Canadian Registration Board of Occupational Hygienists

NEWSLETTER
Fall 2020

President's Word

Marc-André Lavoie
President, CRBOH

Dear CRBOH Members,

You are part of an incredibly unique family of scientists that has chosen to dedicate their career to the creation of a healthier and safer work and public place. Of course, this choice, although rewarding, comes with responsibility. Responsibility to keep your knowledge up to date, and to perform your profession in an ethical manner and most importantly, to participate actively in the growth of the profession, usually as a volunteer, in the advancement of our shared values. This is why I have contributed throughout my career to various professional organizations, and the last three years, as a CRBOH board member, now acting as President in the current year.

The state of our profession in Canada is bright and filled with historical achievements. Aiming at recognizing those accomplishments from the past, the CRBOH board of directors has adopted a new retirement policy in 2020, with the hope of keeping our retirees working alongside us for the benefit of all Canadians.
Our future is only for us to seize. Young graduates that I meet are the true motivators in continuing to seek the recognition of industrial hygiene as a profession of rigorous health and safety scientists. Effective health management programs are best served when led by members of our profession. It is, without a doubt, in the best interest of work and public places that our profession is protected and promoted at all levels of government and private organizations.

Health and safety in Canada and across the world has faced drastic changes since the turn of the new millennium. Health and safety management has gone from a generic human resources side issue to a more organized approach, where health and safety management specialists contribute. At the same time, the technical aspects of occupational health have exploded with numerous initiatives like GHS, the REACH regulation in Europe, continuous reduction of chemical target values, product stewardship, etc. We could talk about a true revolution in the way we must manage chemical contaminants in the workplace and from a public health perspective. As they say in the introduction of the European REACH regulation : "When raindrops, breast milk, and human blood, as a rule, contain hazardous chemicals, something has gone wrong."

While these initiatives have resulted in positive changes, they can create some definition bias and conflict of roles during implementation. Who is competent to manage health and safety? Who is competent to give technical advice in health and safety?

The most powerful thing in all of this evolution is the recognition that everyone is welcome to contribute to the ongoing health and safety continuous improvement project. But some review of "definition and competency" is more than overdue. In 2020, CRBOH will actively seek out discussion with various stakeholders.

President's Word (cont'd)

This consultation will focus on finding a common ground to ensure that employer and the public, can choose and hire competent people with confidence in the value of their skills. With that in mind, the CRBOH is pleased to announce the creation of "The Future of the Profession" subcommittee with the mandate to develop a strategy to ensure that Occupational Hygienists are recognized and heard in this debate, so the current level of workers and public health protection continues to improve with the contribution of our art and science.

Now, how can a 2020 president message from any organization ignore the current pandemic? CRBOH core business is to register candidates to be ROH/ROHT. Without a registration exam, there is no reason to be. So, it was with great sadness, but also recognizing our public health leadership responsibility, that we had to cancel the 2020 spring exams. This gave us some time to organize our business continuity plan. The question put forward by the board to the chief examiners and the registrar was: "How can we have the highest certainty that the exam can occur safely this fall?" The challenge was to resist the temptation of setting up a plan based on the summer state of the pandemic, but to focus on a business continuity plan that would allow the candidate to sit their exam even in fear of a potential second wave in October. We also wanted to avoid making a personal decision for candidates about how far they were willing to travel to get to their exam. By redefining the definition of "acceptable proctor," we have created a system that would enable offering the exam in more locations, minimizing the risk related to inter-regional virus spread, without compromising the rigour of the process. So we gave the candidate the choice to have their exam the standard way in a central location (with distancing and hygiene protocol) or to have it closer to their region, using the local proctor with the support of communication technologies in the case of the oral exam. We are pleased to announce that we will have at least 21 written exams and 6 oral exams completed by early October, in replacement of the cancelled April sessions. We are grateful to the multiple ROH's across the country that stood up as proctor to give us a helping hand. We are also grateful to the work of the chief examiners and the registrar that worked at a fast pace to find a solution that would protect our procedures and produced the additional document required for supporting the new requirements.

Finally, we have already reviewed the contribution of our various committees and have set priorities/objectives for the year to come. Over and above the two topics already discussed , we will start the review of all elements of our exam processes, complete the overdue French translation of our website , review the maintenance points program, reach out to young professionals and initiate the process to get the organization ready for a potential accreditation to the ISO 17024 standard, and continue our communication initiative via the newsletter and LinkedIn.

