

Occupational Exposure Limit (OEL) Updates

Effective July 1, 2020, Regulation 833 was amended by O. Reg. 449/19 to reflect the adoption of new or revised occupational exposure limits (OELs) or listings for 36 chemical substances based on recommendations by the American Conference of Governmental Industrial Hygienists (ACGIH). An overview of these changes is given below:

- addition of listings for 7 substances in regulation: boron trichloride, calcium silicate (naturally occurring as wollastonite), hard metals (containing cobalt and tungsten carbide), simazine, acetamide, cadusafos, and folpet
- revisions to exposure limits or listings for 19 substances currently regulated: boron tribromide, boron trifluoride, n-butyl acetate, sec-butyl acetate, tert-butyl acetate, isobutyl acetate, cyanogen, propoxur, triorthocresyl phosphate, warfarin, captafol, β -chloroprene, ethylene glycol, furfural, furfuryl alcohol, hexylene glycol, phthalic anhydride, stearates, and tungsten
- removal of listing and OEL for 1 substance: calcium silicate (synthetic nonfibrous)
- addition or removal of notations for 9 substances: acetylene, butane (all isomers), 2,4-D, ethane, hydrogen, liquefied petroleum gas, methyl acetylene, methyl acetylene-propadiene mixture, and propane

Report on Work-Related Cancer

In January of 2019 the Ministry of Labour, Training and Skills Development (MLTSD – Ont.) requested an independent review into the way workers were compensated following a diagnosis of possibly work-related cancer. There were three questions that focused the scope of this review:

- How can scientific evidence best be used in determining work-relatedness in an occupational cancer claim, particularly in cases with multiple exposures?
- Are there any best practices in other jurisdictions that Ontario should consider adopting?
- What scientific principles should inform the development of occupational disease policy?

This sounds like a review that only a few of us policy workers could possibly be interested in, but once you understand the background, nothing could be further from the truth. Dr. Paul Demers, Director, Occupational Cancer Research Centre, in Toronto, was selected to write the report, and he drew from a wide range of experts in relevant practices, in Ontario,



Test Yourself

First Correct answer wins a prize – answer to be published on the web site.

In response to COVID-19, the Ministry of Labour, Training and Skills Development planned to adjust the current 2020-21 health and safety compliance initiative schedule. Have they done so?

Send your answer by email to: newsletter@safetyscope.net

This Months Tip: Communicate

The safest work environments occur when employees, at all levels of the organization, work together to communicate and adhere to the safety standards set in place.

A supervisor should say “I want to know about problems so we can deal with them before somebody gets hurt in the workplace”

A supervisor that’s able to back up that strong statement with actions will have the desired effect. They will get people speaking up about concerns, and that’s a good thing in the workplace.”

Think about it.

Safetyscope Upcoming courses

Working at Heights	Aug 7, 21
W@H refresher	Aug 14, 28
Confined Space Awareness	Aug 10-11
Confined Space Rescue	TBA
First Aid	TBA
Competent Supervisor	TBA

Contact Us with your training needs training@safetyscope.net

Report on Work-Related Cancer cont...

across Canada and internationally. The report was received in July 2020. Work-related illnesses are eligible for coverage by the WSIB in Ontario, and have been since its inception in 1915. A century ago the concept of a work-related injury was reasonably well understood, even if efforts to minimize such injuries were minimal for the next few decades. The inclusion of work-related illnesses, however, was only approved after a long debate (how would we know that the worker got this at work), and the initial coverage was limited to six – anthrax, lead, mercury, phosphorus, arsenic and ankylostomiasis. Now, Schedule 3 pursuant to the Workplace Safety and Insurance Act lists 30 occupational diseases, and Schedule 4 lists an additional four.

Throughout the decades of the twentieth century there were always far more approved compensation claims for traumatic injuries than for occupational diseases, until about the year 2000. In that year they were about even, and for every year since then there have been more occupational disease claims. As Dr. Demers notes in this report, claims compensating workers for deaths from occupational cancer passed the number all traumatic deaths in 2005, and are now twice the number of traumatic deaths.

Work-related cancer includes non-melanoma skin cancer, asbestos related lung cancer and mesothelioma, lung and bladder cancer arising from diesel exhaust, lung cancer arising from crystalline silica, lung cancers from welding fumes, nickel, chromium, and radon, and the list goes on. Over one and a half million workers in Ontario are currently exposed to carcinogens in their workplace, leading to about 3,000 cancers each year. And yet, only 400 claims are submitted each year, and 170 are accepted. These numbers are well below comparable numbers for many other jurisdictions.

