

# **OHCOW Annual Report 2004**

## **Mission Statement**

The mission of the occupational health clinics for Ontario Workers Inc. (OHCOW) is to identify and prevent occupational illnesses, injuries, disabilities and to promote the highest degree of physical, mental and social well-being of all workers.

We strive to accomplish this through the identification of workplace factors which are detrimental to the health and well-being of all workers, through the distribution of excellent occupational health, hygiene, and ergonomic information to increase knowledge among workers, employers and the general public; and through the provision of services designed to produce changes to improve workplaces and the health of workers.

## **Board of Directors**

Lyle Hargrove President  
**CAW National**

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**USWA National Office**

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**The Woodbridge Group**

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**OPSEU**

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**Toronto Building Trades Council United Association of Plumbers and Steamfitters Local 46**

Heather Kelley  
**AMAW**

Anthony Pizzino  
**CUPE**

Wayne Weatherbee  
**WSIB**

Val Adamo  
**WSIB**

Richard Wells  
**University of Waterloo**

Steve Mantis  
**Thunder Bay District Injured Workers Support Group**

Dr. Sohail Khattak

Robert Storey  
**McMaster University Labour Studies**

John Balloch L.A.C. Chair—Hamilton

Catherine Fenech L.A.C. Chair—Toronto

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Gary Parent L.A.C. Chair—Windsor

Peter Polischuk

# Local Advisory Committees

## Hamilton

**John Balloch** *USWA 1005*  
**Steve Cole** *CEP 42*  
**Don Fraser**  
**Bill Fuller** *Community Representative*  
**Tom Cooper** *McQueston Legal Clinic*  
**Andy Sebestyen** *Stelco Safety & Occupational ENV.*  
**Ron Volterman** *CAW 504*  
**Dave Wilson**

## Sarnia-Lambton

**John Callaghan** *O.S.S.T.F. Acting President*  
**Glenn Sonier**  
**Bill Hicks** *C.A.W. President*  
**Des Bradley** *Steelworkers*  
**John Arnold**  
**Margaret Buist**  
**Bill Steep**  
**Jim Bidner** *Plumbers & Pipefitters Advocate*  
**Pat Brooks**  
**Anne Baker**  
**Keith MacMillan** *C.E.P. National Offices*  
**Barbara Millitt** *Victims of Chemical Valley*  
**Ray Fillion**  
**Errnol Gray** *Chippewas of Sarnia First Nation*

## Sudbury

**Kevin Conley** *USWA 6500*  
**Arno Sakki** *Mine Mill / CAW*  
**Rosarii Pearce** *CUPE*  
**David Chellew** *CMG-Wordsource Financial Planners Inc.*

**Shirley Brown** *USWA, INCO*  
**P. Andrews** *ENT Specialist*  
**Bryan O'Bonsawin** *First Nations Representative*  
**Peter Suschnigg** *Professor at Laurentian University*  
**Robert Waples**

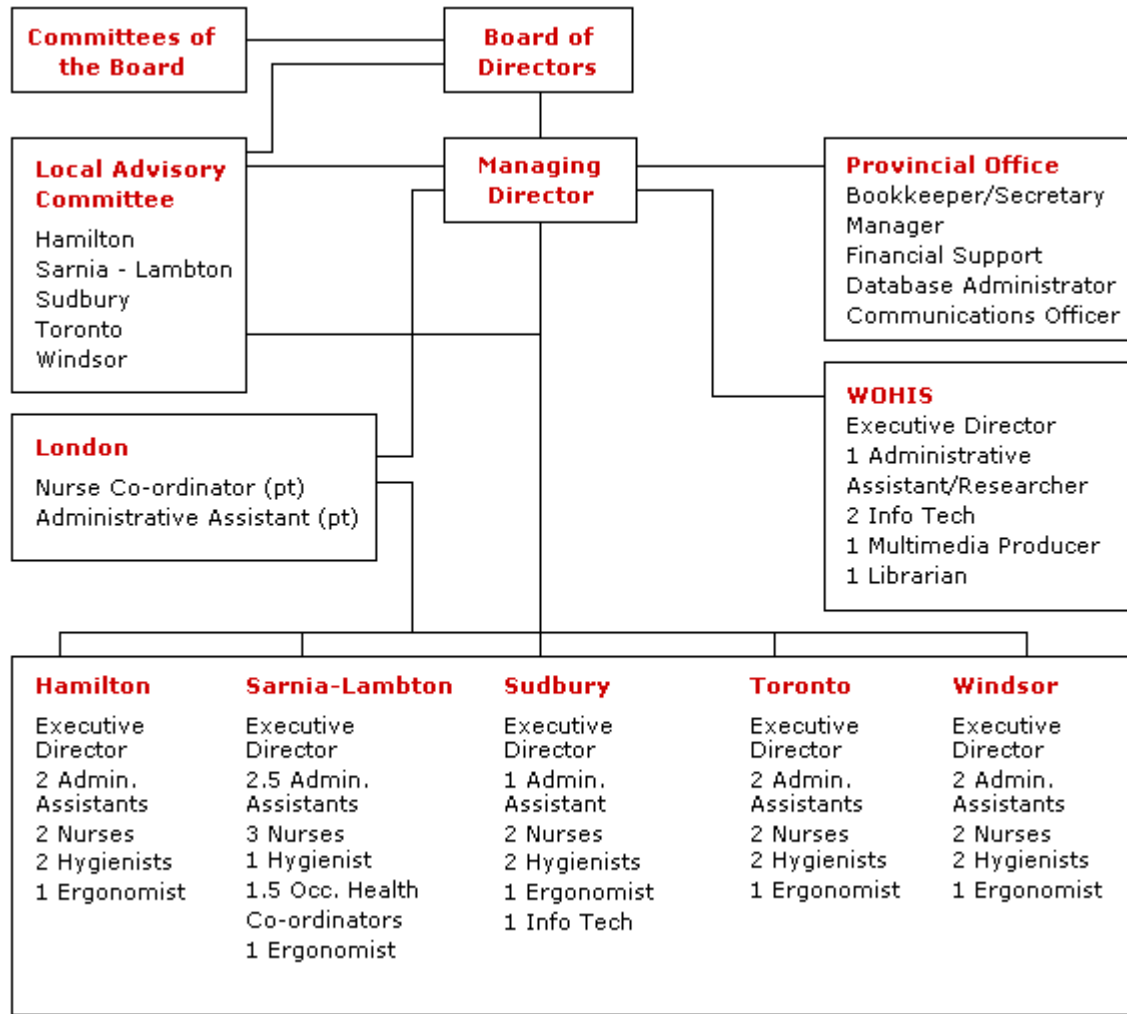
## Toronto

**Catherine Fenech** *Chair*  
**Arthur McCrorie** *CEP, 1996*  
**Dan Ublansky** *Toronto Workers' H&S Legal Clinic*  
**Tom Parkin** *WHSC*  
**Pauline Tapping**  
**Peter Boyle** *Kingston District Labour Council*  
**Ron Collie** *USWA, 9042*  
**Stephen Pugh** *MPH Graphics*  
**Vinay Sharma** *Woodbridge Foam – CAW*  
**Mary Tzaferis** *Office of the Workers Advisor*

## Windsor

**Gary Parent** *CAW 444*  
**Connie Couture** *CUPW 630*  
**Nick LaPosta**  
**Ken Bondy**  
**Marilyn Morrison**  
**Rick Garant** *Pres. CAW 1941*  
**Frank Butler**  
**Paul Beggs**  
**Bert Desjardins** *CAW 1973*  
**Larry Tremblay** *CAW Regional*  
**Tom Harris**  
**Kathy Wall**

# Organizational Chart



## President's and Managing Director's Message

This annual report will serve to do two things. One it will provide you with highlights of what our clinics did last year to deliver on our mission of preventing occupational illness and injuries and promoting the highest degree of physical mental and social well being of all workers. And secondly it will outline through our message the improvements we've made to our operations in order for us to be able to deliver our mandates more effectively and efficiently.

Late last year the OHCOW Board of Directors approved a 3 year strategic plan for 2005-2007. That plan details our core business, outlines our strategic objectives and includes targets and indicators to measure success. Each clinic now has their own operational plan in place and every individual OHCOW staff member also has a work plan guiding their activities.

