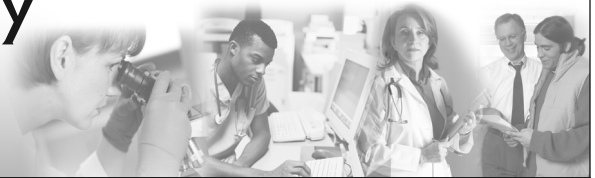


CAUT Health and Safety Fact Sheet



Occupational Disease Fact Sheet

ISSUE 28

Occupational disease is an unfortunate reality in academic workplaces. The father of occupational medicine, Dr. Bernadino Ramazzini, defined occupational disease as “The diseases to which workers are exposed by reason of their profession.”

Workplace health and safety researchers, trainers, Joint Health and Safety Committees (JHSC), and activists have all contributed to the quantity and quality of health and safety knowledge and prevention tools over the past few decades. Their work has significantly moved accepted health and safety accident norms from “slip, trip and fall” to capturing the widest possible reasons for illness and mortality arising out of the workplace.

While occupational disease has been known for thousands of years¹, employers, governments and compensation boards have vigorously resisted recognizing it and putting in place protections to avoid exposure and providing compensation for those who develop occupational disease. For decades, the modern compensation system confined the definition of workplace illness to workplace “accident”, thus restricting the reasons allowed for compensation, and refusing to acknowledge workplace exposures as precursor to diseases such as asthma, cancer and carpal tunnel syndrome. These types of diseases were consistently claimed to be personal “lifestyle” choices, including diet, smoking and lack of exercise.²

The introduction of the Workplace Hazardous Materials Information System (WHMIS)³ through federal legislation forced an acknowledgement that there were hazardous materials and processes in the workplace that workers could be exposed to and have the potential to develop an occupational disease.

It is the employer’s obligation to provide a safe workplace. Please work with your institution’s joint health and safety committee (JHSC), a body required by law in every jurisdiction in Canada, to ensure that you have received your WHMIS and needs-specific training for the hazard exposures or work processes you are currently doing, and whenever you change work processes or where you are working in the workplace. These changes can lead to potentially different exposures than what you may be exposed to now.

The risks are many and varied in academic workplaces so consultation with your JHSC is vital.

Exposure

Exposure occurs when workers work in or around hazardous substances or when using certain work processes that can cause injury or disease, or exacerbate pre-existing conditions.

Hazard control
reduces the
potential for
occupational
disease

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Published by the

**Canadian Association
of University Teachers**

2705 Queensview Drive

Ottawa, Ontario K2B 8K2

www.caut.ca

MARCH 2012

CAUT



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Latency periods can affect occupational disease diagnosis – keep an accurate work history.

Chemical and biological exposures can lead to occupational cancers and a range of other diseases, while unsafe ergonomic practices can lead to lower back pain, or repetitive strain injuries (RSI's) like carpal tunnel syndrome.

Exposure can occur on a daily or more infrequent basis. Even an acute “one-off” exposure to a highly hazardous substance can initiate an occupational illness.

CAREX Canada is an excellent new resource that identifies hazardous substances that are known, probable or possible to cause cancer. It can be found at www.carexcanada.ca.

Latency

The difficulty linking a workplace exposure and accurately diagnosing an occupational disease is that there is almost always some lengthy latency period. A latency period is defined

as the time between exposure and the appearance of the disease.

Some latency periods can be short, but most are at least 10 years or more before the disease develops enough to be screened by known testing. Workers often change jobs or job duties many times during their work life, making it more complex in determining when and where an exposure may have taken place.

Keep a work history which includes job processes and hazard exposures so that you have this data if an illness develops later in life. It is a useful tool for healthcare providers to narrow their search for probable cause and diagnosis accuracy, and will be extremely useful in any potential Workers' Compensation claims.

Diagnosis

Diagnosis of an occupational disease can be complex, as it often mimics illnesses like the flu or environmental

asthma (grass, dust). Dr. Sean Somerville from the Occupational Health Clinics for Ontario Workers (OHCOW)⁴ urges workers to see their physician as soon as possible after a known or suspected exposure to a hazardous substance. “Timely intervention is important for accurate diagnosis and treatment”, Dr. Somerville notes, and that “past medical history and medications may indicate illnesses that may be linked to previous workplace exposures, so it is very important to keep a detailed work history.” OHCOW has a DVD resource for physicians with regards to occupational disease.

For examples, lung cancer is usually linked to smoking, and while it is true that lung cancer can develop from smoking, it can also develop from exposure to many other hazards.

You should:

- Inform your healthcare providers about where you work, how long you have worked there, the type of work they do, and the work processes involved with it.
- Use a “Dear Dr.”⁵ letter to give pertinent exposure information to your healthcare provider. These letters identify the potential or known exposure to a hazardous substance, and the known or probably known date of exposure. Attach a Material Safety Data Sheet (MSDS) sheet if available, as it contains the name of the hazardous substance, the potential routes for exposure, diseases that may develop from exposure and First Aid requirements. These letters should be kept in the worker's medical file for referral by the

healthcare provider each time the worker presents with illness, or even when doing a regular health checkup.

Dr. Somerville alerts academic staff who has been in the military to be aware of hazards particular to military personnel when speaking with their healthcare provider.

Diseases

The International Labour Organization (ILO) developed the first list of occupational diseases in 1925, and the World Health Organization (WHO) introduced an identification and control of work-related diseases program.

Hazardous exposures fall in the following main categories:

- Chemical and Mineral (second-hand smoke, solvents, asbestos, etc.)
- Biological (germs, moulds, bacteria, etc.)
- Physical (noise, radiation, heat, cold, etc.)
- Psychosocial (stress, shiftwork, job insecurity, harassment, etc.)
- Work Design (poor ergonomics, overcrowding, etc.)

