Ontario

Occupational Health and Safety Branch

Health Care Sector Plan

2012-2013

Safe At Work Ontario

Enforcement > Compliance > Partnership >

Ministry of Labour

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Introduction

Safe At Work Ontario is the Ministry of Labour (MOL) strategy for enforcing the Occupational Health and Safety Act (OHSA) and its regulations. As part of *Safe At Work Ontario*, MOL develops annual sector-specific enforcement plans that focus on hazards and outline what inspectors will be looking for during an inspection. Ontario's health care workers are on the front lines protecting patients, residents and clients every day. This Health Care Sector Plan outlines the ministry's strategy to protect Ontario's health care workers from occupational injury and illness.

> *"…Healthy and safe work environments for workers are associated with patient safety and service quality."*
>
> Source: A Framework for Public Reporting on Healthy Work Environments in Ontario Healthcare Settings. Ontario Health Quality Council, 2010.

2011-2012 in review

On June 1, 2011, Bill 160, the Occupational Health and Safety Statute Law Amendment Act, 2011, received Royal Assent. The Bill establishes the legislative framework that will enable the MOL to implement many of the recommendations from the2010 Report of the Expert Advisory Panel on Occupational Health and Safety.

On July 1, 2011, amendments to the Health Care and Residential Facilities Regulation (O. Reg. 67/93), under the OHSA came into force. The amendments reflect changes made to other statutes referenced in the regulation. Specifically, the amendments eliminated the reference to the Community Psychiatric Hospitals Act (repealed in 2009) and replaced the reference to the Developmental Services Act, with a reference to the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008. The amendments do not affect the types of workplaces covered under O. Reg. 67/93 and maintains current health and safety protections.

As of July 1, 2011, the confined space requirements that were previously found in four sector specific regulations under the OHSA (including O. Reg. 67/93) have been consolidated into the Confined Spaces Regulation (O. Reg. 632/05). More information on the new and amended confined spaces provisions is available in the ministry's Confined Space Guideline.

In September 2011, the Health and Community Care webpage was launched on the MOL website. The webpage provides workplace parties with tools to help them become more aware of their roles and responsibilities under the OHSA and its regulations. These tools, developed with the ministry's system partners, include pod-casts, videos, fact sheets, posters and other resources and information. The webpage will be updated regularly with tools relevant to health and community care workplaces.

In October 2011, the Health Care Section 21 Committee (an advisory committee for the health care sector that is established under section 21 of the OHSA), developed a guidance note intended to assist workplace parties understand how to select appropriate controls to protect workers from infectious diseases and biological hazards that may occur at a workplace by using a risk based and precautionary approach. A copy of the guidance note can be found at http://www.healthandsafetyontario.ca/HSO/media/PSHSA/pdfS/HCS21_HazardControlPrinciples_Eng.pdf.

A number of workplaces in the sector faced challenges that required special attention by the ministry. For example, health care workplaces have been dealing with outbreaks of Clostridium difficile (C. difficile) for many years. While not considered to be a significant cause of worker illness, ministry staff responded to a number of reports in health and community care workplaces of occupational illness related to C. difficile. The ministry also responded to other occupational acquired illnesses including tuberculosis, Methicillin-resistant Staphylococcus aureus (MRSA), scabies and others. These reports are reminders of the continued need for vigilance with respect to infectious diseases.

Other challenges in the health care sector included occupational exposures to other agents including exposure to antineoplastic (chemotherapy) drugs and other chemical and physical agents.

The health care sector

The health care sector in Ontario is diverse and complex. The table below shows a steady increase in the labour force in Ontario's health care sector.

	2007	2008	2009	2010	2011
Ontario labour force	680,800	704,700	719,800	735,800	782,400

Source: Statistics Canada. Table 282-0008 – Labour force survey estimates, by North American Industry Classification System, sex and age group (15 years of age and over) annual (accessed: February 22, 2012).

Health and community care services are provided in a variety of complex settings. There are seven settings covered by the ministry's Health Care Health and Safety Program (HCHSP):

Long-term care homes
Long-term care homes are government funded and regulated by the Ministry of Health and Long-Term Care (MOHLTC) under the Long-Term Care Homes Act, 2007. In general, long-term care homes offer higher levels of personal care and support (such as 24-hour nursing services or personal support) than typically offered by retirement homes or supportive housing.

Homes for residential care
Homes for residential care, also known as residential homes, provide residential services to primarily seniors who are generally able to care for themselves. Services and levels of care vary at these operations. Workers at these operations include nursing staff, personal support workers and support service staff such as housekeepers and kitchen staff.

The Retirement Homes Act, 2010 (RHA), which is administered by the Ontario Senior's Secretariat, establishes mandatory care, safety and administrative standards for retirement homes in Ontario. For more information refer to the RHA and its regulations.

Hospitals
Hospitals are the largest employer of workers in the health care sector. Their activities include diagnosis and short-term treatment for patients with a wide range of diseases and injuries. Hospitals vary in the types of services they offer. These include, but are not limited to: general hospitals, rehabilitation hospitals, extended care hospitals, psychiatric hospitals, addiction hospitals, outpost hospitals, paediatric and other specialty hospitals.

Nursing services
Nursing services include agencies providing temporary or long-term professional health services (including nursing and medical), other health care services (such as non-professional physical and personal care of clients) and home support services (such as homemaking). Health care personnel whose business activities fall into this group may include: dental technicians and hygienists, physiotherapists, nursing staff, health care aides and providers, home care aides and workers, home support workers and homemakers.

