Recognizing and Preventing Occupational Disease:
Strategies and Recommendations from Canadians

Canadian Centre for Occupational Health and Safety
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1.0   Preface

Work-related accidents and diseases kill 2.2 million people annually, according to International Labour Organization (ILO) estimates. Of these deaths 1.7 million, or almost 4 out of 5, are due to work-related disease. Each year sees 160 million new incidents.[1]

In Canada, many provinces have made great progress in reducing the number of workplace injuries. However, the overall number of work-related deaths remains unchanged. The reason: deaths due to work-related disease have increased steadily over the past two decades. Despite this increase, recognizing and preventing work-related disease continues to be a challenge.

Experts attribute the challenge to a number of issues, including

- difficulties in making a connection between work and health issues, not least by affected workers and their own doctors
- a limited understanding or knowledge of exposure-effect relationships
- a long latency period for many diseases
- limited disease reporting and systematic data collection
- a division in government responsibility for workplace and health issues between separate ministries or departments

To help identify possible strategies and solutions to these issues, the Canadian Centre for Occupational Health and Safety (CCOHS) convened a 2-day, multi-stakeholder national forum.[2] "New Strategies for Recognizing and Preventing Occupational Disease" ("Forum '05") took place March 3-4, 2005.

The goals of this forum were to:
1. Provide participants (*workers*, *employers and governments*) with current knowledge regarding the recognition and prevention of occupational disease.
2. Have participants apply the knowledge gained to provide prevention and recognition strategies that could help to reduce occupational disease in Canada.
3. Share the recommendations from the Forum on the CCOHS website, and invite all Canadians to review them and add their viewpoints.
4. Share the findings (recommendations and survey results) from the Forum with the Canadian public in a Report and make it widely available, free of charge on the web, and encourage Canadians to continue to participate in the dialogue on occupational disease.

The event featured expert speakers, a tripartite panel of government, employers and labour leaders, and interactive sessions in which delegates discussed ways to improve the recognition of occupational disease, prevention and exposure control strategies, and how to protect workers who risk potential exposure.

As one of the forum speakers acknowledged "there are many challenges for us as the future of occupational safety and health unfolds in the 21st century. To chart our course, though, it is crucial that we break down the barriers that separate our individual professional efforts. We need to develop partnerships and collaborations to promote the transfer of research findings into practical, cost-effective, evidence-based interventions for each of the many workplace safety challenges we face."

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[1] ILO, *World Day for Safety and Health at Work 2005:*
A Background Paper, http://www.ilo.org/public/english/bureau/inf/download/sh_background.pdf
[2] For more on the Canadian Centre for Occupational Health and Safety, see Appendix D, About CCOHS.

Forum '05 generated 125 distinct recommendations through the collaborative efforts of workers, employers, researchers and government representatives. But the recommendations were only the first step. Step 2 involved placing the recommendations on a dedicated website, inviting Canadians to review and assess them. Both Forum and website results were compiled into this paper. Step 3 is the release of this paper on the results, with the intent of promoting the implementation of prevention and control strategies and initiatives.

CCOHS invites all Canadians to help continue the process.

2.0   Executive Summary

On March 3 and 4, 2005, the Canadian Centre for Occupational Health and Safety (CCOHS) held an occupational disease forum to generate dialogue and discussion on this issue. Delegates to "New Strategies for Recognizing and Preventing Occupational Disease," or "Forum '05," represented a number of stakeholder groups: labour, employers, government and others.

As a part of this national forum, the 320 delegates participated in one of five workshops. Each workshop had two goals:

1. Engage participants through identification of prevention and recognition strategies that could help to reduce occupational disease in Canada.
2. Produce key recommendations, post these recommendations on the CCOHS Forum '05 website, and invite all Canadians to review and assess them.

The break-out sessions on specific occupational disease topics included:

- Musculoskeletal Disorders / Repetitive Strain Injuries (MSDs/RSIs)
- Stress
- Infectious Diseases
- Respiratory Disease
- Occupational Cancer

Each session produced a number of recommendations, which were voted on by workshop delegates and later posted to the website. The website encouraged visitors to review and identify the "most important" strategies. This report contains results from the Forum and the website assessment of recommendations, as well as general conclusions about participants' preferences in determining solutions for recognizing and preventing occupational disease. The results and conclusions are neither scientific nor intended to be conclusive. A summary of forum and Web survey participants, and key findings, appear below.

2.1   Forum Participants

The Forum, which took place in Toronto, Ontario, drew participants from across Canada. Most came from Ontario. All health and safety stakeholder groups were represented, as follows:

- Employers   (35.31%)
- Labour   (25.94%)
- Government   (36.25%)
- Other   (2.509%)

Forum participants generated about 125 recommendations.

2.2   Web Survey Participants

Stakeholder representation among website visitors who voted varied slightly from the Forum:

- Employers   (19%)
- Labour   (33%)
- Government   (18%)
- Other   (30%)

Labour voters chose to comment on more topics, accounting for 50% of all votes cast on the website.

2.3 Forum and Web Response to Topics

The number of recommendations generated at the Forum varied by topic:

- WMSDs/RSIs)   24
- Stress   21
- Occupational Cancer   17
- Infectious Diseases   13
- Respiratory Disease   11
- Occupational Diseases   14*
  (General)*

* A break-out session was not held on this topic. The recommendations on Occupational Diseases as a general issue were compiled from each of the specific, individual topic areas as general recommendations.

Website voters cast almost 17,424 votes in 911 submissions. As with the number of recommendations, the number of submissions varied by topic:

- WMSDs/RSIs   223
- Stress   186
- Occupational Cancer   154
- Infectious Diseases   120
- Respiratory Disease   97
- Occupational Diseases (General)   125

                          TOTAL: 911

2.4   Sample Findings

WMSDs/RSIs

- "Commitment of upper management to recognize and prevent WMSDs" was the top recommendation of Government, Labour and Other web survey voters, and the third-ranked recommendation of Employer voters. All four groups ranked it and the three other recommendations that call for workplace-based initiatives among their top 10 of 24.
- Many of the top recommendations focusing on development and enforcement of laws and regulations received a lower ranking on the Web survey than in the Forum.

Stress

- The recommendation that employers and employers groups need to recognize and handle stress as part of prevention policies and systems was considered the top recommendation by the Government and Other groups, and ranked in the top 3 or 4 recommendations by Labour and Employers.
- "Value people over dollars," the lowest ranking Forum recommendation, was rated as #5 overall in the Web survey. Voters from all groups felt this was important.
- Labour comprised the largest voting group at 57% of calculated votes, followed by Other at 22%, Government at 13% and Employers at 9%.

Occupational Cancer

- Forum recommendations present a number of options for preventing occupational cancer. Many appear in the top 5 recommendations from the Web survey.

- All groups voted similarly on the top ranking recommendations. This is the only survey topic where this amount of agreement occurred.

- The top recommendations were "applied precautionary principles in the use of chemicals or agents in the workplace; a Canadian ban on the use and export of asbestos; establish a cancer registry link to occupations and industry groups.

- The lowest ranking recommendations deal with education and awareness: promoting a "prevent cancer" campaign, adding "occupational cancer to high school curricula, and developing a tripartite model for public education.

Infectious Diseases

- Web survey voting for many top recommendations resulted in only minor differences among groups and the ranks assigned to recommendations.

- The top Forum recommendation, which deals with a "comprehensive communication strategy," retained its overall rank in the Web survey.

- The Labour group ranked initiatives ensuring compensation to all employees and workers as #1, while non-Labour groups rated this recommendation between #11 and #18.

- The Employer group rated the recommendation to set up a federal body to oversee/coordinate national policies as #9, while Labour rated this as #18.

Respiratory Disease

- For many of the top recommendations, differences in how groups ranked them and in the number of votes cast per group varied only slightly. Four of the top 5 Forum recommendations appear in the top 5 Web survey recommendations.

- Top recommendations deal with a wide range of initiatives, including improving the education of the medical community, a need for information resources and centralized databases on respiratory disease, and a need for resources to improve awareness and regulations and enforce regulations.

- The Labour group rated the recommendation to improve regulations and enforcement as #1, while Government rated this as #12.

- The Government group rated the recommendation to enable a central organization to develop and maintain an information database as #1, while Labour rated this as #8.

Occupational Diseases

- The recommendations tend to focus on broad initiatives and solutions that are beyond the scope of a single disease prevention initiative.

- The recommendation "to educate young and new and immigrant workers and students in all aspects of OH&S" was ranked most important among overall Web survey votes.

- Top Forum recommendations remained in the top half of the Web ranked recommendations.

- Forum recommendations such as a national registry of all compensable occupational diseases and sharing information on safer substitutes, which had been Forum ranks #10 and #11, moved to Web ranks #2 and #3.

  Labour ranked expanding the schedule for compensable occupational diseases through a national panel #3, while the other groups ranked this much lower (Employer #8, Government #12 and Other #14).

3.0   Introduction

On March 3 and 4, 2005, over 300 delegates attended "New Strategies for Recognizing and Prevention Occupational Disease," a national forum organized by the Canadian Centre for Occupational Health and Safety (CCOHS). The purpose: to generate dialogue and discussion on this issue.

The event brought together Canadian and international researchers, policy-makers, compensation specialists and other experts to share their knowledge on a wide range of issues, including strategies for recognition and prevention of occupational disease. A tripartite panel of governmental, employer and labour leaders representing Canadian government, employer and labour organizations summarized their perspectives on future directions regarding the recognition and prevention of occupational disease. Forum participants subsequently broke out into one of five concurrent workshops on specific areas of concern:

1. Musculoskeletal Disorders/Repetitive Strain Injuries (WMSDs/RSIs)
2. Stress
3. Occupational Cancer
4. Infectious Diseases
5. Respiratory Disease

Members of CCOHS' tripartite Council of Governors facilitated the workshops. CCOHS staff assisted, and where available Forum speakers participated.

These workshops had two goals:

1. Engage participants through identification of prevention and recognition strategies that could help to reduce occupational disease in Canada.
2. Produce key recommendations, for posting on the CCOHS Forum '05 website.

CCOHS then invited all Canadians to review the posted recommendations and identify what they considered to be the "most important" strategies.

The suggestions, strategies and recommendations on occupational disease in Canada generated by the Forum, as well as the subsequent response from website visitors, are intended to promote further Canadian discussion of this issue. This report presents the results of that process.

The Forum and Web survey results for each topic have been combined in tables, one per topic as well as a sixth table on occupational disease in general. Each topic section also contains a brief analysis of the voting results. The analyses discuss such findings as dominant themes, voting patterns among voter groups, and variations between Forum and Web survey results. The order of sections reflects the number of votes received, starting with the topic that received the most votes (Musculoskeletal Disorders/Repetitive Strain Injuries).

Following the topic sections are appendices containing

- Forum recommendations posted to the web survey site
- Forum and Web survey recommendations by topic, ranked as Most Important, Neutral or Less Important
- comments or recommendations submitted by Web survey participants.

An overview of the Forum and Web survey process used to generate results is provided on the pages that follow.

3.1 Forum Participants

The Forum attracted participants from across Canada and from a number of stakeholder groups:

- Employers
- Labour
- Government, and
- Other (the public, researchers, consultants, etc.)

3.11   Forum Participants by Group

Group	Number of Participants	% of Total Participants
Employer	116	35.31%
Labour	83	25.94%
Government	113	36.25%
Other	8	2.50%
TOTAL	**320**	**100.0%**

3.12   Forum Participants by Geography

Location	Number of Participants	% of Total Participants
AB	17	5.3
BC	12	3.8
MB	11	3.4
NB	6	1.9
NL	5	1.6
NS	5	1.6
NT	3	0.9
ON	228	71.2
PE	6	1.9
PQ	14	4.4
SK	5	1.6
YK	1	0.3
USA	2	0.6
Int'l	5	1.5
TOTAL	**320**	**100 %**

3.2 Forum Recommendation Process

Participants broke into smaller workgroups of 5-10 people to generate ideas and strategies. These strategies and initiatives were the sole product of these workgroup and were not vetted in any way by CCOHS or its Council of Governors.

After 30 minutes each workgroup presented their ideas to Forum participants as a whole, and then posted their recommendations.

Forum participants voted on the recommendations by using "for" or "against" stickers. The participants were not required to meet any specific criteria, and only those who were in attendance could vote.

When voting concluded, the recommendations and corresponding votes were recorded. The top recommendations for each topic (maximum of 25) were posted on the Forum website.

The approximately 125 recommendations generated at the Forum range from specific to general, and present potential opportunities for regulators, compensation boards, employer or labour associations, agencies, researchers, etc.

3.3 Web Survey Process

CCOHS posted the Forum recommendations on a dedicated website as a series of surveys. The surveys appeared in order of most to least popular, based on the Forum votes (see Appendix A for Forum recommendations by topic).

CCOHS also added a sixth topic, "Occupational Diseases (General)." This topic combined in one survey the top general occupational disease recommendations generated from each of the other topics areas.

The website allowed all visitors to review the Forum workshop recommendations and vote on them. Because the Forum focused on occupational disease in Canada, only results from voters based in Canada were evaluated.

The survey format allowed visitors to indicate whether a recommendation was "More Important," "Neutral" or "Less Important" with regard to other recommendations on the same topic. CCOHS believed this approach would allow voters to indicate whether they felt "for," "against" or neutral toward a recommendation without conveying any negative sentiments, and be inclusive of all input. It should be noted that there was some criticism of this approach and the possibly confusing nature of the terms used. Comments from survey participants appear in Appendix C.

3.31   Survey Scoring
More important votes were assigned 1 point; Neutral, 0 points; and Less Important, -1. This scoring is relative and could have been 5 points, 2 points and 0 points or any other variation, but would have yielded a similar relative ranking order. The overall specific votes for each recommendation and each survey appear in Appendix B.

The survey methodology is not intended to be scientifically valid, but is simply an opportunity to indicate how Canadians felt about various strategies and their importance in preventing occupational diseases.

The surveys appeared on the Internet for over 2 months in English and about 6 weeks in French. They were promoted on CCOHS' website, through a link from CCOHS' *Health and Safety Report* e-newsletter, which reaches more than 8,000 Canadians and various announcements and stakeholder communications vehicles.

3.32   Survey Participation
The web survey requested voters to identify themselves by group type (Labour, Government, Employer or Other) and by geographic location (Province or Territory, or US or Other). Labour had greater representation than any other group (33%). Labour voters also placed more votes than members of other groups. Labour's overall participation rate was 50%. The Other group had the next highest participation rate.

For more on participants, see the table and chart below: Web Survey Participants by Group and Location, and Percentage Participation by Type of Voter. For more on voting results, see the subsection "Analysis of Web Survey Votes."

