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Health Care Sector Plan 2013-2014

Safe At Work Ontario

Issued: June 28, 2013
Content last reviewed: June 2013

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Introduction

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Safe At Work Ontario is a Ministry of Labour (MOL) initiative designed to raise awareness about and increase compliance with, the Occupational Health and Safety Act (OHSA) and its regulations. As part of *Safe At Work Ontario*, the MOL develops annual sector-specific enforcement plans that focus on hazards and outline what inspectors will be focusing on during an inspection. This Health Care Sector Plan outlines the ministry's enforcement initiatives in support of protecting Ontario's health care workers from occupational injury and illness.

Every year the Ministry of Labour holds consultations to shape and improve its occupational health and safety compliance strategy and to build closer partnerships with its stakeholders. These sessions help the ministry to improve its approach and to better meet the public's needs. It is also an opportunity to learn from the ministry's partners, obtain feedback on how the program is working, increase support for new directions, and identify areas for improvement.

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

In this document, reference to the "health care sector" and "health care workplaces" refers to workplaces that provide health or community care services. Health and Community Care includes workplaces such as hospitals, long-term care homes, homes for residential care, nursing services, supported group living residences, independent support residences (group homes), treatment clinics and specialized services, laboratories, and professional offices and agencies. O. Reg. 67/93 (Health Care and Residential Facilities) applies to many, but not to all, of these workplaces. Refer to O. Reg. 67/93 subsection 2(1) for applicable workplaces.

This sector plan describes some of the main topics that an inspector may address in the workplace. 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 MOL's focus within the health care sector.

Note: This document does not constitute legal advice. To determine your rights and obligations under the Occupational Health and Safety Act and its regulations, please contact your legal counsel or refer to the legislation.

Ontario's health care industry

Health care looking forward

There are more than 700,000 workers in Ontario's health care sector. They work at more than 6,000 hospitals, long-term care homes, retirement homes, community care and other workplaces across Ontario. 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.

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 up until 2011 and a slight decrease in 2012.

Ontario labour force - health care sector

2008	2009	2010	2011	2012
704,700	719,800	735,800	782,400	775,800

Source: Statistics Canada. Table 282-0008 - Labour force survey estimates (LFS), by North American Industry Classification System (NAICS), sex and age group (Year-to-date (sums)), annual (persons unless otherwise noted), CANSIM (database). (Accessed: January 18, 2013).

Health care 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 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.

Residential care homes
Residential care 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 Seniors' 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 services include, but are not limited to: general hospitals, rehabilitation hospitals, extended care hospitals, psychiatric hospitals, addiction 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 and community 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.

Supported group living residences and other facilities
Supported group living residences are engaged primarily 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 Industrial Health and Safety Program Sector Plan.

EMS is supported by the Public Services Health and Safety Association.

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Health Care Enforcement Statistics

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Note: Enforcement statistics from the Ministry of Labour (MOL) in this sector plan are compiled by fiscal year (April 1–March 31). Lost-time injury statistics from the Workplace Safety and Insurance Board (WSIB) are compiled by calendar year.

Ministry of Labour inspectors enforce the Occupational Health and Safety Act (OHSA) and its regulations at workplaces across the province. As part of the *Safe At Work Ontario* strategy, they focus on specific industry sectors where there are high injury rates, a history of non-compliance, and certain workplace hazards.

The ministry maintains a database where inspectors record their workplace visits, inspections, consultations, investigations and orders issued. Fatalities, critical injuries, complaints, work refusals and other incidents reported to the ministry are also recorded.

The Health Care Health and Safety Program (HCHSP) analyzes this data when planning for enforcement initiatives and blitzes such as those outlined in this sector plan. Details of the HCHSP activities and events and injuries for the past three fiscal years are presented in the tables below.

Health care program activities

Program activities	2010-11	2011-12	2012-13
Proactive visits [1]	1902	1557	1653
- Workplace inspections	1858	1514	1607
- Workplace consultations	44	43	46
Workplace investigations [2]	1550	1493	1679
Orders issued	4145	3982	3692

Health care events and injuries

Events and injuries	2010-11	2011-12	2012-13
Complaints	532	546	455
Work refusals	5	8	7
Fatalities	0	1	0
Critical injuries	98	179	94
Order incidentes	248	229	214

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[1] Proactive visits are those made under the *Safe At Work Ontario* strategy, and include inspections and consultations.

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

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Priorities

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System priorities

This year, in consultation with our system partners (including the Health and Safety Associations and the Workplace Safety and Insurance Board), the following four key areas were identified as the four key areas of focused planning and will be the priorities of all system partners:

- musculoskeletal disorders
- slips, trips and falls
- machinery-related incidents, and
- motor vehicle incidents.