Developmental services facilities (Group homes)
Developmental service facilities are primarily engaged in providing residential care for people who require care or support including, but not limited: to persons with developmental disabilities, mental health disabilities, or substance abuse problems. Activities include providing care for residents who have decreased physical capacity or cognitive ability and require supervision and assistance with daily living, or they may require other types of support related to emotional or psycho-social needs through social and recreational services.

Treatment clinics and specialized services
Treatment clinics and specialized services include: drug and alcohol treatment centres, public health clinics, Community Care Access Centres, community clinics and skills development programs. Activities include continual assessment and rehabilitative treatment for non-institutional patients whose physical or mental condition is expected to improve.

Professional offices and agencies
Professional offices and agencies include, but are not limited to: doctors' offices, dental offices, other allied health professional offices, and laboratories and specimen collection centres in the community setting. Activities include the private practice of medicine or a specialty of medicine — in individual or group practice — by registered physicians and surgeons.

***Note*: Emergency Medical Services (EMS)**
EMS workers and employers should refer to the Transportation sub-sector of the *Industrial Health and Safety Program Sector Plan* for the MOL *Safe At Work Ontario* strategy for EMS: (http://www.labour.gov.on.ca/english/hs/sawo/sectorplans/2012/industrial/industrial_27.php). EMS is supported by the Public Services Health and Safety Association (PSHSA).

Health and safety characteristics of the health care sector

The health care sector faces some challenges which may have significant impact on worker health and on lost-time injury (LTI) rates. These include, but are not limited to, increased care requirements resulting from the aging of Ontario's population, increased patient and resident needs, increased obesity rates, increased demand on health and community care services, globalization of occupational health and safety issues such as emerging infectious diseases, pandemics and other environmental health risks. In addition, employers face recruitment and retention challenges, an aging workforce, a shortage of skilled professional staff, and an increase in casual and part-time workforce.

These issues illustrate the importance of communicating occupational hazard information during the continuum of care and when patients, residents or clients are transferred between health care settings (such as a hospital, long-term care home and community-based health care facility). This includes communication of information such as precautions regarding risk of violence, infection transmission, musculoskeletal disorders (MSDs), with the particular patient, resident or client.

With Ontario's aging population, there is growing demand for long-term care and residential care services. The demand for long-term care admission may affect workers' injuries (such as MSDs) in retirement homes, because residents may be staying longer in residential care despite their need for a higher level of care.

The "aging-in-place" philosophy (the ability to live in one's own home) may increase demand for nursing and home support services in the community. More workers would be in uncontrolled environments — usually away from supervision — and in workplaces not typically built for, nor physically able to accommodate, many care activities. Such settings can adversely affect worker health and safety with respect to MSDs, violence, and infection prevention and control, as staff are required to care for residents with more severe illnesses and, in some cases, decreased cognitive ability (such as dementia). In addition, these workers face greater potential for injury from motor vehicle accidents as they travel from one client to another.

Developmental service (group home) settings face challenges to provide services to clients. Like the health care sector as a whole, these facilities must balance the provision of appropriate quality care to clients (or residents) and families with the health and safety of staff providing that care. This is coupled with the challenge of providing staff with appropriate education, training and equipment to provide care safely and the need to maintain a home-like setting for clients or residents.

Hospitals continue to face increased demand on services, providing quality care for complex health needs, while balancing the need for the protection of health care workers.

In an effort to ease the demand on acute care services there is also an increase in the use of community-based health care and treatment clinics, physician practices, and other health care services.

Ministry of Labour health care sector initiatives under *Safe At Work Ontario* for 2012-2013

MOL's HCHSP will focus on increasing workplace compliance with the requirements of the OHSA and its regulations. The HCHSP will achieve this through collaborative initiatives with the ministry's health and safety system partners (system partners) that include the Workplace Safety and Insurance Board (WSIB), Occupational Health Clinics for Ontario Workers, Workers Health and Safety Centre, and Public Services Health and Safety Association (PSHSA). It also collaborates with the Health Care Section 21 Committee, other ministries, agencies and stakeholders.

Below is a brief overview of recent and current strategies aimed at assisting health care workplaces with achieving compliance with key occupational health and safety requirements.

Magnetic resonance imaging (MRI) ventilation of cryogenic gases

The MRI Cryogenic Gases Ventilation System Initiative was developed to address concerns related to the discharge of cryogenic gases. Cryogenic liquids, such as liquid helium and nitrogen, are typically used to cool the magnet of magnetic resonance equipment. Failure to properly discharge cryogenic gases could result in serious health and safety hazards for the health care workers. MOL hygienists and inspectors have visited health care workplaces and reviewed MRI ventilation issues and will continue to make these visits during 2012-2013.

Physicians and their responsibilities under the OHSA

Physicians must consider their occupational health and safety responsibilities under the OHSA as an employer, supervisor or worker depending on their role in providing health care services. For example, a physician who has charge of a workplace or authority over a worker may be considered a supervisor or an employer, depending on the circumstances, under the OHSA.

Infection prevention and control

The hazards of infection are an ongoing concern for the health care sector. Infection prevention and control will continue to be a focus of the MOL. During 2012 and 2013 the MOL will continue to provide education and training to all inspectors so that they are in the best position possible to respond to issues in the sector.

The MOL has partnered with Public Health Ontario, the MOHLTC and the PSHSA on issues related to infection control.

Developmental services (Group homes)

Workers in this industry group are faced with major hazards such as: MSDs; violence; falls; exposure to hazardous biological, chemical and physical agents; and, contact with — or being struck by — objects. There is a need to raise awareness and increase compliance with the OHSA and its regulations and to promote the Internal Responsibility System (IRS).

