

# Recognizing occupational and environmental hazards

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# Faculty/Presenter Disclosure

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  - None

# Mitigating Potential Bias

- The information presented in this program is based on recent information that is explicitly “evidence-based”.
- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

# Learning Objectives

By the end of this session, participants will be able to:

- Describe the common types of occupational hazards
- Identify the occupational exposure limits that may apply to an individual worker
- Develop questions that will help to better understand a worker's occupational exposures

# Challenge of Occupational Illnesses

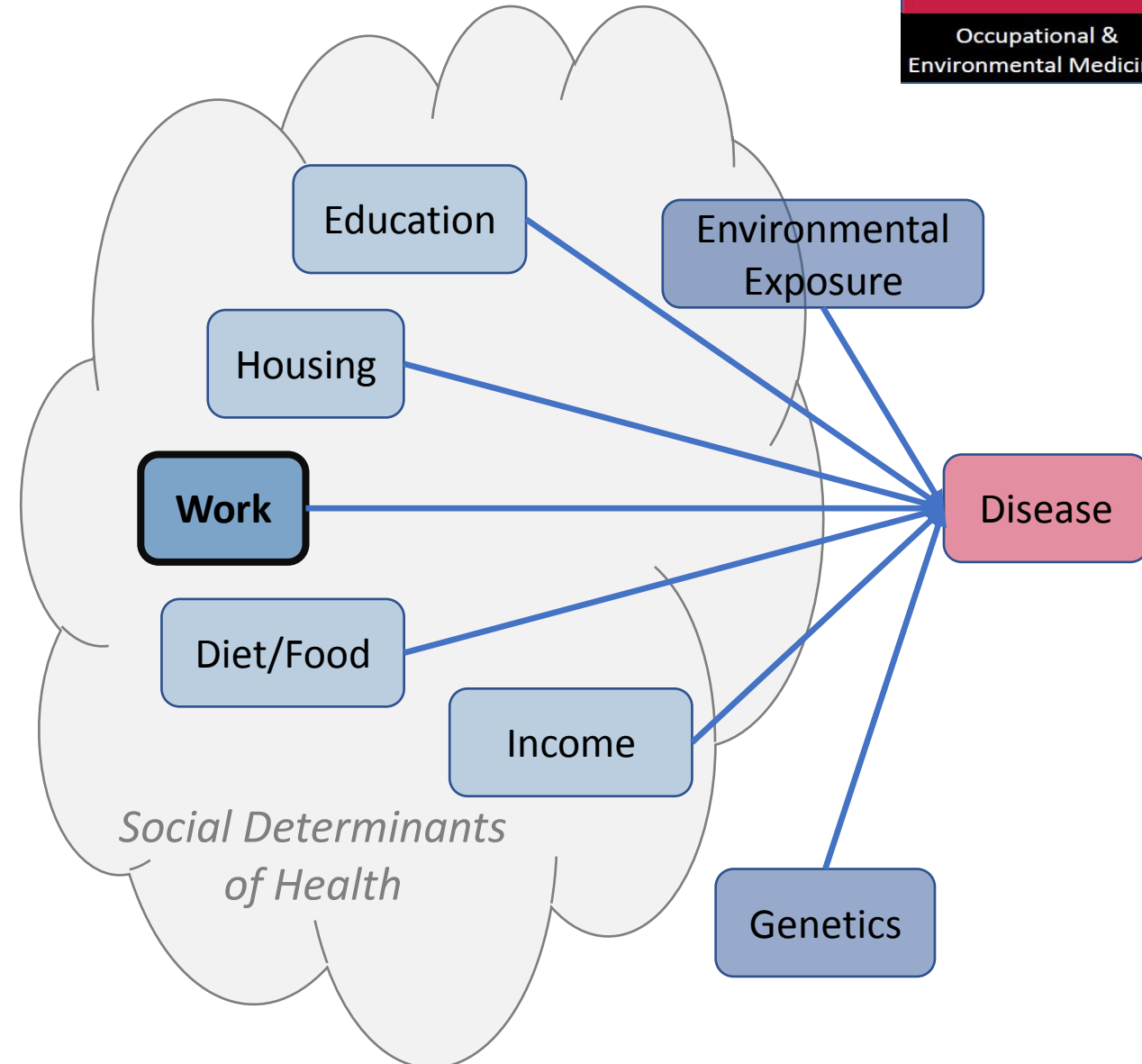
Most occupational illnesses are multifactorial

