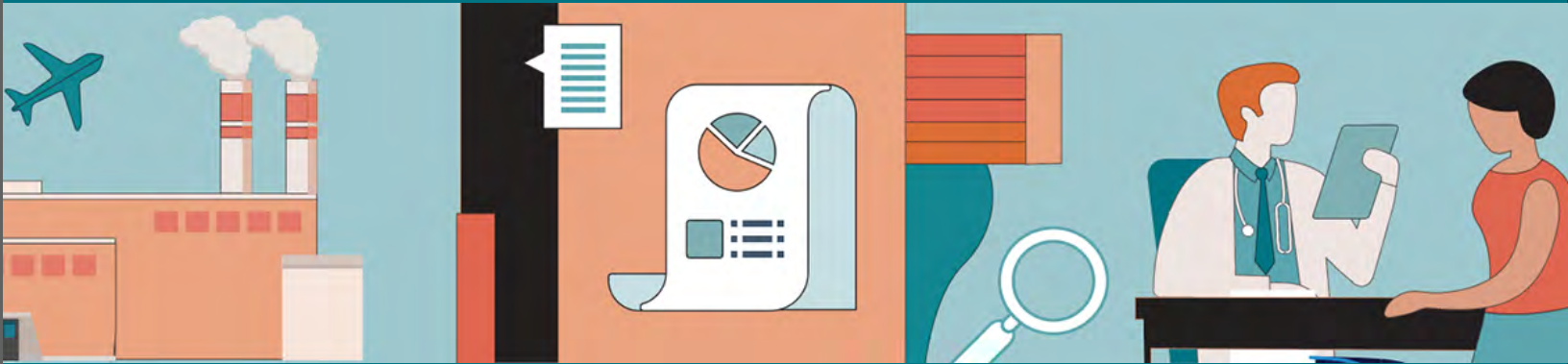


ANNUAL REPORT 2023/24



OCCUPATIONAL HEALTH CLINICS



FOR ONTARIO WORKERS INC.

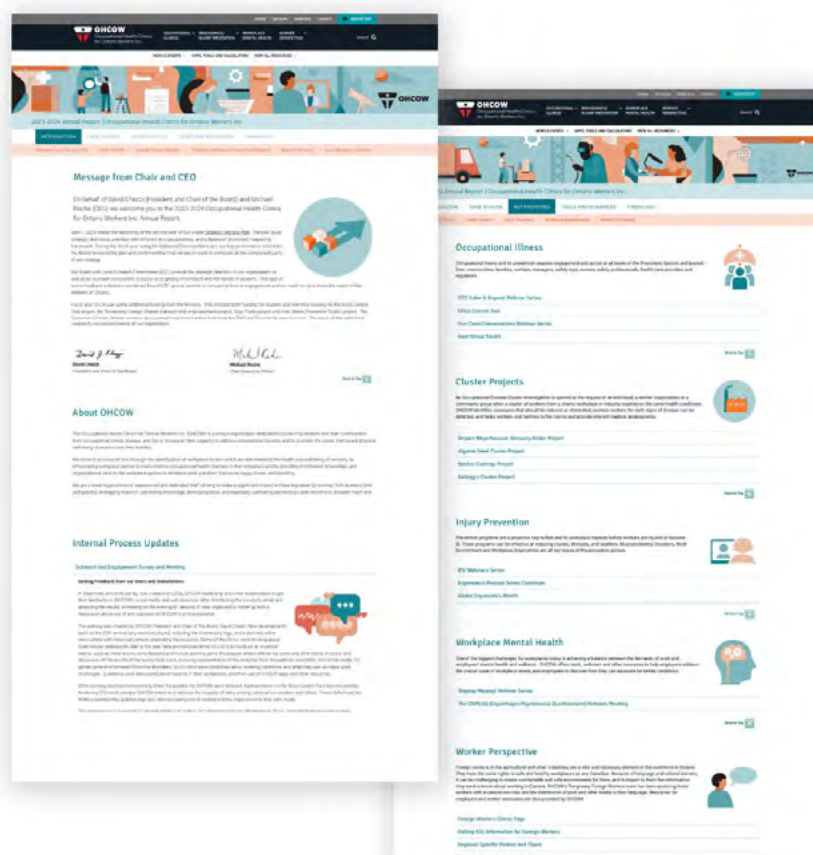


OHcow

Occupational Health Clinics
for Ontario Workers Inc.

ANNUAL REPORT 2023/24

OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.



ANNUAL REPORT 2023/24

OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

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INTRODUCTION

Message from Chair and CEO

On behalf of David Chezzi (President and Chair of the Board) and Michael Roche (CEO) we welcome you to the 2023-2024 Occupational Health Clinics for Ontario Workers Inc. Annual Report.

April 1, 2023 marks the beginning of the second year of our 4-year Strategic Horizon Plan. The plan gives strategic directions, priorities with different lens perspectives, and a Balanced Scorecard measuring framework. During this fiscal year using the Balanced Scorecard lens and our key performance indicators the Board reviewed the plan and confirmed that that we are on track to complete all the component parts of our strategy.

Our Board and Local Outreach Committees (LOC) provide the strategic direction to our organization as well as an outreach component to assist us in getting information into the hands of workers. This type of active feedback included a combined Board/LOC special session in January to look at engagement and our reach to try to meet the needs of the Workers of Ontario.

We focus on three main program areas — Occupational Disease, Workplace Mental Health, and Injury Prevention

Fiscal year 23-24 saw some additional funding from the Ministry. This included both funding for clusters and one-time funding for the Silica Control Tool project, the Temporary Foreign Worker outreach and empowerment project, Ergo Tools project and Heat Stress Prevention Toolkit project. The Temporary Foreign Worker program also received one time funding from both the TNO and TeamWork organizations. The result of this additional funding was a tremendous opportunity to create tools, products and services that will assist the Workers of the province.

Furthermore, we want to acknowledge our Staff and Physicians who continue to do an outstanding job. This includes work on patient cases at the clinic level as well as several clusters. Related to patient work, we perform ongoing surveillance, assessment, and determination of work-relatedness, as well as generating reports that provide up-to-date medical scientific decision making.

Related to our operational work, it includes three main program areas — Occupational Disease, Workplace Mental Health, and Injury Prevention. All three have robust operational plans with key objectives and timelines.

We thank you for your interest in our 2023-2024 Annual Report and encourage you to explore the rest of the report and learn more about the many wonderful accomplishments of our organization.

David Chezzi
President and Chair of the Board

Michael Roche
Chief Executive Officer



About OHCOW

The Occupational Health Clinics for Ontario Workers Inc. (OHCOW) is a unique organization dedicated to protecting workers and their communities from occupational illness, disease, and injury; 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.

*Cultivating
partnerships and
networks is part of
our goal*

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.

Internal Process Updates

Outreach and Engagement Survey and Meeting

Getting Feedback from our Users and Stakeholders

In December, an online survey was created for LOCs, OHCOW leadership and other stakeholders to get their feedback on OHCOW's social media and web presence. After distributing the survey by email and analyzing the results, a meeting on the evening of January 31 was organized to follow up with a discussion about use of and exposure to OHCOW's on-line presence.



The evening was chaired by OHCOW President and Chair of the Board, David Chezzi. New developments such as the 35th anniversary were introduced, including the Anniversary logo, and a planned online news article with historical content celebrating the occasion. Some of the clinics were thinking about Open House celebrations later in the year. New promotional items for LOC's to hand out at in-person events, such as trade shows, were featured and include posters, pens, the popular stress reliever toy cows and other items. A review and discussion of the results of the survey took place, involving a presentation of the analytics from the website, newsletter, and social media. To gather general information from the attendees, SLIDO Polls were conducted about working conditions and what they saw as major work challenges. Questions were also posed about hazards in their workplaces, and their use of OHCOW apps and other resources.

Other exciting developments coming down the pipeline for OHCOW were featured. A presentation on the Silica Control Tool was delivered by Kimberley O'Connell, a major OHCOW initiative to address the hazards of silica among construction workers and others. Trevor Schell and Val Wolfe presented the updated ergo tool, demonstrating how it worked and the improvements that were made.

The meeting was a successful outreach initiative to gather vital information on the effectiveness of our social platform and web content.

Accessibility Committee

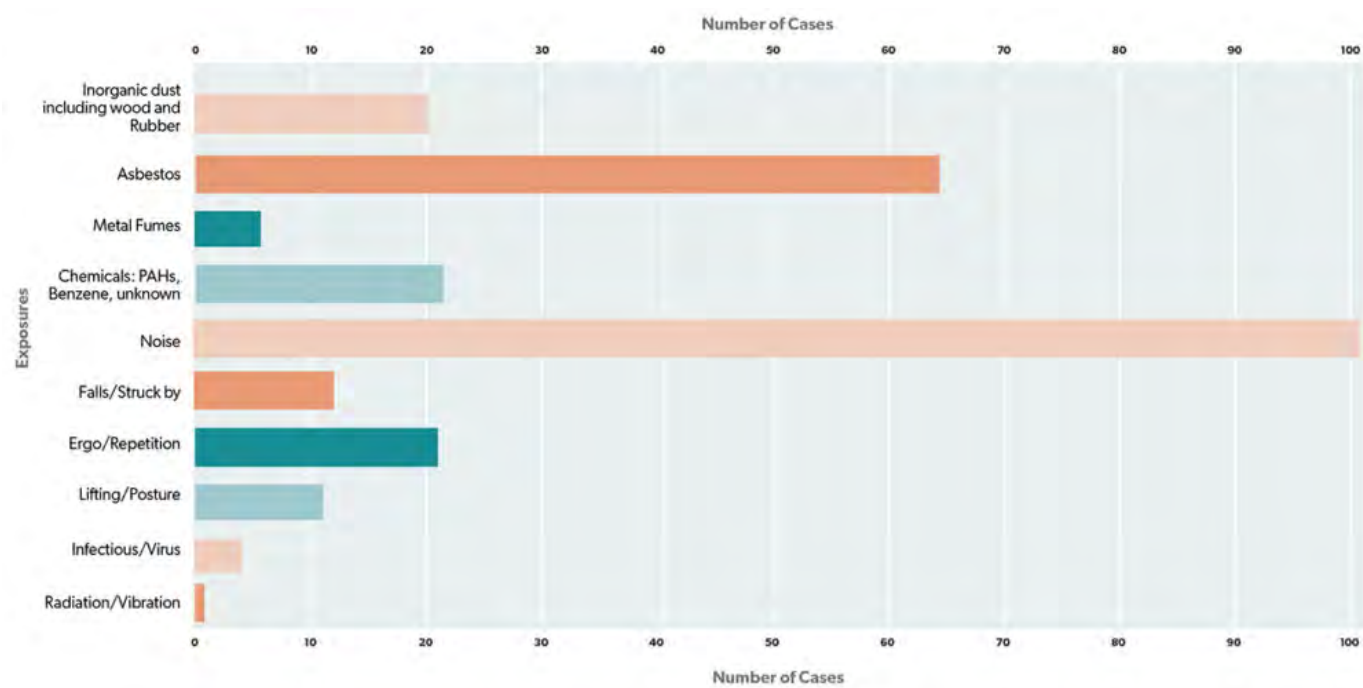
An accessible organization is one that actively removes barriers and creates an inclusive environment for all individuals, regardless of their abilities or disabilities. OHCOW is a place where diversity is celebrated, and everyone has equal access to opportunities, resources, and services. By prioritizing accessibility, OHCOW demonstrates a commitment to social responsibility and fosters a culture of empathy and respect. Our approach not only benefits individuals with disabilities but also enhances the overall experience for employees, customers, and stakeholders, making it a cornerstone of modern, ethical business practices.