Priority will also be given to vulnerable workers and small businesses.

Below is a brief overview of current priorities for inspectors visiting health or community care workplaces.

Enforcement focus

As part of the *Safe at Work Ontario* strategy, Ministry of Labour (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 Occupational Health and Safety Act (OHSA) and its regulations, such as O. Reg. 67/93 (Health Care and Residential Facilities) and the O. Reg. 474/07 (Needle Safety).

Compliance with clause 25(2)(a) of the OHSA, requires workers to receive information, instruction and supervision regarding safe work practices and conditions. Employers of workplaces covered by O. Reg. 67/93 must include development, establishment and implementation of written measures and procedures for the health and safety of workers, including training and educational programs that shall be provided for the workers that are relevant to their work, in consultation with the joint health and safety committee or health and safety representative.

As part of the MOL's enforcement focus for 2013-2014, inspectors will look for the existence of a strong Internal Responsibility System (IRS) at the workplace. MOL inspectors will also check 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' Lost Time Injury (LTI) history, field intelligence and information provided by workplace parties as part of their inspection focus.

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.

Inspectors are not limited to the issues identified in this document as major hazards or key health and safety issues. They will take appropriate enforcement action according to conditions at individual workplaces.

The following hazards and health and safety priorities will be considered within the health care sector:

MOL Health Care Health and Safety Program inspection focus

Major hazards and key health and safety priorities	MOL Health Care Health and Safety Program inspection focus	Resources/compliance support [1]
Vulnerable workers (including 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 Joint Health and Safety Committee (JHSC) or Health and Safety Representative (HSR).	Ontario Ministry of Labour - New and Young Workers Ontario Ministry of Labour - WorkSmartOntario Public Services Health and Safety Association (PSHSA) - Vulnerable Workers
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 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. Employers in consultation with the Joint Health and Safety Committee (JHSC) or Health and Safety Representative (HSR) must develop establish and put into effect written measures and procedures for the control of infections in accordance with sections 8 and 9 of O. Reg. 67/93 if the regulation applies to that workplace.	Ontario Ministry of Labour Fact Sheet – Infection Prevention and Control Public Services Health and Safety Association - Infection Prevention and Control Products
Workplace violence	Health care workers are at an increased risk of exposure to workplace violence owing to factors such as working in the community, working alone, providing direct care to clients, patients or residents with cognitive impairments, and working with the public. Violence accounted for 10 per cent of all lost time injuries (LTIs) in the health care sector in 2011 (688 LTI claims). Violence accounted for 2.3 per cent of all LTIs across all sectors in 2011 (WSIB Statistical Supplement). 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. Worker Duties	Ontario Ministry of Labour - Workplace Violence and Harassment: Understanding the Law Public Services Health and Safety Association – Workplace Violence Products

	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. For those workplaces that fall under the Health Care and Residential Facilities Regulation, O. Reg. 67/93, there are specific requirements for consulting with the Joint Health and Safety Committee or health and safety representative on certain matters. For more information, see sections 8 and 9 of the regulation.	
Slips, trips and falls	Slip, trips and falls accounted for 18% of all LTIs in the health care sector in 2011 (1242 LTI claims). 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.	Ontario Ministry of Labour – Prevent Slips, Trips and Falls in All Workplaces Ontario Ministry of Labour – Spot the Fall Hazards: Health Care: Interactive Tool Health and Safety Ontario – Preventing Slips, Trips and Falls
Transportation hazards (including motor vehicle incidents)	A significant cause of traumatic fatalities continues to be motor vehicle incidents, as they accounted for more than 35% of deaths across all sectors over a 10 year period (2011 WSIB Statistical Report). A large number of health care workers deliver services in the community and are required to drive in the course of their duties. Motor vehicle incidents are the primary cause of traumatic fatalities that have occurred in the health care sector. All employers are required to put in place precautions that are reasonable in the circumstances to protect the health and safety of workers. Employers in workplaces covered by O. Reg. 67/93 are required to assess potential motor vehicle hazards and put in place appropriate measures and procedures and ensure worker training to reduce risk of motor vehicle incidents. 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 if the regulation applies to that workplace.	Public Services Health and Safety Association – Motor Vehicle Safety Resources
Musculoskeletal disorders (MSDs) specific to non-client-handling	Musculoskeletal injuries continued to represent the largest percentage of LTIs in the health care sector during 2011. 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. Employers are required to ensure maintenance of equipment that is provided and provide information, instruction and supervision on MSD hazards and the protective measures put in place. Employers in consultation with the JHSC (or HSR) must establish written measures and procedures for the protection of workers in accordance with sections 8 and 9 of O. Reg. 67/93 if the regulation applies to that workplace. Other sections of O. Reg. 67/93 may also apply to the workplace and address issues such as manual material handling and equipment used for handling, lifting or moving materials. Hospitals have an MSD Lost Time Injury (LTI) rate	Ontario Ministry of Labour – Prevent Musculoskeletal Disorders (MSDs) in Health Care Workplaces Health and Safety Ontario – OHSCO MSD Resource Manual for the MSD Prevention Guideline for Ontario Public Services Health and Safety Association – MSD Prevention Products