- *Some notable exceptions include: mesothelioma, pneumoconioses named for causal exposure*

Identifying causal exposure can be difficult

Many clinicians did not receive training in occupational hygiene or exposure science

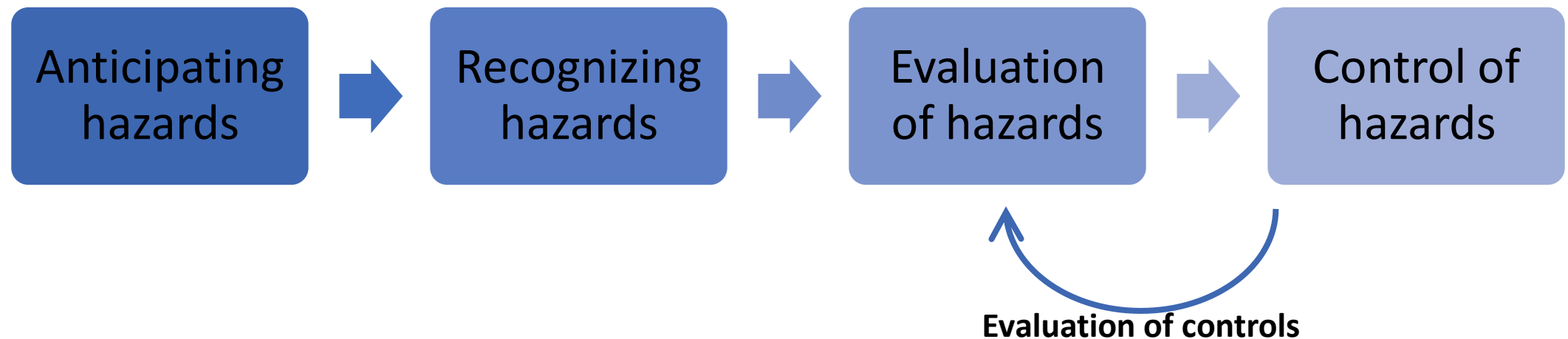
→ **Occupational Hygienists have this expertise**



# What is Occupational Hygiene?

*“The discipline of **anticipating, recognizing, evaluating and controlling** health hazards in the working environment with the objective of protecting worker health and well-being and safeguarding the community at large”*

~ Canadian Registration Board of Occupational Hygiene



# Occupational Hygienists

- Two common North American professional designations
  - Registered Occupational Hygienist (ROH), Certified Industrial Hygienist (CIH)
- Employed in a variety of settings
  - Industry, compensation, government, consulting, research etc.
- **Most workplaces do not have a dedicated hygienist**
- Avenues for accessing occupational hygiene expertise?
  - Joint health and safety committee (or health and safety rep)
  - Company hygienist, private consultants
  - Workers: [Occupational Health Clinics for Ontario Workers](#)
  - Employers: [Health and safety associations as part of the Ontario Health and Safety System](#)