*OHCOW is a place
where diversity
is celebrated*

Accessibility is crucial in the workplace for several reasons:

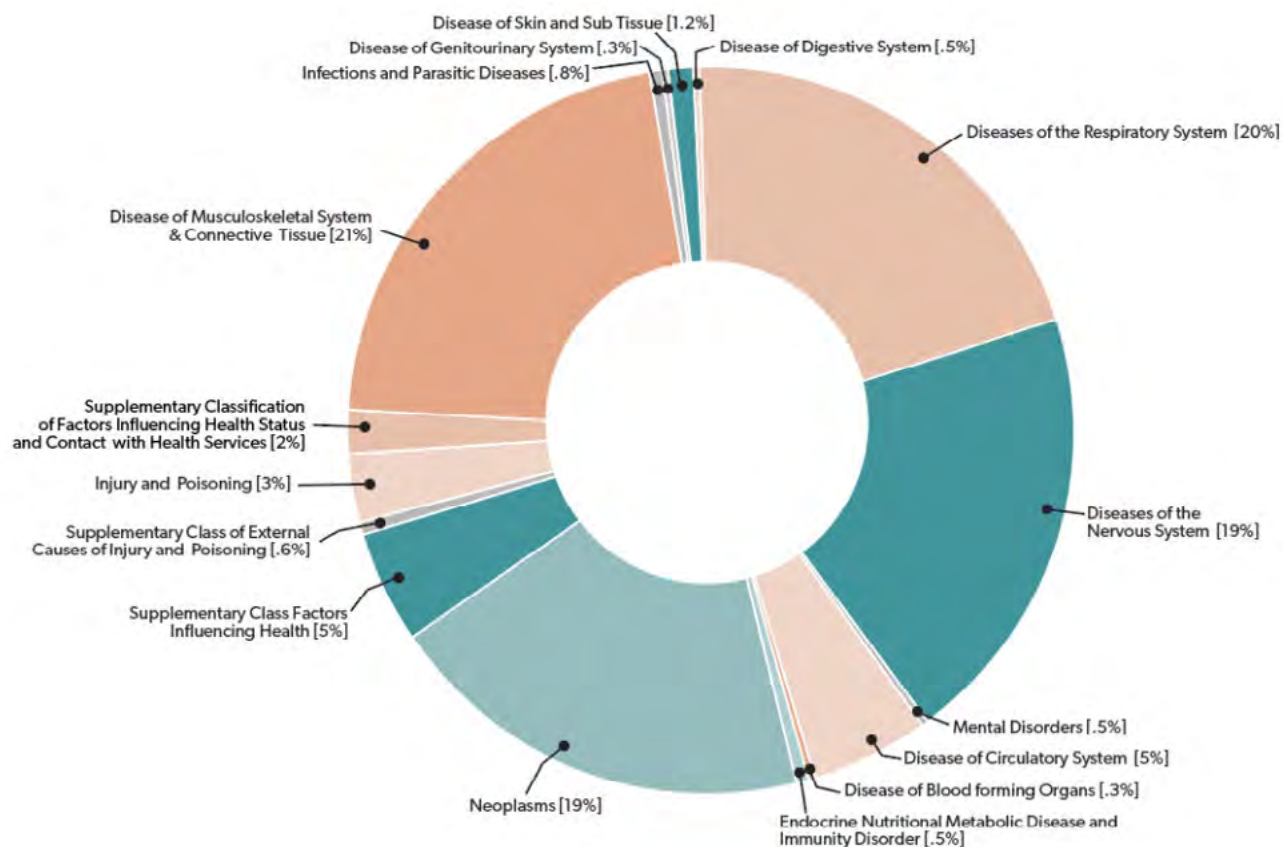
- **Physical accessibility:** Ensuring an accessible workplace is key to creating a disability-inclusive environment. OHCOW makes the needed adjustments for those who require them.
- **Assistive Technology & Equipment:** OHCOW makes assistive technology available to employees that need them helping employees to perform their jobs effectively and efficiently.
- **Diversity Training:** OHCOW is committed to diversity in the workplace and incorporates annual respect in the workplace training for all staff and various stakeholders. A diverse workforce that includes people with disabilities brings unique perspectives and innovative solutions to the table.
- **Reduced Stress:** OHCOW has embedded its values into lived experiences through the implementation of the RIISE program. RIISE reflects OHCOW values and empowers its employees to recognize each others' efforts.
- **Legal Compliance:** At OHCOW we are committed to AODA compliance, evidenced by our multi-year accessibility planning available on our website and our WCAG 2.0 Level AA compliant website we are ensuring in person and virtual accessibility for all.
- **Workplace accessibility is not just about compliance;** it's about creating a supportive, inclusive, and equitable environment that benefits everyone. It's a strategic and ethical approach that leads to better productivity and innovation, as OHCOW continues to be a socially responsible organization.

Prevalent Case Exposures



International Classification of Diseases

April 1, 2019 to March 31, 2024



Board of Directors

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President and Chair of the Board,
Canadian Union of Public Employees (CUPE)

Tracie Edward - ETFO

Vice-Chair and Vice-President

Scott Richardson - LOC Chair

Treasurer

Bob DeMatteo - OPSEU

Secretary

Natasha Luckhardt - OFL

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Sylvia Boyce - USW

Vinay Sharma - UNIFOR

Diane Parker - LOC CHAIR

Gavin Jacklyn - OPFA

Janet Paterson - ONIWG

Thunder Bay District

John Bartolomeo

Workers' Health and Safety Legal Clinic

Michael Roche - OHCOW

NON-VOTING

Catherine Petch - LOC Chair

NON-VOTING

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Hamilton LOC Chair,
Teamsters Rail

Nelson Pereira,

Hamilton Vice Chair,
UFCW, Guelph District Labour Council

Laura Lozanski,

Ottawa LOC Chair,
Canadian Office and Professional Employees Union (COPE) Local 225

Lee-Anne Feltham,

Ottawa LOC Vice-Chair,
Elementary Teachers' Federation of Ontario (ETFO)

Andréane Chénier,

Sudbury LOC Chair, CUPE

Diane Parker,

Thunder Bay LOC Chair, ONA

Scott Richardson,

Windsor LOC Chair

Catherine Petch, Toronto LOC Chair,

Royal Victoria Regional Health Centre

Case Studies

CASE 1: Spray Painting Hazards at a Window Fabrication Facility

Background

OHCOW was asked by worker and management representatives to conduct a hazard assessment at a manufacturing facility. The concern was potential exposure to contaminants encountered by workers when spray painting windows. The issues were:

- the type of PPE available to workers: respiratory, hand and skin protection
- ventilation in the spray painting area
- the composition of cleaning and painting products
- work practices such as the number of workers allowed in the spray booth
- elevated exposure risks during maintenance tasks such as changing the spray booth exhaust filters.

Intervention

An OHCOW Occupational Hygienist carried out extensive information gathering with location personnel through phone calls and email exchanges. This information included interviews, photos, videos, and product Safety Data Sheets. A walk-through occupational survey of the facility and the spray painting area was conducted by the hygienist and worker-certified JHSC representatives, a regional EHS manager, two spray painters, and the spray-painting area supervisor. Observations and discussions during the tour formed the basis of recommendations for the paint-spray activities including ventilation and PPE considerations.

The workers' respirators, gloves and whole-body suits were evaluated for appropriateness of selection, use, care, and maintenance. Smoke tubes were used for qualitative measurement of airflow/ventilation effectiveness in the cleaning (with acetone prior to paint application), paint mixing and spraying area. Information on maintenance procedures (e.g. spray booth air filter change-out) through discussions with workers, supervisors and the regional health and safety manager.

Well-known safety resources were used in the hazard assessment for the booths, including the text [ACGIH Industrial Ventilation – Manual of Recommended Practice for Design](#).

OHCOW Impact

OHCOW's observations and applicable technical references demonstrated that, to minimize exposure, only one worker at a time should be in the walk-in spray booth. Enhanced PPE protection consisting of more efficient respirators, gloves and whole body suits was also advised. These recommendations were agreeable to all parties.

After consultation with product suppliers, OHCOW provided updated information on the potential hazards of the substances used. The Safety Data Sheets at the facility were out of date and some were incomplete. OHCOW applied up-to-date scientific research to determine the nanomaterial content and carcinogenic classification of the materials. Their findings were consistent with the use of the precautionary principle and the implementation of a high level of engineering (ventilation), administrative (proper use of the walk-in spray booth – only one user at a time) and PPE (HEPA/organic vapor respirators and full skin protection).

Recommendations were made to minimize exposure when workers changed the spray booth air filters, including better ventilation and PPE. Detailed recommendations for air monitoring methods were provided based on the assessment.

CASE 2: McIntyre Powder-Exposed Workers with Lung Cancer

Background

McIntyre powder (MP) was a “prophylactic” treatment intended to prevent silicosis in gold and uranium miners. The substance was a fine aluminum dust that was developed at McIntyre Mine in Ontario. This “treatment” spread around the world. Ontario gold and uranium mines starting using MP in 1943.

The MP program ended in 1979, several years after it was realized that MP did not in fact reduce silicosis as it intended. The miners who inhaled MP have reported to OHCOW that they disliked this program. Research, including that conducted by staff at OHCOW, has found that MP caused adverse health effects such as Parkinson’s disease and lung disease. Other health effects are still under investigation. The miners also had other occupational exposures, including arsenic, asbestos, diesel exhaust (DE), radon, and respirable crystalline silica. All of these agents are lung carcinogens.

Intervention/Approach

A cohort of deceased miners with denied compensation claims for lung cancer was reviewed by a dedicated team of occupational hygienists. The team lead started by preparing a single generic report outlining the common exposures in gold and uranium mines, including the levels of risk posed by the exposure levels expected. The team moved onto individual reports, summarizing the individual’s occupational exposures and appended the generic report.

The family of “the Worker” submitted a claim for lung cancer for their beloved family member, who died of lung cancer. The Worker was employed nearly 30 years in underground gold and uranium mining. He worked mostly as a driller, rock bolter and machine operator, though he also held other jobs for short time periods. In his jobs, he would have been exposed to respirable crystalline silica (RSC), diesel exhaust (DE), radon, arsenic, asbestos, as well as MP. His exposures were estimated using the Ontario Mining Exposures Database (OMED) as well as data collected at Ontario mines in the 1970s and published in the peer-reviewed literature by Verma et al. (2014), and diesel exposure data published in a review by Pronk et al. (2009).

The Worker’s estimated exposures were compared to the health-based exposure limits, including occupational exposure limits (OELs) defined by the ACGIH as Threshold Limit Values (TLVs) and evidence-based levels evaluated by occupational hygienists at OHCOW. It is probable that the Worker was routinely exposed to RCS levels exceeding the ACGIH TLV, and diesel exhaust levels exceeding the recommended levels by OHCOW. In addition, his total radon progeny exposure exceeded the current Ontario OEL for radon progeny, made under the Mines and Mining Plants regulation. The Worker’s probable arsenic and asbestos exposures were likely below the current OELs; however, these exposures may have contributed to his overall risk since research suggests that carcinogens acting on the same target organ should be presumed to be at least additive. Finally, the Worker was also exposed to MP, which is not a lung carcinogen, but research has shown may contribute to the lung overload effect.

As a result of the team’s work, the occupational claim for lung cancer was accepted.

OHCOW Impact

Reviewing workers’ compensation claims makes a huge measure of difference to injured workers and the families of deceased workers. Workers’ compensation will ensure the proper healthcare is made available to workers undergoing treatment, and can provide financial support relating to their treatment. For deceased workers where the occupational disease contributed to cause of death, widows/widowers and dependent children may also be eligible for death-related benefits, including survivor benefits and reimbursement for funeral services.

Of course, OHCOW’s primary goal is the prevention of occupational diseases and injuries, but we also support workers who have been occupationally exposed to hazardous agents in the past, too. This is done several ways: OHCOW nurses provide counselling on activities to further reduce risks, OHCOW physicians provide recommendations for screening activities, and, as with the Worker’s file, OHCOW occupational hygienists investigate retrospective exposures to estimate risk based on risk levels identified in peer-reviewed scientific literature. This focus on past work exposures and resulting occupational diseases is crucial to inform preventative measures for current workers, such as the recent reduc-

tion in the Ontario occupational exposure limit for diesel exhaust particulate in underground mining.

OHCOW recognizes that a claim for a deceased worker cannot provide adequate comfort to the family for their loss. However, OHCOW hopes that a small measure of comfort and additional financial security can be available to the surviving next-of-kin.

CASE 3: Cancer Cluster Among Workers at Vocational College

Background

The Client was approached by a group who had worked in the same building of a vocational college and had been diagnosed with cancer. The building trained students for industrial work, such as welding. The Client, the JHSC and the Union had noted health and safety concerns over several years but these were dismissed by management. The types of cancers varied, and the workers had different work and exposure histories at the college.