3.33   Web Survey Participants by Group and Location

Group	Location															
	BC	AB	SK	MN	ON	QB	NB	NS	NF	PE	YK	NU	NWT	US	Other	TOTAL
Employer	17	19	5	4	85	9	4	5	3	0	1	0	0	11	3	166
Labour	14	19	6	14	200	12	5	6	2	2	0	0	0	1	2	283
Gov't	17	11	6	0	73	11	7	8	10	1	3	0	1	1	7	156
Other	26	19	5	4	138	33	8	5	1	3	0	0	0	7	14	263
TOTAL	**74**	**68**	**22**	**22**	**496**	**65**	**24**	**24**	**16**	**6**	**4**	**0**	**1**	**20**	**26**	**868**

3.34   **Percentage Participation by Type of Voter**

Web Survey - Type of Voter
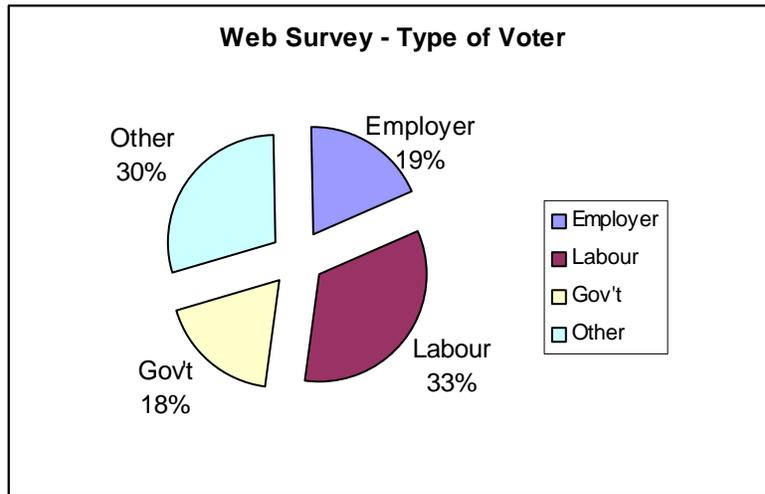
3.35   **Web Vote Submissions by Topic**

Web Votes Per Topic

Percentage of Web Votes By Topic
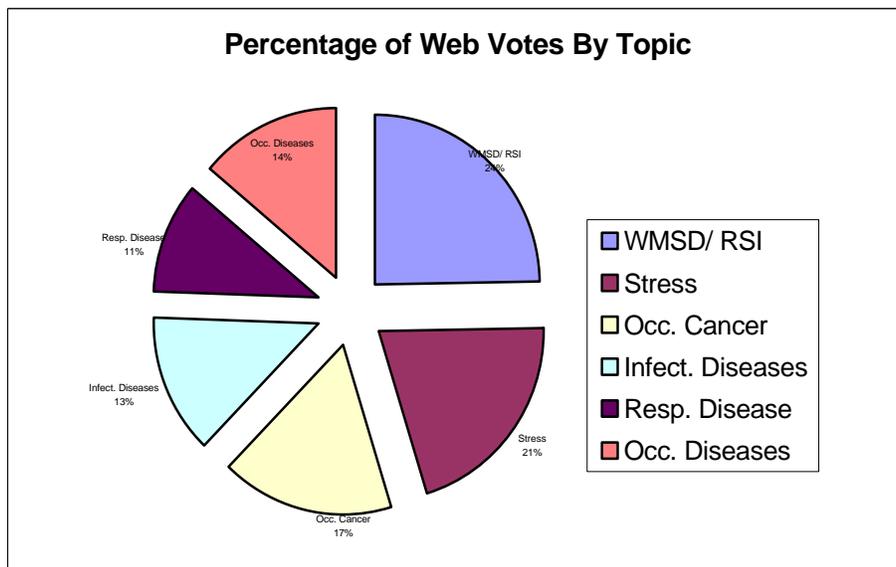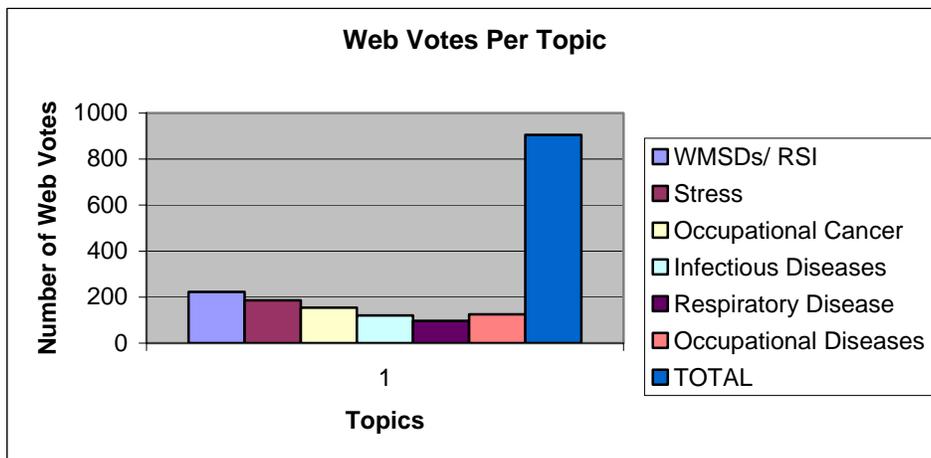
3.36 Voter Recommendations and Comments

CCOHS provided web visitors with an opportunity to submit comments or recommendations of their own for consideration. About 75 people did so. Their input appears in Appendix C.

While some participants used this opportunity to provide constructive criticism or commentary, few new recommendations were submitted. All materials are provided for review.

ADVISORY: CCOHS is reporting on Canadians' comments only and does not take responsibility for this material. Please note that some comments may be critical or offensive in nature.

3.4 Analysis of Web Survey Votes

This analysis is neither scientific nor intended to be conclusive of Group perspectives since only a limited number of voters participated. Nevertheless, to encourage further action, some general conclusions have been drawn about Group preferences in determining solutions for recognizing and preventing occupational disease.

The large percentage of Labour votes cast in all web surveys affected the Forum survey overall. To highlight the perspectives of specific groups (Employer, Labour, Government, and Other), the survey votes were analyzed by

- overall voting patterns vs. the Forum workshop "ranking," and
- each group's voting patterns.

3.41 Web Survey Observations

Almost 17,424 votes were cast for specific recommendations through 911 web page submissions.

- 50% of all votes cast (calculated votes by recommendation) were from Labour voters, followed by Other (23%), Government (16%) and Employer (11%).
- The WMSDs/RMI and Stress surveys received the most votes, representing about 24% and 21% of votes based on web page submissions. These two topics represent 30% and 22% of the total recommendations voted on.

3.42 Ranking

For comparison purposes votes were assigned values, as described below. These values were calculated to establish an overall ranking of recommendations by

- Forum participants
- Web survey voters, and
- Voter groups (Employer, Labour, Government and Other).

Total rank: all votes cast per recommendation were added together (formula as above). The highest overall score was awarded Web rank #1, etc. to lowest score that got the lowest Web Rank for its survey.

Forum rank: original order of recommendations after voting occurred in the Forum workshops. The survey placed recommendations in the same order.

Employer, Labour, Government, Other rank: recommendations were first sorted by top calculated scores for Employer, Labour, Government and Other Groups, and then assigned a rank. For example, the top Employer rank #1 is for the highest calculated Employer score ("Rank by Group").

Employer, Labour, Government, Other scores: votes by each voter group (requested on a web form before accessing the surveys) were calculated. Top calculated score by each group appears in the tables of recommendations in each survey topic section ("Number of Votes by Group").

4.0 Survey Results for Each Topic

4.1 Musculoskeletal Disorders/Repetitive Strain Injuries (WMSDs/RSIs)

Number of Recommendations	Number of Votes	Votes by Group (# / %)			
		Employer	**Labour**	**Government**	**Other**
24	3574	432 12%	1384 38%	740 20%	1018 28%

"Commitment of upper management to recognize and prevent WMSDs" was the top-ranked recommendation of Government, Labour and Other web survey voters, and the third-ranked recommendation of Employer voters.

All four Web survey groups ranked it and the three other recommendations that call for workplace initiatives and actions among their top 10 of 24. The four recommendations, in order of importance, are:

1. commitment of upper management to recognize and prevent WMSDs
2. developing strong ergonomic programs that are regularly assessed
3. a wide range of workplace actions as worker, supervisor and management levels, and
4. employers purchasing equipment to meet needs of workers and eliminate ergonomic hazards through design.

Conversely, a recommendation for developing and implementing provincial and federal laws on ergonomics, ranked as #1 at the forum, dropped to #10 among web survey voters.

The other top 10 picks include

- awareness and education
- development of a database resources
- improving workplace culture
- improving training of the medical community
- getting commitment of all parties, and
- developing workplace laws on ergonomics.

4.11 Web vs. Forum

Comparing the results between the forum recommendations and the web survey shows that

- many top forum recommendations focusing on development of laws and enforcement of laws and regulations dropped from Forum Rank 2 and 3 to Web Rank 10 and 15.
- low ranking forum recommendations generally also had low web ranks, except for the recommendation to develop an occupational WMSD database with injury causes and preventive measures.

Overall 5100 recommendation votes were submitted through 224 page submissions.

4.12 Variations by Group

There was much agreement among various group types in the web survey. Notable exceptions include:

- the Employer Group's #1 recommendation, to improve prevention efforts such as encouraging health and wellness in the workplace, was ranked as Government 9, Other 12 and Labour 23.

- recommendations focusing on development and enforcement of laws and regulations, which had higher Labour ranks of 5 and 7, and lower Employer ranks of 20 and 23.

4.13   Other Observations

Employer, Government and Other groups assigned the lowest rank #24 for the recommendation to change the mandate of Ontario's *Workplace Safety and Insurance Act* back to workers and compensation. Labour ranked this at #10.

Government and Employer groups assigned the recommendation to develop and implement provincial and federal laws on ergonomics to the ranks of 23 and 20, respectively. Labour and Other ranked it at 5 and 7, respectively.

Labour ranked the recommendations for improving prevention efforts such as encouraging health and wellness in the workplace at #23, while Employers ranked this at #1.

4.14   Table of Recommendations / Ranking: WMSDs / RMIs

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labour	Gov't	Other	Empl	Labou	Gov't	Other
1	8	Get commitment of upper management to recognize and prevent WMSDs.	**3**	**1**	**1**	**1**	28	69	41	56
2	**2**	Develop a strong ergonomic program that is implemented and regularly assessed (e.g., monitoring by Health and Safety Committee).	5	**3**	5	**2**	26	67	38	55
3	9	Workplace action: 1) workers should take action to identify general WMSD hazards (resulting in aches and pains) in their workplaces and report to the supervisors without fear of reprisal or discrimination 2) supervisors to assess and recognize H&S and ergonomic hazards, and 3) management to develop H&S programs that reacts to the concerns of workers and/or supervisors.	6	8	**2**	**3**	26	64	40	54
4	13	Employers should work closely with manufacturers when purchasing equipment to ensure that it meets the needs of all workers within the organization either by being adjustable to the worker or by eliminating an ergonomic hazard through design.	7	4	4	4	26	66	39	53
5	12	Awareness and education, including early reporting and recognition of the risk.	4	2	7	6	28	68	35	49

4.14   Table of Recommendations / Ranking: WMSDs / RMIs

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labour	Gov't	Other	Empl	Labou	Gov't	Other
6	24	Develop an occupational WMSD database that includes injury causes and preventive measures.	15	9	**3**	5	16	63	40	50
7	7	Improve the workplace culture (workers can be afraid to report injuries). Reduce the attitude of "us versus them."	2	13	8	9	28	59	34	46
8	5	Improve training of medical community so they recognize WMSDs.	9	11	11	11	22	61	31	44
9	14	Get the commitment of all parties. Have all stakeholders working together.	8	16	6	13	23	55	36	42
10	**1**	Develop and implement provincial and federal laws on ergonomics.	20	5	23	7	10	66	23	49
11	6	Improve prevention efforts such as encourage health & wellness in the workplace.	**1**	23	9	12	28	40	34	43
12	4	National body to recognize occupational injuries similar to USA, NIOSH; UK-HSE.	10	15	16	20	21	58	29	35
13	10	Advocacy and education: knowledge transfer and awareness of WMSDs through development of educational curriculum (career training path), increased research, and the development of a national clearinghouse to transfer knowledge.	13	21	19	8	20	47	28	47
14	11	Increased research on injury causation and identifying leading indicators.	19	17	12	10	11	55	30	46
15	**3**	Enforcement of ergonomic laws and regulations by government bodies (regulators in each jurisdiction).	23	7	17	15	4	65	28	41

4.14   Table of Recommendations / Ranking: WMSDs / RMIs

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labour	Gov't	Other	Empl	Labou	Gov't	Other
16	17	Ergonomic legislation that is for all of Canada — legislation on recording and reporting at the workplace with enforcement — education at all levels form grade school to college and university training at all workplaces — information clearing house organization with all parties involved.	22	6	15	19	9	65	29	35
17	22	Connect prevention and compensation staff to improve understanding of risk factors.	18	14	18	17	12	59	28	38
18	19	Improve the collaborative efforts from all stakeholders (workplace, government, healthcare providers, employees) such as this tripartite Forum.	17	20	13	16	14	52	30	40
19	15	Increase access to training at all levels of the organization.	11	18	20	22	21	54	27	33
20	18	Provide increased training to ensure awareness of rights and responsibilities.	21	12	22	18	10	60	24	36
21	16	Develop partnerships to improve recognition and prevention efforts.	12	22	14	21	21	46	30	33
22	20	National body such as CCOHS — which can provide input of management, labour, government and medical community.	16	19	21	23	15	53	27	30
23	23	Support Association of Canadian Ergonomists and other professional associations.	14	24	10	14	16	29	32	42
24	21	*Workplace Safety and Insurance Act* - change to make number one mandate back to workers and their compensation.	24	10	24	24	-3	63	7	21
		Total Votes by Group					**432**	**1384**	**740**	**1018**

4.2 Stress

Number of Recommendations	Number of Votes	Votes by Group (# / %)							
		Employer		Labour		Government		Other	
23	2599	229	9%	1483	57%	329	13%	558	22%

The Forum recommendations reflect a diverse range of approaches and targets for prevention initiatives. Collectively, the top 10 recommendations call on multiple health and safety system partners to help recognize and manage stress: employers and employer groups (stress prevention at the source; integration of stress management and treatment into workplace prevention policies and systems), government agencies (regulation and enforcement), workers compensation boards, and independent organizations such as CCOHS (resources and tools).

Just as Forum recommendations were wide ranging, so were responses to the Web survey.

Overall the top recommendation that employers and employers groups need to recognize and handle stress as part of prevention policies and systems was ranked as the most important recommendation by the Government and Other groups, and in the top 3 or 4 recommendations by Labour and Employers.

4.21 Web vs. Forum

Comparing results between the Web survey and the Forum recommendations, these observations can be made:

- Only four of the top Forum recommendations remained in the top 10 after the Web survey.
- "Value people over dollars," the lowest ranking Forum recommendation, was rated as Web #5 overall. Votes by group for this recommendation ranged from #6 to #9, so all groups felt this was of some importance.
- Overall 4000 recommendation votes were submitted through 187 page submissions.
- Labour made up the largest voting group at 57% of calculated votes, followed by Other at 22%, Government at 13% and Employers at 9%.

