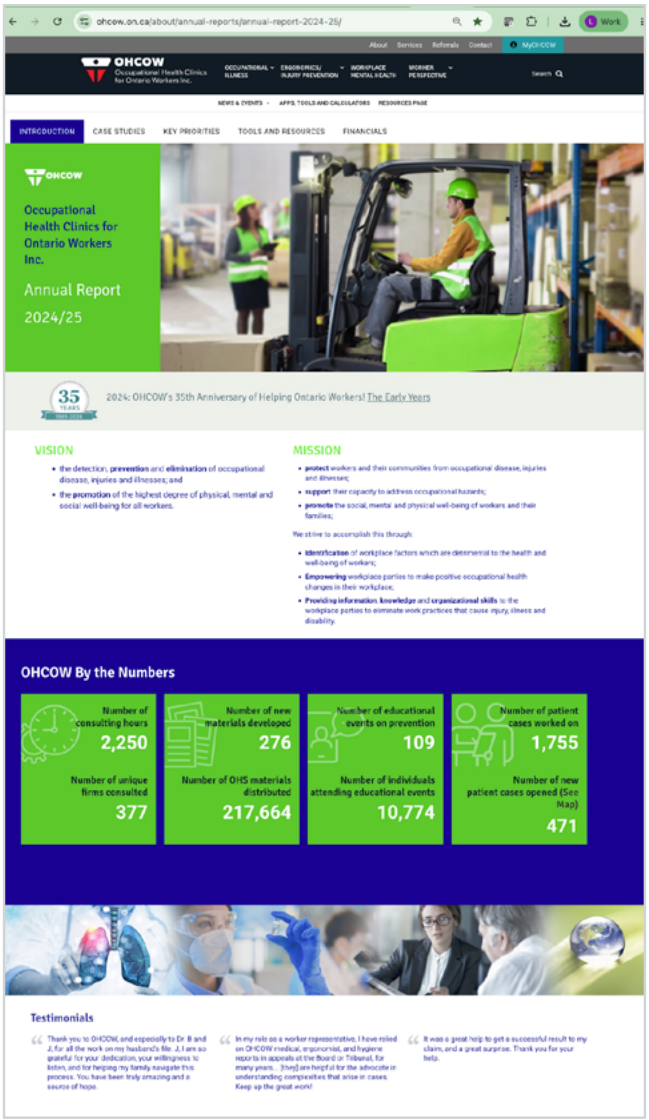
2024/25

Annual Report

Occupational Health Clinics
for Ontario Workers Inc.

35 YEARS
1989-2024

OHCOW
Occupational Health Clinics
for Ontario Workers Inc.



This document was riginally online content.

OHCOW
Occupational Health Clinics for Ontario Workers Inc.

2024/25 Annual Report

Occupational Health Clinics for Ontario Workers Inc.

CONTENTS

INTRODUCTION

Vision and Mission

the detection, prevention and elimination of occupational disease, injuries and illnesses; and

the promotion of the highest degree of physical, mental and social well-being for all workers.

Our Mission

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

We strive to accomplish this through:

- Identification of workplace factors which are detrimental to the health and well-being of workers;
- Empowering workplace parties to make positive occupational health changes in their workplace;
- Providing information, knowledge and organizational skills to the workplace parties to eliminate work practices that cause injury, illness and disability.

Testimonials

These comments are taken from our feedback forms. Names are redacted for privacy.

"Thank you to OHCOW, and especially to Dr. B and J, for all the work on my husband's file. J, I am so grateful for your dedication, your willingness to listen, and for helping my family navigate this process. You have been truly amazing and a source of hope."

"In my role as a worker representative, I have relied on OHCOW medical, ergonomist, and hygiene reports in appeals at the Board or Tribunal, for many years... [they] are helpful for the advocate in understanding complexities that arise in cases. Keep up the great work!"

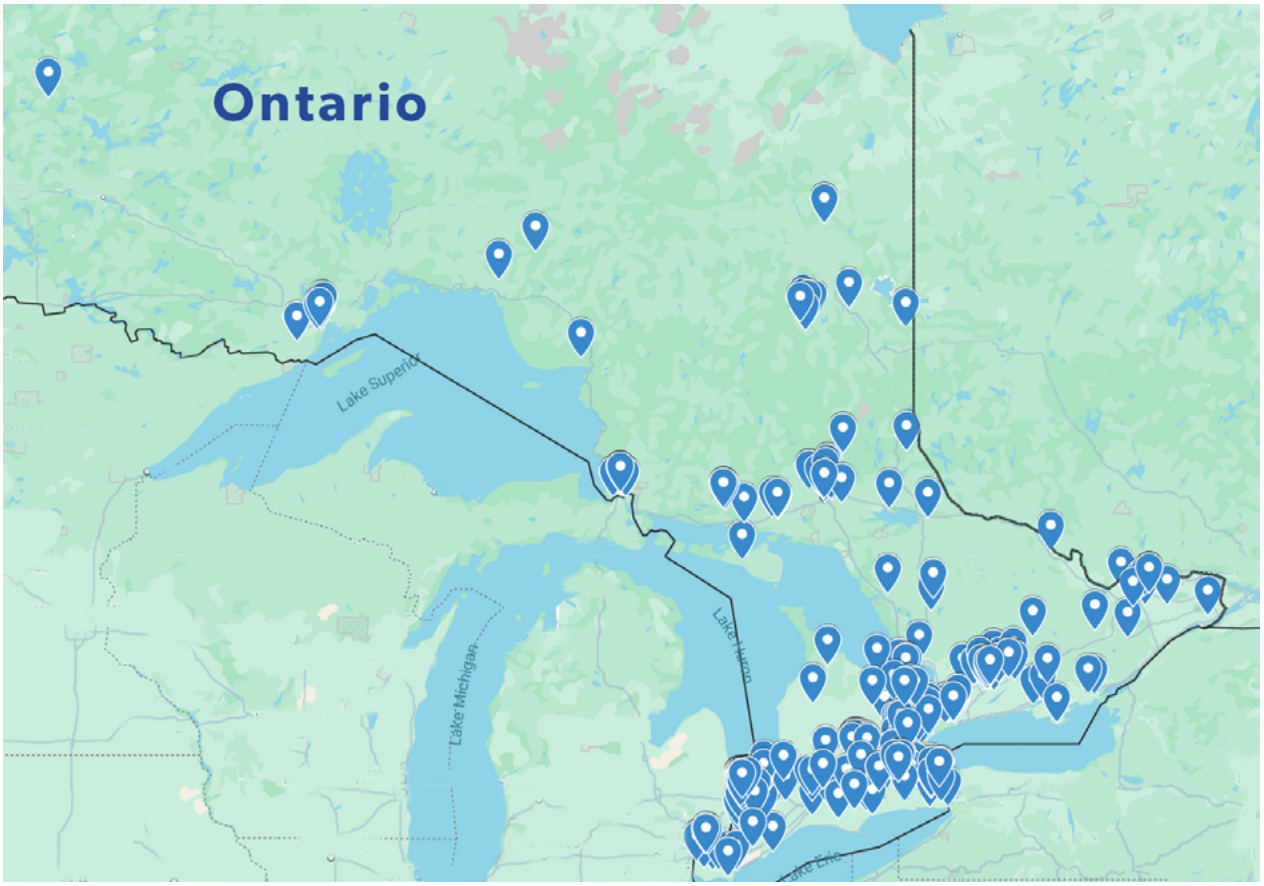
"It was a great help to get a successful result to my claim, and a great surprise. Thank you for your help."

OHCOW by the Numbers

For 2024/25

Number of Consulting Hours **2,250** **Number of Unique Firms Consulted** **377**	**Number of new materials developed** **276** **Number of OHS materials distributed** **217,664**	**Number of educational events on prevention** **109** **Number of individuals attending educational events** **10,774**	**Number of patient cases worked on** **1,755** **Number of new patient cases opened (See Map)** **471**

24/25 OHCOW's Total Patient Cases Opened



Message from Chair and CEO

Direction and Perspectives

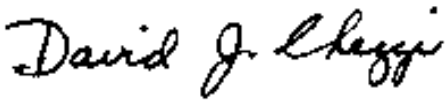
On behalf of David Chezzi (President and Chair of the Board) and Michael Roche (CEO) we welcome you to the 2024-2025 Occupational Health Clinics for Ontario Workers Inc. Annual Report.

The fiscal period 2024-2025 is the third year of our 4-year Strategic Horizon Plan. The plan gives strategic directions, priorities with different lens perspectives, and a Balanced Scorecard measuring framework for organizational assessment.

Some highlights include:

- Leveraging of technology by using cloud-based solutions in conjunction with records being digitized.
- A continuation of efficiently centralizing patient cases with a focus on backlog. This resulted in us working on more cases this year than planned with a further goal to be able to bring in a greater number of new cases going forward.
- We have transitioned to working on a global model with cross functional teams including a central intake process. By working efficiently we make best efforts to service the workers of the province as effectively as possible relative to our available resources.
- Related to our operational work, it includes three main program areas — Occupational Illness, Workplace Mental Health, and Injury Prevention. All three have produced exciting offerings included in this report.
- 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 and we also want to acknowledge our Staff and contracted Physicians who do an outstanding job.

We thank you for your interest in our 2024-2025 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

Board of Directors

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

John Bartolomeo
Vice-President and Vice-Chair of the Board
Worker's Health and Safety Legal Clinic

Scott Richardson
Treasurer
L.O.C. Chair – Windsor,
Injured Worker Advocate, UNIFOR Local 444

Catherine Petch
Secretary
Canadian Union of Postal Workers (CUPW)

Crystal Stewart
Ontario Federation of Labour

Sylvia Boyce
U.S.W., District 6, H & S, Environment, WSIB

Joscelyn A. Ross
Health and Safety Officer, Worker Safety Unit

Matt Stalker
Hamilton Brantford Building Trades (HBBT)

Rachel Muir
Ontario Nurses' Association (ONA)

Debora De Angelis
U.F.C.W. National Rep

Gavin Jacklyn
Ontario Professional Firefighters Association

Janet Paterson
Thunder Bay District Injured Workers Support Group

Rona Eckert
Canadian Union of Postal Workers (CUPW)

Katrina Wheaton
OECTA

Joanne Hay
UNIFOR

Leigh Kittson
L.O.C. Chair – South Central Region
Teamsters Rail Conference

Laura Lozanski
L.O.C. Chair – Eastern Region
Canadian Office and Professional Employees Union (COPE) Local 225

Andréane Chénier
L.O.C. Chair – Northern Region
Canadian Union of Public Employees (CUPE)

NON VOTING

Michael Roche
Chief Executive Officer
Occupational Health Clinics for Ontario Workers (OHCOW)

ADVISOR

Diane Parker
L.O.C. Chair – Northwestern Region

LOC Outreach Chairs

Catherine Petch
CUPW
Toronto LOC Chair

Leigh Kittson,
Teamsters Canada Rail Conference (TCRC)
Hamilton LOC Chair

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

Andréane Chénier,
CUPE
Sudbury LOC Chair

Scott Richardson,
UNIFOR
Windsor LOC Chair

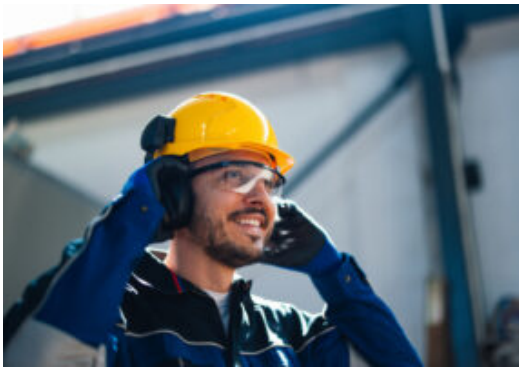
About OHCOW

35 Years of Service to Ontario Workers

In 2024, the Occupational Health Clinics for Ontario Workers Inc. (OHCOW) celebrated our 35th anniversary. OHCOW was formed as a non-governmental organization in 1989 to provide an entity that could fairly assess workplace injury claims and respond to workers' concerns about safety protocols at their jobs, without the bias of employers or an insurance agency. It was heralded as an important first step for better occupational health and safety services. for more information about OHCOW's early years, see our commemorative post about the occasion.

SEE COMMEMORATIVE ARTICLE

Our Goals



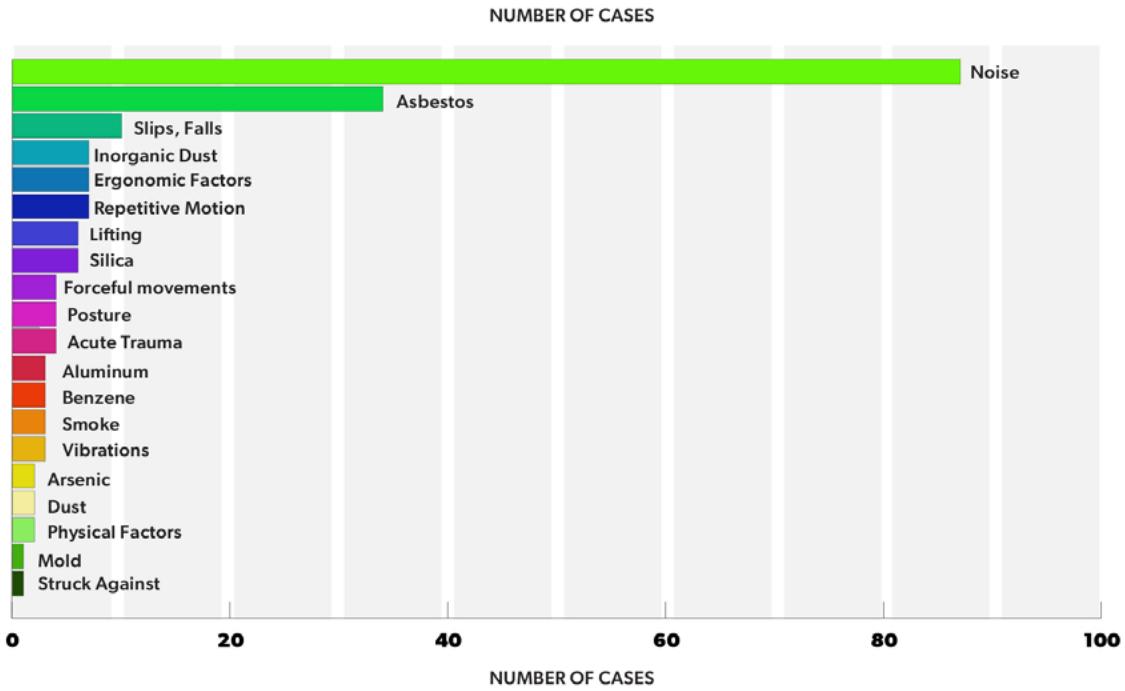
The Occupational Health Clinics for Ontario Workers Inc. (OHCOW) is a unique organization dedicated to protecting workers and their communities from occupational illness, disease, and injury; to support their capacity to address occupational hazards; and to promote the social, mental, and physical well-being of workers in Ontario.