The ministry will work closely with its system partners to promote compliance and hazard identification tools and resources. The MOL will also consult and communicate with other ministries and stakeholders.

Antineoplastic drugs

Antineoplastic drugs are a group of specialized drugs used primarily to treat cancer and some non-cancerous conditions. Health care workers may be exposed to antineoplastic drugs during all steps of handling such as transportation, preparation, handling, administration and disposal of waste and contaminated materials.

The MOL is reviewing guidelines for the safe handling of antineoplastic drugs. The ministry will partner with Cancer Care Ontario on this and other initiatives to promote the safe handling of antineoplastic drugs and other hazardous drugs in health care workplaces.

Enforcement focus

Injury and illness trends

For the *Safe At Work Ontario* strategy in the health care sector, MOL's HCHSP obtained input from the WSIB and PSHSA to identify workplaces for proactive inspections by MOL inspectors.

Under the strategy, the occupational health and safety injury and illness record of an employer is one of the many factors that MOL uses to select a workplace for inspection. Hazards (often inherent in the work) and the compliance history are other selection criteria.

In addition to proactive inspections and consultations under the *Safe At Work Ontario* strategy, MOL inspectors and other specialized and professional staff also conduct reactive investigations and carry out hazard-specific blitzes.

The injury trends and program enforcement activity data within the health care sector are summarized below. Information available from the WSIB indicates that overall the health care workplaces had a LTI frequency of 1.78 per 100 workers in 2010. This represents a modest decrease from the 2009 frequency which was reported to be 1.90 per 100 workers. WSIB data show that LTIs in the health and community care workplaces account for more than 1 million days lost from work. (Source: WSIB, Enterprise Information Warehouse, 2011)

Musculoskeletal injuries continued to represent the largest percentage of LTIs in the sector during 2010. Altogether, MSDs represented almost half (47 per cent) of all LTIs in the sector, with MSDs from client handling representing 21 per cent of all LTIs and all other MSDs representing 26 per cent of the LTIs.

The second and third most frequently reported claims were exposure to chemical, biological and physical agents (17 per cent) and slips, trips and falls (15 per cent). Other LTIs reported included workplace violence, contact with — or being struck by — objects, injuries caused by vehicles or machinery, and other causes that at the time of the report were not yet determined. (Source: PSHSA, 2011)

The no-lost-time injury (NLTI) rate (a work-related injury that does not result in lost-time from work) in the health care sector was approximately 2.92 per 100 workers in 2010, down 0.27 from the 2009 frequency of 3.19. (Source: WSIB, Enterprise Information Warehouse, 2011)

Workplace parties are encouraged to use injury data to identify contributing workplace hazards so that appropriate controls can be identified. Inspectors also use injury and illness data to inform themselves while conducting field visit activity to enforce the OHSA and its regulations, such as O. Reg. 67/93 and the Needle Safety Regulation (O. Reg. 474/07).

Enforcement activity in the health care sector

The table below provides MOL enforcement activity for health and community care workplaces from 2007 through 2011 (MOL data, 2012). The table provides data for the number of proactive visits (inspections and consultations), investigations and orders issued.

Program Activities	2007	2008	2009	2010	2011
Pro-active visits[1]	2,279	2,552	2,117	1,598	2,254
Workplace inspections	2,231	2,507	2,073	1,558	2,198
Workplace consultations	48	45	44	40	56
Workplace investigations[2]	964	1,191	1,266	1,364	1,672
Orders issued	4,530	4,517	3,855	3,197	4,987

[1] Pro-active visits include inspections made under the *Safe At Work Ontario* strategy, and consultations.

[2] Investigations are reactive workplace visits, which include complaints, work refusals, fatalities, critical injuries and other incidents.

Investigations have increased from 964 in 2007 to 1,672 in 2011. Investigations at a workplace are reactive visits that may result from "events" (i.e., complaints, work refusals, fatalities, critical injuries and other incidents) reported to the MOL. Investigations may also result from events concerning occupational illnesses. The table below provides a breakdown of the events that led to investigations.

Events	2007	2008	2009	2010	2011
Complaints	314	334	327	443	304
Work refusals	7	1	7	1	1
Fatalities	0	0	2	1	0
Critical injuries	65	78	102	101	33
Other incidents	87	134	513	208	102

Since 2007, there have been three work-related fatalities in the health care sector, two occurring in 2009 and one in 2010. There was a substantial reduction in the number of critical injuries in the health care sector, 101 in 2010 to only 33 in 2011. Section 51 of the OHSA requires an employer to immediately notify the MOL when a person is killed or critically injured from any cause at a workplace. The critical injury statistic provided above represents injuries that were reported to the MOL. Some workplaces may not report all injuries that meet the definition of critical injury under the OHSA.

During a workplace visit, a written order is one of the enforcement tools the MOL inspector may use. The five most frequently issued orders issued by MOL inspectors in health care in 2011 concerned:

1. failure to comply with the employer duty to take every precaution reasonable in the circumstances for the protection of workers.
2. failure to comply with the employer duty to maintain equipment, material or devices.
3. failure to post a copy of the OHSA in a conspicuous location in the workplace.
4. failure to comply with Material Safety Data Sheets (MSDS) for controlled products in the workplace. Controlled products are also referred to as hazardous products as defined by the federal Hazardous Products Act.
5. failure to comply with the employer duty to prepare and review at least annually a written occupational health and safety policy and develop and maintain a program to implement that policy.

