President’s Message

I am pleased to welcome our newest directors Charles Pilger and Jason Hoffman to the 2005 OHAO Board of Directors. I also hail outgoing directors Elizabeth Walpac and Rose Sowa, who have chosen to enlist once more on the board as president – elect and director, respectively, and bring their collective experience and knowledge of OHAO to the 2005 Board of Directors.

I would like to thank Past President Catherine Tracy and Director Alan Rouse, who are leaving the 2005 board, for all the fine work that they have done and for providing their support and time to our association.

As incoming president, I look forward to meeting and speaking to all of you in the coming months. I welcome hearing your opinions on how we can best improve our association and what services we should be offering to you. I know that our Public Affairs and Education Committee and Programs Committee are preparing to provide you with excellent professional development opportunities and a chance to network with your peers. Your input is needed to tell us what interests you and what content you believe we should provide to our membership. Your support and participation is required to ensure that we remain vibrant and fresh. Please consider volunteering your time to serve on a committee or to present a topic of interest at one of our upcoming symposia. We need you!

I will be exploring opportunities in the new year to reach out to other geographic regions in Ontario to ensure that we are not just a GTA association. I will be looking for chances to partner with other local groups to provide professional development opportunities and networking for areas such as Sarnia, Ottawa and northern Ontario. I continue to support OHAO’s efforts to partner with other provincial associations to establish a national voice for occupational hygiene in Canada and to provide opportunities to raise the profile of occupational hygiene and OHAO in Ontario.

Please email me with your ideas and prospects for our association.

Richard Quenneville, ROH, CIH
President – OHAO
office@ohao.org
OH FORUM 2

OH FORUM

OH 2005 BOARD OF DIRECTORS

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Occupational Hygiene: Lorraine Shaw, CIH, ROH
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Membership: Don Shaw, CIH, ROH
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The Occupational Hygiene Association of Ontario is an Ontario-based organization whose members are dedicated to the practice of occupational hygiene. Occupational hygiene is concerned with the protection of people’s health from hazards arising in or from the workplace.

To develop and promote the profession of occupational hygiene, and to serve the interests of our members by:

• sponsoring professional development, training and research;
• promoting public and legal recognition;
• developing partnerships with stakeholders;
• providing public education;
• fostering communication and networking through publications and meetings.

OH Forum is published quarterly by the Occupational Hygiene Association of Ontario, and distributed free of charge to all members.

Deadlines for articles and advertising are as follows:

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<tr>
<td>February</td>
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Enquiries or suggestions should be directed to:

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c/o OHAO
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Mississauga, Ontario L5N 1A6
Tel: (905) 567-7196
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http://www.ohao.org

Circulation: 300 Vol 28, No. 1
Letter from the Editor

My first words as the new editor are to thank Margaret Fung for the great work that she has done with the OH Forum over the last four years. Margaret’s editorial skills have helped to make this newsletter informative and enjoyable to read. She will be a tough act to follow, but I will make every effort to meet the same high standard.

I look forward to working with the newsletter committee members, Nikki Wright and Peter Fletcher to create future issues of the OH Forum.

In the last issue, Margaret had mentioned the possibility of taking the newsletter in a new direction. I don’t plan to make any immediate changes, but I am very interested in all suggestions from OHAO members. Are you satisfied with the existing format? Would you like to include new topics in the newsletter? Do you have an idea for a new column?

Please let me know your thoughts for the newsletter by contacting me through email (fdalziel@sympatico.ca) or calling 416-466-9465.

Regards,
Fiona Dalziel, CIH

Calendar of Events

Comprehensive Industrial Hygiene Review, School of Occupational & Environmental Hygiene, University of British Columbia, Vancouver, BC, June 13-17, 2005. Contact Lydia Ma, 604-822-9599, lydia.ma@ubc.ca, www.soeh.ubc.ca

OHAO Fall Symposium, October 20, 2005, Black Creek Pioneer Village, Toronto (Program to be announced soon)
Prevention Strategies Emerge From Occupational Disease Forum

Lynda Brown, CCOHS

In early March 2005, the Canadian Centre for Occupational Health and Safety (CCOHS) hosted the first ever, pan-Canadian, tripartite forum on occupational disease in Toronto. The goal - to raise awareness of the issues of occupational disease and generate recommendations that could help improve the recognition and prevention of these illnesses and diseases in our country.

Experts from across Canada and around the world, as well as more than 350 representatives from Canadian employers, labour and government, gathered to discuss and share ideas, and recommend strategies to prevent occupational disease and control exposures to hazardous agents.