Intervention

OHCOW coached the committee on how to work with Clinical and Prevention related services. On the Clinical side, OHCOW required interviews in a confidential setting with workers to collect information and determine the role of the work environment in their illness. The workers were advised to participate in the investigation and share their work history with the medical staff. It was necessary to understand the workplace dynamics and the internal responsibility system as part of OHCOW's information gathering.

On the Prevention side, OHCOW provided a multidisciplinary team to advise the JHSC and Union Membership on how to respond to the health and safety issues being raised. Conducting an Indoor Air Quality Assessment (IAQ) was the top priority. The hygienists gathered information such as the parameters to be measured, the locations to be sampled, and anecdotal information provided by the Committee. Written logs of work practices in the various classrooms also assisted the investigation. Based on previous IAQ assessments, OHCOW was able to provide recommendations and interpretation of the data presented to help the client understand the exposures and why there were higher levels of contaminants in one areas versus another.

Impact

OHCOW recommended installing local exhaust ventilation in one of the welding classrooms. In the interim when ventilation was not sufficient, PPE for workers should be provided. Support for the Client continues, such as preparation for meetings with Management, and advising on recommendations that the JHSC and the Committee puts forth in writing.

CASE 4: Toxic Exposure during Pharmaceutical Manufacturing

Background

A small veterinary medicine manufacturing company contacted OHCOW requesting an assessment of exposure during the manufacturing of the medical substance phenylbutazone. A nonsteroidal anti-inflammatory medication, Phenylbutazone was discontinued for humans due to its severe adverse health effects such as blood dyscrasias, anemia, bone marrow suppression and other risks. However, it is still used for animals, particularly racehorses. Workers at the manufacturing plant were concerned about potential adverse health effects during the manufacturing process, and were experiencing respiratory irritation. They requested an assessment of the current controls in place, such as the ventilation and respirator use, to determine if these are adequate enough to minimize or avoid the exposure.

Intervention

An occupational hygiene assessment was carried out. OHCOW hygienists discussed the issue with the JHSC members and conducted a walk-through survey of the facility to understand the manufacturing process and the ventilation system. The dust exposure during weighing and mixing was measured with specialized equipment. Two dust measure-

ment instruments — Dusttrak and P-track — were used. To interpret the results, a health-based exposure limit had to be derived. Since there was no occupational exposure limit for phenylbutazone, control and exposure banding tools had to be used to derive a limit. OHCOW hygienists conducted further research into the highly toxic substance to determine a sufficient exposure limit.

After research and testing, OHCOW found that the majority of the dust readings were higher than the exposure limit. While the general ventilation appeared to have high air changes per hour, the dust generation rate overcame the high ventilation rate, therefore, it was not adequate to reduce the direct exposure. It was also determined that the respirators in use did not have a high enough protection factor. Musculoskeletal hazards were identified during the manual loading and unloading of the active and nonactive pharmaceutical ingredients into the mixing blender.

OHCOW Impact

To lower the exposures, recommendations were provided following the principle of Hierarchy of Control.

- Engineering controls were recommended, such as enclosing the mixing area, maintaining a negative pressure to keep the dust inside the room and installing a local exhaust ventilation at the discharge and loading site of the mixer.
- It was advised that workers receive better education and training, such as information about the product's health hazards, as well as proper use of respirators and the local exhaust ventilation system.
- It was recommended that the pace of the work should be reduced to a level at which workers can follow ergonomic principals of lifting and avoid MSDs.
- In general, the use of personal protective equipment is the least preferred method of protection, however, in this case it can play an important role owing to the toxicity profile of the medicine. A respirator with an adequate protection factor was recommended and different web-based tools were also provided for workers to consult.

CASE 5: Nickel Processing Plant Operator Multiple Exposed to Carcinogens

Background

Many workers in both nickel processing and underground mining have exposures to multiple carcinogens. This Worker, who unfortunately is now deceased, initially had his claim denied. This was overturned after collaboration between an occupational hygienist and occupational physician at OHCOW resulted in a successful claim. The Worker had been diagnosed with Stage III, Squamous Cell Carcinoma of the lung. He, along with many workers, were simultaneously exposed to group 1 (IARC 2018), lung carcinogens, including nickel and nickel compounds (IARC Monograph 100C), diesel exhaust (IARC Monograph 105), asbestos (IARC Monograph 100C) and respirable crystalline silica (RCS) (IARC Monograph 100C).

Intervention/Approach

The retrospective exposure review (RER) reports, when comprehensively written, incorporate the latest epidemiology and can be considered as "sentinel reports." The findings provided evidence that occupational exposures contribute substantially to the burden of disease otherwise considered idiopathic and labeled "IPF", and squamous cell lung cancer. The reports also provide updates to the WSIB which challenges outdated policies and policy manuals. Apart from providing estimates of exposure, to the four previously discussed group 1 carcinogens, the report also emphasized the importance for the WSIB to take into account "combined occupational exposures" to established lung carcinogens which is in line with leading occupational hygiene practices. It was further noted that when a smoker has occupational exposures associated with lung cancer, the combined effect of smoking plus occupational exposures has interaction effects that are greater than additive, up to multiplicative.

OHCOW Impact

As the sentinel retrospective exposure reviews are provided, this paves the way for the latest epidemiology to be incorporated. This is especially important where claims are successful as they keep the worker advisors and adjudicators abreast of the latest information. It also provides a pro forma for subsequent case reports where workers have been in similar exposure groups with the same disease outcomes. Once again, this report reinforces the combined effects of

exposures and reiterates the combined effect of smoking plus occupational exposures. Many workers in Sudbury will have been exposed to elevated exposures to nickel along with the other carcinogens previously noted. Exposure to various nickel compounds increases the risks of both lung cancer and nasal cancer.

CASE 6: Milton Courthouse Shutdown Due to Mould

Background

The Milton courthouse was shut down by a criminal court justice following reports that the building, which had a history of water leakage, had substantial mould. Courtroom staff had stopped working in their offices due to the potential adverse health effects. The employer hired a private consultant to perform mould testing whose sampling, done through the total spore count method, did not detect any significant level of mould in the air. Courthouse staff requested a third-party analysis through their union (OPSEU). The OPSEU staff representative contacted OHCOW to review the mould reports and also determine if workers' health had been impacted by the presence of mould.

Intervention

The OHCOW Occupational Hygienist reviewed the reports and provided an analysis to the union representative both verbally and in writing. The report determined that the sampling technique used by the consultant hired by the employer — i.e. the total spore count — is only useful to compare the mould spore levels in different areas in order to find the source, and not to correlate mould with workers' symptoms. The technique is prone to misleading interpretation of the results because the measurements can vary due to factors such as different ventilation rates within a building, the location of sample in relation to the mould growth, and more. Due to these challenges, it is usually recommended by different guidelines (NIOSH, Health Canada IAQ guideline) that a mould investigation should start with visual inspection, detection of musty/mould odour, investigating dampness in the air and building material, noting any history of water leakage, and taking bulk samples if mould is suspected. The guidelines discourage air sampling when mould is identified in a bulk sample, and recommends remediation of the mould growth without doing further air sampling. The scientific literature shows that occupants of buildings with damp conditions and history of water leaks are likely to show respiratory adverse health effects.

Since workers at the courthouse were concerned about mould exposure and its impact on their health, a qualitative tool developed by NIOSH would be helpful. The tool has shown correlation between damp conditions in a building and occupant health effects. The recommended tool was provided to the union staff representative to carry out a qualitative assessment and determine if workers had mould exposure-related symptoms.

OHCOW Impact

The employer fixed the water leaks on an urgent basis and remediated all the ceiling tiles with mould. The staff returned to work after the remedial work was completed.

CASE 7: Administering Methoxyflurane Analgesic Exposure Poses Health Risk

Background

A hospital sciences centre in Ontario requested that OHCOW provide an independent assessment to determine the risks for health care workers who administer Methoxyflurane (Penthrox®), and to make recommendations for safe handling. This analgesic is a hand-held inhaler for short term relief of moderate to severe pain associated with trauma or medical procedures in conscious adults. Methoxyflurane has been used for anaesthesia, however evidence of nephrotoxicity (causing kidney damage) led to abandonment of this application. Subsequently, methoxyflurane in lower doses has re-emerged as an "analgesic agent." Even though this analgesic has been approved for use by Health Canada, unless it is administered following proper safety protocols, there may be a risk for Ontario health care workers who handle it.

Intervention/Approach

The OHCOW Occupational Hygienist and Occupational Physician delivered a report to the hospitals in question outlining the risks for health care workers, based on the most up-to-date medical literature. The report concluded that the workers administering methoxyflurane to patients are at risk of inhaling local environmental methoxyflurane. The substance can be metabolised to fluoride and can interact with health factors specific to the individual worker. Health consequences of the exposure and metabolism could potentially include renal injury, hepatic injury, skeletal fluorosis and reproductive risks. This poses legal risk to the employer. To understand the level of exposure to methoxyflurane, along with metabolite produced (fluoride), it has been recommended that personal exposure monitoring and biological monitoring be carried out. A review of current (control) practices has also been recommended.

OHCOW Impact

This inquiry / group work opens the door to work more collaboratively with hospitals throughout Ontario. It allows for a more independent review of health risks from exposures to both waste anesthetic and analgesic drugs, which can also be shared throughout hospital networks and with joint health and safety committees (JHSCs). Furthermore, it paves a way for OHCOW to provide hazard alerts. One hospital occupational hygienist reported back that this work “acts as a prompt.”

Even though use of this analgesic is restricted to areas of the hospital with appropriate facilities / equipment and trained staff, they have not historically included it as part of their anesthetic gas monitoring program. They are now considering including its use in the program, based on further review which will be ongoing. OHCOW will continue to provide awareness about the hazard and risks from administration, along with safe use, to help with risk benefit analysis conducted by hospital in collaboration with JHSCs.

CASE 8: Idiopathic Pulmonary Fibrosis in Foundry Worker

Background

At the time of referral, The Worker was 65 years old and had been referred by his advocate to The Occupational Health Clinics for Ontario Workers (OHCOW). The Worker had been employed in construction and foundry work for over 40 years in various capacities. He also worked previously as a truck driver and a painter.

He was diagnosed with Idiopathic Pulmonary Fibrosis (IPF) and submitted a claim to the Workplace Safety and Insurance Board (WSIB). His claim was denied. The eligibility adjudicator based the refusal on a hygiene assessment and a medical consultants' report that concluded it was not possible to establish that the Worker's illness was caused by the occupational environment. A significant weight was placed on the fact that the worker has a significant smoking history of 36 packs per year.

Both non-occupational and occupational risk factors have been identified as contributing for diagnoses of IPF. Intrinsic factors may include male gender and age, family history of the condition, gene mutations, and more. Cigarette smoking is an extrinsic risk factor for the disease. In this particular case, the issue was not whether or not the diagnosis had been confirmed, but rather what caused the Worker's diagnosis.

Intervention/Approach

The file was referred to an OHCOW Occupational Hygienist to complete a retrospective exposure profile of the Worker's Occupational exposures. The hygienist concluded through an interview that the Worker faced an increased risk of developing pulmonary fibrosis and lung cancer due to cumulative exposures in the workplace to multiple contaminants. Exposure to substances such as respirable crystalline silica, diesel exhaust and asbestos, independently raised his risk to nearly twice the normal level. The hygienist's report cited studies that showed the increased risk persisted even after accounting for the impact of smoking.

The file was then referred to an OHCOW Occupational Medical consultant for review, who found that the worker had an extensive history of Occupational exposures to agents statistically linked to IPF in epidemiologic studies. These exposures included metal dusts (nickel, iron, copper), silica dust, asbestos dust, and a nonspecific category referred to

as VGDF (respirable dust, diesel exhaust, sulphuric acid, sulphur dioxide). The total duration of exposure over 40 years aligns with findings indicating a significant increase in risk for those with 20 years or more in at-risk jobs.

The diagnosis of IPF by the Worker's treating physician was deemed appropriate by the OHCOW medical consultant. The consultant was able to provide a supportive medical reporting concluding: "The available evidence does not support a conclusion that worker's lung disease is idiopathic, i.e., has no known cause. On the contrary, the available evidence indicates that his lung disease, Idiopathic Pulmonary Fibrosis, was caused by the occupational exposures described. Smoking cannot be ruled out as an additional contributing factor."

