

CCOH Newsletter

Canadian Council of Occupational Hygiene

Winter 2008

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Editorial – The Canadian Council of Occupational Hygiene, Accomplishments for 2007, Plans for 2008

By Lorraine Shaw, CIH

The start of a new year is always a good time to reflect on the accomplishments of the previous year and make plans for the coming year. 2008 is the 7th year since the formation of the CCOH. In some ways, great progress has been made, but there are still many things to accomplish.

Accomplishments in 2007:

- First formal Annual General Meeting, February, 8, 2007.
- Presentation to provincial associations on CCOH with follow up questionnaire on what the provincial associations would like from the CCOH sent to provincial associations.
- Meeting with the American Industrial Hygiene (AIHA) International Affairs Committee and the Canadian Registration Board of Occupational Hygienists (CRBOH) and the American Industrial Hygiene Conference and Exposition (AIHCE), June, 6 2007.
- Banner and brochures displayed at “Canadian” Dinner at AIHCE.
- CCOH and the Canadian Centre for Occupational Health and Safety (CCOHS) partnered to host their second webinar on October 10, 2007. The topic was the CSA Z100 Health and Safety Management System, with speaker Mr. David Zimmerman, Project Manager for the CSA Technical Committee on OH & S Management for the Canadian Standards Association.
- Web page moved to new service provider and updated. New sections added.
- Newsletter published in spring, summer and autumn.

Looking ahead to 2008:

- New Quebec Director, Mr. Alain Lajoie. Alain is also the President of the AQHSST and works for IRSST.
- Looking for new Directors for NWT/Nunavut and BC/Yukon.
- Continuing to explore relationships and synergies with AIHA and CRBOH
- Plans to continue to partner with CCOHS and offer two webinars in 2008.
- Presentation on the CCOH at the “Occupational Hygiene: A Canadian Perspective” Roundtable at AIHCE 2008.
- Further improvements to web page.
- Newsletter to be published quarterly.

Editorial – Studying for the ROH and the CIH

By Yang Ting Shek, ROH, CIH

Over the last couple of CCOH meetings, when the group discussed possible topics for webinars, it became obvious to me that finding topics that is of interest to everyone across the country is not as easy as it seems. Depending on the industrial backbone of our home provinces, our interests will vary somewhat but I think it is safe to say that striving towards our ROH and/or CIH is a common career milestone for the majority of us.

I do not intend to tell you how to study. We have all crammed and studied our way through university and know ourselves and our study habits quite well (well, some of us may be in denial). Instead, I just want to write down a couple of thoughts from my own experience and hope that they will be helpful to those of you who are preparing to write.

Logistics

The ROH written exam (multiple choice and essay –style) is usually written in the last Saturday of March of each year (except if that it is Easter weekend and in that case, it takes place the following Saturday). There are two windows

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of opportunity for the CIH exam (multiple choice only) depending on your geographic location (April/May and October/November). One cannot choose the ROH exam date but I selected a similar timeframe for the CIH (towards the end of May). Personally, I did not want to study in the summer when the sun is shining and the days are long (in a good way). But that is a personal preference.

I know some individuals who decided to write the ROH and CIH in the same year. I did not but I can see how that makes sense as well since you are reviewing the same material

For both exams, I started about 4-5 months ahead of time. On average, I studied 6-10 hours on the weekend and 2-3 hours during the week. I go on business trips frequently and I find it difficult to study those times even if I have taken the material with me. I cannot tell you if that is enough time or more than enough time for you. As I said before, you should know your study habits by now. However, I think it is important to spend an hour or two to go over what you are plan on studying and identified areas of weakness. Depending on your actual job, you may be very well-versed on certain aspects of occupational hygiene. Similarly, there will be topics that you have not looked at since university.

The ROH Oral Exam

When you pass your written ROH exam, you qualify to take an oral exam. The ROH Examination booklet states that the oral exam evaluates "the candidates' problem solving-skills, breadth and depth of knowledge, professional judgment, communication skills and ability to respond to stressful or changing situations."

Scenarios are presented to the candidate and the candidate must discuss how they would solve the problem presented to them. It is difficult to describe how you prepare for this session. Having strong investigative skills is definitely an asset (i.e. describing how you would solve a problem). Knowing what a good occupational

health control program should look like is also important. By that, I mean there are common threads in successful, well-implemented occupational health programs regardless of what agent you are trying to control (e.g. worker training, communication with workers, regular reviews of the program, documentation, etc.)