The active participation of the delegates and facilitators generated meaningful dialogue and ultimately produced practical results. More than 115 recommendations were developed. CCOHS consolidated the recommendations into a web survey that invited all Canadians to participate by voting for the recognition and prevention strategies they believe to be most important. Canadians had until April 29, 2005 to cast their votes.

The final results from the survey will be posted on the website in May 2005. In addition, the CCOHS Forum website has become yet another valuable resource, dealing specifically with occupational disease. The site features a rich webliography of Internet references and abstracts from the poster sessions, and will soon have the presentations, workplace studies and film clips shown during the Forum for all to reference.

CCOHS President and CEO S. Len Hong remarked, “This is the start of a continuing national initiative on occupational disease – one that will eventually help lead to a focused and concerted effort to end work-related illnesses in Canada.”

Visit http://forum05.ccohs.ca to add your voice to the survey.
Impulse Noise And Occupational Hygiene

Introduction
One frequently asked question is: how do you assess impulse noise? What do the regulations, standards, and by-laws say about it? Immediately, another question arises: how do you define impulse noise? Is it the same as impact noise?

These questions are repeatedly asked because there are no straight answers to them and, on many occasions, they are treated differently, depending on the circumstances.

I will attempt to shed some clarity on the entire issue.

Definitions
To start with, let’s make the distinction between “impulse” and “impact” sounds. Both impulse and impact sounds are of very short duration. The rule of thumb is that the repeated sounds should be separated by a pause of at least 0.5 s. The classic example is a hammer blow or the sound from a gun. This definition would not apply to a pavement breaker, since the impulses are separated by an interval much shorter than the 0.5 s.

What is the difference between impulse and impact noise? The primary difference is in how the noise is generated. Impulse noise applies to every noise that meets the above definition. Impact noise is an impulse noise that is generated by impacting bodies.

For example, the blow from a hammer is both an impulse and an impact sound. On the other hand, the noise from a gun is an impulse sound, but it is not an impact sound.

Assessment of risk
The three characteristics needed to define a non-impulsive noise are: the noise level, the frequency content, and the duration. Fortunately, the use of the equivalent noise level concept (Leq) or the normalized Leq (LEx) in dBA eliminates the need for detailed measurements and calculations. Therefore, all current legislation and standards require measurements to be performed in Leq to assess the risk of hearing loss.

Unfortunately, this is not the case with impulse noise. The characteristics that define this type of noise include: the noise level, the frequency content, the duration, the peak level, the A and B durations, and the repetition rate. The details of these characteristics are beyond the scope of this article. Also, their measurement requires sophisticated instruments that are often not available to the typical Industrial Hygienist. On the other hand, as discussed below, the instruments are only needed in special circumstances.

Before discussing the assessment, I must mention the influence of the reverberation time of the environment where the impulses are generated. If this time is long enough (which is the case in many industrial establishments), the impulsive characteristic of the noise disappears. The multiple reflections of the sound can be treated as continuous - interrupted. By the same token, if the plant has several impulsive sources working at the same time (e.g. a plant with several punch presses), then the resulting noise is continuous and of varying sound level. Therefore, with the exception of impulse noise sources working in an open area, the noise in most industrial situations tends to be more continuous rather than impulse.

Existing Legislation
In Ontario, the Occupational Health and Safety Act specifies that no worker should be exposed to sound levels higher than 115 dBA. There is no mention of whether this should be measured as “Slow”, “Fast” or “Peak”.

The federal legislation, Canada Gazette Part II, Vol. 125, No. 16, also specifies maximum levels as a function of the duration. It specifies a maximum of 120 dBA for a duration of 0.004 hours (or 14.4 seconds) for a 24 hour period, again without indicating how it should be measured.

Obviously, both the provincial and the federal laws apply to continuous noise only. Most Canadian provincial jurisdictions that legislate impulse noise establish 140 dBA Peak as the maximum level that should not be exceeded.

The ACGIH TLVs also set the maximum impulse noise at 140 dBA for a non-protected ear. To assess the risk; however, the TLV indirectly states that the LEx should be used.

What should we do?
In view of the above, when assessing the risk of hearing loss in a workplace, the Industrial Hygienist must confirm that:

a) the peak sound level does not exceed 140 dBA (or dBC, since in most practical situations there is no significant difference between the two); and
b) the LEx does not exceed 85 dBA on a regular daily basis for 8 hours/day and 5 days/week. (The limits must be adjusted for 12 hour shifts.)