OHCOW Impact

OHCOW's reports were submitted to The Workplace Safety and Insurance Board (WSIB) by the estate's advocate to reconsider the entitlement in this claim. The decision to deny entitlement was overturned. As a result, the estate returned a positive feedback form to OHCOW and thanked staff for all their efforts.

CASE 9: Esophageal Cancer in relation to Asbestos Exposure

Background

The worker was diagnosed with esophageal cancer. His initial claim for entitlement benefits, attributing his occupational exposure to his onset of disease, was denied. The evidence was found to be inadequate to conclude the presence or absence of a causal relationship between asbestos exposure and esophageal cancer. WSIB Policy identifies the esophagus as part of the gastrointestinal tract, however, internal WSIB advice documents exclude it from consideration under the policy. As such, the claim was not adjudicated under WSIB Policy, but instead on a case-by-case basis. The worker's 30-year employment history with General Electric's Peterborough facility, from 1974 to 2009, involved work primarily as a fitter-assembler & tack welder. His jobs duties involved various types of welding operations such as electric arc welding and machining components such as gaskets for commutator assemblies.

Intervention

OHCOW hygienists sought to support this claim by: 1) characterizing his asbestos exposure; 2) providing relevant epidemiological evidence of association between asbestos and esophageal cancer and; 3) supporting our information with a related Workplace Safety and Insurance Appeals Tribunal (WSIAT) decision.

The hygienists curated useful information from the claim file, such as the worker's employment history and historic workplace inspection reports. All available historic reports were inventoried in a dynamic database, which searchable by asbestos exposure data, building location, job title, and era of work. Next, a review of relevant epidemiological literature and WSIAT decisions was performed. Finally, an occupational hygiene (OH) report template was created to provide concise OH information and opinion for the consideration for possible WSIB appeal submission. A brief summary of the review of the scientific literature and the WSIAT decisions have been outlined below:

Based on the WSIB's interpretation which excluded the esophagus from consideration under Policy 16-02-11:

The current OHCOW assessment included a search of the scientific literature for recent published articles relating to esophageal cancer and work. A 2021 Taiwan systematic review by Wu et al. was identified. This paper showed a positive association between asbestos and esophageal cancer. This recent epidemiological evidence suggested that the worker's claim of esophageal cancer should be reconsidered under Policy 16-02-11 with respect to his potential occupational exposure to asbestos.

OHCOW hygienists examined prior WSIAT decisions that involved the application of Policy 16-02-11. The review identified a WSIAT decision involving esophageal cancer where the Tribunal accepted the diagnosis of esophageal cancer as one of the gastro-intestinal cancers covered by Policy 16-02-11. WSIAT also provided a broad definition of an asbestos worker as having direct or indirect exposure resulting from the use of asbestos equipment, asbestos tools, and asbestos materials. OHCOW hygienists noted that WSIAT established an era (prior to the early 1980s) and minimum years of exposure (6 years). OHCOW hygienists were able to show clear and adequate history of exposure, and that the nature and pattern of such work was considered continuous and repetitive, and consumed most of the worker's job duties.

This case strengthens the work-relatedness of esophageal cancer and exposure to asbestos specifically prior to the mid-1980s. Through the work on this case OHCOW hygienists were able to create an Occupational Hygiene report template using standardized text and a thorough examination of all available information. This approach will allow for timely, concise, and consistent exposure assessments of similar types of denied claims, i.e. the exclusion of esophageal cancer from consideration under Policy 16-02-11.

CASE 10: Pipefitters' Lead Exposure

Background

OHCOW received an inquiry from a Toronto Occupational Health Nurse by way of a union Health and Safety representative. The inquiry concerned measurable health-risk legacy from residual dust exposure and contamination from pipefittings. The old pipes used a lead-based sealant that is no longer in use, and there was a risk of potential adverse health effects from lead exposure. The lead dust gets on workers' hands and clothes, as well as contaminating surfaces.

Intervention/Approach

An OHCOW team was established to work with the union to address the lead contamination issue. Other pipefitter groups across the province have been identified as likely having used or may still be using the same leaded pipe sealant.

Lead exposure has occurred in the trade through the pipe sealant, or pipe dope, known as "Masters Metallic." It is still "readily available" for consumers and contains about 80% lead in a paste form. In some workplaces this lead sealant has been replaced by a lead-free sealant, yet there remains a serious exposure from ingestion of the lead contaminated dust that is still present. "Take-home" lead dust that remains on clothing, skin and hair, can effect the home environment, increasing the "blood lead" of children and other family members. Measurable lead dust has been identified in old fittings which has been shown in trucks, and many other fixtures. This thread sealant remains currently available on store shelves for contractors and homeowners to use which is alarming.

Results

The following initiatives are underway to address the issue:

- OHCOW will be consulting with researchers in both the US and Canada on the use of X-ray Fluorescence Scanning (XRF), the best method to assess the long-term body burden of lead. Currently the service is not available in Canada.
- Various efforts in information transfer relating to the health risks of lead exposure are being developed.
- A booklet on the topic is being developed and will be distributed through union representatives and other contacts. Older materials about lead in the OHCOW online archives, will be updated.
- Seminars, both in person and virtual, have been presented to the relevant audiences and is continuing. A presentation was made at an inter-union conference with Canadian and American Pipefitters. OHCOW staff also presented the lead exposure issue to Occupational Health Physicians at the virtual American College of Occupational and Environmental Medicine (ACOEM). A presentation for the American Occupational Health Nurses virtual conference June 2024 is planned.

CASE 11: Ergonomic Hazards for Vehicle Operators

Background

Throughout the past four years, an OHCOW ergonomist has conducted ergonomic assessments for the city of Guelph field staff workers who work mainly out of their cars. These assessments focused on identifying and mitigating ergo-

onomic hazards in workers’ vehicles to prevent musculoskeletal disorders and improve workplace health and safety. The evaluations involved interviews and observations to understand the workers’ discomfort, work techniques, and setups. Education on proper work techniques and safe postures was provided, along with guidance on adjusting equipment to fit individual needs. Part of these assessments involved evaluating new vehicles for suitability in work use.

Intervention/Approach

Recommendations included creating two interior working setups—one for driving and one for computer work—to facilitate better working postures. Comparisons between current and proposed vehicles revealed that better adjustability in seating and steering components, such as a telescopic and tilting wheel, adjustable vertical and horizontal lumbar support, and seating with vertical, horizontal, and tilting functions are essential for maintaining optimal postures while driving and performing computer work in the vehicle. Memory functions for seat and steering adjustments in vehicles were suggested to ensure consistency in optimal postures.

Results

Changes in monitor placement since 2020 have improved neck postures while working on their computers in the car. With a clip-on document holder placed over the top of the steering wheel, we were able to replace the mounted arm setup and create neutral neck postures while viewing the monitor/tablet.

CURRENT CLIP-ON SYSTEM:

Changes in monitor placement



Adjustment of car seats

postures and increased vibration. Modifications to the center console were required to create a suitable surface for using a mouse during computer tasks.

This allows the tablet to sit higher than the previously used strap method. Both methods worked better than the mounted monitor arm setup that would not come far enough over to be in front of the worker, and that also caused some visibility issues while driving if not constantly adjusted.

The assessments also highlighted the need for regular replacement and maintenance of vehicle seats to ensure they remain in good condition, as worn-out seats can lead to awkward sitting

KEY PRIORITIES

Occupational Illness

Occupational illness and its prevention requires engagement and action at all levels of the Prevention System and beyond – from communities, families, workers, managers, safety reps, owners, safety professionals, health care providers and regulators.

All webinars can be viewed from the playlist.



OCC-tober & Beyond Webinar Series



Occ|tober 2023: Collaborating to Reduce and Control Workplace Exposures

Finding Evidence for Exposures of Concern

October 27

Kicking off the 2023 installment of our Annual Occ|tober Webinar Series, the first webinar focusses on finding evidence for exposures of concern. Expert advice on what to do about potential dangers posed to workers from exposures to hazardous substances is presented. Topics include the EKOS/OHCOW Workplace Exposure Survey, Is Silicosis Making a Comeback? and Evidence for New Occupational

Exposure Limits.

Launch of the Ontario Silica Control Tool & Ontario's OHS System Focus on Occupational Illness Prevention

November 3

Beginning in November 2023, workers and employers in the construction industry will receive full, free access to the Silica Control Tool, recently updated for use in Ontario. An introduction from Dr. Joel Moody, Chief Prevention Officer, MLTSD, starts the session. An informative presentation on the Tool was presented by the OHCOW team. The second part of the session discusses a Policy Update on the 5 yr Prevention Strategy and OCRC Exposure Research Analysis of TTC Subway Exposures.

Ontario Occupational Disease Landscape Review Highlights, and the ECHO OEM Tools for Primary Care to Get Work Done!

November 10

Dr. Linn Holness, MHS Sc Scientist and Director of CREOD, and Janet Brown, discuss prevention and healthcare in the occupational disease landscape. Dr. Anil Adisesh, Dalhousie University, discusses the ECHO OEM Occupational and Environmental Medicine (ECHO OEM), a telementoring program for primary health-care providers in Ontario.

Exposures & Disease – Making the Link

November 17

Hosted by Krista Thompson, a video by Mark Parent on Nickel Exposure starts off the session. Occupational Hygienist Masood Ahmed speaks about Dermal Exposure Overview including sampling, results and prevention. Derrick Chung presents a case study in Dermal Exposure and illustrations of conceptual models in a discussion of DREAM: Dermal

Exposure Assessment Method. OHCOW Sarah Rhodes speaks about case studies in the Rubber Industry, specifically in the Kitchener/Waterloo region.

Airborne Hazard Management Programs- Reducing Exposures in Mining
November 24

This session informs employers, workers, and other workplace parties to develop and implement an airborne hazard management program (AHMP). Practical information in reducing exposures as part of the AHMP is provided. The topics of monitoring of ambient and workplace air, and a method including real time monitoring of diesel particulate matter (DPM) are discussed. Reports on updated mining legislation, engine certification, monitoring diesel particulates and developing an occupational monitoring plan and exposure risk evaluation and more are included.

Silica Control Tool

Protecting Workers’ Health in the Construction Industry

On November 3 2023, Occupational Health Clinics for Ontario Workers introduced the Silica Control Tool (SCT) a tool that will help protect workers from lung disease caused by inhaling the dust of crystalline silica, which is found in sand, rock, gravel, concrete, brick, stone, mortar, granite, glass, ceramics and many other materials. This is year one of a five-year plan. The Tool’s user interface has undergone a facelift for Ontario and has been fully customized to meet Ontario’s health and safety regulation and standards. The SCT is available at no charge to any worker or employer at risk of exposure to silica dust, the tool is easy to use and can be downloaded to a phone, laptop or desktop.

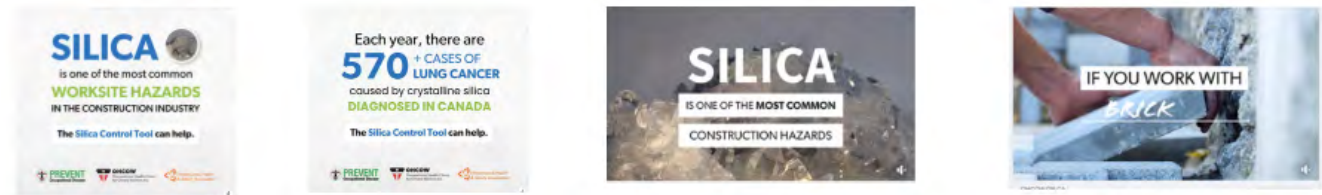


Dr. Joel Moody, Chief Prevention Officer/ Assistant Deputy Minister, Ministry of Labour, Immigration, Training and Skills Development, said on the day of the launch that “The Silica Control Tool will help empower employers and workers - from workplaces and operations of all sizes - to understand the hazards and prevention strategies related to working with silica. I want to recognize and thank OHCOW for their leadership to make this project happen.”

OHCOW sent a media release and launched a social media campaign to inform the construction industry of the new tool and provide links to OHCOW’s SCT page. This page features more information, instructions and links to register. The response to the social media posts saw a 50%+ increase in reactions, including “likes” and favourable comments.