	above the provincial average. Specific areas of hospitals in which there are known to be MSD hazards will be proactively inspected by Ministry Ergonomists. These areas include central stores and specific departments such as the renal and dietary departments and laboratory workstations. Ministry of Labour Ergonomists will be focusing on manual materials handling and cart handling in those areas.	
MSDs specific to client handling (lifting, transferring and re-positioning patients/residents/clients)	Client handling injuries contribute to 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. Employers are required to ensure that lifting equipment is properly inspected, serviced and maintained in accordance with the manufacturer's instructions.	Ontario Ministry of Labour – Musculoskeletal Disorders (MSDs): Safe Client Handling Ontario Ministry of Labour – Video – Client Handling in Health Care Public Services Health and Safety Association – MSD Prevention Products
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 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.	Public Services Health and Safety Association – free Web Based Tutorial - Transition of Care - Building a Safer System
Internal Responsibility System (IRS)	The OHSA establishes legal requirements that provide a foundation for the Internal Responsibility System (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. However, employers have the greatest responsibility with respect to health and safety in the workplace. The employer, typically represented by senior management, is responsible for ensuring that the IRS is established, promoted, and that it functions successfully. Strong leadership by senior executives, managers and supervisors is essential to setting the tone and establishing a corporate culture that nurtures the IRS. Joint Health and Safety Committees (JHSCs) assist in providing greater protection against workplace injury, illness and deaths. JHSCs include representatives from workers and employers and have specific roles and responsibilities under the Section 9 of Occupational Health and Safety Act. This co-operative involvement helps support a well-functioning IRS. Ministry of Labour Inspectors will continue to look for evidence of a strong IRS, and a properly functioning Joint Health and Safety Committee where required.	Ontario Ministry of Labour – A Guide for Joint Health and Safety Committees and Health and Safety Representatives in the Workplace Ontario Ministry of Labour – The Internal Responsibility System (IRS) Health and Safety Ontario - IRS Primer
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	For more information on the specific duties of a supervisor refer to section 27 of the OHSA and the ministry's Guide to the Occupational Health and

	consider actual power and responsibilities, including the authority of the person 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. Ministry of Labour will be checking that employers are meeting their obligations with respect to competent supervision.	Safety Act Ontario Ministry of Labour - Supervisor Health and Safety Awareness in 5 Steps" Workbook and Employer Guide Public Services Health and Safety Association – Fast Facts: Caught in the Middle: the Supervisor and Occupational Health and Safety [155 KB]
Occupational illnesses and diseases	In Ontario, occupational disease accounts for more occupational fatalities than occupational injuries across all sectors. In 2011, the number of allowed occupational disease fatality claims (190) was more than 2.5 times higher than traumatic fatality claims (71) (WSIB Statistical Supplement to the 2011 Annual Report, 2011). Injury analysis of WSIB data from Public Services Health and Safety Association (PSHSA) indicates that "exposures" to chemical, biological and physical agents are among the top 5 hazards in health care. Work-related asthma, skin disease (dermatitis) and occupational infections are of concern in this sector. 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. Contact skin diseases are common in health care workers. Irritant contact dermatitis is more common and may result from exposure to wet work associated with frequent hand washing and glove use. Health care workers are also at risk to develop allergic contact dermatitis that may be caused by exposure to sensitizers found in rubber gloves, and sterilizing solutions containing glutaraldehyde. Early recognition of both occupational asthma and contact dermatitis and avoidance of exposure are associated with better outcomes. Reduction of exposure to hazardous chemical, biological and physical agents should focus on appropriate control measures including the substitution of chemical substances with less hazardous substances. Employers should also be aware of their obligations to report occupational illnesses in accordance with subsection 52(2) of the OHSA and applicable regulations.	Ontario Ministry of Labour- Occupational Health Hazards and Illnesses Public Services Health and Safety Association – Fast Facts: Occupational Illness: Requirements to Report to the Ministry of Labour [160 KB] Ontario Health Clinics for Ontario Workers and Public Services Health and Safety Association: Work-related Asthma in Health Care Workers - • Booklet • Fact Sheet
Workplace Hazardous Materials Information System (WHMIS)	The Workplace Hazardous Materials Information System is a Canada-wide system designed to give employers and workers information about hazardous materials used in the workplace. 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.	Workplace Hazardous Materials Information System Regulation (Reg. 860) Ontario Ministry of Labour –WHMIS: A Guide to the Legislation.
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	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)

