were happy to be strategic partners on a major initiative to get work



factors and risks better reflected in an individual's medical history. The study is led by Desre Kramer at the Occupational Cancer Research Centre and Linn Holness at the Centre of Research Expertise for Occupational Disease. Funded by the Canadian Cancer Society Research Institutes, and the Canadian Institutes of Health Research, "Completing the Picture" is meant to determine whether it is possible within a clinical setting to ask clients about their current work exposures. The long term goal is to gain information on work status and exposures that will: identify work-related risk factors for health problems; facilitate conversations about work-related prevention; and identify existing work-related health problems - all leading to improved health in Ontario.

After an initial pilot at the Bramalea CHC in early 2015, it was recognized that health care providers felt somewhat out of their depth dealing with Occupational Health issues. OHCOW, already a partner on the project, was

then asked to play a bigger role, providing knowledge and information on the survey subjects, technical assistance, and clinician and staff support. By the end of the 15/16 fiscal year, 5 additional Community Health Centres had been recruited: one in the Sarnia area, 3 in the South Central Region and one near Sudbury - each supported by their geographically relevant OHCOW clinic.

The Survey was amended to be shorter and easier to administer, but includes key questions reflecting common current and past hazards.

Job title/occupation: _____

Type of industry (ie. hospital, auto parts plant): _____

Do you work with chemicals? Yes No

Is your workplace noisy? Yes No

Do you do heavy lifting? Yes No

Do you do repetitive movements or work in an awkward position? Yes No

Do you have any other concerns about things at work? _____

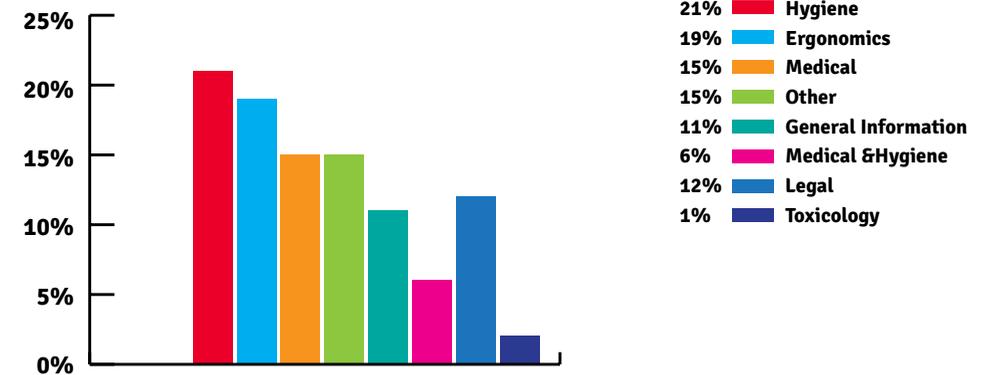
How frequently do you have contact with asbestos? _____

The information will be included in the patient's electronic medical record, which will then be searchable in order to identify local and provincial patterns. OHCOW is very excited to be a part of this important project which builds capacity and knowledge about occupational links in the health care system.



INQUIRY SERVICES: NATURE OF INQUIRY

OUT OF 541 INQUIRIES ANSWERED:



SOURCE OF INQUIRY

1 ITEM	75 SELF	58 UNION	29 OHCOW OUTREACH	18 HEALTH CARE PROVIDER	17 MEDIA- WEBSITE	14 LEARNING OR RESEARCH INSTITUTION	11 EMPLOYER
10 COMMUNITY- BASED ORGANIZATION	10 CO-WORKER	8 MOL - MINISTRY OF LABOUR	7 LEGAL CLINIC	6 (OWA) OFFICE OF THE WORKER ADVISER	6 FRIEND/ RELATIVE	6 WORKER ADVOCATE	5 JHSC
3 GOVERNMENT OFFICES	3 WHSC - WORKERS HEALTH & SAFETY CENTRE	2 PSHA - PUBLIC SERVICES HEALTH & SAFETY ASSOCIATION	2 WSIB - WORKPLACE SAFETY & INSURANCE BOARD	2 INJURED WORKERS GROUP	1 IHS - INFRASTRUC- TURE HEALTH AND SAFETY ASSOCIATION	1 WSPS - WORKPLACE SAFETY & PREVENTION SERVICES	243 OTHER, MEDIA- NEWSPRINTS/ MAGAZINES

