An Introduction to OHCOW

CUPE ONTARIO
Injured Workers Advocacy
Committee Conference

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Occupational Health Clinics for Ontario Workers



OHCOW



OHCOW was established in 1989 to act as a resource to workers and employers to:

- provide objective, scientific information and
- -focus on prevention of occupational health problems in the workplace.

OHCOW

- An inter-disciplinary occupational health team:
 - Occupational Physicians
 - Occupational Health Nurses
 - Ergonomists
 - Occupational Hygienists
 - Administrative Assistants
- Funded by WSIB Prevention Services

Clinic Services:

- 1. Individual Client (clinical)
- 2. Answer Questions (work/health related)
- 3. Informational Presentations
- 4. Workplace Visits
 - requested by co-chairs of JH&SC
- 5. Exposure Investigations/Research
 - medical/hygiene/ergonomic combined

VISION STATEMENT

The detection, prevention and elimination of occupational injuries and illnesses.

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

To protect workers and their communities from occupational injuries and illnesses, and to promote their social, mental and physical well-being through:

1. Clinical services

 Providing multi-disciplinary services to workers who are concerned about their occupational health and to the families of workers who fall victim to occupational disease

To protect workers and their communities from occupational injuries and illnesses, and to promote their social, mental and physical well-being through:

2. Prevention services

- Identifying and analyzing occupational hazards and exposures, and developing effective programs for prevention and elimination.
- Participating in prevention initiatives which address environmental or public health as well as occupational health.

To protect workers and their communities from occupational injuries and illnesses, and to promote their social, mental and physical well-being through:

- 3. Research, knowledge transfer, tool development and educational services
 - Conducting and supporting participatory research and promoting its contribution to knowledge transfers and development of prevention tools and resources.
 - Educating and learning from workers, workplaces and the community about occupational hazards, exposures and prevention solutions

To protect workers and their communities from occupational injuries and illnesses, and to promote their social, mental and physical well-being through:

4. Partnerships

- Building and maintaining strong relationships with workers and unions and, wherever possible, with employers through joint health and safety committees, trades committees and health and safety representatives.
- Building and maintaining strong partnerships within the Ontario prevention system, to further our vision and mission.

To protect workers and their communities from occupational injuries and illnesses, and to promote their social, mental and physical well-being through:

- 5. Commitment to service excellence and to the wellbeing of our staff
 - Dedicating ourselves to the highest degree of service and respect to those we serve, and to being an exemplary healthy, safe, supportive and respectful workplace, focusing our resources on the most important priorities and operating in a cost efficient, accountable and effective way.



What OHCOW Does:

Exposure

- to what
- how much
- how long
- toxicology

Medical

- symptoms
- tests results
- physical exam
- diagnosis

Work Relatedness

- epidemiological review
- strength of association

Prevention



Individual Client Consultation

- Purpose:
 - -To determine work-relatedness of health concern



- Reporting association to relevant individual or agency. E.g. family doctor, WSIB, worker representative, worker, workplace
- Education or recommendations e.g. review MSDS, PPE
- Offer to come into workplace to work with the JHSC
- Workers can self refer to the clinic.
 - Also get referrals from MDs, H&S
- What OHCOW does <u>not</u> do:
 - -No treatment provided
 - Does not address level of disability nor RTW (return to work)





Workplace Consultations

- Purpose:
 - -To assist the JHSC to:
 - To identify the prevalence and extent of health effects of workplace exposures
 - Identify hazards and ways to reduce or eliminate these
- Outcome:
 - -Consultation by multi-disciplinary team depending on need
 - -Intervention determined with JHSC e.g.
 - Informal On site consultation
 - Questionnaire + exposure assessment findings
 - Recommendations for improvements
- Have to be invited in by co-chairs of JHSC
- What OHCOW does <u>not</u> do:
 - Complete workplace H&S audits or assessments

Outreach: Migrant Worker Experience



- connected with migrant worker centres for a number of years
- met with local medical doctors who see migrant workers (provided pesticide poisoning information)
- in partnership with stakeholders and local Public Health Unit we held evening "walk-in clinics" for migrant workers last summer – planning on more this summer.
- helped legal people with medical issues

Occupational Hygiene in the Clinic Context:

- the occupational hygienist becomes more attuned to the health implications of exposures (less concerned with compliance)
- biological exposure monitoring is an area where medicine and hygiene overlap
- bringing worker symptom experience into exposure investigations
- naturally leads to the incorporation of epidemiological techniques into exposure assessments