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.

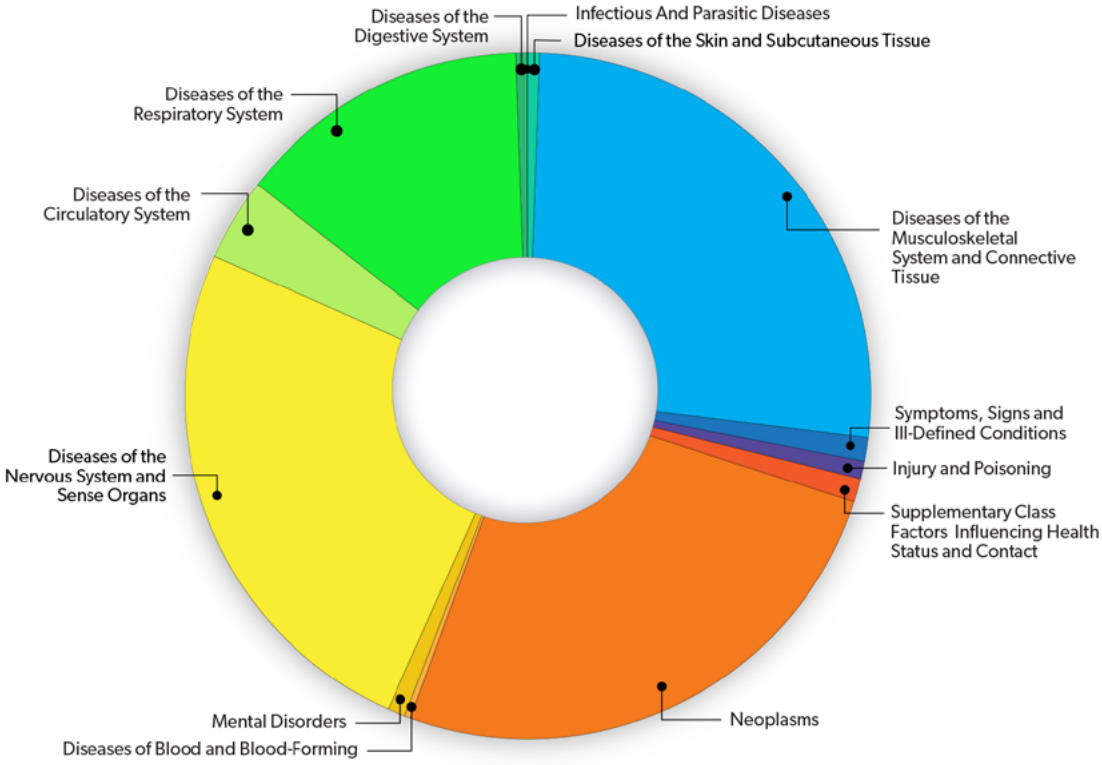
We are a small organization of experienced and dedicated staff striving to make a significant impact in these key areas by learning from workers (and workplaces), leveraging research, translating knowledge, developing tools, and especially, cultivating partnerships and networks to broaden reach and impact. Together, we are making a difference.

Most Prevalent Case Exposures

Top Exposures



Classification of Diseases



CASE STUDIES

It is critical to be able to identify workplace exposures, past or present, and how they affect the health of workers. Recognizing causal relationships allows for the ability to support claims when warranted, but more importantly, to advise workers, workplaces and even industries on how to prevent such exposures in the future. The following case studies from 2024/25 illustrate how OHCOW multidisciplinary approach is used to help workers:

CASE ONE: Accidental Asbestos Exposure During Construction Work

In this case, proximity of each individual worker to the hazardous activity was a factor in the outcome.

Background

OHCOW was contacted by a union representative to evaluate the risk of asbestos exposure to construction workers during the partial demolition of an asbestos-containing wall. The representative wanted a professional assessment of the potential for asbestos exposure in construction, as well as expert opinion on whether the union members were put at risk for exposure during the demolition activity.

Intervention

Proper protocols for asbestos were not used, even as workers were in proximity of the demolition

Two OHCOW Occupational Hygienists carried out information gathering with the union representative through phone calls and email exchanges. They interviewed union members and reviewed the building's Designated Substances and Hazardous Building Materials Survey.

The construction activities had been carried out by a third-party construction company without the use of asbestos abatement protocols. While the union members did not participate directly in the partial wall demolition, they worked nearby the work activities. Information on the partial wall demolition was collected, including how the work was completed. This included the use of a concrete saw, the duration of the work and the extent of the demolition (e.g. a space large enough to allow forklift access).

It was determined that there was the potential for union members to have been overexposed to asbestos fibres at peak times. The extent of exposure would have been conditional on the distance from the source concentration (e.g. the partial wall demolition).

OHCOW Impact

OHCOW provided an estimated range of potential asbestos exposures for union members based on distance of the source (e.g. from 1-5 feet, >5-10 feet, etc.). It was also recommended that a WSIB Worker's Exposure Incident Form be completed and submitted for each union member who may have been working nearby the partial wall demolition.

CASE TWO: Review of Fungal and Chemical Hazards from Soil Disturbances

A full report of the health dangers of excavations in wet soil conditions was produced.

Background

Excavation is a process that can produce unforeseen hazardous exposures to workers. After two in-depth reviews, a generic report was prepared to help identify the risks of this activity. The two most significant risks are **fungal infections** and **chemical exposures if the soil / site being excavated is contaminated.**

Intervention

OHCOW produced a report summarizing the main occupational risks of the fungal infections **blastomycosis** (affecting heart, skin, bones and other organs) and histoplasmosis (affecting lungs) posed by the activity of excavation.

The fungus Blastomyces normally grows in very wet soils and in wet rotten wood, around lakes and rivers. About half of blastomycosis infections are asymptomatic, making it a challenge to estimate the amount of infected. For those who do have symptoms, it often mimics a fever, with cough, body ache, and muscles ache. Severe respiratory dress including pneumonia can also occur. Workers in or near wet soil near waterways are at risk, including construction workers, excavation workers, forestry workers, environmental surveyors, and landscapers.

Histoplasmosis is an infection with the fungus *Histoplasma capsulatum*, which can grow anywhere in Ontario. The highest case rates are in Toronto and along the St. Lawrence River Seaway. About 75% of cases are minor or asymptomatic. For those who do have symptoms, it is usually mild or may be "flu-like" but sometimes involves severe respiratory stress. Excavation workers and forestry workers are most at risk, as well as those who work with or near bird or bat droppings, such as demolition workers and farmers.

Chemical contaminants in the soil are present if past industrial or other exposures occurred. The hazards will vary depending on both its natural contents and the site's former uses. Soil can naturally contain harmful levels of arsenic and lead, and past industrial or farming uses can result in soil containing asbestos, corrosive agents, insecticides or pesticides, lead, metals /metalloids, petroleum-based chemicals, and volatile organic compounds (VOCs). Prior to undertaking any excavation, surveying is recommended to assess risks.

OHCOW Impact

OHCOW prepared a report on the common risks that can occur from soil disturbances such as excavations. That said, the information on Blastomycosis, Histoplasmosis, and Chemical Contaminants can be applied to any occupation where the soil may be disturbed. The report is available for free download.

CASE THREE: Lead Hazards in Pipeffitting Work

Testing for a specific chemical can require specific equipment and expertise not always available.

OHCOW's work with Pipefitters is ongoing. Lead exposure from pipework is the major concern. Workers continue to be exposed to dust on their hands and clothes, as well as contaminated surfaces, during (and after) pipefitting tasks. Leaded pipe sealant is still being used by pipefitters as well as other labourers across Ontario.

What did we accomplish this year?

- Preparations are well underway to test 40 workers with an Xray technology able to detect lead in bone, the L-XRF. This is significant as Canada currently has no XRF testing. Funding and qualified researchers to conduct the tests are being procured.
- A booklet has been published outlining lead exposure for specific workplaces and distributed to the workforce at the union Local level this year. Further distributions for this booklet are planned.
- Presentations have been conducted to Union members at an OHCOW Medical Rounds to let all staff understand the broad scope of this issue.
- A virtual conference for the American Association of Occupational Health Nurses (AAOHN) was conducted, given that the many US companies operate in Ontario.
- A publication is being considered by the AAOHN journal on the lead exposure in pipefitters
- An abstract for a poster consideration by the Association of Occupational Health Professions in Healthcare (AOHP) has been started.

What's coming next?

- Broadening the lead booklet distribution
- Presentations will include a webinar that the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) can attend. This will be initiated by the union.
- Updating OHCOW's old lead brochure.
- Continuing to work with a researcher for XRF testing for more workers.
- Finalizing a health questionnaire for health care professionals to use in taking a lead history.
- Consulting with lead exposure patients whose claims have been denied.

Equipment and funding has been secured for at-risk workers to get proper X-ray exams and tests

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CASE FOUR: Prostate Cancer in Relation to Historic Exposure

Sometimes factors need to be considered additively rather than individually — in this case exposure to the mineral cadmium combined with night shift work.

Background

This summary concerns a worker who was diagnosed with prostate cancer and claimed entitlement to benefits through WSIB. The worker attributed his cancer to occupational exposure at General Electric's Peterborough facility, where he worked from 1961 to 1998 as a tool and die maker. His duties involved fabricating metal dies, molds, machine tools, cutting tools, gauges, and other items used in the manufacturing processes. Approximately 10% of his time was spent brazing, a process for joining metal pieces by soldering.

His claim was denied on the basis there was not enough evidence to show a causal relationship between workplace exposure and the worker's cancer. Prostate cancer is not a scheduled disease or considered an occupational disease by WSIB. As such, the claim was adjudicated on an individual circumstance basis.

Intervention

OHCOW hygienists sought to support this claim by characterizing his occupational exposures to arsenic, cadmium and working night shifts;

Night shift work contributes to diseases caused by occupational exposures

- adjusting the era of employment with the era of the exposure data; and
- highlighting a possible additive effect between multiple carcinogens for the same target organ.

The hygienists interviewed the worker and reviewed information from the claim file as well as reviewing relevant scientific technical reports centering on cadmium. From this data, an occupational hygiene report was created. The OHCOW review re-examined the agents associated with prostate cancer, referring to the most current list of carcinogens from the International Agency for Research on Cancer (IARC). **It was determined that the worker's night shift work and rotating shifts had not been considered by the WSIB in the initial assessment.**

OHCOW hygienists identified technical documents from the time period that the worker was at GE. NIOSH Health Hazard Evaluations (HHE) contain detailed analyses of workplace health hazards. The hygienists searched the HHE database using the key word "cadmium" and limited the search to the era of interest. The evidence suggested that the worker could have been exposed to higher levels of cadmium then determined by the WSIB during his initial work period, specifically in the 60s and 70s. An additional finding from this review was that all employees in an area of brazing could be indirectly exposed to noteworthy levels of cadmium, from the solder. A review prepared by Dr. Paul Demers in 2020 concluded that **carcinogens for the same target organ are presumed additive** unless there is evidence to the contrary. OHCOW suggested that it was reasonable to conclude the worker was exposed to several agents (i.e., night shift and cadmium) that are positively associated with prostate cancer, and that these exposures may have been additive.

OHCOW Impact

OHCOW was able to introduce a new agent associated with prostate cancer in the form of night shift work. OHCOW identified that the worker's exposure to cadmium should be adjusted upwards since the era of employment was inconsistent with the era of the exposure data. Further, the worker's overall cancer risk calculation was strengthened by suggesting that cadmium and night shift should be considered additively rather than viewed as individual exposures.

CASE FIVE: Analyzing Trends over Repeated COPSOQ Surveys in a Medium-Sized Social Services Workplace

OHCOW helped a social services office analyze the results of four annual online surveys

Background

OHCOW developed and supports the StressAssess Workplace Survey which is based on the internationally recognized and validated Copenhagen Psychosocial Questionnaire (COPSOQ). It can be used independently via the website, or individually customized by OHCOW Workplace Mental Health (WMH) staff. In the summer of 2024, a unique opportunity arose. A medium sized social services office used an online web-app to self-administer 4 surveys for the years 2018, 2019, 2020 and 2024 and then approached OHCOW for further analysis and comparison over time.

Intervention:

- OHCOW Workplace MentalHealth (WMH) staff aggregated the data from all 4 surveys and looked for definable trends, particularly improvements. For the most recent survey, we also evaluated the changes in average scores for the COPSOQ scales.
- The 2020 survey was done in November while staff were working remotely. For the most recent survey (2024) staff are working at the office workstations again.
- Over the six years, significant improvements were seen for quantitative demands, role conflicts, quality of leadership, social support from supervisor, and bullying.
- The 2020 pandemic lockdown survey results showed improvements in job satisfaction, justice & respect, vertical trust, role conflicts, recognition, commitment to the workplace, and possibilities for development.

- Interestingly, the improvements experienced during the pandemic lockdown disappeared in the 2024 survey (except for role conflicts).
- The trend for bullying mirrored the trend in our Canadian reference population surveys (2016, 2019 & 2023) and thus may not have been due changes at the local level but rather due to changes in attitudes to behaviours considered bullying.

Conclusion

The StressAssess/COPSOQ survey was able to capture the positive changes during the pandemic lockdown

StressAssess in its free and accessible format is an ideal tool to assist organizations in their workplace mental health and injury prevention efforts, especially with the additional support (where needed) by our experienced WMH staff. For this workplace, the StressAssess/COPSOQ survey was able to capture the positive changes during the pandemic lockdown, while also demonstrating that these gains were mostly lost by the time of the 2024 survey. Hopefully these positive and negative changes will allow the workplace parties to identify and pursue lasting improvements over time. We look forward to working with them further in their continued use of StressAssess to monitor the results of their efforts.

Chart: Comparison between surveys (2018-2024)

max-min

difference between scores	
0-5	no real difference
5-7	beginnings of a meaningful difference
7+	a meaningful difference

EKOS wtd 2023 results		factors	2018	2019	2020 (pandemic)	2024	
4050		n=	93	99	105	114	
45	Demands at Work	quantitative demands	57	53	51	48	*
59		work pace	66	64	63	65	
43		emotional demands	68	65	64	66	
49	Work Organization and Job Content	influence	48	46	51	49	
70		possibilities for development	72	76	78	76	
70		meaning of work	84	83	85	82	
61		commitment to the workplace	72	72	76	67	*
55	Interpersonal Relations and Leadership	predictability	57	56	62	55	
65		rewards (recognition)	60	62	69	62	
71		role clarity	73	73	77	71	
46		role conflicts	47	41	39	39	*
58		quality of leadership	59	63	65	69	*
69		social support from supervisor	73	74	78	79	*
75		social support	85	83	87	81	
28	Work-Individual Interface	job insecurity	28	28	26	25	
70		job satisfaction	74	74	80	72	
39		work-life conflict	45	47	42	48	
66	Social Capital	vertical trust	63	67	73	63	
60		justice & respect	51	57	61	56	*

CASE SIX: Occupational Idiopathic Pulmonary Fibrosis (IPF) in Mining

Literature about IPF has been updated and can affect previously denied claims that are now being appealed.