Needless to say occupational disease is OHCOW's niche and core business. Heat stress an OHCOW initiative was last year embraced by all other health and safety associations as a central strategy. More than half of OHCOW's interventions in 2004 were in small businesses. We worked with the Industrial Accident Prevention Association (IAPA) to develop educational materials around occupational asthma. Clinics worked with schools assisting them with ergonomic issues.

With respect to promotion OHCOW worked with a number of medical schools promoting occupational health as a core component to be taught. We produced and widely distributed an occupational medicine newsletter for community physicians.

In all our work good communication and co-operation with all stakeholders are of vital importance. To that end we promoted the role of the organization to Provincial Cabinet Ministers, labour groups, post secondary institutions, medical institutions, community agencies and employers.

We continued to provide internships and placements for coop students in ergonomics, hygiene and occupational nursing around the province.

We participated in the Ministry of Labour's (MOL) review of the asbestos regulation. We also worked with the MOL in reviewing new guidelines for lead and silica exposure in the construction trades.

OHCOW received considerable media coverage for its presentation to the WSIB's Chair of the Occupational Disease Advisory Panel in which we argued that Ontario workers are facing a silent epidemic of occupational disease.

Media coverage was also secured for an article submitted to newspapers across the Province marking the 25th anniversary of the passage of the Occupational Health and Safety Act and in which OHCOW argued that after a quarter of a century there were still far too many work related deaths and injuries.

OHCOW held a very successful conference on ergonomics in partnership with the Worker's Health and Safety Centre. Some 200 participants attended.

Other highlights from last year included:

- Occupational disease [intake clinics](#) were held in Peterborough, Owen Sound, Toronto and Thunder Bay.
- Minister of Labour Chris Bentley announces that our Sarnia clinic would get regular funding
- OHCOW was invited to become a member of the WSIB's Research Advisory Council- whose goal is to improve research utilization

- OHCOW asks Chief Coroner for Ontario to conduct inquests into occupational disease fatalities
- OHCOW provides input on Occupational Exposure Limits
- OHCOW participates in activities related to the 25th anniversary of the passage of the Occupational Health and Safety Act.
- OHCOW promotes its services with Ontario's 70 community health centres

Our Board of Directors have been vital to our achievements over the past year and we would like to thank each and everyone of them for making OHCOW a more strategic and forward looking organization.

And lastly we'd like to thank the staff of OHCOW. Their commitment, diligence and principled approach were instrumental in ensuring that we meet our mandate and fulfill our potential.

*Lyle Hargrove*  
Chair of the Board

*Mary Cook*  
Managing Director

## 2004 Clinic Highlights

The Occupational Health clinics for Ontario Workers (OHCOW) play a key role in enhancing occupational health and safety in the Province. By providing multidisciplinary advice, identifying and analyzing workplace hazards and exposures, educating the community and conducting research OHCOW leverages the strengths and resources of the clinics to achieve its vision and mission. Together the clinics work towards the goal of eliminating work-related injuries, illness and death in the province.

What you will read in the clinic reports is just a sampling of the work the clinics undertook in 2004.

### Hamilton

#### **Contact**

848 Main Street East  
Hamilton, Ontario  
L8M 1L9  
Tel. (905) 549-2552 or 1-800-263-2129  
Fax: (905) 549-7993  
Email: [hamilton@ohcow.on.ca](mailto:hamilton@ohcow.on.ca)  
Website: <http://www.ohcow.on.ca>

#### **Staff**

**Director:**  
Charles Emberson

**Doctors:**  
Ken Burgess  
Brian Gibson  
Ted Haines  
Mike Pysklywec  
Sam Remtulla

**Industrial Hygienists:**  
John Oudyk  
Murray Lawrence

**Occupational Health Nurses:**  
Roger Pulver  
Michelle Tew

**Ergonomist:**  
Laura Munro

**Administrative Assistants:**  
Janet Latimer  
Marilyn Lee-Hannah

[Hamilton Local Advisory Council Members](#)

### Hamilton 2004 Highlights



On June 4, OHCOW hosted a 15<sup>th</sup> anniversary celebration of OHCOW with a day of workshops and luncheon guest speakers. The Hamilton Clinic, the first of the five current Occupational Health Clinics across the province, was opened in February of 1989 as a result of the hard work and determination of the Hamilton and District Labour Council, labour organizations and community partners. Leo Gerard, International President of the United Steelworkers of America and Andrea Horwath, MPP for Hamilton East both spoke to the more than 100 attendees at the celebration. Educational workshops were provided by the Hamilton staff.

### **Satellite Clinics:**

OHCOW Hamilton provides outreach clinic services to St.Catharines/Niagara, London, Cambridge/ Kitchener-Waterloo/Guelph and other areas of south-central Ontario.

### **Clients Served:**

OHCOW Hamilton dealt with 178 new patient cases for 2004.

One such case was that of a worker ill with pancreatic cancer. The individual contacted OHCOW Hamilton to investigate the relationship between his disease and exposure prior to filing a Form 8. OHCOW met with the individual, co-workers from the plant, and health and safety representatives. OHCOW did an exposure review, literature search, analysis and put together an evidence based report and filed a claim with the Workplace Safety and Insurance Board. Entitlement was granted in January of 2005 with the worker's widow and two children provided for. With this established link between the illness and the workplace exposure, another worker with same exposure and disease has also filed a claim. Hazards have been identified in workplace and the JH&SC is working on eliminating or reducing the risk factors.

OHCOW Hamilton continues to work on cases involving mercury exposure on Great Lakes freighters. Seven individuals have been identified with mercury exposure and neurological disorders, with two cases accepted by the WSIB in 2004. The workplace has been charged by the federal government and is scheduled for court in the spring of 2005. As a result of our involvement, a number of freighters have had mercury ballast systems replaced and control rooms rebuilt.

### **Inquiries**

OHCOW Hamilton responded to 513 inquiries or requests for information.

Many ergonomic inquiries were received on the issues of repetitive strain injuries and office ergonomics. Many injured workers contacted OHCOW for advice on how to improve their workstations and work habits. The Humidex plan continues to be a major source of hygiene inquiries. IAQ is also an issue of interest with inquiries tending to involve exposures to chemicals, mould and electromagnetic fields. Other inquiries we have dealt with include concerns with asbestos, metalworking fluids (MWFs), solvents, dioxin, heavy metals, carbon monoxide, cancer, dermatitis and respiratory issues. OHCOW Hamilton has supplied relevant information and direction to health and safety representatives in offices, schools, and health care facilities to assist them in dealing effectively with problems. Similarly, with regard to chemical exposures they have provided representatives with information they can use regarding the toxic hazard, clean-up procedure, engineering controls, protective equipment, control program issues, etc.

### **Group Projects:**

One hundred and seventeen (117) group cases were started at OHCOW Hamilton in 2004.

Approximately half of the groups dealing with ergonomic concerns were for office ergonomics. These groups included very large workplaces (government offices), as well as several small workplaces. With these groups, questionnaires were administered, ergonomic assessments were completed and education sessions delivered around the topic of office ergonomics. The other ergonomic groups consisted of heavy industries (foundries, manufacturers) long term care facilities, libraries, a museum and a radio station. OHCOW Hamilton educated several workplace committees to allow them to become more self sufficient. This was done by reviewing/presenting

our ergonomic reports back to the committee in person to ensure they had a full grasp of the material within the report, as well as a clear direction of where the next step in prevention lies. In a number of interventions, ergonomic committees were set-up in the workplace to provide them with the tools and ability to identify and eliminate the risk factors causing problems.

OHCOW Hamilton hygienists worked with a large suburban school board to evaluate the air quality in a cross sectional sampling of 10 schools. Each school was visited, inspected and measurements and photos taken. The pictures in particular made maintenance and administration aware of serious problems with air quality in schools across the school board. Questionnaires were filled out by all occupants and a final report presented to Board officials responsible for buildings and maintenance and JH&SC. The scope and severity of IAQ problems were identified and the recommendations provided would improve conditions and thus, eliminate medical problems and concerns. This allowed decision makers to include budget items for improvement. The board is evaluating recommendations and implementation. Numerous issues relating to old and malfunctioning ventilation systems, building maintenance issue (water leaks) and operating practices were identified.