Yes, this is a lot and we are only a few. A few committed believers in the value of our profession. And we welcome anyone willing to support the growth of our profession. We have openings on multiple subcommittees with exciting work, and we are counting on you to help us continue writing the beautiful story and contribute to our profession for the well-being of all Canadians.

Sincerely,

Marc-André Lavoie
President, CRBOH

Risk Reduction Can't Always Wait for Proof

Krista Thompson, M.H.Sc, ROH, CRSP

The pandemic has brought about intense debates regarding the best way to prevent the spread of SARS-CoV-2, the virus that causes COVID-19. A lot of debate has swirled around the effectiveness of non-medical masks. This article will summarize the current knowledge, but the evidence is SARS-CoV-2 is rapidly changing.

Non-medical masks are ideal for both occupational and non-occupational use, outside of healthcare and settings where care is provided, such as community care, group homes, and long-term care centres. Standards guide the selection of respirators or procedure (also known as surgical) masks. An N95 particulate respirator is the standard for airborne viruses or when performing an aerosol-generating medical procedure (AGMP) such as intubation, though some settings advocate use of a powered air-purifying respirator (PAPR) with particulate filter. Outside of AGMP, respirator use is only required for anything with "airborne precautions". Airborne precautions are required when the virus is aerosolized and remains suspended in the air for hours after an infected person leaves the room. Airborne precautions are not common; examples include measles and chickenpox.

Most evidence currently suggests SARS-CoV-2 requires "droplet precautions". Both airborne and droplet precautions indicate the infectious agent is in the air. Droplet precautions means the virus is spread in aerosols created by talking, coughing, sneezing, etc. Due to their relatively larger sizes, the droplets typically fall to the floor quickly, often within seconds, and don't typically travel farther than 1-2 metres. (There are always exceptions, such as if someone does not cover a cough or sneeze.)

It is not actually the virus that the respirator is filtering: it is the aerosol that is being filtered. The aerosols are larger than 0.3 µm. (N95s filter 95% of particulates 0.3 µm and larger, though more recent evidence indicates there is some filtration under 0.3 µm.) Outside of healthcare and related fields, particulate respirators are unlikely to provide better protection for a droplet-spread virus. Some employers and members of the public have begun to purchase KN95s respirators or FFP2 respirators. KN95 is a Chinese standard, and FFP2 is a European / UK standard, which are similar, but not identical, to the NIOSH Standard for N95. (As of this writing, most KN95s sold in Canada are counterfeits that do not meet the standard.)

Risk Reduction Can't Always Wait for Proof (cont'd)

In most situations outside of healthcare, a particulate respirator is not necessary. A common message provided to the public is "my mask protects you, your mask protects me". There is very good evidence that wearing a mask protects others from being exposed to the wearer's droplets. More recently, there is emerging evidence that a mask provides protection to the wear. However, since non-medical masks are not standardized in filtration or fit, it is unknown how much protection you have while wearing it. In workplaces that are not providing healthcare, non-medical masks are a good solution to reduce the likelihood of an occupational outbreak of COVID-19. Finally, regional or provincial legislative requirements or standards in some industries may require exceeding non-medical masks outside of healthcare or care settings. For example, Quebec requires all employees in any sector to wear procedure masks if they cannot observe physical distancing.

Occupational hygienists do an excellent job of performing risk assessments with the available evidence-based science. In this very rapidly changing environment, many risks assessments have been completed without consensus in the outcome or probability of severity. While evidence-based science is best, when the science is rapidly evolving, the precautionary principle has to be adopted. The precautionary principle was the conclusion of The SARS Commission (2006), "reasonable efforts to reduce risk need not await scientific proof." Non-medical masks are an example of the precautionary principle in action.

Registration Maintenance

This year has been a challenging one for us all! While many members would gather and engage at conferences and other training opportunities, this year has seen a significant drop in the opportunity to attend these events. Because of this, many members have had questions regarding the collection of points for their designation maintenance.
The Registration Maintenance Committee will be taking this into consideration when reviewing submissions, and will be more flexible in what is accepted as alternative training. Fortunately, many groups and locations have embraced technology, including webinars, virtual training, and online conferences. With these options, we are confident that we can continue with the same maintenance cycle and number of points required for our professional development and growth.

If you have any questions, please contact me.

Matthew Brewer, ROHT
Board Director – ROHT, Eastern Canada
Registration Maintenance Committee Liaison

news

AGM Survey Monkey Result

This year's Annual General Meeting was held online for the first time in our history. At the end of the AGM, we requested feedback from members on the new format using Survey Monkey. Here's what you said.

