



Occupational  
Health Clinics  
for Ontario  
Workers Inc.

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

Intro to Ontario's Occ Disease Action Plan:  
Aspirational and Achievable!  
July 10, 2017 by [vwolfe@ohcow.on.ca](mailto:vwolfe@ohcow.on.ca)



# Introduction

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- Objectives and Need for a plan
- Research & Data Review to Frame Direction
- Reference Group
- Ranking of Exposures
- 5 Priorities
- ODAP by Approach
- ODAP Implementation
- Challenges, Feedback & Discussion

# Occupational Disease Action Plan: Objective and Current Status



## Objective:

- To develop a system partner action plan aimed at reducing illnesses and fatalities associated with occupational diseases in Ontario workplaces
- The priorities determined based on the best available evidence (research and data sources), the current environment, and where the best opportunities exist to have an impact
- The Action Plan to build upon previous and ongoing work related to occupational disease and look for opportunities to address gaps in prevention.

## Current Status:

- The Occupational Disease Action Plan was finalized in December and implementation began in Jan.
- Confirmed System Priority for 17/18 & 18/19

# Why an Occ Disease Action Plan?



- In 2015, there were 154 occupational disease deaths in Ontario, compared to 72 traumatic fatalities (Day of Mourning Fatalities Report).
- Occupational disease fatalities have outnumbered traumatic fatalities in each of the past ten years, and have increased each year since 2012, while traumatic fatalities have decreased.
- Leading diseases resulting in deaths: Mesothelioma (34.5%), Lung Cancer (28.5%)
- Between 2006-2015 (WSIB Sch.1):
  - ~125,000 occupational disease claims allowed, >\$950M in benefit costs
  - Long latency 3% claims, but >60% costs
  - NIHL 23% of all claims
- All significantly lagging indicators, plus many, many deaths and illnesses unrecognized, unreported and/or not allowed

\*Sources: WSIB, By the Numbers, 2015

# Meeting of Occupational Disease Research/Data Experts



- **Purpose:** To recommend where prevention efforts should be focused based on severity and prevalence research.
- **Research/Data Attendees:** Centre for Research Expertise in Occ. Disease; Occ. Cancer Research Centre; Institute for Work and Health; Centre for Research in Occ. Health & Safety; Public Health Ontario; Workplace Safety & Insurance Board
- Based on the available data and evidence, the research experts recommended:
  - Focusing on occupational exposures that lead to diseases vs. the diseases alone;
  - Ensuring new and emerging risks are included in the list of priorities
  - Strengthening surveillance systems to inform prevention efforts.

Occupational Diseases	Occupational Exposures
<ul style="list-style-type: none"><li>• Skin disease</li><li>• Respiratory disease (asthma)</li><li>• Noise induced hearing loss</li><li>• Cancer</li><li>• Infectious diseases</li><li>• Hand-arm vibration syndrome (HAVS) and other vibration related diseases</li></ul>	<ul style="list-style-type: none"><li>• Diesel engine exhaust</li><li>• Noise</li><li>• Allergens/irritants- Skin and Lung</li><li>• Asbestos</li><li>• Shift work</li><li>• Organic solvents</li><li>• Solar ultraviolet radiation</li><li>• Silica</li></ul>



# Reference Group

OHCOW
Infrastructure Health and Safety Association (IHSA)
Workplace Safety North (WSN)
Workers Health and Safety Centre (WHSC)
Workplace Safety and Prevention Services (WSPS)
Public Services Health and Safety Association (PSHSA)
Workplace Safety and Insurance Board (WSIB)
Institute for Work and Health (IWH)
Centre for Research Expertise in Occupational Disease (CRE-OD)
Occupational Cancer Research Centre (OCRC)
Public Health Ontario
Ministry of Health and Long Term Care
Ontario Lung Association (OLA)
MOL, Operations Division (Occupational Health and Safety Branch, OHSB)
MOL, Policy Division (Health and Safety Policy Branch, HSPB)
MOL, Communications and Marketing Division (CMD)
MOL, Prevention Division



# Reference Group

- Consensus that there is a general lack of awareness among the health and safety system and workplace parties when it comes to occupational disease issues that needs to be addressed.
- Agreed to prioritize (through ranking) exposures that result in occupational disease in cases where: high volumes of workers are exposed; short-term outcomes are attainable/measurable ; and capacity and opportunity exists for intervention
- Consensus to build new collaborative initiatives, and not lose site of emerging exposures (e.g. nanotechnology), particularly where knowledge exchange and research may not yet be fully developed.