Background

OHCOW was contacted by a union representative to evaluate the risk of idiopathic pulmonary fibrosis (IPF) in a miner. This individual was diagnosed at the age of 59, several years after retiring from mining. The initial WSIB claim was denied. OHCOW prepared a report reviewing the miner's exposures, which the advocate submitted to the Workplace Safety and Insurance Board (WSIB) Appeals Resolution Officer. The appeal was denied. As this process took years,

OHCOW was approached again to prepare an updated report reviewing the risks of occupational IPF. The advocate submitted the new report to the Workplace Safety and Insurance Appeals Tribunal (WSIAT).

The advocate asked if IPF could be related to occupational exposures. By definition, IPF is idiopathic, arising spontaneously, with no known risks factors or causal agents. However, a review of the peer vetted literature found there are occupational agents that increase the risk of developing IPF by a statistically significant margin.

Intervention

Two OHCOW Occupational Hygienists reviewed the updated literature. Four large reviews concluded that there are occupational risk factors associated with an increased risk of IPF. In addition, the American Thoracic Society and the European Respiratory Society produced a joint statement concluding that 26% of IPF diagnoses are caused by occupational exposures to vapours, gases, dusts, and fumes (VGDF).

The OHCOW Occupational Hygienists conducted interviews with the miner to verify the employer-provided job history and to determine what specific tasks he performed. The miner identified ventilation issues and lack of personal protective equipment (PPE), including respiratory protection equipment (RPE), over the time he worked there. The Hygienists then reviewed the exposure monitoring data provided by the miner's employer, and exposure monitoring data in the Ontario Mining Exposure Database (OMED), to estimate the miner's historical exposures based on the exact mines he worked in, or in similar mines. The process of estimating a workers' past exposures is described as a retrospective exposure assessment.

The worker's claim was accepted after a retrospective exposure assessment

The Hygienists turned to the peer-reviewed occupational epidemiology literature. Estimated risks of IPF were identified based on occupational epidemiological data that compared the exposure range the miner would have had to the increased risk of IPF. Based on the literature, they concluded it was probable that the miner's historical exposures to asbestos, diesel exhaust (DE) (measured as elemental carbon (EC)), mixed metal dusts, nickel, respirable particulate, and silica, increased the miner's risk of developing IPF.

A report was prepared estimating the miner's past exposures and summarizing the increased risks of IPF from these exposures, as published in the peer-reviewed literature. The advocate provided this report to WSIAT.

OHCOW Impact

WSIAT reviewed the materials provided by the advocate and by the employer.WSIAT allowed the appeal.

CASE SEVEN: Return to Office Announcement During a COPSOQ Survey

OHCOW had the opportunity to observe the impact on workplace mental health when remote workers are brought back to the office.

Background

OHCOW developed and supports the StressAssess Workplace Survey which is based on the Copenhagen Psychosocial Questionnaire (COPSOQ), and can be used independently via the website, or individually customized by OHCOW Workplace Mental Health (WMH) staff. In the summer of 2024, a unique opportunity arose to see real-time validated effects of a major change in workplace policy — forcing workers back to the office after working from home, which continues to be a highly contentious issue in Canada.

Intervention

The issue of remote vs in-office work is contentious for employers and workers

During a large union sponsored survey (almost 3000 members) the employer made an announcement that workers would be required to come to the workplace to do their work after having worked remotely for 4½ years. This particular announcement allowed OHCOW WMH staff to capture the impact of this issue, by comparing the scale scores before and after the announcement.

Prior to the announcement just over 1500 completed responses were received over 3 waves (survey launch, 1st reminder, and 2 reminder). After the announcement, a further 350 completed responses were received.

The COPSOQ scales which were most affected were: job insecurity, vertical trust and work-life conflict. Of equal interest, the scales not affected included: meaning of work, social support from supervisor, self-rated health and symptoms (burnout, sleep troubles, somatic and cognitive symptoms).

This survey also included the GAD-2 anxiety symptom screening questions, and the proportion of respondents screening positive for anxiety was significantly elevated compared to the previous waves. Over 90% of the comments received at the end of the questionnaire after the announcement, referred to this change in a negative context.

Conclusion

The announcement of the return to office during our survey represented an opportunity for a "natural experiment"

For this workplace at least (probably generalizable to others) the forced return to office had detrimental impact on some key psychosocial factors (as measured by COPSOQ) The StressAssess/COPSOQ survey tool was able to demonstrate the real-time impact of major policy change in an empirical way

Chart 1

all		factors	launch wave (Oct 15-30)	1st reminder wave (Oct 31-Nov 17)	2nd reminder wave (Nov 18-20)	RTO announcement (Nov 21- Dec 2)	3rd reminder wave (Dec 3-10)	wrap-up reminder wave (Dec 11-16)
2100		n=	918	346	248	138	255	189
59	Demands at Work	quantitative demands	61	60	53	59	57	60
69		work pace	71	68	64	73	68	71
54		emotional demands	56	55	50	55	51	56
38	Work Organization and Job Content	influence	38	37	40	30	41	38
66		possibilities for development	66	67	65	63	64	67
71		meaning of work	70	73	71	72	70	70
61		commitment to the workplace	60	65	66	58	58	58
46	Interpersonal Relations and Leadership	predictability	45	49	51	44	44	42
59		recognition	58	61	61	56	58	56
68		role clarity	68	70	70	67	68	64
50		role conflicts	53	49	46	48	48	53
58		quality of leadership	56	59	62	59	61	58
71		social support from supervisor	70	71	72	68	76	69
80		social support from colleagues	80	82	79	82	80	80
33	Work-Individual Interface	job insecurity	32	29	31	42	37	38
63		job satisfaction	63	65	67	58	63	59
45		work-life conflict	45	44	40	50	48	49
53	Social Capital	vertical trust	54	56	58	48	45	44
51		justice & respect	51	53	55	46	50	47

CASE EIGHT: A Worker in the Fast Food Industry Experiences Bilateral Carpal Tunnel Syndrome

OHCOW analyzed the hazards of Carpal Tunnel Syndrome in repetitive work.

Background

OHCOW was contacted by a representative from the Office of the Worker Advisor (OWA) who was seeking support for a worker who had developed bilateral carpal tunnel syndrome (CTS) over the course of a lengthy career in the fast-food industry. The worker had been denied entitlement to WSIB insurance benefits, and the rep was seeking OHCOW's objective opinion on whether the worker's job duties led to the development of their bilateral CTS.

Intervention

The issue of remote vs in-office work is contentious for employers and workers

OHCOW's interdisciplinary staff team included a Physician, Ergonomist, Nurse and Client Service Coordinator. They gathered relevant information related to the worker's condition and work demands, identifying several highly repetitious actions:

- Constant gripping of spoons, utensils , and sauce bottles
- Fine finger movements to grab loose topics (lettuce, cheese, etc.)
- Fine finger movements to wrap food
- Pressing with the palm to use the cheese pump
- Squeezing the lever to use sour cream gun
- Gripping fryer baskets to place them into the deep fryer
- Using the steamer to steam items

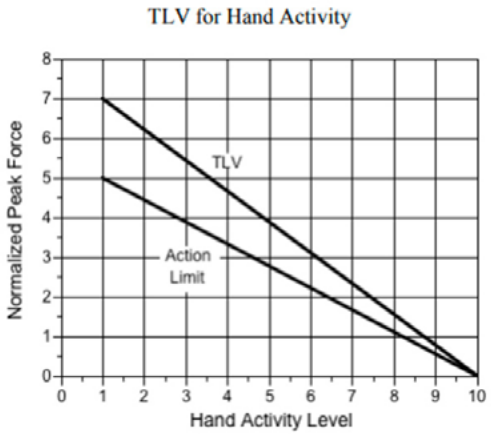
With the added physical and mental stress of speed: all orders had to be out in 60 seconds or less and ~ 300 food items would be produced over the course of the day, many at peak hours (lunch and dinner time).

The Ergonomist concluded: The worker's job exposed her to hazards related to the development of CTS. The risk factors associated with her work duties involved repetitive gripping, frequent hand movements, awkward postures, and working in a high paced environment. Scientific literature referenced in this report suggests that exposure to these factors can contribute to the development of carpal tunnel syndrome. As a result, it is probable that the exposures to these risk factors contributed to the development of CTS.

Impact

The case went to the Workplace Safety and Appeals Tribunal (WSIAT) where it was determined that:

- the worker sustained an accident arising out of and in the course of her employment. The accepted disablement history significantly contributed to the worker's bilateral carpal tunnel syndrome first diagnosed on April 30, 2015. Therefore, the worker has initial entitlement to bilateral carpal tunnel syndrome.
- The decision was based strongly on evidence provided by the OHCOW Physician and Ergonomist in their reports, utilizing relevant literature and ergonomic tools to quantify the physical and psychosocial demands of the worker's tasks.



CASE NINE: Addressing a Policy Update for Gastrointestinal Cancer-Asbestos Exposure

In response to the recent Workplace Safety and Insurance Board (WSIB) policy change regarding gastrointestinal (GI) cancer claims, and asbestos exposure, OHCOW has taken proactive measures to support affected workers and their families.

Background

Recognizing the impact of this policy update, we established a dedicated working group comprising an Occupational Hygienist, an Occupational Health Coordinator, and a Legal Representative to provide expertise and guidance in navigating this updated framework in policy 16-02-11 (October 1, 2024).

Our primary focus is to review previously denied GI cancer claims and assess them within the framework of the updated policy. This involves conducting detailed re-examinations of work and exposure histories to determine if these claims meet the revised asbestos exposure criteria. By leveraging our expertise in occupational hygiene, and legal lens we are ensuring that each case is thoroughly reviewed.

Through this initiative, OHCOW is actively collaborating with workers, families, and advocates to facilitate the reconsideration of denied GI cancer claims. Our efforts are aimed at ensuring that those who have suffered occupational asbestos exposure leading to GI cancers receive the ability to have their claims re-adjudicated by the WSIB.

As we move forward, OHCOW remains committed to advocating for workplace health and safety, supporting workers through complex files, and addressing occupational disease with a science-based, worker-centered approach.

Testimonials

These comments are taken from our feedback forms. Names are redacted for privacy.

"OHCOW has been very helpful with their knowledgeable staff. Having a second opinion from the medical staff onboard their team has helped our workers with occupational diseases. Claims that were denied are being allowed once WSIB reconsiders OHCOWs report."

"We heavily rely on OHCOW's reports to help get denied WSIB decisions overturned. They are an important component in helping us get compensation to injured workers."

"OHCOW's service is needed to provide professional information to unions and industries in order to prevent injuries and occupational exposures to workers. Their services has helped immensely to families that suffered injuries."

KEY PRIORITIES

Occupational Illness

Silica Control Tool

The Campaign

From October 2023 to February 2025 (available stats) the SCT landing page was the site's most visited page outside of the home page, with 34,035 views by 27,938 users. The campaign was started in 2023 to promote use of the free online tool among tradespeople, in particular construction workers who are the most likely to be exposed to silica dust. The strategic use of advertising and "boosted" ads across social media resulted in increased visits to the website overall. Even without the boosted ads, the SCT page views are the highest among OHCOW website pages.

More analytics:

- 958 SCT Account Holders
- 571 Exposure Analysis Dials created (key piece to Exposure Control Plans)
- Silica exposure was reduced by an average of 40%.
- An average of 65% of Admin Controls selected from the tool.
- An average. of 73% of PPE Controls selected from the tool.
- Presented to MLITSD Construction inspectors (6 sessions) and MLITSD Occupational Hygienists (1 session in-person).
- Presented to Members of the Training Provider Network
- Attended and presented at the Provincial Building Trades Conferences, Canadian Concrete Expo in collaboration with BCCSA.

Tradeshow Exhibits

Throughout the year, the SCT team staffed numerous booths, exhibits and trade shows. They are a prime opportunity for our audience to learn about OHCOW, and find out about resources and opportunities to collaborate. In the month of October alone, staff appeared at seven different shows. In February, OHCOW SCT team members participated in one of the biggest national events, the Canadian Concrete Expo, where they spoke to trade show attendees and gave a presentation on February 13 entitled The Silica Control Tool: A free online tool to protect lung health.

OHCOW has numerous promotional materials and hand-outs to distribute to attendees, as well as a vast amount of knowledge about the topic of Occupational Health, making these events highly valuable and productive.

WorldCancerDay 2025 UnitedbyUnique

On February 4, World Cancer Day, the Silica Control Team launched a new campaign "**Work to Live. Tool Up for a Healthier Tomorrow."** Co-hosted by the Occupational Cancer Research Centre (OCRC), a new webinar that explored the differing cancer risks among male and female workers was featured. Experts discussed the latest findings on cancer risks in the workplace and shared strategies for improving awareness and prevention through knowledge-sharing resources and tools. The goal of the event was how collaboration and innovation can drive real change in protecting workers from occupational cancer.

Work to Live Campaign

By way of a campaign with Evolve Marketing Company, OHCOW released a promotional video, "Work to Live. Tool Up for a Healthier Tomorrow." This video has been promoted through OHCOW social media channels, on the SCT landing page, and in our newsletter. Its recception on social media is among the highest of OHCOW posts. Overall it has received 13 million impressions, with 627,000 targeted impressions and over 308,000 video views, with an 81.21% Video Completion Rate.

Furthermore, an article published with Postmedia in the National Post, entitled Ontario expands access to the Silica Control Tool to protect workers, reached over 83,000 viewers, and a toolbox of digital and print materials for system partners has also been developed.

Podcast

In this podcast, Meghan Friesen and James Miuccio discuss the hazards of crystalline silica exposure in the countertop industry. From the manufacturing of natural and engineered stone, to the finishing and installation processes, they discuss the health risks workers face, such as silicosis and lung cancer.

Heat Stress Toolkit

A Much Needed Resource

The Heat Stress Toolkit was launched on May 10, 2024. In partnership with the Centre for Research in Occupational Safety and Health (CROSH), it greatly improved and updated OHCOW's resources for identifying, preventing and treating occupational heat stress and related illnesses. Its products are featured in English and French, and Spanish. Heat stress is a huge issue for foreign agricultural workers who labour outdoors in summer months, so the effort is underway to make all our heat stress resources available in languages spoken by these workers.

The kit includes Youtube videos, a humidex-based heat stress calculator, a humidex-based heat response plan, and three substantial reference guides including the Heat Stress Awareness Guide, the Heat Stress Physiological Monitoring Guide, and the Heat Stress Prevention Tools and Strategies Guide.

Also available in the toolkit are colourful promotional posters suitable for posting in work environments, as well as infographics with information on risk factors, symptoms, warning signs, and other topics. The most recent additions to the Heat Stress resource collection are infographics on Recognizing Symptoms in People of Colour and Heat Stress Sex Based Differences.