The Research Project on Metalworking Fluids and Asthma, funded by the Research Advisory Council (RAC) was continued throughout 2004. As well, OHCOW Hamilton continues its partnership with the Occupational Health Program at McMaster on the Firefighters Project, MWFs, and is developing a joint project on manganese exposure.

#### **Outreach/Other Activities:**

The year 2004 was an active and challenging one in terms of knowledge transfer. Staff from the clinic were involved in 117 outreach/knowledge transfer presentations to many organizations and groups.

The Humidex Heat Stress plan continues to be of great interest to many employers, unions and workers. Presentations were made to workplaces, trade conferences and union groups interested in hearing about the plan. Inquiries were also received concerning the plan from across Canada and throughout the world (e.g. Australia, Spain). A number of workplaces have shared data and experiences with implementing Humidex plan including a large vehicle assembly plant in Oshawa. Workers, JH&SCs, unions and employers are becoming more aware of the hazards associated with heat stress. Numerous workplaces have adopted the Humidex heat stress plan or have improved existing plans.

OHCOW Hamilton worked with the WSIB and other health and safety associations to develop a heat stress action plan which is intended to be sent to all employers in Ontario. This has a great potential to impact many workplaces in the way they deal – or don't deal – with heat stress. This knowledge and practice will reduce worker discomfort and health problems related to heat stress. This on going project reaches more workplaces yearly.

#### **Presentations:**

Educational sessions on ergonomic issues were delivered to several groups on topics ranging from "ergonomics basics" to the role and responsibilities of ergonomic committees in the workplace. An assortment of presentations were delivered to various union labour council groups. (local IAPA conferences, McMaster DOHS Program, Degroote School of Business, McMaster Occupational Health Rounds, The United Way and local prenatal fairs. These sessions have helped to empower workers, raise awareness of ergonomics and work-related musculoskeletal injuries and helped to promote the services offered by OHCOW.

The local ergonomics group continued to meet and share information (the group consists of the WSIB, MOL, and IAPA ergonomists in the Hamilton area). These meetings help to communicate

what we are doing, keep up-to-date on new information relevant to the profession and find ways to work together.

Other educational sessions were provided throughout the year including such topics as "creating aging worker friendly workplace", the aging worker and ergonomics, asbestos exposure, occupational asthma, heat stress, indoor air quality, cancer, exposure levels, some chemicals and heavy metals. OHCOW has been requested to provide further such educational presentations on shiftwork and sleep problems.

OHCOW has been involved in the Ministry of Labour's Minister's Action Plan which guides the Minister in setting Health and Safety priorities.

### **Prevention Partners and Joint Ventures**

OHCOW has been involved with a variety of activities aimed at gaining an understanding of migrant farmworker health and safety issues. These activities are targeted to reach a population that has been under serviced or not serviced at all by the health and safety community. Inquiries concerning migrant farmworker issues are increasing steadily and many of these are specific to agricultural chemical exposure. This increase has occurred due to the increased outreach and repeated contacts with the UFCW centres as well as activist and church groups. We have met with a number of migrant workers and have provided educational materials in print and video in Spanish and English. Working with the Workers Health and Safety Centre, the UFCW and volunteers, OHCOW Hamilton is developing a farmworker health and safety information project, providing basic health and safety materials in both languages. This project involves working with labour, community groups, church groups, community activists, legal groups, health care providers and others with a stake in providing services to the migrant farmworker community.

OHCOW Hamilton anticipates piloting it with the Spanish-speaking farmworkers at a tobacco and ginseng farm in the Simcoe area in the spring/summer 2005.

A project was begun in 2004 to provide essential information about the health effects of exposures to agricultural chemicals to physicians and other primary care providers who are likely to be in contact with agricultural workers. OHCOW Hamilton met with health care providers in the Simcoe area and discussed with them the hazards and outcomes. They were provided with literature both in English and Spanish that deal with farm work related health problems and how these can be prevented. Through the positive feedback we have received from these groups, we have been able to get more literature on hazards which we will use in 2005 to reach a greater portion of the medical community.

## **Sarnia-Lambton**

### **Contact**

171 Kendall Street  
Point Edward, ON N7V 4G6  
(519) 337-4627  
(519) 337-9442  
Email: [sarnia@ohcow.on.ca](mailto:sarnia@ohcow.on.ca)  
Website: <http://www.ohcow.on.ca>

### **Staff**

#### **Director:**

James T. Brophy, PhD

#### **Doctors:**

Abe Reinhartz, MD  
Warren Teel, MD  
Jim Mackenzie, MD

#### **Industrial Hygienist:**

Nora Maher

#### **Occupational Health Nurses:**

Jenny Schieman  
Kelly Brown  
LaRose Lambert  
Mary Falconer

#### **Occupational Health Research Coordinators:**

Margaret Keith, PhD  
Therese Hutchinson

#### **Ergonomist:**

David Mijatovic

#### **Administrative Assistants:**

Shelley Delaney  
Ann Tanner  
Steve Baker

### **[Sarnia-Lambton Local Advisory Council Members](#)**

## **Sarnia-Lambton 2004 Highlights**

The major highlight for OHCOW Sarnia-Lambton in 2004 was the granting by the WSIB of permanent status for the clinic. The Sarnia clinic is now a full-fledged part of OHCOW rather than a temporary agency.

### **Public Events On-Site**

There were several important public events held at the clinic. One was the public announcement of the permanent funding, attended by Minister of Labour, Chris Bentley, Mayor Mike Bradley, Caroline DiCocco, media, and members of the public.

Another important outreach effort involved the production by clinic staff of large posters on a variety of occupational health and safety issues. They were displayed and presented during a visit by Chris Bentley and Caroline DiCocco, MPP, prior to the funding announcement.

The posters remained in place for public viewing. In addition, the clinic hosted a public photo display, which spanned the width of the large meeting room. It consisted of a series of photographs and narratives of victims of occupational disease. The staff's posters also remained on display. The display was available for public viewing during regular clinic hours for approximately 6 weeks. April 28<sup>th</sup> activities included presentations in front of the memorial by the river and an open house at the clinic to view the photo display.

On February 28<sup>th</sup>, an RSI presentation and an intake clinic were held for the public at the clinic.

A clinic physician and staff coordinated and/or participated in an educational event at the clinic for the first year medical class of 100 students from University of Western Ontario (UWO). This was part of the UWO Ecosystem Health programme. The presentation and activities included representatives of Bluewater Health, local workers, First Nations, and area politicians.

Workers Health and Safety Centre health and safety classes were held at the clinic and participants were introduced to the OHCOW services.

### ***Satellite Clinic Activity***

Besides its home community, OHCOW Sarnia-Lambton provided a variety of services to clients in Wallaceburg, London, Chatham, Goderich, Walkerton, Strathroy and beyond.

### ***Medical***

OHCOW Sarnia-Lambton physicians handled 711 files in 2004 – a combination of new visits, return visits and chart reviews. There were 430 new registrants and more than 543 diagnoses.

The majority of OHCOW Sarnia-Lambton's cases are related to industrial disease rather than injury. Many of the diseases are asbestos-related; many are related to exposures to other carcinogens, neurotoxins, and respiratory pathogens. Other than the mesothelioma and asbestosis cases, which are clearly asbestos-induced, many of the associations are not straightforward. There is new ground being covered on a regular basis as physicians and other staff gather and assess patients' occupational histories, research relevant literature, and make links based on the best available scientific and medical knowledge. This exceptional research has the potential to make a contribution to the overall understanding of work-relatedness of disease.

Physicians and staff supervised and mentored medical students from University of Western Ontario and University of Ottawa. One of the medical students produced a fact sheet on outdoor workers and air quality. Another medical student participated in the Aamjiwnaang Health Study. A medical student from the University of Ottawa was supervised and mentored and participated in a research project on sex ratios on the local aboriginal reserve.

An interesting case that occurred this year involved an asbestos exposed worker who was encouraged by a clinic doctor to undergo an exploratory procedure. The worker was diagnosed with a treatable cancer that, had it been left undiscovered, may not have resulted in such a favourable outcome.

Another case of interest involved an airline worker with mesothelioma who was left without any treatment options. One of the OHCOW Sarnia-Lambton doctors referred the patient to a surgeon at Princess Margaret Hospital where a large tumour was successfully removed. She is now undergoing radiation treatment.

Clinic staff participated in intake clinics for Dow workers, firefighters, and workers in Wallaceburg.