# Priority Ranking: Overall Ranking (total scores)



Rank	Exposure	Total	Need	Impact
1	Noise	75	45	30
2	Allergens/Irritants	102	48	54
3	Diesel	105	50	55
4	Asbestos	127	59	68
5	Silica	154	75	79
6	Solar	158	87	71
7	O. Solvents	188	95	93
8	Heat	190	99	91
9	Shift Work	197	91	106
10	Nanotechnology	215	104	111
11	Radiation	250	124	126
12	Radon	267	137	130





# ODAP Priorities

- General Occupational Disease Awareness
- Noise
- Allergens & Irritants (both skin & lung)
- Diesel Exhaust Emissions
- Emerging Issues



# ODAP: Intelligence & Decision Support

- Develop a strategy to embed “Occupation” into EMR’s – requires partnership with MOHLTC & their contractors
- Develop a plan for obtaining baseline exposure data to focus and support action for prevention eg. pilot project?
- “Mine” existing exposure and disease surveillance data (eg. WSIB & ODSS) to set priorities and better target prevention effort



# ODAP: Research & Data Management

- Conduct a scan to review OD legislation in other jurisdictions
- Conduct a scan of prevention strategies to reduce noise exposure
- Identify priority irritants and allergens for skin & lung disease to further focus AP activities
- ID emerging issues from current research & develop research questions – for MOL ROP?
- Explore and evaluate workplace exposure assessment tools
- Assess worker irritant knowledge to target awareness efforts



# ODAP: Awareness

- Develop & implement a communications and marketing plan focusing on raising awareness of harm and prevention with respect to the priority exposures: noise and/or allergens and irritants and/or diesel hazards in the workplace, with an underlying theme of general occupational disease prevention (2017/18 System priority)
- Target specific sectors to raise awareness of priority allergens and irritants



# ODAP: Advisory & Support Services

- Deliver educational opportunities and resources to build system knowledge and capacity re: priorities
- Target advisory & support services to workplaces falling under the expanded noise regulation
- Target advisory & support services on other AP priorities to specific sectors



# ODAP: Education and Training

- Inventory and align system educational resources and training initiatives to promote occ. disease prevention. Initially focusing on the priorities of noise, allergens/irritants, diesel and general awareness
- ID gaps and a process to develop new resources or training initiatives to address & support ODAP implementation
- Review mandatory training initiatives and standards to id opportunities to add or strengthen OD content



# ODAP: Education & Training cont'd

- Integrate priority hazard awareness into career counselling and vocational services (eg. Asthma triggers)
- Develop and deliver physician education on priority hazards + general OD (eg. Occupational Asthma)
- Provide/recommend tools to JHSC for health hazard id & management



# ODAP: Enforcement, Legislation & Programs

- Develop enforcement strategies for occ disease priorities (eg. Noise, WHMIS, OELs ...)
- Review and consider opportunities for regulatory change
- Explore NIOSH Buy Quiet program re: potential for Ontario
- Explore integration of OD into WSIB premium or prevention programs
- Explore opportunities to incorporate OD elements into accreditation (eg. Assurance of controls, ventilation etc.)





# ODAP: Implementation Structure

- Implementation Team:
  - Coordinated by Val Wolfe, OHCOW & Steven Grossman, PVO
  - Sets principles (hierarchies of Prevention & Control), guides working groups
  - Reviews implementation, especially broad goals
  - Strategizes and plans
  - Maintain momentum, expand and strengthen network
- 5 Working Groups: EMR; Intelligence & Data; Noise; Diesel Engine Exhaust; Allergens & Irritants
  - Conduct environmental scan of current initiatives & perceptions
  - Prioritize and activate relevant ODAP actions in that context
  - Identify deliverables and quantifiable measures of success



# ODAP WG: Noise

- Chair: Mike Russo, IHSA
- Initiated broad campaign on the hazards of noise in the workplace for International Noise Awareness Day, April 26 2017, with Avoid Noise wordmark, wide-scale social media, online campaign, including OHCOW tool for workplaces to upload (crowd-source) sound-levels)
- Ongoing promotion (awareness, education) of noise at system conferences (e.g. Partners in Prevention)
- System partner webpages and resources dedicated to noise created/updated
- MOL All Sector Provincial Noise Enforcement Initiative (April 1, 2017 – March 31, 2018)
- Next meeting Aug. 2017



# ODAP WG: Diesel

- Chair: Mike Parent, WSN
- Symposium on diesel exhaust at WSN Mining Health and Safety Conference (April 2017).
- Table of hazards and hierarchy of controls developed by OCRC
- Infographics developed by WSN
- Next mtg. Sept. 2017