Heat stress enquiry:

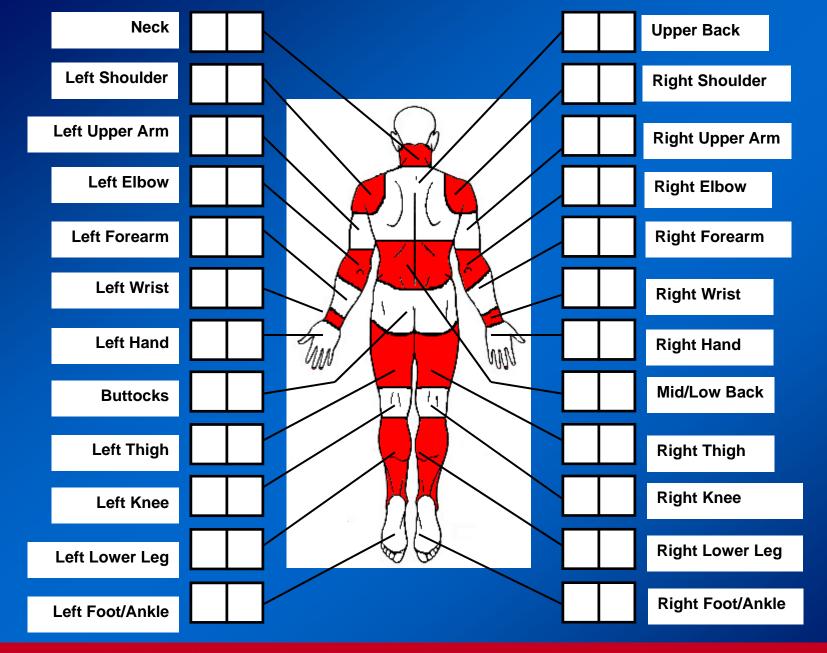
- Union Health and Safety Rep calls about the possibility of using Humidex for heat stress evaluation
- Hygienist works out scheme to translate moderate unacclimatized WBGT standards into Humidex
- Simplification is appealing to other workplaces as well

Humidex Response Plan:

Humidex	Action
30-33	alert & information & water
34-37	warning, education & double water
38-39	restrict activity 25% & actively monitor for signs of heat strain
40-41	restrict activity 50% & actively monitor for signs of heat strain
42-44	restrict activity 75% & actively monitor for signs of heat strain
45+	stop work

Ergonomic Services

- Review relationship between work exposures and MSDs for individual patients
- Wide range of educational presentations and workshops to workplaces, classes, conferences, etc.
- Workplace consultations with the JHSC can be:
 - Detailed assessment with report with recommendations
 - Exposure questionnaires including discomfort survey
 - Roundtable meetings to discuss ergonomic improvement action plan or program development
 - Always insist on worker involvement



legend

1	not likely to seek
	treatment

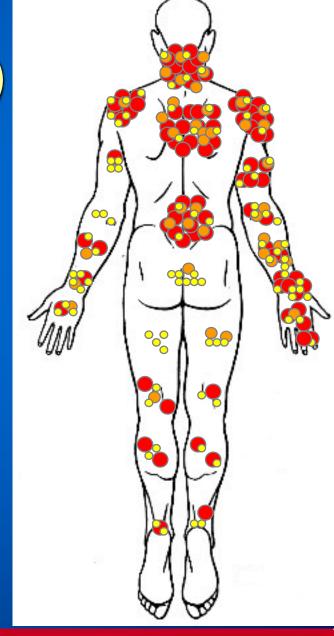
2 somewhat likely to seek treatment

yery likely to seek treatment

freq Discmfrt	B/1 = rarely	C/2 =frequently	D/3 =constantly
1	1	1	1
	1	1	1
2	- '		•
3	1	2	2
4	1	2	2
5	1	2	3
6	2	3	3
7	2	3	3
8	2	3	3
9	3	3	3
10	3	3	3

Department X (n=36)