### ***Inquiries***

312 staff activities related to inquiries were logged in the database. They included a very broad range of inquires and inquirers.

One interesting inquiry emerged out a presentation given by the occupational hygienist to a group of workers at Port Elgin. A woman, who works around a conveyor belt where there were significant electromagnetic fields, raised a concern about possible effects on fertility. A thorough literature search of the issue was conducted. The results were summarized and provided to the client, who then shared them with co-workers.

### ***Group Projects and Research***

A total of 136 staff activities related to groups was logged in the database and another 161 related to group cases. It should be noted that the day-to-day staff activities related to the clinic's major research projects and committee activities are not necessarily logged.

Major projects included:

- ✓ An industry that supplies manifolds for the automotive industry with 286 full time employees at this plant represented by the CAW. Concerns about metal-working fluids were addressed in 2004 (work is ongoing around MWF-exposure related respiratory disease and further work is planned to assist with ventilation design).
- ✓ Appointment to the Industrial Pollution Action Team (IPAT) sponsored by the Ministry of the Environment, which resulted in a report and recommendations.
- ✓ Appointment to National Committee on Environmental and Occupational Exposures, which resulted in a report and recommendations.
- ✓ Participation in Refineries Framework Committee (national committee on refinery emissions) which resulted in a report and recommendations.
- ✓ A collaborative health and occupation/environment research project with the Aamjiwnaang First Nations which included consultation regarding a variety of issues and data collection methods, such as a health survey of all residents (still underway).
- ✓ The Walkerton community health study which was a collaborative research effort regarding the health of the community following the contaminated drinking water tragedy.
- ✓ Lifetime Occupational and Environmental Histories Research (LOEHR), a three year collaborative epidemiological case control study exploring possible links between breast cancer and occupation (still underway).
- ✓ Participation and consultation in a Health of Sarnia study, sponsored by the University of Western Ontario.
- ✓ A major asbestos disease screening project in collaboration with Princess Margaret Hospital. The surveillance project of cases with *pleural plaques* (lung markings caused by asbestos) is being co-ordinated and conducted by the OHCOW Sarnia-Lambton

physicians and nurses. Over 600 current OHCOW cases with pleural plaques are statistically at a higher risk for developing lung cancer, mesothelioma, and asbestosis. The physicians have researched available protocols and have partnered with Princess Margaret Hospital to offer CT scans in an effort to diagnose disease while at more treatable stage.

There were also many group cases of an ergonomic nature, the majority of which we based in London, Ontario. Other group cases involved environmental issues and specific occupational health and safety concerns.

### ***Outreach/Knowledge Transfers***

There were 195 staff activities logged in the database for knowledge transfers. These included such activities as preparing publications, participating in media interviews, and giving presentations. Sarnia clinic staff wrote articles for the Sarnia Observer and published an article in the peer reviewed International Journal for Occupational and Environmental Health (IJOEH). Substantive interviews were given to the Globe and Mail, National Film Board affiliates, the US Public Broadcasting Service (PBS) television, CTV, Sarnia Observer, and a host of local media outlets.

Presentations included OHCOW promotion; issues related to the research projects; and such specific issues as air quality, noise induced hearing loss, breast cancer, refineries, hospital infections, etc. Audiences included conference participants in British Columbia and Calgary, the Occupational Disease Advisory Panel of the WSIB, attendees of a local Seniors Health Fair, Bayer workers and management, the Lambton County Anti-Tobacco Coalition, and breast cancer prevention groups, among others.

## **Sudbury**

### **Contact**

1300 Paris Street, Suite 4  
Sudbury, Ontario P3E 3A3  
Tel 705.523.2330 1.800.461.7120  
Fax 705.523.2606  
Email: [sudbury@ohcow.on.ca](mailto:sudbury@ohcow.on.ca)  
Website: <http://www.ohcow.on.ca>

### **Staff**

#### **Director:**

Donna Campbell

#### **Doctors:**

Raymond Jacques  
Abbas Abdulhusein  
July Baird  
Dr. Quan  
Dr. Lim

#### **Industrial Hygienist:**

Lorraine Wakely

#### **Occupational Health Nurses:**

Colleen Hill

#### **Occupational Health Research Coordinators:**

Cassidy DeDiana

#### **Ergonomist:**

Trevor Schell

#### **Administrative Assistants:**

Sheila Patterson

### **[Sudbury Local Advisory Council Members](#)**

## **Sudbury 2004 Highlights**

The main industries that accessed OHCOW Sudbury's services in 2004 included:

- Copper, Nickel, Lead and Zinc Mining
- Uranium Ore Mining
- Logging
- All Other Heavy Construction



## **Outreach Activities/Networking/Partnerships**

We are working with communities, workers, and all sectors to further the prevention of occupational diseases, injuries and disabilities.

The following are examples of the community organizations we pooled our resources with to ensure workplace prevention:

- Northern Medical School
- WSIB
- MOL
- Hard of Hearing Society
- HSA's
- Brain Injury Society
- Diabetes Society
- Labour Organizations
- Chamber of Commerce
- Universities, Medical Institutions
- Community Health Clinics & Public Health Unit
- PPHSA
- Guelph University, MASHA

## **Inquiries**

The Sudbury clinic completed 300 inquiries for information in 2004. Among the inquiries were the following:

- Pulmonary fibrosis and butchers
- Asbestos and worker rights
- Renal Neoplasm
- Hair Analyst
- Ergo and Pregnancy
- Kneeling and arthritis

## **Individual Clients (Patients)**

The most frequently seen exposures were:

- Trauma Acute, NOS
- Asbestos
- Lifting
- Fall, NOS
- Silica, Crystalline

The top diagnosis for patients seen in 2004 included:

- Lumbago
- Carpal Tunnel Syndrome
- Cervicalgia
- Pain in joint involving shoulder region
- Backache, Unspecified
- Pain in the joint involving lower leg
- Intervertebral disc disorder with myelopathy

- Malignant neoplasm of trachea, bronchus
- Hand-arm vibration syndrome

In 2004 677 files; of which 395 were from the Dryden Project were opened and 316 files were closed. Dryden files are still active. A pilot project was completed to address a backlog and turn-around-time on client files. By the end of the year all backlog was addressed and best practices established and put in place.

### **Medical Conditions of Total Patient Cases**

Top 5 for the Sudbury Clinic:

- Diseases of the musculoskeletal system
- Supplementary classification of factors
- Diseases of the respiratory system
- Diseases of the circulatory system
- Diseases of the nervous system and sense

### **Top Occupations for Patients opened in 2004 for the Sudbury Clinic**

- Underground Production and Development Miners
- Heavy Equipment Operators (Except Crane)
- Labourers in Rubber and Plastic Products Manufacturing
- Truck Drivers
- Welders

### **Group Work**

Industries that most frequently accessed Sudbury's services services in 2004 included:

- Health Care and Social Assistance
- Manufacturing
- Educational Services
- Public Administration

### **Examples of group work**

In 2004, a local School Board looking for assistance with Office Ergonomics in some of their administrative areas approached OHCOW Sudbury. The initial visit consisted of a knowledge transfer on Office Ergonomics to the school board and an assessment of the Administrative areas at three schools. Since time of the initial contact the following measurable outcomes were noted, implementation of all recommendations for administrative staff, working with the Joint Health and Safety Committee (IRS), increasing awareness of occupational health issues, assisting the client since they had no in house expertise, and reduction of musculoskeletal complaints.

OHCOW Sudbury has now been approached by the same workplace to help them develop a program for selection of new office equipment to ensure it meets the physical dimensions of their workers so they do not have to retrofit workstations and chairs in the future. In addition they have recently requested the Occupational Hygienist to assist them with IAQ issues at the referral of the OHCOW Ergonomist. This worksite has also been present at a number of workshops that the Sudbury Clinic has offered, showing their commitment to ongoing Health and Safety issues.

- Held in-take clinics in Thunder Bay & Dryden for the construction trades workers than worked on the Dryden Project (Weyerhaeuser) for approximately 400 workers.