- **63%** of responders attended the online AGM. Time constraints, work conflicts and travel restrictions were listed as reasons for not attending. We would note that this year's AGM had the highest attendance ever!
- **97%** of those who attended would like to see future AGMs hosted online. One comment suggested that the date and time of future AGMs should take into account AIHce events to prevent conflicts in scheduling.
- **98%** of responders liked the GoToMeetings platform.
- **100%** of responders liked having a speaker at the end of the AGM, and if you missed some or all of the AGM, the recording is available to watch in the member log in section of the CRBOH website, as well as the PowerPoint slides and Dr. Victoria Arrandale's presentation.

Comments submitted to this survey are being reviewed by Committee Chairs; future newsletters will summarize the CRBOH's response.

Congratulations!

The board and members of the CRBOH would like to congratulate Meriem Bessadet of Montreal as this year's Student Award Winner for 2020. As a recipient of this award, Meriem will receive a $250 scholarship from the CBROH. The award is given to applicants who have made a concerted effort to be involved in the occupational hygiene community, demonstrated involvement in occupational hygiene activities, and attendance at pertinent conferences and seminars.

Meriem is a member of Centre patronal SST, has a Master's degree in Environmental and Occupational Health, Occupational Hygiene from the Université de Montréal (two courses remaining in 2021) and a Doctorate's degree in Medicine from the Faculty of Medicine of Oran- Algérie.

Meriem's goal is to get employees more involved to improve the level of OHS in their workplaces so they can express themselves without intermediaries. Further to this goal, Meriem interned with the board of directors at the National Research Council conducting risk analysis and recommending corrective actions. Meriem tirelessly promotes OHS culture with family, friends and colleagues by bringing awareness to how safety and health affects their everyday life.

Congratulations Meriem!

Raising the awareness about coronavirus being airborne in the face of politics. A focus on the importance of consistent risk management guidance, the precautionary principle, and incorporating higher order controls including ventilation, and better respiratory protective equipment to save lives.

Dr. Kevin Hedge CIH , OHCOW & WHWB

This article is being submitted in my capacity as both Occupational Hygienist with the Occupational Health Clinics for Ontario Workers (OHCOW) Inc. and President, Workplace Health Without Borders (WHWB) International. I am proud to be associated with both of these organisations, the second of which (WHWB) is volunteer and I encourage readers to join WHWB and see where you can assist. Imagine a world without occupational disease.

During this pandemic from "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", we are now in a state of information overload with mixed messages which I think we will agree. In a way, occupational health and safety professionals are being marginalised from public health and infection control. In this context, I would like to reflect on the work that both the Occupational Health Clinics for Ontario Workers Inc. (OHCOW) and WHWB (international) have done to influence senior Canadian decision makers "to ensure that advice to health professionals about their safety recognizes and protects against airborne transmission of COVID-19 and is consistent with the scientific evidence and the precautionary principle approach". Concerns from both OHCOW and WHWB (International) have been communicated on a number of fronts. On April 11, 2020, I wrote to the Honourable Patty Hajdu Minister of Health, Government of Canada and Dr. Theresa Tam Chief Public Health Officer, Public Health Agency of Canada on behalf of the WHWB board. I thanked both, on behalf of the board, for the leadership they have provided to combat COVID-19 in Canada. On behalf of the board, I also expressed concern about messaging from the World Health Organisation (WHO), and subsequent messaging from Canadian officials, especially as it impacts frontline healthcare workers around the world. A copy of my letter is available at this link: **(letter)**

WHWB (International) have provided bi-weekly (SARS-CoV-2 related webinars) and have been able to secure international speakers to communicate and share good practices with WHWB partners including for example OSHAfrica. The WHWB International teleconference was held 14 September 2020 with the theme of aerosols and school re-opening. Two internationally renowned speakers were featured: Dr. Lidia Morawska and Dr. Joseph Allen. Dr. Morawska is Professor, Queensland University of Technology and Director of the International Laboratory for Air Quality and Health. She was the co-author of "It is time to address airborne transmission of COVID-19", which was signed by 239 scientists. Dr. Allen is Director, Healthy Buildings Program at the Harvard T.H. Chan School of Public Health. His program has produced numerous guidance documents on COVID-19, including guides for re-opening schools.