1 The CSA Standard Z107.56 Procedures for the Measurement of Occupational Noise Exposure contains details of how this is done.
UV Exposure Guidelines


ICNIRP is a non-governmental advisory body founded during the Seventh Conference of the International Radiation Protection Association (IRPA) in 1992 to succeed the IRPA’s International Non-Ionizing Radiation Committee. ICNIRP’s role is to provide guidance to various international and national bodies and to individual experts who are responsible for the development of regulations and programs intended to protect workers and the public from the potentially adverse effects of non-ionizing radiation. The Commission has published guidelines on exposure to electromagnetic fields, microwaves, ultrasound, laser and ultraviolet radiation, along with statements on specific devices such as hand-held radiotelephones, magnetic resonance imagers, tanning beds and video display units.

ICNIRP published its original Guidelines on Limits of Exposure to Ultraviolet Radiation in 1985. The Commission announced its intention to amend those Guidelines in 1989, but it didn’t officially adopt the amendments until 1996. The recent (2004) revision of the Guidelines does not change the recommended limits of exposure, but it does provide greater biological justification for the recommended limits and clarifies the limitations on their use.

The Guidelines apply to non-coherent ultraviolet radiation with a wavelength between 180 nm and 400 nm. They do not apply to coherent UV sources (these are included in the Commission’s 1996 Guidelines on Limits of Exposure to Laser Radiation of Wavelengths between 180 nm and 1 mm) or to the exposure of patients undergoing medical treatment or elective cosmetic procedures. The Guidelines may not be sufficient to protect people with genetic disorders that render them highly photosensitive or those who are also exposed to photosensitizing agents.

ICNIRP continues to recommend that the effective spectral weighted radiant exposure of the unprotected eye to UV radiation with wavelengths between 180 nm and 400 nm should not exceed 30 Jm⁻² over an 8-hour period. Additionally, the effective spectral weighted radiant exposure of the unprotected skin to UV radiation with wavelengths between 315 nm and 400 nm (UVA radiation) should not exceed 10,000 Jm⁻² over an 8-hour period. ICNIRP also continues to recommend that the effective spectral weighted radiant exposure of the unprotected skin to UV radiation with wavelengths between 180 nm and 400 nm should not exceed 30 Jm⁻² over an 8-hour period.

These limits are primarily intended to protect against the acute effects of UV exposure such as skin erythema (sunburn). They should be sufficient to protect people with the most sensitive skin phenotype who sunburn easily and severely (these are generally people with very fair skin, blue eyes, blond or red hair, and freckles). The exposure limits provide a substantial margin of safety for people with darker skin phototypes and a smaller, but still ample, margin of safety for people with tanned skin.

Skin cancer, including Basal Cell Carcinoma, Squamous Cell Carcinoma and Malignant Melanoma, is the most important long-term effect of UV exposure. In the past, skin cancer was typically a disease of outdoor workers, but it has become the most common cancer among people of European descent. The risk of developing Squamous Cell Carcinoma increases with lifetime cumulative UV exposure, while Basal Cell Carcinoma and Malignant Melanoma appear to be more closely associated with incidents of sunburn in childhood. Although, there is some evidence that ongoing exposure to UV does play a role in the development of Malignant Melanoma.

The revised Guidelines conclude with the recommendation that “greater attention should be paid to the potential hazards of UVR exposure… increasing socially-driven solar exposure as well as the increasing use of artificial UVR sources is a cause for concern”. The Commission recommends the use of hats, eye protection, clothing, and sun-shading structures to reduce both occupational and recreational exposure to solar UV. They also draw attention to the conclusion of the International Agency for Research on Cancer’s (IARC) Working Group on the Evaluation of Cancer-Preventative Agents that there is “inadequate epidemiological evidence in humans for a cancer-preventative effect of topical use of sunscreen formulations”. This may be related to the observation that people rarely apply enough sunscreen to give the advertised degree of protection.

The Guidelines on Limits of Exposure to Ultraviolet Radiation and all other ICNIRP documents can be downloaded from the Commission’s website at www.icnirp.de.
Managing OHS & E
—Column Editor—
Ray Ilson, M.Eng., CIH, CRSP
University of Toronto

Accountability for Health and Safety

This seems to be a time of considerable change in health and safety departments and in the profession. I often hear of colleagues whose departments are being reorganized, often meaning downsized. How will this be reflected in the health and safety of workers? How will “doing more with less” affect our ability to function professionally? How do we assist senior management in understanding their responsibility for health and safety and to be prepared to be accountable for this responsibility?