Ontario's surprisingly low numbers of occupational cancer claims could be due to a number of things. It could be that primary care workers under-recognize and under-report occupational cancers. Or, it could be that while epidemiology can make good predictions involving large numbers of patients, individual attribution linking cancer to a specific workplace exposure is more difficult. Or, prior to about 1990, there were very few occupational exposure records for worker exposure to carcinogens. Or, the emergence of "clusters" of cases in specific workplaces is now rare, with people living longer and cancer of all kinds becoming more common. Or, most likely, all of those reasons, together, result in a lower number of occupational cancer claims than seems reasonable for Ontario. There are a number of initiatives, provincially, nationally and internationally, aimed at addressing deficiencies in our exposure data, which are described in the report. The current COVID-19 pandemic will certainly require us to sharpen our skills in making connections between the job and illness.

The report concludes with a number of recommendations. Some are obvious while others are intriguing, such as the one urging consideration not only of the worker's work related exposures, but also non-occupational factors. The recommendations are worth a look, because some of them should, and will, become WSIB policy governing compensation.

The previous article is on new OELs in Ontario. The connection? Occupational cancer is increasing. Lowering exposure by lowering OELs is part of the plan to make workplaces safer. The sad thing, of course, is that for many workers, it is already too late. Past exposures will develop, once the latency periods are past, into current cancers. So, two things to do, [Click on the link](#) and have a look at the report – if nothing else you will be informed with the debate that is taking place about how to compensate workers for occupational cancer claims. Secondly, have a look at your own health and safety program. Is it still focused on traumatic injury prevention? Look at your workplace with a view to identifying future occupational disease claims. That is where the future lies, both in terms of costs and opportunities.

“Safety is the first thing to do before you do anything else.”

This phrase was used in an article by Spencer Beach in an [issue of COS](#) when describing what the messaging employers need to start using rather than “Safety First”. Spencer received burns to over 90% of his body and was in an induced coma for 6 weeks before his long road to recovery.

Part of his recovery was to not just focus on what his employer should have done ,he focused on that he should have done to protect himself. These are the errors that he made:

- Not being aware
- Complacency
- Don’t take our time, we are rushing
- We don’t use our PPE, it’s not going to happen to me
- I’m tough, I don’t need it
- Fail to use knowledge and we show other people by our own action that safety is not important.

It doesn’t matter what hazards are present in the workplace, controls put in place by employers will not work until workers start to recognize that they are an integral party in ensuring the safety of all workers.

Our newest workplace hazard is COVID-19 and workers have responsibilities to:

- inform yourself by consulting information provided by health authorities and by your employer
- follow your management's directions regarding reporting to work and workplace health procedures.
- use the safety equipment provided to you
- comply with all instructions from the employer concerning the health and safety of employees
- cooperate with any person carrying out a duty set out in the Code

If you have symptoms of COVID-19 (fever, cough, and difficulty breathing), you should inform your manager, go

home if in the office, and follow the advice of local public health authorities. To avoid spreading the virus to colleagues and clients, if you have symptoms of COVID-19 (fever, cough, and difficulty breathing), you have a duty to isolate as per direction by public health officials and to stay at home as long as you present symptoms or as long as directed by your local public health authority.

Employees must also report to the employer any circumstance in a workplace that is likely to be hazardous to the health or safety of employees or others in the workplace. This includes reporting their own potential exposure to COVID-19 that caused or is likely to cause illness to the employee or to any other person.



Find PPE Suppliers

Review a list of companies that sell personal protective equipment (PPE) and other supplies to keep your employees and customers safe from COVID-19. Supplies are in high demand and the needs of frontline health care workers and first responders will continue to be prioritized.

To access the Workplace PPE Supplier Directory you must agree to the Terms of Use.

[Access the directory](#)

If you are a supplier and wish to be apply to be added to Workplace PPE Supplier Director [click on the link](#).



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Safetyscope's Public Training Sessions

With our COVID-19 procedures in place, Safetyscope is now holding regular public training sessions in Working at Heights, Working at Heights Refresher and Confined Space Awareness.

If your organization requires any additional courses, please with your training needs at training@safetyscope.net.

Safetyscope Continuing to Maintaining Registration as an OWWCO Training Provider

These courses meet the criteria in subsection 29(4) of O.Reg. 128, Certification of Drinking Water System Operators and Water Quality Analysts. On Completion of training all participants will receive a certificate of completion with corresponding CEU Value.

1. Working at Heights	.7 CEU
2. WHMIS 2015	.4 CEU
3. TDG	.4 CEU
4. Working in Confined Spaces Rescue Level	2.8 CEU
5. Confined Spaces Attendant Non Entry	1.3 CEU
6. Confined Spaces Advanced Awareness	.7 CEU
7. Confined Spaces Attendant Refresher	.7 CEU
8. Confined Spaces Rescue Refresher	.7 CEU
9. Standard First Aid	1.4 CEU
10. Self Contained Breathing Apparatus	.4 CEU
11. Spill Response	.7 CEU
12. Trenching Hazards	.4 CEU



Safetyscope is a TSSA Approved Training Provider

Safetyscope is an approved provider for Corrections Canada