*Important  
member of an  
occupational  
health team*



# Collaboration between Occupational Hygiene and Medicine

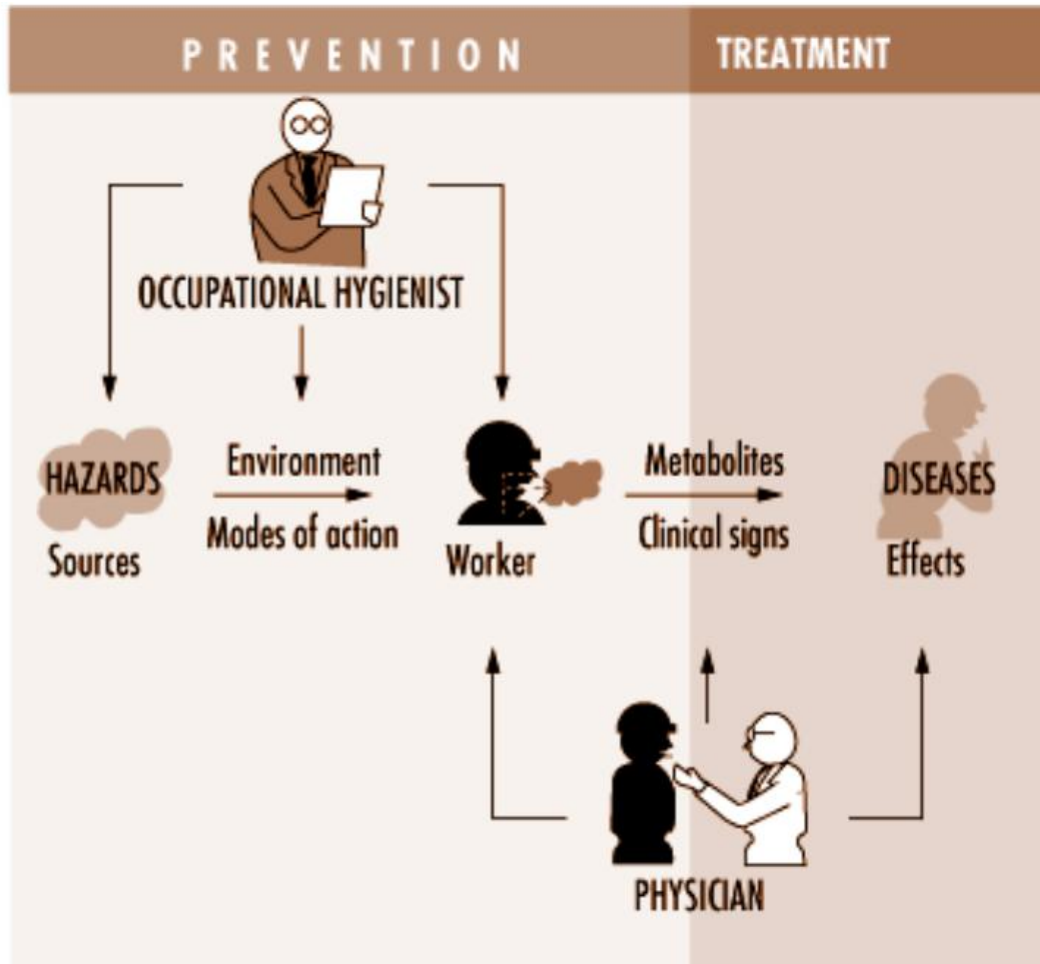


Image from: International Labour Organization (ILO)  
ILO Encyclopedia, Chapter 30