We all understand the importance of regulatory requirements and the associated personal liability of employers and supervisors and have taken steps to ensure that senior management is aware of this. Including health and safety in criminal law in Canada will also help to reinforce the importance of these issues. Certainly the possibility of personal financial penalties and jail terms should attract the attention of senior officials. Increased inspections and audits seem certain in Ontario now that the Ministry of Labour has hired substantially more staff to perform these functions.

Financial considerations also drive management decisions. If health and safety professionals can prove that specific safety programs prevent accidents or exposures, the likelihood of senior management support is increased. Unfortunately, truly effective programs generally develop into a “maintenance” mode, while new programs are developed and implanted in response to new hazards which enter the workplace or become apparent when previously unknown. Effective programs in a maintenance mode may become invisible to senior management. Counter-productively, poor programs which are continuously “fighting fires” may attract more support.

Of course, every organization and its management must set priorities for the use of existing financial and human resources. This raises the question of how much the organization values its health and safety programs and accident/exposure record in the public image which it presents. We often hear the word “excellence” used in corporate literature. Does this apply to health and safety as well? Is being a leader in health and safety in your industry a meaningful goal for your organization?

I fear that many health and safety practitioners would agree with organized labour that many safety programs exist only in response to the regulatory requirements and the fear of punishment for non-compliance. Almost three years ago (“Making Waves: Recognizing the Problem”, OH Forum, May 2002), I had questioned newly hired staff about what was most important in the management of a health and safety program. Their response was “top management support”. This is the “correct” answer, but how often does the top management actually understand and support the health and safety function? Without this understanding, the organizational structure will be unlikely to provide adequate resources.

Health and safety programs must be planned, supervised, and audited just like any other management activity. The top level of management must understand the health and safety function well enough to create, recognize, and sustain good performance, particularly long term performance in building and maintaining successful programs. Typically, top management assesses the health and safety function along the following lines:

- How many people did you put through your training programs this year as opposed to last year? The number is meaningless without an assessment of the quality of the training, how relevant it is to the workplace, and how effective that training is in creating safe working practices and conditions in the actual workplace.

- How many incidents/accidents/exposures did you have in the last year compared to previous years? How often have we heard that supervisors and even workers do not report such information since the stated management goal is zero? Alternatively, I have heard of one example where reporting was actively pursued in order to bring attention to the concerns and the manager lost her job due to the “deteriorating” situation!

An effective organizational structure for health and safety includes top management which is truly knowledgeable and committed to health and safety issues. In many cases, individuals at the highest reporting levels have been made “responsible” for health and safety - a large area of knowledge and skill in which they have no previous training or ability. On the other hand, H&S managers have a duty to “manage” the health and safety function. It would be truly unprofessional to allow this duty to fall to individuals without the appropriate competencies or skills, regardless of whether they represent top management, organized labour or any other stakeholder.

How high in organizational structures should competence in health and safety extend? This should be a very real concern for health and safety professionals. Your comments and suggestions are welcome.
How does your conference room rate?

When it comes to ergonomics and the workplace, employers and employees often spend a great deal of time and money focusing on individual workstations. Meeting rooms, conference rooms and common areas are generally overlooked when it comes to ergonomics.

The main issue common to most of these places is the seating. In designing conference rooms, the ability to reconfigure or the ability to stack appears to take precedence over comfort. In addition, the fact that the conference room is used on a part-time basis and does not involve heavy lifting or repetitive activity also contributes to the lack of focus with respect to ergonomics.

Conference rooms and board rooms are often not thought of as part of the workspace. It’s the room where important decisions are made; it’s not a place where people work. That’s why there is potential for exacerbating musculoskeletal injuries. On the positive side, conference room users usually don’t spend long periods of time there.

Conference room seating should have the same basic ergonomic characteristics as other seating. The seating should be adjustable to fit the user. This should include seat height adjustability, backrest tilt, backrest tension, armrest height and armrest adjustability.

Would your conference room pass the ergonomic test? Use the following checklist to see how you fare.