Stats

The toolkit has been widely used in the 2024/25 year and has had positive feedback. The Heat Stress Toolkit page was visited 18,837 times by 10, 583 users, with more than 6,640 downloads. The most popular downloads are the Humidex -Based Heat Response plan, the Heat Stress Awareness Guide, Heat Stress Tools and Strategies, the Humidex Poster, and the infographics for Heat Stress Symptoms and Heat Stress Can be Deadly.

Ongoing

The kit will continue to be expanded and improved based on usage and feedback.

Occ|tober and Beyond Webinar Series

View all these webinars from the Occ|tober and Beyond Video Page.

Week 1: OHS Prevention Works

OHCOW's annual Occ|tober Webinar Series begins with an overview of the occupational illness prevention activities by the Ministry of Labour, Immigration, Training and Skills Development of Ontario, and Health & Safety System Partners, including OHCOW.

Week 2: What you can't see can still harm you!

Silica, while safe when used in solid form like in bricks, drywall, countertops, when made airborne, such as by chipping, sanding, or grinding, it can cause fatal lung diseases even when exposures are so low that you can barely see it. Join this session to learn about how the Silica Control Tool is rolling out across Canada and being adapted to other exposures!

Week 3: Can you assess exposures you can't measure?

Occupational hygienists are experts at measuring exposures and interpreting risk based on exposure limits. But what do we do when we can't make a measurement, or the chemical doesn't have an exposure limit? Learn in this session how exposure control banding is a rapidly evolving semi-quantitative process to recognize and control the risk of hazards when measurements and limits are not available.

Week 4: How can your respirator stop things smaller than the filter?

Last updated in 2018 and reaffirmed in 2023, the CSA Standard CAN/CSA Z94.4 (Selection, Use, and Care of Respirators) was amended to include a new section on respiratory protection against bio-aerosols. This addition includes a risk assessment for bio-aerosol protection using respirators. Learn how to assess the hazards of bio-aerosols and select the appropriate respiratory protection.

Week 5: Can we prevent what we can't see?

Occupational illnesses are conditions that usually require continued exposures over time to develop. Learn how Ontario's Health and Safety System is helping to identify hazards and implement effective control measures to prevent occupational diseases.

Workplace Mental Health

Mayday Mayday Webinar Series

Activating Knowledge for Workplace Mental Health

2024 Workplace Mental Health Webinar Series

View all 2024 webinars from the Mayday, Mayday Page.

Week 1: Marking International Workers' Day + important anniversaries; Sharing history, research & practice; Finding effective, sustainable solutions

A. Making a Difference: Knowledge Activism on a Community Scale

B. Knowledge Activism Research and Implications for Workplace Mental Health

C. Research into Practice: Applied Knowledge Activism and Tool Development

Week 2: International COPSOQ Survey Network Research Stories

May 8, 2024: Copenhagen Psychosocial Questionnaire users share valuable insights and experience in identifying workplace stress factors around the world == Offering insights of interest to all those striving to improve health and well-being in their research or practice. Hosted by members of the COPSOQ International Network

A. (New Zealand): Co-creation or adaptation: COPSOQ to fit the needs of the commercial fishing sector of NZ.

B. (Russia) "Online Data Collection: Validating the COPSOQ Questionnaire"

C. (Belgium) Organizational level health based cut-off points for psychosocial work environment factors

D. (Türkiye) Association between psychosocial risks and eating quality and physical activity

Week 3: Activating Knowledge: WMH Research Initiatives

A. Evidence-Informed Workplace Policies & Practices for PTSI Disability Prevention

B. Understanding Work-Related Suicide

C. NOW IS THE TIME: Northwestern Ontario Workplace & Worker Health Cohort Study (NOWWHS)

Week 4: Considering Key Issues: Violence, Pain & Surveys

Violence & Harassment + Opioid Harm are key workplace issues and therefore targets of Ontario's Prevention Works Program + Survey success

A. Workplace Violence Risk Assessments – New and Improved Tools

B. Pain/Management role in Opioid Harm Reduction Program

C. How important is it to use a "valid" questionnaire to measure workplace stress?

Week 5: Activating Knowledge: Tools & Services

A. Building new, innovative and practical solutions for workers and workplaces is a key goal of the Ontario Prevention System. Learn & begin!

B. A new tool to assess Workplace Violence in the Education Sector

C. JobAssess - accurately and efficiently capture the 4 critical domains of any job.

OHCOW uses StressAssess for Pandemic Lockdown Survey Analysis

Using StressAssess, OHCOW helped a social services office analyze the results of four annual online surveys

Background

OHCOW developed and supports the StressAssess Workplace Survey which is based on the internationally recognized and validated Copenhagen Psychosocial Questionnaire (COPSOQ). It can be used independently via the website, or individually customized by OHCOW Workplace Mental Health (WMH) staff. In the summer of 2024, a unique opportunity arose. A medium sized social services office used an online web-app to self-administer 4 surveys for the years 2018, 2019, 2020 and 2024 and then approached OHCOW for further analysis and comparison over time.

Intervention:

- OHCOW Workplace MentalHealth (WMH) staff aggregated the data from all 4 surveys and looked for definable trends, particularly improvements. For the most recent survey, we also evaluated the changes in average scores for the COPSOQ scales.
- The 2020 survey was done in November while staff were working remotely. For the most recent survey (2024) staff are working at the office workstations again.
- Over the six years, significant improvements were seen for quantitative demands, role conflicts, quality of leadership, social support from supervisor, and bullying.
- The 2020 pandemic lockdown survey results showed improvements in job satisfaction, justice & respect, vertical trust, role conflicts, recognition, commitment to the workplace, and possibilities for development.

Interestingly, the improvements experienced during the pandemic lockdown disappeared in the 2024 survey (except for role conflicts).

The trend for bullying mirrored the trend in our Canadian reference population surveys (2016, 2019 & 2023) and thus may not have been due changes at the local level but rather due to changes in attitudes to behaviours considered bullying.

Conclusion

StressAssess in its free and accessible format is an ideal tool to assist organizations in their workplace mental health and injury prevention efforts, especially with the additional support (where needed) by our experienced WMH staff. For this workplace, the StressAssess/COPSOQ survey was able to capture the positive changes during the pandemic lockdown, while also demonstrating that these gains were mostly lost by the time of the 2024 survey. Hopefully these positive and negative changes will allow the workplace parties to identify and pursue lasting improvements over time. We look forward to working with them further in their continued use of StressAssess to monitor the results of their efforts.

Chart: Comparison between surveys (2018-2024)

max-min

difference between scores	
0-5	no real difference
5-7	beginnings of a meaningful difference
7+	a meaningful difference

EKOS wtd 2023 result		factors	2018	2019	2020 (pandemic)	2024	
4050		n=	93	99	105	114	
45	Demands at Work	quantitative demands	57	53	51	48	*
59		work pace	66	64	63	65	
43		emotional demands	68	65	64	66	
49	Work Organization and Job Content	influence	48	46	51	49	
70		possibilities for development	72	76	78	76	
70		meaning of work	84	83	85	82	
61		commitment to the workplace	72	72	76	67	*
55	Interpersonal Relations and Leadership	predictability	57	56	62	55	
65		rewards (recognition)	60	62	69	62	
71		role clarity	73	73	77	71	
46		role conflicts	47	41	39	39	*
58		quality of leadership	59	63	65	69	*
69		social support from supervisor	73	74	78	79	*
75		social support	85	83	87	81	
28	Work-Individual Interface	job insecurity	28	28	26	25	
70		job satisfaction	74	74	80	72	
39		work-life conflict	45	47	42	48	
66	Social Capital	vertical trust	63	67	73	63	
60		justice & respect	51	57	61	56	*

Returning to the Office Post-Pandemic

OHCOW had the opportunity to observe the impact on workplace mental health when remote workers are brought back to the office.

Background

As in the previous example, the StressAssess Workplace Survey was used. In the summer of 2024, a unique opportunity arose to see real-time validated effects of a major change in workplace policy — forcing workers back to the office after working from home, which continues to be a highly contentious issue in Canada.

Intervention

During a large union sponsored survey (almost 3000 members) the employer made an announcement that workers would be required to come to the workplace to do their work after having worked remotely for 4½ years. This particular announcement allowed OHCOW WMH staff to capture the impact of this issue, by comparing the scale scores before and after the announcement.

Prior to the announcement just over 1500 completed responses were received over 3 waves (survey launch, 1st reminder, and 2 reminder). After the announcement, a further 350 completed responses were received.

The COPSOQ scales which were most affected were: job insecurity, vertical trust and work-life conflict. Of equal interest, the scales not affected included: meaning of work, social support from supervisor, self-rated health and symptoms (burnout, sleep troubles, somatic and cognitive symptoms).

This survey also included the GAD-2 anxiety symptom screening questions, and the proportion of respondents screening positive for anxiety was significantly elevated compared to the previous waves. Over 90% of the comments received at the end of the questionnaire after the announcement, referred to this change in a negative context.

Conclusion

- The announcement of the return to office during our survey represented an opportunity for a "natural experiment"
- For this workplace at least (probably generalizable to others) the forced return to office had detrimental impact on some key psychosocial factors (as measured by COPSOQ)
- The StressAssess/COPSOQ survey tool was able to demonstrate the real-time impact of major policy change in an empirical way

Cluster Projects

Algoma Project

OHCOW continues to work on claims for this cluster with high rates of cancer, even though the claims were rejected in 2008.

Background

Algoma Steel, (formally Essar Steel) was founded in 1902. It is the largest employer in Sault Ste Marie and the second largest Steel producer in Canada. The company currently employees 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 2008, USW Local 2251 held a 2-day Occupational Disease intake clinic in collaboration with OHCOW. At the time, 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.

As a result of the intake sessions, 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.

In 2022, USW Local 2251 and USW Local 2724 asked OHCOW to reopen the cluster investigation project. OHCOW established an interdisciplinary team to review the previously denied and abandoned claims. Letters were sent to all past clients and workers who attended the intake clinic in 2008 re-offering services. The OHCOW team reviewed the WSIB claim files and moved the files through interdisciplinary consult meetings. The claims were reviewed to see if literature and/or law and legislation has changed, and if these previously denied claims can now be supported.

The risk factors for cancer and other 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.

This is an ongoing project. At this time our Algoma Cluster investigation team continues to work through files that have been reopened as well as newly referred files.

in 2025/26, OHCOW continues 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.

Supporting workers through the WSIB GI Cancer Policy Change

In response to the recent policy change at the Workplace Safety and Insurance Board (WSIB) regarding gastrointestinal (GI) cancer claims, OHCOW has taken proactive steps to support affected workers and advocates. Recognizing the significance of this change, we have activated a dedicated team to review previously denied claims and assess them under the new policy framework. Through this work, OHCOW is working closely with workers, their families, and advocates to ensure that previously denied files are reconsidered.

Investigating a Mini-Cluster of Brain Cancer Cases

A group of brain cancer cases have been identified within the larger occupational disease cluster. OHCOW has established a dedicated team to investigate these files. Our experts are conducting in-depth assessments to determine potential occupational exposures.

McIntyre Powder

Conversations with miners and their families are ongoing, and project updates have been mailed out. Presentations on McIntyre Powder have been made in educational institutions and unions.

Background

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?

- Conducting intensive follow-up outreach to workers and their families
- In addition to the significant number of incoming calls and inquiries we receive almost daily from workers or their surviving family members, we prioritized actively following up with our McIntyre Powder-exposed mine workers to gather updates on their health status, contact information, WSIB claim outcomes, and more.
- Initiating 479 phone calls and sent 490 letters to workers or their next-of-kin, including 375 follow-up outreach calls and 104 follow-up letters to document updates and provide further services as needed.
- Mailing project update newsletters to 509 workers and their families.
- Supporting workers and their families to navigate the WSIB claims process, including assisting with the initial paperwork to file claims for 35 workers for 42 health conditions. We continue to link workers with worker representative services for WSIB claims.
- Raising awareness through our annual newsletter, media engagement, and email outreach to MP mine workers and their next-of-kin regarding the findings of a new study published in American Journal of Industrial Medicine that links McIntyre Powder exposure to increased risk of specific types of cardiovascular disease (heart attacks, ischemic heart disease, and congestive heart failure). We began the process of assisting affected workers or their next-of-kin to commence new occupational disease claims for cardiovascular disease, as a result of this study.
- Registering 14 new McIntyre Powder-exposed mine workers for our services.

We conducted multidisciplinary reviews of individual worker files and provided individualized reports to support workers' compensation claims.

- Our Physician-led multidisciplinary team reviewed the medical and work history records for 52 workers to assess for any work-related health issues and determine the next steps.
- We provided our MP mine workers (or their legal next-of-kin) with 21 individual medical and 17 occupational hygiene reports addressing their specific work exposures and health issues. These reports supported the pursuit of individual WSIB claims, and reconsideration of denied claims.

We conducted educational presentations to the next generation of labour leaders and occupational hygienists.

- Presentations on McIntyre Powder history and our work with the McIntyre Powder cluster were provided through our community partner, the McIntyre Powder Project, to Labour Advocacy students at Laurentian University, Occupational Hygiene senior students at the University of Toronto, and labour leaders at the USW Justice 2024 conference.

What's coming next?

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. This will include a specific focus on cardiovascular disease, given the recent study findings.

10th Anniversary of the McIntyre Powder Project

2025 marked the ten year anniversary of the McIntyre Powder Project, started in April 2015 as a centralized place for miners or other workers exposed to aluminum dust to voluntarily register and document health issues. After years of investigation and advocacy work, **Janice Hobbs Martell** (pictured), an Occupational Health Coordinator at OHCOW, was instrumental in WSIB Ontario's decision in January 2022 to recognize Parkinson's as an industrial disease. This year Janice received recognition for her work in helping injured workers and getting compensation to victims and their families. She received the Ontario Medal for Good Citizenship at an awards ceremony on March 10 and a Mining Safety Leadership Medal from the Canadian Institute of Mining (CIM) in May.

Ventra

In 1981, a German plastic auto parts firm came to Canada and first located in a 22,000 square foot facility in Kitchener, Ontario. Initially, automobile parts were made in Germany, then, were shipped to Kitchener for completion, and finally routed to General Motors in the United States. In 1984, a new production line was developed using a process called "post-lamination" for making auto side molding with coated stainless steel sheet metal.

By 1986, parts were manufactured at the Kitchener plant using an innovative process, "reaction injection molding," brought from Germany and called "R-RIM". With production expanding, the company set up a second facility in Peterborough, purchasing a 200,000 sq. ft. metal clad structure, which was expanded in the late 1990s to accommodate its larger thermoplastic injection molding machines and production operations. The current plant is well over 350,000 square feet. Over a decade (1986 to 1996), the Ventra Plastics workforce grew from 75 to 575 women and men, with production increasing from one product to 30 different products. Initially when most jobs involved close "hand work", the workforce included more women than men (60:40), becoming closer to 50:50 as operations became more automated.