# ODAP WG: Allergens & Irritants

- Chair: Linn Holness from CRE-OD assisted by Janet Brown & Andrea Stevens-Lavigne, OLA
- Reviewing research and data (e.g. academic literature, WSIB Data, Clinical Path Test Data, HSA consultant surveys, OHCOW cases) to determine focus areas for prevention work around lung and skin allergens and irritants
- Will rank & prioritize similar to ODAP
- Next meeting Sept. 2017



# ODAP WG: Data & Intelligence

- Chair: Victoria Arrandale, OCRC
- Liaising with new System Data Committee
- Identifying existing sources & questions for “mining”
- Developing a plan (e.g. potential pilot project) for obtaining occupational exposure baseline data from Ontario workplaces to support action to prevent occ. disease.



# ODAP WG: Electronic Medical Records

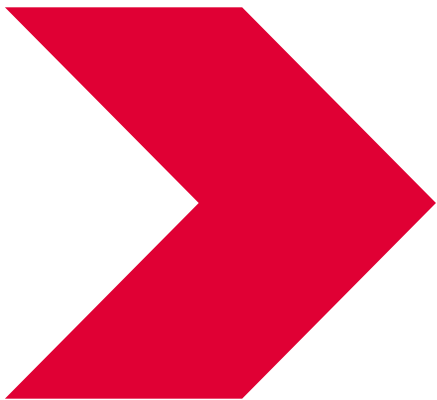
- Chair: Henrietta Van Hulle
- Cultivating multi-level inter-ministerial discussions on adding occupation to EMRs
- Identifying intermediaries and opportunities to raise awareness of issue
- Developing a plan to promote the importance of tracking patient work-related information in Electronic medical records eg. Health Care & EMR user conferences
- Next meeting: tbd

# Timelines

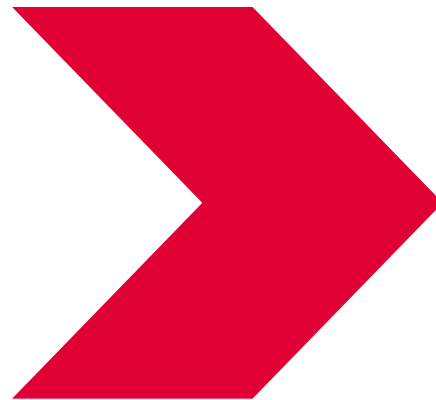
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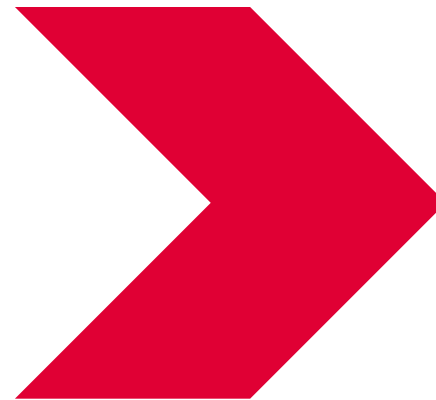
Winter 2017  
Working Groups  
Created



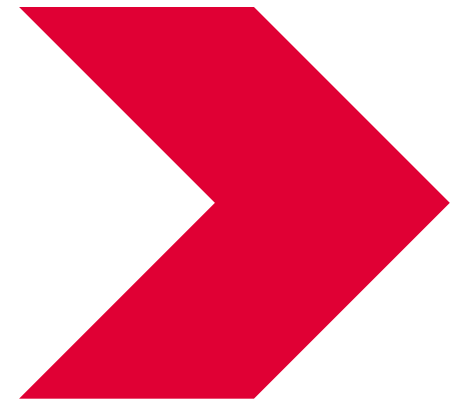
Spring 2017  
Working Groups  
meet & plan  
Short-term  
activities begin



Summer 2017  
Activities develop  
and evolve;  
Quarterly IT review



Fall 2017  
Occ-tober “Check-  
up”  
Review priorities  
for Year 2





# Let's keep Occ-omplishing Together!

- ODAP has created energy and momentum to address large, complex, and poorly understood issues
- Efforts & success affected by many external and competing internal factors
- Think of IT as Orchestra, Working Groups as Chamber Orchestras, but what we need is a Choir.
- Partnerships Key – welcome to the ODAP Choir!
- Challenge to achieve functional reach amidst “noise”
- Priorities and Activities reviewed annually; Input & ideas always welcome 😊
- Watch for Occ-tober Symposium on Oct. 27<sup>th</sup> at CHSI
- Thanks for your interest and voice 😊