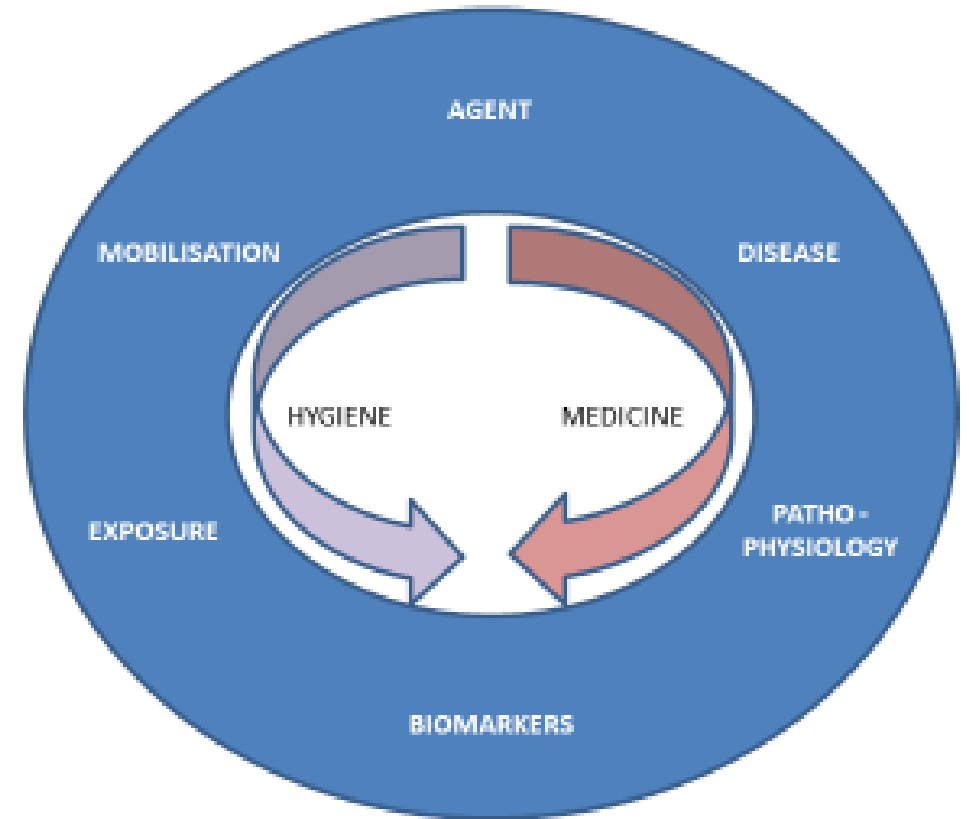


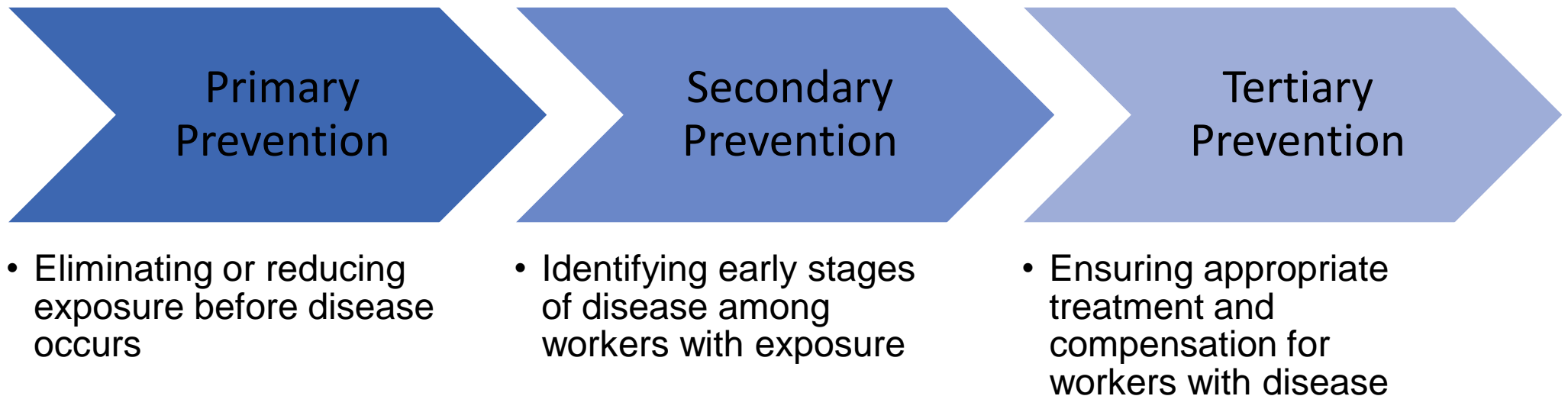
Image from: Dr. Anil Adisesh

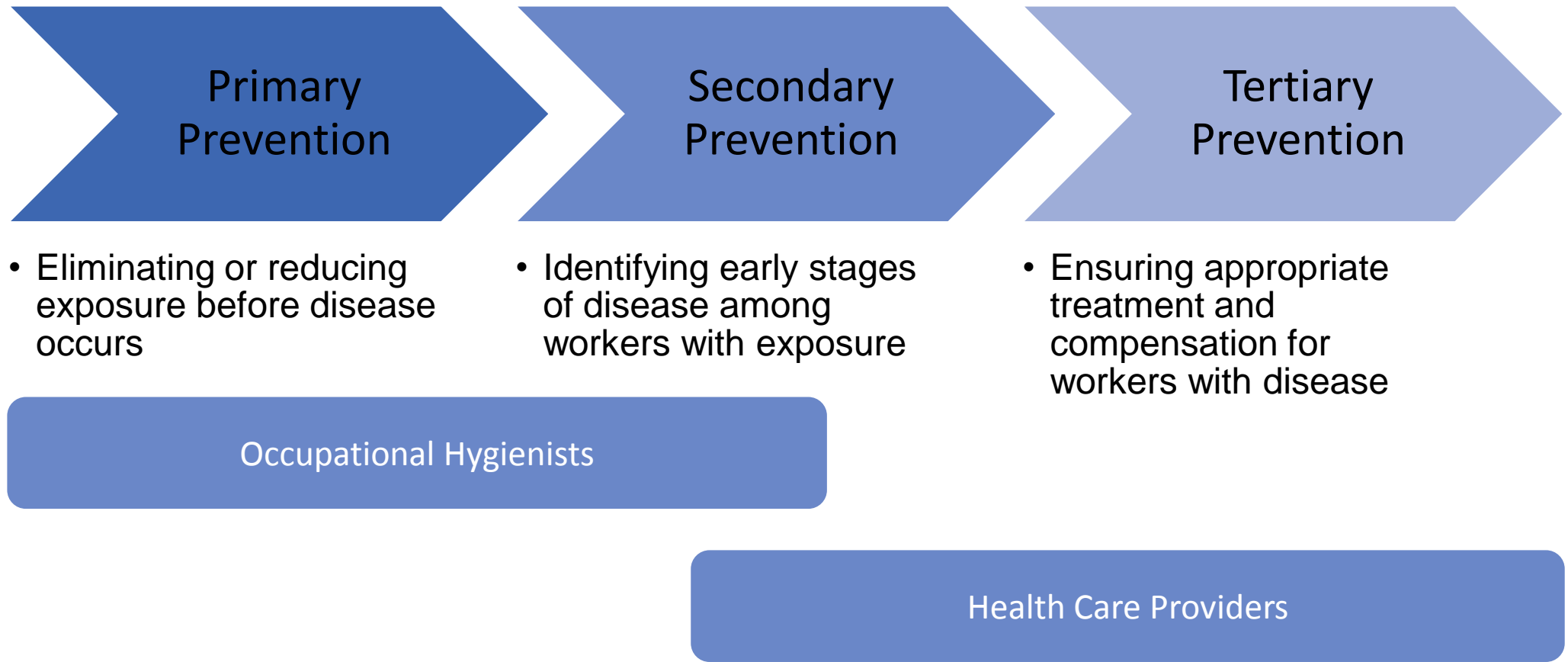
# Why Does Identifying Exposure Matter?

Support disease recognition (workers and clinicians)

Support prevention activities

- May impact compensation
- May impact return to work
- May help other exposed workers in similar jobs





# How are Exposures Regulated in Ontario?

- Federally regulated workers
  - Canada Labour Code
  - Adopts recommendations from the American Conference of Governmental Industrial Hygienists (ACGIH)
- Provincially regulated workers
  - Ontario Occupational Health and Safety Act
  - Use the American Conference of Governmental Industrial Hygiene (ACGIH) as a starting point
  - Periodic public consultation
  - Adoption of ACGIH limits is not automatic

## ***Examples of federally regulated sectors:***

- Air transportation
- Road, marine and rail transportation that crosses provincial or international borders
- Banks
- Grain elevators
- First Nations band councils
- Most federal Crown corporations
- Radio and television broadcasting
- Telecommunications
- Uranium mining/processing
- Atomic energy

# Occupational Exposure Limits (OELs)

One policy tool for preventing exposure

Theoretically, a level at which most workers can be exposed for a normal work week over an average working life without developing illness

But,

- Generally set with a particular outcome in mind, may not be protective for all health outcomes
- Can only be set when there is sufficient evidence (peer reviewed)
- Not regularly updated, may be outdated
- Not available for many (most?) exposures
- Consider exposures individually

# No Occupational Exposure Limit?

- Not uncommon
- Many more chemicals in use than there are OELs
  - ACGIH >700 OELs
  - >85,000 chemicals listed in US Toxic Substances Control Act
  - Canada's Chemical Management Plan identified 4300 chemical priorities
- General Duty Clause in Occupational Health and Safety Act still applies
  - *"Take every precaution reasonable in the circumstances for the protection of a worker"*
- Hygienists will look to scientific literature and look to other exposures
  - E.g., similar physical-chemical properties

# Hazard Categories, with examples

*Recall didactic from Week 2 April 29 (Diagnosis and management of work-related injuries and illnesses, V. Spilchuk)*

