Ministry of Labour

Safe At Work Ontario

Enforcement › Compliance › Partnership ›

Health Care Sector Plan

2014-2015

Ontario

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Contents

Introduction

Safe At Work Ontario is a Ministry of Labour (MOL) initiative 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 Sector Plan outlines the ministry's enforcement initiatives to protect Ontario's health care workers from occupational injury and illness.

Every year the MOL holds consultations to shape and improve its occupational health and safety compliance strategy and to build closer partnerships with its stakeholders. These sessions help us to improve the ministry's 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.

In this document, "health care sector" and "health care workplaces" refer 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.

You are encouraged to familiarize yourself with the plan and share copies of it with others in your workplace. Sector plans for other MOL programs may be downloaded from the MOL website.

Ontario provides a toll-free number to report workplace health and safety incidents or unsafe work practices. Call the MOL at 1-877-202-0008 to:

- Report critical injuries, fatalities, work refusals anytime
- Workplace health and safety information, weekdays 8:30am – 5:00pm
- Emergency? Always call 911 immediately

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 at www.e-laws.gov.on.ca.

Ontario's health care industry

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 the casual and part-time workforce.

Health care, according to the Workplace Safety and Insurance Board (WSIB) Statistical Supplement 2012, ranks above the overall LTI rate in Schedule 1 of 1.01, and was at 1.50 per 100 workers in 2012. Health care experienced an increase in the 2012 LTI rate from 1.46 in 2011. When comparing the total number of LTIs, health care ranks second highest among all sectors in Ontario.

The health care sector in Ontario is diverse and complex. The table below shows an 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	2013
Ontario labour force	704,700	719,800	735,800	782,400	775,800	785,200

Source: Statistics Canada. *Table 282-0008 - Labour force survey estimates (LFS), by North American Industry Classification System (NAICS), sex and age group (*CANSIM (database) (Accessed: February 18, 2014).

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.

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 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. Hospitals 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) 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.

Health Care enforcement statistics

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

MOL inspectors enforce the 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, 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 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 past three fiscal years are presented in the tables below.

Health Care program activities

Program activities	2011-12	2012-13	2013-14
Proactive visits[1]	2,130	1,752	1,449
Workplace inspections	2,058	1,700	1,420
Workplace consultations	72	52	29
Workplace investigations[2]	1,726	1,796	1,694
Orders issued	4,625	3,710	3,340

[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.

Health Care events and injuries

Events and injuries	2011/12	2012/13	2013/14
Complaints	527	468	535
Work refusals	7	7	4
Fatalities[1]	0	1	0
Critical injuries[2]	75	93	98
Other incidents	225	231	252

[1] Fatalities (and critical injury events) include only those that have been reported to the Ministry.
A MOL jurisdiction fatal injury includes an injury or incident resulting in the death of a worker. This excludes death from natural causes, death of a non-worker at a workplace, suicides, death under the jurisdiction of the Criminal Code, Highway Traffic Act and Canada Labour Code and death from occupational exposures that occurred many years ago.

[2] Critical injury events in the Ministry's data systems may include non-workers, as this is required to be reported. The critical injury numbers represent critical injuries as reported to the Ministry and may not necessarily represent critical injuries as defined by the OHSA.

Priorities

System priorities

On December 16, 2013, the MOL released its first Healthy and Safe Ontario Workplaces Strategy designed to guide the efforts of the WSIB Health and Safety Associations (HSAs) and MOL enforcement staff.

As outlined in this document, *Safe At Work Ontario* has been refocused to align with the priorities as set out in the Healthy and Safe Ontario Workplaces strategy as well as deliver on the overall goals.

The priorities set out in the Health and Sage Ontario Workplaces Strategy are outlined below:

1. Assist the most vulnerable workers
2. Support occupational health and safety improvements in small business
3. Address the highest hazards that result in occupational injuries, illnesses or diseases
4. Build collaborative partnerships
5. Integrated service delivery and system wide planning
6. Promote a culture of health and safety

Enforcement focus relating to system priorities

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

Vulnerable workers

Some workers are more vulnerable than others to injuries, illnesses and fatalities. In Ontario's rapidly changing work environment, it is difficult to define "vulnerability" with precision. A worker's vulnerability depends on many individual and workplace factors that interact in complicated ways to increase risk of occupational injuries, illnesses or fatalities. Although individual factors are often the focus when defining vulnerability, workplace factors like hours of work, employment stability and hazards in the workplace are also important.