In 2012 -2013, MOL inspectors will continue to focus on health care sector-specific hazards while inspecting for compliance with the OHSA and its regulations. Inspectors will also encourage workplaces to foster the Internal Responsibility System (IRS) as part of the workplace's health and safety culture.

Special enforcement focus for 2012-2013

For 2012-2013, in addition to inspecting for compliance with all legislative requirements, MOL inspectors will focus on the IRS with particular emphasis on three specific areas: competent

supervision, responsibilities of directors and officers of corporations, and the effectiveness of the Joint Health and Safety Committee (JHSC) and Health and Safety Representative (HSR).

The MOL and its system partners have identified the IRS as a priority as we recognize that a sustainable workplace health and safety culture needs strong commitment by all workplace parties to prevent injuries and illnesses and to reduce risk.

Internal Responsibility System

The OHSA establishes legal requirements that provide a foundation for the IRS. The IRS is a system within an organization, where everyone has a responsibility for workplace health and safety that is appropriate to one's role and function within the organization. Strong leadership by senior executives, managers and supervisors is essential to setting the tone and establishing a corporate culture that nurtures the IRS. The JHSC (or HSR) plays an integral role in monitoring the IRS.

Competent supervision

Competent supervision is an important part of workplace safety culture and the IRS. The OHSA defines a supervisor as a person who has charge of a workplace or authority over a worker. When determining whether a person may be considered a supervisor under the OHSA, an employer should consider the job description of the position rather than the job title. For example, a charge nurse may be a supervisor.

Under clause 25(2)(c) of the OHSA, when appointing a supervisor, an employer must appoint a competent person. The OHSA defines a competent person as someone who is qualified because of his or her knowledge, training, and experience to organize the work and its performance, is familiar with the OHSA and its regulations, as they apply to the work, and has knowledge of any potential or actual danger to health or safety in the workplace.

For more information on the specific duties of a supervisor refer to section 27 of the OHSA and the ministry's guide to the OHSA: http://www.labour.gov.on.ca/english/hs/pubs/ohsa/.

Responsibilities of directors and officers of a corporation

Section 32 of the OHSA requires all directors and officers of corporations to take all reasonable care to ensure the corporation complies with the OHSA and its regulations and all orders or requirements issued by a MOL inspector, a MOL director or the Minister of Labour.

For more information on the specific duties of a director and officers of a corporation refer to section 32 of the OHSA and the ministry's guide to the OHSA: http://www.labour.gov.on.ca/english/hs/pubs/ohsa/.

Effectiveness of the Joint Health and Safety Committee and Health and Safety Representative

The role of the JHSC and HSR in a workplace is to help raise awareness of health and safety issues, identify risks and provide recommendations to improve the health and safety of workers. The OHSA sets out criteria for the establishment of a JHSC or the selection of the HSR. For more information on the JHSC and HSR you are encouraged to download the MOL's Guide for Joint Health and Safety Committees and Representatives in the Workplace: http://www.labour.gov.on.ca/english/hs/pubs/jhsc/index.php.

The employer has a duty to support the function of the JHSC (or HSR). These duties include, but are not limited to:

- developing written measures and procedures and training and education programs in consultation with the JHSC (
- providing written notice to the JHSC (or HSR) of any work-related accidents involving injury, death or occupational illness (refer to sections 51 and 52 of the OHSA), and providing the JHSC (or HSR) with the results of any reports relating to health and safety in the workplace (clause 25(2)(l) of the OHSA). For workplaces covered by O. Reg. 67/93, section 5 of the regulation sets out the information that must be contained in the written notice or report of a fatality, critical injury or occupational illness,
- responding to written recommendations by the JHSC within 21 days.

Health and community care workplaces that are not covered by O. Reg. 67/93 may not be required to consult with a JHSC (or HSR) during the development of their health and safety policies and programs. The ministry strongly encourages all employers to consult with their JHSC (or HSR) to promote a strong IRS and workplace safety culture.

Health care sector blitzes

The MOL conducts proactive inspection blitzes on health care sector-specific hazards to raise awareness and increase compliance with occupational health and safety legislation. In 2011, the MOL conducted four blitzes in the health care sector to raise awareness on sector-specific hazards and increase compliance with the OHSA and its regulation. For information on the 2011 blitz results visit the MOL's website: http://www.labour.gov.on.ca/english/hs/sawo/blitzes/healthcare.php.

During the 2012-2013 enforcement period, the MOL will continue to conduct blitzes focusing on specific hazards and key occupational health and safety issues to raise awareness and to reduce injuries and illnesses in the health care sector. Although blitzes will be announced during the year, individual workplaces to be inspected are not notified in advance. You are encouraged to visit the ministry's website frequently for updated information: www.labour.gov.on.ca/english/hs/sawo/blitzes/index.php.

All workplaces, in consultations with their JHSC (or HSR), should ensure their workplace-specific policies, measures and procedures, and worker training programs are up to date and relevant. This may include, but is not limited to: reviewing and updating the health and safety policies and programs of the workplace; conducting risk assessments and implementing control measures related to mitigating or eliminating the risk, and developing a continuous improvement plan to correct non-compliance.

The *Safe At Work Ontario* enforcement focus for 2012-2013 will also include raising awareness on occupational illnesses and diseases in the health care sector and protecting the health and safety of vulnerable workers in health and community care workplaces.

Occupational illnesses and diseases

In Ontario, occupational disease accounts for greater occupational fatalities than occupational injuries. In 2010, the number of fatal allowed occupational disease claims (70 per cent) was more than three times higher than traumatic injury claims (19 per cent) (source: WSIB Statistical Supplement to the 2010 Annual Report, 2010).