Through a special budget, the project hired an external media company that helped to draw increased traffic to the web page, and created materials such as banners, infographics, posters, wallet cards and stickers.

A sample of the ads placed on social media, that linked to the SCT landing page on OHCOW’s website:



The boosted posts resulted in more than 14,000 visits to the landing page. The registration page has more than 28,000 visits to date.

Occ-Covid Conversations Webinar Series



View these webinars from the Youtube playlist [here](#).

Understanding Post-COVID-19 Condition in Canada

Friday June 23

Dr. Sarah Viehbeck, Chief Science Officer, reports what we know, don't know, and a framework for action: Research, Patient/Family Support & Preparedness. What can we do in workplaces to recognize, assess and control the hazards that contribute to COVID-19 infection and prevent and mitigate the associated harm? Hosted by Kevin Hedges, Ph.D, CIH, COH, Occupational Hygienist, OHCOW Eastern Region/Ottawa Clinic.

Let's Collaborate on Solutions for Cleaner School Air!

Friday August 25

Better ventilation and air quality means better health for children and reduces virus spread. This popular session includes a look at recent Australia experience, efforts and guidance plus how standards for cleaner air can be leveraged, all framed by an introduction to grassroots school safety advocacy efforts from across the country.

Managing Mixed Immunity and Related Infection Risks

Friday, October 6

This session seeks to unwrap the complexity and variety of factors affecting risk of acute and chronic impacts in the context of workplace prevention strategy. Professor Dawn Bowdish, PhD discusses her research on individual and age group immune susceptibility, and how it can be applied to workplace prevention.

OCC-COVID Webinars 2024: Health Care Impact, Lessons and Choices

Friday, January 30

The ever-present SARS CoV-2 virus (and its endless mutations and "wicked" complexity of disease) seem impossible to solve. Understanding the personal and societal impact can drive a perspective shift that allows each of us to find and implement transmission control and harm mitigation strategies that can make a difference in our home, work and recreational activities.

Occ-COVID Year 5 - Managing Mask Madness – Benefits, Challenges & Solutions

Masks are a key tool in the fight against aerosol hazards, but much maligned and misunderstood. Review latest research, controversy & new CSA standard. Masks and respirators have been key tools in worker protection and infection control for decades, yet they have become objects of ridicule and extensive mis-information. This session discusses their efficacy and use parameters to maximize their effectiveness in our illness prevention toolkit.

Heat Stress Toolkit



Heat stress is a serious threat to workers. It occurs when the body is unable to get rid of excess heat, which causes the heart rate and core body temperature to increase, often leading to heat-related illness. The tools in this Heat Stress Toolkit will help you understand the heat conditions in your workplace, assess the risk of heat stress and take action to protect yourself or your workers.

Some infographics in this series include: Heat Stress Risk Factors, Heat Stress Symptoms, Heat Stress Warning Signs, Heat Stress Effects, Heat Stress Acclimatization, Heat Stress Response Plan. There are also videos, guidebooks, and calculators.

All these items and more, can be downloaded from the [HST landing page](#).

Cluster Projects

An Occupational Disease Cluster Investigation is opened at the request of an individual, a worker organization or a community group when a cluster of workers from a shared workplace or industry experience the same health conditions. OHCOW identifies exposures that should be reduced or eliminated, screens workers for early signs of disease can be detected, and helps workers and families to file claims and provide relevant medical assessments.



Rubber Worker Project 2024 Update

OHCOW's project staff have continued to collect information about the layout of the plants, the chemicals used in specific areas and jobs, working conditions, Ministry of Labour inspection reports, product information (data) sheets, studies about the hazards and health effects of rubber work and other relevant information. We've talked to former union leaders and health and safety activists and connected with the members of the "BF Goodrich employees" Facebook page. We are working with the Office of the Worker Advisor (OWA) and the Steelworkers to get information they may have. We have been to several libraries, looking for photographs and documents to assist with cases and to update the website. In March of 2024 a letter addressed to Rubber Workers and their families is being presented by OHCOW to update all concerned.

The Project database now has 282 workers, many with multiple WSIB claims. It includes information about the worker's health condition(s), job history and claim status. We are creating another database to connect individual claims to relevant studies and other information that can help new and existing claims. OHCOW staff have reviewed the files we have for WSIB claims involving rubber workers. This chart summarizes what we know about them.

This review is improving our understanding and, in some cases, could lead to finding additional or new evidence to support individual claims.

For more information, read the letter from Valerie Wolfe, OHCOW Executive Director, South Central Region. Go to [web page](#).

General Electric Peterborough Project 2024 Update

Our team has continued to gather and review available medical and work history records for individual GE clients. We also research and review available evidence from scientific studies and clinical literature of health conditions that have links to past workplace exposures at GE Peterborough.

What did we accomplish this year?

We conducted outreach to workers and their next-of-kin.

- We mailed project update newsletters to workers and their families.
- We conducted follow-up outreach to workers or their next-of-kin through phone calls and/or letters.
- We supported workers and their families to navigate the WSIB claims process, including assisting with the initial paperwork to file claims, and linking workers with worker representative services for claims.



We completed foundational work on sentinel cases of esophageal, colon, and lung cancer in support of GE workers WSIB compensation claims.

- Through this foundational work OHCOW hygienists were able to create an OH report template, for each diagnosis related to exposures experienced by GE workers, using standardized text and a thorough examination of all available information. This approach will allow for timely, concise, and consistent exposure assessments of similar types of denied claims.

We built a stronger new collaboration with the Office of the Worker Advisor (OWA).

- OHCOW and OWA has jointly designed a shared case tracking list stored in a secure location where both organizations can update in real-time to greatly improve communication and transparency to better help the injured workers we serve.

What's coming next?

- We plan to conduct extensive worker outreach in 2024-2025 through follow-up phone calls and letters to workers or their next-of-kin, to update your information and determine what further supports we can provide.
- We will continue reviewing the individual client files of GE workers with our interdisciplinary team in collaboration with the OWA.
- We will continue to support workers to complete the initial paperwork to start workers' compensation (WSIB) claims for health conditions related to their workplace exposures, and to link them with services from the Office of the Worker Advisor to represent them on claims and appeals.

Go to [web page](#).

McIntyre Powder Project 2024 Update

McIntyre Powder (finely ground aluminum dust) was administered to mine workers in Ontario in most gold and uranium mines between 1943 and 1979, under the mistaken belief that it would prevent the lung disease silicosis. Since 2016, OHCOW has been actively investigating the health issues linked to McIntyre Powder and multiple other mining exposures experienced by Ontario mine workers, such as diesel engine exhaust, respirable crystalline silica, lubricants, ionizing radiation, arsenic, solvents, dusts, fumes, and more.



What did we accomplish this year?

We conducted outreach to workers and their next-of-kin.

- We mailed project update newsletters to workers and their families. Read the latest information about Research, Medical Updates, WSIB Policies March 2024 Issue
- We conducted follow-up outreach to workers or their next-of-kin through phone calls and/or letters.
- Our team hosted a public (virtual) information session regarding cardiovascular disease and McIntyre Powder exposure in February 2024.
- We supported workers and their families to navigate the WSIB claims process, including assisting with the initial paperwork to file claims, and linking workers with worker representative services for claims.
- Information about OHCOW services, including OHCOW reports on mining exposures and health, was provided during in-person public outreach sessions through our community partner (McIntyre Powder Project), in Red Lake, ON in September 2023 and in Sudbury, ON in November 2023.

We finalized reports relevant to mining exposures and health and made them available to the public to support workers' compensation claims.

- We provided our MP mine workers (or their legal next-of-kin) with individual medical and occupational hygiene reports addressing their specific work exposures and health issues. These reports supported the pursuit of individual WSIB claims.
- We built new infrastructure to support our ongoing client work.
- We finalized and published to our website the following in-depth reports dealing with scientific evidence linking mining exposures with health issues, and addressing WSIB policies and guidelines for claims decisions:
 - » Lung Cancer and Exposures in Ontario Hard Rock Mines;
 - » Radiation (Radon) in Ontario Uranium Mines: WSIB Policy, Exposure Data and Risk of Lung Cancer;
 - » Review of the Workplace Safety and Insurance Board (WSIB) Adjudicative Support Material Binder (ASMB) for Chronic Obstructive Pulmonary Disease (COPD) used in the adjudication of claims from Ontario miners;
 - » Idiopathic Pulmonary Fibrosis: Occupational Exposures as a Risk Factor.
- We converted all of our MP client files to electronic format, to make it easier for our multidisciplinary team to collaborate on our individual client work and our investigation of health and exposure issues common to multiple clients within the McIntyre Powder (MP)-exposed group.

What's coming next?

- We plan to conduct extensive worker outreach in 2024-2025 through follow-up phone calls and letters to workers or their next-of-kin, to update your information and determine what further supports we can provide to you.
- We will start the process of reviewing the individual client files of our MP workers who were diagnosed with cardiovascular diseases, to determine if their work exposures, including to McIntyre Powder, may be linked to the development of their cardiovascular disease.
- We will continue to support workers to complete the initial paperwork to start workers' compensation (WSIB)

claims for health conditions related to their mining exposures, and to link them with services from the Office of the Worker Adviser to represent them on claims and appeals.

- We will continue our ongoing work to gather, compile, and review individual client medical and work history records, and to provide individual reports to workers regarding the contribution of their work exposures to the development of their health issues.

Ventra Project

What did we accomplish this year?

- We mailed project update newsletters to workers and their families.
- We continued to conduct health and work and exposure interviews with workers and their families.
- We have conducted reproductive questionnaires with Women who have expressed that they have expressed reproductive health concerns.
- We supported workers and their families to navigate the WSIB claims process, including assisting with the initial paperwork to file claims, completing the Workplace Safety and Insurance Board Intent to object Form (ITO) and actively collaborating with Unifor Local 1987 and The Office of The Worker Advisor(OWA)



What's coming next?

- We intent to carryout through worker outreach in 2024-2025 by conducting follow up calls and update letters to workers and their family members. The purpose is to update their health information and assess how we can offer additional support to the Pebra/Ventra Plastics workers and their families.
- We will continue our ongoing work in the collection, compilation, and examination of the individual client files, medical and work and exposure history. We will further review client files and provide reports detailing the correlation between the workers work and exposure and the onset health issues.
- We will continue to work with our Interdisciplinary team to review files and provide reports to the workers or estates legal representatives to submit to The Workplace Safety and Insurance Board(WSIB) on their behalf.
- We held an information session in Peterborough on March 26th and provided the workers and their family members with an update on the project, introduced the Occupational Health Clinics for Ontario Workers (OHCOW) and provided information on how to file a claim with The Workplace Safety and Insurance Board(WSIB) if they have a illness that they believed may be related to their Occupational Exposures

We want to hear from you!

- Did you or your family member work at Pebra/Ventra Plastics? Do you have concerns about the impact of your work on your health? Please Contact our Occupational Health Coordinator, Jessica Montgomery at 1-613-218-7345 for further information or to register with us as part of our group of Ventra Plastics Project

For workers with reproductive health concerns:

Concerns have been raised about reproductive health issues among Ventra workers. Are you experiencing any of the following?

- Endometriosis
- Uterine fibroids
- Excessively painful periods
- Excessive menstrual bleeding

[Go to Page.](#)

Dryden Recovery Boiler Project Update

Weyerhaeuser RB4 Project

The Dryden Weyerhaeuser Recovery Boiler #4 (RB4) project involves retrospectively assessing the health risk, and exposure profiling, for workers exposed to “un-scrubbed” stack emissions from the recovery boiler project work which occurred between 2002 and 2004. The RB4 construction project involved about 400 workers from various trades.

Apart from indication that some workers may have suffered from chronic toxic encephalopathy (CTE), there were numerous health effects reported via an intake clinic held in 2004 at Thunder Bay. Since 2004, OHCOW has been actively investigating worker health



issues, that have been linked to the exposures such as for example CTE. CTE usually represents a chronic persistent diffuse injury to the brain resulting from cumulative or repeated exposures (often over a period of months or years).

Information has been collected in the follow up years from both records including anecdotal information. The OHCOW project also has been meeting monthly with the Dryden RB4 Committee and the Thunder Bay and District Injured Workers Support Group (TBIWSG).

What did we accomplish this year?