The Occupational Health Clinics for Ontario Workers (OHCOW) has been actively engaged in with the Ventra Plastics workers since 2004, working very closely with Unifor Local 1987. Many different illnesses have been reported, including but not limited to:

- Cancer
- Lung
- Salivary Gland
- Breast
- Prostate

Ventra/Pebra worker obituaries compiled by Rose Wickman and Jackie Dufty (Unifor Local 1987) to mark and honor lives lost.

Among others (e.g., pancreatic, colon, GI)

- Chronic Toxic Encephalopathy (CTE) - brain injury
- Female Reproductive Issues
- Respiratory Outcomes (e.g. COPD)
- Cardiovascular disease
- Asthma
- Headaches and Migraines
- Musculoskeletal Issues

In 2025, Ventra Plastics workers face new challenges and stressors, including job loss, due to the implementation of automotive industry tariffs by the United States' Trump administration.

What did we accomplish this year?

- Mailing project update newsletters to workers and their families.
- Continuing to conduct health and exposure interviews with workers and their families.
- Conducting reproductive health questionnaires with workers who have expressed concerns about their reproductive health and potential connections to work tasks.
- Supporting workers and their families in navigating 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).
- Hosting a virtual information session to register new workers, to discuss key diagnoses and exposures within the plant, to share information about reproductive health, and to support workers in understanding the worker's compensation process. The recording of this virtual session is here.

What's coming next?

OHCOW and Unifor Local 1987 will host another in-person session on June 24, 2025

- Continuing worker outreach in 2025-2026 by conducting follow-up calls and sending update letters to workers and their family members. These follow-up efforts will allow us to obtain any updates to health information and assess how we can offer additional support.
- Continuing 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.
- Continuing 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.
- Planning to host an information session focused on reproductive health concerns, including creation of a resource outlining key exposures of concern (e.g. chemical, physical, emotional) as well as recommendations related to task modifications that could improve safety. An occupational health physician and/or nurse will be present for this session.

For workers with reproductive health concerns, we are investigating potential linkages to workplace duties or hazards.

Kellogs

In 2014 OHCOW saw 15 patients with a variety of nasal and respiratory symptoms from the Kellog's plant in London, Ontario. Three workers had been exposed to carbon monoxide. 20 patients from this factory are currently being seen by OHCOW.

What did we accomplish this year?

- We secured WSIB advocacy and began patient work.
- Advocacy was secured with an Office of the Worker Advisor (OWA) team.
- A Kelloggs Intro meeting brought others up to date with documents and work completed so far on this project.
- Approximately six workers were contacted, and each reported multiple issues.

Our new system with OWA initiated compensation claims for those workers that have been called. Currently we are awaiting the status of those WSIB claims.

What's coming next?

An OHCOW/OWA meeting is planned to allow both organizations to develop common ground with our processes. Freedom of Information Requests with WSIB, MLTSD and MOE are moving forward, and OHCOW will be conducting

more worker outreach in 2025/6. This outreach will include letters to workers or their next-of-kin, to update their information and take histories to identify occupational diseases from their other work experience. Once the WSIB claims of the 20 workers are received, we will meet to review the outcomes, update our CHR with cases, and identify common denied diseases for physician and hygiene work ups. Also in the works:

Finishing reports on the current twenty patients, with referrals to the OWA.

Gathering, compiling, and reviewing current WSIB claims and those that have been submitted in the past.

An active Kellogg's Facebook page (with 70 followers) will be used for outreach, with postings and information. We will monitor the response from that posting.

Arranging for medical and industrial hygiene assessments to provided individual reports for workers and their workers compensation (WSIB) claims for health conditions related to their work exposures. These claims will be case managed by Occupational Health Nurses.

Neelon

The Neelon Casting project is an investigation into the occupational exposures and working conditions at a Steel foundry in Sudbury Ontario specializing in brake parts manufacturing. Established in 1975 under the name Neelon Steel, the facility underwent ownership changes to become Dana brake parts, and eventually Affinia Canada Corp. In 2007, the plant, which employed 240 workers at the time, closed.

Throughout the 32 years of the Foundry's operation, over 2,000 unionized workers were employed there. Since the inception of this project, more than 500 of these former workers and family members have reached out to the United Steelworkers, Local 2020 to share and document their experiences working at the plant.

More than 500 former workers and their family members have reached out with concerns about hazards at the plant.

Since 2020, OHCOW has been actively engaged investigating the health concerns reported by the Neelon Casting workers and their families. The connections between the working conditions, chemical exposures, and the prevailing health issues noted among the former employees are being investigated.

What did we accomplish this year?

- Continuing to conduct work and exposure interviews with workers and their families.
- Supporting workers and their families to navigate the WSIB claims process, including assisting with the initial paperwork to file claims, and working with The United Steelworkers, Local 2020.
- Our Occupational hygienists created a data base to store all the Ministry of Labour documentation that was previously requested through Freedom of Information requests.
- Our occupational physicians have reviewed all the Neelon Casting files that have been denied due to medical and if they were able to support the claim have provided written reports to the worker representatives to support to The Workplace Safety and Insurance Board.

Supporting Workers Through the WSIB GI Cancer Policy Change:

In response to the recent Workplace Safety and Insurance Board (WSIB) policy change regarding gastrointestinal (GI) cancer claims, and asbestos exposure, OHCOW has taken proactive measures to support affected Neelon workers and their families. Recognizing the impact of this policy update, we established a dedicated working group comprising an Occupational Hygienist, an Occupational Health Coordinator, and a Legal Representative to provide expertise and guidance in navigating this updated framework in policy 16-02-11 (October 1, 2024). Our primary focus is to review previously denied Neelon GI cancer claims and assess them within the framework of the updated policy. This involves conducting detailed re-examinations of the worker's work and exposure histories to determine if the claim meet the revised asbestos exposure criteria. By leveraging our expertise in occupational hygiene and legal lens, we are ensuring that each case is thoroughly reviewed.

What's coming next?

Plans to conduct extensive worker outreach in 2025-20256 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 the Neelon Casting Workers and their families.

Continuing to support workers to complete the initial paperwork to initiate Workplace Safety and Insurance Board claims (WSIB) for health conditions related to their exposures at the Neelon Casting Foundry, and to link them with services from The United Steelworkers (USW) Local 2020 or The Office of The Worker Advisor (OWA)

Continuing 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.

Rubber Worker Project

The Rubber Worker Project is one of OHCOW's most long-standing projects. Research has shown that there are links between certain rubber industry exposures and health impacts experienced by workers, including cancer outcomes. In this project, we aim to review and conduct research on potential connections between rubber work and health as well as share our learnings with rubber workers and their families to help: (1) prevent or reduce harmful exposures at work, (2) synthesize medical and hygiene evidence for worker's compensation claims, and (3) identify areas for further research.

What did we accomplish this year?

- We continue to update our rubber worker client database to prepare for further case support.
- Our rubber worker project database allows us to investigate emerging links between certain workplace exposures and health outcomes.
- This year, we have used the database to better understand how cases are proceeding through the workers compensation system.
- For example, 15 case decisions have been overturned at WSIAT, whereas 18 additional cases are currently under appeal.
- Check out this new book on the U.S. rubber industry, titled, "The Cancer Factory: Industrial Chemicals, Corporate Deception, and the Hidden Deaths of American Workers" by Jim Morris. Published 11/5/2024.

We are reviewing groups of cases organized by common diagnoses and exposures to identify known and emerging patterns.

- We supported 36 workers and/or their families with new or existing WSIB occupational disease claims.
- We conducted in-depth reviews of 21 occupational disease cases with our interdisciplinary team (physicians, nurses, hygienists, etc.)
- We held a case conference with the Office of the Worker Advisor to provide updates and outline next steps for each shared occupational disease file to ensure we can keep them moving forward in a timely manner.

This year, we have expanded our targeted case reviews to include GI cancers, including stomach, esophageal, and colorectal cancer.

We will continue to review primary outcomes of concern raised by rubber workers and their families (e.g. bladder and lung cancer, non-Hodgkin's lymphoma, COPD, etc.)

We are preparing educational materials for workers.

Salivary gland cancer

- Salivary gland cancer is a rare cancer of the salivary glands, which are the glands that produce saliva in your mouth. Multiple rubber workers in our cohort have been diagnosed with this illness.

- We finalized a systematic literature review on existing connections between salivary gland cancer and occupational/environmental exposures in 2024 (submitted for publication Spring 2025).

Rubber industry hazards resource

Our hygiene team has worked to create a document summarizing key rubber industry hazards. To-date, we have included information on N-nitrosamines, carbon black, and toluene, with plans to expand.

We hosted a focus group with rubber worker retirees (SOAR) to learn more about exposures.

We met with a group of rubber retirees to (1) provide updates on the status of OHCOW medical cases, (2) learn more about plants that are currently active in Canada (to support us in sharing our lessons-learned with active workers), and (3) to gain feedback on the format, location, and timing of our next in-person information session planned for 2025-26.

What's coming next?

- We plan to update our website with new educational materials for workers and their families.
- We will continue to expand worker outreach in 2025-2026, including to active rubber workers.
- We are planning a public information session in summer/fall 2025 to share our findings to date.
- We will continue to support workers with exposure prevention and worker compensation matters.

General Electric

Our team continues 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 completed medical and occupational hygiene reports for lung cancer, liver cancer and prostate cancer cases.
- We created various exposure assessment tools and occupational hygiene (OH) assessment templates, that allowed us to assess multiple cases with the same diagnosis.
- Occupational hygiene exposure report templates, for each of the diagnosis examined this year were created, utilizing standardized text and a review of all relevant occupational exposures related to the diagnosis. This approach allowed for timely, concise, and consistent exposure assessments of similar types of denied claims.

What's coming next?

A Freedom of information (FOI) request was submitted to obtain occupational health and safety records for General Electric Trenton. OHCOW has received this documentation, and the GE project hygiene team is currently assessing this information.

- Continued interdisciplinary teamwork with Prostate Cancer (Reproductive System) claims
- Interdisciplinary team focus on Pancreatic Cancer and Respiratory disease processes
- Review and recognition of files that can be revisited by WSIB due to policy changes and updates
- Continued review and interdisciplinary team work on files from a body systematic perspective
- Continued efforts to communicate with workers, worker advocates, families and interested stake holders by OHCOW reach out and town halls
- The March GE Project community partners meeting will be scheduled later this year

Weyerhauser RB4 Project

The Dryden Weyerhaeuser Recovery Boiler #4 (RB4) Project focuses on a retrospective assessment of health risks and exposure profiles for approximately 400 tradespeople who may have

been exposed to un-scrubbed stack emissions during project work between 2002 and 2004.

Since 2004, OHCOW has been actively investigating health concerns reported by these workers, which are believed to be linked to those exposures.

What did we accomplish this year?

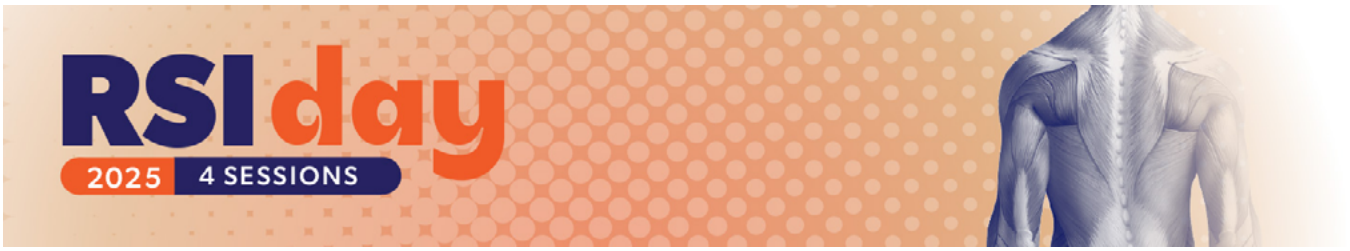
- Sentinel Case Development: Several worker cases have been selected for detailed exposure profiling. Background records and chemical emission data have been compiled to support Retrospective Exposure Reviews (RERs).
- Chemical Exposure Analysis: The emissions involved a complex mix of chemicals. Understanding their composition and exposure levels is essential to evaluating links to illnesses such as Chronic Toxic Encephalopathy (CTE).
- Health History Interviews: OHCOW has begun conducting nursing health history interviews with RB4 workers to identify new diagnoses and assist with WSIB claim initiation.

What's Coming Next?

- Literature Review: Conduct an updated review of scientific literature on the health impacts of paper mill emissions, with a focus on CTE.
- Complete Sentinel Case Work: Finalizing these cases may encourage more workers to come forward and support others in filing similar claims.
- Community Engagement:
- Continue participating in committee and town hall meetings.
- Plan and host an in-person town hall to reach more affected workers.
- Ongoing Support:
- - Assist workers with navigating the WSIB claims process.
- - Open new files for any additional workers and add them to the active worker list.

Injury Prevention

RSI Webinar Series



2025 marked the 26th anniversary of RSI Day educational sessions organized by the Occupational Health Clinics for Ontario Workers (OHCOW). Since 2021, the RSI Day event has transitioned from a full-day program to a four-week, 2-hour webinar series held throughout February. Each week focused on a different theme, covering a range of topics related to ergonomics and musculoskeletal disorders.

In total there were 6,244 registrants, and 71% of that number registered for all four sessions. People registered from around the world, including India, Malaysia, U.K., Australia, and more. A full account of the stats of the RSI Day webinars is available.

See PDF:

RSI DAY 2025 SUMMARY, FEEDBACK AND EVALUATIONS

Agenda:

Week 1: Clinical Insights & Applying New Technology

Osteoarthritis of the Carpometacarpal Joint (Thumb)

Osteoarthritis of the Hip

Implementing Markerless Motion Capture Technology for Ergonomics Assessments

Week 2: Reality Check 2025 - Hazard Mitigation

Heat Stress Management: A new toolkit for Ontario Workplaces

Ergonomics and Manual Materials Handling: Enhancing Safety and Efficiency

Week 3: Key Topics in Occupational Ergonomics 1

Creating and Fostering Inclusive Work Environments to Prevent MSDs Among Older Workers

Comparison of REBA and RULA

Week 4: Key topics in Occupational Ergonomics 2

Visual Ergonomics: The Relationship Between Vision and Office Ergonomics

Review of the Quick Exposure Check (QEC) Reference Guide

SEE ALL VIDEOS

Global Ergonomics Month Videos

Back Injuries and Materials Handling Video Series

This series of eight videos was produced during Global Ergonomics Month 2024 in recognition of the MLITSD Industrial Sector Compliance Initiative on Material Handling. This year-long enforcement campaign asks inspectors to visit various sectors where fatalities and critical injuries are taking place. The focus is on workplaces where materials, articles or things are lifted, carried, or moved, and puts workers at risk of being injured by their movement.