WE'RE HERE TO HELP - FREE OF CHARGE

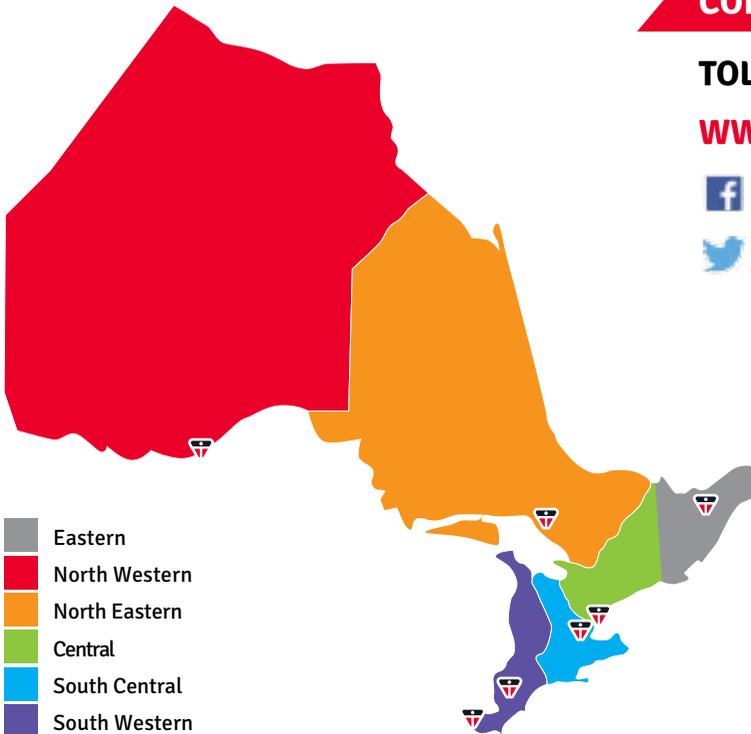
CONTACT US:

TOLL-FREE: 1.877.817.0336

WWW.OHCOW.ON.CA

f FB.COM/OHCOWCLINICS

t @OHCOWCLINICS



- Eastern
- North Western
- North Eastern
- Central
- South Central
- South Western

PROVINCIAL OFFICE

1090 Don Mills Road, Suite 606,
Toronto, ON M3C 3R6
Tel 416.510.8713
Fax 416.443.9132
Email ask@ohcow.on.ca

SOUTH WESTERN REGION

SARNIA

171 Kendall Street
Point Edward, ON N7V 4G6
Tel 519.337.4627
Fax 519.337.9442
E: sarnia@ohcow.on.ca

SOUTH CENTRAL REGION

HAMILTON

848 Main Street East
Hamilton, ON L8M 1L9
Tel 905.549.2552
Fax 905.549.7993
E: hamilton@ohcow.on.ca

EASTERN REGION

OTTAWA

1545 Carling Ave., Suite 110
Ottawa, ON K1Z 8P9
Tel 613.725.6999
Fax 613.725.1719
E: ottawa@ohcow.on.ca

CENTRAL REGION

TORONTO

970 Lawrence Ave. West, Suite 110
Toronto, ON M6A 3B6
Tel 416.449.0009
Fax 416.449.7772
Email toronto@ohcow.on.ca

NORTHERN REGION

SUDBURY

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

NORTH WESTERN REGION

THUNDER BAY

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

SOUTH WESTERN REGION

WINDSOR

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