4.22 Variations by Group

There was limited agreement among groups in the Web survey. When groups voted similarly it tended to involve recommendations focusing on workplace initiatives (see Web ranked recommendations #1, #2, #8, #9). These focus on development of workplace policies, worker involvement, and prevention of stress at the source.

More common were differences among groups.

- Employers ranked "Identifying stress as a workplace hazard" as #14, vs. an overall rank in the Web survey of #3.
- Non-Labour groups ranked recommendations to develop tools (Web rank #6, #7) more highly than Labour.
- Labour ranked recommendations for modifying public opinion about stress, lobbying to enact legislation and recognize workplace stress in the compensation system, and developing a Canadian Stress Code higher than other groups (ranks #5, #9, and #8, respectively, vs. overall ranks of #11, #15, #16).
- The Other group placed emphasis on developing a body of tools and coordinating research (Other ranks #2 and #3 vs. overall Web ranks #6 and #13).

- Employers ranked the recommendations to lobby compensation board and governments and developing a stress code lower than the other groups (Employer ranks #23 and #21 vs. overall ranks #15 and #16).

4.23 Table of Recommendations / Ranking: Stress

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labour	Gov't	Other	Emplr	Labour	Gov't	Other
1	4	Employers and employer groups need to recognize at the planning and systems levels that stress should be handled as part of a prevention policy / system.	4	**3**	**1**	**1**	17	79	23	37
2	9	Treat stress at the source — at the organization level (primary intervention eliminate hazard at the source).	**1**	4	**2**	4	21	74	21	30
3	12	Identify stress as a workplace hazard.	14	**1**	5	6	9	84	18	29
4	**1**	Provincial and national regulators need to recognize stress in their legislation and link this to other areas, e.g., enforcement, hours of work, vacations, disease definitions.	12	**2**	9	5	10	80	17	30
5	23	Value people over the dollars!	9	6	6	9	15	73	18	28
6	**3**	A body of Tools, Resources and Models of stress needs to be developed for government, labour and employers to assist in tackling stress (CCOHS).	**3**	12	4	**2**	17	64	19	32
7	13	Develop tools and checklists on stress, e.g., a risk assessment tool to evaluate workplace risk for stress-related illness.	5	10	**3**	8	16	66	19	28
8	18	Develop a workplace stress policy similar to harassment-free workplaces.	11	7	11	10	13	73	16	26
9	15	Give workers more control over their workplace and environment.	10	11	10	12	14	65	17	25

4.23 Table of Recommendations / Ranking: Stress

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labour	Gov't	Other	Emplr	Labour	Gov't	Other
10	**2**	CCOHS should be tasked and resourced to lead a national initiative to raise awareness of workplace stress, champion legislative consistency, and act as a national repository of stress-related resources and strategies.	7	13	13	7	15	62	14	29
11	7	Canadian public opinion needs to be modified to recognize stress as a current, valid and widespread occupational affliction.	15	5	12	14	6	74	15	24
12	17	Anti-bullying in the school yard is similar to anti-bullying in the workplace. Promote prevention awareness and programs for stress.	6	18	7	13	16	58	18	24
13	6	The Canadian workplace and medical communities need to emphasize coordination of research and exposure to stress on a national basis that is also comparable to international metrics.	13	14	14	**3**	10	61	13	31
14	14	Collaboration between Wellness and H&S (e.g., departments, committees)	**2**	19	8	15	19	54	18	23
15	10	Lobby compensation boards and governments to enact legislation and to recognize workplace stress as a compensable work-related illness.	23	9	17	16	-1	72	10	23
16	11	Develop a Canadian Stress Code modeled after EC Stress Code and work at getting the workers compensation boards to adopt it.	21	8	19	17	1	72	9	22
17	16	Stress impacts on general health costs (due to lack of recognition) vs. workplace community.	8	21	15	18	15	51	13	21

4.23   Table of Recommendations / Ranking: Stress

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labour	Gov't	Other	Emplr	Labour	Gov't	Other
18	19	Establish and empower a Canadian central research agency that is tripartite, similar to NIOSH, and develops policy recommendations on H&S and occupational disease including clear definitions.	18	16	16	11	3	59	11	26
19	21	Canadian Association of Labour Leaders OH&S Committee should strike a sub-committee on stress as a growing occupational disease — develop mandate.	20	17	22	19	2	59	7	17
20	22	Change employment legislation to decrease work hours, increase vacation, and recognize stress as a workplace hazard.	19	15	21	23	3	61	8	11
21	8	Regarding stress, we should not be low-balling the wish list. We are asking for kindness, caring, empathy, and generosity of spirit in the workplace. In other words, we want a better world. We want people smiling.	17	20	20	21	3	53	9	13
22	5	Barriers at provincial levels, industry sector levels and practitioner levels are not acceptable. Individual groups need to "lead the charge" to tear these barriers down.	22	22	23	20	0	46	6	17
23	20	When it comes to stress the world view of business based on profits cannot be carried over to government, public service, and non-profits. Must be based on professional and personal responsibility.	16	23	18	22	5	43	10	12
		Total Votes by Group:					**229**	**1483**	**329**	**558**

4.3   Occupational Cancer

Number of Recommendations	Number of Votes	Votes by Group (# / %)							
		Employer		Labour		Government		Other	
22	2159	182	8%	1207	56%	291	13%	479	22%

Forum recommendations reflect a range of options for preventing occupational cancer. Many appear in the top 5 recommendations from the Web survey, including use of precautionary principles, establishing a cancer registry, workplace education, promotion of controls and awareness, and banning asbestos use and exports.

Beyond these recommendations are initiatives calling for ingredient-screening and substituting carcinogens, conducting more epidemiological research, expanding the schedule of diseases through a national occupational disease panel, enhanced identification and restriction of carcinogens, and legislation.

All groups voted similarly on the top ranking recommendations. For instance, the groups shared 4 out of the top 5 recommendations overall. This is the only survey topic where this amount of agreement occurred.

The lowest ranking recommendations deal with education and awareness: promoting a "prevent cancer" campaign, adding "occupational cancer to high school curricula, and developing a tripartite model for public education.

4.31   Web vs. Forum

Generally the top recommendations developed at the Forum workshop remained top rated recommendations in the Web survey.

Other observations:

- A recommendation regarding privacy concerns affecting research dropped from Forum rank #6 to Web rank #16.
- A recommendation to promote a "prevent cancer" campaign for schools dropped from Forum rank #5 to Web rank #20.
- Recommendations dealing with ingredient screening or restricting chemicals based on carcinogenicity moved up from Forum ranks #14 and #18 to Web ranks #6 and #9.
- Overall 3100 recommendation votes were submitted through 155 page submissions.

4.32   Variations by Group

There were generally many similarities in voting patterns for both highest and lowest ranking recommendations. Some exceptions occurred for recommendations dealing with legislation, research/privacy, and use of best practices. For example:

- The Employer group ranked the recommendation dealing with research/privacy matters as #5, whereas the Labour group ranked it as #21.
- The Employer group ranked the recommendation for aggressive screening/substitution of cancer-causing chemicals as #16, whereas non-employer groups ranked it fairly high (between #5 and #7).
- The Other group ranked the recommendation for increasing government research funds fairly high (#4) while Labour ranked this #11 and Employers #9.

4.33 Table of Recommendations / Ranking: Occupational Cancer

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labour	Govt	Other	Emplr	Labour	Gov't	Other
1	**1**	Apply precautionary principles in use of chemicals or agents in the workplace.	**1**	**1**	**3**	6	18	68	21	25
3	**3**	Establish a cancer registry that is linked to occupations and industry groups.	**3**	**3**	**2**	**1**	13	65	22	30
8	8	Employers and workers promote controls — Education at the source of exposures — health and safety awareness about carcinogens and occupational disease.	**2**	4	4	**3**	16	63	21	27
7	7	Develop a national occupational disease (cancer) surveillance program.	4	5	**1**	**2**	13	61	23	27
2	**2**	Ban asbestos use and ban the export of asbestos in and from Canada.	7	**2**	10	5	10	67	12	26
14	14	Aggressive ingredient screening of cancer-causing chemicals used in the workplace by employers, and substitute them out.	16	7	5	7	5	61	19	24
4	4	Increase government research funds for epidemiological studies in occupational cancer.	9	11	7	4	9	56	17	26
9	9	Expand the schedule for compensable occupational diseases through the establishment of a national occupational disease panel.	10	6	11	9	9	61	12	24
18	18	Canadian infrastructure for identifying and streaming for restricted carcinogens — a process to promote and identify these chemicals.	11	8	6	12	8	58	17	22
12	12	Legislation — suppliers ought to be forced to substitute carcinogens with non-carcinogens.	20	10	8	14	4	58	16	21
20	20	Secondary victims can occur — increased awareness of the impact of workplace chemicals on families and neighbourhoods.	13	9	16	16	7	58	10	20
13	13	Gather and share best practices from other countries.	6	19	9	8	11	44	15	24
16	16	Assistance for workers and industry to record work history.	8	14	15	17	10	54	11	19

4.33 Table of Recommendations / Ranking: Occupational Cancer

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labour	Govt	Other	Emplr	Labour	Gov't	Other
15	15	Community right-to-know bylaw across municipalities to allow the public to know what carcinogens and other chemicals are in their communities.	17	13	12	15	5	55	12	21
19	19	A national survey of the pervasiveness of carcinogens should be publicly available.	12	15	18	10	7	52	8	24
6	6	Privacy concerns — need means to carry out occupational cancer studies and databases while respecting legitimate privacy right. Currently research is endangered.	5	21	14	11	11	42	12	23
21	21	Fund a council solely for the review of occupational cancers — information to be shared at all stakeholder levels including international.	21	17	13	13	3	48	12	22
10	10	Mass campaign on carcinogenic substitution.	19	12	17	19	4	56	9	16
22	22	Adopt public awareness (social marketing) approaches used for anti-smoking and drinking and driving to promote cancer prevention.	14	20	19	18	7	44	8	18
5	5	Promote a "prevent cancer" campaign — start in elementary school, continue to high school.	22	16	21	20	1	52	5	16
11	11	Add topic of "occupational cancer" to secondary school curriculum.	15	18	22	22	6	47	2	11
17	17	Develop tripartite model with public education.	18	22	20	21	5	37	7	13
		Total Votes by Group:					182	1207	291	479

4.4 Infectious Diseases

Number of Recommendations	Number of Votes	Votes by Group (# / %)							
		Employer		Labour		Government		Other	
21	1558	189	12%	829	53%	279	18%	261	17%

Consistent Web survey voting for many top recommendations resulted in only minor differences among groups and the ranks they assigned to recommendations.

Generally, many voters felt positive about the top ranked recommendation from both the Forum and the Web survey, which deals with a "comprehensive communication strategy." This initiative would have to be undertaken at a number of levels and by a variety of organizations.

Almost scoring as high were a series of recommendations that focus more directly on workplaces. These include initiatives to implement training and education for infection control and infectious disease, clear communication of risk, and implementation of systems for workplace recognition and prevention of infectious diseases.

Other highly ranked recommendations include more broadly reaching initiatives that affect larger strategies or communications: national strategies and systems, emergency preparedness and communicating prevention strategies, and development of a primary prevention approach using standards similar to the ISO.

Lower ranking recommendations include an initiative to increase immunizations to protect workers and an education and communication plan using the media.

4.41   Web vs. Forum

Comparing the results between the Web survey and the Forum recommendations, these observations can be made:

- Only 5 of the top Forum recommendations ranked top 10 overall in the Web survey.
- The lowest ranked Forum recommendation moved to the overall Web rank #4.
- Over 2250 recommendation votes were submitted through 121 page submissions.

4.42   Variations by Group

Since many recommendations received almost similar votes only large differences are noted below:

- The Labour group rated initiatives ensuring compensation to all employees and workers as #1, while non-Labour groups rated this recommendation between #11 and #18.
- The Employer group rated the recommendation to set up a federal body to oversee/coordinate national policies as #9, while Labour rated this as #18.

The Other group rated "Regulators to ensure that stakeholders follow best practice standards" as #5, while Employers rated this as #1.

4.43   Table of Recommendations / Ranking: Infectious Diseases

Web Rank	Forum Rank	Recommendations	Rank				Number of Votes by Group			
			Emplr	Labour	Gov't	Other	Emplr	Labour	Gov't	Other
1	**1**	Comprehensive communication strategy: 1) at the international level: the WHO and the US CDC should communicate information directly to Canadian authorities. 2) act at the federal level: a Canadian federal health agency (possibly the Public Health Agency) with the authority to monitor international infectious disease situations and be responsible for dissemination of that information to all provincial and other authorities. Use special internet sites and telecommunication channels. 3) act at the provincial level through provincial health agencies and labour ministries: must consistently and in a timely fashion disseminate information on infectious diseases and control procedures, PPE and infection control methodologies and equipment (to reduce outbreaks and pandemics) to stakeholders. 4) act at the public health level: must monitor health care "types" for compliance and must disseminate information to the general public. 5) act at the municipal level: to institute provincial protocols, communicate with public health authorities to inform them of local outbreaks, and to disseminate information to local residents in as many languages as possible.	**1**	**2**	**1**	**3**	14	45	17	16
9	9	Continuous training and education focused on how to implement infection control precautions and then ensure that these standards are enforced. (e.g., how to dress and remove gloves, masks, etc. safely).	5	7	**2**	**1**	12	44	17	18

4.43 Table of Recommendations / Ranking: Infectious Diseases

Web Rank	Forum Rank	Recommendations	Rank				Number of Votes by Group			
			Emplr	Labour	Gov't	Other	Emplr	Labour	Gov't	Other
11	11	Public health agencies (at all levels) must communicate clear and accurate information — risk communication.	3	9	5	**2**	13	43	16	17
21	21	Implement systems for recognizing and preventing infectious diseases in the workplace.	7	8	4	6	12	44	16	15
14	14	Improve employee education about infectious diseases.	10	4	**3**	7	11	45	16	14
5	5	Develop and implement a common national strategy using the Public Health Agency, alerts and tracking and surveillance systems.	**2**	5	8	13	13	44	15	12
2	**2**	Emergency preparedness: Communicate prevention strategies.	8	**3**	7	9	11	45	15	13
8	8	Improved communication with/between stakeholders and public during emergencies.	4	6	9	14	12	44	15	12
12	12	Plan and implement effective communication channels, defining roles and responsibilities at all levels.	6	17	6	8	12	35	16	14
6	6	Develop and implement a primary prevention approach that would use international public health standards similar to the ISO.	12	16	12	4	10	36	13	16
15	15	Physicians should be required to incorporate public health and OH&S into their practice (including activities such as surveillance, medical assessment and reporting).	11	13	17	15	11	39	11	12
7	7	Ensure that jurisdictions compensate all employees and worker impacted by infectious disease.	18	**1**	18	11	4	46	10	13

4.43   Table of Recommendations / Ranking: Infectious Diseases

Web Rank	Forum Rank	Recommendations	Rank				Number of Votes by Group			
			Emplr	Labour	Gov't	Other	Emplr	Labour	Gov't	Other
4	4	Regulators to ensure that all stakeholders follow best practice standards.	19	10	14	5	3	42	12	16
10	10	Develop a regulation — similar to WHMIS training — for mandatory infection control training.	13	14	16	17	10	39	12	11
19	19	Post secondary education in health, health and safety for all disciplines to varying degrees. For example engineering and medicine should have 2 days while others some basic knowledge.	14	11	15	16	9	40	12	11
3	**3**	Federal body to oversee/coordinate national policies.	9	18	13	10	11	34	13	13
20	20	Enforcement and periodic evaluations to help prevent infectious disease.	17	15	11	18	6	39	13	10
18	18	Use universal precautions then use worst case system for the unknown.	15	12	10	20	8	40	14	5
13	13	Policy and protocols should be developed by regulatory authorities.	16	19	19	19	7	30	9	8
17	17	Increase immunizations to protect workers.	20	20	20	12	1	29	9	13
16	16	Education and communication plan using media.	21	21	21	21	-1	26	8	2
		Total Votes by Group					189	829	279	261

4.5 Respiratory Disease

Number of Recommendations	Number of Votes	Votes by Group (# / %)							
		Employer		**Labour**		**Government**		**Other**	
12	730	97	13%	422	58%	76	10%	135	17%

For many of the top recommendations, there were only slight differences in how the groups ranked them and in the number of votes cast by each group. For example, in the Government group fewer than 6 votes separate the top from the lowest calculated vote. Similarly, in the Employer group only 11 votes separate the top from the lowest calculated vote.