	these agents could occur during the provision of medical care and/or during routine activities such as housekeeping and construction activities. Employers covered by the O. Reg. 67/93, are required to, in consultation with the joint health and safety committee or health and safety representative, if any, develop, establish and put into effect written measures and procedures to protect workers who may be exposed 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. Refer to next section for additional information on antineoplastic and other hazardous drugs.	Designated Substances Regulation (O. Reg. 490/09), Control of Exposure to Biological or Chemical Agents Regulation (Reg. 833), and Health Care and Residential Facilities Regulation (O. Reg. 67/93), which addresses anaesthetic gases and antineoplastic drugs in sections 96 and 97, respectively.
Antineoplastic drugs and other hazardous 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. Employers covered by the O. Reg. 67/93 are required to, in consultation with the JHSC (or HSR), if any, develop, establish and put into effect written measures and procedures to protect workers who may be exposed to antineoplastic agents or to material or equipment contaminated with antineoplastic agents.	ASSTSAS - Prevention Guide - Safe Handling of Hazardous Drugs [3.33 MB] National Institute for Occupational Safety and Health (NIOSH) and the Centers for Disease Control and Prevention (CDC) Alert - Preventing Occupational Exposures to Antineoplastic and other Hazardous Drugs in Health Care Settings NIOSH - List of Antineoplastic and Other Hazardous Drugs in Health Care Settings 2012 [672 KB] CDC - Personal Protective Equipment for Health Care Workers Who Work with Hazardous Drugs
Personal protective equipment	Employers are required under the Occupational Health and Safety Act to ensure that workers are provided with personal protective equipment to protect from workplace hazards. Employers must ensure personal protective equipment that is to be provided is properly used and maintained, be a proper fit, is inspected for damage or deterioration and be stored in a convenient, clean and sanitary location when not in use. Workers must use the personal protective equipment required by the employer.	Health and Safety Ontario - Personal Protective Equipment

	At workplaces covered by O. Reg. 67/93, a worker who is required by his or her employer or by the regulation to wear or use any protective clothing, equipment or device is required to be instructed and trained in its care, use and limitations before wearing or using it for the first time, and at regular intervals thereafter. Workers are required to participate in such instruction and training provided by the employer. Employers covered by the O. Reg. 67/93 are required to, in consultation with the JHSC (or HSR), if any, develop, establish and put into effect written measures and procedures regarding the use, wearing and care of personal protective equipment and its limitations. Personal projective equipment may include, but is not limited to, respirators, head protection, eye protection, foot protection, protective aprons and collars, gowns, gloves and fall arrest systems. Inspectors will check that employers and supervisors' selection of personal protective equipment is appropriate for the hazard. They will also check that the equipment is providing an appropriate level of protection for the worker.	
Needle and sharps safety	In Ontario, O. Reg. 474/07 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. 474/07 applies to any worker using a hollow-bore needle on a person for 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. In workplaces covered by O.Reg, 67/93, employers in consultation with the JHSC (or HSR) must establish written measures and procedures for disposal of waste materials and sharp objects, such as needles, in accordance with sections 8 and 9 of O. Reg. 67/93. Other sections of the regulations, such as sections 112 to 114 and section 116 may also apply to workplaces covered by O. Reg. 67/93.	Ontario Regulation – Ontario Regulation 474/07 Needle Safety Public Services Health and Safety Association – Planning Guide to the Implementation of Safety-Engineered Medical Sharps [1.651 KB] Public Services Health and Safety Association – Fast Facts - Requirement for Physicians to Use Safety-Engineered Needles [403 KB] Public Services Health and Safety Association – Fast Facts - Safe Handling & Disposal of Sharps & Medical Supplies in Home Health Settings [150 KB]
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).	Ontario Ministry of Labour – Report an Incident Information Page Public Services Health and Safety Association – Fast Facts: Occupational Illness: Requirements to Report to the Ministry of Labour [160 KB]