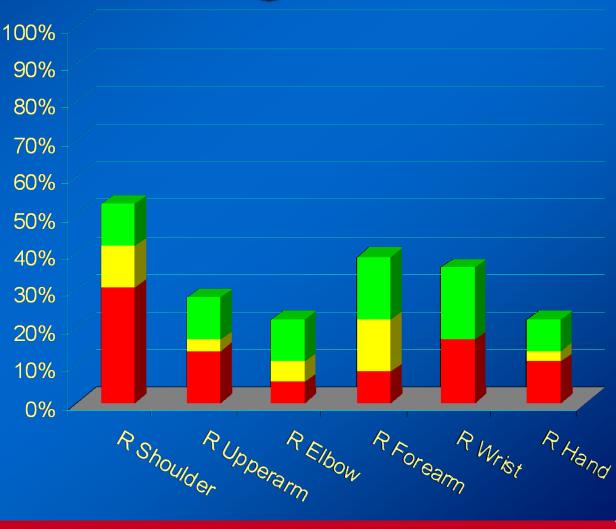
1	not likely to seek treatment	•
2	somewhat likely to seek treatment	•
3	very likely to seek treatment	•



Department X Right Side

legend

- not likely to seek treatment
- 2 somewhat likely to seek treatment
- yery likely to seek treatment



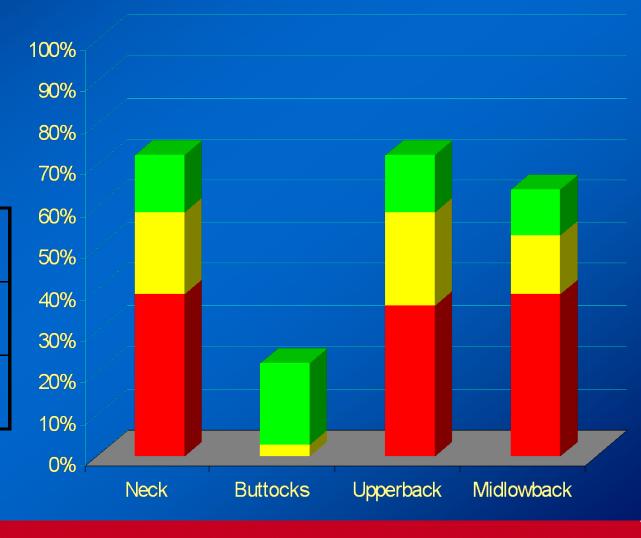
Department X Neck and Back

legend

not likely to seek treatment

2 somewhat likely to seek treatment

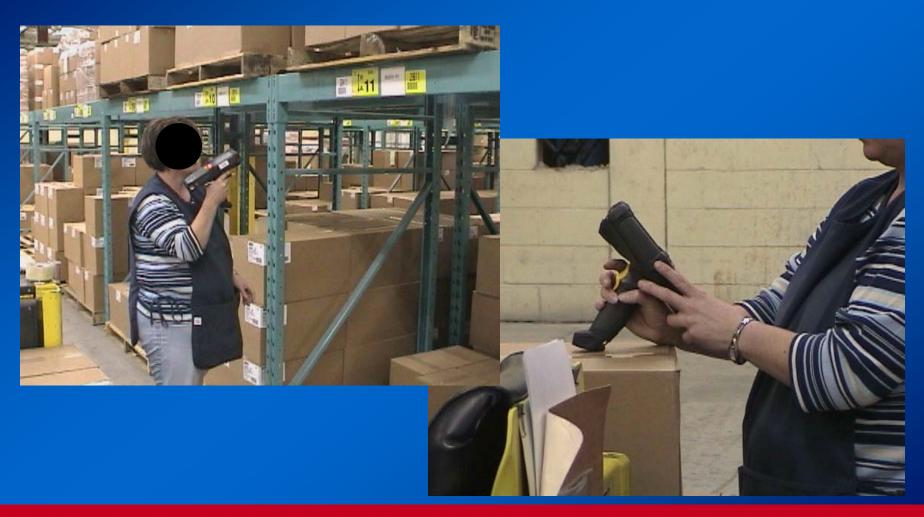
yery likely to seek treatment



Warehouse Distribution Centre

- Invited by the JHSC to assist with injuries and discomfort of shipping workers
- Video taped workers performing daily tasks and talked with them about their concerns
- Returned to workplace, presenting basic MSD information and hazards identified at the facility
- Facilitated a roundtable problem solving session with workers, site manager and company president

Guns



Wearable Scanners











Group Work Case Study

- A large unionized residential long-term care facility
- High number of back shoulder claims
- NEER surcharge & Workwell audit
- Called us for assistance