Raising Awareness - Cont'd

Dr. Morawska and Dr. Allen's presentation, delivered via WHWB, is now accessible via YouTube here. All of the previous SARS-CoV-2 related webinars can be found on our YouTube channel see: (covid link)

The Occupational Health Clinics for Ontario Workers (OHCOW) Inc. have also provided a series of webinars which focuses on recognition of airborne transmission Session 1: Covid-19 Transmission: Taking Stock of the Science and : Session 2: Solutions: The Hierarchy of Prevention/Control Banding. The Role of Infectious Dose and the Hierarchy of Prevention (Controls) for COVID-19 which can be seen here.

Also practical guidance for COVID-19 - Applying the Hierarchy of Control to a Point of Care Risk Assessment for the protection of Health Care Workers can be found here.

Finally, I would like to refer the readers to a recent media release statement from Australia by the Australian Institute of Health and Safety (AIHS)

- "This statement shows healthcare in Queensland Australia have not learnt from the Victorian debacle, where 3100 healthcare workers caught COVID. Health and safety standards and practices routinely applied in many healthcare settings have been inadequate to protect workers,"
- "Current infection control practices are designed for patient safety. They are not effective in preventing staff contracting coronavirus".
- "The failure to use appropriate personal protective equipment (PPE) like fitted P2/N95 masks and poor health and safety strategies are a major contributing factor to the high infection rates of workers and patients hospitals."
- "The standards being used in hospitals to protect their workers need to be urgently updated."

Refer to MEDIA RELEASE: "QLD healthcare sector needs changes now to stop the spread", AIHS, 2020:
https://www.aihs.org.au/news-and-publications/news/media-release-qld-healthcare-sector-needs-changes-now-stop-spread

Does this sound familiar? (Rhetorical question).

The Leadership Imperative – Why the Occupational Hygiene Community needs to develop leadership skills

Glyn Jones, M.A.Sc., P.Eng., CIH, CRSP

The leadership imperative in front of us today is to develop a mechanism, process and curriculum to help organizations develop people to lead the occupational hygiene agenda.

The leadership imperative, as I see it, is driven by the reality that in the last decade the occupational disease fatality rate is not falling. This plain fact, above all, creates the imperative that we need to do something different. In spite of the huge increase in efforts towards occupational hygiene program development and implementation in Canada, 3 workers die every workday of an accepted occupational disease[1]. After a period of intense study of this issue I have concluded what is missing is leadership.

The type of leadership I am talking about has nothing to do with hierarchical leadership, that is you don't need to be the CEO, the COO, the Director of HSE, the Occupational Hygiene Manager or even the boss to lead. Many of us confuse management and leadership; you manage processes, but you lead people. Occupational hygiene leadership is about creating influence such that good decision-making and positive behaviours become the norm across the organization chart. This type of leadership is about creating influence such that good decision-making and positive behaviours become habit. Occupational hygiene leadership is simply defined as doing something that you see needs to get done even though you may not get credit for it, but you are willing to do it anyway. Leadership is hard! Remember leadership is a journey or a practice, and not a destination.

Some such leaders are born but most are made. These leadership skills can be developed. We all need access to strong and formalized leadership development. Occupational hygienists need to step up and respond with a willingness to participate. When thinking about professional development most people think that continuing to build their hard skills repertoire is the way to go. If we are to affect change occupational hygienists need to think soft skills development - leadership skills development. Opportunities abound for leadership development. It could be you take a program at your local university. It could be that the CRBOH works to organize an offering or you might find your leadership development opportunity.

The Leadership Imperative – Why the Occupational Hygiene Community needs to develop leadership skills (Cont'd)

somewhere else. Most universities in Canada offer a continuing education stream related to leadership development. The University of New Brunswick's has a new 100% online Certificate in Advanced Safety Leadership. The choice and range of leadership development programming is quite broad. Royal Roads University offers a program that includes courses on mindful communication, difficult conversations, and communication with clarity and impact. McGill's continuing education department offers credit and professional development courses on effective public speaking, communication for results, conflict resolution, and reading and writing for success. Regardless of where you live, and work programming is available to help you develop these essential leadership skills.

If you are working as an occupational hygienist or occupational hygiene technician now or are thinking about it in the future part of your development needs to be in developing your leadership skills. The hard skills form the foundation of a good occupational hygiene practice, but the soft skills allow you to be effective with implementation. We need an occupational hygiene community with stronger leadership skills. To paraphrase Harry S. Truman,

"When there is no leadership the system stands still or regresses. Progress occurs when courageous, skilled leaders seize the opportunity to make change for the better."