Chemical

• *Vapours, dusts, gases, fumes*

Biological

• *Influenza, COVID-19, mold and fungi, bacterial infections*

Physical

• *Noise, vibration, radiation*

Ergonomic

• *Awkward postures, repetitive motions, heavy lifting*

Psychological

• *Job demands, job control, interpersonal relations*

# Routes of Exposure

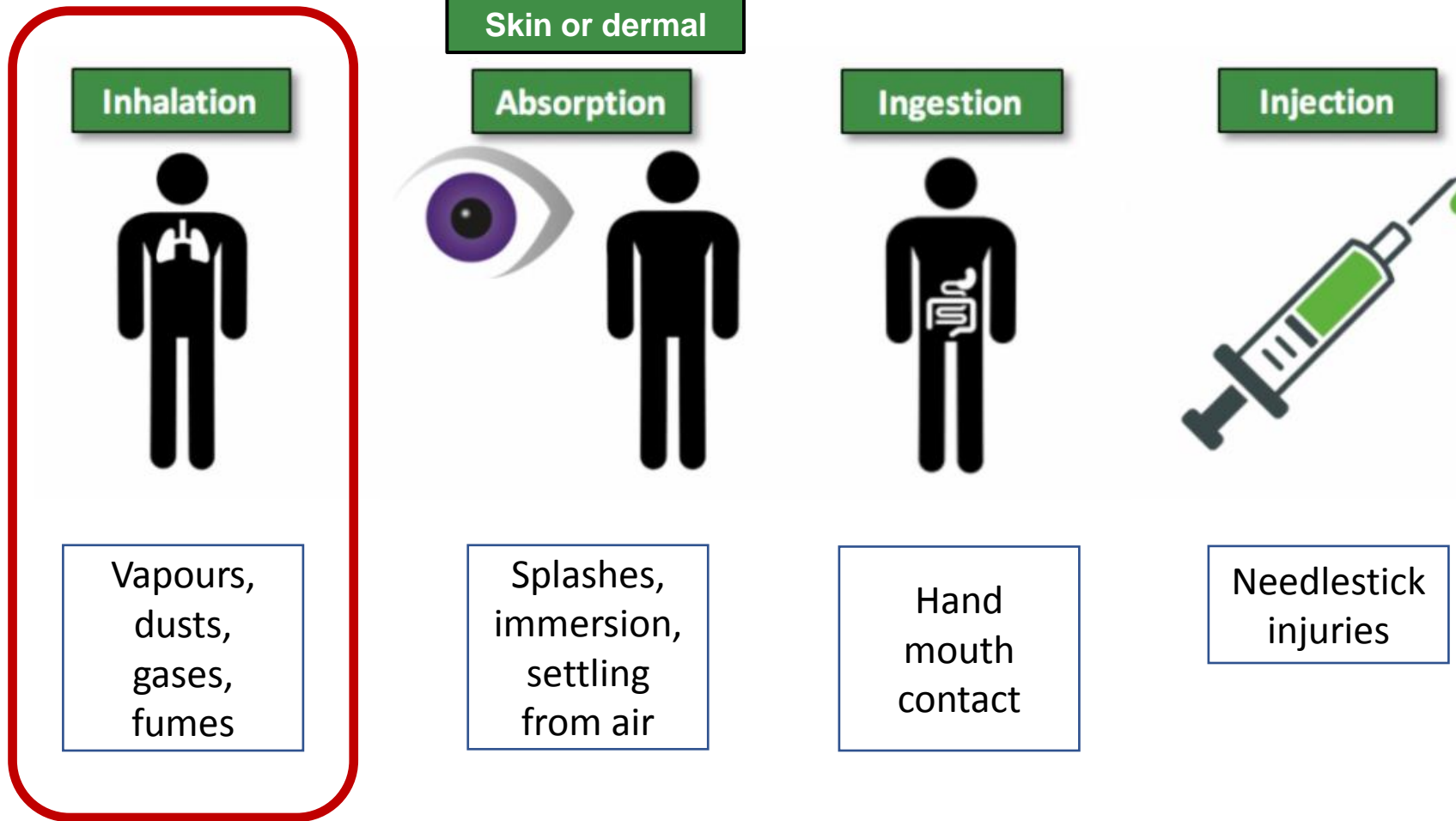


Image modified from: U of North Texas,  
<https://riskmanagement.unt.edu/hcs-ghs-module2>