In the health care sector, work-related asthma and skin disease (dermatitis) have been highlighted as concerns along with occupational infections. The frequency of WSIB claims for work-related asthma in Ontario's health care sector, especially work-aggravated asthma is greater than in other sectors. Health care workers are also at high risk for occupationally acquired dermatitis mainly because of exposure to

wet work including glove use resulting in irritant contact dermatitis. For more information on other examples of exposures and occupational illnesses including infectious diseases, refer to the Health and safety hazards inherent in health care work section below.

Reduction of exposure to hazardous chemical, biological and physical agents should focus on appropriate control measures including the substitution of chemical substances with less toxic substances. Employers should be aware of their obligations to report occupational illnesses in accordance with subsection 52(2) of the OHSA and applicable regulations (see details in Major hazards and inspection focus below). The ministry will work closely with its system partners to raise awareness of occupational illnesses and diseases in the health care sector.

Vulnerable workers

Vulnerable workers are those who have a greater exposure than most workers to conditions hazardous to health or safety and who lack the power to alter those conditions (Source: Expert Panel Advisory Panel on Occupational Health and Safety, 2010, Report and Recommendations to the Minister of Labour). Vulnerable workers are susceptible to injuries for various reasons including:

- not knowing and understanding their rights and responsibilities under the OHSA;
- lack of work experience or training; and
- being unable to exercise their rights or raise health and safety concerns for fear of reprisals (penalties) by the employer such as losing one's job.

In the health care sector vulnerable workers may include, but are not limited to: new and young workers, recent immigrants and contract/temporary workers.

The MOL, together with its system partners, will continue to develop tools and resources aimed at helping vulnerable workers understand their rights and responsibilities under the OHSA. In addition, during routine workplace inspections, the MOL inspectors will continue to focus on vulnerable workers.

Health and safety hazards inherent in health care work

Risk assessment of health and safety hazards is the process of a qualitative and/or quantitative determination of the likelihood of adverse effects resulting from exposures to hazards. Risk assessments help to identify hazards, developing control programs and advising workplace parties of hazards. Written measures and procedures for controlling hazards should be developed after assessing risks in consultation with the JHSC (or HSR). *This is only mandatory in O.Reg 67/93 workplaces.*

LTI data provided by the PSHSA for 2010 show the major hazards which continue to cause the greatest number of LTIs are: MSDs; exposures to hazardous biological, chemical and physical agents; slips, trips and falls; workplace violence; and transportation (motor vehicle accidents). Construction, mechanical and other industrial hazards are also common to health care workplaces and must be considered and addressed appropriately. For more information, see the Major hazards and inspection focus table on page 13.

Musculoskeletal disorders

MSDs are injuries and disorders of the musculoskeletal system. It may be caused or aggravated by various hazards or risk factors in the workplace. In 2010, MSDs continued to be the leading cause of injuries in the health care sector, accounting for 47 per cent of all injuries (3,868 LTI claims).

Exposures to hazardous biological, chemical and physical agents

Hazardous biological and chemical agents associated with health care facilities include: viruses, bacteria, fungal spores/mould; nuisance dust, asbestos; laboratory, sterilizing, disinfecting and cleaning chemicals; hazardous drugs such as anaesthetic gases and antineoplastic drugs; and cryogenic gases. Physical agents include noise and x-rays. Exposure to these agents could occur during the provision of medical care and/or during routine activities such as housekeeping and construction activities. In 2010, 17 per cent of LTIs in the sector resulted from exposure to biological, chemical and physical agents in the workplace (1,398 LTI claims).

As part of the regular review and update process for Occupational Exposure Limits (OELs) for biological or chemical agents, the MOL proposes new or revised OELs every year.

Infections and infectious diseases

Workers in the health care sector may develop disease through exposure to infectious materials, body substances, contaminated medical supplies/equipment and contaminated environments. Transmission of infectious diseases occurs through direct or indirect contact, droplet and airborne exposures.

Infections in workers that are acquired as a result of workplace exposures meet the definition of occupational illnesses under the OHSA. The nature of the illness must be reported to the MOL, JHSC (or HSR) and trade union (if any). In addition to isolated cases of worker infections, outbreaks of illnesses within health or community care workplaces occur every year and often involve workers among those infected. Occupationally acquired infections represent a particular concern in the health care sector. They continue to occur frequently as part of common outbreaks of illnesses within workplaces in the sector.

Needle and sharps injuries

Needles and other sharps are sources of injuries and potential exposure to infectious agents. Employers are responsible for assessing the risk of sharps injuries to workers and implementing appropriate control measures, including the use of safety-engineered needles.

Slips, trips and falls

Slips, trips and falls account for the third highest proportion of injuries in the health care sector, accounting for 15 per cent of LTIs in 2010 (1,288 LTI claims).

Workplace violence

Health care workers are at an increased risk of exposure to workplace violence owing to factors such as working in the community and private residences, working alone, providing direct care to clients, patients or residents with cognitive impairments, and working with the public. Violence accounted for 8 per cent of all LTIs in the sector in 2010 (706 LTI claims).

Contact with and struck-by-object injuries

Contact with and struck-by-object injuries can involve issues such as material handling, machine guarding, lock out and tag out of equipment or machinery. Injuries to workers resulting from contact with, or being struck by, equipment, machinery, devices and other objects accounted for 8 per cent of LTI in 2010 (651 LTI claims).

Transportation hazards (including motor vehicle incidents)

Transportation hazards accounted for 2 per cent of LTIs in the health care sector (195 LTI claims). Although this hazard represents a smaller portion of LTIs in the health care sector, it is significant because in the past it has resulted in work-related motor vehicle fatalities.

