



Occupational health

A workplace hazard like any other

Some of the most serious hazards faced by workers in the sectors served by IHSA aren't what you might think. Occupational health hazards are often overlooked because they're invisible and take years to develop. But the reality is that for many workers and their families, exposure to health hazards in the workplace have caused as much, if not more, devastation than high-hazard work activities such as working at heights, working around moving equipment, working with electricity, or driving vehicles.

Fatal occupational disease claims

The toll taken by occupational disease in Ontario is significant. In construction for instance, fatalities from exposure to health hazards are more than double the number of fatalities from traumatic events such as falls and motor vehicle incidents (Chart 1).

Chart 1: Total Fatalities in Construction Rate Groups (2004-2013)*



Most of the occupational disease deaths for IHSA member firms between 2004 and 2013 were caused by mesothelioma, lung cancer, asbestosis, and gastrointestinal cancer. All of these diseases are associated with asbestos exposure (Table 1).

* Source: Workplace Safety & Insurance Board

Although greater restrictions and controls have been put in place to reduce exposure to hazardous substances such as asbestos, much of the damage has already been done. While young workers will likely face less exposure to asbestos than the workers before them, there are concerns about emerging health risks associated with exposure to such things as nanomaterials found in many work materials, welding fumes, silica, and diesel exhaust.

And that's just the tip of the iceberg. Many experts agree that, for a variety of reasons, the true number of fatalities caused by occupational health hazards is much higher than is actually recorded in workplace compensation data.

Non-fatal occupational disease claims

There is also concern about the impact non-fatal occupational diseases will have on workplaces. Claims for noise-induced hearing loss (NIHL) have been climbing drastically over the last 10 years. In fact, NIHL accounts for almost 50% of non-fatal occupational disease claims made by IHSA member firms. Chart 2 shows the 10-year trend for NIHL claims.

Regardless of the numbers, the impact that occupational disease has on workers, their families, and the workplace itself is tremendous. For many diseases, there is prolonged pain and suffering. Family members are often left to care for their loved one and watch them battle through their illness.



Table 1: Total Fatalities from Occupational Diseases by Industry (2004-2013)*

Electrical and Utilities

Diagnosis	Fatalities
Mesothelioma	14
Lung Cancer	6
Other	4
Total	24

Note: Rate Groups 830, 833, 835, and 838

Transportation

Diagnosis	Fatalities
Mesothelioma	16
Lung Cancer	6
Acute Myocardial Infarction	5
Other	8
Total	35

Note: Rate Groups 551, 553, 560, 570, 577, 580, 584, 681, and 689

Construction

Diagnosis	Fatalities
Mesothelioma	248
Lung Cancer	151
Asbestosis	29
Gastrointestinal Cancer	23
Chronic Obstructive Pulmonary Disorder	11
Other Circulatory System Diseases	7
Pulmonary Fibrosis	6
Other	27
Total	502

Note: Rate Groups 134, 497, 704, 707, 711, 719, 723, 728, 732, 737, 741, 748, 751, and 764



Chart 2: Noise-Induced Hearing Loss Claims by Industry (2004-2013)*



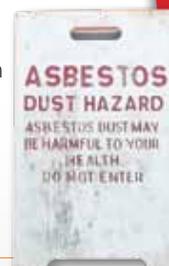
Financially, the costs associated with occupational diseases are also higher. It is estimated that the average cost per occupational disease claim is four times higher than the average fatality claim from a traumatic event. This cost is eventually borne by industry.

This issue of *IHSA.ca Magazine* examines some common occupational health hazards and ways that workplaces can prevent exposures. You'll find articles on asbestos, diesel exhaust, welding fumes, carbon monoxide, and noise. As well, we have information on the new WHMIS 2015 requirements,

a personal story of a family dealing with mesothelioma, and tips for healthy lifestyle choices. There are also interviews with Marc Cousineau, the Provincial Hygienist for the Ministry of Labour (MOL), and Paul Demers, Director of the Occupational Cancer Research Centre.

For more detailed information on occupational health and control methods, visit

ihsa.ca/occupational_health



Did You Know?

Effective July 1, 2016, Regulation 833: Control of Exposure to Biological or Chemical Agents will apply to Ontario construction projects. This regulation specifies:

- Occupational Exposure Limits (OELs) for more than 700 chemicals
- Requirements for employers to implement controls to protect workers
- Limitations on the use of PPE.

For more information, visit the MOL website: www.labour.on.ca