### **Other Examples are:**

- Ergo analysis of Body Shop Workers
- Ergo Analysis of Government Offices for Office Ergo and Knowledge Transfer
- Assessment of diesel exhaust emissions in the bay area and adjoining work rooms
- Hygiene assessment of worker exposures to particulates while operating a cutting lath
- Isocyanates assessment in and automotive dealership repair shop - response to a MOL order
- Infant development and biological sampling
- Completed task analysis and identification of hazardous tasks as part of sub-committee

### **Top 5 Group Exposures for Groups opened in 2004**

- Posture, Upper Extremity
- Keyboard Use
- VDT Screen/Visual
- Air Pollutants, Indoor
- Ergonomic Factors

Approximately 5 months of work was spent by the multidisciplinary team on the Dryden project. An [intake clinic](#) was conducted in Thunder Bay, Ontario on Nov 12 & 13 of 2004 for those workers that worked on the Weyerhaeuser air emissions new recovery boiler. The clinic completed questionnaires on 395 workers, and they are now in the process of analyzing the data collected.

### **Knowledge Transfers**

There were 92 knowledge transfers completed in 2004. Examples of knowledge transfers include

- Laurentian University Kinesiology Conference  
OHCOW co-sponsored this event and brought Professor Richard Wells from the University of Waterloo to speak. In addition, Trevor Schell and Sylvain Grenier presented on Repetitive Strains and mechanisms
- Medical School  
OHCOW is a player in the plans of the new medical school in Sudbury. Our doctors will be lecturing; we will be having internships completed, which will be a minimum of 5 hours per week here at the clinic in the summer time. One of our doctors is on the curriculum panel so it is anticipated that we be providing case studies for their curriculum. We also have students coming in a regularly day per week for 2 hours to learn about the clinic and what role we play in occupational health.

### **Other Examples are:**

- RSI Day which had 75 participants
- Office Ergo
- Noise induced hearing loss
- Heat stress
- Violence in the Workplace

Video conferencing allows us to reach the isolated and small workplaces of our catchment area.

OHCOW Sudbury developed facts sheets on Hazards of Working in the Sun, revised the Shift work facts sheet, developed Contact Dermatitis facts sheet, revised the Occupational Asthma

Facts Sheet, and developed a Ergonomic risk factors in ultra sound workers fact sheet and a Reflex Sympathetic Dystrophy Facts Sheet that is currently being peer reviewed by the RSDS Association of Canada.

## Research

- Money awarded for WSIB (RAC) **Lift Truck Project**: Partnership between Laurentian, OHCOW, PPHSA and Guelph University. **\$140,000**. This is a two-year project.
- The WSIB (RAC) proposal **\$245,443,300** for **Evaluation of Whole Body Vibration, Seat, Design, & Performance Posture in Large Mobile Equipment** is approximately half completed. This is a two-year project. Preliminary results were presented at the WSIB conference in October. This is a partnership between Laurentian, OHCOW, & MASHA.
- Equipment purchased with Canadian Foundation of Innovation money grant **\$260,000** to our Research Associate is installed and functional.

## The system includes:

- A near real time lab motion analysis system, which is used to quantify task, demands in lab reproductions.
- A portable motion analysis system to be used for field collections (this will be used for the WSIB lift truck project)
- An electromyography amplifier used to record muscle signals.
- And a generic data analysis package.

**This equipment is portable and so will enable us to complete innovative work on site even the more remote areas of our catchment area.**

- OHCOW has received **\$3500** from **Canada Post to complete a study on the cleats** that are being worn by mail carriers. This is in partnership with Laurentian University. It is anticipated that this will be completed in 2005 with the goal being to have this study published and utilized in the workplace for prevention. The study has been put together to examine not only the ideal footwear mail carriers should use but also the proper layout of cleats on the soles of the footwear. The scope of this project goes beyond Sudbury with both national and international implications not only for mail carriers but for anyone doing deliveries on foot or doing a great deal of walking in the winter months.

**The Public Health, Research, Education and Development grant project is ongoing.** This is the backpack & children study. The initial survey portion has been presented at ACE Conference in October 2004. It is anticipated that this will be completed in 2005 and then will be attempted to have this published.

## Toronto

### Contact

970 Lawrence Ave. West, Suite 110  
Toronto, Ontario M6A 3B6  
Tel 416.449.0009 / 1.888.596.3800  
Fax 416.449.7772  
Email: [toronto@ohcow.on.ca](mailto:toronto@ohcow.on.ca)  
Website: <http://www.ohcow.on.ca>

### Staff

#### Director:

Leslie Piekarz

#### Doctors:

Roland Wong  
Noel Kerin  
Pravesh Jugnundan

#### Industrial Hygienist:

Sonia Lal  
Jianping Cui

#### Occupational Health Nurses:

Cheryl Rook

#### Ergonomist:

Syed Naqvi

#### Administrative Assistants:

Sue Weston  
Mellisa Benoit

### [Toronto Local Advisory Council Members](#)

## Toronto 2004 Highlights

2004 was an exciting year for the Toronto Clinic. As well as patient assessments, staff were involved in worksite visits, research projects, publications and presentations to the community. In addition, three Occupational Disease [Intake Clinics](#) were held.

#### Research:

In June, OHCOW officially became part of the WSIB-funded Centre of Research Expertise for work-related musculoskeletal disorders and disability (CRE-PREMUS)

Toronto's ergonomist, Syed Naqvi, co-authored "The Effect of Ergonomic Workstation Changes on Workers Reported Outcomes in Clothing Plants". This paper was accepted for presentation and publication at PREMUS 2004, Fifth International Scientific Conference on Prevention of Work-Related Musculoskeletal Disorders held in Zurich, Switzerland.

Funding was received for the following projects:

- Evaluation of the impact of Participatory Ergonomics Intervention in an organized work site
- Investigation of Ergonomic Tools used by Practicing Ergonomists for Musculoskeletal hazard identification
- A Comparison of Posture and Back and Upper Extremity Muscle Activity during Standardized Computer Work between Pregnant and Non-Pregnant Women

An ergonomic assessment was completed for Check-In Counter Agents at a Canadian Airline facility. In addition an ergonomic assessment of baggage handling and conveyor design was completed at the new airport terminal at the Toronto Pearson International Airport in Mississauga, Ontario.

In partnership with the Industrial Accident Prevention Association (IAPA), OHCOW participated in an Occupational Asthma Research Project. Funded by the Ministry of Labour and the Ministry of Health, the research focused on workers in plastics, bakeries and auto repair. Fact sheets were developed; in addition presentations regarding Occupational Asthma and control measures were made to various businesses in these sectors.

OHCOW's Hygienists produced a submission regarding the Ministry of Labour's proposed changes to the Occupational Exposure Limits.

#### **Outreach/Presentations:**

This year the Toronto Clinic, in collaboration with a number of unions, participated in occupational disease [intake clinics](#) in Kingston, Toronto and Peterborough. [Intake clinics](#) are held in order to document the health issues and work-related exposures of the workers involved and to contribute to the prevention of work-related disease and injury in the future.

The Toronto Clinic celebrated OHCOW's 15<sup>th</sup> Anniversary by hosting an Advocate's Day. The theme for the day was occupational disease and our collective role in promoting prevention.

OHCOW partnered with COSTI in their initiative to provide health and safety training to new immigrants who work in the trades. COSTI provides educational, social and employment services to help all immigrants in the greater Toronto area attain self-sufficiency in Canadian society.

At the IAPA Conference two posters were presented: Repetitive Strain Injury (RSI) and Engineering Standards Development and Ergonomics. A presentation on Occupational Disease was made at the Education and Safety Associations (ESAO) Health & Safety Conference. Our hygienist presented a workshop on "Understanding Industrial Hygiene Reports and How to Read Them" for the Workplace Health & Safety Centre Instructors and for the Canadian Association of University Teachers. Other staff presentations included sessions on Noise and Hearing Protection; Cancer Information; Shiftwork; and Industrial Hygiene Testing.

Our nurse attended the United Steel Workers of America Health, Safety and Environment Conference and presented sessions on Body Mapping and on Stress.

Topics for the Toronto Clinic's Breakfast Seminar Series included: How to Set Up Your Computer Workstation to Minimize Repetitive Strain Injuries; Industrial Hygiene; and Toronto Cancer Prevention Coalition's Community Right to Know Strategy.

Staff attended the Ottawa Valley Farm Show where OHCOW's Farm Worker Manual and information on pesticides were distributed.