Materials

There are numerous resources available for occupational hygienists and it is not possible to discuss all of them. For one thing, I doubt I have studied all of them! This section is not meant to advertise any particular resource but are highlights from my own experience:

- Taking time to read the ACGIH TLV booklet cover to cover. Most of the time we dive straight for the exposure limits but it is important to remind ourselves, from time to time, the intent of the TLVs and the reasoning behind them.
- Reviewing potential exposures in various industries. This is a huge subject and where does one begin and end? I cannot tell you where to end but William A. Burgess' chapter on *Potential Exposures in the Manufacturing Industry - Their Recognition and Control* in Patty's IH was a good starting off point for me.
- A nice summary book. One of my favorites is the *IH Reference and Study Guide* by Allan Fleegar and Dean Lillquist, published by the AIHA. It is a small book and excellent if you just have a quick 15 minutes or half an hour. It covers a wide range of hygiene topics and most chapters end with list of "one-liner" trivia. It is what I would call, a "high level" review. The information is provided in bullet points and tables and there are lots of formulas. In addition to being a good review tool, I felt it helped me determine if I was studying the right topics.
- Fine-tuning your investigative skills. Aside from knowing our technical facts, part of being a hygienist is knowing how to investigate occupational health problems/concerns/issues. A good book I came across is *Case Studies in Industrial*

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Hygiene, edited by Jimmy L. Perkins and Vernon Rose. The scenarios are described in the beginning of each chapter and you try to solve the issue at the end of chapter based on the information provided. If you feel you need to brush up on your investigative skills, it is a good way to start. As discussed above, the ROH oral exam is designed to test your problem-solving skills. The scenarios in the book are also industry-specific so that is another way to learn about industries outside of your own work experience.

- Does anyone have a good environmental book for hygienist? This is the one area I struggled in. I do not have experience from my job and I have never been able to find a good resource on this subject. I only remember a couple questions on this subject on both exams but it always bothered me that I did not feel prepared for it. Fleegar and Lilliquist do cover the topic in one of the chapters. If anyone has some good advice about this topic, I would be glad to publish the information in the next newsletter.

In addition, there are various CIH preparation CDs. The CDs contain lots of practice question and some of them will provide you with a score in each category so you can see what you need to work on. It is also good to practice your time management skills. There are various CD products around but the one I happen to be familiar with is from a company called LabChem.

Courses

The most widely know is probably the Comprehensive Industrial Hygiene Review course that is held by the University of Michigan. This course is co-sponsored by the AIHA. There are usually 2 sessions, held in March and September of each year <http://www.engin.umich.edu/dept/ioe/COHSE/compreview.html>.

If you search on the internet for comprehensive industrial hygiene review courses, you will find a number of providers in the US including well-know universities such as Berkley and University

of California -Irving. The University of British Columbia also offers a review course. The UBC brochure states the course is for both ROH and CIH exam candidates. Obviously if you attend a US course, the majority of people are preparing for the CIH. While some of the technical information will be the same, the two exams are formatted differently (as discussed above).

At the time I was studying for the ROH exam, I attended a comprehensive review course offered by the University of Cincinnati. It was not clear from their website if they continue to offer this course but you can contact them directly: <http://www.eh.uc.edu/ih/>. I subsequently studied for the CIH exam about 1.5 years later. I did not attend another course but definitely reviewed my Cincinnati course notes and the practice questions.

Review courses cover a wide range of topics and last approximately 5 days. It is not possible for me to review and compare all these courses since I have only attended one but my overall feeling is that the Cincinnati course was helpful to me. A colleague of mine attended the Michigan course and also gave positive feed back. We also shared material from the courses with each other.

Some individuals I know never took a course and succeeded in their exams. My personal feeling is that you will get a lot more out of the courses if you study before hand. It gives you an opportunity to ask concise questions in class rather than waste your time on simple concepts which you would have understood had you spent the time studying, test yourself with practice questions given to you during the course, focus your energy on the more difficult questions/areas of weakness and follow up areas of weakness with the instructor.