GO TO PLAYLIST

SEE THE GLOBAL ERGONOMICS PAGE 2024

Worker Perspective

Services for Foreign Agricultural Workers

Every year, OHCOW works with other community and provincial groups in activities and projects that specifically help migrant workers prevent occupational illness and injury, as well as addressing psychosocial aspects of their jobs. Far from home and away from their families and culture, it is important to acknowledge the emotional impact of migrant work, which can be isolating and depressing. OHCOW has created multi-lingual infographics and videos for their use. (see our migrant workers' page here). The Windsor Essex Health Team operates a mobile health clinic that travels to different farms for the workers. Health and Information Fairs are held throughout the year for Southeast Asian workers, Latino workers and others. Eye clinics and vaccination clinics are also offered, as well as legal advice.

The Migrant Farmworkers group has welcome committees and holds social events, including a Migrant Workers' Appreciation Day. Ontario should definitely appreciate their contribution to our agricultural industry. A picnic/sporting event is held during the summer, as you can see from the 2024 Ontario Migrant Workers' Cup event (photo)

OHCOW Temperature and Humidity in Migrant Agricultural Worker Housing Project

In the summer of 2024, our outreach workers helped 11 groups of migrant agricultural worker (Niagara + Simcoe) record indoor temperatures in their employer provided housing. (Utilizing Aranet4 and SwitchBot Thermo-hydrometers). The Data collected was reviewed and organized for presentation by John Oudyk and Dr. Donald Cole, with John creating a presentation titled, "Report on indoor temperatures in migrant agricultural worker bunkhouses - preliminary findings".

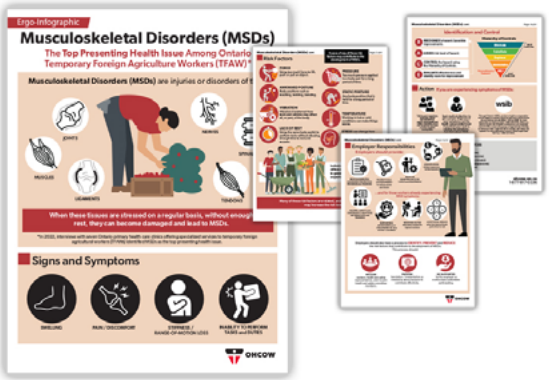
This project highlighted methodology, and concern of exposure to heat among workers in their employer provided housing, and the need for regulation/ temp standard. Following a presentation of this data to the ESDC/ Gov of Canada on Dec. 12, 2024, on March 6, 2025, these findings were presented to Mexican Consulate Offices (Ottawa, Toronto, and Leamington offices). Mexico is leading sending country of Ontario migrant agricultural workers. Virtual presentation. The team has connected to UBC project team who conducted similar project:

OHCOW will be working with partners to expand this project (more worker houses across more regions) this 2025 summer season.

SEE PAPER

Musculoskeletal Disorders Infographic

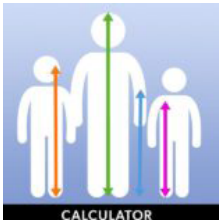
This infographic is available in four languages. It displays colourfully the issues specific to Temporary Foreign Agricultural Workers. In March, an informative webinar on this and other resources was conducted. Also discussed was how to gain access virtual or print copies of our temporary foreign agricultural worker resources, and opportunities to collaborate on, or host, our workshops for workers in your networks.



TOOLS AND RESOURCES

Apps, Tools and Caclulators Updated

Anthropometric Calculator



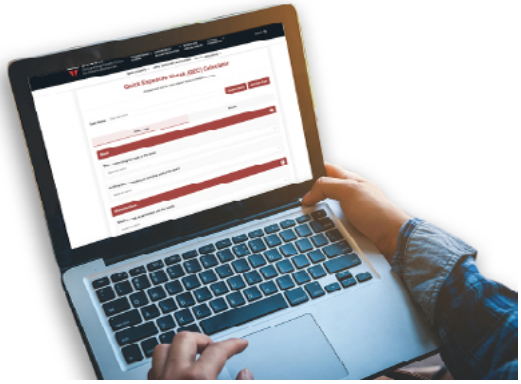
UPDATED 2024! Now available online and as an app in the Apple and Android stores.

Feature image for OHCOW's Anthropometric CalculatorOHCOW's Anthropometric Calculator is an amalgamation of databases to provide the most comprehensive and concise set of body measurement data.

Anthropometric measurements are a series of quantitative dimensions of the muscle, bone, and adipose tissue used to assess the composition of the body. These measurements are used to assist with not only design options for specific individuals but also general populations. In addition to design, they can also be used to assess potential sources of mismatch between specific individuals or populations by comparing equipment heights and distances to a worker or group of workers. Individual Male and Female calculators are available.

GO TO CALCULATOR

Quick Exposure Check (QEC) Calculator



UDATED 2025! Now available online and as an app in the Apple and Android stores.

The QEC is perhaps one of the most straightforward workplace assessment tools. Some highlights of the QEC include:

- Assesses exposure to four body areas (back, shoulder/arm, wrist/hand, and neck)
- Identifies areas of needed exposure reduction.
- Assesses the change in exposure to musculoskeletal risk factors before and after an ergonomic intervention.
- Involves both the evaluator and the worker in conducting the assessment and identifying solutions.
- Can compare exposures between two or more people performing the same task.

GO TO CALCULATOR

Job Demands Analysis (JDA)

Job Demands Analysis (JDAs) are used to objectively capture and describe the physical, cognitive, and psychosocial demands required to perform a particular job or role. It includes both a Physical Demands Description (PDD), as well as an analysis of Cognitive and Psychosocial Demands (CDA). The template has been developed to be best used on a mobile device such as a phone or tablet, to accurately and efficiently capture the demands of a job. All features of the template are fully functional on desktop as well.

DOWNLOAD TEMPLATE

Office Ergonomics Calculator

The Office Ergonomics Calculator was designed to highlight areas of improvement between you and your workstation. Ensuring the proper height of your chair and workstation equipment is important in improving comfort and potentially reducing the risk of injury. The office ergonomics calculator is not an ergonomic assessment, but rather a tool to indicate areas where improvement may be needed.

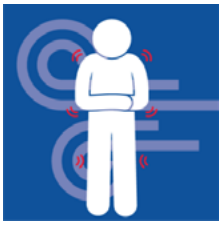
GO TO APP

Keyboard Shortcut Tutorial

If you use a computer on a regular basis you need to be using keyboard shortcuts to minimize mouse use, increase keyboard efficiency, and reduce ergonomic risk. Different computers / operating systems have different shortcuts. Learn more about the shortcuts for the system that you use.

GO TO TUTORIAL

Cold Stress Calculator

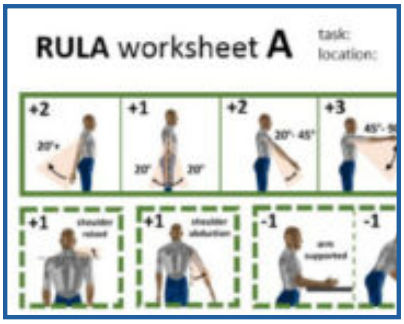


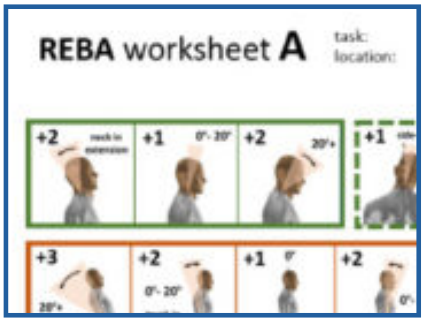
UPDATED 2024! Now available online and as an app in the Apple and Android stores.
The Cold Stress Calculator was created as a simple means for determining what precautions should be taken to protect workers from cold stress related adverse health outcomes. One can enter outdoor temperature and wind speed to calculate the adjusted temperature or wind chill temperature.

SEE CALCULATOR

REBA and RULA Worksheets

The Rapid Entire Body Assessment (REBA) and the Rapid Upper Limb Assessment (RULA) are two popular ergonomic evaluation tools. Two user-friendly worksheets have been developed to help with their use. These tools are helpful in the presentation of the concept of musculoskeletal loading due to work. The worksheets contain minimal words and more diagrams and images, to decrease ambiguity and make the tools simple to use.





JobAssess

JobAssess is a web-based app from OHCOW that allows users to accurately and efficiently capture the Physical, Sensory, Cognitive and Psychosocial demands of any job. Users select the demands that are relevant to the job being assessed, and then go through steps for each and every section in detail. After creating a quick job profile, the relevant tasks are setup and assigned the various task elements. 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
- Simple checklists, picklists and text fields are used to enter information and items of concern can be "red flagged".

Once all sections are finalized, a complete Job Demands Analysis (JDA) is presented, and can be saved for future reuse and downloaded as a PDF for reference and record keeping purposes.

Research Papers

Incidence of Cardiovascular disease in mine workers exposed to Mcintyre Powder

Authors: Andrew Zarnke PhD, Sarah Rhodes PhD, Nathan DeBono PhD, Colin Berriault MA, Sandra C. Dorman PhD

A retrospective cohort study was conducted to estimate associations between an ultrafine aluminum powder, McIntyre Powder (MP), and cardiovascular disease incidence in a cohort of mine workers from Ontario, Canada. Disease outcomes included ischemic heart disease (IHD), acute myocardial infarction (AMI), congestive heart failure (CHF), and strokes and transient ischemic attacks (STIA).

SEE PAPER

Occupational exposures and sarcoidosis: a rapid review of the evidence

Authors: Christine Oliver, Paul Sampara, Andrew Zarnke, Janice Martell

The purpose of our letter is to bring attention to potential shortcomings of the RR that may adversely impact scientific thinking about sarcoidosis and occupational aetiology and, in turn, the care and compensation of individuals at risk for or diagnosed with sarcoidosis.

SEE PAPER

Knowledge Translation

Infographics

Musculoskeletal Disorders (MSDs) among Temporary Foreign Agriculture Workers (TFAW)

MSDs are the Top Presenting Health Issue Among Ontario Temporary Foreign Agriculture Workers (TFAW). Produced by OHCOW, this 4-page infographic covers the signs and symptoms of musculoskeletal injury, and presents ideas for treatment and prevention. 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 four languages.

DOWNLOAD PDF

Info Sheet

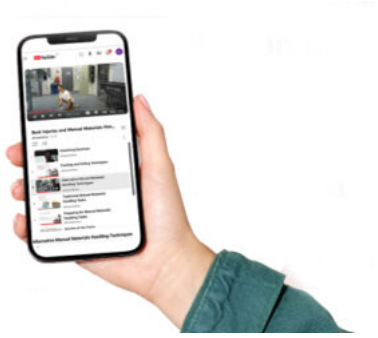
Web Page on Plantar Fascitis

Plantar Fasciitis (fash-e-i-tis) is one of the most common causes of heel pain, accounting for almost 15% of all foot-related complaints (Lutter, 1997), affecting the middle aged (40-50). More women than men are affected by this condition, with about 65% reported to be overweight.

DOWNLOAD PDF

Videos

Manual Materials Handling Video Series



This series of eight videos was produced during Global Ergonomics Month 2024 in recognition of the MLITSD Industrial Sector Compliance Initiative on Material Handling. This year-long enforcement campaign asks inspectors to visit various sectors where fatalities and critical injuries are taking place. The focus is on workplaces where materials, articles or things are lifted, carried, or moved, and puts workers at risk of being injured by their movement.

SEE PLAYLIST

Winter Preparation Video Series

Regardless if you do or do not enjoy the winter season, for many of us, it is part of life and something we can either enjoy or endure. Canadian winters can often prove challenging. However, with proper planning and being prepared, many of those challenges can be greatly reduced.

SEE PLAYLIST

Podcasts

Occupational Hazards in Nail Salons

A discussion on the hazards in the nail salon industry, with a focus on occupational asthma. Nail salon workers are exposed to chemical, ergonomic and mental health hazards. Two colleagues from the Occupational Clinics for Ontario

Workers discuss these hidden hazards and the increasing occurrence of occupational asthma. Hear the podcast, and download an info sheet aimed at temporary foreign workers who work in nail salons here.

Manual Material Handling Podcast

Although we generally do not recognize it, Manual Material Handling takes place in many aspects of our daily lives: carrying tools or supplies at work, or laundry and groceries at home; getting chores done, or even when having fun in sports or recreation. Hear the podcast and link to the Youtube video series here.

The Dangers of Silica in the Workplace: the Countertop Industry

In this podcast, Meghan Friesen and James Miuccio discuss the hazards of crystalline silica exposure in the countertop industry. From the manufacturing of natural and engineered stone, to the finishing and installation processes, they discuss the health risks workers face, such as silicosis and lung cancer. Hear the podcast.

Occupational Asthma in Cannabis Production

A discussion on the emerging issue of asthma in the cannabis industry. Workers are exposed to hazards during all the stages of cannabis cultivation. Two colleagues from the Occupational Clinics for Ontario Workers have a conversation about workers in the cannabis production industry and how they can develop allergies and occupational asthma. Hear podcast.

Testimonials

These comments are taken from our feedback forms. Names are redacted for privacy.

"Our Occupational Health Coordinator's] work is amazing. She puts her heart and soul into her work. She and OHCOW can't be thanked enough."

"The [OHCOW staff] were extremely patient and supportive in helping me to understand the issues, the process, and the findings of investigation into my husband's WSIB claim. Both were clearly very passionate about their work and their advocacy for the worker was evident in all of our communications."

"I had a good experience with Ohcow. [Our Client Service Coordinator] was professional, and [the Physician's] letter was prompt, and excellent."

Connections

Website

Redesigned Contact Us Page

an interactive map was added to the Contact Page and the information for each office expanded and redesigned. Locations were linked to Google Maps that also provide direction information.

Expanded “About Us” page with Team Descriptions

One-pagers were created in the Fall of 2024 that describe the duties and roles of each OHCOW team member such as Occupational Health Nurses, Ergonomists, Occupational Hygienists and Client Service Coordinators. These pages are linked from the “About Us” page. These flyers can be used by Local Outreach Committee members and others.

Newsletters

Our best Outreach Channel

OHCOW sends out e-newsletters monthly, as well as bulletins throughout the year. Newsletter subsciptions have increased from 5,618 to 5,719 recipients over the past year.

The Newsletter links to webinars, events, information about noteable dates and links to event pages on the OHCOW website, updates from our partner organizations,

the November Lens e-Newsletter

Social Media

Joining in the Conversation

There were 72 posts made in our social media channels from April 2024 to March 2025. These posts advertised our webinars, podcasts, trade show appearances, and notices of product updates such as apps and tools. OHCOW also promotes noteable dates such as the Day of Mourning, “awareness weeks” of occupational health and safety topics and anniveraries. Invitations to visit our Events calendar, Youtube page and newsletter subscription page were also featured.