- Several cases have been selected for exposure profiling. Background records have been compiled for these individuals, along with pertinent information such as the chemical constituents of emissions necessary for sentinel retrospective exposure reviews (RER). There is a cocktail of chemicals associated with un-scrubbed paper mill emissions and understanding the chemistry and levels of exposure are critical to determine causation and linkage with illnesses and injuries reported such as CTE.
- Information from all of the prior investigations and approximately 840 records have been centralised. A master list of over 450 workers have been compiled, and many files have been reopened.
- A working relationship has also been cemented with the Thunder Bay and District Injured Workers Groups in addition to providing instruction in the WSIB processes to pro bono law students associated with the project. More recently during 2023 and 2024 OHCOW has participated in monthly committee meetings regarding the Dryden Project with the Thunder Bay and District Injured Workers Group to align our work and synthesize activities.
- Two public information sessions were also hosted in June and November 2023 with active participation by volunteers and OHCOW.

What's Coming Next?

The next steps for this project include:

- Carrying out an up-to-date literature review to evaluate the latest evidence linking exposures to paper mill emissions with adverse health effects including CTE.
- Finishing working on the sentinel cases as this may encourage more workers to come forward and pave the way for others to submit claims with similar health complaints.
- Continuing to participate in committee meetings and town hall meetings to engage new workers and assist with the planning for an in-person town hall meeting.
- Continuing to follow-up with workers and assist wherever possible as they navigate the WSIB claims process. Also, connect them to the OWA where appropriate and continuing to open files for any new workers that come into this project and add them to our active worker section on the master list.

Algoma Steel 2024 Update

Background

Algoma Steel, (formally Essar Steel) was founded in 1902, and is the largest employer in Sault Ste Marie and the second largest Steel producer in Canada. Algoma Steel currently employs more than 2,700 unionized workers of United Steel Workers Local 2251 (USW Local 2251) and United Steelworkers Local 2724 (USW Local 2724). Their products are used in automotive, construction, energy, manufacturing, tube and steel distribution industries.

In May of 2008, USW Local 2251 held a 2-day Occupational Disease intake clinic in collaboration with the Occupational Health Clinics for Ontario Workers (OHCOW). Workers and their families had approached the union after being diagnosed with various Occupational illnesses. At the time of the intake clinic, Sault Ste Marie had four times the provincial cancer rate, according to the Algoma and District Health Unit and the Workplace Safety and Insurance Board (WSIB) statistics. USW Local 2251 members accounted for 3% of the provincial Occupational Disease fatalities registered with WSIB.

540 USW Local 2251 members and their families attended the intake clinic on May 7th and 8th. After the clinic, they held five additional mini-intake sessions surveying an additional 193 workers. As a result, 1,165 claims were filed by USW Local 2251, 261 claims were allowed and 596 were denied. These denied claims were continued to be worked on by USW Local 2251, and files continued to be referred to OHCOW.

Intervention/Approach

In 2022, OHCOW reopened the Algoma Steel cluster investigation project. OHCOW established an interdisciplinary team to review the previously denied claims. Letters were sent to past clients and workers who attended the intake clinic in 2008 re-offering services. The OHCOW team commenced consent calls, requested WSIB claim files and are reviewing the WSIB claim files and moving the cases through interdisciplinary consult meetings. We will review the literature and/or law and legislation and determine if these previously denied claims can now be supported.

The risk factors for cancer and various illnesses are multifactorial. For the patient to be entitled to benefits, a causal relationship between the occupational exposure and the diagnosis must be demonstrated. Lung Cancer and Chronic Obstructive Pulmonary Disease (COPD) is the most predominant illness to come out of the Algoma Steel Cluster investigation project. Workplace exposures of asbestos, silica, coke oven emissions, respirable dusts etc. continue to be reviewed by our hygienists.

At this time our Algoma Cluster investigation team continues to work through files that have been reopened as well as newly referred files, this is an ongoing project. In 2024-2025, we will continue to contact workers or their next-of-kin through follow-up phone calls and letters to update their information and determine what further support can be provided. As part of our ongoing work, we will continue to obtain, compile, and review medical records and work histories of individual clients, and we will develop individual reports regarding the contribution of work exposures to health issues.



Injury Prevention

Prevention programs are a proactive way to find and fix workplace hazards before workers are injured or become ill. These programs can be effective at reducing injuries, illnesses, and fatalities. Musculoskeletal Disorders, Work Environment and Workplace Ergonomics are all key topics of the prevention picture.



RSI Webinars Series



Most Successful RSI Day Ever

The event this year was the most successful RSI Day event OHCOW has hosted in the event's 25-year history. Since 2021, the RSI Day webinar has been altered from a full one-day event into a four-week 2-hour webinar series for the entire month of February. Each week consisted of a different theme to address multiple issues relating to Ergonomics and musculoskeletal disorders. Specific demographic information about the attendees to gain greater insight into the ever-evolving nature of the stakeholders attending such sessions.

See the full [RSI Day 2024 Report](#).

FOCUS ON WORKERS: 25 YEAR HISTORY & OPIOID HARM REDUCTION

WEEK 1: The History of RSI Day, Chronic Musculoskeletal Pain and Opioid Misuse, Opioid-related harms among Ontario workers. Managing chronic musculoskeletal pain safely is key to improving health outcomes for workers and the newly launched Opioids and Work Data Tool

CLINICAL LESSONS ON KEY MUSCULOSKELETAL DISORDERS

WEEK 2: This session examines the anatomy, causes, symptoms, diagnosis and prevention of Plantar Fasciitis at work. Improved and Systematic Physical Demand Analysis in the Workplace. Risk identification, evaluation, and mitigation — aiming at the development of modified work within the return-to-work program. Epicondylitis is a musculoskeletal disorder affecting the elbow.

COST/BENEFIT: UNDERSTANDING FINANCIAL & PSYCHOSOCIAL HARM

WEEK 3: Intervention Cost-Benefit Calculator, several freely available cost-benefit models will be shared. Ontario's Cost Calculator and Related Resources, Measuring Workplace Stress Among RSI Day Participants – 6 years later.

KNOWLEDGE@OHCOW: PRODUCTS & TOOLS FOR WORKERS & WORKPLACES

WEEK 4: OHCOW Ergonomic Tools, APPs and Calculators Office ergonomics are more important now than ever. This session looks at the revised and updated Office Ergo Calculator, Anthropometric Calculator, Keyboard Short Cut Tutorial, and Cold Stress Calculator. Introducing JobAssess, a New Job Demands Analysis Tool.

Ergonomics Podcast Series Continues

ANOTHER YEAR OF POPULAR PODCASTS

OHCOW has created seven podcasts in the 23/24 fiscal year, and participated in an eighth with the IHSA. Ranging in topics covering ergonomics and occupational hygiene, OHCOW's podcasts have become increasingly popular, enjoying an expanding audience. See our extensive list of podcast links here.

Number of Downloads for the Year: 671

TOP PODCAST: THE DANGERS OF SILICA IN THE WORK-PLACE

The Silica Control Tool partnered with the IHSA to inform the audience about the Silica Control tool Episode 69: Silica Exposure in the Workplace. In this episode of the IHSA Safety Podcast, Jasmine Kalsi, IHSA's Occupational Hygienist, and Shirly Yan, Occupational Hygienist at the Occupational Health Clinics for Ontario Workers (OHCOW)—Toronto Clinic, discuss the hazards posed by silica in construction.



HEAR OUR MOST RECENT ERGONOMICS PODCAST:

Ergonomics is the scientific discipline of fitting the job or task to the physical dimensions, physical abilities, and mental capabilities of the worker – matching the job to the person. The goal of Ergonomic intervention is to identify, minimize, and eliminate hazards (or risk factors) that may contribute to the onset of musculoskeletal injuries. In this podcast we discuss Ergonomics, Ergonomic risk factors, and Musculoskeletal Disorders (MSDs), as well as how identifying, assessing, and implementing ergonomic controls can help with injury prevention. Hear the podcast.

Global Ergonomics Month

Celebrated in October each year, Global Ergonomics Month is an international outreach campaign promoting human-centred design through the science, application and profession of ergonomics or human factors. These disciplines are focused on optimizing human well-being as well as overall system performance by proactively designing work and work systems to fit the people interfacing with them in ways that improve efficiency, productivity, health, safety and comfort.

In October 2023, Global Ergonomics Month, OHCOW highlighted through our social media channels various resources throughout the month to raise awareness and provide information on the benefits of ergonomics. Ergonomics is ultimately good for both business and people.

For the month of October OHCOW ergonomists published pdf and electronic resources such as various MSD Info Sheets, link to a recent podcast entitled The Role of a MLITSD Ergonomist featuring a discussion with Amir Estulin, and the Office Ergonomics Reference Guide.



New Apps and Tools

OHCOW's popular tools and calculators are always being updated for ease of use and to reflect changing factors in work environments. In the past year, some tools that were previously just available on an Excel Sheet are now moved to the web and apps are available, for both IOS and Google platforms.

CALCULATORS

The Office Ergo Calculator, Anthropometric Calculator, and Cold Stress Calculator have all been updated and revised. Previously they were downloadable programs in Excel or Power Point. Errors could occur in these calculators depending on repeated opening of the page and Windows security features. Use of the calculators did not require login and information could not be tracked or updated.

The Cold Stress, Anthropometric and Office Ergo Calculators are now in a web based format and a mobile APP exists for each. The Anthropometric Calculator has improved graphics and re-organization of tables, and can now be exported to the Office Ergo Calculator. The Office Ergo Calculator has improved audio, graphics, and video. Its options now include metric or imperial measurements, keyboard tray selection (height adjustable, on desk), and dual monitors. Variables now include monitor distance and arm length.

KEYBOARD SHORTCUT TUTORIAL

The Keyboard Shortcut Tutorial was PowerPoint based and in the latest update was turned into a web-based format with a mobile app and enhanced video and graphics. A landing page allows the user an introduction to the tool and choice of operating system (Mac or Windows) and Language (English or French).



A NEW OHCOW SERVICE MAKES LEARNING EASIER

Thumbnail image of the Office Ergonomics Reference Guide web versionOffice ergonomics is more important now than it has ever been before in our efforts to decrease and/or eliminate musculoskeletal disorders. Many workplaces do not have the financial resources (or time) to correctly train their workers in ergonomics, and specifically to identify and correct office set-up and use challenges. Building on the popular Office Ergonomics Ergo Reference Guide, the Office Ergonomics e-Learning Course breaks down the key ergonomic principles of workstation components into modules that allow users to progress at their own pace, while learning how to recognize, assess, and control the ergonomic hazards related to computer work wherever it is done.

JOB ASSESS

A new web-based app from OHCOW that allows you to accurately and efficiently capture the Physical, Sensory, Cognitive and Psychosocial demands of any job. This new online tool allows you to select the demands that are relevant to the job you are assessing and then steps you through each and every section in detail. After creating a quick job profile, you set up the relevant tasks and assign the various task elements. You can even include photos to enhance the job record. Additional sections include:

- Administrative Considerations
- Personal Protective Equipment (PPE)
- Tools, Equipment, and Materials
- Environmental Considerations
- Strength Demands
- Body Posture Frequency
- Sensory Demands
- Cognitive Demands
- Psychosocial Factors

You use simple checklists, picklists and text fields to enter information and you can even red flag items that are of concern.

Workplace Mental Health



One of the biggest challenges for workplaces today is achieving a balance between the demands of work and employees' mental health and wellness. OHCOW offers tools, webinars and other resources to help employers address the crucial issue of workplace stress, and employees to discover how they can advocate for better conditions.

Mayday, Mayday Webinar Series



Opioid Addiction and Impairment Prevention at Work

The first session addresses current concern in many workplaces and a Provincial OHS priority. Discussion includes the complexity of factors involved, plus resources to help. Opioid and substance misuse in the Building Trades is the first topic, and looks at a strategy to deal with an epidemic. Opioid-harms among Ontario Workers is examined and a re-examination of substance use impairment in workplaces entitled Moving the “dial” from zero tolerance to harm reduction and support.

COPSOQ JOINT SESSION – RESEARCH INTO PRACTICE

OHCOW hosted the biannual COPSOQ (Copenhagen Psychosocial Questionnaire) Network meeting in Hamilton on May 11 & 12. See below section for detailed information on this in-person event.