Top recommendations deal with a wide range of initiatives, including improving the education of the medical community, a need for information resources and centralized databases on respiratory disease, and a need for resources to improve awareness and regulations and enforce regulations. Rounding out the recommendations are multi-step initiatives to increase research and knowledge, education, and participation by all parties in recognition and prevention.

4.51 Web vs. Forum

Comparing results between the Web survey and the Forum recommendations, these observations can be made:

- 4 of the top 5 Forum recommendations appear in the top 5 Web survey recommendations, including informational strategies and improving medical practitioner recognition of respiratory diseases.
- A recommendation to improve the leadership of all parties in matters of recognition and prevention dropped from Forum rank #4 to Web rank #11.
- Over 1100 recommendation votes were submitted through 98 page submissions.

4.52 Variations by Group

Since many recommendations received almost similar votes, only significant differences are noted below:

- The Labour group rated the recommendation to improve regulations and enforcement as #1, while Government rated this as #12.
- The Government group rated the recommendation to enable a central organization to develop and maintain an information database as #1, while Labour rated this as #8.
- All groups rated recommendations such as social marketing and improving workplace systems and developing control programs as the lowest, rated #10 to #12.

The Employer group rated the multi-stepped recommendation to increased research, tripartite involvement and improving hazard recognition and assessment of agents causing respiratory disease as #3, while others rated it more moderately as #7 or #8.

4.53 Table of Recommendations / Ranking: Respiratory Disease

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labr	Gov't	Other	Emplr	Labour	Gov't	Other
5	5	Ensure medical practitioners are better educated in occupational diseases and illnesses (identification, recognition).	**1**	**2**	**2**	**1**	13	39	9	15
2	**2**	Information — need consistency, good quality, national pooling with input from government, labour, agencies, medical community, industry, industry associations and labour organizations.	**2**	6	5	**2**	12	35	8	14
1	**1**	Enable a central organization to develop and maintain an information database (like the U.S. NIOSH).	4	8	**1**	4	11	35	10	13
3	**3**	Integrate resources of Labour, Environment, Public Health (in different jurisdictions) to form working groups to better understand causes of, raise awareness of and enforce regulations to prevent occupational respiratory diseases.	5	**3**	4	6	11	39	8	11
8	8	Increase the resources available: 1) more dollars for education and awareness of occupational respiratory disease to workers, management, unions, and medical professionals 2) develop alternative products for substitutions and implement process improvements.	6	4	6	**3**	8	38	7	14

4.53 Table of Recommendations / Ranking: Respiratory Disease

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labr	Gov't	Other	Emplr	Labour	Gov't	Other
6	6	Improve regulations and enforcement: 1) expand and provided detailed information coverage of all chemicals causing respiratory disease 2) decrease the occupational exposure limits (de-couple workplace exposure limits from the ACGIH TLVs and include local research) and 3) decrease the time needed between research gathering and policy-making.	9	**1**	12	5	7	41	3	12
7	7	Identify and assess occupational respiratory diseases through: 1) resources (dollars) for increased research on cause and effect (epidemiological) studies 2) tripartite involvement of government, industry and labour 3) improved hazard recognition and assessment of agents causing respiratory diseases and illnesses.	**3**	7	8	8	12	35	5	11
11	11	Organization (federally and/or provincially funded) to ensure 1) education and guidelines for primary care workers and employers 2) research and 3) federal data registry including information on diseases and chemicals.	7	5	7	7	8	38	5	11
9	9	Hire more industrial hygienists (through the enforcing regulatory departments) to audit, inspect and enforce best practices and legislation.	10	9	9	9	4	35	4	11
4	4	Improve the leadership of all parties in matters of recognition and prevention — such as government, WCBs, researchers, etc.	8	10	**3**	12	7	31	9	6
12	12	Sustained social marketing for awareness of the issue.	12	11	10	11	2	31	4	7

4.53 Table of Recommendations / Ranking: Respiratory Disease

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labr	Gov't	Other	Emplr	Labour	Gov't	Other
10	10	Improving workplace systems and developing control programs: cost-benefit analysis, proforma statement, compensation, re-engineering, etc. (chicken-egg theory).	11	12	11	10	2	25	4	10
		Total Votes by Group					**97**	**422**	**76**	**135**

4.6 Occupational Diseases (General)

Number of Recommendations	Number of Votes	Votes by Group (# / %)							
		Employer		Labour		Government		Other	
16	730	97	13%	422	50%	76	17%	135	21%

Unlike recommendations for the other topics, the top recommendations on occupational diseases as a general issue were compiled from the recommendations of all workshop groups. While the workshop votes were not truly relative to each other, they were still used to provide order for these recommendations on the Web survey.

4.61   Web vs. Forum

Comparing results between the Web survey and Forum recommendations, these observations can be made:

- Top Forum recommendations remained in the top half of the Web ranked recommendations.
- Forum recommendations such as a national registry of all compensable occupational diseases and sharing information on safer substitutes, which had been Forum ranks #10 and #11, moved to Web ranks #2 and #3.
- Forum recommendations such as establishing a national exposure database that posts jurisdiction, hazard identification, etc. stayed as a high ranking initiative — Web rank #4.
- Overall more than 1781 recommendation votes were submitted through 126 page submissions.

4.62   Variations by Group

There were some similarities in the voting patterns of the different groups, both for highest and lowest ranking recommendations. The following differences were noted:

- Employers ranked the following three recommendations much lower than non-employer groups: creation of a national exposure database, occupational health education for healthcare professionals — ensuring availability of occupational hygiene forms, and hiring more industrial hygienists.
- Employers ranked the following two initiatives somewhat higher than the non-employer groups: requiring occupational physicians to ask for occupational histories and entering that data into a pooled system, and developing a process to track work history.
- Labour ranked expanding the schedule for compensable occupational diseases through a national panel #3, while the other groups ranked this much lower (Employer #8, Government #12 and Other #14).
- Government and Other groups ranked a Canada-wide database (non-personalized), where the health care system would gather data to include occupational personal information, genetics, exposures and smoking history, much higher (#5 and #8) than the other groups. Both Employers and Labour ranked this as #15.

4.63   Table of Recommendations / Ranking: Occupational Diseases (General)

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labour	Govt	Oth	Emplr	Labour	Gov't	Oth
1	5	Educate young, new and immigrant workers and students in all aspects of occupational health and safety, including risks of illness and rights.	**1**	**1**	**1**	**1**	16	46	24	21
2	10	National registry of all compensable occupational diseases.	7	**2**	**2**	5	11	46	19	18
3	11	Share information on safer substitutes for hazardous chemicals.	4	7	4	**2**	12	41	17	21
4	**3**	National exposure database that posts jurisdiction information, hazard identification, etc. should be developed.	11	5	**3**	**3**	9	42	17	19
5	12	Enable a central organization to develop and maintain an information database (e.g., like the U.S. NIOSH).	5	8	6	4	12	41	15	19
6	**2**	Require occupational physicians to ask for current and past occupations and enter that data into a pooled system.	**2**	4	7	6	13	42	13	17
7	**1**	Occupational health education for healthcare professionals — ensure availability of tools such as occupational hygiene forms.	12	6	8	7	8	42	13	16
8	16	Expand the schedule for compensable occupational diseases through the establishment of a national occupational disease panel.	8	**3**	12	14	11	44	10	13
9	4	Develop a process to track work history.	**3**	9	9	12	12	37	13	13
10	13	Improve the leadership of all parties in matters of recognition and prevention — such as government, WCBs, researchers, etc.	6	12	14	10	12	33	9	15
11	9	Modify privacy laws so that occupational disease research is not hampered.	10	14	10	9	10	31	12	15
12	14	Hire more industrial hygienists (through enforcing regulatory departments) to audit, inspect and enforce best practices and legislation.	14	10	13	11	7	36	9	14

4.63   Table of Recommendations / Ranking: Occupational Diseases (General)

Web Rank	Forum Rank	Recommendations	Rank by Group				Number of Votes by Group			
			Emplr	Labour	Govt	Oth	Emplr	Labour	Gov't	Oth
13	6	Canada wide database (non-personalized) — where the health care system gathers data to include occupational personal information, genetics, exposures, and smoking history.	15	15	5	8	3	31	16	15
14	7	Death certificate shall contain occupational information.	13	13	11	13	7	33	11	13
15	15	Establish a national regulation on metal working fluids to .1 mg/m3.	16	11	15	16	3	35	3	8
16	8	A cadre of experts to support small business.	9	16	16	15	10	16	0	13
		Total Votes by Group					**156**	**596**	**201**	**250**

Appendix A: Forum Recommendations Posted to the Web Survey Site

- WMSDs/RMIs
- Stress
- Occupational Cancer
- Infectious Diseases
- Respiratory Disease
- Occupational Diseases (General)

WMSDs / RMIs: Forum Recommendations

Rank	Recommendations
1	Develop and implement provincial and federal laws on ergonomics.
2	Develop a strong ergonomic program that is implemented and regularly assessed (e.g., monitoring by Health and Safety Committee).
3	Enforcement of ergonomic laws and regulations by government bodies (regulators in each jurisdiction).
4	National body to recognize occupational injuries similar to USA, NIOSH; UK-HSE.
5	Improve training of medical community so members recognize WMSDs.
6	Improve prevention efforts such as encourage health and wellness in the workplace.
7	Improve the workplace culture (workers can be afraid to report injuries). Reduce the attitude of "us versus them."
8	Get commitment of upper management to recognize and prevent WMSDs.
9	Workplace action: 1) workers should take action to identify general WMSD hazards (resulting in aches and pains) in their workplaces and report to the supervisors without fear of reprisal or discrimination 2) supervisors to assess and recognize H&S and ergonomic hazards, and 3) management to develop H&S programs that reacts to the concerns of workers and/or supervisors.
10	Advocacy and education: knowledge transfer and awareness of WMSDs through development of educational curriculum (career training path), increased research, and the development of a national clearinghouse to transfer knowledge.
11	Increased research on injury causation and identifying leading indicators.
12	Awareness and education, including early reporting and recognition of the risk.
13	Employers should work closely with manufacturers when purchasing equipment to ensure that it meets the needs of all workers within the organization either by being adjustable to the worker or by eliminating an ergonomic hazard through design.
14	Get the commitment of all parties. Have all stakeholders working together.
15	Increase access to training at all levels of the organization.
16	Develop partnerships to improve recognition and prevention efforts.
17	Ergonomic legislation that is for all of Canada — legislation on recording and reporting at the workplace with enforcement — education at all levels form grade school to college and university training at all workplaces — information clearing house organization with all parties involved.
18	Provide increased training to ensure awareness of rights and responsibilities.
19	Improve the collaborative efforts from all stakeholders (workplace, government, healthcare providers, employees) such as this tripartite Forum.
20	National body such as CCOHS — which can provide input of management, labour, government and medical community.
21	*Workplace Safety and Insurance Act* — change to make number one mandate back to workers and their compensation.
22	Connect prevention and compensation staff to improve understanding of risk factors.
23	Support Association of Canadian Ergonomists and other professional associations.
24	Develop an occupational WMSD database that includes injury causes and preventative measures.

Stress: Forum Recommendations

Rank	Recommendations
1	Provincial and national regulators need to recognize stress in their legislation and link this to other areas. E.g., enforcement, hours of work, vacations, disease definitions.
2	CCOHS should be tasked and resourced to lead a national initiative to raise awareness of workplace stress, champion legislative consistency, and act as a national repository of stress-related resources and strategies.
3	A body of tools, resources and models of stress needs to be developed for government, labour and employers to assist in tackling stress (CCOHS).
4	Employers and employer groups need to recognize at the planning and systems levels that stress should be handled as part of a prevention policy / system.
5	Barriers at provincial levels, industry sector levels and practitioner levels are not acceptable. Individual groups need to "lead the charge" to tear these barriers down.
6	The Canadian workplace and medical communities need to emphasize coordination of research and exposure to stress on a national basis that is also comparable to international metrics.
7	Canadian public opinion needs to be modified to recognize stress as a current, valid and widespread occupational affliction.
8	Regarding stress, we should not be low-balling the wish list. We are asking for kindness, caring, empathy, and generosity of spirit in the workplace in other words, we want a better world. We want people smiling.
9	Treat stress at the source — at the organization level (primary intervention eliminate hazard at the source).
10	Lobby compensation boards and governments to enact legislation and to recognize workplace stress as a compensable work-related illness.
11	Develop a Canadian Stress Code modelled after EC Stress Code and work at getting the workers compensation boards to adopt it.
12	Identify stress as a workplace hazard.
13	Develop tools and checklists on stress, e.g., a risk assessment tool to evaluate workplace risk for stress-related illness.
14	Collaboration between wellness and H&S (e.g., departments, committees)
15	Give workers more control over their workplace and environment.
16	Stress impacts on general health costs (due to lack of recognition) vs. workplace community.
17	Anti-bullying in the school yard is similar to anti-bullying in the workplace. Promote prevention awareness and programs for stress.
18	Develop a workplace stress policy similar to harassment-free workplaces.
19	Establish and empower a Canadian central research agency which is tripartite, similar to NIOSH and develops policy recommendations on H&S and occupational disease including clear definitions.

20	When it comes to stress the world view of business based on profits cannot be carried over to government, public service, and non-profits. Must be based on professional and personal responsibility.
21	Canadian Association of Labour Leaders OH&S Committee should strike a sub-committee on stress as a growing occupational disease — develop mandate.
22	Change employment legislation to decrease work hours, increase vacation, and recognize stress as a workplace hazard.
23	Value people over the dollars!