	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.	
Magnetic Resonance Imaging (MRI) ventilation 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. Employers in consultation with the JHSC (or HSR) must establish written measures and procedures for the proper use, maintenance and operation of equipment under sections 8 and 9 of O. Reg. 67/93 if the regulation applies to that workplace.	
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.	Ontario Ministry of Labour A Guide to the Regulation Respecting Asbestos on Construction Projects and in Buildings and Repair Operations
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. With respect to 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, and where applicable under O. Reg. 67/93, training and educational programs for worker protection. Similarly, for those workplaces not covered by O. Reg. 67/93, employers are required to take all precautions reasonable in the circumstance to protect their workers. Ministry of Labour Engineers will focus on chemical, fire and guarding hazards in power plants associated with health care facilities.	Health and Safety Ontario – Machines, Tools and Equipment Health and Safety Ontario – Hazard Management Tool [60 KB] Public Services Health and Safety Association – Fast Facts: What is a Confined Space [166 KB]
Ventilation maintenance and monitoring	If O. Reg. 67/93 applies to the workplace the 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. MOL inspectors will check	Ontario Ministry of Labour Ventilation Inspection and Report for Health Care and Residential Facilities

	that health care workplaces are in compliance with the ventilation requirements covered in sections 19 and 20 of O. Reg. 67/93.	
Loading dock safety	Workers can be exposed to a number of high-risk hazards when engaging in indoor and outdoor shipping activities at loading dock areas of health care workplaces. These hazards can include slips, trips, falls and the development of musculoskeletal disorders (MSDs). Workers can be seriously injured as a result of hazards in loading dock areas. Between January 1, 2000 and October 31, 2010, eight workers were seriously injured in incidents involving shipping and receiving areas in health care workplaces. In February 2011 during a Loading Dock blitz, MOL inspectors conducted 146 field visits to 120 health care workplaces and issued 239 orders under the OHSA and its regulations, including four stop work orders. About half of the orders involved violations of O. Reg. 67/93. More than 30 per cent of the orders involved employer duty violations under the OHSA.	Ontario Ministry of Labour – Poster – Loading Dock Safety Practices Ontario Ministry of Labour – Video – Loading Dock Safety Ontario Ministry of Labour – Blitz Results Loading Dock Safety in Health Care Workplaces
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	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% of LTI in 2011 (651 LTI claims). Employers are responsible for assessing the risk to workers and developing and implementing measures and procedures for their protection.	Health and Safety Ontario – Machines, Tools and Equipment Health and Safety Ontario – Hazard Management Tool [60 KB]

	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 and educational programs. The employer should conduct a risk assessment to develop emergency measures, procedures, and training and educational programs.	Ministry of Health and Long Term Care – Emergency Planning and Preparedness

[1] **Disclaimer:** Mention of any organization or tool does not constitute endorsement by the Ministry of Labour (MOL). In addition, citations to Web sites external to MOL do not constitute MOL endorsement of the organizations or their programs or products as OHSA compliant. Furthermore, MOL is not responsible for the content of these Web sites.

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Inspection Blitzes

Safe At Work Ontario

Issued: June 28, 2013

Content last reviewed: June 2013

Disclaimer: This resource has been prepared to help the workplace parties understand some of their obligations under the Occupational Health and Safety Act (OHSA) and regulations. It is not legal advice. It is not intended to replace the OHSA or the regulations. FOR FURTHER INFORMATION PLEASE SEE FULL DISCLAIMER

Ministry of Labour (MOL) inspectors enforce the Occupational Health and Safety Act (OHSA) and its regulations at workplaces across the province. As part of the *Safe At Work Ontario* strategy, they focus on specific industry sectors where there are high injury rates, a history of non-compliance, and specific workplace hazards. They will also continue to ensure overall compliance with the OHSA and its regulations. Inspectors are not limited to inspecting with respect to the issues identified in this document as *Safe at Work Ontario* areas of focus, and will take enforcement action as appropriate to the situation at each workplace inspected.

Note: Injury and illness trends: The program uses Workplace Safety and Insurance Board (WSIB) data to identify injury and illness trends. Trend analyses of the number of fatalities, critical injuries, LTIs, LTI rates and the costs associated with WSIB claims for each sector are used by the program to identified sectors for blitz initiatives. In addition to this information, Inspectors also review the compliance history and known hazards inherent to the type of work to select which workplaces to visit.

During their workplace visits to enforce the OHSA and its regulations, inspectors also consider hazards that contribute to the root cause of injuries and illnesses.

2013-2014 health care program blitzes

Month, year	Enforcement campaign / bliz topic	Focus	Resources / compliance support[1]
May - August 2013	New and Young Workers	• New and young workers are properly oriented, trained and supervised on jobs • Meet minimum age requirements • Are protected by safety measures to prevent injuries	Ontario Ministry of Labour – New and Young Workers Public Services Health and Safety Association - Vulnerable Workers
September - October 2013	Musculoskeletal Disorders (MSDs) in Health Care Workplaces	• Employer duty compliance • Safe work practices developed and followed • Worker information, education and training	Ontario Ministry of Labour - Prevent Musculoskeletal Disorders (MSDs) in Health Care Workplaces Public Services Health and Safety Association – Fast Facts: Ergonomics