- Linkedin: Followers increased from 1,153 to 1,294
- Facebook: Visits to the page almost doubled from 751 to 1,425, interactions with content is up 110%, 1,430 followers. 301 comments and 537 shares.
- On X, OHCOW has 1,849 followers.

Promotional Pages

Marketing Calendar Dates and Commemorations

Throughout the year OHCOW acknowledges dates throughout the year that promote occupational health and safety and recognize workplace illnesses. We also provide information pages and link to them from social media pages based on timely issues in workplace health and safety, such as working in the cold in the winter or in the heat in the summer.

Day of Mourning, April 2024


Day of Mourning

Day of Mourning 2024

A Day for Reflection

With it's beginnings in the Canadian labour unions, Canada first recognized April 28 as the National Day of Mourning in 1991. Every year since, it has been a day to acknowledge the toll taken by illnesses and injuries in the workplace. In our commitment to protect workers and their communities from occupational disease, injuries and illnesses, OHCOW acknowledges the different dimensions of the work environment through it's Prevention Programs: Occupational Illness Prevention, Injury Prevention and Workplace Mental Health, and with our partners recognize that the changing climate has increased the risk of occupational health concerns.

Safe Work Now: Remembering the Unrecognized Losses

In this 35th Anniversary year of the Occupational Health Clinics for Ontario Workers (OHCOW), we highlight that Occupational illness fatalities have out-numbered traumatic fatalities consistently over the last decade and most work-related illnesses and deaths go unrecognized and unreported.

Today and everyday, OHCOW serves workers suffering from occupational illnesses and injuries. All too often their families and communities follow their loss. These, and others, are often not captured in the statistics.

How to Participate

April 28 is a day to honour memories of those whose lives have been lost or forever altered, just because they went to work, many unrecognized. It is also a day to remind government and industry that our commitment to workers' health has not wavered — and neither should theirs. Together, we will create healthier and safe workplaces for all. Lets talk about it to friends and family and, if possible, participate in a Day of Mourning event.

Resource

Read researcher and educator Janice Martell's article in Northern Ontario Business, entitled Fighting for the dead, protecting the living, about deceased miner Andrew Talaske. His death years ago was not recognized as a workplace related fatality.

The Day of Mourning is commemorated every year on April 28. In 2024, we highlight that Occupational illness fatalities have out-numbered traumatic fatalities consistently over the last decade and most work-related illnesses and deaths go unrecognized and unreported.

Bullying Awareness Week, October 2024

October 13-19, 2024 has been designated Workplace Bullying Awareness Week, to draw attention to the damage bullying does and incite efforts to stop it. Below are resources from OHCOW and other sources addressing the issue.

National Addictions Awareness Week, November 2024

November 24 - 30 was National Addictions Awareness Week. Through its annual Webinar Series on Workplace Mental Health, OHCOW has a multitude of information on the factors involved in substance use and addiction in the work environment.

16 Days of Activism against Gender Based Violence

In 2024, for 16 days starting on November 25 OHCOW commemorated 16 Days of Activism Against Gender-based Violence. The Government of Canada's theme for 2024 was Come Together, Act Now. It emphasizes how crucial it is to involve everyone in Canada – particularly men and boys – in changing social norms, attitudes and behaviours that contribute to gender-based violence.

Firefighter's Cancer Awareness Month, January 2025

January is a month to be reminded that incidents of cancer are higher in firefighters than the general population. This is because of hazardous substances they are exposed to in the course of their jobs. For January, OHCOW presented a summary of different publications, papers, reviews and safety resources.

Working in the Cold, February 2025

In February the website featured a list of OHCOW resources including calculators, videos, infographics and more that adressed the hazards of cold weather, be it outdoors or in unheated indoor environments.

Women's History Month: Women's Work, Achievements and Milestones

The Canadian Government designated the 2025 theme for Women's history month to be Women at Work: Economic Growth Past, Present and Future.

Origins of Labour Day

In the winter of 1872 in the industrial town of Hamilton, Ontario, the railroad industry was shaken by a widespread workers' strike. This would be the start of a global movement. To celebrate Labour day, the website featured a historical page about how it all started.

Youtube Channel

Webinars and Instructional Videos Popular

Subscribers to our Youtube Channel went from 679 to 958. Average monthly views are 4,600, with a watch time of 400 hrs. For the January to March quarter, OHCOW youtube livestreams got 781 views.

Some OHCOW videos are used in training programs, such as videos for seat adjustment for heavy equipment vehicles such as forklifts, an information video about the Occupational Health and Safety Act, and an instructional video for child care workings on the safe lifting of children. Every quarter, these videos receive between 500 and 1500 views each.

The top playlist for 2024/25 was the RSI Day Webinar Series, with the eight webinars averaging 214 views each.

SEE OHCOW YOUTUBE CHANNEL

Events

Sudbury Office Open House

On June 7th, the Sudbury Clinic opened its doors to people in the region who wished to know more about services offered by the Occupational Health Clinics for Ontario Workers Inc.. The new clinic is located at 432 Westmount Avenue.

The occasion was to celebrate both the opening of the new clinic location and the thirty-fifth anniversary of the organization. The event featured displays, distributed informative materials and staff answered questions about projects and activities. Staff showcased several of OHCOW's tools and apps, including the Heat Stress Toolkit, Ergonomic Tools and the Silica Control Tool. Booths exhibited the work of local cluster investigations such as the McIntyre Powder Project, and had the interdisciplinary team to meet and answer questions. Members of the public, the media and municipal and provincial government officials attended.

Executive Directors Kimberly O'Connell & Brittney Rammako, staff member Holly Houston

Workers Memorial Day

The 40th annual Workers Memorial Day was commemorated on Thursday, June 20, to honour all workers who have lost their lives or been injured on the job. The day has been a solemn occasion in Sudbury and the labour community, ever since a tragic accident in 1984 when four miners were killed at the Falconbridge Mine. This year, the dedication of a memorial garden and the unveiling of a plaque at Richard Lake on Thursday drew a large crowd of union leaders, community representatives, and more. At 10:12 am – the exact time that a seismic event claimed the lives of the men – a moment of silence was observed. After the moment of silence, two bagpipers from the Greater Sudbury Police pipe band performed.

Ontario Nurse's Association

The Ontario Nurses Association Health and Safety Caucus events invited OHCOW Nurse Practitioners to host tables at local in-person events and to participate in online events.

Events happened in Burlington, Port Elgin, Perth, Toronto and virtually.

Partnerships

Over the course of the year, OHCOW is in communication and partnership with our fellow health and safety organizations. Following are some examples of specific collaborative events that took place in the 2024/25 year.

Spring Into Action

the 2024 Spring into ACTion Health & Safety Forum

Spring into ACTion 2024 was a day of learning as we discussed important topics related to Occupational health and safety. Hosted by the Ottawa & District Labour Council with OHCOW's Eastern Region Local Advisory Committee, This HYBRID event took place on Friday Apr 19, 2024, starting at 08:30 AM EDT online and in person at Carpenters Union Local 93, 8560 Campeau Drive, Kanata.

Highlights

Westray Bill Updates

Speaker: Sylvia Boyce, USW Education & Training Canadian National Office Dept. Leader

OHCOW Intro to Services

Speaker: Kimberly O'Connell, ROH, CIH, CRSP - ED Eastern Region, OHCOW Clinic

Silica Control Tool – New Online Tool Estimates Silica Exposure in Construction

Speaker: Meghan Friesen, B.A., ROH, Occupational Hygienist, OHCOW

Heat Stress Toolkit – New Tools to Help with Heat Stress Management

Speaker: André Gauvin, BSc, MHK, CCPE, CIH, Occupational Hygienist, OHCOW

Post Traumatic Stress Disorder, Chronic Mental Stress & Traumatic Mental Stress – Effects, Pitfalls and Support

Speakers: David Chezzi, OHCOW President and Chair, Laura Lozanski, LOC Chair

Partners in Prevention

Throughout the year, Workplace Safety and Prevention Services host health & safety conferences that raise awareness and provide both educational and networking opportunities. Whether it's an in-person event or a webinar, Partners in Prevention provides a forum of knowledge sharing for all your learning and professional development needs.

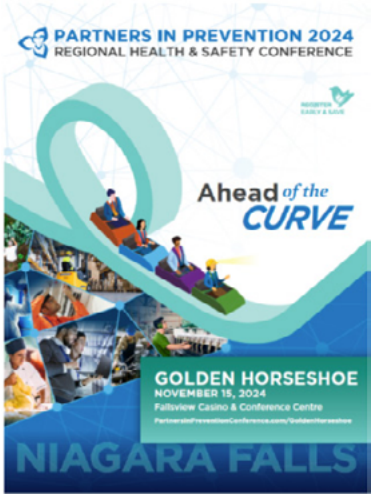
Taking place in Ottawa on June 11 and Sudbury June 20, the 2024 **Partners In Prevention Regional Conference Series** included a trade show and conference.

Ahead of the Curve

In November 2024, the conference took place in Niagara Falls. The theme was "Ahead of the Curve." The pace of change has grown considerably and so has the way we work.

Masood Ahmed, a Canadian Registered Safety Professional (CRSP) and OHCOW hygienist gave a presentation on Heat Stress Management: A New Toolkit for Ontario Workplaces where he introduced the OHCOW Heat Stress Toolkit.

With the outdoor construction season ramping up, the Heat Stress Toolkit and Silica Control Tool was featured at the Conference. OHCOW's booth received many visitors.



Financial Statements

Occupational Health Clinics for Ontario Workers Inc.

March 31, 2025

Contents

Doane Grant Thornton

Independent Auditor's Report

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To the Directors of

Occupational Health Clinics for Ontario Workers Inc.

Opinion

We have audited the financial statements of Occupational Health Clinics for Ontario Workers Inc. (the "Organization"), which comprise the statement of financial position as at March 31, 2025, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Occupational Health Clinics for Ontario Workers Inc. as at March 31, 2025, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter

Our audit was conducted for the purposes of forming an opinion on the financial statements taken as a whole. The schedule of revenue and expenses on page 14 is presented for the purposes of additional information and is not a required part of the financial statements. Such information has been subjected to the auditing procedures applied only to the extent necessary to express an opinion in the audit of the financial statements taken as a whole.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to a going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Doane Grant Thornton LLP

Toronto, Ontario
July 3, 2025

Chartered Professional Accountants
Licensed Public Accountants

Occupational Health Clinics for Ontario Workers Inc.

Statement of Operations

Year ended March 31

	2025	2024
Revenue		
Ministry of Labour, Immigration, Training and Skills Development		
Operational funding	**$ 7,707,276**	$ 7,861,089
Silica Control Tool Project	**819,034**	748,727
McIntyre Powder Cohort Project	**659,890**	842,871
Peterborough Project	**405,048**	535,023
Rubber Worker Project	**154,606**	419,596
Heat Stress Prevention Project	**89,736**	160,264
Temporary Foreign Worker Project	**-**	158,937
Ergo Tool Project	**-**	150,000
Other contribution - The Neighbourhood Organization Project	**190,000**	351,659
Other contribution -TeaMWork Project	**170,951**	236,990
Other contribution - Ecojustice	**442**	-
	10,196,983	11,465,156
Other revenue		
Interest	**178,407**	153,148
Interest - Ministry	**10,649**	20,017
Amortization of deferred revenue – capital assets (Note 7)	**180,658**	151,457
Other income	**112**	-
	10,566,809	11,789,778
Expenses		
Salaries and wages	**6,109,570**	6,438,342
Employee benefits	**1,631,887**	1,544,153
Employee future benefits	**36,900**	35,881
Travel (including Board expenses)	**79,106**	87,508
Advertising and promotion	**82,677**	301,429
Occupancy and rental	**712,403**	818,272
Equipment and maintenance	**12,000**	12,432
Silica control tool license	**257,963**	266,575
Other program expenses	**119,743**	161,421
IT costs	**316,512**	310,570
Consulting and professional services	**1,311,400**	1,254,454
Other business expenses	**1,325**	63,506
Other expenses	**63,574**	89,059
Amortization	**193,941**	164,739
	10,929,001	11,548,341
(Deficiency) excess of revenue over expenses	**$ (362,192)**	$ 241,437

See accompanying notes to the financial statements.

Occupational Health Clinics for Ontario Workers Inc.

Statement of Changes in Net Assets

Year ended March 31

	Unrestricted	Invested in capital assets	Deferred benefit re-measurement	Internally restricted - severance reserve	**2025 Total**	2024 Total
Balance, beginning of year	$ 935,321	$ 25,729	$ 1,292,900	$ 737,969	**$ 2,991,919**	$ 2,756,682
(Deficiency) excess of revenue over expenses	(362,192)	-	-	-	**(362,192)**	241,437
Net change in investment in capital assets (Note 8)	13,283	(13,283)	-	-	**-**	-
Remeasurements and other items (Note 9)	-	-	37,600	-	**37,600**	(6,200)
Balance, end of year	$ 586,412	$ 12,446	$ 1,330,500	$ 737,969	**$ 2,667,327**	$ 2,991,919

See accompanying notes to the financial statements.

Occupational Health Clinics for Ontario Workers Inc.

Statement of Financial Position

As at March 31

	2025	2024
Assets		
Current		
Cash	**$ 2,428,978**	$ 1,097,282
Investments (Note 3)	**1,299,958**	3,158,825
Accounts receivable (Note 4)	**97,758**	186,982
Prepaids	**59,137**	51,593
	3,885,831	4,494,682
Investments (Note 3)	**886,668**	1,267,680
Capital assets (Note 5)	**303,764**	426,194
	$ 5,076,263	$ 6,188,556
Liabilities		
Current		
Payables and accruals	**$ 959,694**	$ 1,379,464
Deferred revenue (Note 6)	**127,235**	403,003
	1,086,929	1,782,467
Deferred revenue – capital assets (Note 7)	**385,807**	450,570
Deferred benefit obligation (Note 9)	**936,200**	963,600
	2,408,936	3,196,637
Net assets		
Unrestricted	**586,412**	935,321
Invested in capital assets (Note 8)	**12,446**	25,729
Deferred benefit re-measurement	**1,330,500**	1,292,900
Internally restricted - severance reserve	**737,969**	737,969
	2,667,327	2,991,919
	$ 5,076,263	$ 6,188,556

Commitments (Note 10)

On behalf of the Board of Directors

President and Chair of the Board

Treasurer

See accompanying notes to the financial statements.

Occupational Health Clinics for Ontario Workers Inc.