Occupational Cancer: Forum Recommendations

Rank	Recommendations
1	Apply precautionary principles in use of chemicals or agents in the workplace.
2	Ban asbestos use and ban the export of asbestos in and from Canada.
3	Establish a cancer registry that is linked to occupations and industry groups.
4	Increase government research funds for epidemiological studies in occupational cancer.
5	Promote a "prevent cancer" campaign — start in elementary school, continue to high school.
6	Privacy concerns — need means to carry out occupational cancer studies and databases while respecting legitimate privacy right. Currently research is endangered.
7	Develop a national occupational disease (cancer) surveillance program.
8	Employers and workers promote controls — education at the source of exposures — health and safety awareness about carcinogens and occupational disease.
9	Expand the schedule for compensable occupational diseases through the establishment of a national occupational disease panel.
10	Mass campaign on carcinogenic substitution.
11	Add topic of "occupational cancer" to secondary school curriculum.
12	Legislation — suppliers ought to be forced to substitute carcinogens with non-carcinogens.
13	Gather and share best practices from other countries.
14	Aggressive ingredient screening of cancer-causing chemicals used in the workplace by employers and substitute them out.
15	Community right to know bylaw across municipalities to allow the public to know what carcinogens and other chemicals are in their communities.
16	Assistance for workers and industry to record work history.
17	Develop tripartite model with public education.
18	Canadian infrastructure for identifying and streaming for restricted carcinogens — a process to promote and identify these chemicals.
19	A national survey of the pervasiveness of carcinogens should be publicly available.
20	Secondary victims can occur — increased awareness of the impact of workplace chemicals on families and neighbourhoods.
21	Fund a council solely for the review of occupational cancers — information to be shared at all stakeholder levels including international.
22	Adopt public awareness (social marketing) approaches used for anti-smoking and drinking and driving to promote cancer prevention.

Infectious Diseases: Forum Recommendations

Rank	Recommendations
1	Comprehensive communication strategy: 1) at the international level: the WHO and the US CDC should communicate information directly to Canadian authorities. 2) act at the federal level: a Canadian federal health agency (possibly the Public Health Agency) with the authority to monitor international infectious disease situations and be responsible for dissemination of that information to all provincial and other authorities. Use special internet sites and telecommunication channels. 3) act at the provincial level through provincial health agencies and labour ministries: must consistently and in a timely fashion disseminate information on infectious diseases and control procedures, PPE and infection control methodologies and equipment (to reduce outbreaks and pandemics) to stakeholders. 4) act at the public health level: must monitor health care "types" for compliance and must disseminate information to the general public. 5) act at the municipal level: to institute provincial protocols, communicate with public health authorities to inform them of local outbreaks, and to disseminate information to local residents in as many languages as possible.
2	Emergency preparedness: communicate prevention strategies.
3	Federal body to oversee/coordinate national policies.
4	Regulators to ensure that all stakeholders follow best practice standards.
5	Develop and implement a common national strategy using the Public Health Agency, alerts and tracking and surveillance systems.
6	Develop and implement a primary prevention approach that would use international public health standards similar to the ISO.
7	Ensure that jurisdictions compensate all employees and workers impacted by infectious disease.
8	Improved communication with/between stakeholders and public during emergencies.
9	Continuous training and education focused on how to implement infection control precautions and then ensure that these standards are enforced. (e.g., how to dress and remove gloves, masks, etc. safely).
10	Develop a regulation — similar to WHMIS training — for mandatory infection control training.
11	Public health agencies (at all levels) must communicate clear and accurate information — risk communication.
12	Plan and implement effective communication channels, defining roles and responsibilities at all levels.
13	Policy and protocols should be developed by regulatory authorities.
14	Improve employee education about infectious diseases.
15	Physicians should be required to incorporate public health and occupational health & safety into their practice (including activities such as surveillance, medical assessment and reporting).
16	Education and communication plan using media.
17	Increase immunizations to protect workers.
18	Use universal precautions then use worst case system for the unknown.
19	Post secondary education in health, health and safety for all disciplines to varying degrees. For example, engineering and medicine should have 2 days while others some basic knowledge.
20	Enforcement and periodic evaluations to help prevent infectious disease.
21	Implement systems for recognizing and preventing infectious diseases in the workplace.

Respiratory Disease: Forum Recommendations

Rank	Recommendations
1	Enable a central organization to develop and maintain an information database (like the U.S. NIOSH).
2	Information — need consistency, good quality, national pooling with input from government, labour, agencies, medical community, industry, industry associations and labour organizations.
3	Integrate resources of Labour, Environment, Public Health (in different jurisdictions) to form working groups to better understand causes of, raise awareness of and enforce regulations to prevent occupational respiratory diseases.
4	Improve the leadership of all parties in matters of recognition and prevention — such as government, WCBs, researchers, etc.
5	Ensure medical practitioners are better educated in occupational diseases and illnesses (identification, recognition).
6	Improve regulations and enforcement: 1) expand and provided detailed information coverage of all chemicals causing respiratory disease 2) decrease the occupational exposure limits (de-couple workplace exposure limits from the ACGIH TLVs and include local research) and 3) decrease the time needed between research gathering and policy-making.
7	Identify and assess occupational respiratory diseases through 1) resources (dollars) for increased research on cause and effect studies (epidemiological studies) 2) tripartite involvement of government, industry and labour 3) improved hazard recognition and assessment of agents causing respiratory diseases and illnesses.
8	Increase the resources available: 1) more dollars for education and awareness of occupational respiratory disease to workers, management, unions, and medical professionals 2) develop alternative products for substitutions and implement process improvements.
9	Hire more industrial hygienists (through the enforcing regulatory departments) to audit, inspect and enforce best practices and legislation.
10	Improving workplace systems and developing control programs: cost-benefit analysis, proforma statement, compensation, re-engineering, etc. (chicken-egg theory).
11	Organization (federally and/or provincially funded) to ensure 1) education and guidelines for primary care workers and employers 2) research and 3) federal data registry including information on diseases and chemicals.
12	Sustained social marketing for awareness of the issue of occupational respiratory disease.

Occupational Diseases (General): Forum Recommendations

Rank	Recommendations
1	Occupational health education for healthcare professionals — ensure availability of tools such as occupational hygiene forms.
2	Require occupational physicians to ask for current and past occupations and enter that data into a pooled system.
3	National exposure database that posts jurisdiction information, hazard identification, etc. should be developed.
4	Develop a process to track work history.
5	Educate young, new and immigrant workers and students in all aspects of occupational health and safety, including risks of illness and rights.
6	Canada wide database (non-personalized) — where the health care system gathers data to include occupational personal information, genetics, exposures, and smoking history.
7	Death certificate shall contain occupational information.
8	A cadre of experts to support small business.
9	Modify privacy laws so that occupational disease research is not hampered.
10	National registry of all compensable occupational diseases.
11	Share information on safer substitutes for hazardous chemicals.
12	Enable a central organization to develop and maintain an information database (e.g., like the U.S. NIOSH).
13	Improve the leadership of all parties in matters of recognition and prevention — such as government, WCBs, researchers, etc.
14	Hire more industrial hygienists (through enforcing regulatory departments) to audit, inspect and enforce best practices and legislation.
15	Establish a national regulation on metal working fluids to .1 mg/m3.
16	Expand the schedule for compensable occupational diseases through the establishment of a national occupational disease panel.

Appendix B: Forum Recommendations by Importance

- WMSDs/RMIs
- Stress
- Occupational Cancer
- Infectious Diseases
- Respiratory Disease
- Occupational Diseases (General)

WMSDs / RMIs: Forum Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
1	8	Get commitment of upper management to recognize and prevent WMSDs.	197	11	4	193
2	2	Develop a strong ergonomic program that is implemented and regularly assessed (e.g., monitoring by Health and Safety Committee).	188	24	3	185
3	9	Workplace action: 1) workers should take action to identify general WMSD hazards (resulting in aches and pains) in their workplaces and report to the supervisors without fear of reprisal or discrimination 2) supervisors to assess and recognize H&S and ergonomic hazards, and 3) management to develop H&S programs that reacts to the concerns of workers and/or supervisors.	187	22	4	183
4	13	Employers should work closely with manufacturers when purchasing equipment to ensure that it meets the needs of all workers within the organization either by being adjustable to the worker or by eliminating an ergonomic hazard through design.	185	25	2	183
5	12	Awareness and education, including early reporting and recognition of the risk.	182	26	3	179
6	24	Develop an occupational WMSD database that includes injury causes and preventative measures.	176	31	8	168
7	7	Improve the workplace culture (workers can be afraid to report injuries). Reduce the attitude of "us versus them."	173	35	7	166
8	5	Improve training of medical community so members recognize WMSDs.	166	38	9	157
9	14	Get the commitment of all parties. Have all stakeholders working together.	161	46	6	155
10	1	Develop and implement provincial and federal laws on ergonomics.	160	42	13	147
11	6	Improve prevention efforts such as encourage health and wellness in the workplace.	162	35	18	144
12	4	National body to recognize occupational injuries similar to USA, NIOSH; UK-HSE.	151	50	9	142

WMSDs / RMIs: Forum Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
13	10	Advocacy and education: knowledge transfer and awareness of WMSDs through development of educational curriculum (career training path), through increased research, and the development of a national clearinghouse to transfer knowledge.	151	50	10	141
14	11	Increased research on injury causation and identifying leading indicators.	150	57	9	141
15	3	Enforcement of ergonomic laws and regulations by government bodies (regulators in each jurisdiction).	151	48	14	137
16	17	Ergonomic legislation that is for all of Canada — legislation on recording and reporting at the workplace with enforcement — education at all levels form grade school to college and university training at all workplaces — information clearing house organization with all parties involved.	156	39	19	137
17	22	Connect prevention and compensation staff to improve understanding of risk factors.	147	55	11	136
18	19	Improve the collaborative efforts from all stakeholders (workplace, government, healthcare providers, employees) such as this tripartite Forum.	143	61	8	135
19	15	Increase access to training at all levels of the organization.	145	54	11	134
20	18	Provide increased training to ensure awareness of rights and responsibilities.	140	63	10	130
21	16	Develop partnerships to improve recognition and prevention efforts.	140	57	11	129
22	20	National body such as CCOHS — which can provide input of management, labour, government and medical community.	135	66	11	124
23	23	Support Association of Canadian Ergonomists and other professional associations.	138	54	20	118
24	21	*Workplace Safety and Insurance Act* — change to make number one mandate back to workers and their compensation.	118	63	30	88
		TOTALS	**3802**	**1052**	**250**	**3552**
					Total Votes	**5104**

Stress: Forum Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
1	4	Employers and employer groups need to recognize at the planning and systems levels that stress should be handled as part of a prevention policy / system.	155	25	0	155
2	9	Treat stress at the source — at the organization level (primary intervention eliminate hazard at the source).	152	17	7	145
3	12	Identify stress as a workplace hazard.	149	18	10	139
4	1	Provincial and national regulators need to recognize stress in their legislation and link this to other areas. E.g., enforcement, hours of work, vacations, disease definitions.	146	23	10	136
5	23	Value people over the dollars!	141	31	6	135
6	3	A body of tools, resources and models of stress needs to be developed for government, labour and employers to assist in tackling stress (CCOHS).	138	34	7	131
7	13	Develop tools and checklists on stress, e.g., a risk assessment tool to evaluate workplace risk for stress-related illness.	136	34	7	129
8	18	Develop a workplace stress policy similar to harassment-free workplaces.	136	30	9	127
9	15	Give workers more control over their workplace and environment.	131	34	10	121
10	2	CCOHS should be tasked and resourced to lead a national initiative to raise awareness of workplace stress, champion legislative consistency, and act as a national repository of stress-related resources and strategies.	130	38	11	119
11	7	Canadian public opinion needs to be modified to recognize stress as a current, valid and widespread occupational affliction.	133	27	14	119
12	17	Anti-bullying in the school yard is similar to anti-bullying in the workplace. Promote prevention awareness and programs for stress.	128	35	12	116
13	6	The Canadian workplace and medical communities need to emphasize coordination of research and exposure to stress on a national basis that is also comparable to international metrics.	126	39	11	115

Stress: Forum Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
14	14	Collaboration between Wellness and H&S (departments, committees, etc.)	123	45	8	115
15	10	Lobby compensation boards and governments to enact legislation and to recognize workplace stress as a compensable work-related illness.	126	28	22	104
16	11	Develop a Canadian Stress Code modelled after EC Stress Code and work at getting the workers compensation boards to adopt it.	123	30	20	103
17	16	Stress impacts on general health costs (due to lack of recognition) vs. workplace community.	111	49	11	100
18	19	Establish and empower a Canadian central research agency that is tripartite, similar to NIOSH, and develops policy recommendations on H&S and occupational disease including clear definitions.	111	51	13	98
19	21	Canadian Association of Labour Leaders OH&S Committee should strike a sub-committee on stress as a growing occupational disease — develop mandate.	101	50	17	84
20	22	Change employment legislation to decrease work hours, increase vacation, and recognize stress as a workplace hazard.	107	43	23	84
21	8	Regarding stress, we should not be low-balling the wish list. We are asking for kindness, caring, empathy, and generosity of spirit in the workplace. In other words, we want a better world. We want people smiling.	96	60	19	77
22	5	Barriers at provincial levels, industry sector levels and practitioner levels are not acceptable. Individual groups need to "lead the charge" to tear these barriers down.	93	57	24	69
23	20	When it comes to stress the world view of business based on profits cannot be carried over to government, public service, and non-profits. Must be based on professional and personal responsibility.	90	56	21	69
		TOTALS	**2882**	**854**	**292**	**2590**
					Total Votes	**4028**

Occupational Cancer: Forum Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
1	1	Apply precautionary principles in use of chemicals or agents in the workplace.	133	12	1	132
2	3	Establish a cancer registry that is linked to occupations and industry groups.	133	10	3	130
3	8	Employers and workers promote controls — education at the source of exposures — health and safety awareness about carcinogens and occupational disease.	130	10	3	127
4	7	Develop a national occupational disease (cancer) surveillance program.	127	13	3	124
5	2	Ban asbestos use and ban the export of asbestos in and from Canada.	122	14	7	115
6	14	Aggressive ingredient screening of cancer-causing chemicals used in the workplace by employers and substitute them out.	117	20	8	109
7	4	Increase government research funds for epidemiological studies in occupational cancer.	112	26	4	108
8	9	Expand the schedule for compensable occupational diseases through the establishment of a national occupational disease panel.	111	28	5	106
9	18	Canadian infrastructure for identifying and streaming for restricted carcinogens — a process to promote and identify these chemicals.	113	19	8	105
10	12	Legislation — suppliers ought to be forced to substitute carcinogens with non-carcinogens.	112	18	13	99
11	20	Secondary victims can occur — increase awareness of the impact of workplace chemicals on families and neighbourhoods.	106	25	11	95
12	13	Gather and share best practices from other countries.	103	30	9	94
13	16	Assistance for workers and industry to record work history.	98	41	4	94