Another way to look at it is to take the course at the very beginning of your studies so you have an idea of what to study for. It is a fair point but you do not know what your areas of weakness are at the beginning. In some hygiene course I have taken, the instructors have been good about giving out their email addresses and stating that students can contact them if they have questions

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after the course so that is another way to manage it.

The AIHA also offers a course called "AIHA Secrets to Success: Preparing for the CIH exam." It is offered as a teleweb and it was available at the AIHce in Philadelphia last year.

Conclusion

Now that it is all behind me, I am happy to have written both exams. I had other feelings *while* I was still studying but achieving professional certification is a worthwhile milestone.

Studying for the CIH - Lesley McCormack (CIH)'s experience

- 1) About a year before I qualified to write the exam, I joined a study group that some local members of the AIHA BC/Yukon Chapter organized. We met once a week and had someone within the association who specialized in a particular area speak. We also tried CIH Prep course questions. I found this informative with regard to how others were studying but found as a group we were much stronger than individually and I really needed to study on my own in addition to group sessions.
- 2) I began seriously studying at Christmas and wrote the exam in late May. I put in 1 -3 hours a night and 6 – 8 hours on the weekends where feasible. I chose the spring session as I didn't want to study over the summer, I don't have that kind of discipline.
- 3) I started out my studying by taking a CIH preparation exam at UBC. This reminded me of a lot of issues and emphasized to me my real weaknesses.
- 4) Following the course I developed a schedule and a list of resources. I allowed one to two weeks to study each rubric initially. At the start of my studying for each rubric, I tested myself using a CIH Prep exam question database (I tried a few varieties, several of them weren't great). I used this as an indicator of my base level of knowledge. I then read through my school notes, my review course notes and the list of books I had been able to get from the library (company and public). While studying I wrote summary notes with key concepts. At the end of the allotted time, I re-tested myself to see if my knowledge and my speed had improved. Once I got through all of the rubrics, I started over again, only this time I only gave myself ½ - 1 week to review each rubric. The goal of this was to improve my memory of facts and to refresh myself on the first few rubrics I had studied. During this phase I also ensured I knew how to manipulate all of the formulas and how to convert all of the units.
- 5) The last few days before the course I reviewed a CIH study guide (summary document for each rubric), my summary notes, and my CIH Prep course notes (over and over). A friend and I who were writing it together stayed up and quizzed each other until about 12:00 pm the night before the exam. As a side note, I took the week off before the exam to concentration on studying for the course.
- 6) On the day of the exam, I would suggest that, as with all tests, read over all the questions first and answer the easy ones. Then try and go back and answer those questions you know but require some calculations. Leave the questions you don't know the answer to until the end to focus on. In most cases, I could get the answers down to one or two possible answers. Be sure to watch the time and leave yourself enough time to put in an answer, even if it is a guess, into every question. There is no penalty for this.

With respect to study materials, I too found the review books to be helpful. I can't recall the exact name of it, but I found the IH Formula's book on ABIH's suggested reading list to be great. I made index cards for each equation, with the equation on one side, the definitions and usage described on the back. I also agree with the need for a great book to look at the environmental hygiene rubric. I can still recall a question on the exam regarding stack plumes that was never covered in the information I got during my review course on this topic.

I should note that in contrast to myself, a friend of mine took a review course close to the time of the exam, studied only for a few weeks where he could fit it in, crammed the two days before the exam, worked right up to the exam and did fine. He has a great memory, great problem solving skills, and doesn't mind tests. I on the other hand have a poor memory, don't like problem solving that involves math without a book open in front of me and panic when required to write an exam. Knowing yourself and your own abilities / styles will really determine how much studying someone needs to do.

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Measuring Wood Dust Exposures in Lumber, Sawmill and Woodworking Industries

Lorraine Shaw, CIH

Canada is a land of trees: from the towering old-growth red cedars and hemlocks of the west coast rainforest, through the vast stretches of spruce, tamarack and pine across the Canadian Shield to the mixed wood and hardwood forests of the Great Lakes and St. Lawrence. The lumber and sawmill industries are present in every Canadian province. In addition workers are exposed to wood dust in the woodworking industries, including furniture manufacture and ship building, as well as in the construction industry.