Because of personal and workplace conditions, health care workers may be vulnerable. For example, health care workers who are young or new to the job may be more vulnerable. The Institute for Work & Health has identified that any new worker of any age on the job is up to three times more likely to be injured during the first month than any other time performing that job. That applies to any time a worker is "new" to the work they are performing – even if it is a new job with the same employer.

Health care workers may be more vulnerable because of workplace factors such as working in the community or working alone. Health care workers may also be vulnerable workers in settings where they lack the ability to change or control their work environments.

It is essential that all workplace parties, including vulnerable workers, know their rights and responsibilities under the OHSA. The new Awareness Training Regulation is one tool available to workplaces to achieve this outcome.

Small business

According to the Public Services Health and Safety Association (PSHSA), nearly 75 per cent of health care workplaces registered with the WSIB have fewer than 50 full time equivalent employees and are considered to be small businesses. The health care sector contains many small businesses – including retirement homes, community care providers and service agencies. To support and help improve the occupational health and safety programs in small businesses, these workplaces are included in the *Safe At Work Ontario* strategy. PSHSA has developed a resource manual and tools to support small businesses. They can be downloaded free of charge at http://pshsa.ca/small-business/.

Enforcement initiatives

Enforcement initiatives are part of the province's *Safe At Work Ontario* compliance strategy. Although, they may be announced to the sector in advance, individual workplaces are not identified in advance. Results are posted on the ministry's website. The initiatives raise awareness of workplace hazards and promote compliance with the OHSA and its safety regulations.

Beginning in 2014, the Ministry will intiative a Health Care Enforcement Initiative that transforms previous blitzes into a comprehensive strategy that focuses on the five most serious hazards in health care and the culture of health and safety fostered by the Internal Responsibility System. This initiative will promote a healthy and safe work environment and will continue through 2017.

Inspectors' findings may influence the frequency and level of future inspections of individual workplaces. Inspectors may also refer employers to health and safety associations for compliance assistance and training.

Addressing serious hazards in health care: health care health and safety enforcement initiative for 2014-2015

The 2014-2015 Health Care Enforcement Initiative is based on:

- Priorities outlined in the Healthy and Safe Ontario Workplaces Strategy
- Stakeholder feedback
- System partner feedback (e.g., Health and Safety Associations)
- Inspector field intelligence (e.g., inspectors, regional office staff)
- Issues which have been subject to previous blitz and campaign initiatives
- Quantitative data collected from the WSIB[1] and enforcement activities

The initiative will include an evaluation of the IRS and compliance with the Awareness Training Regulation.

According to WSIB data, the health care sector experiences the second highest total number of lost time injuries in Ontario[1]. Therefore, the initiative will address the five most serious hazards and contributors to lost time injuries (LTIs) in health care as per the 2012 WSIB data[1]:

- Musculoskeletal disorders (MSDs): source of 43% of LTIs
- Exposures to hazardous biological, chemical and physical agents: source of 17% of LTIs
- Slips, trips and falls: source of 16% LTIs
- "Contact with/struck by" injuries: source of 9% of LTIs
- Workplace violence: source of 9% of LTIs

[1] WSIB Enterprise Information Warehouse Claim (EIW) Cost Analysis Schema, June 2013 snapshot, courtesy of PSHSA

As part of the *Safe At Work Ontario* strategy, MOL inspectors will focus on the IRS and these five sector-specific workplace hazards. These hazards and issues are informed by the priorities of the MOL's system partners. For more information about the IRS and the five most serious hazards and contributors to LTIs, and resources, please see the "Major hazards and key health and safety priorities" section.

Inspection focus: major hazards and key issues in Health Care

Between 2014 and 2017, the Ministry will inspect every acute care hospital in Ontario.