Occupational Cancer: Forum Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
14	15	Community right to know bylaw across municipalities to allow the public to know what carcinogens and other chemicals are in their communities.	107	23	14	93
15	19	A national survey of the pervasiveness of carcinogens should be publicly available.	101	31	10	91
16	6	Privacy concerns — need means to carry out occupational cancer studies and databases while respecting legitimate privacy right. Currently research is endangered.	97	36	9	88
17	10	Mass campaign on carcinogenic substitution.	97	32	12	85
18	21	Fund a council solely for the review of occupational cancers — Information to be shared at all stakeholder levels including international.	94	39	9	85
19	22	Adopt public awareness (social marketing) approaches of used for anti-smoking and drinking and driving to promote cancer prevention.	88	45	11	77
20	5	Promote a "prevent cancer" campaign — start in elementary school, continue to high school.	89	38	15	74
21	11	Add topic of "occupational cancer" to secondary school curriculum.	84	41	18	66
22	17	Develop tripartite model with public education.	74	53	12	62
		TOTALS	**2348**	**604**	**189**	**2159**
					Total Votes	**3141**

Infectious Diseases: Forum Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
1	1	Comprehensive communication strategy: 1) at the international level the WHO and the US CDC should communicate information directly to Canadian authorities 2) act at the federal level: a Canadian federal health agency (possibly the Public Health Agency) with the authority to monitor international infectious disease situations and be responsible for dissemination of that information to all provincial and other authorities. Use special internet sites and telecommunication channels 3) act at the provincial level through provincial Health Agencies and Labour Ministries: must consistently and in a timely fashion disseminate information on infectious diseases and control procedures, PPE and infection control methodologies and equipment (to reduce outbreaks and pandemics) to stakeholders 4) act at the public health level: must monitor health care "types" for compliance and must disseminate information to the general public 5) act at the municipal level: to institute provincial protocols, communicate with public health authorities to inform them of local outbreaks, and to disseminate information to local residents in as many languages as possible.	93	15	1	92
2	9	Continuous training and education focused on how to implement infection control precautions and then ensure that these standards are enforced (e.g., how to dress and remove gloves, masks, etc. safely).	92	15	1	91
3	11	Public health agencies (at all levels) must communicate clear and accurate information — risk communication.	94	9	5	89
4	21	Implement systems for recognizing and preventing infectious diseases in the workplace.	90	15	3	87
5	14	Improve employee education about infectious diseases.	88	15	2	86
6	2	Emergency preparedness: communicate prevention strategies.	87	20	3	84
7	5	Develop and implement a common national strategy using the Public Health Agency, alerts and tracking and surveillance systems.	86	19	2	84

Infectious Diseases: Forum Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
8	8	Improved communication with/between stakeholders and public during emergencies.	89	14	6	83
9	12	Plan and implement effective communication channels, defining roles and responsibilities at all levels.	83	19	6	77
10	6	Develop and implement a primary prevention approach that would use international public health standards similar to the ISO.	78	27	3	75
11	4	Regulators to ensure that all stakeholders follow best practice standards.	80	22	7	73
12	7	Ensure that jurisdictions compensate all employees and worker impacted by infectious disease.	81	20	8	73
13	15	Physicians should be required to incorporate public health and occupational health & safety into their practice (including activities such as surveillance, medical assessment and reporting).	78	24	5	73
14	19	Post secondary education in health, health & safety for all disciplines to varying degrees. For example, engineering and medicine should have 2 days while others some basic knowledge.	76	28	4	72
15	10	Develop a regulation — similar to WHMIS training — for mandatory infection control training.	79	21	7	72
16	3	Federal body to oversee/coordinate national policies.	74	32	3	71
17	20	Enforcement and periodic evaluations to help prevent infectious disease.	75	25	7	68
18	18	Use universal precautions then use worst case system for the unknown.	76	23	9	67
19	13	Policy and protocols should be developed by regulatory authorities.	63	34	9	54
20	17	Increase immunizations to protect workers.	64	29	12	52
21	16	Education and communication plan using media.	50	42	15	35
		TOTALS	1676	468	118	1558
					Total Votes	2262

Respiratory Disease: Forum Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
1	5	Ensure medical practitioners are better educated in occupational diseases and illnesses (identification, recognition).	77	13	1	76
2	1	Enable a central organization to develop and maintain an information database (like the U.S. NIOSH).	73	16	4	69
3	2	Information — need consistency, good quality, national pooling with input from government, labour, agencies, medical community, industry, industry associations and labour organizations.	71	18	2	69
4	3	Integrate resources of Labour, Environment, Public Health (in different jurisdictions) to form working groups to better understand causes of, raise awareness of and enforce regulations to prevent respiratory diseases.	73	15	4	69
5	8	Increase the resources available: 1) more dollars for education and awareness of occupational respiratory disease to workers, management, unions, and medical professionals 2) develop alternative products for substitutions and implement process improvements.	70	19	3	67
6	6	Improve regulations and enforcement: 1) expand and provided detailed information coverage of all chemicals causing respiratory disease 2) decrease the occupational exposure limits (de-couple workplace exposure limits from the ACGIH TLVs and include local research), and 3) decrease the time needed between research gathering and policy-making.	69	19	6	63
7	7	Identify and assess occupational respiratory diseases through 1) resources (dollars) for increased research on cause and effect studies (epidemiological studies) 2) tripartite involvement of government, industry and labour 3) improve hazard recognition and assessment of agents causing respiratory diseases and illnesses.	68	19	5	63
8	11	Organization (federally and/or provincially funded) to ensure 1) education and guidelines for primary care workers and employers 2) research, and 3) federal data registry including information on diseases and chemicals.	67	23	5	62
9	9	Hire more industrial hygienists (through the enforcing regulatory departments) to audit, inspect and enforce best practices and legislation.	59	27	5	54
10	4	Improve the leadership of all parties in matters of recognition and prevention — such as government, workers compensation boards, researchers, etc.	57	30	4	53
11	12	Sustained social marketing for awareness of the issue of occupational respiratory disease.	55	27	11	44
12	10	Improving workplace systems and developing control programs: cost-benefit analysis, proforma statement, compensation, re-engineering, etc. (chicken-egg theory).	52	30	11	41
		TOTALS	791	256	61	730
					Total Votes	1108

Occupational Diseases (General): Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
1	5	Educate young and new and immigrant workers and students in all aspects of occupational health and safety including risks of illness and rights.	107	12	0	107
2	10	National registry of all compensable occupational diseases.	97	11	3	94
3	11	Share information on safer substitutes for hazardous chemicals.	94	12	3	91
4	3	National exposure database that posts jurisdiction information, hazard identification, etc. should be developed.	92	12	5	87
5	12	Enable a central organization to develop and maintain an information database (e.g., like the U.S. NIOSH).	88	21	1	87
6	2	Require occupational physicians to ask for current and past occupations and enter that data into a pooled system.	88	22	3	85
7	1	Occupational health education for healthcare professionals — ensure availability of tools such as occupational hygiene forms.	84	20	5	79
8	16	Expand the schedule for compensable occupational diseases through the establishment of a national occupational disease panel.	80	28	2	78
9	4	Develop a process to track work history.	79	27	4	75
10	13	Improve the leadership of all parties in matters of recognition and prevention — such as government, workers compensation boards, researchers, etc.	76	26	7	69
11	9	Modify privacy laws so that occupational disease research is not hampered.	75	29	7	68
12	14	Hire more industrial hygienists (through enforcing regulatory departments) to audit, inspect and enforce best practices and legislation.	73	31	7	66

Occupational Diseases (General): Recommendations By Importance

Web Rank	Forum Rank	Recommendations	More Important	Neutral	Less Important	Total
13	6	Canada wide database (non-personalized) — where the health care system gathers data to include occupational personal information, genetics, exposures, and smoking history.	72	30	7	65
14	7	Death certificate shall contain occupational information.	73	30	9	64
15	15	Establish a national regulation on metal working fluids to .1 mg/m3.	61	38	12	49
16	8	A cadre of experts to support small business.	55	47	16	39
		TOTALS	**1294**	**396**	**91**	**1203**
					Total Votes	**1781**

Appendix C: Voter Recommendations and Comments to Web Survey

- WMSDs/RMIs
- Stress
- Occupational Cancer
- Infectious Diseases
- Respiratory Disease
- Occupational Diseases (General)

Note: The following voter comments appear as originally received and have not been edited in any way (spelling, capitalization etc).

WMSDs / RSIs: Comments and Recommendations

AB	Employer	Begins in the education system with health and physical education. We continually reduce the funding to programs in schools. WMSD training should be required for all employers to complete as part of their orientation such as WHMIS, TDG, it is that much of an issue within the workplace. The rate of employees exposed to a chemical is much less than a MSD.
NL	Employer	WSIB — Not Canada wide
ON	Employer	Some of the answers are neutral because the question was not specific enough to rank otherwise — i.e. legislation may be effective depending on what form it takes.
ON	Employer	It is critical that prevention and education be the key to reducing and possibly eliminating WMSD. By doing so, this will minimumly reduce WMSD in all workplaces.
AB	Government	Many injuries start in the workplace, but take time to develop. Personally, I have set off an underlying medical condition by lifting items heavier than have been prescribed by my physician, and I now seem to be in a position where my employer would like to see me dismissed. This will leave me in a position wherein I am not medically fit to work, and with no income. My employer will be off the hook as even though I work for a government department, I have been told by my union representatives "if you have a choice of offering permanent employer to a person with a disability and a person without a disability, which would you choose?" Thank-you.
BC	Government	Occupational database would be of top priority, collaboration of mgmt and unions and education for medical community.
NS	Government	In my responses above, I have drawn more on my 15 years of working in private industry as an ergonomist, as opposed to my current role in government. For my 'neutral' and 'less important' responses above, I feel that these activities are either already done to a sufficient degree (and are not solving the WRMSD problem), or I don't think they suggestions would be feasible and/or effective at addressing the MSD problem. Thanks for an opportunity to have input.
ON	Government	Hard to assess similar ergonomic issues at all workplaces even if under the same sector (e.g., service, office). Need a consistent and measurable tool as basis of evaluation and comparison; by doing so, a root cause can be determined for similar cases.
ON	Government	I would encourage development of 'best practices' or 'codes of practice' versus laws or prescriptive health and safety regulations pertaining to ergonomics and WMSD.
ON	Government	With respect to question 19. Involve universities as stakeholders to communicate with workplace parties for feed back to make research efforts relevant to workplace issues and gaps in knowledge

WMSDs / RSIs: Comments and Recommendations

QC	Government	Je n'hésite jamais à donner le nom de votre organisation comme référence pour les questions d'ergonomie que vous avez traitées. merci
MB	Labour	The seems to be more information and emfasis on health care, production lines and office ergonomics. It would be nice to see more studies and information on basic tools and positioning when it comes to mining and custodial work. ie. a shovel. The general standard for the length of a snow shovel is shoulder height. Has anyone actualy looked at a person shoveling snow with a standard shovel? They are automatically bending their backs. Doing this for an extended period of time will damage the back. Things like this needs to be addressed.
NS	Labour	Correct the bad faith actions of the caseworkers at the Workers Compensation Boards, they are causing families to lose their homes, credit and I might add drive some injured workers to committee suicide. Stop the abuse, fix this vile bad faith legislation .
ON	Labour	Those that I indicated as "neutral" are still very important but I wanted to make sure that the ones I believe are more important had an added emphasis.
ON	Labour	MSD's in the province of Ontario are the leading cause of LTI's according to WSIB stats. Enforceable, clear legislation is a must have if this government is committed to reducing LT's. Education in recognition is also a major component.
ON	Labour	WSIB needs to work for the workers and they act like the injury is fake until proven real as I have been trying to open an old injury since AUG 2004 and have been declined and must go through my union and file an appeal and this is the norm for WSIB, also WSIB always say they are short staff and things will take longer then normal and what should the worker do who has bills to pay. It's a good thing I have Manulife. And the funny thing is I have had surgery and I am been back at work for two weeks on mod duties and I still have not seen one penny from WSIB for my work place injury. Thank GOD we have WSIB.
ON	Labour	Clear legislation will force employers to implement changes to prevent MWSDs/RSI. The fact that these cost millions of dollars does not seem to do as much as clear legislation.
ON	Labour	Government and WSIB should provide employers with incentives to focus more on ergonomic issues, both negative and positive incentives.
QC	Labour	Your survey is confusing. Is neutral more important than less important? Order should be more important, somewhat important, neutral. And there is no place for undesirable. In my opinion, some ergo regs (eg California) are worse than nothing.
QC	Labour	Educate employees through documentation and courses on how to reduce the risks of WMSDs/RSI

WMSDs / RSIs: Comments and Recommendations

QC	Labour	Suite question 13. Non seulement l'employeurs devraient travailler en étroite collaboration avec les fabricants mais y ajouter la participation du personnel qui utilise l'appareil. Cela aurait pour avantage de faire des modifications concretes qui permetterait au salarié d'avoir une outil très bien adapté au besoin du travail et du même coup, l'employeur sauverait du temps et de l'argent.
AB	Other	Ensuring that all stakeholders (employees, employers, ergonomists, rehab professions, physicians, disability management/compensation, etc) are brought together and working together is critical to reducing WMSDs.
BC	Other	These recommendations generally are of a tone that suggests that WMSD are not adequately recognized and understood in the workplace. But a review of the claims statistics from any Canadian WCB will show that comp boards are recognizing and compensating these diseases. In many cases it is the occ disease category in which claims rates are increasing. In my opinion there is a great danger in opening the door any wider to claims for these diseases — there is already enough concern in the OHS/HR/comp field that the costs of these diseases is going to bankrupt the system.
BC	Other	Ergonomics, particularly "office ergonomics" are poorly understood outside the EH&S Community. WCB raraley recognizes these as valid claims and mostly because their medical practitioners do not have a clue about actual causation and risk factors. There needs to be more research into what activities cause what ailments and how they can be effectively treated. I routinely hear physicians say to their patients: "Thats the way it is, live with it". That is not an acceptable approach. Most WMSD can be managed through proper planning in advance and when something starts to develop, by swift and positive intervention. Most equipment manufacturers have no understanding of ergonomics either. Very poor chairs get called "ergonomic" because they have 5 casters rather than they provide proper support / improve posture, etc. There are really no "standards" that any manufacturer of equipment has to meet and that is wrong.
BC	Other	1. The term 'ergonomics' is becoming linked solely with WRMSDs due to the incorrect use of the term. The use of 'ergonomic hazards' and 'ergonomics legislation' is misleading and incorrect use of the term ergonomics. Ergonomics is a field of study that aims at prevention of injury, among other things such as enhancing satisfaction and productivity and usability, and is therefore part of the solution for prevention of WRMSDs. 'Ergonomic hazards' would technically be hazards that pertain to the study of work... or hazards that may result in poor usability or poor productivity (not necessarily injury). Better terminology would be MSD hazards or injury hazards. 2. Thank you for including support for ACE in your survey. Building strong professional associations is important for establishing a strong base of professionals, which ultimately benefits industry.
ON	Other	You forgot to include involving workers particularly injured workers in the process. Most injured workers could not afford to attend your conference. You refer to labour but not the injured workers community which many times have different agendas. Also not all workers are unionized. There is no cookie cutter approach to WMSD. Pt. 13 needs to include workers in the purchasing process. Workers know their jobs and the physical demands better than anyone. If you want to design away a problem through good purchasing, you need to involve workers.