Safety in transition of care

Transition of care refers to the movement of patients, residents and clients from one health care setting to another as their condition and care needs change during the course of a chronic or acute illness. Transfer of care among health care providers has been identified by the ministry and its system partners and stakeholders as an occupational health and safety issue for health and community care workers. Occupational health and safety related issues include, but are not limited to: workplace violence and/or harassment, MSD risks related to client lifting and transferring and infection prevention and control. Effective communication and training of staff involved in the provision of care is essential to not only ensuring the patient's, resident's or client's safety, but also the worker's safety. Priority areas related to transfer of care include employee training and orientation and the development and implementation of standardized processes for communication and information transfer.

Major hazards and inspection focus

As part of the *Safe At Work Ontario* strategy, MOL inspectors will give special focus to certain sector-specific workplace hazards. These hazards and issues are informed by the priorities of our system partners. MOL inspectors will continue to inspect for overall compliance with the OHSA and its regulations, such as O. Reg. 67/93 and the O. Reg. 474/07.

As part of the MOL's enforcement focus for 2012-2013 the inspectors will be looking for the existence of a strong IRS at the workplace and that the workplace has addressed each of the major hazards and key issues identified in this sector plan. In addressing an organization's hazards and prevention efforts, inspectors will also use the organizations' LTI history, field intelligence and information provided by workplace parties as part of their inspection focus. The follow hazards or issues will be considered:

Major hazards and key health & safety issues	MOL Health Care Health and Safety Program inspection focus
Asbestos	Buildings of older health care facilities may have asbestos-containing materials (ACM). In Ontario, the Asbestos on Construction Projects and in Buildings and Repair Operations Regulation (O. Reg. 278/05) requires the implementation of an asbestos management program in buildings where ACM is present and in other specified circumstances. As part of the program, the building owner must establish a record containing the location and condition of ACM (or suspected ACM). The record must be updated at least once annually. O. Reg. 278/05 also prescribes safe work measures and procedures that employers and workers must follow when performing work (e.g., types 1, 2 and 3 operations) that involves ACM. A MOL guide to the regulation is available at: A Guide to the Regulation Respecting Asbestos on Construction Projects and in Buildings and Repair Operations.

Major hazards and key health & safety issues	MOL Health Care Health and Safety Program inspection focus
Construction hazards	Construction projects (including renovations, structural maintenance, new construction, in health care facilities is common. Health care facilities need to protect the health and safety of their workers by having a comprehensive plan during a construction project. Workplaces to which O. Reg. 67/93 applies must have written measures and procedures in place to protect the health and safety of workers. The written measures and procedures could include a plan for a pre- and post-construction hazard risk assessment and hazard communication procedure, infection prevention and control measures, and appropriate procedures to be taken during construction. It is also important to consider controls limiting interaction between construction work and health care staff, as well as controlling access and egress through construction areas. Consultation with the JHSC (or HSR) is required on developing those measures and procedures, and in providing worker training and educational programs regarding the measures and procedures. Employers are required to review these measures and procedures at least annually. As an employer, the health care facility has a duty to ensure that the measures and procedures prescribed (e.g., measures and procedures prescribed in O. Reg. 278/05) are carried out in the workplace [OHSA, clause 25(1)(c)]. Employers of workplaces not covered by O. Reg. 67/93, or any other specific regulation, are required under the OHSA to provide information, supervision and instruction to workers to protect their health or safety [clause 25(2)(a)]; and, take every precaution reasonable in the circumstances for the protection of a worker [clause 25(2)(h)]. These duties also apply with respect to protecting workers from construction hazards.
Contact with and struck-by-objects	Employers are responsible for assessing the risk to workers and developing and implementing measures and procedures for their protection. Compliance with clause 25(2)(a) of the OHSA, requires workers to receive information, instruction and supervision regarding safe work practices and conditions.
Emergency management (preparedness, response and recovery)	Employers of workplaces not covered by the O. Reg. 67/93 are required under the OHSA to take every precaution reasonable in the circumstances to protect workers from hazards at all times, including during an emergency, and to provide information, instruction and supervision about the same. For workplaces covered by O. Reg. 67/93, emergency management must include development and implementation of written measures and procedures for the health and safety of workers, including training programs. The employer should conduct a risk assessment to develop emergency measures, procedures and training.

Major hazards and key health & safety issues	MOL Health Care Health and Safety Program inspection focus
Exposures to hazardous biological, chemical and physical agents	Employers must minimize health care workers' exposure to hazardous agents (including hazardous drugs and sterilizing, disinfecting and cleaning chemicals) by complying with all applicable regulatory requirements, including the following: • availability of MSDSs (where applicable); • compliance with prescribed procedures for safe use, handling and storage of hazardous chemical agents and specified gases and drugs, worker education and training; • compliance with prescribed and appropriate personal protective equipment (PPE) including training in use, care, selection and limitations; • respiratory protection program; • emergency response procedures in the event of a worker's exposure to antineoplastic agents; • proper maintenance of anaesthetic gas scavenging systems, including monthly inspection for leakage; and • availability of control measures such as biosafety cabinets for the preparation of antineoplastic agents. Inspections will focus on a workplace's compliance with the OHSA and its regulations, including, but not limited to the Workplace Hazardous Materials Information System Regulation (Reg. 860), X-Ray Safety Regulation (Reg. 861) Designated Substances Regulation (O. Reg. 490/09), Control of Exposure to Biological or Chemical Agents Regulation (Reg. 833), and O. Reg. 67/93, which addresses anaesthetic gases and antineoplastic drugs in sections 96 and 97, respectively.
Infections and infectious diseases	Employers must establish and implement infection prevention and control safe practices to protect the health and safety of workers from exposure to and transmission of infections. Employers are expected to follow current established practices for the prevention of infection and provide training and education to all workers based on established infection prevention and control safe practices. Workplaces in which O. Reg. 67/93 applies are required to have in place written measures and procedures to protect the health and safety of workers, including protection from exposure to infectious diseases. Employers are required to review these measures and procedures at least once a year. In addition, employers must consult with the JHSC (or HSR) during the development of the measures and procedures and training and educational programs. Employers must ensure that where PPE is required workers are instructed and trained in its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter. Workers must participate in such instruction and training.
Internal Responsibility System (IRS)	For more information on the IRS see the Special enforcement focus for 2012-2013 section above.
Material handling equipment	For workplaces subject to O. Reg. 67/93, various requirements relating to material handling equipment apply. For example, material handling