- Is there enough room under the table to comfortably accommodate legs?
- Does the table’s height accommodate reading and writing?
- Is there enough room for people to easily get in and out of their seats?
- Does the table allow for wheelchairs?
- Are the chairs adjustable?
- Do the chairs swivel to allow people to easily turn to look at the speaker, displays, etc.?
- Do the chair armrests allow you to comfortably sit and get up from the table?
- Is area lighting sufficient to allow performance of simple tasks, such as taking notes?
- Is task lighting available in specific areas, such as the stage or podium?
- Is the tabletop made of a material that reduces glare?
- Are there suitable window coverings and are these coverings adjustable?
- Does the size of the conference room door open easily to accommodate furniture and equipment?
- Does the doorway allow for wheelchair access?
- Is the door hardware easy to operate for all hand sizes and strengths?
- Is the weight of the door adequate (i.e. not too heavy)?
Being spring and everything, there is a lot happening on the hygiene front. Here are some of the Occupational Hygiene goings on:

**Ticketing**

As you may know, the Ontario Ministry of Labour (MOL) has announced its plan to reduce workplace injuries by 20 percent over the next 4 years. As part of this plan, the MOL will be hiring 200 new health and safety inspectors and is targeting inspections in the “high-risk” firms.

The MOL has also expanded the ability of inspectors to issue tickets for 81 workplace health and safety violations in the industrial sector. Previously, the ability to issue tickets was limited to the construction, mining and diving sectors.

The fines for ticketing in the industrial sector became effective January 15, 2005. The tickets carry fines of $200 or $300, plus a victim fine surcharge.

If an employer, supervisor or worker is issued a ticket, the party can choose to:

- plead guilty and pay the fine
- give notice of intention to appear in court, request a trial and, at the trial, plead guilty and make submissions respecting the fine
- plead not guilty by giving notice of intention to appear in court and request a trial

Here are some examples of the fines that may be issued:

- Supervisor failing to ensure worker uses a machine with adequate guarding under sections 24 or 25 of Reg. 851 - $300
- Supervisor failing to ensure worker uses protective equipment and procedures while doing electrical work under section 42.1 (2) of Reg. 851 - $300
- Employer failing to ensure that lifting device is operated safely under section 51 (2) (b) of Reg. 851 - $300
- Employer failing to ensure appropriate eye protection provided under section 81 of Reg. 851 is used - $300
- Worker failing to use a machine with adequate guarding under section 25 of Reg. 851 - $300

For a complete listing of fines, visit the Ontario Court of Justice website at www.ontariocourts.on.ca/ocj.htm

**Aerotech P&K**

American indoor air quality leaders Aerotech Laboratories Inc. and P&K Microbiology Services have joined forces to form Aerotech P&K. They will focus on delivering innovative solutions in the indoor air quality testing, training and equipment markets, as well as food microbiology. It is a full service indoor air quality testing facility, specializing in the analysis of mould, bacteria, allergens, and chemical testing. It is also fully accredited (AIHA, A2LA).

Contact Name:
Debra Weedon, Marketing Manager
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Phoenix, AZ 85027
Phone: 800-651-4802
Fax: 623-780-7648
Email: info@aerotechpk.com
URL: http://www.aerotechpk.com

**Workplace Gateway**

Anyone looking for information on how to ensure a safe, fair and harmonious workplace will find straightforward answers on the Workplace Gateway, a website from the Ontario government. The site bundles information on workplace health and safety, employment standards and consumer protection, providing one-stop access to a number of web-based resources for employers and workers alike. The Gateway also covers specific industry sectors, from construction to restaurants to tourism.

To check out the website, go to:

**PDA Applications**

A small catalogue of health and safety and other useful applications for your Palm or Windows based PDA (Personal Data Assistant) can be found at the following website: http://www.aihaaps.ca/palm/palm.html

If you have any articles of interest, new products or comments, please send them to me at: Jimdesormeaux@hotmail.com
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The Power of Statistics – Get the Most for the Least

Scott Barber, MSc, CIH

As many organizations are reducing their internal hygiene resources, assessment of worker exposure to health related hazards is often contracted out. Further, company procurement practices often require a minimum of three quotations when work is contracted, with cost, as opposed to quality, often being the main driver. As a result, consultants are often forced into reducing the scope of their assessment so that they can remain competitive, and the true estimate of risk is hindered. As with anything, you get what you pay for.

One means available to a company, which attempts to reduce cost while not hindering the quality of data, is to incorporate a statistical approach into the assessment methodology. We are all aware that a significant amount of variability exists in the workplace. A plant may have a number of process lines that are similar in design and function. However, variability in employee work practices, workplace conditions, and equipment performance influence exposure. Variability not only exists from person to person or process to process, but from day to day as well. Should the assessment involve the collection of one sample to represent the entirety of exposure, the likelihood of over-exposure based on workplace variability becomes meaningless.