YOUTH MENTAL HEALTH IN THE COMMUNITY AND AT WORK

Young workers have recognized vulnerabilities to workplace injuries & harms, including to psychosocial risk factors, made worse in the pandemic. Learn more about challenges faced by these frequently exposed front-line staff in their daily jobs, and some solutions to reduce risk and mitigate harm from an agency, industry and advocacy perspective.

CRISIS PLANNING FOR WORKER & RESPONDER MENTAL HEALTH

This session examines raising awareness and recognizing planning and operational strategies that can make a difference in the short & long term impact of trauma. Topics include A Safety Professional's Experience with Mental Health and PTSD from a public safety perspective. The question of providing mental health support with the program PeerOn-Call @ work: in the palm of your hand. Experts also discuss worker trauma support planning in Crisis management.

WORKPLACE MENTAL HEALTH PROGRAMS AND OPPORTUNITIES

Wrapping up this important webinar series with a focus on success strategies, tools and other resources to support workers and workplaces.

The COPSOQ (Copenhagen Psychosocial Questionnaire) Network Meeting

SESSION 2: COPSOQ JOINT SESSION – RESEARCH INTO PRACTICE

A unique opportunity to look at the international use and impact of the Copenhagen Psychosocial Questionnaire, an important workplace mental health/stress prevention survey tool

OHCOW hosted the biannual COPSOQ (Copenhagen Psychosocial Questionnaire) Network meeting in Hamilton on May 11 & 12 that discussed the technicalities of the survey and its use around the world. It was scheduled in May to intersect with our annual Mayday, Mayday Symposium on Workplace Mental Health and Injury Prevention. Research into Practice is a combined event including our regular audience of worker activists and advocates, Workers Compensation and OHS professionals, regulators, and researchers as well as others interested in the COPSOQ from around the world. This is one of three virtual sessions as a complement to the full-day, in-person* Joint COPSOQ & OHCOW Network Meeting in Hamilton, ON.

The virtual sessions:

A. CANADIAN SURVEY RESULTS AND TRENDS

John Oudyk hosts three of the sessions on Canadian National Survey Results & Trends: How Stressed are We?, The Big Picture, Data Analysis, Details and Patterns, and Finding trends – Comparing 2016, 2019 and Today The Current Story – Qualitative Comments, Daryl Stephenson. It is followed by a discussion includes the audience.

B. SURVEY USE AND CHALLENGES IN CANADA

In the first session entitled StressAssess Success Stories, representatives from the Burlington Family Health Team, Infrastructure Health and Safety Association, and the Ontario Nurses Association share their stories of using OHCOW's StressAssess tool in their workplaces. Short /"Pulse" survey experience, includes a Research update, Hanne Berthelsen, Dr. Odont., MPH, DDS, Associate Professor/Researcher, Malmö University and a Case Study, John Oudyk. Pre-Survey Planning, Trust and Engagement Challenges, Geoffrey Thompson, MPH, Occupational Health Nurse, Occupational Health Centre, Manitoba

C. WORKPLACE MENTAL HEALTH SURVEY USE AROUND THE WORLD

New US Healthy Worker Survey Update, Dr. Marnie Dobson, International Survey Highlights, COPSOQ Network Panel Discussion: Use of WMH Surveys given existential risks like war, disease and climate change?

Worker Perspective



Foreign workers, in the agricultural and other industries, are a vital and necessary element of the workforce in Ontario. They have the same rights to safe and healthy workplaces as any Canadian. Because of language and cultural barriers, it can be challenging to create comfortable and safe environments for them, and to impart to them the information they need to know about working in Canada. OHCOW's Temporary Foreign Workers team has been assisting these workers with in-person services and the distribution of print and other media in their language. Resources for employers and worker advocates are also provided by OHCOW.

Foreign Workers Clinics Page

In June of 2023, a page was added to the Temporary Foreign Workers section of the web site, featuring an interactive map showing the locations of clinics where migrant workers can get treatment. Used by health workers, employers and advocates, the page allows instant access to information about the hours and services of each clinic, as well as other information.

Ensuring the health and well-being of migrant workers is a priority for OHCOW. Receiving medical attention when required is a fundamental right for those working in Ontario.

[GO TO PAGE](#)

Calling 911 Information for Foreign Workers

Aimed at temporary and foreign workers, the following resources provide detailed information about calling 911 when you require emergency services. They are provided in multiple languages, and presented as videos and info sheets.

[GO TO 911 Info Page](#)

Regional Specific Posters and Flyers

Titled *Are You a Temporary Foreign Worker* and appearing in three languages, these resources are meant for those interested in learning more about health and safety in their workplaces. Available in English, Spanish and Tagalog, they provides information on free resources and workshops being held in various regions in Ontario.

[Go to Posters](#)

Worker's Rights Wallet Cards and Videos

These materials are available in English, French, Spanish, Ukrainian, Vietnamese, Tigringna, Arabic and Dari. Wallet-size reference cards contain helpful information for new / young workers who need to exercise their rights for a healthy and safe work environment. There are also Youtube videos explaining the cards in each language.

[Go to Page](#)



TOOLS AND RESOURCES

Apps, Tools and Calculators

OHCOW's popular tools and calculators are always being updated for ease of use and to reflect changing factors in work environments. In the past year, some tools that were previously just available on an Excel Sheet are now moved to the web and apps are available, for both IOS and Google platforms. OHCOW has also created a new log-in platform that will provide personalized e-Courses and other features, MyOhcow.

MyOHCOW

One of the most exciting developments at OHCOW over the past year has been the creation of a new online hub for users to sign into their own OHCOW accounts. From there they can register for webinars, eCourses and programs. Individualized certificates can be issued upon completion of learning content. Tools and Calculators can log their personal information. OHCOW can gather data to for information about users as it relates to OHCOW materials and access.

Creating an account is free and will allow OHCOW to:

- provide users with a more personalized service,
- remember users' input and selections,
- deliver new programs, special announcements and offers, etc.
- gather aggregate data about the performance of our website



Update of Calculators

Easier, More Convenient Use

The Office Ergo Calculator, Anthropometric Calculator, and Cold Stress Calculator have all been updated and revised. Previously they were downloadable programs in Excel or Power Point. Errors could occur in these calculators depending on repeated opening of the page and Windows security features. Use of the calculators did not require login and information could not be tracked or updated.

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Update of Keyboard Shortcut Tutorial

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Office Ergonomics e-Learning

A New OHCOW Service Makes Learning Easier

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- Environmental Considerations
- Strength Demands
- Body Posture Frequency
- Sensory Demands
- Cognitive Demands
- Psychosocial Factors

You use simple checklists, picklists and text fields to enter information and you can even red flag items that are of concern.

Once all sections are finalized, you are presented with a complete Job Demands Analysis (JDA) that can be saved for future re-use and downloaded as a PDF for reference and record keeping purposes.

Silica Control Tool

An Advanced Tool to Protect Workers

On November 3 2023, Occupational Health Clinics for Ontario Workers introduced the Silica Control Tool (SCT) a tool that will help protect workers from lung disease caused by inhaling the dust of crystalline silica, which is found in sand, rock, gravel, concrete, brick, stone, mortar, granite, glass, ceramics and many other materials. This is year one of a five-year plan. The Tool's user interface has undergone a facelift for Ontario and has been fully customized to meet Ontario's health and safety regulation and standards. The SCT is available at no charge to any worker or employer at risk of exposure to silica dust, the tool is easy to use and can be downloaded to a phone, laptop or desktop.

Dr. Joel Moody, Chief Prevention Officer/ Assistant Deputy Minister, Ministry of Labour, Immigration, Training and Skills Development, said on the day of the launch that "The Silica Control Tool will help empower employers and workers - from workplaces and operations of all sizes - to understand the hazards and prevention strategies related to working with silica. I want to recognize and thank OHCOW for their leadership to make this project happen."

OHCOV sent a media release and launched a social media campaign to inform the construction industry of the new tool and provide links to OHCOV's SCT page. This page features more information, instructions and links to register. The response to the social media posts saw a 50%+ increase in reactions, including "likes" and favourable comments.

Through a special budget, the project hired an external media company that helped to draw increased traffic to the web page, and created materials such as banners, infographics, posters, wallet cards and stickers.

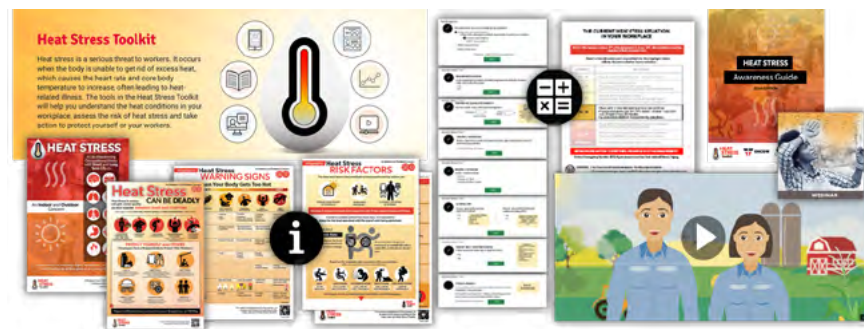
A sample of the ads placed on social media, that linked to the SCT landing page on OHCOV's website:



The boosted posts resulted in more than 14,000 visits to the landing page. The registration page has more than 28,000 visits to date.

Heat Stress Toolkit

Above is a grouping of resources featured in the [Heat Stress Toolkit](#). It includes pamphlets, infographics, videos calculators and pdf materials in multiple languages.



Some infographics in this series include:

- Heat Stress Risk Factors
- Heat Stress Symptoms
- Heat Stress Warning Signs
- Heat Stress Effects
- Heat Stress Acclimatization
- Heat Stress Response Plan

Research Papers

Every year OHCOW's specialists participate in research to further knowledge and understanding of issues surrounding occupational health. Much of this research centres on lung disease caused by work in the mining field and other work environments, among other topics. These papers are extensively read and cited in the occupational health medical community.

OHCOW Paper Ranks Among Top Downloads

A research paper from 2022 published by OHCOW researchers has ranked among the top 10% of downloaded papers in the American Journal of Industrial Medicine. Sarcoidosis in Northern Ontario hard-rock miners: A case series was written by L. Christine Oliver MD, MPH, MS, Paul Sampara MEng, ROH, Donna Pearson RN, DOHN, Janice Martell BA, and Andrew M. Zarnke, BS.

In 2023, Andrew Zarnke, OHCOW Project Director, successfully defended his PhD thesis in Human Kinetics from Laurentian University. The report he co-authored describes a series of 12 cases of sarcoidosis in a group of hard-rock miners in Northern Ontario, Canada. The group had occupational exposure to silica and metal dusts consistent with previously reported associations. It is believed that the paper is the first such report about hard-rock miners.

The Journal commented in an email to co-author Andrew Zarnke that, "this achievement is a testament to the recognition and celebration of your work within the community." Congratulations to the team!

Idiopathic Pulmonary Fibrosis – Occupational Exposures as a Risk Factor

Prepared by: L. Christine Oliver, MD, MPH, MSc, FACPM, Medical Consultant, OHCOW

Occupational Hygiene Review: Krista Thompson, MHSc, ROH, CRSP, Occupational Hygienist, OHCOW

Editorial Review: Janice Martell, Occupational Health Coordinator, OHCOW

EXERPT: Idiopathic pulmonary fibrosis (IPF) is a member of the family of interstitial lung diseases known as idiopathic interstitial pneumonias (IIP). IPF is the most common of the IIPs.^{1,2} Histologically it is characterized and defined by patchy distribution of fibrosis that appears to arise from the pleural surface; foci of subepithelial fibroblasts; and microscopic honeycombing.^{1,3} This pattern is classified as "usual interstitial pneumonia", or UIP.^{1,4}

[GO TO PAPER](#)

Lung Cancer and Exposures in Ontario Hard Rock Mines

Prepared by: Paul Sampara, MEng, ROH Occupational Hygienist, OHCOW

Last Updated April 18, 2023

Medical Review: Dr. Christine Oliver, MD, MPH, MS, FACPM, Medical Consultant OHCOW
Occupational Hygiene Review: Kevin Hedges PhD, CIH, Occupational Hygienist OHCOW
Editorial Review: Janice Martell, Occupational Health Coordinator, OHCOW

Ontario hard rock miners have been exposed to four major carcinogens: respirable crystalline silica (RCS), diesel exhaust (DE), radon or radon decay products (RDP)^a and arsenic for many decades. The following is a summary of the findings from published scientific literature on the association between exposure to these carcinogens and the risk of lung cancer among miners and in particular among Ontario uranium or gold miners. A number of relevant studies have been published in the last 10-15 years.