MOL inspectors will continue to inspect for overall compliance with the 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 (JHSC) or health and safety representative (HSR).

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 consider information provided by workplace parties, the organizations' Lost Time Injury history, and field intelligence as part of their inspection focus.

MOL inspectors will also consider whether directors and officers of a corporation are complying with the requirements of section 32 of the OHSA. Section 32 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.

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 may 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 section details the health and safety priorities that will be considered during the enforcement initiative, as well as other major hazards found within the Health Care sector:

Major hazards and key health and safety priorities

Internal responsibility system (IRS)

Inspection focus

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 and safety. 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 the 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.

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.

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 it applies 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.

All parties in the IRS need to be trained adequately to carry out their duties under the OHSA.

Resources/compliance support

Ontario Ministry of Labour

- A Guide for Joint Health and Safety Committees and Health and Safety Representatives in the Workplace
- Prevention Starts Here Poster
- The Internal Responsibility System (IRS)

Health and Safety Ontario

- IRS Primer

Public Services Health and Safety Association (PSHSA)

Fact sheets:

- Physicians' OHS Roles and Responsibilities
- An Introduction to the JHSC
- Health and Safety Management Systems
- How to Investigate an Incident
- Caught in the Middle: the Supervisor and Occupational Health and Safety
- Occupational Illness: Requirements to Report to the Ministry of Labour
- The Leadership Factor: Occupational Health and Safety Starts with Us
- Occupational Health and Safety is Everyone's Business
- Empowerment and Self Protection: Occupational Health and Safety for Workers
- Workplace Inspection Report
- Employee Incident Report

Training:

- Internal Responsibility System (IRS)
- Certification Part 1
- Certification Part 2
- Effective leadership Series
- H&S for Managers

Tools:

- Making it Work: Joint Health and Safety Committees DVD
- Accident Investigation DVD
- Planned Workplace Inspections DVD
- Effective Joint Health and Safety Committees Resource Book
- Small Business Health and Safety Programs
- Supervisors' Due Diligence Resource Book
- Developing Occupational Health and Safety Programs Resource Manual

Compliance with the Awareness Training Regulation

Inspection focus

As part of the MOL's enforcement focus for 2014-2015, inspectors will look for the compliance with the Awareness Training Regulation.

Beginning July 1, 2014, employers in Ontario must ensure that all their workers and supervisors complete a basic occupational health and safety awareness training program. The content of the training must meet the new regulatory requirements.

The Occupational Health and Safety Awareness and Training Regulation (O. Reg. 297/13) under the Occupational Health and Safety Act requires employers to make sure workers and supervisors complete a basic occupational health and safety awareness training program.

Besides these new requirements, employers continue to have ongoing duties under the OHSA to inform workers about workplace-specific hazards.

These include the general duty to "provide information, instruction and supervision to a worker to protect the health or safety of the worker" [clause 25(2)(a)].

Resources/compliance support

Ontario Ministry of Labour

- Worker Health and Safety Awareness in 4 Steps: Workbook
- An Employer Guide to Worker Health and Safety Awareness in 4 Steps
- Supervisor Health and Safety Awareness in 5 Steps: Workbook
- An Employer Guide to Supervisor Health and Safety Awareness in 5 Steps
- Worker Health and Safety Awareness in 4 Steps (e-training)

- Supervisor Health and Safety Awareness in 5 Steps (e-training)
- Ministry of Labour Awareness Training (Information page)

Musculoskeletal disorders (MSDs) specific to non-client-handling

Inspection focus

Musculoskeletal injuries continued to represent the largest percentage of LTIs in the Health Care sector during 2012 according to WSIB data[1].

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.

Resources/compliance support

Ontario Ministry of Labour

- Prevent Musculoskeletal Disorders (MSDs) in Health Care Workplaces
- Musculoskeletal Disorders/Ergonomics

PSHSA

Fact sheets:

- Musculoskeletal Disorders
- Participatory Ergonomics
- Repetitive Work
- How Does My Back Work?
- How Much Can You Lift?