Exposure to these hazards can lead to occupational disease, like mesothelioma from asbestos, heart disease from stress, and a variety of respiratory illnesses from solvents and dusts from wood, grains and from grinding, sanding or cutting hazardous products.

Prevention and Reporting

Preventing exposure to hazardous substances or work processes reduces and can eliminate the potential for workplace occupational disease. Reporting by workers of known or suspected workplace hazards to the employer and the JHSC so that they can be investigated and resolved is the lynchpin to prevention. It is the role of the JHSC to identify workplace hazards and recommend remediation to the employer. Remediation should include:

- using the Precautionary Principle⁶ as a fundamental prevention principle
- eliminating exposure by eliminating the hazard
- substituting safer products or work processes
- reducing exposure through enhanced safety measures
- appropriate and timely training of the JHSC, supervisors and workers
- ensuring that all substances coming into the workplace are reviewed by the JHSC BEFORE

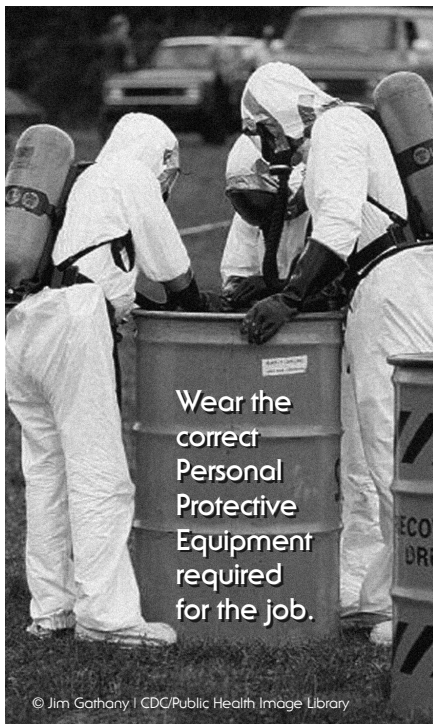
entering the workplace to see if safer substitutions are available

- ensuring that employers meet their obligations with regards to medical treatment under provincial and federal Workers Compensation of exposed workers
- ensuring that workers are provided with and wear any required or necessary Personal Protective Equipment (PPE)
- ensuring that workers who wear a respirator are retested for fit-testing on an annual basis, or if they gain or lose weight

Mapping⁷

Mapping the hazards in the workplace (hazard mapping) and mapping disease and trauma to workers' bodies (body mapping) are two indispensable elements available to workers for workers by workers that are free and simply to implement. Workers and their associations/unions can learn how to use mapping as a proactive preventative model to comprehensively identify workplace hazards and the link diseases and trauma experienced by workers to their workplace.





Hazard mapping can be linked to the JHSC's monthly inspection process, and give insight into exposure sites in a workplace or particular part of the workplace that can be linked to occupational disease or workplace accidents.

Mapping is an excellent tool for assisting workers and their association/union representatives with better workplace health and safety policies and pro-grams, and worker's compensation claims. CAUT offers a three hour mapping training module. Please contact Laura Lozanski at lozanski@caut.ca for more information.

Worker's Compensation and Return to Work

Compensating occupational disease in Canada follows no set standard. Workers Compensation differs from province to province, and so too, do

the workplace accidents and diseases each province allows as a compensable injury.

The key to a successful claim is comprehensive documentation, association/union staff specifically trained in worker's compensation and Return to Work (RTW), and timely reporting by the worker and the employer.

Employers are required to establish appropriate return to work programs so that sick or injured workers can return to meaningful and safe work processes. JHSC's should be part of these programs in a constructive and meaningful way.

Most provincial Federations of Labour and local Labour Councils offer training programs for worker representatives in understanding and implementing proper worker's compensation and return to work for the provincial regulations they are covered under.

Tools

Dear Dr. Letter http://www.caut.ca/uploads/Dear_Dr_letter.pdf

OHCOW DVD for Physicians www.ohcow.on.ca

Work History Form http://www.caut.ca/uploads/Work_History.pdf

Resources

Association for Workers Compensation Boards www.awcbc.org/common/assets/legislation/occupational_disease.pdf

CAREX Canada www.carexcanada.ca

Centre for Research Expertise in Occupational Disease <http://creod.on.ca>

Occupational Health Clinics for Ontario Workers www.ohcow.on.ca

Office of the Worker Advisor – Occupational Disease www.owa.gov.on.ca

Workers Health & Safety Centre www.whsc.on.ca

World Health Organization, Chapter 21: Selected Occupational Risk Factors www.who.int

World Health Organization, Preventing Disease Through Healthy Environments – Towards an Estimate of the Environmental Burden of Disease 2006 www.who.int

Notes

1 CREOD (Centre for Research Expertise in Occupational Disease) <http://creod.on.ca/wp-content/uploads/2010/12/Historical-Perspective-on-Occupational-Disease.pdf>
Historical Perspective on Occupational Disease (PDF slides)

2 For an interesting historical perspective on the challenges getting occupational disease recognized, see McCulloch J, Tweedale G, Science is not sufficient: Irving G. Selikoff and the asbestos tragedy, *New Solutions*, 2007; 17:293-310

3 Health Canada www.hc-sc.gc.ca/ewh-semt/pubs/occup-travail/ref_man/index-eng.php

4 OHCOW www.ohcow.on.ca

5 CAUT website http://www.caut.ca/uploads/Dear_Dr_letter.pdf

6 CAUT's Precautionary Principle Fact Sheet www.caut.ca

7 Where It Hurts, CUPE and A Picture is Worth a Thousand Words, OHCOW