[GO TO PAPER](#)

Radiation (Radon) in Ontario Uranium Mines WSIB Policy, Exposure Data and Risk of Lung Cancer

Prepared by: Paul Sampara, BSc., DOHS, MEng, ROH Occupational Hygiene Consultant OHCOW
Last updated: October 1, 2019

Medical Review by: Dr. L. Christine Oliver, MD, MPH, MS, FACPM Medical Consultant OHCOW
Occupational hygiene review by: Martin Albinger, Occupational Hygiene Consultant OHCOW
Editorial Review by: Janice Martell, Occupational Health Coordinator OHCOW

A summary of the development of the current WSIB Policy 23-02-03 “Lung Cancer Among Workers in the Uranium Mining Industry” and the epidemiological studies on the risk of lung cancer from radon exposure in Ontario uranium mines, and describes how exposure to radon was determined for the studies that provided the basis for the WSIB policy. A discussion of the historical radon exposure data for Ontario uranium miners is provided followed by a summary of the epidemiological studies on the risk of lung cancer associated with radon exposure in Ontario uranium mines.

[GO TO PAPER](#)

Knowledge Translation

At OHCOW we know the importance of disseminating research and knowledge in a way our audience can best receive and use it. The pandemic accelerated the transition to virtual webinars and away from in-person events. Printed material is mostly distributed over the internet to print out. Our regular podcast series, Oh-Pods, has a consistent audience. 23-24 was a good year for OHCOW’s goal of making materials and information easy to access and use.

Subscribers to our Youtube channel increased almost 30% over the course of a year, and more than 38,000 views of webinars and other materials took place. Our website saw 102,000 users and more than nine thousand pdfs and other materials were downloaded.

Webinars

Increased Viewership

OHCOW continued with its highly popular webinar series, and saw excellent attendance. The Repetitive Strain Day series broke its previous record and is the most highly attended series in OHCOW’s history. Live attendance for the 4 sessions was between 536-822 people. Youtube views increase this number substantially, and the RSI videos continue to be among the highest viewed on the OHCOW channel.

REPETITIVE STRAIN INJURY (RSI) DAY WEBINARS

2024 marked the 25th anniversary of RSI Day, and it was also the most successful OHCOW webinar series ever. The event has grown from 20 registrants in a local audience to over 1850 registrants from across 53 countries. The entire RSI Day webinar series event can be viewed through the YouTube channel. [SEE PLAYLIST](#)

OCC-COVID CONVERSATIONS

Five years later, the world is learning to live with COVID-19. Yet the levels of sick and dying are still a factor. What have we learned? Better air quality and ventilation in public places, work environments, and schools needs attention. The use of masks is becoming lax. Occ-Covid Conversations 23/24 covered the most important issues post-lockdown. [SEE PLAYLIST](#)

OCC-DISEASE WEBINARS

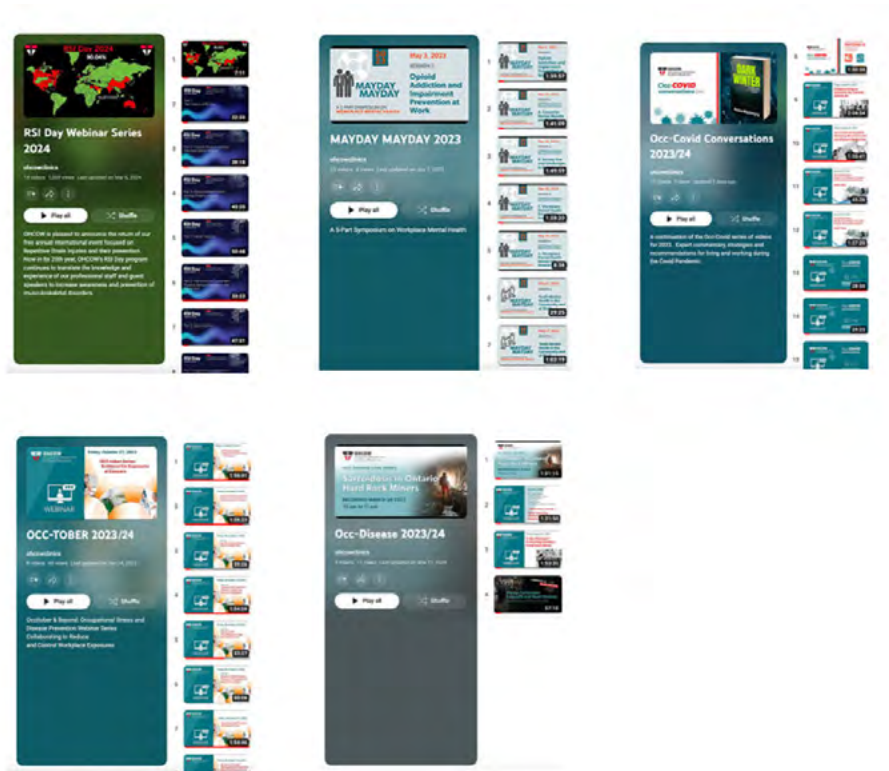
Four webinars relating to disease and occupational illness were featured. [SEE PLAYLIST](#)

MAYDAY, MAYDAY!

In conjunction with 2023 Mayday Mayday Webinars, OHCOW hosted the biannual COPSQ (Copenhagen Psycho-social Questionnaire) Network meeting in Hamilton on May 11 & 12. This meeting discussed the technicalities of the survey and its use around the world. [SEE PLAYLIST](#)

OCC-TOBER 2023/24

Occ|tober & Beyond: Occupational Illness and Disease Prevention Webinar Series Collaborating to Reduce and Control Workplace Exposures [SEE PLAYLIST](#)



Podcasts

OHCOW is pleased with the response to its Occupational Health podcasts, known as OH-Pods, and focus on both ergonomics and Occupational Hygiene. To date 23 OH-Pod sessions have been downloaded a total of 3,941 times.

See Podcasts [HERE](#).

Mar 12, 2024: The Dangers of Silica in the Workplace: Silica in the News

Jan 29, 2024: The Dangers of Silica in the Workplace

In this episode of the IHSA Safety Podcast, Jasmine Kalsi, IHSA's Occupational Hygienist, and Shirly Yan, Occupational Hygienist at the Occupational Health Clinics for Ontario Workers (OHCOW), discuss the hazards posed by silica in construction.

Nov 14, 2023: Paramedics: The Untold Story

Oct 6, 2023: Ergonomics and Musculoskeletal Disorders

Jul 17, 2023: Introduction to Welding with a Focus on Health Effects

May 5, 2023: Our Nurses. Our Future. The Role of the Occupational Health Nurse at OHCOW

Infographics/Posters

OHCOW continues to producing infographics on pertinent topics, aimed at both general and specific workers groups, such as outdoor workers, foreign workers, specific industries, and more.

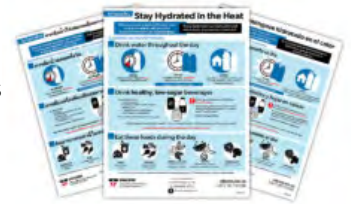
Allergies and Occupational Ashtma in Cannabis Production

Workers in the cannabis production industry can develop allergies and occupational asthma. There are many hazards that have been identified in the cannabis cultivation and production industry that the workers are exposed to, during all the stages of cannabis cultivation. This infographic gives an outline of health concerns for cannabis production workers. You can download the pdf for your reference, print it out to post in a work area, or email it to others.



Stay Hydrated in the Heat

An infographic about staying well hydrated while working in hot environments. It provides tips on beverage consumption, how to drink healthy as well as what foods you should eat during the day. Available in English, Spanish (Espanol), Thai, and Tagalog versions.



Heat Stress - A Serious Hazard for Outdoor Workers

Produced by OHCOW, this 4-page infographic covers the signs and symptoms of heat stress, presents ideas for action if you or someone else shows symptoms as well as prevention tips for working outdoors. We also cover employer responsibilities, and provide links to additional tools and resources. This is a great resource for posting in your workplace or downloading and printing as a handout for workers or training sessions. Available in 4 languages.



Heat Stress - A Year Round Concern in Greenhouses

Produced by OHCOW, this 4-page infographic aimed at temporary and foreign greenhouse workers outlines the dangers of heat stress and its related illnesses. From the early signs, to heat exhaustion and heat stroke, we cover all the signs and symptoms to watch for, outline the action to take if you or someone you are working with experiences symptoms, and provide prevention tips for while at work. We also cover employer responsibilities and provide links to additional resources. This is a great resource for posting in your workplace or downloading and printing as a handout for workers or training sessions.



Posters Promoting Protecting Against Airborne Virus

A selection of posters for display inside or at entrance of offices and clinics. Suitable for one-off printing, in two standard sizes (letter and tabloid).



Wildfire Smoke - A Definite Concern for All Ontario Workers

Produced by OHCOW, this 4-page infographic covers the signs and symptoms of wildfire smoke exposure as well as tips for prevention when working indoors and outdoors. We also cover employer responsibilities, provide AQHI health recommendations as well as links to additional tools and resources. This is a great resource for posting in your workplace or downloading and printing as a handout for workers or training sessions. In five languages.

Connections

Through web and social media, OHCOW has continued to maintain connections with our stakeholders and audience.

Website

Exploring New Design, Functionality and Architecture

Through web and social media, OHCOW has continued to maintain connections with our stakeholders and audience.

[APPS AND TOOLS PAGE](#)

The Apps and Tools page has been redesigned to be easier to navigate and more visually appealing.



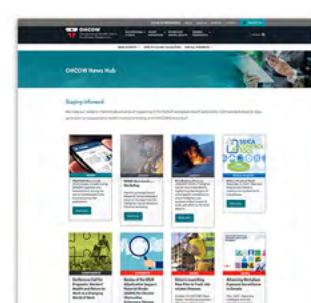
[CLINICS PAGE](#)

The Foreign Workers' page has an interactive map locating medical clinics available to foreign workers. It is used by employers, health and safety representatives and workers.



[NEWS HUB](#)

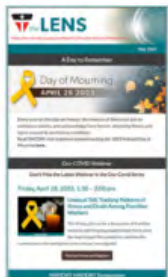
The News Hub page has up to date news items featured.



Newsletters

OHCOW sends [electronic newsletters](#) and bulletins to subscribers every month, promoting our webinars, events and general occupational health news. This year we have increased our subscriber by 15% to 5,614 recipients.

May 2023



June 2023



July 2023



August 2023



September 2023



October 2023



November 2023



December 2023



January 2024



February 2024



March 2024



Social Media

In the 2023/24 year, OHCOW commemorated 20 different notable dates such as Parkinsons Awareness Month, Day of Mourning, Workplace Mental Health Day, Rare Diseases Day, World Cancer Day, Black History Month and more. We also posted promotions for webinars and other events such as Spring Into Action. Ads for the OHCOW special project promoting the Silica Control Tool also were featured.



Partnerships



Spring into Action is a virtual forum presented every year, sponsored/Organized by the Ottawa & District Labour Council and the Occupational Health Clinics for Ontario Workers. In the 23/24 year it occurred on April 14th.

Introduction:

Elder Terry McKay (Welcoming and Land Acknowledgement)
David Chezzi, Sean McKinney, Kimberly O'Connell

Presentations:

Temporary Foreign Workers Eastern Ontario Project
Eduardo Huesca & Leonor Cedillo (OHCOW)

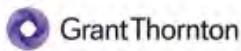
Long COVID- Medical and Worker's Compensation Implications
Dr. Pravesh Jugnundan (OHCOW), Margaret Keys (OWA)

BREATHING CLEANER AIR is as important as drinking clean water - what can we do?
Kevin Hedges (OHCOW)

[GO TO VIDEO](#)

FINANCIALS

[See Financial Statements.](#)



Financial Statements

Occupational Health Clinics for
Ontario Workers Inc.

March 31, 2024