Community care web tutorials:

- Musculoskeletal Disorders

[1] WSIB EIW Claim Cost Analysis Schema, June 2013 snapshot, courtesy of PSHSA

Training:

- A Participatory Approach to MSD Prevention
- Ergonomic Hazards
- Musculoskeletal Disorders

Tools:

- Ergonomics in Healthcare: A Fitting Solution DVD
- Lifting and Your Back DVD
- Lifting Injury Prevention DVD

MSDs specific to client handling (lifting, transferring and re-positioning patients/residents/clients)

Inspection focus

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 regulated under O. Reg. 67/93, in consultation with the 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.

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 under subsection 25(2)(h) of the OHSA. These duties apply with respect to the prevention of MSDs.

Resources/compliance support

Ontario Ministry of Labour

- Musculoskeletal Disorders (MSDs): Safe Client Handling
- Video – Client Handling Health Care

PSHSA

Fact sheets:

- Building a Successful Client Handling Program
- Ergonomic Tips for Resident or Patient Bathrooms

Posters:

- Client Mobility Logo Cards
- Client Mobility Review Poster

Training:

- Client Handling Program Enhancement

Exposures to hazardous biological, chemical and physical agents

Inspection focus

Hazardous biological and chemical agents associated with health care facilities include: viruses, bacteria, fungal spores/mould, nuisance dust, asbestos; chemicals used for laboratory work, sterilizing, disinfecting and cleaning; 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.

All employers 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 apply with respect to protecting workers from hazardous biological, chemical and physical agents in the workplace. In addition, 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 Material Safety Data Sheets (where applicable)
- compliance with prescribed procedures for safe use, handling and storage of hazardous chemical agents, specified gases and drugs
- compliance with prescribed worker education and training requirements
- compliance with prescribed and appropriate personal protective equipment (PPE) including training in its 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
- availability of control measures such as biosafety cabinets for the preparation of antineoplastic agents

Refer to the section on antineoplastic and other hazardous drugs for more information.

Resources/compliance support

Ontario Ministry of Labour

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.

PSHSA (see also WHMIS and infections section)

Fact sheets:

- Radiation: Awareness for Health Care Workers
- Radiation: Regulation and Application in Health Care Settings

Community care web tutorials:

- Chemicals

Slips, trips and falls

Inspection focus

Slip, trips and falls accounted for 16% of all LTIs in the health care sector in 2012 (1155 LTI claims)[1].

Under the OHSA all employers are required to take every reasonable precaution in the circumstances to protect workers, provide information and instruction, and to ensure that 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.

[1] WSIB EIW Claim Cost Analysis Schema, June 2013 snapshot, courtesy of PSHSA

Resources/compliance support

Ontario Ministry of Labour

- Prevent Slips, Trips and Falls in All Workplaces
- Spot the Falls: Health Care: Interactive Tool

Health and Safety Ontario

- Preventing Slips, Trips and Falls

PSHSA

Community care web tutorials:

- Slips, Trips and Falls

Training:

- Slips Trips and Falls
- Ladder Safety Seminar
- A Participatory Approach to STF Prevention
- Working at Heights – Fall Prevention Awareness Training

Tools:

- Slips Trips and Falls Resource Manual
- Working at Heights Resource Manual
- Slips Trips and Falls: More than a Trivial Affair DVD

Contact with and struck-by injuries

Inspection focus

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 9% of LTIs in 2012[1].

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.

Resources/compliance support

Health and Safety Ontario

- Machines, Tools and Equipment
- Hazard Management Tool

PSHSA

Resource Books:

- Machine Guarding

Training:

- Safe Handling of Power Tools
- Control Energy Hazards

Workplace violence

Inspection focus

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 9% of all lost time injuries (LTIs) in the health care sector in 2012[1].

Under the OHSA, 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. The duties of workplace parties 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.