The following approach is an example of how an occupational hygiene program may be established so that the risk of occupational illness in the workplace is better controlled:

1. Characterize the workplace into similar exposure groups (SEG). An SEG is a fraction of the workforce that conducts similar work functions under similar conditions.

2. Qualitatively assess the hazards associated with the SEG functions so that potentially significant hazards may be identified.

3. Depending on the number of workers within the SEG, collect a statistically representative number of samples so that potential variability may be considered. Tables that outline the number of samples required based on statistical significance are readily available in literature references. In any case, a minimum of three samples should be collected.

4. Collect the samples and calculate average and upper confidence limit (UCL) concentrations.

With this approach, the UCL data becomes the critical finding in determining risk. For example, should the concentration of an agent be below the occupational exposure value (or the action level of 50% of the limit), assessments that don’t consider variability of exposure may characterize the risk as insignificant. However, should variability of exposure be high, which is often the case, the upper confidence limit may reveal a concentration that is above the occupational exposure value. In this case, exposure to the agent is considered potentially significant and corrective action should be taken.

The end result is more protective of worker health, based on a truer estimate of risk. The cost is slightly higher compared to assessments that only rely on one sample to make a determination. However, this approach does offer a truer representation of exposure without having to sample the entire workforce, which translates to a cost savings on many levels.
Since the last issue of \textit{OH Forum}, the Board of Directors has met twice. The OHAO Annual General Meeting took place on March 23, 2005. Outgoing President, Derek Van Der Linden, passed the reins on to Richard Quenneville, the new President. Director Rose Sowa has finished her three year term, but will stay on to cover the one year vacancy brought on by Al Rouse’s resignation from the Board. Beth Walpac has finished her term as Director, but will stay on the Executive, having been acclaimed as President-Elect.

Alan Rouse and I have finished our terms on the Board. This will be the last time I will write this column for \textit{OH Forum}. I wish the Board of Directors and all of the committees a successful year. I would like to thank Fletcher Wright Associates Inc. for their continued support. It’s been a rewarding and pleasurable three years!

The \textit{OH Executive for 2005-2006} is as follows:

President: Richard Quenneville, CIH ROH
President Elect: Beth Walpac, CIH ROH
Past President: Derek Van Der Linden, IHT
Secretary/Treasurer: Otto Peter, CIH

Directors:
Scott Barber, CIH, Margaret Fung, CIH, Jason Hoffman, Ray Ilson, CIH, CRSP, Chuck Pilger, CChem, CIH, ROH, Rose Sowa, CIH ROH

Hugh Nelson Award
The 2004 Hugh Nelson Award of Excellence in Occupational Hygiene was presented by Hugh Nelson to Joy McGuire after the OHAO Spring Symposium on March 23, 2005. The award honours an occupational hygienist for significant contribution to the profession and the community. Joy’s acceptance speech is reproduced on page 14.

The Hugh Nelson Award includes a provision of funds to an educational institution. This year’s recipient was the Occupational Health and Safety program at Ryerson University. Ray Ilson accepted the award on behalf of the University.

I would like to thank Maryanne Langdon for her commitment to facilitating the selection of the recipient of the Hugh Nelson Award over the last few years. Maryanne has resigned from this role and I will be taking her place.

Membership Committee
The committee is continuing to investigate and review ways to attract new membership. Distributing the \textit{OH Forum} at conferences such as the OOHNA annual conference, which may be attended by potential new members, is one way to encourage new membership. Increasing student memberships is still a high priority.

The Membership Committee is developing a questionnaire that will be sent to members asking for input on the association name, mandate and membership criteria.

The committee hopes to gain some insight on how to promote the organization. Please join me in welcoming the following new full members: Lissa Ceolin, Laura Alexander, Kiran Kapoor

Program Committee
Once again, the Spring Symposium was a huge success; say no more. Stay tuned, as the Program Committee will soon start planning events for the fall.

Public Affairs and Education
The Board decided that the Public Affairs and Education Committee could take a siesta this spring, given that the CCOHS Occupational Disease Forum was so close to our Symposium.

Ministry of Labour Submissions
OHAO submitted comments to the Ministry of Labour on the proposed changes to the “Occupational Exposure Limits” and Regulation 838, “Asbestos on Construction Projects and in Buildings and Repair Operations.” The position papers are available for review on our website.

