

# Understanding and addressing occupational disease risks in key industries

An in-depth look at disease surveillance and prevention

October 2, 2024

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## Welcome!

- Thank you for joining us! The webinar starts at **10:30 am ET**.
- Please use **Q&A** at the bottom of your screen for speaker questions and we will answer them at the end of the webinar.
- Please use **chatbox** for commentary or technical questions.
- A link to the webinar recording, a copy of the presentation slides, and reference material will be emailed to all registrants within a few days.



## Webinar hosts

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Occupational Cancer Research Centre (OCRC), Ontario Health

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# Understanding and Addressing Occupational Disease Risks in Key Industries

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Occupational Cancer Research Centre



#### Occupational disease risks in key industries: Protecting workers' health

- There were 40,185 allowed occupational disease claims in 2022, according to the Ontario Workplace Safety and Insurance Board (WSIB). Occupational illness claims totaled \$82.5 million in 2022 according to the WSIB.
- Workers' compensation claims data may not show the complete picture. Many occupational diseases go unrecognized because they have multiple causes and/or take years to develop.
- We developed the Occupational Disease Surveillance System to get a more complete picture in Ontario.

# **Occupational Disease Surveillance System**

#### 2.4 Million Ontario Workers (from WSIB records)

300+ Industries &500+ Occupations

#### **INFORMATION SOURCES**



Cancer Records Ontario Cancer Registry

**Hospital Records** 

Discharge Abstract Database





**Emergency Department Visits** National Ambulatory Care Reporting System

#### Doctor Visits Ontario Health Insurance Plan





#### Lab Test Results

Ontario Laboratories Information System

#### Key Occupational Diseases in Mining to Target for Prevention Purposes



Lung Cancer



Carpal Tunnel Syndrome



Chronic Obstructive Pulmonary Disease (COPD)



Raynaud's Syndrome



Silicosis and Idiopathic Pulmonary Fibrosis (IPF)



Acute Myocardial Infarction



Noise-induced hearing loss (top disease based on approved WSIB claims, but not included in ODSS data)



#### Key Occupational Diseases in Pulp and Paper to Target for Prevention Purposes



**Asbestosis** Mostly in pulp and paper mills

Fibrosis (IPF)

mills

**Idiopathic Pulmonary** 

Mostly in pulp and paper



Carpal Tunnel Syndrome



Raynaud's Syndrome



Chronic Obstructive Pulmonary Disease (COPD)



Acute Myocardial Infarction



Noise-induced hearing loss (top disease based on approved WSIB claims, but not included in ODSS data)



#### Key Occupational Diseases in Forest Industry to Target for Prevention



Lung Cancer



Carpal Tunnel Syndrome



Chronic Obstructive Pulmonary Disease (COPD)



Acute Myocardial Infarction



Raynaud's Syndrome



Noise-induced hearing loss (top disease based on approved WSIB claims, but not included in ODSS data)



### Lung Cancer in Mining and Wood Industries

- Lung cancer is the most common fatal cancer. Approximately 15% of all lung cancers in Canada are due to workplace exposures. These include:
  - Diesel engine exhaust from heavy equipment used in mines and forestry
  - Respirable crystalline silica is common at mines and quarries
  - Nickel from mining and processing
  - Radon was high in uranium mines and may still occur in other mines
  - Ontario's asbestos mines closed long ago, and it's banned now, but it may still be found in some mines and in pulp and paper mills

## Key Occupational Diseases in Mining to Target for Prevention Purposes

	HR (95% CI)
Lung Cancer	1.40 (1.31-1.51)
Chronic Obstructive Pulmonary Disease (COPD)	1.24 (1.13-1.35)
Silicosis	10.6 (6.98-16.1)
Idiopathic Pulmonary Fibrosis	1.84 (1.34-2.51)
Acute Myocardial Infarction (AMI)	1.15 (1.04-1.27)
Carpal Tunnel Syndrome (CTS)	1.59 (1.42-1.78)
Raynaud's Syndrome	1.18 (1.07-1.30)

HR = Hazard Ratio, CI = Confidence Interval

#### **Risk of Lung Cancer by Mining and Forestry Sector**



#### **Other Cancer Risks**

- Less is known about the causes of **larynx cancer**, but it is also increased in quarries and sand pits, logging, and sawmills and possibly elevated in gold and nickel mines.
- The risk of **mesothelioma** is very high among former asbestos miners.
- Nasal cancer is very rare, but there is an increased risk in nickel mines, based on very small numbers.

