



Dear Colleagues,

Happiest New Year's wishes to everyone. I'm hoping you all had an opportunity to spend precious time with loved ones and have some down-time to recharge. I'm pleased to provide the next quarterly Divisional update to share news and items relevant to Division members, and to keep our affiliated colleagues abreast of our activities. I'm also pleased that during the course of writing this, additional accolades kept rolling in, requiring several revisions even in the last week! Please always feel free to email [occmmed.div@utoronto.ca](mailto:occmmed.div@utoronto.ca) if you have any information to share including your recent publications, dates of events of interest etc.

### Director's Discussion



Since the last update, a couple of initiatives have taken a front seat:

- 1. The Divisional Strategic Plan.** Strategic planning is a process in which we define a vision, set goals and objectives, determine how to measure success. The last Divisional strategic plan was completed in 2016, and this will be a key document for our consideration as we undertake this process anew. The Department of Medicine has provided financial support, and we originally had engaged Janet Brown, given her extensive familiarity with the Division, but she unfortunately declined due to ill health. Jo-Anne Morgante, Senior Partner at Organizational Change Whisperers has now been hired to facilitate the process. Division members can anticipate communication requesting your participation in the information gathering process (survey or interview). We had originally hoped to hold a half day retreat in February but that will not have to be delayed until the April timeframe. Please watch for a "Save the Date" announcement arrange your schedule to enable attendance. I'd like input from as many invitees as possible!
- 2. Aerospace Medicine Fellowship.** After much discussion and preparation, an agreement has been finalized between UofT and Ornge Air Ambulance that enables Ornge (instead of a hospital site) to act as the employer for the new Aerospace Medicine Fellows. Development of separate rotation site agreements for the various national and international training sites continues, but the first Fellow, Dr. Shafik Diwan is ready to start his training with the Basic Aviation Medicine course at the Canadian Forces School of Operational Medicine. Many of you will recognize that as a location where I teach on numerous courses including the Aviation and the Dive medicine courses. Many thanks to Jen Fischer and Dr. Cheryl Jaigobin in the Dept of Medicine Fellowships office, Sarah Lowy and Amanda Brennan Legal Counsel for UofT and Ornge respectively, and Drs. Homer Tien, Bruce Sawadsky and Joel Lockwood at Ornge for their support and efforts to finalize the agreements that will enable this unique Fellowship. Generously supported by a donation from Mark Pathy, 3 Fellows will undertake the "Mark Pathy Fellowships in Aerospace Medicine". A committee will soon be struck as applications for the second training opportunity will need review and ranking.
- 3. Occupational Disease Landscape Review.** Linn Holness and Janet Brown recently prepared and submitted the results of their Occupational disease landscape review to the Ministry of Labour, Immigration, Training and Skills Development. It contains over 40 recommendations in 9 themes (included at the end of this newsletter) to improve worker health by linking disease prevention and health care all of which were accepted. We await further opportunities to engage in steps towards implementation.  
<https://www.ontario.ca/document/occupational-disease-landscape-review>

Congratulations



**Aaron Thompson**, along with all the other DOM faculty promoted to the rank of Associate Professor, were celebrated at an event highlighting all their accomplishments. Congratulations Aaron!



Congratulations are in order for **Vince Spilchuk**, whose recent CMAJ article recently ranked 7<sup>th</sup> in the 25 most-read articles from 2023! If you haven't read it, I've included a link below. I encourage everyone to view this as a model for publishing some of your own cases. <https://www.cmaj.ca/content/cmaj/195/30/E1010.full.pdf>

**cmaj.ca** The 25 Most Read Articles from 2023

- 1 GUIDELINE  
Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update
- 2 REVIEW  
A pragmatic approach to the management of menopause
- 3 GUIDELINE  
Canadian guideline for the clinical management of high-risk drinking and alcohol use disorder
- 4 EDITORIAL  
Emergency departments are in crisis now and for the foreseeable future
- 5 GUIDELINE  
Recommendations on screening for primary prevention of fragility fractures
- 6 REVIEW  
Diagnosis and management of endometriosis
- 7 PRACTICE  
Lead toxicity from Ayurvedic medicines
- 8 REVIEW  
Nonsurgical management of major hemorrhage
- 9 RESEARCH  
Risks of leukaemia, intracranial tumours and lymphomas in childhood

Practice | Cases **CPD**

## Lead toxicity from Ayurvedic medicines

Julian Gitelman MD MPH, Howard An MD MSc, Vincent Spilchuk MD MScCH, JinHee Kim MD MPH

■ Cite as: *CMAJ* 2023 August 8;195:E1010-2. doi: 10.1503/cmaj.230592

A 39-year-old woman presented to the emergency department 3 times over 6 weeks with abdominal pain, constipation, nausea and vomiting. She had a medical history of hypothyroidism and infertility, and was taking levothyroxine, follitropin alfa injections and folic acid. She lived in a condominium and worked in an office. She did not drink alcohol and was a nonsmoker. She did not have a notable family history.