Let's be brave, let's develop our skills and let's seize the opportunity to drive change for the better. Leadership is hard but the return on investment will be significant for you in your career and your capacity to make a real difference in reducing workplace exposure and disease. Remember too that leadership is a practice because it offers near endless potential for self-improvement and mastery. Get to work on developing your occupational hygiene leadership skills. Look for a formalized leadership program in your community and get involved. Keep your eyes open for the opportunity; it could be at your local university or in your community, it could be CRBOH hosted, or it could be somewhere else. Do the work. Make the investment. Make a difference.

Glyn is a partner at EHS Partnerships Ltd. in Calgary, Alberta. He is a consulting occupational health and safety professional. He is a Registered Occupational Hygienist (ROH), a Certified Industrial Hygienist (CIH) and a Professional Engineer (P.Eng.) with over 30 years of experience. Glyn is a regular conference speaker and contributes to Canadian Occupational Safety magazine. He can be reached at gjones@ehsp.ca

Using Science to Determine the Work Relatedness of Cancer

Paul Demers, Occupational Cancer Research Centre, Ontario Health
Anya Keefe, Anya Keefe Consulting
Sara McCormick-Rhodes, Gillings School of Public Health, University of North Carolina

Workers compensation systems across Canada and other countries with similar systems grossly under-recognize occupational cancer. For example, over the past 10 years, Ontario's Workplace Safety and Insurance Board compensated, on average, 170 cancers annually compared to an estimated 3,000 per year due to the top 10 carcinogens alone, based on the Burden of Occupational Cancer Project. It is important to point out that the WSIB is one of the best compensation boards in Canada and that, on average, only about 400 cancer claims are submitted each year. Nonetheless, there are significant challenges in the adjudication of claims and workers with cancer, their families and advocates have voiced concerns regarding how claims have been handled. In response, the Ontario Ministry of Labour, Training and Skills Development requested an independent review to answer:

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

We reviewed scientific theories and principles regarding cancer causation, the major challenges faced by workers' compensation systems, and relevant practices in other jurisdictions and make recommendations related to expanding scientific capacity, developing new policies, creating an independent scientific review panel and improving medical education. We believe, if implemented, these would increase recognition, improve adjudication of claims, and contribute to improved prevention of occupational cancers. Although the review was requested by the Ontario government, many provinces face similar challenges and the report has national relevance. The report makes a number of recommendations regarding exposure data and their underlying objectives and implications are of importance to occupational hygienists across the country.

What should be obvious to professional occupational hygienists is that making good decisions regarding work-relatedness for workers compensation requires

Using Science to Determine the Work Relatedness of Cancer (Cont'd)

good exposure information. We recommended that adjudication should be improved by better access to electronic exposure data and that this data should be freely shared between agencies within provinces. We further recommended that the Canadian Workplace Exposure Database (CWED) could be a valuable platform for provincial data. CWED already contains the measurement data collected by Ontario before their lab closed and provides access to valuable data from some other provinces.

Publicly available, quantitative exposure data is a scarce resource in Canada. Ontario and BC stopped collecting their own measurements many years ago and data from other jurisdictions is not publicly available, other than what has been contributed to CWED. At one time, the IRSST published reports summarizing the measurements collected by Quebec authorities, but that has also not happened for many years. This has serious implication not only for compensation, but also prevention. Are workplace exposures decreasing in Canada? What proportion of exposures are below the levels associated with an increased risk of cancer? Exposure data is essential for targeting prevention efforts and we should call on our institutions and employers to make this data freely available.

We also recommended that workplace inspectors collect copies of exposure monitoring results from employers at the time of inspections and that those results be computerized to facilitate access to exposure monitoring data. Exposure data collected to determine if a workplace is in compliance with regulatory limits, which has been stripped of personal identifying information, does not deserve privacy protection. We also recommended that opportunities be explored to digitize historical exposure or employment records for high-risk populations, such as was done with Ontario's Asbestos Workers Registry and Mining Master File.

Lastly, our report recommended that to keep on top of new and developing scientific issues and conduct investigations, both the compensation system and ministry of labour need to increase their internal scientific capacity and this should include scientists with graduate level training in exposure science (such as occupational hygiene), as well as epidemiology and toxicology.

To learn more, **download the report** or read it on the Ministry of Labour, Training and Skills Development website, where it is available in both English and French.

Hygienist's Need to Influence Canada's Chemical Management Plan

Mike Phibbs, CIH ROH - Chemscape Safety Technologies

The Canadian government created the Chemical Management Plan (CMP) in 2006 in recognition that chemicals are fundamental to everyday life, but also can have harmful effects on human health and the environment. The CMP assessed 23,000 chemicals in commerce and prioritized 4,300 chemicals for further research. When new substances are introduced to Canada the government assesses and manages potential risks to the health of Canadians and the environment. This process was managed jointly by Health Canada (HC) and Environment and Climate Change Canada (ECCC). Most Hygienists I know avoid anything related to the environment and that is a mistake; Hygienists should have been involved in these submissions from the beginning.