Occupational hazards associated with the lumber and sawmill industries include exposure to noise, vibration, mould, bacteria and fungus, resin acids, terpenes and wood dust. This article discusses the challenges facing the industrial hygienist measuring wood dust exposures in the lumber and sawmill industries.

Inhalable versus Total Dust Sampling

In the 1995 – 1996 American Conference of Governmental Industrial Hygienists (ACGIH®) Threshold Limit Value (TLV®) booklet referred to the TLV Committee's intent to replace all total particulate TLVs with inhalable, thoracic, or respirable particulate TLVs, depending on the specific health effects associated with the contaminant.

Province/Territory	Wood Dust Description	TWAEV (mg/m ³)	STEV (mg/m ³)	Comments
BC	Allergenic Species	1		1 ¹
	Non-allergenic hardwood	1		A1 ² , 1
	Non-allergenic softwood	2.5		1
MB	Same as ACGIH			
NB	Same as ACGIH			
NL	Same as ACGIH			
NWT	Allergenic wood dust	2.5	5	
	Non-allergenic wood dust	5	10	
NS	Same as ACGIH			
Nunavut	Allergenic wood dust	2.5	5	
	Non-allergenic wood dust	5	10	
PEI	Same as ACGIH			
ON	Certain hardwoods, such as beech and oak	1		
	Softwood	5		
QC	Western Red Cedar	2.5		
	Wood dust, hard and soft, except western red cedar	5		
SK	Softwoods	5	10	
	Certain hardwoods, such as beech and oak	1	3	See Table D in SK Occupational Health and Safety Reg for list of wood species suspected of inducing sensitization
Yukon	Wood dust, non-allergenic	5	10	
	Wood dust, allergenic	2.5	5	

Notes:

1. IARC carcinogenic notation. Group 1: Carcinogenic to humans.
2. ACGIH carcinogenic notation. A1: Confirmed Human Carcinogen

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The potential health effects from exposure to wood dust include pulmonary function changes, allergic respiratory responses (asthma) and cancer of the nasal cavity and paranasal sinuses. All TLVs for wood dust are measured as inhalable dust because of the evidence of an increased risk of upper and lower respiratory symptoms and sino-nasal cancer. The ACGIH proposed a change in the TLV for wood dust from inhalable to total dust in 1998. The inhalable dust TLV was adopted in 2004. The present ACGIH TLVs for wood dust are 0.5 mg/m³ inhalable dust for Western red cedar and 1 mg/m³ inhalable dust. Occupational exposure limits adopted by Canadian Provinces are shown in the previous page.

Occupational Health and Safety Professionals have been conducting research, comparing wood dust levels taken as total dust samples with inhalable dust samples. Inhalable particulate mass, as defined by ACGIH[®] consists of those particles that are captured according to the following collection efficiency regardless of sampler orientation with respect to wind direction:

$$SI(d) = 50\% \times (1 + e^{-0.06d}) \text{ for } 0 < d \leq 100 \mu\text{m}$$

Where:

SI (d) = the collection efficiency for particles with aerodynamic diameter d in microns. In other words, an inhalable sampler has 50% collection efficiency at 100 microns. .

At the present time, the most widely available inhalable dust sampler is the IOM sampler, designed by the Institute of Occupational Medicine, Edinborough, Scotland and marketed by SKC Inc. Another commercially available inhalable sampler is the RespiCon[®] size selective sampler (TSI Inc.) which samples inhalable, thoracic and respirable dust.

The total dust sampler, consisting of a 25 mm or 37 mm filter in a closed faced cassette, has no size selection curve. It samples particles up to approximately 45 microns in diameter.

Many people think that the total dust sampler collects all or the “total” amount of dust in the air. This is not the case. The inhalable sampler collects more dust than the total dust sampler.

Research Studies Comparing Inhalable and Total Dust Levels in Wood Industries

Comparisons of total and inhalable dust samples for wood dust have been performed by several researchers in different countries. Pisanello et al (1991) conducted a study of wood dust exposures during furniture manufacturing in Australia. The study reported a mean personal dust exposure level of 3.7 mg/m³ inhalable dust for all woodworkers; 5.5 mg/m³ for hand/disc sanding; 3.0 mg/m³ for belt sanding and 3.7 mg/m³ for belt sanding. The average mass median diameter of the hardwood dust was 18.7 µm.