[1] WSIB EIW Claim Cost Analysis Schema, June 2013 snapshot, courtesy of PSHSA

Resources/compliance support

Ontario Ministry of Labour

- Workplace Violence and Harassment: Understanding the Law

PSHSA

Handbooks:

- Addressing Domestic Violence in the Workplace
- Assessing Violence in the Community
- Bullying in the Workplace

Fact sheets:

- Domestic Violence
- Protecting Workers Who Work Alone
- Complying with Legislation
- Workplace Bullying

Posters:

- Violence in the Workplace
- Bullying
- Domestic Violence
- Respectful Workplace

Web tutorials:

- Workplace Violence

Tools:

- Workplace Violence Risk Assessment Tools

Training:

- Workplace Violence

Transportation hazards (including motor vehicle incidents)

Inspection focus

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.

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 under clause 25(2)(h) of the OHSA. These duties apply with respect to the prevention of MSDs.

Resources/compliance support

PSHSA

Fact sheets:

- Driving Safety for Health Care Professionals

Community care web tutorials:

- Safe Driving

Training:

- Motor Vehicle incidents

Safety in transition of care

Inspection focus

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, 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.

Resources/compliance support

PSHSA

Fact sheets:

- Transition of Care

Web tutorials:

- Transition of Care - Building a Safer System

Competent supervision

Inspection focus

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 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 the health or safety of employees in the workplace.

Ministry of Labour will be checking that employers are meeting their obligations with respect to competent supervision.

Resources/compliance support

Ontario Ministry of Labour

- 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 Safety Act
- "Supervisor Health and Safety Awareness in 5 Steps" Workbook and Employer Guide

PSHSA

Fast facts:

- Caught in the Middle: the Supervisor and Occupational Health and Safety

Training:

- Effective leadership Series
- H&S for Managers

Needle and sharps safety

Inspection focus

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. These sections refer to the safe disposal of needles and other wastes in healthcare workplaces.

Resources/compliance support

Ontario Regulation

- Ontario Regulation 474/07 Needle Safety

PSHSA

Resource guides:

- Planning Guide to the Implementation of Safety-Engineered Medical Sharps

Fact sheets:

- Requirement for Physicians to Use Safety-Engineered Needles
- Safe Handling & Disposal of Sharps & Medical Supplies in Home Health Settings

Infections and infectious diseases

Inspection focus

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 injuries from sharps, direct or indirect contact as well as by 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 workers are 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.

Under section 25 of the OHSA, employers must ensure that prescribed measures and procedures are carried out in the workplace. In addition, in workplaces where the O. Reg. 67/93 applies, the measures and procedures for the control of infections must be established and put into effect in consultation with the Joint Health and Safety Committee or Health and Safety Representative in accordance with sections 8 and 9.

Resources/compliance support

Ontario Ministry of Labour

Fact sheets:

- Infection Prevention and Control

PSHSA

Tools:

- Protecting Heath Care Workers From Infectious Diseases: A Self-Assessment Tool

Fact sheets:

- Occupational Illness: Requirements to Report to the Ministry of Labour
- Hand Hygiene

Community care web tutorials:

- Infectious Diseases

Training:

- Occupational Disease

Ministry of Health and Long Term Care

- Seasonal Influenza Blueprint
- MERS-CoV (Novel Coronavirus)

Occupational illnesses and diseases

Inspection focus

In Ontario, occupational disease accounts for more occupational fatalities than traumatic occupational injuries across all sectors. In 2012, the number of allowed occupational disease fatality claims (190) was almost three times higher than traumatic fatality claims (64)[1].

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 five most serious 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 WSIB industry sectors (accounting for 176 out of the 906 claims registered between 2008 and 2012)[1].

[1] By the Numbers: 2012 WSIB Statistical Report Published June 2013

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. 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 hazardous chemical substances with less hazardous substances. Employers should also be aware of their obligations to report occupational illnesses in accordance with clause 52(2) of the OHSA and applicable regulations.

Resources/compliance support

Ontario Ministry of Labour

- Occupational Health Hazards and Illnesses

PSHSA

Fast facts:

- Occupational Illness: Requirements to Report to the Ministry of Labour

Ontario Health Clinic for Ontario Workers and Public Services Health and Safety Association

- Work-related Asthma in Health Care Workers:
  - Booklet
  - Fact Sheet

Reporting occupational injuries and illnesses

Inspection focus

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 notify are outlined in sections 51 and 52 of the OHSA. The responsibilities include an obligation to give notice of all fatalities and critical injuries immediately, and then to follow up the initial notification with a written report 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.