The OHCOW booth was staffed at numerous events including the College of Family Physicians' Information Day in Toronto; the Public Service Alliance of Canada (PSAC) National Health & Safety Conference in Toronto; and the Elementary Teachers of Toronto Federation Day.

Information and Fact Sheets were prepared and distributed to Hair Salons and Hairdressing and Esthetician Schools.

OHCOW staff played a large role in the Toronto Cancer Prevention Coalition's Initiative "Community Right-To-Know".

Numerous ergonomic assessments were completed for a wide variety of businesses and organizations.

### **Publications**

The Handbook on Participatory Ergonomics was published. This was a project funded by Human Resources Development Canada for the Labour Management Partnership Program involving the Cambridge UNITE plant.

The fourth edition of Office Ergonomics Handbook was also published this year.

Poster for the Toronto Cancer Prevention Coalition's Initiative "Community Right to Know"

## Windsor

### **Contact**

3129 Marentette Avenue, Unit #1  
Windsor, Ontario  
N8X 4G1  
Tel. 519.973.4800 or 1.800.565.3185  
Fax 519.973.1906  
Email: [windsor@ohcow.on.ca](mailto:windsor@ohcow.on.ca)  
Website: <http://www.ohcow.on.ca>

### **Staff**

#### **Director:**

Mark C. Parent

#### **Doctors:**

Deborah Hellyer

#### **Occupational Hygienists:**

Barry Lam

#### **Occupational Health Nurses:**

Fay Lawn  
Ivan Bauer

#### **Ergonomists:**

Brenda Mallat  
Taylor Greenfield

#### **Administrative Assistants:**

Lucie Bechard  
Danielle Findlay  
Gina Davis (Temporary Part Time)

#### **[Windsor Local Advisory Council Members](#)**

## Windsor 2004 Highlights

### **Clients Served**

OHCOW-Windsor provides clinic services to Essex, Kent and Elgin Counties. OHCOW-Windsor dealt with 301 new patient cases for 2004, with 739 inquiries received and completed. Some of the issues included mould (indoor air quality), carbon monoxide, silica, benzene, asbestos, asthma, and reproductive hazards.

### **Group Projects**

OHCOW Windsor were involved in 68 group projects in 2004, providing expert awareness and prevention advice with solid recommendations for Joint Health & Safety Committees (JHSCs). Group work and outreach activity continued to be a high priority component for servicing their catchment area. Group work has the potential to impact many more workers compared to servicing individual clients.



OHCOW Windsor completed the 2nd year phase of our Occupational Asthma (OA) project, which was funded by WSIB. Three-panel brochures for OA in Agriculture, Autobody Repair, and Nail Salons have been produced and disseminated. The designs of abstract presentation posters (5' x 3') for OA in Autobody Repair, Agriculture, and Nail Salons are also completed. These will be made available on loan to workplaces for display purposes as well as at conferences. In addition, we have designed and will be producing display posters (3' x 2') that will be made available for target specific workplaces. In addition, story boards for each companion safety video were completed.

Working together with the Hamilton OHCOW Clinic, Windsor OHCOW presented recommendations and findings for the unions and families regarding 6 rare brain cancer cases from one workplace.

The Windsor clinic also worked with the CAW national office and their Health & Safety Training Fund Department to develop a new "Stress in the Workplace Prevention Program" for their union membership.

### **Publications**

Windsor's ergonomists have expanded on an existing template for formatting reports for both office ergonomics and workplace assessments. They created a user-friendly table format for relating issues/problems and a variety of long-term and short-term solutions to the workplace, as well as one double-sided quick reference page for employers to distribute to individual workers about their portion of an assessment. They also developed an Office Ergonomics Assessment Guide that can be used on-site to assist workplace interventions and facilitate data acquisition.

Articles were published in the Ontario Occupational Health Nurses Association Journal, in two Association of Canadian Ergonomists (ACE) Communiqués, and in two ACE Provincial newsletters. We have also co-written four student articles that have appeared in both ACE publications and Toronto Computer newsletter publications.

The Director and Physician wrote articles for various newsletters and editorial letters throughout the catchment/servicing area. Their Occupational Health Nurse and Hygienist were featured in magazine articles regarding health and safety concerns in Agriculture and Indoor Air Quality.

### **Outreach/Other Activities**

The Windsor clinic was involved in 104 outreach/knowledge transfer presentations, reaching out to diverse sectors of the community. Examples of outreach included: Brenda Mallat, was the president for the Association of Canadian Ergonomists (ACE), Ontario Region; The Clinic is also a supporting member group of the Windsor Cancer Prevention Coalition and the Windsor-Essex County Council on Smoking and Health, which held monthly meetings and various events/forums throughout the community; There were also many media outreach projects, which featured various Windsor Clinic staff; Regular Ergo Interest Group meetings and Essex County Occupational Nurses Association Interest Group meetings that were held at the Windsor clinic.

Windsor's Student Mentoring Program was expanded to include medical, nursing and ergo students.

### **Presentation/Knowledge Transfer Activities**

Windsor held a monthly Seminar Series last year. Among the topics covered were: Occupational Cancers; West Nile Virus; Heat Stress; Ergonomic Considerations during Pregnancy; Asthma and the Workplace; Ergonomic concerns with Children and Computers; Medical Surveillance; and Occupational Asthma – Working at Prevention and others. A total of 14 presentations were produced in VHS and DVD formats as safety talk films available on loan to workplaces. Copies were made and sent to all clinics including the provincial office for their lending libraries. The

clinic also posted an electronic questionnaire survey on their website to determine the following year's Seminar Series schedule.

### **Prevention Partners and Joint Ventures**

An intake clinic was held for retired and active fire fighters initiated by the worker advocate from The Windsor Provincial Fire Fighters Association (WPFPA). The purpose of the intake clinic was to encourage fire fighters to bring forward any disease processes or illnesses including, cancer, heart and/or neurological conditions that would be assessed and claims would be submitted to the WSIB, as well as build a statistical foundation with the WSIB to encourage the recognition of future claims for fighters.

There were 14 fire fighters and 1 widow who participated in the intake clinic. The fire fighter's union had expressed concern with the high incidence of occupational disease within their ranks. At the present time WSIB will accept the following if they occur in fire fighters: brain cancer with 20 years of service, leukemia with 30 years of service, Non-Hodgkin's Lymphoma with 15 years of service, bladder and kidney cancer with 30 years of service or 20 years of service prior to 1990, and Parkinson's Disease has been accepted in a case by case basis.

The Fire fighter representatives submitted claims to WSIB. By the end of the calendar year four claims were accepted for bladder and kidney cancers and the fire fighters are awaiting NEL assessments. Four claims had been denied with diagnosis of: laryngeal cancer, multiple myeloma, skin cancer, and a cardiac condition, which will be appealed. The success of this project has further facilitated a positive working relationship between OHCOW, WPFPA, the OPFFA, and the WSIB.

Windsor OHCOW also participated in a separate joint project with the Toronto Clinic and IAPA regarding Occupational Asthma (OA) in the Auto Parts Manufacturing, Foam and Plastic, and Bakery Industries. Targeting these sectors, this project aimed to deliver free information about occupational asthma to the individual employers, groups of workers, Joint Health and Safety Committees, etc. The key to prevention is creating awareness, and the goal is to provide these groups with the necessary knowledge that is needed to understand the disease, how it's acquired, and ways it can be prevented. The presentation is approximately 30 minutes and has been delivered to nearly 50 workplaces. It has also been produced as a safety video for our loaning library.

## **Windsor Occupational Health Information Services (WOHIS)**

The Windsor Occupational Health Information Service (WOHIS) is a non-profit, United Way organization. Our comprehensive health and safety library is available to all residents of Windsor-Essex County; workers, students, employers, health and safety representatives, professionals and concerned citizens.

Both OHCOW and WOHIS are committed to improving occupational health and safety, therefore, a special arrangement was agreed upon. As a means of achieving our common goal, the Windsor Occupational Health Information Service orders and processes information for OHCOW. This service includes, but is not limited to, providing OHCOW staff unrestricted access to our extensive occupational health library and video library, assistance in providing information regarding inquiries, ordering requests of books and journals articles, videotaping health related seminars, workshops, etc. Both agencies promote the services of each other during events and presentations they attend.