Major hazards and key health & safety issues	MOL Health Care Health and Safety Program inspection focus
	equipment must be thoroughly examined by a competent person and clearly marked with the maximum rated load. No material handling equipment shall be loaded in excess of its maximum rated load. Workers must be trained in its use before operating the equipment. Employers must ensure compliance with the OHSA and its regulations, including clause 44(e) and sections 75 through 79 of O. Reg. 67/93.
Common industrial hazards	Common industrial hazards found in health care workplaces could include, but are not limited to, entanglement, pinch and "struck-by" hazards associated with machines and equipment (e.g., conveyers, forklifts, lawnmowers); confined spaces and restricted spaces; falls related to working at heights (e.g., ladders, scaffolds, loading docks); and electrical, pneumatic, hydraulic or kinetic stored energy hazards where there are insufficient lock out/tag out systems in place. Industrial type hazards in health care settings that are not specifically addressed under the OHSA or O. Reg. 67/93, employers are required to take all precautions reasonable in the circumstances for the protection of workers. Employers are required to identify all workplace hazards, assess the risk to workers associated with the hazards, implement measures and procedures to control the hazards and provide workers with appropriate information and instruction for their protection.
Musculoskeletal disorders (MSDs) specific to non-client-handling	Employers should be aware of their organization's MSDs injury record and the presence of MSD hazards. They must take appropriate action to protect workers from MSD hazards. This may include developing written measures and procedures, providing and maintaining equipment, and providing information, instruction and supervision on MSD hazards and the protective measures put in place. There will be a specific focus on manual materials handling (i.e., manual lifting, lowering, pushing, pulling and carrying).
MSDs specific to client handling (lifting, transferring and re-positioning patients/residents/clients)	MOL inspectors will emphasize the role of the HSR and JHSC in addressing an organization's MSD hazards and prevention efforts and will focus specifically on client handling. Inspectors will use an organization's MSD injury history, field intelligence and information provided by workplace parties to inspect for the presence of MSD hazards in direct client (including patient or resident) care. Client handling injuries contribute close to half of all MSDs in the health care sector. Employers and supervisors must be diligent in ensuring that staff have equipment available to assist them in moving clients, patients or residents and they are trained in its use. Employers in consultation with JHSC (or HSR) must establish written measures and procedures including but not limited to: assessing clients' mobility status, communicating the acceptable client handling technique and how to perform the technique.
Needle and sharps safety	In Ontario, O. Reg. 67/93 mandates the use of safety-engineered needles or needleless systems to replace hollow-bore needles to protect health care workers from needle-stick injuries in hospitals, long-term care homes, laboratories and specimen collection centres. O. Reg. 67/93 applies to any worker using a hollow-bore needle on a person for

Major hazards and key health & safety issues	MOL Health Care Health and Safety Program inspection focus
	therapeutic, preventative, palliative, diagnostic or cosmetic purposes in any workplace to which the regulation applies. In workplaces where non-safety engineered needles are used, employers are expected to conduct a regular review of product availability to incorporate the use of a safety-engineered devices. Workers in the health care sector are also at risk of injury from other sharp medical devices such as scalpels, solid needles, medical instruments and other materials. Employers must ensure that appropriate controls are in place for the use, handling and disposal of all needles and sharps at a workplace.
New and young workers	Employers are required to provide all workers with training, instruction and supervision to protect their health and safety. Where there are new and young workers on the job, MOL inspectors will pay special attention to health and safety measures to prevent injuries (e.g., cuts and punctures), to this vulnerable group of workers. The MOL considers new workers to be those who, regardless of age, have been on the job for less than 6 months or who have been assigned to a new job and considers anyone between 14-24 years of age to be young workers. For employers in workplaces covered by O. Reg. 67/93, the education and training programs must be developed in consultation with the JHSC (or HSR).
Reporting occupational injuries and illnesses	If workplace injuries or illnesses occur, the employer has an obligation under the OHSA to notify the MOL, the JHSC (or HSR) and the trade union (if any). The employer's responsibilities to report are outlined in the sections 51 and 52 of the OHSA. They include an obligation to report all fatalities and critical injuries immediately, and then to follow up the report with a written notice within 48 hours. For occupational illnesses (including occupational infections) the reporting obligations under the OHSA require that a written report of the illness be provided within four days of the employer learning of the occupational illness. Details of what must be included in the notice are set out in sections 51 and 52 of the OHSA and the sector specific regulations (e.g., section 5 of O. Reg. 67/93). For more information about the reporting obligations of employers visit the Report an Incident webpage on the MOL's website: http://www.labour.gov.on.ca/english/hs/incident.php. Employers must be aware of their reporting obligations and they must take appropriate action to ensure that the reporting requirements are met. Ministry inspectors will continue to review reporting obligations with employers during workplace visits to determine if employers are in compliance.
Slips, trips and falls	Employers are required to take every reasonable precaution in the circumstances to protect workers, provide information and instruction, and to ensure the workers properly use or wear the required equipment. To decrease potential for slip, trip and fall injuries, inspectors will focus on maintenance of work surfaces, general housekeeping, safe ladder use, etc. in accordance with sections 33 through 41 of O. Reg. 67/93.