Canadian Council of Occupational Hygiene (CCOH)
CCOH has been busy developing alliances, the most recent being with the Canadian Centre for Occupational Health and Safety (CCOHS). CCOH has agreed to partner with the CCOHS in the development of some Web-based training programs.

Newsletter/Publications
This is the first issue for Fiona Dalziel as editor of the \textit{OH Forum}. I am sure Fiona will continue to maintain this newsletter as a top-notch publication. Thanks to Margaret Fung for her years of dedication to the publication. Marg will continue to work behind the scenes to help Fiona and the editorial team as the Board representative.
Spring 2005 Symposium
March 23, 2005, Black Creek Pioneer Village

Fifty-five attendees showed up at the OHAO Spring 2005 Symposium. The informative roster of speakers consisted of the following:

- Cecilia Chan, Cassen Group, spoke on the use of breath samples to measure exposure to volatile organic compounds, using a novel breath sampler to capture alveolar air along with thermal desorption and GC/MS analysis.
- Alberto Behar and Steve Libich provided an overview of vibration monitoring and summarized the results of a vibration study of forklift drivers.
- Steve Libich showcased the Hazardous Chemical Database and Screening program he developed for the easy identification of chemicals and ingredients of high risk. It can be used as a tool for setting priorities for the elimination or control of these materials.
- Nax Nagalingam, the Ministry of Labour’s Provincial Coordinator, Industrial Health and Safety Program, provided an update of the latest MOL consultation documents and planned initiatives for Ontario.

As usual, the symposium offered a great opportunity for attendees to network and to enjoy a great lunch, prior to the afternoon’s Hugh Nelson Award presentation and Annual General Meeting. After lunch, attendees who had filled out a Symposium Evaluation Form participated in a prize draw. Marguerite Pilger won the top prize, which consisted of a pair of Raptors game tickets donated by Stantec.

Thanks to the following companies for their donations and congratulations to the prizewinners:

- A pair of Raptors game tickets donated by Stantec Inc. went to Marguerite Pilger
- A large cooler bag on wheels, golf balls, a cap and towel, donated by Cooper Standard Automotive, went to Neil Murray
- Free enrolment to their upcoming online Ergonomics course was donated by CCOHS and went to Bill Swanson
- A Walkstool donated by Jenalex went to Jason Hoffman

Guest speaker Nax Nagalingam
(Ministry of Labour) and Monica Szabo

Richard Quenneville
(Symposium Chair) and
guest speaker
Cecilia Chan, Cassen Group

Richard Quenneville with Raptors tickets winner, Marguerite Pilger

Scott Barber, Hugh Nelson and Mariana Grinblat-Bingham
Acceptance Speech—Hugh Nelson Award Recipient — Joy McGuire, CIH ROH, March 23, 2005

Thank you. It is both an honour and a privilege to be presented with this award, so appropriately named after one of the pioneers of occupational hygiene in Ontario. Many previous recipients played important roles in my development as an occupational hygienist, and I reflected on this as I thought about what I wanted to say today. Mentors and teachers such as Andrea Sass-Kortsak, Dave Verma, David Halton, and Neil Murray, to name but a few, give back to their profession in a multitude of ways. Personally, looking back on my 20 years in occupational hygiene, many of my more rewarding experiences have come through involvement in this profession outside of my day-to-day job duties. Serving on OHASO committees and industry health and safety groups, acting as registrar for the Canadian Registration Board of Occupational Hygienists, and participating in various regulatory development consultation processes all gave me the opportunity to interact with and learn from peers and colleagues. These activities broadened my perspective and my understanding of the complexities of our profession and contributed to my growth as a professional and a person. In recent years, as a lecturer in the MHSc Occupational Hygiene program at the University of Toronto, I have had the pleasure of helping young hygienists beginning a new career. The personal satisfaction and stimulus arising from these opportunities is difficult to describe - it needs to be experienced. I encourage each and every one of you, no matter what phase of your career you are in, to get involved. Our profession will benefit and you personally will benefit.
It is easy to make excuses. We all have more work to do than we can manage. However, look at those who do get involved and ask yourself if they are any less busy than you? Perhaps they have simply adjusted their priorities and organized their time such that they can contribute. Ask yourself whether the career paths of these role models have suffered because they made the time to give back? I think the answer is obvious. Occupational hygiene has some significant challenges ahead, and it needs all of us to get involved and stay involved.

