Occupational Cancer is the Leading Cause of Workplace Fatalities

Background

Historically, the majority of accepted fatality claims in Ontario were the result of traumatic injuries and disorders, such as those resulting from fatal burns and amputations. Sharpe and Hardt (1) wrote a compelling report examining accepted workplace fatality trends in Canada from 1996 until 2005 noting that accepted occupational disease claims had surpassed accepted traumatic injuries and disorders claims in 2003, likely as a result of asbestos exposure. The change in distribution of these accepted claims was primarily the result of an increase in the number of deaths due to occupational cancer (1).

Objectives

- To examine the trends of accepted workplace fatality claims in Ontario from 1997 until 2010.
- To examine the distribution of accepted workplace fatality claims by industry type in Ontario in the last 5 years.

Methods

Specialized data requests ordered from the Association of Workers' Compensation Boards of Canada (AWCBC) (2) were utilized. All data produced by the AWCBC is provided by the various workplace safety and insurance boards for each of the provinces. Data pertaining to "nature of injury" and "industry" for the years 1997 until 2010 informed these analyses.

The sample was determined based on the available data, as provided by the AWCBC, which did not necessarily capture the entire workforce for any given year. A different percentage of the workforce may be covered on a yearly basis. For instance, in Ontario 73% of the workforce for the 2009 year was represented in the AWCBC data. Data is based on the number of accepted claims in any given year, not the number of claims reported. Also, there are differences in the number of claims accepted by each province due to wide variations in policies and legislation.

Implications of Data Limitations on Interpretation

Accepted occupational cancer claims represent only a small fraction of the actual number of work-related cancers. This is thought to be the result of under-reporting (3) and especially for mesothelioma, not filing a claim (4).

For a full report on accepted workplace fatality claims, visit our website: http://occupationalcancer.ca/2012/the-examination-of-accepted-workplace-<u>fatality-claims-within-ontario-and-canada/?gwcpp_catid=5</u>

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Canadian Cancer Society

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Results

GRAPH 1







The fatality claims that are predominately compensated in Ontario have changed in recent years. From 1997 until 2010, there has been a 264% increase in the number of accepted occupational cancer fatality claims.

The change in trends was seen in 2004 when accepted occupational cancer fatality claims surpassed the number of accepted traumatic injuries and disorders claims from 160 in 2004 to 244 in 2010. In comparison, the number of accepted traumatic injuries and disorders has decreased from 158 in 2004 to 89 in 2010, as evidenced in Graph 1.

From 1997 until 2010, approximately 71% of all accepted occupational cancer fatality claims were the direct result of exposure to asbestos (5). Of these deaths, approximately 93% were caused by lung cancer or mesothelioma (5).

As shown in Graph 2, the highest number of accepted occupational cancer fatality claims within the past five years was found amongst those working in manufacturing, construction, and government services. Both construction and manufacturing have a history of heavy asbestos use, which is thought to be the explanation for these high rates.

In 2007, Bill 221 was amended to provide better compensation to full-time firefighters in Ontario. In 2009, this Bill was expanded to include volunteer and part-time firefighters and fire investigators. This may be responsible for the increase in accepted occupational cancer fatality claims seen amongst those in government services in recent years.

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Conclusions

ccepted workplace fatality claims have changed.

five years, those working in manufacturing, construction, nt services have had the highest number of accepted ncer fatality claims.

nber of occupational cancers is grossly under-represented ims statistics.

ancers can be prevented by enforcing more stringent xposure limits and increasing efforts towards toxic use

References

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data provided by the AWCBC are that of the authors and do not necessarily reflect the views of the AWCBC



Towards a cancer-free workplace