### **Highlights/Accomplishments in 2004:**

Staff provided clients with information, promoted our agency as well as OHCOW, and performed community outreach activities:

Events: 661

Presentations: 286

Outreach: 3504

Inquiries: 1070

Video/Media: Several 1000

Web Page: 1600 – 2000

Developed a unique community partnership with the Teen Health Centre – Skills Link Program. This was a 6 month program that educated and trained youth who had barriers to employment. One component of this training focused on health and safety. WOHIS provided a learning environment and resource centre for these students.

WOHIS produced a 12 minute video; "A Worker's Rights: The Occupational Three R's". Video was introduced into the schools as a teaching tool and is used by health and safety trainers, to create awareness and inform young workers, either starting a new job or those already employed, of their rights under the *Occupational Health & Safety Act*, the possible hazards that exist in workplaces and how to address these issues in order to protect their safety.

*Financial Statements of*

**OCCUPATIONAL HEALTH CLINICS  
FOR ONTARIO WORKERS INC.**

*December 31, 2004*



Deloitte & Touche LLP  
1 City Centre Drive, Suite 500  
Mississauga ON. L5B 1M2  
Canada

Tel: (416) 601-6150  
Fax: (416) 601-6151  
[www.deloitte.ca](http://www.deloitte.ca)

## **Auditors' Report**

To the Board of Directors of  
Occupational Health Clinics for  
Ontario Workers Inc.

We have audited the statement of financial position of Occupational Health Clinics for Ontario Workers Inc. as at December 31, 2004 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Clinics' management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Clinics as at December 31, 2004 and the results of their operations and their cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

A handwritten signature in black ink that reads "Deloitte &amp; Touche LLP". The signature is written in a cursive, flowing style.

Chartered Accountants  
Mississauga, Ontario  
March 4, 2005

# OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

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*December 31, 2004*

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# OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

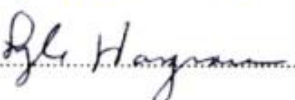
## *Statement of Financial Position*

December 31, 2004

	2004	2003
<b>ASSETS</b>		
CURRENT		
Cash - unrestricted	\$ 623,238	\$ 547,143
Accounts receivable	31,784	23,998
Prepaid expenses	40,128	57,897
	695,150	629,038
EMPLOYEE FUTURE BENEFITS FUND (Note 3)	728,800	404,500
SEVERANCE FUND (Note 4)	639,240	617,591
CAPITAL ASSETS (Note 5)	223,708	305,646
	\$ 2,286,898	\$ 1,956,775
<b>LIABILITIES</b>		
CURRENT		
Accounts payable and accrued charges	\$ 490,768	\$ 462,428
Current portion of obligation under capital lease (Note 6)	39,349	39,349
Deferred revenue	7,500	-
	537,617	501,777
EMPLOYEE FUTURE BENEFITS (Note 3)	728,800	404,500
OBLIGATION UNDER CAPITAL LEASE (Note 6)	39,275	68,025
DEFERRED CAPITAL FUNDING (Note 7)	14,408	18,250
SEVERANCE RESERVE (Note 4)	639,240	617,591
	1,959,340	1,610,143
<b>NET ASSETS</b>		
INVESTED IN CAPITAL ASSETS	130,676	180,022
EXTERNALLY RESTRICTED (Note 8)	-	(37,288)
UNRESTRICTED	196,882	203,898
	327,558	346,632
	\$ 2,286,898	\$ 1,956,775

APPROVED BY THE BOARD

..... Director

..... Director

# OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

## *Statement of Operations*

*Year Ended December 31, 2004*

	<u>2004</u>	<u>2003</u>
REVENUE		
Grants	<b>\$6,553,218</b>	\$6,509,008
Services	<b>30,675</b>	21,858
Interest	<b>37,222</b>	42,500
Lifetime history study research	<b>44,510</b>	10,655
RAC 980049 grant (Note 8)	<b>3,156</b>	-
Amortization of deferred capital funding	<b>3,842</b>	2,028
	<b>6,672,623</b>	6,586,049
EXPENSES		
Amortization	<b>81,938</b>	98,037
Administrative chargeback	<b>111,578</b>	111,079
Bank charges	<b>8,318</b>	4,430
Board development	<b>1,717</b>	28,087
Consulting fees	<b>26,718</b>	87,150
Delivery of service - outreach	<b>133,114</b>	104,221
Doctors	<b>912,234</b>	837,284
Employee future benefit expense (Note 3)	<b>324,300</b>	184,400
Insurance	<b>20,790</b>	24,501
Interest expenses	<b>10,600</b>	13,821
Lifetime history study research	<b>44,510</b>	10,655
London clinic	<b>54,300</b>	59,584
Maintenance and utilities	<b>22,553</b>	35,571
Medical supplies	<b>10,930</b>	11,934
Meeting expenses	<b>56,944</b>	79,606
Miscellaneous	<b>-</b>	8,237
Office	<b>238,894</b>	235,405
Printing	<b>32,788</b>	98,714
Professional fees	<b>39,343</b>	63,844
RAC 980049 expense (Note 8)	<b>3,156</b>	-
Rent	<b>422,778</b>	422,470
Salaries and benefits	<b>3,768,648</b>	3,978,903
Security	<b>2,072</b>	9,471
Severance	<b>49,648</b>	56,291
Small business asthma project	<b>49,771</b>	47,769
Staff expenses	<b>79,823</b>	90,577
Subscriptions and reference material	<b>102,925</b>	113,522
Telephone	<b>48,513</b>	64,132
Vehicle costs	<b>13,844</b>	15,158
Volunteers' expense reimbursement	<b>18,950</b>	4,228
	<b>6,691,697</b>	6,899,081
EXCESS OF EXPENSES OVER REVENUE	<b>\$ (19,074)</b>	\$ (313,032)



# OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

## *Statement of Changes in Net Assets*

*Year Ended December 31, 2004*

	2004			2003	
	Invested in Capital Assets	Externally Restricted - Sarnia	Unrestricted	Total	Total
NET ASSETS, BEGINNING OF THE YEAR	\$ 131,697	\$ 11,037	\$ 203,898	\$ 346,632	\$ 659,664
INTER-FUND TRANSFER (Note 8)	48,325	(11,037)	(37,288)	-	-
AMORTIZATION OF CAPITAL ASSETS	(81,938)	-	81,938	-	-
AMORTIZATION OF DEFERRED CAPITAL FUNDING	3,842	-	(3,842)	-	-
NET DECREASE IN CAPITAL LEASE OBLIGATION	28,750	-	(28,750)	-	-
EXCESS OF EXPENSES OVER REVENUE	-	-	(19,074)	(19,074)	(313,032)
<b>NET ASSETS, END OF YEAR</b>	<b>\$ 130,676</b>	<b>\$ -</b>	<b>\$ 196,882</b>	<b>\$ 327,558</b>	<b>\$ 346,632</b>

# OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

## *Statement of Cash Flow*

*Year Ended December 31, 2004*

	2004	2003
<b>NET INFLOW (OUTFLOW) OF CASH RELATED TO THE FOLLOWING ACTIVITIES</b>		
<b>OPERATING</b>		
Excess of expenses over revenue	\$ (19,074)	\$ (313,032)
Items not affecting cash		
Amortization of capital assets	81,938	98,037
Amortization of deferred capital funding	(3,842)	(2,028)
	59,022	(217,023)
Changes in non-cash working capital items		
Accounts receivable	(7,786)	6,411
Prepaid expenses	17,769	(25,151)
Accounts payable and accrued charges	28,340	(6,568)
Employee future benefits (Note 3)	324,300	184,400
Deferred revenue	7,500	(13,450)
	429,145	(71,381)
<b>FINANCING</b>		
Capital lease obligation payments	(39,349)	(39,349)
Capital lease obligation financing	10,599	13,822
Deferred capital funding	-	20,278
	(28,750)	(5,249)
<b>INVESTING</b>		
Acquisition of capital assets	-	(20,278)
Employee future benefits fund	(324,300)	(184,400)
	(324,300)	(204,678)
<b>NET CASH INFLOW (OUTFLOW)</b>	<b>76,095</b>	<b>(281,308)</b>
<b>CASH, BEGINNING OF YEAR</b>	<b>547,143</b>	<b>828,451</b>
<b>CASH, END OF YEAR</b>	<b>\$ 623,238</b>	<b>\$ 547,143</b>

# OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS INC.

## *Notes to Financial Statements of December 31, 2004*

### 1. DESCRIPTION OF OPERATIONS

The Occupational Health Clinics for Ontario Workers Inc. ("the Clinics") operates health clinics for the benefit of workers in Ontario. The Clinics provide medical services for the diagnosis of occupational illnesses and injuries and information services in the nature, prevention and treatment of occupational illness. Research in occupational illness is also conducted by the Clinics. The funding for the Clinics is provided by the Workplace Safety and Insurance Board.