[1] WSIB Operations Data Mart as of September 30 2013

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. For example, Section 5 of O. Reg. 67/93 outlines the reporting requirements for occupational illnesses in workplaces covered by that regulation.

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.

Resources/compliance support

Ontario Ministry of Labour

- Report an Incident Information Page

PSHSA

Fast facts:

- Occupational Illness: Requirements to Report to the Ministry of Labour

Workplace Hazardous Materials Information System (WHMIS)

Inspection focus

The Workplace Hazardous Materials Information System (WHMIS) 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, Material Safety Data Sheets, and worker education. In addition, section 42 of the OHSA requires instruction and training, consultation and periodic review of the training and instruction.

Resources/compliance support

Ontario Regulation

- Workplace Hazardous Materials Information System Regulation (Reg. 860)

Ontario Ministry of Labour

- WHMIS: A Guide to the Legislation

PSHSA

Fact sheets:

- WHMIS

Posters:

- WHMIS Symbols
- Consumer Symbols

eLearning:

- WHMIS for Everyone eLearning

Training:

- WHMIS

Tools:

- WHMIS for Everyone – The Essentials CD Rom (interactive)
- WHMIS Wallet Cards
- WHMIS Review DVD
- WHMIS Resource Manual

Antineoplastic and other hazardous drugs

Inspection focus

Antineoplastic drugs are a group of specialized drugs used primarily to treat cancer as well as 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 under Section 97 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.

Employers of workplaces not covered by O. Reg. 67/93 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 apply with respect to protecting workers from the hazards associated with antineoplastic drugs.

Resources/compliance support

ASSTSAS

- Prevention Guide - Safe Handling of Hazardous Drugs

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

CDC

- Personal Protective Equipment for Health Care Workers Who Work with Hazardous Drugs

Cancer Care Ontario

- Safe Handling of Cytotoxic Drugs

PSHSA

White paper:

- Safe Handling of Hazardous Drugs in Healthcare

Personal protective equipment

Inspection focus

Employers are required under the OHSA to ensure that workers are provided with personal protective equipment to protect them 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.

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 must 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 have selected personal protective equipment that is appropriate for the hazard. They will also check that the equipment is providing an appropriate level of protection for the worker.

Resources/compliance support

Health and Safety Ontario

- Personal Protective Equipment (PPE)

Ventilation maintenance and monitoring

Inspection focus

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 that health care workplaces are in compliance with the ventilation requirements covered in sections 19 and 20 of O. Reg. 67/93.

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 under clause 25(2)(h) of the OHSA. These duties apply with respect to ventilation systems.

Resources/compliance support

Ontario Ministry of Labour

- Guideline: Ventilation Inspection and Report for Health Care and Residential Facilities

Asbestos

Inspection focus

Older health care facility buildings 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 are 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., Type 1, Type 2 and Type 3 operations) that involves ACM.

Resources/compliance support

Ontario Ministry of Labour

- A Guide to the Regulation Respecting Asbestos on Construction Projects and in Buildings and Repair Operations
- Asbestos: FAQs

PSHSA

Training:

- Asbestos Management Training

Tools:

- Asbestos Management Resource Manual
- Workers Asbestos Resource Manual
- Asbestos: Worker Resource Manual
- Asbestos Management Program Booklet

Common industrial hazards

Inspection focus

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 under clause 25(2)(h) of the OHSA. Ministry of Labour Engineers will focus on the chemical, fire and guarding hazards in power plants associated with health care facilities.

Resources/compliance support

Health and Safety Ontario

- Machines, Tools & Equipment
- Hazard Management Tool

PSHSA

Resource guides:

- Confined Space Hazards Resource Book

Fact sheets:

- What is Confined Space?

Training:

- Confined Space

Tools:

- Managing Mould Resource Manual
- Physical Hazards Resource Manual

Loading dock safety

Inspection focus

Workers can be exposed to a number of hazards when engaging in indoor and outdoor shipping activities at loading dock areas of health care workplaces. Issues can include the risk of slips, trips and fall, WHMIS, poor lighting, equipment safety and the development of musculoskeletal disorders (MSDs).Workers can be seriously injured as a result of hazards in loading dock areas.