In July 2019, the Canadian government published a 60-day request for input on a consultation for an integrated strategy for the protection of Canadian workers from exposure to chemicals.. The results of this consultation proposed two actions that recommended: a Federal/Provincial/Territorial Committee to better coordinate chemical management, and the Federal management of the WHMIS program under the Chemical Management Plan (CMP).

Proposed Action1: Establish a Federal Territorial Provincial (FTP) Committee to better coordinate chemicals management for the protection of workers.
Potential activities are listed below.

1A. Prioritization of chemicals
1B. Occupational Exposure Limits (OEL) development
1C. Research and monitoring
1D. Risk assessment and risk management

Proposed Action 2: Integrate the Federal management of the WHMIS program under CMP
Potential activities are listed below.

2A. Strengthen science-based hazard classifications of chemicals.
2B. Increase supplier, employer, and worker awareness of the dangers associated with occupational use of hazardous chemicals.
2C. Increase compliance and enforcement footprint under the Hazardous Product Act (HPA)

Hygienist's need to influence Canada's Chemical Management Plan (Cont'd)

Response Summary

There were 28 responses from industry associations, organized labour, occupational health and safety consultants, non-governmental organizations, government departments and the public. As a hygienist, I feel ashamed that from an external perspective, our profession do not have opinions on this critical topic. It seems like too many are not connected enough to be aware. Awareness in the form of a distribution list is free and lets you keep up with important issues. Hygienists, you need to add your voice to this discussion. It is our professional obligation to provide opinions on this and become connected to this discussion. How do you expect to be taken seriously if you cannot keep up with topics critical to your profession? Here is a link to find out more and subscribe.

I encourage hygienists to read the full consolidation of the responses in the links below. The responses encouraged Health Canada to enhance worker protection from chemical exposures.

Health Canada was encouraged to:

- Share gap analysis with issues defined
- Conduct cost benefit and impact analysis of proposed actions
- Collaborate with Federal/Provincial/Territorial levels of government
- Leverage existing processes
- Involve stakeholder groups (industry, workers, OHS professionals and academia)
- Additional topics beyond the proposal where highlighted being informed substitution, control banding, and occupational exposure banding.

Context of the responses and differences of opinion must be considered as different approaches are available to protect the health of workers. The Proposed Actions and related activities all had a cross section of comments that identified the issues.

In my opinion Proposed Action 2 of combining WHMIS under CMP is preferred to Proposed Action 1 of forming another committee to rehash what exists already. Anecdotally it seems there is greater adherence to CEPA than WHMIS; Health Canada audited supplier SDSs for the first time since 1988 and found almost complete non-compliance.

Near and dear to most hygienists' hearts are OELs, and the topic of Canadian developed OELs was discussed; I believe there are better things to do with the current resources that could be devoted to this activity. Existing OELs are very consistent and derived from the ACGIH even though ACGIH identifies this is not their intent. Developing more OELs which are essentially the same as existing OELs will accomplish little and take considerable time.

I believe that OEL's are a tool like a bathroom scale to measure how much you weigh, and the output could be in various units, but the scale or measurement does not control your weight.

I previously chaired the AIHA Exposure and Control Banding Committee. NIOSH has an excellent tool to develop Occupational Exposure Bands (not a single value but a range) that requires the expertise of a hygienist or toxicologist. An Occupational Exposure Bands could be developed and published for Canadian workplaces during the assessment of new chemical, high hazard chemicals or for chemicals without OELs or TLVs. Control banding calculates engineering controls based on risk but first there is a simple hazard ranking process based on GHS classifications with a focus on controlling the hazard not just quantifying it.

So, what should a hygienist do? Get involved, have an opinion and make it known. Influence the future of the profession, if you don't someone else will.

Upcoming Events - 2020

October 21, 22 2020	Toronto, ON	OHAO Fall Symposium & PDC link
October 2020	Online	Occ-tober _ Webinar _Series on Occupational Health and Disease Prevention : Impact = Knowledge + Change + Action
October 5 & 6, 2020	Online	World Congress on Safety & Health – Special Session Covid19 and OSH

Available on the CRBOH wesbite

New professional seals and certificate frames available from CRBOH website