### 2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles (GAAP) for not-for-profit organizations. The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Due to the inherent uncertainty involved in making estimates, actual results could differ from those estimates.

#### *Revenue recognition*

The Clinics follow the deferral method of accounting for contributions. Restricted contributions, if any, 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.

#### *Capital assets*

Capital assets are stated at cost less accumulated amortization. Amortization is provided in the accounts at the following annual rates:

Computer equipment	30% declining-balance
Leasehold improvements	20% straight-line
Medical equipment	30% declining-balance
Office furniture and equipment	20% declining-balance
Equipment under capital lease	Term of lease

#### *Employee future benefits*

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

- The post retirement benefits earned by employees are actuarially determined using the projected unit credit actuarial cost method, pro rated on service and management's best estimate of salary escalation, retirement ages of employees and expected health care costs.
- Past service costs from plan amendments are amortized on a straight-line basis over the average remaining service period of employees active at the date of amendment.
- The expected average remaining service lifetime (EARSL) is estimated by actuaries to be 15.5 years.

### 3. EMPLOYEE FUTURE BENEFITS OBLIGATION

The Clinics provide health care, hospitalization, vision care, dental and life insurance benefits to substantially all employees.

In 2003, the employee agreements of certain plan members had changed to reflect a decrease in eligible retirement age from 65 to 55. The past service costs relating to this plan amendment are \$369,800 and are being amortized on a straight-line basis over the average remaining service period of employees active at the date of amendment.

The Clinics measures its accrued benefit obligation for accounting purposes as at January 1 of each year.

A reconciliation of the Clinics post-retirement benefit plan to the amount recorded in the financial statements is as follows:

<b>Accrued benefit obligation</b>	<b>\$ 1,050,800</b>
<b>Unamortized past service costs</b>	<b>(322,000)</b>
<b>Accrued benefit liability</b>	<b>\$ 728,800</b>

Details of the accrued benefit obligation are as follows:

<b>Accrued benefit obligation, beginning of year</b>	<b>\$ 750,400</b>
<b>Benefit expense</b>	<b>324,300</b>
<b>Amortization of past service cost</b>	<b>(23,900)</b>
<b>Accrued benefit obligation, end of year</b>	<b>\$ 1,050,800</b>

The benefit expense for the year is determined as follows:

<b>Current service cost</b>	<b>\$ 116,700</b>
<b>Interest cost on obligation</b>	<b>77,900</b>
<b>Experience loss</b>	<b>105,800</b>
<b>Amortization of past service cost</b>	<b>23,900</b>
<b>Benefit expense</b>	<b>\$ 324,300</b>

The significant actuarial assumptions adopted in estimating the Clinics' accrued benefit obligation were as follows:

**Benefit Plan**

Discount rate	6.75%
Medical benefits cost	15.0% per annum for 5 years then gradually to
escalation - hospitalization	4.5% over 10 years
Medical benefits cost	21.0% per annum for 5 years then gradually to
escalation - extended health care	4.5% over 10 years
Medical benefits cost	15.0% per annum for 5 years then gradually to
escalation - other health care	4.5% over 10 years
Medical benefits costs	10.0% per annum for 5 years then gradually to
escalation - prescription drugs	4.5% over 10 years
Dental benefits cost escalation	10.0% per annum for 5 years then gradually to
	4.5% over 10 years

In 2002, the Board of Directors resolved to provide a fund in respect of the expected cost of employee future benefits. The balance of the fund is \$728,800 (2003 - \$404,500).

**4. SEVERANCE FUND**

By resolution of the Board of Directors, the Clinics have provided a reserve in respect of the expected cost of employee severance. Annual estimated severance entitlements are charged to expenses, and credited to the reserve, as they are earned by employees through service.

Concurrently, funds in respect of this reserve have been accounted for as an internally restricted fund. During the year, severance payments paid amounted to \$28,000 (2003 - \$Nil).

**5. CAPITAL ASSETS**

	<b>2004</b>			<b>2003</b>
	<b>Cost</b>	<b>Accumulated Amortization</b>	<b>Net Book Value</b>	<b>Net Book Value</b>
Computer equipment	\$ 726,429	\$ 655,082	\$ 71,347	\$ 101,923
Leasehold improvements	231,507	224,856	6,651	8,807
Medical equipment	149,080	146,146	2,934	4,152
Office equipment and equipment	661,777	588,978	72,799	90,994
Equipment under capital lease	160,206	90,229	69,977	99,770
	<b>\$ 1,928,999</b>	<b>\$ 1,705,291</b>	<b>\$ 223,708</b>	<b>\$ 305,646</b>

**6. OBLIGATION UNDER CAPITAL LEASES**

The future minimum payments under capital leases are as follows:

2005	\$ 39,349
2006	26,647
2007	13,945
2009	10,457
<b>Total minimum lease payments</b>	<b>90,398</b>
<b>Less amounts representing imputed interest</b>	<b>11,774</b>
<b>Present value of obligation under capital leases</b>	<b>78,624</b>
<b>Due within one year</b>	<b>39,349</b>
<b>Long-term portion of obligation under capital leases</b>	<b>\$ 39,275</b>

**7. DEFERRED CAPITAL FUNDING**

Deferred capital funding represents the amount of grants received from Workplace Safety & Insurance Board for the purchase of capital assets. The amortization of this funding is at the same rate as the related capital assets purchased and is recorded in the statement of operations.

<b>Deferred capital funding, beginning of year</b>	<b>\$ 10,250</b>
<b>Amortization of deferred capital funding</b>	<b>(3,842)</b>
<b>Deferred capital funding, end of year</b>	<b>\$ 14,408</b>

#### 8. EXTERNALLY RESTRICTED NET ASSETS

During the year, the Ministry of Labour announced that the Sarnia clinic will become a regular clinic of Occupational Health Clinics for Ontario Workers, and thus will fall under common management and will be accountable to the Board of Directors of the Clinics. As such, the Sarnia clinic's previously externally restricted net capital assets of \$48,325 and fund deficiency of \$37,288 as of January 1, 2004 were transferred by way of an inter-fund transfer to the Clinics. RAC 980049 net assets are externally restricted for investigative research into the incidence of cancer among workers in an auto parts plant. The statistical analysis is nearing completion and a meeting is being arranged with worker researchers in London, Ontario to engage them in the final analysis of the data. During the year, an amount of \$3,156 was spent in the performance of the analysis. Net assets of RAC 980049 as at December 31, 2004 were \$Nil (2003 - \$Nil).

#### 9. LEASE COMMITMENTS

At December 31, 2004, minimum payments under operating leases for rental of premises and equipment over the next five fiscal years and thereafter approximate the following:

<b>2005</b>	<b>\$ 261,874</b>
<b>2006</b>	<b>254,060</b>
<b>2007</b>	<b>189,251</b>
<b>2008</b>	<b>136,360</b>
<b>2009</b>	<b>81,320</b>
<b>Thereafter</b>	<b>27,446</b>
	<b>\$ 950,311</b>

#### 10. INCOME TAX STATUS

As a not-for-profit organization, the Clinics are not taxable under the Income Tax Act.

#### 11. ECONOMIC DEPENDENCE

The Clinics receive a significant amount of revenue from the Workplace Safety & Insurance Board based on annual budget submissions to the Board.

#### 12. ACCRUED LIABILITY

The Clinics have made a voluntarily disclosure to Canada Revenue Agency ("CRA") regarding Canada pension plan contributions for the years 2000 to 2003 and employment insurance premiums for the years 2001 to 2003 with respect to payments made to doctors during that period. There is a possibility that CRA will assess the Clinics as a result of this disclosure, but to December 31, 2004, it has not done so. An amount based on management's best estimates of this potential cost is included in accrued liabilities.

#### 13. COMPARATIVE FIGURES

Certain prior year's figures have been reclassified to conform to the current year's presentation.