### **Chronic Obstructive Pulmonary Disease (COPD)**

- COPD is the most common chronic respiratory disease in Canada and one of the leading causes of death.
- The American Thoracic Society (ATS) and European Respiratory Society (ERS) estimate that 14% of all COPD cases (31% for never smokers) are caused by workplace exposures to dusts, fibres, and fumes. Specific exposures include:
  - Mineral dusts, including silica and asbestos
  - Organic dusts, including wood and agricultural
  - Chemicals, including formaldehyde
  - Diesel engine exhaust

## **Risk of COPD by Major Mining Sectors**



#### **Risk of COPD by Forestry and Pulp and Paper Sectors**



#### Silicosis, Asbestosis, & Idiopathic Pulmonary Fibrosis (IPF)

- Silicosis is scarring of the lungs caused by respirable crystalline silica, while asbestosis is caused by asbestos.
- Idiopathic pulmonary fibrosis (IPF) is a similar disease where the cause is not known. However, ATS and ERS estimate that 26% of all IPF cases are caused by workplace exposures. Specific exposures include:
  - Metal dust and mineral dusts, including crystalline silica
  - Organic dusts, including wood and mould
  - More broadly vapours, gases, dusts and fumes (similar to COPD)

## **Risk of Silicosis by Major Mining Sector**



#### **Risk of Idiopathic Pulmonary Fibrosis by Sector**



### **Risk of Acute Myocardial Infarction (AMI) by Sector**

- Acute myocardial infarction, or **heart attacks**, have been associated with high exposures to:
  - Noise
  - Diesel engine exhausts
  - Fine dust and particles

#### **Risk of Acute Myocardial Infarction by Mining Sector**



#### **Risk of Acute Myocardial Infarction by Forestry Sector**



### **Carpal Tunnel Syndrome and Raynaud's Syndrome**

- Carpal tunnel syndrome is caused by compression of the median nerve at the wrist, which can cause numbness, tingling, and pain.
  - It can be caused by <u>repetitive</u>, <u>awkward</u>, and <u>forceful hand movements</u>, <u>vibration</u> from hand-held tools, or <u>mechanical stress</u> on the palm.
  - Note: in the ODSS we only capture severe cases.
- Raynaud's syndrome, some time called Raynaud's phenomenon or disease, or white finger is due to poor blood circulation in the fingers.
  - It can be caused by exposure to <u>hand-arm vibration</u>, such as from hand-held power tools or pneumatic rock drills. It can also be caused or exacerbated by <u>cold.</u>
  - Approximately 80% of all compensate Raynaud's cases are in mining.

#### **Risk of Raynaud's Syndrome & CTS by Major Occupation**



#### Respiratory Disease in the Mining Master File Compared to Ontario Provincial Rates

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Northern Ontario Business Staff

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Lung Carcinogens	SIR (95% CI)
Lung cancer	1.5 (1.5-1.6)
Chronic Obstructive Pulmonary Disease	2.7 (2.6-2.7)
Silicosis	15.8 (13.2-18.6)
Idiopathic Pulmonary Fibrosis	2.7 (2.5-2.9)

SIR = Standardized Incidence Ratio, CI = Confidence Interval



The hierarchy of controls should be followed from top to bottom.

#### CONTROLLING DIESEL PARTICULATE MATTER IN UNDERGROUND MINES

![](_page_26_Figure_1.jpeg)

#### **Examples of Control Measures**

- Elimination and substitution can be challenging but are possible, such as replacing diesel equipment and vibrating tools.
- Engineering controls are often possible, such as increasing ventilation (general and at the point of operation) and redesign of workstations to reduce ergonomic hazards.
- Administrative controls have some limitations, but can also be effective, such as rules regarding cleanup up of dust, vehicle idling rules, and training.
- Personal protective equipment should be the last resort.

## Conclusions

- The risks presented here are from surveillance and have some important limitations, but give us the ability to look beyond workers compensation statistics.
- Levels of many hazards have decreased over time, but an increased risk of occupational disease remains.
- These diseases are preventable and decreasing a single exposure can sometimes reduce risk of multiple diseases, for example:
  - Silica lung cancer, silicosis, IPF, and COPD
  - Diesel engine exhaust lung cancer, AMI, and COPD
  - Noise hearing loss and AMI
  - Vibration Raynaud's syndrome and carpal tunnel syndrome

![](_page_29_Picture_0.jpeg)

#### Newsroom

#### **NEWS RELEASE**

# Ontario Strengthening Occupational Illness Protections

Occupational Exposure Registry, Leadership Table and new report will deliver improved protections for workers

October 10, 2023 Labour, Immigration, Training and Skills Development

#### **OCRC's Exposure Data System (EDS)**

- Are exposure levels to hazards in mining, forestry, and pulp and paper low enough to prevent occupational diseases?
- Are exposure levels dropping?
- Are some groups still at high risk?
  - > How do we know?
- OCRC has long advocated for the digitization of exposure measurement data to support prevention and policy development.
- OCRC has been working with the MLITSD to initiate the development of an *Exposure Data System*, beginning with data held by the Ministry.

![](_page_31_Figure_0.jpeg)

#### Resources

Free resources on occupational disease prevention

Industrial Hygiene Assessments

Occupational disease risks in key industries: Protecting workers' health

Poster: Top occupational disease risks in forestry sector

Poster: Top occupational disease risks in mining industry

Poster: Top occupational disease risks in pulp and paper sector

Silica Control Tool - OHCOW

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#### Thank you for helping make workplaces safer

#### **Questions?**

For additional information, please contact:

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![](_page_33_Picture_8.jpeg)