On her third visit to the emergency department, the patient reported abdominal pain, fatigue, nausea and vomiting. Her vital signs were normal. Her hemoglobin level was 67 (normal 115–155) g/L with a mean corpuscular volume of 88.5 (normal 80.0–98.0) fL. She was admitted to hospital to investigate the anemia and possible gastrointestinal bleeding. Her blood film showed basophilic stippling, slight microcytosis and hypochromasia with no hemolysis. Levels of electrolytes, calcium, magnesium, phosphate, vitamin B<sub>12</sub>, thyroid-stimulating hormone and liver enzymes were normal. Cultures of blood and urine samples were negative. Results of esophagogastroduodenoscopy, colonoscopy and com-

**Key points**

- Use of Ayurvedic medications is relatively common; these medications may be contaminated with lead and other heavy metals.
- Clinicians should consider lead toxicity in patients with microcytic anemia of unknown cause, particularly if basophilic stippling is present, or in patients with abdominal pain, headache, fatigue, new or worsening cognitive impairment and a suspicious exposure history.
- An elevated lead level in blood samples confirms the diagnosis of lead toxicity.
- Clinicians should contact public health organizations to identify and remove Ayurvedic medications that are contaminated with lead from the market.

The patient stopped her Ayurvedic medications and underwent chelation with 400 mg of succimer (dimercaptosuccinic acid).



Alumni

- No updates at this time

Member Activities

This is where we can highlight some of the great work our members are doing:

**Joyce Zhang** is 1 of 5 candidates from Ontario nominated for CMPA Council by the CMPA nominating committee. Elections begin on March 20, 2024. Everyone is encouraged to vote.

[https://www.cmpa-acpm.ca/en/about/governance/council-elections/candidate-profile-joyce-zhang-nc?utm\\_source=24JAN10EN-ON-2024-ronc&utm\\_medium=eblast&utm\\_campaign=2024-ronc](https://www.cmpa-acpm.ca/en/about/governance/council-elections/candidate-profile-joyce-zhang-nc?utm_source=24JAN10EN-ON-2024-ronc&utm_medium=eblast&utm_campaign=2024-ronc)

Kudos to **Nik Rajaram** for both his leadership with OEMAC and planning for the 2023 conference in September; and to **Marina Afanasyeva** for a great presentation on the important topic of billing codes. We had a good turnout of Division members in Ottawa.



Appreciation



Thanks to **Carolyn Laidlaw** for all the effort she put into help organize the Holiday Gathering. We had a great turnout of 25 people, and it was nice to meet some of the spouses and kids. We learned that Conrad has skill as a chocolatier and was voted “best chocolate decorator”



Member Publications

- **Sharef Danho** and **Joan Saary**. Incidental Findings on MRI Brain Imaging in Pilots from the Canadian White Matter Hyperintensity Study: A Case Series. Submitted to Aerospace Medicine and Human Performance
- Roslyn Mainland and **Joan Saary**. Aeromedical Risk of Migraine accepted for publication in Aerospace Medicine and Human Performance.
- Chun-Yip Hona, **Nikhil Rajaram**, and **Susan M Tarlo**, 3D printers and adverse health effects. This chapter will be published in the new (4th) edition of the Encyclopedia of Toxicology in Volume 3 (2024 Elsevier Inc.)



If you have recently published something (peer-reviewed or not!), we would like to track the contributions of Division members. Please send the reference to Carolyn at [Occmed.Div@utoronto.ca](mailto:Occmed.Div@utoronto.ca) and cc me at [joan.saary@utoronto.ca](mailto:joan.saary@utoronto.ca)



Upcoming Opportunities / Deadlines – Research, Awards etc

- WSIB has published its Research and Grant priorities: <https://www.wsib.ca/en/2024-research-and-grants-agenda>
- 2024 WCB-Alberta Research Grants Competition is now open and accepting applications with a deadline of Friday, March 22, 2024. Full details about the competition and application process can be found on WCB-Alberta’s Research Program website. <https://www.wcb.ab.ca/about-wcb/research-program/>



Upcoming Events



We’ll be having a **University Division retreat for strategic planning** in April. Once again, I want to provide some thought-provoking questions as early as possible.

*As a leading Division in Occupational Medicine:*

1. What are we doing that we should continue doing? (where do we have energy?)
2. What things should we consider no longer doing?
3. What are we doing that we should continue - but need renewal or change?
4. What is our desired future (our passion) and what is one thing we can do to build it together?