Statement of Cash Flows

Year ended March 31

	2025	2024
Increase (decrease) in cash		
Operating activities		
(Deficiency) excess of revenue over expenses	**$ (362,192)**	$ 241,437
Items not affecting cash		
Amortization of capital assets	**193,941**	164,739
Amortization of deferred revenue – capital assets	**(180,658)**	(151,457)
Non-cash portion of deferred benefit obligation	**80,600**	77,000
	(268,309)	331,719
Changes in non-cash operating working capital		
Accounts receivable	**89,224**	(30,902)
Interest receivable on investments	**(152,375)**	(133,892)
Prepaids	**(7,544)**	(9,112)
Payables and accruals	**(419,770)**	335,397
Deferred revenue	**(275,768)**	(236,556)
	(1,034,542)	256,654
Investing activities		
Benefit payments made	**(70,400)**	(40,200)
Purchase of capital assets	**(71,511)**	(290,637)
Proceeds from maturity of investments	**3,240,386**	2,478,726
Purchase of investments	**(848,132)**	(3,511,566)
	2,250,343	(1,363,677)
Financing activities		
Funding received for capital assets	**115,895**	340,742
	115,895	340,742
Increase (decrease) in cash	**1,331,696**	(766,281)
Cash, beginning of year	**1,097,282**	1,863,563
Cash, end of year	**$ 2,428,978**	$ 1,097,282

See accompanying notes to the financial statements.

1. Description of operations

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

As a not-for-profit organization, the Clinics are not taxable under section 149 1(l) of the Income Tax Act (Canada).

The Clinics are designated to carry out this role under the Occupational Health & Safety Act and are primarily funded by the Province of Ontario through the Ministry of Labour, Immigration, Training and Skills Development (the "Ministry" or "MLITSD") through annual funding agreements. The Directors recognize the organizations ongoing dependency on the Ministry as the primary source of funding of the Organization's operating activities and continued support to meet its ongoing commitments.

2. Summary of significant accounting policies

Basis of presentation

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

Use of estimates

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

Items subject to significant management estimates include allowance for doubtful accounts and deferred benefit obligation.

Capital assets

Capital assets which include property, equipment and intangible assets are stated at cost less accumulated amortization. Amortization is provided in the accounts on a straight-line basis at the following annual rate:

Computer software		33 1/3%
Computer hardware	-	33 1/3%
Office Equipment	-	20%
Leasehold Improvements	-	over the term of the lease

2. Summary of significant accounting policies (continued)

Impairment of long-lived assets and intangibles

When a long-lived asset and intangibles no longer has any long-term service potential to the Clinics, the excess of its net carrying amount over any residual value is recognized as an expense in the statement of operation. Long-lived assets and intangible are tested for impairment when events or changes in circumstances indicate that an asset might be impaired. The assets are tested for impairment by comparing their net carrying value to their fair value or replacement cost. If the asset's fair value or replacement cost is determined to be less than its net carrying value, the resulting impairment is reported in the statement of operations. Any impairment recognized is not reversed.

Revenue recognition

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

Financial instruments

Financial instruments are recorded at fair value when acquired. Financial assets and liabilities originated, acquired, issued or assumed in a related party transaction are initially measured at cost. Only in certain circumstances would related party financial instruments be measured initially at fair value. However, the Clinics had no related party financial instruments. All other financial instruments, including short and long-term investment in guaranteed investment certificates, accounts receivable and payables, are reported at cost or amortized cost less impairment, if applicable.

In subsequent periods, financial assets are tested for impairment when changes in circumstances indicate the asset could be impaired. Transaction costs on the acquisition, or sale of financial instruments are expensed for those items remeasured at fair value at each balance sheet date and charged to the financial instrument for those measured at cost or amortized cost.

Pension and post-retirement benefits other than pension plan

(i) HOOPP

The Clinics accounts for its participation in the Healthcare of Ontario Pension Plan ("HOOPP"), a multiemployer contributory defined benefit pension plan, as a defined contribution plan, as the Clinics have insufficient information to apply defined benefit plan accounting. Therefore, the Clinics' contributions are accounted for as if the plan were a defined contribution plan with the Clinics' contribution being expensed in the period they come due.

(ii) Deferred benefit obligations

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

2. Summary of significant accounting policies (continued)

Pension and post-retirement benefits other than pension plan (continued)

Severance pay plan

The severance pay benefit earned by employees are actuarially determined using the projected unit credit actuarial cost method, prorated on service and management's best estimate of salary escalation, and retirement ages of employees.

The current service cost and finance cost related to the plan are expensed in the statement of operations each period. Re-measurements and other items for the period, which include actuarial gains and losses, past service costs and gains and losses arising from any settlements and curtailments, are recorded directly in the statement of changes in net assets rather than the statement of operations.

Retirement benefits plan

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

The current service cost and finance cost related to the plan are expensed in the statement of operations each period. Re-measurements and other items for the period, which include actuarial gains and losses, past service costs and gains and losses arising from any settlements and curtailments, are recorded directly in the statement of changes in net assets rather than the statement of operations.

Reserves

Severance benefit liability
The severance benefit liability represents amounts due to certain employees upon voluntary or involuntary departure, retirement or death. Annual entitlements are charged to expense as they are earned by employees through service and accrued as the severance benefit liability which is included in payables and accruals.

Internally restricted - severance reserve
By resolution of the Board of Directors, the Clinics have provided a reserve in respect of employee severance. The reserve was based on an estimate of calculations by various employee groups through service. Corresponding transfers may be made to severance reserve by non-Ministry sources, but the Ministry is not providing any additional funding specific to this reserve. At the discretion of Management, amounts may be moved from the reserve to unrestricted net assets as required. Investments and cash in respect of these severance reserves have been internally restricted, as discussed in Note 3.

3. Investments

	2025	2024
Guaranteed Investment Certificates as follows:		
Interest at 3.75%, maturing Sept 29, 2025	**$ 864,252**	$ -
Interest at 5.80%, maturing Sept 29, 2025	**435,706**	411,822
Interest at 3.60%, maturing May 6, 2026	**886,668**	855,858
Interest at 4.50%, maturing May 27, 2025	**-**	1,000,617
Interest at 6.00%, maturing Sept 28, 2024	**-**	824,460
Interest at 4.75%, maturing Nov 09, 2024	**-**	814,992
Interest at 4.75%, maturing Dec 16, 2024	**-**	518,756
	2,186,626	4,426,505
Less current portion	**(1,299,958)**	(3,158,825)
	$ 886,668	$ 1,267,680

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

	2025	2024
Deferred benefit obligation (Note 9)	**$ 627,700**	$ 672,500
Deferred benefit re-measurement	**1,330,500**	1,292,900
Internally restricted – severance reserve	**737,969**	737,969
Severance benefit liability (Note 9)	**308,500**	291,100
	$ 3,004,669	$ 2,994,469

4. Accounts receivable

Included in accounts receivable are government HST/GST remittances recoverable of $97,788 (2024 - $138,938).

5. Capital assets

	Cost	Accumulated Amortization	2025 Net Book Value	2024 Net Book Value
Tangible				
Computer hardware	$ 665,382	$ (497,395)	**$ 167,987**	$ 197,284
Leasehold improvements	127,690	(97,191)	**30,499**	46,085
Office equipment	257,811	(165,526)	**92,285**	143,847
Intangible				
Computer software	77,955	(64,962)	**12,993**	38,978
	$ 1,128,838	$ (825,074)	**$ 303,764**	$ 426,194

6. Deferred revenue

	March 31, 2024	Received/ Receivable	Revenue Recognized	**March 31, 2025**
Ministry				
Base Funding	$ -	$ 7,707,276	$ 7,707,276	**$ -**
Silica Control tool	147,880	671,154	819,034	**-**
McIntyre Powder project	9,154	650,736	659,890	**-**
Peterborough project	-	405,048	405,048	**-**
Rubber Worker project	61,692	92,914	154,606	**-**
Heat Stress Prevention	89,736	-	89,736	**-**
Other - TNO	-	190,000	190,000	**-**
Other - TeaMWork Project	-	170,951	170,951	**-**
Other - PESSOMAW	-	30,000	442	**29,558**
Other	32,258	3,136	-	**35,394**
Thunder Bay funding	62,283	-	-	**62,283**
	$ 403,003	$ 9,921,215	$ 10,196,983	**$ 127,235**

7. Deferred revenue – capital assets

	2025	2024
Balance, beginning of year	**$ 450,570**	$ 261,285
Funding received for capital assets	**115,895**	340,742
Less: revenue recognized during year	**(180,658)**	(151,457)
Balance, end of year	**$ 385,807**	$ 450,570
Unamortized capital contribution used to purchase capital assets	**$ 291,318**	$ 400,465
Unspent contributions	**94,489**	50,105
	$ 385,807	$ 450,570

8. Invested in capital assets

	2025	2024
Capital assets	**$ 303,764**	$ 426,194
Deferred revenue – capital assets	**(291,318)**	(400,465)
	$ 12,446	$ 25,729

Change in net assets invested in capital assets is calculated as follows:

	2025	2024
Purchase of capital assets	**$ 71,511**	$ 290,637
Increase in deferred revenue related to capital assets	**(71,511)**	(290,638)
Amortization of deferred revenue related to capital assets	**180,658**	151,457
Amortization of capital assets	**(193,941)**	(164,739)
	$ (13,283)	$ (13,283)

9. Deferred benefit obligation

a) Pension plan

Effective April 1, 2015, employees of the Clinics may participate in HOOPP, which is a multiemployer contributory defined benefit pension plan. HOOPP members receive benefits based on length of service and the average annualized earnings during the five consecutive years that provide the highest earnings prior to retirement, termination or death.

Contributions to HOOPP made during the year by the Clinics on behalf of its employees amounted to $429,384 (2024 - $424,030) and are included in employee benefits in the statement of operations. The most recent actuarial valuation filed with pension regulators as of December 31, 2024 indicated an actuarial surplus of $10,438 million ($10,181 million in 2023). The next valuation will be completed as of December 31, 2025.

b) Post-retirement benefits other than pension plan

The Clinics also provide health care, hospitalization, vision care, dental and life insurance benefits to eligible employees. In addition, the Clinics offers severance pay benefits to certain employees. The most recently completed actuarial valuation used in determining the deferred benefit obligation was as of March 31, 2025.

	Retirement benefits plans		Severance pay plan	
	2025	2024	**2025**	2024
Fair value of plan assets*	**$ -**	$ -	**$ -**	$ -
Deferred benefit obligation	**(627,700)**	(672,500)	**(308,500)**	(291,100)
Plan deficit	**$ (627,700)**	$ (672,500)	**$ (308,500)**	$ (291,100)
Re-measurement and other items	**$ (48,000)**	$ 6,200	**$ 10,400**	$ -
Benefits paid	**$ 33,700**	$ 40,200	**$ 36,700**	$ -
Benefit expense	**$ 36,900**	$ 36,600	**$ 43,700**	$ 40,400

*Investments and cash have been internally restricted by the Board of Directors to fund the balance of the deferred benefit obligation and severance pay plan in the amounts of $627,700 (2024 - $672,500) and $308,500 (2024 - $291,100), respectively, as discussed in Note 3.

10. Lease commitments

At March 31, 2025, minimum payments under operating leases for rental of premises and equipment, as well as future payments on a development agreement entered into with the British Columbia Construction Safety Alliance (BCCSA) during the year for the development of the Silica Control Tool (SCT) over the next five fiscal years approximate the following:

2026	$ 433,276
2027	332,285
2028	324,389
2029	53,280
2030	19,077
	$ 1,162,307

11. Financial instruments

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

Credit risk
The Clinics have determined that the financial assets with credit risk exposure are accounts receivable since failure of any of these parties to fulfil their obligations could result in significant financial losses for the Clinics. At March 31, 2025, the allowance for doubtful accounts is $Nil (2024 - $Nil). The Clinics are also exposed to concentration risk in that all of its cash and investments are held with one financial institution and the balances held are in excess of Canadian Deposit Insurance Corporation Limits.

Interest rate risk
Interest rate price risk is the risk that the fair value of an interest-bearing financial instrument will fluctuate because of market changes in interest rates. The Clinics are exposed to interest rate risk with respect to investments that bear interest at a fixed rate.

Liquidity risk
Liquidity risk is the risk that the Clinics will encounter difficulty in meeting obligations associated with its financial liabilities. The Clinics are, therefore, exposed to liquidity risk with respect to its payables.

Occupational Health Clinics for Ontario Workers Inc.

Schedule of Revenue and Expenses

Year ended March 31, 2025

	Base Funding	Heat Stress Prevention	Non MLITSD	McIntyre	Peterborough	Rubber Worker	Silica Control Tool	Total
Revenue								
Ministry of Labour, Immigration, Training and Skills Development - Operational funding	$ 7,707,276	$ 89,736	$ -	$ 659,890	$ 405,048	$ 154,606	$ 819,034	$ 9,835,590
Other contribution - The Neighbourhood Organization Project	-	-	190,000	-	-	-	-	190,000
Other contribution - TeaMWork Project	-	-	170,951	-	-	-	-	170,951
Other contribution - Ecojustice	-	-	442	-	-	-	-	442
Other revenue								
Interest	-	-	178,407	-	-	-	-	178,407
Interest - Ministry	10,649	-	-	-	-	-	-	10,649
Other income	112	-	-	-	-	-	-	112
Amortization of deferred revenue - capital assets	180,658	-	-	-	-	-	-	180,658
	7,898,695	89,736	539,800	659,890	405,048	154,606	819,034	10,566,809
Expenses								
Salaries and wages	4,416,051	29,061	294,515	503,396	310,301	187,492	368,754	6,109,570
Benefits								
Employee benefits	1,286,205	7,723	34,277	126,436	74,797	44,413	58,036	1,631,887
Employee future benefits	36,900	-	-	-	-	-	-	36,900
Other direct operating expenses								
Travel (incl. Board expenses)	48,548	-	17,432	2,362	397	96	10,271	79,106
Advertising and promotion	13,631	854	3,605	-	-	-	64,587	82,677
Occupancy and rental	711,147	-	-	321	935	-	-	712,403
Equipment and maintenance	12,000	-	-	-	-	-	-	12,000
Other program expenses	93,634	-	2,826	9,568	1,329	747	11,639	119,743
IT costs	311,384	-	-	-	-	-	5,128	316,512
Silica Control Tool License	-	-	-	-	-	-	257,963	257,963
Consulting and professional services	1,002,071	52,098	3,194	119,102	56,964	35,315	42,656	1,311,400
Other business expenses	1,325	-	-	-	-	-	-	1,325
Other expenses	58,030	-	5,544	-	-	-	-	63,574
Amortization	193,941	-	-	-	-	-	-	193,941
	8,184,867	89,736	361,393	761,185	444,723	268,063	819,034	10,929,001
(Deficiency) excess of revenue over expenses	**$ (286,172)**	**$ -**	**$ 178,407**	**$ (101,295)**	**$ (39,675)**	**$ (113,457)**	**$ -**	**$ (362,192)**

In accordance with the Ministry of Labour, Immigration, Training and Skills Development Transfer Payment Agreement, the above schedule of revenue and expenses is grouped and presented in accordance with the programs delivered.

2024/25

Annual Report

Occupational Health Clinics
for Ontario Workers Inc.

OHCOW
Occupational Health Clinics
for Ontario Workers Inc.