Major hazards and key health & safety issues	MOL Health Care Health and Safety Program inspection focus
Transportation hazards (including motor vehicle incidents)	Employers shall assess potential motor vehicle hazards and put in place appropriate measures and procedures in consultation with the JHSC (or HSR) and ensure worker training to reduce risk of motor vehicle accidents. Employers in consultation with the JHSC (or HSR) must establish written measures and procedures for the maintenance of motor vehicles in accordance with sections 8 and 9 of O. Reg. 67/93.
Ventilation maintenance and monitoring	A mechanical ventilation system is required to be inspected every six months by a person who is qualified by training and experience. The person must file the ventilation inspection report with the employer and the JHSC (or HSR). Furthermore, regular and preventive maintenance of a mechanical ventilation system, such as a cooling tower, is required to prevent the proliferation or colonization of Legionella bacteria in the system. Ventilation is addressed in sections 19 and 20 of O. Reg. 67/93. The MOL guideline document is available at Ventilation Inspection and Report for Health Care and Residential Facilities.
Workplace Hazardous Materials Information System (WHMIS)	The Reg. 860 contains sections regarding the three core components of the WHMIS program — product labels, MSDSs, and worker education. In addition, section 42 of the OHSA requires instruction and training, consultation and periodic review of the training and instruction. Additional requirements are provided under “Exposures to hazardous, biological, chemical, and physical agents” in this table.
Workplace violence and harassment	Employers are required to develop workplace violence and harassment policies and to have programs to implement them. Employers are also required to assess the risks of workplace violence, and take every precaution reasonable in the circumstances to protect workers from domestic violence that may enter the workplace. Employer, supervisor and worker duties that are respectively specified in sections 25, 27 and 28 apply to workplace violence as appropriate. The OHSA provides definitions for workplace violence and workplace harassment and specifies employer duties in respect of workplace violence and harassment. More information on the MOL’s approach to workplace violence prevention and workplace harassment is available at: Workplace Violence and Harassment: Understanding the Law.

Summary and highlights

The MOL’s Health Care Sector Plan is based on *Safe At Work Ontario*, the MOL’s compliance strategy for occupational health and safety. Through proactive enforcement, *Safe At Work Ontario* provides a modern, flexible, compliance-based program. Ontario’s health care sector faces a number of health and safety challenges and contributing risk factors as a result of an aging population, increased demand on health care services, and the emergence of multi-factor risks (such as during emergencies).

This sector plan contains a brief description of the priority issues that an MOL inspector may consider or address during an inspection of a workplace. These hazards and issues are informed by the priorities of our system partners. While each workplace is unique and the circumstances presented to

an inspector may result in a different inspection focus, this sector plan provides a general overview of the ministry's focus within health care.

A strong IRS and health and safety culture requires all workplace parties to pay constant, appropriate attention to workplace health and safety. Sustainable workplace health and safety culture needs a strong commitment by everyone to prevent injuries and illness and to reduce risk.

For more information visit:

- Ministry of Labour at www.labour.gov.on.ca/english/hs
- MOL Health and Community Care at www.labour.gov.on.ca/english/hs/topics/healthcare.php
- MOL New and Young Workers at www.worksmartontario.gov.on.ca/scripts/default.asp
- Workplace Safety and Insurance Board at www.wsib.on.ca
- Public Services Health and Safety Association at www.healthandsafetyontario.ca/PSHSA/Home.aspx
- Workers Health and Safety Centre at www.whsc.on.ca
- Occupational Health Clinics for Ontario Workers Inc. at www.ohcow.on.ca
- Ministry of Health and Long-Term Care at www.health.gov.on.ca/en/default.aspx
- Public Health Ontario at www.publichealthontario.ca
- Regional Infection Control Networks at www.ricn.on.ca/homes1.php
- Institute for Work and Health at www.iwh.on.ca

Glossary of Terms/Acronyms

ACM: Asbestos-containing materials

EMS: Emergency Medical Services

HCHSP: Health Care Health and Safety Program

HSR: Health and Safety Representative

IRS: Internal Responsibility System

JHSC: Joint Health and Safety Committee

LTI: Lost-time injury

MOHLTC: Ministry of Health and Long-Term Care

MOL: Ministry of Labour

MRI: Magnetic Resonance Imaging

MSD: Musculoskeletal disorder

MSDSs: Material Safety Data Sheets

O. Reg. 278/05: Asbestos on Construction Projects and in Buildings and Repair Operations Regulation

O. Reg. 474/07: Needle Safety Regulation

O. Reg. 632/05: Confined Spaces Regulation

O. Reg. 67/93: Health Care and Residential Facilities Regulation

OEL: Occupational Exposure Limit

OHSA: Occupational Health and Safety Act

PPE: Personal protective equipment

PSHSA: Public Services Health and Safety Association

RHA: Retirement Homes Act, 2010

WHMIS: Workplace Hazardous Materials Information System

WSIB: Workplace Safety and Insurance Board