		provided	Health and Safety Ontario - OHSCO MSD Resource Manual for the MSD Prevention Guideline for Ontario Ontario Ministry of Labour – Musculoskeletal Disorders (MSDs): Safe Client Handling Ontario Ministry of Labour -Video – Client Handling Health Care
November - December 2013	Hazardous Drugs and Waste Management	• Employer duty and compliance • Safe work practices developed and followed • Worker information, education and training provided	Ontario Regulation 67/93 Health Care and Residential Facilities – see Housekeeping and Waste ASSTSAS - Prevention Guide - Safe Handling of Hazardous Drugs [3.33 MB] National Institute for Occupational Safety and Health (NIOSH) and the Centers for Disease Control and Prevention (CDC) Alert - Preventing Occupational Exposures to Antineoplastic and other Hazardous Drugs in Health Care Settings NIOSH - List of Antineoplastic and Other Hazardous Drugs in Health Care Settings 2012 [672 KB] CDC - Personal Protective Equipment for Health Care Workers Who Work with Hazardous Drugs

[1] **Disclaimer:** Mention of any organization or tool does not constitute endorsement by the Ministry of Labour (MOL). In addition, citations to Web sites external to MOL do not constitute MOL endorsement of the organizations or their programs or products as OHSA compliant. Furthermore, MOL is not responsible for the content of these Web sites.

Tips on how to prepare for a blitz inspection

Before the inspector's visit:

- Check your accident experience in relation to the blitz topic
- Review the sections of the Act and regulations that may apply based on the focus of the heightened campaign
- Determine whether you are currently meeting or exceeding the minimum legal requirements in those areas
- Consult with the Public Services Health and Safety Association for specific information and services that may help you prepare
- Review the blitz-related material prepared by the Ministry of Labour
- Discuss compliance strategies with your Joint Health and Safety Committee, Health and Safety Representative and Trade Union representative.

During the visit:

- Ensure all required documentation is on site and available to the ministry inspector (e.g., Notice of Project, maintenance logs, operator manuals)
- Ensure the supervisor and health and safety representative are available
- Ensure the workplace parties co-operate with the ministry inspector.

The inspector will verify:

- compliance with the Occupational Health and Safety Act and its regulations
- whether health and safety programs and policies relative to the blitz topic are in place
- whether the workplace has the required components of a strong Internal Responsibility System – self-reliance
- compliance with training requirements
- record of injuries captured by the MOL, including those arising from blitz-associated issues
- whether workplace specific hazards related to the heightened awareness campaign have been addressed by the employer.

Note: Inspectors can legally enter a project or workplace at any time without warrant or prior notice (OHSA section 54(1)(a). An inspector will identify himself/herself by means of ministry identification. No person shall hinder, obstruct, molest or interfere with or attempt to hinder, obstruct, molest or interfere with an inspector in the exercise of a power or the performance of a duty under this Act or the regulations or in the execution of a warrant issued under this Act or the Provincial Offences Act with respect to a matter under this Act or the regulations.

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New and Young Workers Blitz

Safe At Work Ontario

Issued: June 28, 2013
Content last reviewed: June 2013

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Date: May to August 2013

Type: Cross sector

Rationale

New workers in Ontario are three times more likely to be injured during their first month of employment than at any other time.

Lost-time claims rates for new workers

Length of time on the job	Lost-time claim rate (per 100 full-time-employees)
1 month	12.82
2-4 months	2.82
5-8 months	2.58
9-12 months	2.54
13 months	2.14

Source: Institute for Work & Health (hours worked derived from the Labour Force Survey)

Since 2002, 83 young workers have died from work-related causes across all sectors. In 2011, 7 young workers died as a result of a traumatic injury. (WSIB Statistical Supplement to the 2011 Annual Report).

From May 1 to August 31, 2012, Ministry of Labour (MOL) inspectors conducted a workplace inspection blitz in the industrial, construction and health care sectors focusing on New and Young Workers. Inspectors checked on compliance with the Occupational Health and Safety Act (OHSA) and its regulations and conducted 5,452 visits to 4,614 workplaces and issued 14,498 orders including 553 stop work orders. Inspectors issued 130 orders under the Health Care Regulation. Of those, the five most frequently issued orders were for violations involving:

- failure to keep work surfaces free from obstructions and hazards
- employer's failure to comply with obligation to have in place written measures, and procedures for protecting workers' health and safety
- employer's failure to comply with obligation to provide training and educational programs in health and safety measures and procedures that are relevant to the workers' work
- failure to comply with requirements involving safe materials handling
- failure to comply with requirements involving machine guarding.

Twitter
YouTube
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The 2012 New and Young Worker blitz results are available on the MOL website: Blitz Results: New and Young Worker.