Resources/compliance support

Ontario Ministry of Labour

- Poster: Safe at Work Ontario – Loading Dock Safety Practices
- Video: Loading Dock Safety
- Blitz Results Loading Dock Safety in Health Care Workplaces

PSHSA

Fact sheets:

- Loading Dock Safety

Construction hazards

Inspection focus

Construction projects (including renovations, structural maintenance, and new construction) in health care facilities are commonplace. 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 the 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 developed. 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.

Resources/compliance support

PSHSA

Tools:

- Construction Blitz Checklist

Vulnerable workers (including new and young workers)

Inspection focus

Under the OHSA, 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 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).

Resources/compliance support

Ontario Ministry of Labour

- New and Young Workers – Keep Them Safe
- WorkSmartOntario

PSHSA

Tools:

- Community Care: A Tool to Reduce Workplace Hazards

Fact sheets:

- Young Worker Orientation

Tools:

- Seven Step Assessment for New and Young Workers
- Co-Op Education Quiz
- New Worker Health & Safety Checklist

Emergency management (preparedness, response and recovery)

Inspection focus

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. They are also required to provide information, instruction and supervision about emergencies.

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.

Resources/compliance support

Ministry of Health and Long Term Care

- Emergency Planning and Preparedness

PSHSA

Resource manual:

- Health and Safety in Emergency Management

Disclaimer: Mention of any organization or tool does not constitute endorsement by the 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.

Regional initiatives

Each MOL regional office will be conducting its own regionally focused initiative to raise awareness and help address issues that are specific to a geographic area or where there is a higher incidence of issues than the rest of the province.

The table below outlines the region, initiative, focus and duration on initaitives that will be taking place during the 2014/2015 fiscal year.

Region	Name of Initiative	Focus	Date
Central East	Retirement Homes and Long-Term	TBD	Spring to Fall 2014
Western	Developmental Services	Partnership building Education and outreach to employers	April 1, 2014 to March 31, 2015
	Retirement Homes	Partnership building Education and outreach to employers	April 1, 2014 to March 31, 2015

Resources

MOL Health and Community Care Resource Page

Legislation

The occupational health and safety legislation that applies to the Health Care Sector may include but is not limited to, the following:

- Occupational Health and Safety Act
- Health care and Residential Facilities (O. Reg. 67/93)
- Needle Safety (O. Reg. 474/07)
- 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)
- Asbestos on Construction Projects and in Buildings and Repair Operations Regulation(O. Reg. 278/05)

E-Laws provides access to official copies of Ontario's statutes and regulations, for more information see: www.e-laws.gov.on.ca

Sector groups – Ontario Health Care Health and Safety Committee under Section 21 of the OHSA

The Committee membership includes:

Members for Organized Labour:

- Unifor http://www.unifor.org/
- Canadian Union of Public Employees (CUPE) http://cupe.ca
- Ontario Federation of Labour (OFL) http://www.ofl.ca
- Ontario Nurses' Association (ONA) http://www.ona.org
- Ontario Public Service Employees Union (OPSEU) http://www.opseu.org
- Service Employees International Union (SEIU) http://www.seiu.org

Members for Employers:

- Ontario Association of Community Care Access Centres (OACCAC) http://www.ccac-ont.ca
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) http://www.oanhss.org
- Ontario Community Support Association (OCSA) http://www.ocsa.on.ca
- Ontario Home Care Association (OHCA) http://www.homecareontario.ca
- Ontario Hospital Association (OHA) http://www.oha.com
- Ontario Long Term Care Association (OLTCA) http://www.oltca.com

Observers:

- The Ministry of Health and Long-Term Care (MOHLTC), and the
- Public Services Health and Safety Association (PSHSA)

Facilitator:

- The Ministry of Labour

The Guidance Notes by this Committee are available on-line.

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
- Ministry of Health and Long-Term Care
- Public Health Ontario
- Institute for Work and Health