**Please provide names and contact details for stakeholders you feel we should engage!**

Residency Program Director Update from Dr. Vince Spilchuk

The residency program currently has one Canadian resident in his first year of the program, and two international fellows, one in each year, who are all progressing well. We had a busy CaRMS season with 5 applicants, but unfortunately did not find a suitable match for next year, and so efforts to promote the program to prospective trainees continues. This includes promoting to undergraduates at U of T via the WSIB Workplace Health Champions program, and through our various faculty members who are involved in undergraduate and post-graduate medical education. We continue to lead the collaboration with our equivalent programs at U of A and U of Montreal, as well as West Virginia University, for delivery of the weekly joint international academic half day curriculum, which features experts in our field from across Canada and the US, to promote collaboration and high-quality content for the didactic component of our program.

St. Michael’s Hospital Clinic Director Update from Dr. Linn Holness

Clinical: The clinic sees patients through two main routes, OHIP and the WSIB Occupational Disease Specialty Program (ODSP). OHIP referrals are primarily related to contact dermatitis and the need for patch testing and general occupational and environmental medicine. The ODSP sees workers referred from the WSIB through one of four streams: hand-arm vibration syndrome, dermatology, asthma-allergy and general occupational medicine. Workers being seen in the dermatology, asthma-allergy and general occupational medicine streams usually have a detailed workplace exposure assessment by the clinical occupational hygienist, and workers in those streams that require return to work assistance are



assisted by the return to work co-ordinator who works with the physicians in the clinic, the workplace and the WSIB to facilitate return to work.

**Education:** The clinic serves as key clinical educational site for various trainees. The occupational medicine residents and fellows spend time in the clinic. Dermatology residents rotate through the clinic and occasionally trainees in psychiatry, respirology, allergy and clinical immunology and internal medicine also spend time in the clinic. In addition, several programs for medical students provide an opportunity for them to gain exposure to occupational medicine.

**Research:** The clinic also serves as an important site for clinical research. Two databases, one related to patch testing and the other to HAVS provide useful research material. In addition, the clinic population has participated in many studies focused on primary prevention, health care utilization, diagnosis and return to work.

### DLSPH Occupational & Environmental Health Division Update from Dr. Jeremy Scott

In September 2023, we launched the latest Extra-Departmental Unit (EDU-C) in the school – the [Centre for Occupational Disease Prevention](#). Thank you to all faculty in Occupational Medicine who contributed to its development and review. Briefly, this is a multidisciplinary Centre that aims to advance the prevention of occupational disease by understanding workplace exposures and their relationship with disease and to improve worker and population health and policy. Dr. Victoria Arrandale ([victoria.arrandale@utoronto.ca](mailto:victoria.arrandale@utoronto.ca)) is the director of this EDU-C and information is available through the URL above. We look forward to ongoing interactions between OEH and OM in support of improving workplace health.

The OEH Ph.D. program is currently reviewing this year's applications for entry to the Dalla Lana School of Public Health in September 2024. Many of the OM faculty hold Status-Only appointments in the DLSPH and SGS appointments through PHS, which allow them to supervise doctoral students. If you have an interest in supervising doctoral students, please contact the OEH Ph.D. Program Director, Dr. Jeremy Scott ([Jeremy.scott@utoronto.ca](mailto:Jeremy.scott@utoronto.ca)).

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I know this is an incomplete snapshot of all that's happening, but given that I could easily fill 5 pages of a newsletter, our Division has MUCH of which to be proud and to celebrate. If I missed something deserving of being shared, send it along to Carolyn who'll be taking the lead on compiling our new stories, and we can add it to the next update.

Although the days are short and the snow is flying, it's time to plan for spring activities, and I look forward to hearing your perspectives at the upcoming Strategic Planning retreat.

*Joan*

*Please feel free to forward this newsletter along.*

*If you become aware that we've missed someone, please provide the contact information so we can add them to the distribution list.*



## **Ontario occupational disease landscape review recommendations**

available at:

<https://www.ontario.ca/document/occupational-disease-landscape-review/executive-brief-ontario-occupational-disease#section-1>