Campaign focus

The campaign will focus on Developmental Services for Adults and Children (Supported Group Living / Intensive Group Residences), Long-Term Care Homes, Health and Community Care Services, and Retirement Homes.

The blitz will focus on two groups:

1. New young workers between 14-24 years of age, and
2. New workers aged 25 and older who have been on the job less than six months or who have been reassigned to a new job.

The goal of this blitz is to check that workers:

- are properly instructed, trained and supervised in required safety measures,
- are provided with required safety measures, equipment and procedures to prevent injuries, and
- are working in accordance with the requirements of the OHSA and regulations.

Injury potential

- Personal protective equipment.
- Internal Responsibility System (IRS).
- Presence of a joint health and safety committee (JHSC) or health and safety representative (HSR).
- Associated hazards (electrical, chemical, musculoskeletal disorders (MSDs), violence, falls, confined spaces).

The following are additional issues and hazards that MOL inspectors will focus on in the health care sector:

- cut and puncture injuries from needles and other sources.
- hand hygiene (important for preventing the spread of infectious diseases among health care workers).
- Workplace Hazardous Materials Information System (WHMIS), including labels and Material Safety Data Sheets.
- ergonomics/musculoskeletal disorders (MSDs), including patient/resident handling (lift, transfers and repositioning), pre-inspection of lifting devices and use of lifting devices, manual material handling, and the safe use of carts.

Note: This list is not all-inclusive.

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Musculoskeletal Disorders (MSD) Blitz

Safe At Work Ontario

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Date: September to October 2013

Type: Health care

Musculoskeletal Disorders (MSDs) are injuries and disorders of the musculoskeletal system and include back strains, tendonitis and carpal tunnel syndrome. The musculoskeletal system includes muscles, tendons and tendon sheaths, nerves, bursa, blood vessels, joints/spinal discs, and ligaments. MSDs may be caused or aggravated by various hazards in the workplace such as force, repetition or awkward and sustained postures.

MSDs are the most prevalent injury among health care workers, and are related to both client handling and non-client handling activities. Client handling refers to activities such as lifting, transferring and repositioning a client (patient/resident), which commonly occurs in the health care sector.

Rationale

From 2003 to 2011, MSDs consistently represented the leading injury type across all sectors and accounted for 41% of all lost time claims (LTIs) in 2011. During 2011, overexertion accounted for 20% of all lost time claims and the leading nature of injury was sprains and strains.

The health care sector has the sixth highest rate of lost-time injuries in Ontario, after the transportation, agriculture, forestry, municipal and automotive sectors. MSDs continue to represent the largest percentage of LTIs in the health care sector. In 2011, MSDs represented over 45% of all LTIs in this sector, with MSDs from client handling representing 19% of all LTIs, and all other MSDs representing 26% of the LTIs. (WSIB Statistical Supplement to the 2011 Annual Report).

Some subsectors within the health care sector experience more LTIs due to MSDs than others. These subsectors include Supported Group Living Residences, Residential Care Homes, Nursing Services, Long-term Care Homes and Hospitals.

In February 2012, Ministry of Labour (MOL) inspectors conducted a month-long blitz of hazards involving manual materials handling that can lead to MSDs. Inspectors checked on compliance with the Occupational Health and Safety Act (OHSA) and its regulations.

Inspectors focused on the manual lifting, lowering, pushing, pulling and carrying of materials that can lead to MSDs. They also checked on the handling of clients in health care workplaces.

MOL inspectors conducted 166 visits to138 health care workplaces and issued 281 orders under the OHSA, including 7 stop work orders. This includes orders related to ergonomic health and safety. The 2012 MSD blitz results are available on the MOL Website: 2012 Blitz Results: Musculoskeletal Disorders.

Twitter
YouTube
Facebook

MSD injuries as a percentage of lost time claims in the health care sector by calendar years 2009-2011

Musculoskeletal Disorders injury rate	2009	2010	2011
Percentage of all lost-time claims in the health care sector	49.6%	46.9%	45.5%

Campaign focus

The campaign will focus on Residential Care and Community Care Services.

The goal of this blitz is to:

- encourage employers to identify and control MSD hazards through use of appropriate written measures and procedures;
- address and remedy non-compliance with the OHSA and its regulations;
- deter non-compliant employers;
- enhance health and safety partnerships; and,
- promote improved health and safety for workers exposed to MSD hazards.

Injury potential

Inspectors will be checking for appropriate engagement of the Joint Health and Safety Committee with respect to MSD hazards. They will check on tasks such as lifting and lowering of items, pushing and pulling of objects as well as the use and maintenance of carts in support service areas such as housekeeping, food preparation and maintenance. They will also check on the lifting, repositioning and transferring of patients.