A British study undertaken by Hamill et al (1991) reported airborne wood dust concentrations in woodworking shops to range from 0.3 – 55.2 mg/m³, measured as inhalable dust. Scheeper et al (1995) found inhalable dust levels in two Netherlands joineries and a furniture factory to range from 10.0 mg/m³ (sanding); 5.0 mg/m³ (sawing) and 2.8 mg/m³ (planing/milling).

The inhalable sampler will collect more dust than a total dust sampler, so a ratio of inhalable/total dust would be desirable in order to compare past results taken as total dust samples with inhalable dust measurements. Martin and Zalk (1998) collected 25 paired sets of samples for total and inhalable dust in a carpenter shop. The results of the study indicate that the IPM/total dust ration for wood dust is generally in the range of 2 to 4 at relatively high concentrations (> 0.5 mg/m³). At lower total dust concentrations, the inhalable ratio was erratic (2.1 – 71). The authors suggest that the problem with the ratio at lower dust concentrations has to do with particulate larger than 100 µm in diameter being projected into the inhalable sampler causing an overestimate of the amount of wood dust particulate that is actually inhalable. This collection of projectiles is due to the large inlet of the IOM sampler and its outward facing orientation.

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Demers et al (2000) measured exposure to dust, resin acids and monoterpenes in softwood lumber mills in western Canada. Inhalable dust levels had a geometric mean of 1.0 mg/m³. The authors make the important point that airborne particulate in lumber mills contains a combination of wood dust, dirt, sand, ash, bioaerosols, vehicle exhausts and other particulate. There is no method to separate the wood dust component from the other particulate. These dusts have different health effects and occupational exposure limits.

A survey of particulate levels and bioaerosols in eastern Canadian Sawmills was performed by Duchaine et al (2000). Seventeen sawmills were sampled. Inhalable dust levels ranged from 1.14 mg/m³ (range 0.64 – 5.15 mg/m³) for debarking; 2.07 mg/m³ (range 0.1 – 3.70 mg/m³) sawing; 1.30 mg/m³ (range 0.60 – 1.54 mg/m³) sorting and 2.73 mg/m³ (range 0.82 – 4.40 mg/m³) planing.

Rando et al (2005) compared the RespiCon®, sampling inhalable, thoracic and respirable wood dust to the IOM inhalable dust sampler, the BGI GK 2.69 thoracic dust sampler and the SKC aluminum cyclone sampling respirable dust. Seventy – one sets of samples were taken at ten wood processing plants. The geometric mean for the inhalable dust samples was 1.35 mg/m³ (range 0.11 – 11.06 mg/m³). There was no significant difference between the RespiCon® and the IOM sampler when a correction factor of 1.5 was applied to the extrathoracic data from the RespiCon®.

Summary

Challenges faced by the industrial hygienist when sampling wood dust include difficulties comparing inhalable dust measurements to total dust measurements taken previously. The collection of projectiles greater than 100 µm in diameter when sampling with the IOM samplers can skew results. Also the dust in the wood industry consists of many different dust types, with different health effects and occupational exposure limits. At the present

time there is no method for apportioning concentrations of different dust types.

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Summary of OHS Legislative Changes November 2007 to January 2008

By Michal Zitnik, ROH, CIH

Federal

Proposal for New Regulations to Prevent Workplace Violence

On January 21, 2008 the Honourable Jean-Pierre Blackburn, Minister of Labour announced proposed violence prevention in the workplace regulations under the Canada Labour Code. The proposed regulations will define workplace violence and will include the requirement to develop a policy for the prevention of violence in the workplace. There will be a requirement for identification, assessment and control of hazards, training of employees and procedures for responding to, as well as recording and investigating, acts of violence. Members of the public have until February 28, 2008 to submit comments on the proposed regulation to the Labour Program.

More information can be obtained on the Federal Labour Program website: [Labour.gc.ca](http://labour.gc.ca)

Smoking Room Ban Now in Effect in Federally-Regulated Workplaces

Amendments to the *Non-smokers Health Regulations* banning smoking rooms in federally-regulated workplaces came into effect Wednesday, November 14, 2007.