WMSDs / RSIs: Comments and Recommendations

ON	Other	Too many of us suffer from preventable disease. The costs to us personally, our families, our employers, our health care systems, and our society can no longer be ignored!
ON	Other	It should be recognized that once injured RSI will occur more readably in those that are injured as they must adapt/use other parts of their body to compensate for the affected part
ON	Other	Support new initiatives like Ontario's Centre for Research Expertise for the Prevention of Work-Related Musculoskeletal Disorders. Need for significant new initiatives in technology transfer ... need to actively engage new players in doing the transfer work as researchers, by the nature of their work, are not well integrated in the practicalities of how to transfer this knowledge. Researchers and government/quasi government (e.g., safe workplace associations) employees just do not have the level of credibility in the workplace that is required to get workplaces to adopt new knowledge and make changes! Although unions have made significant efforts to transfer practical knowledge to the workplace ... unfortunately there is a credibility gap here as well - ... with management in many organizations having a high level of distrust for a potential "hidden agenda" etc.
ON	Other	Ergonomics professionals working in the field are in need of standardized references and resources as well as an organized body to monitor and update the information used to evaluate work tasks. There currently exists no rules or regulations as to where an Ergonomist can find their information and what they "should" use to interpret their findings. Individual companies have written their own guidelines and recommendations, but they are unique to that particular company and are not common with those of companies in the same industry.
ON	Other	I have been very concerned with RSI in my work place due to working in the transportation industry. I made my employer aware of a problem I have with a type of bus and was fired for refusing to operate it. Even though I cited the Occupational Health and Safety Act section 43 and have medical documentation to support my claim. I was brought to work and was placed further from home and now have to drive late into the night. I have always worked days for years!
QC	Other	It must be recognized and publicized that Ergonomics is the key word in matters of WMSD. In 24 questions, you only use the term in 3 questions. Why is it that the community of OH specialists has so much trouble recognizing the specific contribution of ergonomics and ergonomists? Is this, to quote Q7, a matter of 'us versus them" ? WMSD cannot be controlled without ergonomic education and intervention: it must be clearly recognized.
QC	Other	Develop mechanisms for permanent consultation with the Association of Canadian Ergonomists

WMSDs / RSIs: Comments and Recommendations

SK	Other	Again, very simplistic in regards to enforcement etc. It appears to me that statements are made as "motherhood statements" without any real understanding that there will always be a personal responsibility of the worker involved to make things go well. I believe the statement "man-machine" interaction is a valid one but I do not see this in any of the statements above. There needs to be much more work done on the who can be an ergonomist. Today, anyone can hang up a shield and call themselves an ergonomist. This is especially true for what passes as an ergonomist at WSIB!

Stress: Comments and Recommendations

BC	Employer	Stress is directly correlated to the amount of injury in the workforce. After saying this, I also must say that Workers Compensation in ALL provinces must be revamped in order to respond to the needs of those who need it most, (long term disabled/injured workers). stop the abuse of injured workers and their families by allowing the advice of the injured workers own physicians rather than paid stooges in the employ of compensation boards of each provincial jurisdiction who have never seen the injured worker/patient. this has to stop, Ask yourself," If this happened to my dad, ;and he was getting the runaround by anyone, "would I like it?" I guarantee you would not like it if your dad was stricken to a wheelchair for the last 3 yrs and was an active young man all his life, but workers comp is not going to worry about that,, they worry about the bottom line,, if you want my godamn name, I'll mtell you,, I'm pisse doff now,, ask me some questions for christs sake,, this is chickenshit ways to poll,, fuck
	Employer	The questionnaire, in my view, is biased and oriented towards labour and increased regulation. There are numerous programs and legislation currently in place that address both dimensions of workplace stress — physical and psychological. Examples are ergonomics and anti-RSI programs for physical stress, and health and wellness programs (including harassment) for mental stress. What is needed is implementation and enforcement, not additional legislation. It must also be recognized that stress is difficult to measure and easy to fake. Decreasing work hours, increasing vacation and introducing other similar idealistic measures will result in reduced productivity and increased unemployment. That's when stress will become a real issue. It is difficult to measure and easy to fake. Decreasing work hours, making it a compensable disease and introducing other half-thought measures will only add stress on the economy and real employment. We have had enough of funding WCB defrauders through tax dollars. When will
ON	Employer	Need to understand that stress is a "hazard" rather than a compensable "illness". Compensation would relate to the illness or injury that is attributed to exposure to this hazard. Therefore, I am not in agreement with language that says workplace stress is a compensable illness any more than I am in agreement that chemical exposure is a compensable illness. Until we see it as a hazard rather than an end-state, it will be difficult to gain public support for interventions, etc. It is more important to foster understanding of the impact of exposure to stress on such things as MSD's and other illnesses.
ON	Employer	In question 5, I do not know if individual groups leading the charge would accomplish this. I think it has to be more widespread (unless the groups are large)
ON	Employer	There will always be some stress in work environments — what we need are tools to evaluate when it becomes dysfunctional and supports for those who are suffering from stress.

Stress: Comments and Recommendations

SK	Employer	I disagree that the workplace is the "source" of everyone's stress!!! Perhaps education for everyone (from the CEO down) about taking control of their lives, eliminating their own stressors, and making decisions that are good for them and their health. No employer or OH&S committee should or could ever be responsible for individual's happiness with their work, their boss, the company they work for, their relationship with their spouse, their teenage children,etc. etc. To try to simplify this to workplace stress would be a gross misrepresentation of the multitude of individual factors that can cause stress for a person. Inherent in "life" is stress. The idea the an employer can insure against every stressful eventuality for a person is ludicrous — stress is VERY SUBJECTIVE.
BC	Government	Excessive workloads/job descriptions and hours to complete. This type of workload needs assessment. i.e. Public Health Nursing..stress related illness and subsequent Long Term Disability. Educating at university level..personally I wanted to work. Coming back from maternity leave. Administrator refused Nurse position sharing..I continued to work full time and ended up with a full blown postpartum depression..never needed to happen. Such a waste to the employer and employee..
ON	Government	Stress should be studied from the point that a poisoned work environment results in a fiscally and ethically poor operation. The Human Rights Code goes no where near the issues of bullying in the workplace and hence we find management teams that are ineffective at recognition and controlling workplace bullying hence leading to more serious concerns and extremely stressful work environments.
ON		should not have to video tape inmates slashing
Other	Government	Survey question number 2 is the key to get the ball rolling however it could be any agency, not necessarily CCOSH. I favour a tripartite agency formed solely to champion stress related injuries in the workplace.
ON	Labour	Ontario WSIB policy on stress is an obscene outrage.
ON	Labour	this is in every workplace and is getting worse needs to be immediately addressed by all workers, management, government.
ON	Labour	There should be federal psychological harassment legislation similar to what already exists in Quebec. Bill C-451 (I believe this is the correct number) died on the order table after reaching 2nd or 3rd reading should be re-introduced. Every province should introduce similar legislation.
ON	Labour	I have a worker who was told they were losing their job their name was posted as to when they would be finished being employed, they applied with same company but geographically in an other location, was promised weekend shift with a 12,12,and 10 hour configuration for shifts. That did not happen and the maintenance crew was put on a five (5) 12s this particular individual suffered from sleep deprivation which in turn caused him to have hallucinations, had to be removed from the workplace and the employer and WSIB say that his stress was not caused by a traumatic event. Stress and sleep deprivation can have a very ill effect on the human body and mind. I have a close relative with this disorder. This big company does not CARE.

Stress: Comments and Recommendations

ON	Labour	As a Federal Corrections Officer and an WSIB Level III representative, I see, every day, the negative and debilitating impact that workplace has upon our workers. Not only are we faced with the severe probabilities of the inmate populations, but we must also face the autocratic societies of correctional managers who themselves are fighting to remain distant from the offender populations. I have seen the impact of our own denigration of injured workers. It would seem that the rest of the working world believes thoroughly in natural selection and we go instantly to the denigration of our injured brothers and sisters...anybody who states that they need accommodation is simply attempting to milk the system...this is just wrong!!!
ON	Labour	The government and workplaces NEED to realize that stress is a very real and potentially disabling hazard.
ON	Labour	Those that I indicated as "neutral" are still very important but I wanted to make sure that the ones I believe are more important had an added emphasis.
ON	Labour	Most people don't have to be told about stress, they're living it. Raising the minimum wage could help reduce stress somewhat. Once again, this is not perceived as an occupational problem and the way employers have used and continue to be allowed to promote this perception is going to be very hard to turn around, since they benefit greatly from this type of insecurity. They, along with government, set the stage, write the play and own the theatre, so they have everything they need to prevent it except for the willingness to do so.
ON	Labour	Stress needs to be recognized by WSIB as compensable, not only chronic stress and post traumatic stress.
ON	Labour	Stress is one of the highest contributers to employee absenteeism. It must be looked at seriously and workplace wellness programs put into place to reduce stress with stress management programs.
ON	Labour	It will never come to be -- employers will blame everything else but the workplace! Until government agencies recognize stress as a workplace hazard/disease there is very little that h&s activists will be able to do!
QC	Labour	Several items were incomprehensible.
AB	Other	Number 22 above should add "address workload and conflicting duty issues". (22. Change employment legislation to decrease work hours, increase vacation, address workload and conflicting duty issues and recognize stress as a workplace hazard.)
AB	Other	Stress is a re-action to an action. If it isn't fatal, don't get all worked up over it. People need to learn to "just say no". Stress in the workplace is a result of dysfunctional management systems — I know because I work with a very dysfunctional management in a very large company. I can and do say NO.
AB	Other	Some of these questions are very value laden which requires a multifaceted approach and would take time to notice changes.
AB	Other	Some of these questions are very value laden which requires a multifaceted approach and would take time to notice changes.

Stress: Comments and Recommendations

BC	Other	This is a dangerous area for OHS professionals to consider taking the lead in. There is going to need to be very close consultation between OHS and HR before anything is done — the implications are huge.
BC	Other	Identifying / including "workplace stress" as an occupational illness and accepting claims for it would be dangerous as it would be too easily abused. It would also be a claims adjudicator's nightmare and likely bankrupt every WCB system in Canada. Stress is everywhere, causes are numerous, and not just in the workplace. Today's "technological dependant world" is one of the main causes. Some stress in the workplace is induced by the individual corporate culture, while other stress are self induced (e.g., workaholic). There needs to be a balance and employers need to recognize the impacts of stress in the workplace (something that most employers don't recognize). Wellness should be part of the EH&S model and NEVER a separate entity within any organization.
BC	Other	I believe most of the recommendations in this survey fail to adequately account for the many subjective qualities of stress, and as such, err on the side of assuming stress is inherently a function of workplace factors. (eg. "Value people over dollars") This presents a very real danger that many personal factors could be overlooked, or that workplaces, by default are deemed to be appropriate venues for determining such personal factors. The result could be that very real problems are handled inappropriately, based on broad assumptions re; the 'source' of stress. Furthermore, it would be very difficult to allow such legislation without undue intrusion into workers' personal lives. I certainly do not trust CCOHS, labour associations, or governments with the mandate to take on such a broad and subjective topic, and then influence how society as a whole should handle these issues. Workplace stress is far too important an issue to attempt to address it with simplistic assumptions and agenda-driven, if not antagonistic, language such as "value people over dollars". I could continue with a sizeable critique on this survey, but I have other work to do. However, I question whether the goal of this project is to truly deal with stress in an objective manner. I question whether parties involved have the willingness to take a more realistic and I would argue productive view of stress as a function of societal and individual factors as much as workplace factors.
BC	Other	I am a victim of workplace abuse and am currently not able to work because of trauma related to workplace abuse, ie;bullying and harrassment by management. I am suffering from post traumatic stress disorder as well as numerous physical symtoms. I have not worked at my worksite since Aug. 15/2004. I filed a grievance on June 10/2004 and no resolution has taken place yet. I have lost all finacial means of supporting myself.
NB	Other	cost of stress related illnesses and absences is more than profit. Therefore item 23 should be reworded... they are one in the same... but must be recognised as such.

Stress: Comments and Recommendations

ON	Other	It is ironic that a lot of workplaces today just have strategies on paper but when you try and enact them you get a lot of resistence. I often tell a lot of my co-workers that things are not always what they seem to be. I know of people who have buckled under the stress and pressure that they face daily. I have been singled out for more than seven years dealing with stress and harrassment in the workplace. When many of my colleagues just viewed me as the trouble maker for standing up for my rights. I was quick to quote to them "It is not you today, who is it to say it wont be you tomorrow." Now many come to me and ask how do I deal with management on your case all the time. I just want to give on example of what I have to deal with at work. I have submitted all my information for sick benefits since July 2002. Management claims they never recieved it and I had to do it over again in March 2005. I have provided management with the origingal copy from July 2002 along with a current infromation since March 2005 and still I wait for my sick benefits. I am considering writing a book — If you only knew.
QC	Other	Stress is a causal factor for occupational illness, it is not in itself the illness. Some statements could be rephrased to clarify that mental health is a stake when we talk about stress-related disability
SK	Other	I am very disappointed in the items listed here. Looks to me like blaime the workplace for all stress. Very narrow — misses the point of personal level of resliance and what is happening in the employee's life cycle that impacts their ability to work well. Go back to the drawing board and perhaps engage people who do the reserach on stress!