# Common Occupational Diseases

Noise induced hearing loss
Irritant contact dermatitis (allergic also possible)
Mental health disorders
Asthma (new onset, exacerbations)
Chronic Obstructive Pulmonary Disease (COPD)
Musculoskeletal disorders
Cancer (e.g., skin, lung)

*Modified from: J Bepko and K Mansalis Am Fam Physician. 2016 Jun 15;93(12):1000-1006 and M Foulis (Oct 2020) Canadian Occupational Safety Magazine [online].*

# Common Occupational Diseases

Noise induced hearing loss	←	Noise (need to raise voice to be heard)
Irritant contact dermatitis (allergic also possible)	←	Wet work (includes excessive handwashing, occlusive gloves), chemicals
Mental health disorders	←	Job stress, interpersonal stress, demand-control imbalance
Asthma (new onset, exacerbations)	←	Isocyanates, flour, animals and other allergens or irritants
COPD	←	Vapours, dusts, gases, fumes
Musculoskeletal disorders	←	Repetitive movements, awkward postures, inadequate rest periods
Cancer (skin, lung)	←	Outdoor work (solar UV), asbestos, diesel engine exhaust, respirable silica

*Modified from: J Bepko and K Mansalis Am Fam Physician. 2016 Jun 15;93(12):1000-1006 and M Foulis (Oct 2020) Canadian Occupational Safety Magazine [online].*

# Collecting an Occupational History

- Critical step in recognizing occupational illnesses
- What's in an occupational history?
  - Job title
  - Job tasks
  - Industry/sectors of employment
    - Welder in small auto shop vs. welder in pulp and paper mill
    - Nurse in operating room vs nurse in public health unit
  - History and progression of employment (long latency diseases)
  - Hobbies, second jobs, volunteer work

## *Tools available:*

- *Occupational History Recording Tool (ECHO OEM)*
- *Tiered approach (Newman 1995)*
- *WHACS mnemonic (Blue et al. 2000)*

# Identifying Exposures

- Work with the worker
- Use common/generic terms initially
  - Vapours, dusts, gases, fumes, chemicals, radiation, loud noise
- Use product names, not chemical names
- Consider whether they can perceive the exposure
  - Noise
  - Dust – visible
  - Chemicals – odour thresholds vary



# Collecting Additional Exposure Information

- Information on workplace process
  - What is done/made/produced? (and from what?)
- Review Safety Data Sheets (SDS)
  - Available from workplace, manufacturer and/or supplier (sometimes online)
  - Exemptions? Personal use, proprietary information
- Consider if controls are in place (including Personal Protective Equipment (PPE))
  - But in place does not necessarily = effective
- Any Joint Health and Safety Committee involvement on the issue?
- Any co-workers with similar exposures or concerns?

# Where to get support?

- Workplace
  - Joint health and safety committee (or health and safety rep)
  - Company hygienist, consultants
- Workers: [Occupational Health Clinics for Ontario Workers](#)
- Employers: [Health and safety associations as part of the Ontario Health and Safety System](#)
- Consultant listing from professional organizations
  - [Ontario](#)
  - [Canada](#)

# Take-away messages

- Workplace exposures:
  - Can contribute to the development of many common diseases
  - Vary by industry and job
  - Regulations may not cover all exposures, or may not be up to date
- Taking an occupational history can help identify workplace exposures of concern
- Occupational hygienists can help you navigate questions of exposure

# Thank you

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Occupational &  
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# Additional Resources

More on taking an occupational history:

- [Occupational Medicine Clinical Snippet August 2016: Taking an Occupational History](#)

Information and worker supports in Ontario:

- [Occupational Health Clinics for Ontario Workers](#)

General OHS information:

- [International Labour Organization Encyclopedia of Occupational Health and Safety](#)
- [Canadian Centre for Occupational Safety and Health \(CCOHS\)](#)
- [US National Institute for Occupational Safety and Health \(NIOSH\)](#)
- [UK Health and Safety Executive \(HSE\)](#)

# WHACS Mnemonic

What do you do?