The amendment was confirmed by the Minister of Labour after the completion of a series of test of the air quality in and outside smoking rooms found in federally-regulated workplaces. The results from the tests showed that while these facilities technically meet the legal requirements of the Act, the air quality in them is far from being acceptable and

deteriorates significantly as smoking increases in the room.

More information can be obtained on the Federal Labor Program website: [Labour.gc.ca](http://labour.gc.ca)

Alberta

Review of Proposed Changes to 2007/2008 OHS Code

The 2007/08 review of suggestions for changes to the OHS Code is underway.

Due to the large volume and the extent of the submissions received, the public consultation which was scheduled for Fall 2007 was delayed. The stakeholder working group's draft recommendations will now be posted on the Alberta Employment, Immigration and Industry website in early 2008 for public comment.

The progress of the current review can be viewed at Alberta Employment, Immigration and Industry website: <http://employment.alberta.ca>

The New Tobacco Reduction Act, New Legislation Effective January 1

Effective January 1, 2008, the [Tobacco Reduction Act](#) became law. The new act further prohibits smoking in public places and workplaces by removing the previous exception for adult only smoking areas, and by prohibiting smoking within a prescribed distance of a doorway, window or an air intake of public places.

New regulations support the provisions of the Tobacco Reduction Act. The supporting regulation:

- Establishes the distance or distances in which smoking will be prohibited from a doorway, window or air intake;
- Establishes the requirements for signs listing tobacco products and prices;
- Authorizes inspectors to perform their duties as required and establish the

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responsibilities of inspectors in the performance of those duties;

- Exempts certain retailers such as tobacconists from the display and promotion provisions of the Act; and
- Establishes requirements for those retailers to be exempt.

More information can be found on Alberta Health and Wellness website:
<http://www.health.gov.ab.ca>

British Columbia

Changes to WorkSafeBC's Forestry Regulations to Take Effect Spring 2008

The Board of Directors of WorkSafeBC approved amendments to the forestry section of the *Occupational Health and Safety Regulation*. The changes will come into effect on May 1, 2008.

The new provisions address the changing nature of BC's forest sector and provide better protection to workers in the areas of prime contractor authority, supervision and planning, as well as increasing safety standards when working in proximity to machinery. The new standards now ensure that prime contractors in the forestry sector have the necessary qualifications and the necessary authority to fulfill their legal responsibilities and that there be a falling supervisor for all manual falling activities.

New provisions dealing with log hauling will address speed and impairment by fatigue. In addition, the new provisions will also address the ability for employers to keep current with new equipment and technology.

The [new regulations](#) will be posted on WorkSafe BC's website:
<http://www.worksafebc.com>

Amended Working Alone or in Isolation Regulations Come into Effect on February 1, 2008

Amendments to the *Occupational Health and Safety Regulation* to improve the health and safety of workers that are working alone or in isolation take the effect beginning February 1, 2008.

These amendments will require mandatory pre-payment of fuel at gas stations throughout BC and will better protect workers in late night retail premises as well as other workers at risk of an injury or disease while working alone or in isolation.

New safety requirements for workers at late night retail premises include:

- Development and implementation of written procedures by the employer to ensure worker's safety in handling money;
- Provision of training in the written procedures; and
- Prevention of harm to the worker by way of a locked door or a barrier that protects the workers and or scheduling more than one worker to work during late night hours.

For all workers working alone or in isolation, all employers are also required to identify hazards and eliminate or minimize the risk from any hazards that are identified. The Regulation identifies the usual occupational health and safety controls, including engineering the risk out and examining administrative practices to eliminate or minimize the risk.

More information on the amendments to the regulation can be found on WorkSafe BC website:
<http://www.worksafebc.com>

Manitoba

Two Regulations under the Workers Compensation Act Came into Effect on January 1, 2008

Employer's Information Regulation, Regulation 148/2007 and Adjustment in Compensation

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Regulation, Regulation 160/2007 came into affect on January 1, 2008.

Regulation 148/2007 outlines the information regarding the employer that the employer must provide to the board.

Regulation 160/2007 specifies the compensation amounts from 1992 to 2008 and prescribes the maximum and minimum annual earnings for accidents occurring after December 31, 1991 and before January 1, 2006.

The regulations in their entirety can be viewed on Manitoba Laws website:
<http://web2.gov.mb.ca/laws/regs/w200e.php>

Prince Edward Island

Amendments to Noise and Confined Space Regulations

Recently approved amendments to the *Occupational Health and Safety Act* Noise and Confined Space regulations are now in place.