Over the past 20 years, I have been lucky enough to work in a wide range of settings, from large industry, small business, municipal government to health care. Early on, I focused on “pure” hygiene, but gradually assumed broader responsibilities covering hygiene, safety, and environment. As a green hygienist, I arrived with my 4 lb. Dupont pumps to conduct personal sampling, only to discover a sparsely clad workforce in a super-humid environment. Options for attaching sampling devices were very limited. After that, I added a few solid belts to my hygiene kit.

I was humbled by front-line workers who designed makeshift controls that were often more effective than expensive engineered solutions. I learned the importance of talking to workers and observing work practices through experiences such as removing silica sampling devices at workstations, only to discover later that it was common practice for workers to clean themselves off with compressed air before heading to the locker room. On another occasion, I missed 95% of a worker’s daily exposure by missing the first few minutes of his shift, during which he weighed out super fine cobalt powder in a poorly ventilated area. Luckily, talking to the worker helped me to identify and rectify this problem.

In later years, I experienced the frustration of trying to determine appropriate sampling methodologies in non-traditional settings. Examples include assessing fire fighters’ exposure to PAHs and other hazardous agents, in an exposure environment that constantly changed from minute to minute and fire to fire. Similarly, imagine the challenges of selecting appropriate monitoring equipment for confined space entry assessment prior to entering city sewers.

My hygiene career has brought its share of embarrassing moments too. On one occasion, well before the days of non-smoking workplaces, having borrowed a CO monitor from a colleague, I was being escorted to an area of concern in a factory. As we passed through the plant lunchroom, the CO monitor alarmed. I was mortified to realize that my prep work had not included how to turn off the alarm.

Of course, years as a health and safety practitioner have had their lighter side too. Like getting a phone call in the middle of the night from a fire chief, to report that he thought he had a critical injury, but he wasn’t sure. Once the sleep cleared from my brain, I figured out that a fire fighter had fallen off the truck and by the time this was communicated to the driver, another vehicle dispatched to look for him, he had disappeared. Did a vanishing fire-fighter qualify as a critical injury?

And of course we are all in this business because we believe in prevention, and the promotion of safe and healthy workplaces. When reporting injuries, we encourage supervisors to identify appropriate measures to prevent future injuries. Their creativity has been amazing and sometimes amusing. Take the Riverdale farm chronicles; a worker was kicked by a sheep. Solution - send the offending sheep to the slaughterhouse! If only all control measures were so simple.

Finally, I would like to reflect on future challenges for the hygiene profession. It is my belief that occupational hygiene is suffering from an identity crisis. How often are we asked - what is it that you do, or worse, been confused with a dental hygienist? How many of us actually have occupational hygienist as our job title? How many of us actively practice pure occupational hygiene?

I believe that we need to revisit our scope of practice as a profession and sort out what we truly do. If we are less confused on this point, we may be able to do a better job of communicating our role to the public and the workforce whom we serve.

I do not have definitive answers. However, I believe strongly that we do need to solve this identity crisis. Having been a participant in the SARS emergency in 2003, it was obvious to me that occupational hygienists were not being called upon to utilize their specialized knowledge to protect the health care workers who were so much at risk during this emergency. Why
not? Because we have no public persona, we are not a recognized profession in the public’s eye and hence do not have the credibility needed to serve our constituents to the fullest extent possible. In all the post-SARS activity, the profession of occupational hygiene is invisible. Partially because of the absence of hygienists’ expertise, inappropriate decisions continue to be made, thereby unnecessarily increasing risks for workers.

I believe that we need to solve our identity crisis so we can step up to the plate during the next crisis where workers lives are at risk, whether the issue of the day is SARS, asbestos or mould. I ask that each and every one of you consider how you would like your profession to be perceived and how we can establish public credibility. What will you contribute to gaining occupational hygiene the recognition it deserves? What in the world is an occupational hygienist anyway?

Thank you.

OH FORUM

OH FORUM 16

OHAAO Booth Presented at IAPA Conference and Trade Show

The Public Affairs and Education Committee presented the OHAAO booth at the IAPA Conference and Trade Show on April 4th and 5th, 2005. The booth attracted considerable attention from conference attendees. Many old friends, students, industry representatives, and other visitors dropped by for conversation and information. Numerous copies of OHAAO information, the profession of Occupational Hygiene, and applications for membership in OHAAO were distributed during discussions with booth visitors.

The Public Affairs and Education Committee is grateful to numerous volunteers for their efforts in making the booth such a success. Thanks to Scott Barber, Margaret Fung, Ray Ilson, Ken Keill, John Orser, Otto Peter, and Cathy Tracy.

The Public Affairs and Education Committee