- An Ergonomist and Occupational Health Nurse visited the worksite:
 - Met with the co-chairs
 - Toured the workplace
 - Spoke with several workers
 - Met with the committee
- Our focus was narrowed to the medication carts in the facility*

What we did:

- Came back and observed the cart use
 - Medication rounds
- Examined the organization and features of the carts
- Took measurements of force requirements, dimensions, distances traveled...
- Administered a questionnaire (77% RR)
 - job title, duties, personal info, cart characteristics, stress, discomfort



	The blinving gentions are bing aford to assist as in studing reconvenerables regarding the are of the endication care at Measur. All fortunaday one provide will be part sixtly coldinaria and yo personally vill not be identified as any report. Please put the completed questionnaise in the environment of the provided and yet is in the questionnaise or or read in a conditions to the Occupational Health Claim (or Course) Workers.
1.	What is your current Job Tide:
2.	What is the average number of hours you work each week: <15 hours >30 hours >30 hours
3.	Height: 4. Gender: 5
5.	16-24 yes 16-24 yes 25-39 yes 25-3
ß.,	What percentage of you time is spent administering medication? < 10% 10-25% 25-50% 50-75% > 75%
P.,	How much time does it take you to definition medications? What is the longest increase of time it has taken you? (minestee) What is the load surveit of time is has taken you? (minestee) What is the watenge source of time is has taken you? (minestee)
10.	What bothers you most about the med carts?
11.	Do you have any recommendations about the medication cartel

13.	Please rate the following		
	a) Height	,	too high
	Comments:		
	b) Organization	 fine	good
	Comments:		
	c) Surface area	,	
	Comments:		difficult
	Comments:		deficult
	a) Weight		
	f) Pill cruster - old		
	Comments:		
	g) Pill crusher - new		
	Comments:		

15. Think of how you field AT THE END OF A WCRE DAY. Fill our the chart below by raining your disconfers fewed on a scale of one to ten for each body past limed, and mark it in the box provised. For example, if you have pain in your lift thingh which you field in a lovel "5 out of 10", place a "5" in the box marked "1.21" THE 21". Like this: LEFT THE 28.
NO disconfort Moderate disconfort EXTREME disconfort
0 1 2 3 4 5 6 7 8 9 10
LEFT UPPER ARM SUTTOCKE PROMIT SHOULDER SUTTOCKE PROMIT SHOULDER SUTTOCKE PROMIT SHOULDER SACK INDIT FOREARM LEFT HAND LEFT HAND LEFT HAND LEFT HAND LEFT HAND LEFT HOSEL PROMIT THIGH LEFT LOWER LEG OR FOOT
Thank you!
Occupational Health Clinic for Cetario Workers Inc. (Hamilton Clinic) 905-549-2552 Phone new ever



What we found:

- Medication Cart
 - 80% reported mod/sev mid/low back pain
 - 65% reported mod/sev pain in right shoulder
 - Stress, average was 7.8 (scale to 10)
- Major complaints involved
 - Poor organization of the carts (crowded)
 - Small surface area to work (large charting system)
 - Cart height problems (too high for some)
 - Awkward and forceful pill crushers
 - Problems with blister packs (repetitive tearing)

Getting the right fit!



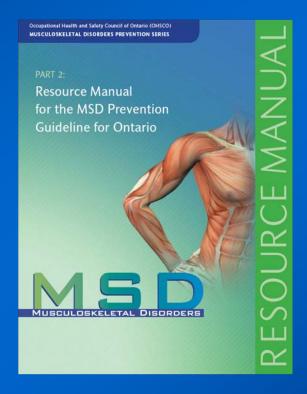


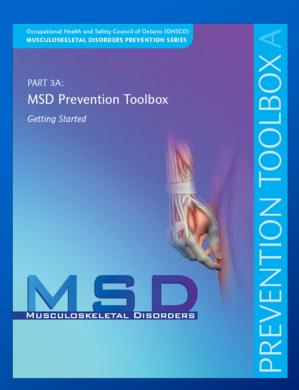
Recommendations:

- Set-up a medication station in the dining area
- Modify the charting system
- Add an extra cart to the "heavy floors"
- Provide automatic crushers
- Place a cutter on each cart
- Provide optional cart designs to accommodate shorter workers

Ontario MSD Prevention Documents







Contact Information

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www.ohcow.on.ca