1. [Awareness, recognition and reporting](#) – increase awareness of occupational exposures that cause disease by getting everyone moving forward together.
  1. Launch a public occupational disease (OD) awareness campaign.
  2. Develop a suite of OD recognition tools.
  3. Implement simple self-screening tools for workers starting with lung and skin disease.
  4. Develop a shared data strategy between the MLITSD and WSIB.
  5. Develop technologically enabled tools to assist workers with prevention.
2. [Workplace training](#) – increase training through coordinated development of adult learning platforms and content.
  1. Establish Ontario as a jurisdictional leader in OHS continual learning and training.
  2. Develop e-learning modules for key OD-causing exposures starting with designated substances.
  3. Trial innovative ways to reach marginalized workers and workplaces.
  4. Change the audit focus from compliance (training delivered) to demonstrated knowledge/learning.
  5. Once modules (suite of products) for designated substances are completed, identify other key hazards and develop similar tools.
  6. Redesign WHMIS and leverage it as an entry for OD awareness and prevention activity.
3. [Workplace medical screening](#) – identify early disease using trusted processes and better data collection and use.
  1. Assess the current state of workplace medical screening in Ontario by investigating what is actually being done for medical surveillance of designated substances (as identified in the regulations).
  2. Improve the review of requirements for medical codes for designated substances.
  3. Develop a multi-pronged programmatic approach to medical screening for designated substances.
  4. Expand the screening activities for other emerging exposures of concern as identified through the provincial disease surveillance system.
  5. Implement simple self-screening tools for workers starting with lung and skin disease.
4. [Disease surveillance](#) – agree on purpose of disease surveillance system and then build a robust data system.
  1. MLITSD lead an OHS stakeholder meeting/process to agree on the purpose of an Ontario disease surveillance system and from where it will operate.
  2. MLITSD commission an expert task force of OHS system data users and experts in disease surveillance methodology to develop the business plan for establishing a disease surveillance system for Ontario.
5. [Cluster management](#) – agree on types of clusters and purpose of investigation and then establish protocols to support effective response.
  1. MLITSD and WSIB agree on cluster definitions, statements of purpose, and criteria for the identification of clusters.
  2. For acute and long-latency clusters:
    - Assign an expert clinical task force to develop response protocols.
    - Establish a clinical response team to investigate and provide specialized diagnostic services.
    - Develop a protocol and response capability to provide assistance to the workplace, particularly small and medium-sized workplaces, for the evaluation and recommendations for controlling exposure and improving prevention.
  3. For long-latency, historic clusters:
    - MLITSD assign an expert task force to establish a protocol for accepting referrals, steps and methods of investigation, and steps in management.
  4. Develop an implementation plan and process for phasing in the new cluster protocols.
  5. Ensure cluster data is well linked with provincial surveillance system to inform prevention efforts.



6. [Healthcare: Organization and health human resources](#) – increase clinical capacity from primary care through specialty care.
  1. Recognize and resource the Occupational Medicine Clinic as the provincial academic OD hub.
  2. Establish a regional network of specialist physicians and nurse practitioners for patient referrals from medical screening programs, to provide clinical care for workers with OD across the Province and to participate in acute and long-latency cluster clinical response teams where the key issue is diagnosis.
  3. Create a primary care “incubator” with a large academic Family Health Team (FHT) to identify helpful and feasible ways to improve primary care involvement in the occupational health response in Ontario.
  4. Continue to develop the occupational medicine academic hub and regional specialist networks, adding additional specialties as needed.
  5. With a better understanding of the landscape of primary care, consider a pilot of a OHS navigator embedded in a FHT to support occupational healthcare.
  6. Consider the roles of other health professions specifically related to occupational health to continue to build capacity.
7. [Healthcare journey](#) – establish and activate clinical care pathways using an equity lens.
  1. Develop clinical pathways for common ODs.
  2. Pilot the use of enhanced clinical diagnostic tools, including some already developed and evaluated in Ontario, for use in primary and specialist care.
  3. Implement clinical pathways and evaluate using the Knowledge Translation framework.
  4. Determine the next pathways to develop based on clinical and health human resource needs in the province.
8. [Healthcare: Physician education](#) – continue to enhance physician education to strengthen MD awareness and competency.
  1. Expand Workplace Champions Program to primary care training and look for ways to evaluate activity using information from literature review of medical education.
  2. Review relevant specialty training for occupational disease content, and grow is possible, starting with respirology.
  3. Advance continuing education offerings.
  4. Based on learning from work above, expand to other specialties/specialists.
9. [Healthcare: Occupation in the electronic medical record](#) – improve occupational data capture in health records to support diagnoses and connection to work exposures.
  1. Complete baseline study of occupational information in the EMR already underway.
  2. For primary care, understand how the information is used in practice, who is best suited to collect information, and what information is needed as a baseline for clinical care.
  3. For respiratory network, pilot use of the asthma history tool to understand barriers and facilitators.
  4. For lung cancer, determine where occupational information could be collected in the lung cancer pathway using the Cancer Services (Ontario Health) team.
  5. Based on results of short-term activities, move forward with FHT incubator to implement and evaluate occupational information collection for EMR.
  6. For the cancer system, consider help with exposure information from the OHS system partners.