Occupational Cancer: Comments and Recommendations

ON	Employer	Smoking is a contributing factor in Occupational Cancers. The Federal Government must address the widespread availability of cigarettes if they are serious about dealing with Occupational Cancers. Most of thw questions asked in this survey,if they were raised about smoking would ask why this isn't being given a more prominent position in this survey.
ON	Employer	I don't think more public awareness should be the focus and definitely feel that the schools should be left out of it (need to focus on other things). We should work on increasing the safety in the environment and the workplace rather than just telling people to be careful. Industry pressure should be the focus.
ON	Government	Good hazard assessment, which is to be followed by sound engineering control, is more effective and practicable than simply substituting chemicals that may cause cancers. We must not lose sight on the fact that there is a possibility that it is not the raw materials used that are cancer causing but the by products generated during the manufacturing process that must not be overlooked. And some chemicals may be the critical ingridient for generating a useful product. Think about the fire extinguishants BCF and BTM, they were effective and clean although they were harmful to the atmosphere. However, they were needed when there was a fire. The source of ozone depleting agents were from the refrigerators and air conditioners (window units in particular) that we disarded and when recharging air conditioners. Recommendations 4 and 21 should be combined. The National Research Council of Canada should set aside an annual grant for Occupational Cancer Research. There were recommendations that doctors should have better understanding in occupational disease, therefore Occupational Health should be a mandatory course for Doctors and a part of their licencing examination.
ON	Government	should be no smoking in federal institutions, for staff or inmates
SK	Government	I think a valuable conference outcome would be a formal lobby by CCOHS and conference participants to relevant federal and/or provincial agencies to make mandatory the recording of present and past occupations when cancers are entered in provincial (or federal) health databases.
AB	Labour	Need to ensure that Occupational Health is part of the core curriculum for physicians and nurses

Occupational Cancer: Comments and Recommendations

NB	Labour	The National Environmental and Occupational Exposures Committee has been established under the Primary prevention Action Group of the Canadian Strategy for cancer Control. The strategy is an alliance of national and provincial cancer control agencies, the Canadian Cancer Society, NCIC, and stakeholder representatives. It is funded through Health Canada, and the Public Health Agency of Canada. We have prepared a series of 23 draft recommendations, many of which parallel those in your survey. I would strongly recommend that we work together in developing thier implementation. We have laso [prepared a Best Practices report, which we would be happy to share with you and your workshop participants. Please let me know how we might cooperate in this regard.
ON	Labour	A national occupational cancer registry is a must. It is criminal that with all the money donated to cancer programs that occupational exposures are all but ignored.
ON	Labour	London and District Labour Council has contacted many labour councils in south west ontario and has response from organizations representing close to one hundred and fifty thousand workers. Cancer Care Ontario has for the most part ignored our call for a cancer registry. LDLC would like to work with your group to aid in our campaign.
ON	Labour	There should be the adoption of a secondary victims fund to provide income security to this group of sufferers.
ON	Labour	Those that I indicated as "neutral" are still very important but I wanted to make sure that the ones I believe are more important had an added emphasis.
ON	Labour	Stop using "unhealthy lifestyles", although they increase the risk, 70-80% of all cancers are occupational, that much is known. And stop using workers as lab rats.
ON	Labour	The medical community needs to have more training in occupational cancers/diseases. At no time is the workplace mentioned when getting diagnosis/treatment etc. Lifestyle is considered the primary cause of such which is not true in numerous cases. By eliminating such carcinogens and having registry's is the first step but the general medical community need to be better educated what workers face daily at the workplace.
ON	Labour	Need more, much more informaton to go out in all these regards ...Please!!!
ON	Labour	Enfore whmis training/reviews yearly by the employer. Strengthen or put back the ontario occupational health and safety act in regards to workplace chemical hazards (whimis) -- inform the worker before he gets infected or gets an occupational cancer.
AB	Other	I have had leukemia twice and I believe that it was caused by the chemicals I am in contact with in my occupation. Compensation would be nice.

Occupational Cancer: Comments and Recommendations

BC	Other	The message is being lost and people are becoming de-sensitized about cancer because "everything causes cancer" (the standard response from people when I caution them about a particular carcinogen). More awareness in K-12 and post secondary. Better understanding of synergistic effects of chemicals. After all these years we still don't know much about a lot of checmicals we use every day, particularly at low dose levels.
ON	Other	Provide consistent long-term funding for carrying out occupational and cancer surveillance at the national and provincial levels. Provide educational training and funding for personnel to carry out such epidemiological studies (including statisticians, medical personnel, computer expertise, and personnel trained in exposure assessment). Develop appropriate protocols and guidelines along with the statistical and linkage methodology needed to carry out occupational cancer studies to ensure that they are of high quality, and meet peer and ethical reviews (for example, similar to the Guidelines for Good Epidmiological Practices for Occupational and Environmental Epidemiology Research developed by the Chemical Manufacturers Association, 1991). Develop recommended questions, coding standards, and edits for the data collection of items such as occupation and industry. Fund the development of cancer registries to include occupation and industry information, along with staging and treatment data. Ensure that the ethical review of studies include personnel that are familiar with occupational epidemiology and the long duration required for such studies (in contrast to clinical trials). This includes the need to retain and link individual records for long periods of time for studies of cancer. Encourage and fund the use of national cancer registry and vital statistics data linked with other data bases (e.g., cohort files, data bases with occupation and industry consistently coded) containing occupation and other socio-demographic information. Provide the mechanisms for the timely review and approval of such studies (e.g., funding agencies, vital statistics and cancer agencies) by the provinces and territories, as well as at the national basis. Develop a set of specific indicators that can be used for monitoring the progress of occupational health (e.g., causes of death and cancer by occupation and industry) over time and by province, and report on these annually. Assemble publications and key information from current and past Canadian occupational cancer studies and make these available to facilitate research and cancer prevention. Encourage the consistent collection and coding of occupation and industry information, so that the data can be compared provincially, nationally, and internationally. Collect detailed work and exposure histories, and use as models, registries that have already been set up (e.g., the National Dose Registry of Canada). Ensure that these records are retained in computer form and documented. Ensure the security and confidentiality of the information over time with appropriate legislation. Encourage and fund the addition of occupation and industry information and the collection of exposure data for national and provincial surveys. Work with companies, labour, regulatory and other organizations in carrying out cancer occupational studies and communication of their results.
ON	Other	Prescribe work practices when working with carcinogens.

Infectious Disease: Comments and Recommendations

ON	Employer	All of these recommendations if implemented would prevent a major pandemic in Canada. It was hard not to rate all of them as an important part of the solution
AB	Government	some of our employees were involved with SARS and Avian Influenza. Experience was very poor communication from H Canada and poor willingness on the part of a federal agency to partner with BC CDC.
BC	Government	Public Health Nursing..Preventive Health..has been my interest. I consider prevention one of the main areas needing education for workers and public..NOW. Avoid treating/excessive money spent in intervention after the fact. Medical problem could of been avioded. EG.#19.two days is hardly a minimum. Physicians in general practice need to have more education in preventive health. Another example; unless a child is at risk..why do physicians immunization healthy babies/children. They charge the medical plan and receive the biological free..ie. DPT, MMR..etc. Usually the RN gives the immunization. Child Health Clinics with educated and experienced Community Nurses, in my opinion are better qualified. One of my thoughts...education re nutrition. The need for qualified nutritionists in our communities..help people return to eating healthfully. Exercise..how much could we save on Medical Intervention in hospitals etal????
ON	Government	Education first: From SARS communication and education of health care workers and direction from knowledgeable authorities was lacking.
AB	Labour	Any planning and communication should include OH&S — this is not just a public health issue — clear disconnect in our present systems between health. public health and OH&S
NS	Labour	I would like to see the Federal Government become more involved in the WCB / Workplace safety and injured workers, because the Federal Government are a full silent partner. It is time the Federal Government addressed the abusive actions and policies of their provincial partners within the WCB legislation.
ON	Labour	Those that I indicated as "neutral" are still very important but I wanted to make sure that the ones I believe are more important had an added emphasis.
ON	Labour	Someone in authority needs to be honest and frank with the public and come right out and say what the disease really is -- not give the run around to the public and pass the buck. Employers and workers need standardized and enforceable guidelines for infectious diseases.
AB	Other	The first question about communication is quite complex. Not sure how to respond
BC	Other	Re: Q21 I think the issue is the need for coordination of the various systems that already exist
BC	Other	Many of these things already in place, but not uniformly complied with. Mandatory EH&S training (more than 2 days) at the post secondary level would help everyone. Public Health should NOT be the agency with responsibility. Should be Health Canada, with some power to implement / take charge as necessary. PLUS funding.
ON	Other	Please focus on educating, training and supporting general medical practitioners on how to diagnose, evaluate and control infectious diseases (known and unknown).

Respiratory Diseases: Comments and Recommendations

ON	Government	should be no smoking in federal institutions for staff or inmates
AB	Labour	Occupational Disease should be part of core curriculum for nurses — primary care givers in our health system
NB	Labour	There is a significant role for CCOHS to fill here with adequate funding.
ON	Labour	Extraneous to the ever present second hand smoke issues...there are mountains of air borne toxins in the working environments. Lets do something about this and lets put an end to that self perpetuated abomination which is smoking.
ON	Labour	Extraneous to the ever present second hand smoke issues...there are mountains of air borne toxins in the working environments. Lets do something about this and lets put an end to that self perpetuated abomination which is smoking.
ON	Labour	Extraneous to the ever present second hand smoke issues...there are mountains of air borne toxins in the working environments. Lets do something about this and lets put an end to that self perpetuated abomination which is smoking.
ON	Labour	Those that I indicated as "neutral" are still very important but I wanted to make sure that the ones I believe are more important had an added emphasis.
ON	Labour	Please insure that some one takes the lead to educate all parties in the use of potters clay in the education systems.
ON	Labour	More unannounced inspections needed.
ON	Labour	Strengthen whimis legislation and enforce that workers receive yearly training/review of whimis. Put the Ontario occupational health and safety act back the way it was prior to Mike Harris' Tories!!!
QC	Labour	more information needed to better protect workers working in potentially dangerous respiratory environment such as close contact with pigeons -(who are responsible for numerous respiratory diseases. in human s who are in close contact with them)- ignorance is no excuse for dicrepancies involving worker safety and health!!!thank - you for reading d. duranleau — local member #414.montreal united transportation union.
SK	Labour	Uniform laws across the country are needed to ban smoking in the workplace and anywhere on the work site.
AB	Other	Reluctant to support one professional group 'industrial hygienist' over another group
BC	Other	There is TONNES of information out there, but many people don't access it. Why duplicate the efforts of CDC, Niosh, HIH, etc. Just utilize their data (larger sample size). WCB agencies do not have a good handle on chemical sensitivity (usually causing asthma like ailments, or other chemical impacts at lower dose levels; nor do they recognize such ailments as occupational diseases. Physicians (most) have no clue about occupational diseases and their cause. Unfortunately, few physicians even ask the question: "what do you do for a living" when presented with a respiratory ailment. There is a lot of awareness and concern out there, but we lack a lot of concrete supportive data to relate / link chemical exposures to respiratory ailments.
BC	Other	The question as to how to roll out awareness and fund such programs is not for governments because of the bureaucracy it will create

Occupational Diseases (General): Comments and Recommendations

AB	Employer	Making Occupational Hygiene forms available gives the impression that anyone can interpret results — this would be very dangerous and have a negative effect. The occupational exposures for the most part are not known even though there are regulations stating this is needed for hazard assessments -this facet is usually ignored or not understood by employers or workers.
NS	Employer	I believe that the thrust should be on education and implementation of occupational health programs by industry and labour. There is also a crying need to synchronize the work/role of the various government agencies involved to prevent regulatory conflict and delay.
SK	Government	To lobby for more resources for occupational disease prevention we need to first deal with the obstacles that result in the under-recognition and reporting of occupational diseases.
AB	Labour	Large companies should be propagandizing hazards that don't necessarily get recognition until after-affects are observed (Carpal tunnel disease) or the person is inhibited from working.
ON	Labour	Those that I indicated as "neutral" are still very important but I wanted to make sure that the ones I believe are more important had an added emphasis.
ON	Labour	Most diseases are occupational. I'm not one to support more studies or additional levels of panels or sub-committees. We have enough evidence, talk is cheap, it's time to actually DO something about it.
ON	Labour	If question # 5 is properly addressed it can eliminate a lot of injuries and it would give workers a kick start on health and safety for life.
ON	Labour	Conduct Occ. Disease Intake Clinics in targeted communities to take Work Histories, Assess Worker and Community risk for specific processes and industries that pose a high risk. if history taking suggests that a WSIB claim should be started, then follow through with that.May result in a review of that Industry or process by Hygienists to quantify the impact on Workers/Community.
AB	Other	Some concerns about 'requiring' physicians' to do anything. There are other ways. Also, I have a concern about identifying only one occupation ie. 'industrial hygienists' as being the only group able to perform the task
BC	Other	Similar to what I said under cancers. Too little is truly known about what causes occupational disease in today's world of chemical exposures at low levels and the synergistic effects of various chemicals.
ON	Other	The occupation information on the death certificate should be coded and analyzed. A pilot study should be carried out to ensure the quality of the information already being collected by most provinces (but not coded). It is also necessary to look at potential exposure data in relation to occupations. Examine alternative strategies for the collection and coding of occupation and industry information at a national basis. Examine the costs and feasibility of diffent alternatives (e.g., by the use fo surveys, health care system records, the use of census, and other existing data sources). Examine and fund the use of existing data sources where occupation and industry are routinely available, and the sample size is large enough to carry out occupational studies. Use data already available from successful pilot studies, or cases where occupational studies have already been carried out in provinces (e.g., in British Columbia) and build on these models for a recommended national system. Encourage the long term funding of occupational health, and train researchers (including statisticians, medical, computer, lawyers, epidemiologists, cancer and biology exposure assessment personnel) regarding the conduct and uses of occupational disease studies and information.

Occupational Diseases (General): Comments and Recommendations

ON	Other	Occupational diseases education and disease registry
QC	Other	Ensure a gender based analysis of occupational disease data and improve knowledge of the medical community and stakeholders with regard to occupational disease and women workers. There is good evidence that women workers are undercompensated because the difficulties of their work are trivialized by those who evaluate right to compensation.

Appendix D: About CCOHS

The Canadian Centre for Occupational Health and Safety (CCOHS), a federal government agency based in Hamilton, Ontario, supports the vision of eliminating all Canadian work-related illnesses and injuries.

Established in 1978, CCOHS is a federal departmental corporation reporting to the Parliament of Canada through the federal Minister of Labour. The Centre is governed by a Council representing three key stakeholder groups: government (federal, provincial and territorial), employers, and workers — a structure that mandates an impartial approach to information dissemination.

Our mission

It is our mission to be the Canadian Centre of Excellence for work-related injury and illness prevention initiatives and occupational health and safety information. To promote health and safety in Canadian workplaces, CCOHS:

- facilitates
    - consultation and cooperation among federal, provincial and territorial jurisdictions
    - participation by labour and management
- assists in the development and maintenance of policies and programs
- serves as a national centre for information, advice and training relating to occupational health and safety

Our Role

On the home front, CCOHS provides Canadians with unbiased, relevant information and advice that support responsible decision-making and promote safe and healthy workplaces. CCOHS makes a vast scope of occupational health and safety information readily available, in clear language that is appropriate for all users, from the general public to the health and safety professional.

Internationally, CCOHS partners and collaborates with agencies and organizations from Canada and around the world to improve the quality and quantity of resources and programs, as well as expand the breadth of usage of occupational safety and health information to many different segments of society.

What We Offer

CCOHS fulfills its mandate to promote workplace health and safety, and encourage attitudes and methods that will lead to improved worker physical and mental health, through a wide range of products and services. These products and services are designed in cooperation with national and international occupational health and safety organizations with an emphasis on preventing illnesses, injuries and fatalities. We provide a variety of both public service initiatives at no charge to the user, such as OSH Answers, a person-to-person Inquiry Service, an electronic newsletter, webinars and public presentations. Services for specialty resources provided on a cost recovery basis include e-learning courses, training programs, database subscriptions, and publications.

To keep pace with the ever-changing needs of our users, we offer many of our products in both English and French as well as in various formats (print, CD ROM, DVD, Internet).

Spread the Word

Information and knowledge are powerful tools to support prevention initiatives. It is with a passion for and commitment to worker health and safety that CCOHS equips working Canadians with the information needed to reduce hazards and eliminate risks in the workplace, that all may enjoy a healthy and safe environment.