How do you do it?

Are you concerned about any exposures on or off the job?

Co-workers or others with similar symptoms?

Satisfied with your job?

# Tiered Approach

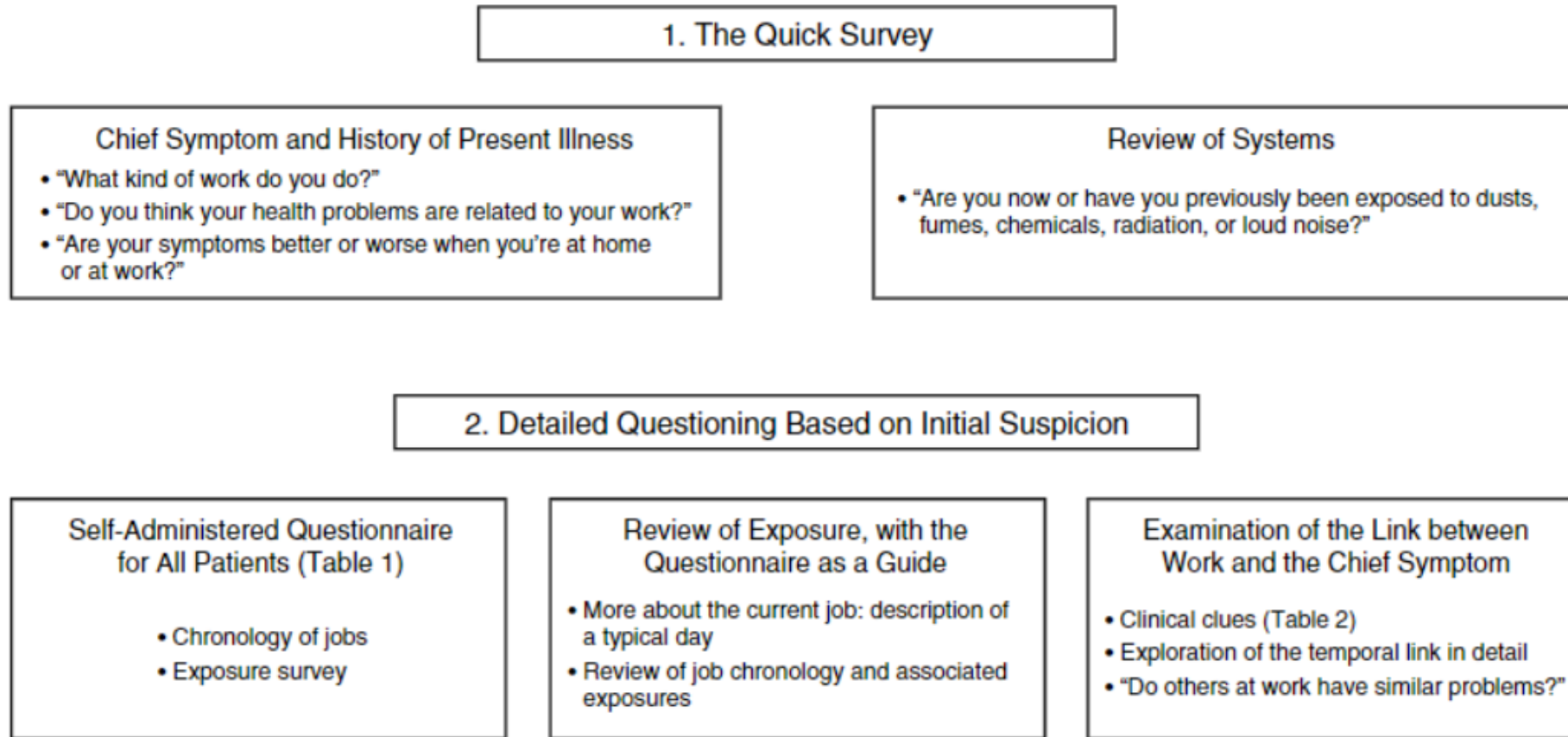


Figure 1. The Initial Clinical Approach to the Recognition of Illness Caused by Occupational Exposure.

Newman LS. Occupational illness. *N Engl J Med* 1995;333:1128-1134