The Noise amendments include requirements for a hearing protection program in the workplace including noise measurement, education and training, engineered noise control, hearing protection, posting of noise hazard areas, hearing tests and an annual program review. The Confined Space amendment expands the definition of "confined space" and provides greater clarity to occupational health and safety training providers and industry stakeholders on what is considered a confined space.

These regulations come into force on October 31, 2008.

More information can be found on Worker's Compensation Board of PEI website: <http://www.wcb.pe.ca>

Quebec

Le Règlement sur l'assistance médicale de la CSST a fait l'objet de certaines modifications

qui s'appliquent à compter du 22 novembre 2007. Les modifications concernent spécifiquement les traitements de physiothérapie et d'ergothérapie dispensés dans les cliniques privées.

http://www.csst.qc.ca/portail/fr/lois_politiques/legislation

Upcoming Events across Canada*

*Where provided to CCOH, information requiring costs and maintenance points are shown. Where such information is not provided, readers are advised to contact course providers for verification.

BC/Yukon

BC/Yukon AIHA local chapter - **Annual General Meeting**

March 14, 2008

<http://www.aihabc.org/>

Alberta

Alberta AIHA local chapter - **PDC and Symposium in Edmonton**

March 27 & 28, 2008

http://www.aiha.ab.ca/aiha_ab/events.htm

Ontario

Canadian Society of Safety Engineering (CSSE) – **CSSE Education Day**

An action packed education day for the Health and Safety Professional. A presentation of leading safety information with an opportunity to network with like-minded professionals. WHO SHOULD ATTEND? Safety and human resources professionals, company trainers, administrators, JHSC members. CSSE members (\$125), Non-members (\$125)

Feb 12, 2008

Toronto, ON

Phone 905 475 6356 Fax 905 475 6396

E-mail robl@millergroup.ca

Occupational Hygiene Association of Ontario (OHAO) - **OHAO Spring Symposium & AGM**

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The Spring symposium this year will have a heavy emphasis on case studies in Occupational hygiene presented by members. The symposium will be preceded on Mar. 25 by two half day PDC's. Member - \$70, Student (full-time in oh&s program) - \$35.00, Non-Member - \$95.00

March 25, 2008 (PDC), March 26, 2008 (Symposium)

Black Creek Pioneer Village, Toronto, ON

<http://www.ohao.org/>

Industrial Accident Prevention Association (IAPA) – **Health & Safety Canada Conference and Tradeshow 2008**

The IAPA Conference and Trade Show is Canada's largest and longest-running health and safety event and has something for everyone. The theme for 2008: "**Are You Ready for the Future?**" \$575+GST (before March 17).

April 21-23, 2008

Metro Toronto Convention Centre, Toronto, ON

http://www.iapa.ca/conference_2008

ALARA Industrial Hygiene Services Inc. - **Occupational Hygiene Air Sampling Workshop**

This course will give participants the practical skills and theory required to conduct reliable air monitoring surveys. Participants will practice with air sampling equipment for personal monitoring, as well as real-time air instruments. 3 CM points awarded by ABIH and CRBOH, 1½ points awarded by BCRSP. \$975+ GST

May 7-9, 2008

Toronto, ON

Phone 416 759 9579

Email Marguerite Pilger info@alara.ca

basis of a noise exposure control program. 2 CM points awarded by ABIH and CRBOH, 1 point awarded by BCRSP. \$775 +GST

June 19-20, 2008

Toronto, ON

Phone 416 759 9579

Email Marguerite Pilger m.pilger@alara.ca

Québec

L'Association québécoise pour l'hygiène, la santé et la sécurité du travail (L'AQHSST) – **Annual conference**

Courses, industrial visits, exposition and conferences. CRBOH and CRSP pts available. \$350-400.

May 7-9, 2008

Sheraton Conference Centre, Laval, QC

<http://www.aqhsst.qc.ca/>

ALARA Industrial Hygiene Services Inc. - **Industrial Noise Exposure Evaluation a 2-day practical workshop**

This course introduces the theoretical principles and practical skills required by the occupational health professional to evaluate potential noise exposures and formulate the