Inspectors in the health care sector will focus on the following key priorities:

- Consultation with the joint health and safety committee or health and safety representative in the development and implementation of written measures and procedures to protect workers from musculoskeletal disorders.
- Patient lifting, repositioning and transferring.
- Lifting, lowering, pushing, pulling and carrying of items.
- Use and transportation of carts in patient care and support services.
- Training and instruction in the measures and procedures to workers who are exposed to MSD hazards.

Note: This list is not all-inclusive.

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Hazardous Drugs and Waste Management Blitz

Safe At Work Ontario

Issued: June 28, 2013
Content last reviewed: June 2013

Date: November to December 2013

Type: Health care

Employers have a responsibility to control hazards in the workplace. These hazards include exposure to hazardous drugs (HDs) and waste.

Rationale

HDs may cause a range of adverse health effects in exposed workers including cancer, reproductive effects, fetal malformations, organ damage and changes in genetic material. The majority of HDs belong to the category of drugs used to treat cancer, known as antineoplastic drugs, cytotoxic drugs or chemotherapy drugs. The use of HDs is on the rise due to an increase in the number of people developing cancer and the use of antineoplastic drugs to treat conditions other than cancer such as arthritis and chronic skin diseases and to prevent rejection of transplanted organs.

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. Health care workers may also be exposed to contaminated material during the waste management process in health care workplaces.

Employers covered by O. Reg. 67/93, in consultation with the joint health and safety committee or health and safety representative, if any, are required to develop, establish and put into effect written measures and procedures to protect workers who may be exposed to antineoplastic agents or to material or equipment contaminated with antineoplastic agents, Additionally, these employer are required to have in place written measures and procedures to protect workers who generate, collect, transport, handle or treat contaminated or potentially contaminated waste materials.

Campaign focus

The campaign will focus on acute care hospitals and other workplaces where hazardous drugs may be used, such as long-term care homes.

The goal of this blitz is to:

- encourage employers to identify and control contaminated waste and hazardous drug hazards through use of appropriate written measures and procedures and worker training,
- address and remedy non-compliance with the Occupational Health and Safety Act (OHSA) and its regulations,
- deter non-compliant employers,

Injury potential

Inspectors will be checking for:

- Consultation with the joint health and safety committee or health and safety representative in the development and implementation of written measures and procedures to protect workers who may be exposed to antineoplastic agents or to material or equipment contaminated with antineoplastic agents.
- Training and instruction in the measures and procedures to workers who may be exposed to antineoplastic agents or to material or equipment contaminated with antineoplastic agents.
- Proper disposal of used needles and sharp objects.
- Proper storage of liquid hazardous waste in a workplace.
- Consultation with the joint health and safety committee or health and safety representative in the development and implementation of written measures and procedures to protect workers who generate, collect, transport, handle or treat contaminated or potentially contaminated waste materials.
- Training and instruction in the measures and procedures to workers who generate, collect, transport, handle or treats contaminated or potentially contaminated waste materials.
- Compliance with O. Reg. 67/93.
- The use of safety-engineered needles in compliance with O. Reg. 474/07 (Needle Safety).

Note: This list is not all-inclusive.

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Resources

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- Health and Community Care
  Ministry of Labour
  Ontario.ca/healthworkersafety

Legislation

- Occupational Health and Safety Act
- A Guide to the Occupational Health and Safety Act
- O. Reg. 67/93 (Health Care and Residential Facilities)
- O. Reg. 474/07 (Needle Safety)
- Occupational Health and Safety Act (PART III.0.1 VIOLENCE AND HARASSMENT)

Note:

Regulations made under the Occupational Health and Safety Act, Revised Statutes of Ontario, 1990, Chapter O.1 as amended. For the complete Table of Regulations reference, please see:

- www.e-laws.gov.on.ca where it is updated every two weeks
- The Ontario Gazette where it is published every January and July

Health and safety system partners

- Ministry of Labour
- Workplace Safety and Insurance Board
- Public Services Health and Safety Association
- Workers Health and Safety Centre
- Occupational Health Clinics for Ontario Workers Inc.
- Ministry of Health and Long-Term Care
- Public Health Ontario
- Regional Infection Control Networks
- Institute for Work and Health

Section 21 Committee

The ministry is involved in the Ontario Health Care Health and Safety Committee, one of a number of Ministry of Labour partnerships. This committee is established under Section 21 of the Occupational Health and Safety Act to provide advice to the Minister of Labour on occupational health and safety in the health care sector. Meeting regularly, the Committee allows for dialogue on safety concerns between industry management and labour and submits joint recommendations to the minister for improvements.

- Guidance Notes [144 KB]

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