Ontario
MINISTRY OF LABOUR

Health Care Sector Plan 2016-2017

Safe At Work Ontario

Issued: August 19, 2016
Content last reviewed: August 2016

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Disclaimer: This web resource has been prepared to assist the workplace parties in understanding some of their obligations under the Occupational Health and Safety Act (OHSA) and the regulations. It is not intended to replace the OHSA or the regulations and reference should always be made to the official version of the legislation.

It is the responsibility of the workplace parties to ensure compliance with the legislation. This web resource does not constitute legal advice. If you require assistance with respect to the interpretation of the legislation and its potential application in specific circumstances, please contact your legal counsel.

While this web resource will also be available to Ministry of Labour inspectors, they will apply and enforce the OHSA and its regulations based on the facts as they may find them in the workplace. This web resource does not affect their enforcement discretion in any way.

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Introduction

Safe At Work Ontario

Issued: August 19, 2016
Content last reviewed: August 2016

Safe At Work Ontario is a Ministry of Labour (MOL) initiative to raise awareness of, and to increase compliance with, Ontario's Occupational Health and Safety Act (OHSA) and its regulations.

As part of *Safe At Work Ontario*, the MOL develops annual sector-specific enforcement plans related to workplace hazards and describes the focus of inspectors.

The Health Care Sector Plan outlines the ministry's enforcement initiatives to protect Ontario's workers from occupational injury and illness.

Note that employers have the prime responsibility for ensuring compliance with the OHSA and its regulations.

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

- help the ministry to improve its approach to better meet the public's needs
- provide an opportunity to learn from the ministry's partners
- obtain feedback on how well the program is working
- increase support for new directions, and
- identify areas for improvement.

The Health Care Sector Plan for 2016-2017 describes sector-specific hazards and compliance issues, and the ministry's enforcement focus for inspections in health care sub-sectors.

The plan also acknowledges recent changes to the OHSA that will affect:

- occupational health and safety
- workplace parties, and
- the ministry's enforcement practices.

Basic health and safety awareness training is mandatory for every provincially regulated worker and supervisor as of July 1, 2014. This is required under Ontario's Occupational Health and Safety Awareness and Training Regulation, O. Reg. 297/13.

Under the OHSA, a worker is defined as a person who performs work or supplies services for monetary compensation. This does not include an inmate of a correctional institution or like institution or facility who participates inside the institution or facility in a work project or rehabilitation program.

In 2014, the definition of worker in the OHSA was expanded to cover unpaid co-operative education students, certain other learners and trainees participating in a work placement program.

Specifically, the new definition of worker includes:

- unpaid secondary school students who are participating in a work experience program, authorized by the school board that operates the school in which the students are enrolled
- other unpaid learners participating in a program approved by a post-secondary institution, and
- any unpaid trainees who are not employees for the purposes of the Employment Standards Act, 2000 (ESA) because they meet certain conditions.

Volunteers are **not covered** by this definition of worker.

This sector plan contains a brief description of some of the main issues that an inspector may address in the workplace. It provides a general overview of the ministry's focus even though each workplace is unique and the circumstances found by an inspector may result in a different inspection focus.

New to the sector plans this year is additional background information on hazards as well as tools and resources relevant for those hazards.

Additionally, there is an overview of the number of lost time injuries (LTIs), non lost time injuries (NLTIs) and LTI frequency rate for each of the health care sub-sectors. Also included are the most common occupational health and safety hazards for each health care sub-sector.

You are encouraged to familiarize yourself with this plan and share it with others in your workplace.

Ontario provides a toll free province-wide telephone number to report unsafe work practices and workplace health and safety incidents. Call the MOL Health & Safety Contact Centre at 1 877-202-0008.

- Call any time to report critical injuries, fatalities or work refusals.
- Call 8:30 a.m. – 5:00 p.m., Monday – Friday, for general inquiries about workplace health and safety.
- In an emergency, always call 911 immediately.

Definitions

In this document, “health care sector” and “health care workplaces” refer to workplaces that provide health or community care services. “Health care” and “community care” include workplaces such as:

- hospitals
- long-term care homes
- retirement homes
- nursing services
- supported group living residences
- independent support residences (group homes)
- treatment clinics and specialized services
- medical laboratories
- professional offices and agencies.

The Regulation for Health Care and Residential Facilities (O. Reg. 67/93) applies to many, but not to all, of these workplaces. Refer to O. Reg. 67/93 subsection 2(1) for applicable workplaces.

Ontario's health care industry

The health care sector faces some key challenges which could significantly affect worker health and lost time injury (LTI) rates (injuries that result in lost time at work).

These challenges include:

- increased care requirements resulting from the aging of Ontario’s population
- increased patient and resident needs
- increased obesity rates
- increased support for people with dementia
- 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
- recruitment and retention due to –
  - an aging workforce
  - shortage of skilled professional staff, and
  - an increase in the casual and part-time workforce.

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Health Care Sector Injury Statistics

Safe At Work Ontario

Issued: August 19, 2016
Content last reviewed: August 2016

Sector overview

Some quick facts:

- More than 800,000 workers are employed 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 the province.
- Health care ranks second highest[1] for LTIs among all sectors in Ontario.

The LTI rate in the health care sector was 1.33 per 100 workers in 2014. This ranks above the overall LTI rate in Schedule 1 employers of 0.92 per 100 workers, but is a decrease from the 2013 health care LTI rate of 1.39 per 100 workers. Only one other sector in Ontario exceeds the total number of LTIs in the health care sector. Table 1 below shows how the number of LTIs, non lost time injuries (NLTIs) and the LTI frequency rate has changed for Ontario's health care sector from 2010-2014. Over this time, the LTI frequency rate for the health care sector has decreased from 1.81 to 1.33.

Table 1: Ontario health care injury statistics

Statistics	2010	2011	2012	2013	2014
Total number of LTIs	8,181	6,956	7,378	6,704	6,508
LTI frequency rate	1.81	1.51	1.54	1.39	1.33
Total number of NLTIs	13,217	13,298	13,757	14,189	14,778

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, April 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

Ontario's health care sector is diverse and complex. Table 2 below shows its labour force is generally increasing.

Table 2: Ontario labour force - health care sector

2009	2010	2011	2012	2013	2014	2015
718,000	747,600	767,100	782,500	807,500	816,300	828,600

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: March 14, 2016).

Graph 1 and table 3 below show how the LTI counts have changed for the most common occupational health and safety hazards in the health care sector from 2010-2014.

Graph 1: Health care: Schedule 1 allowed LTI counts by PSHSA injury type

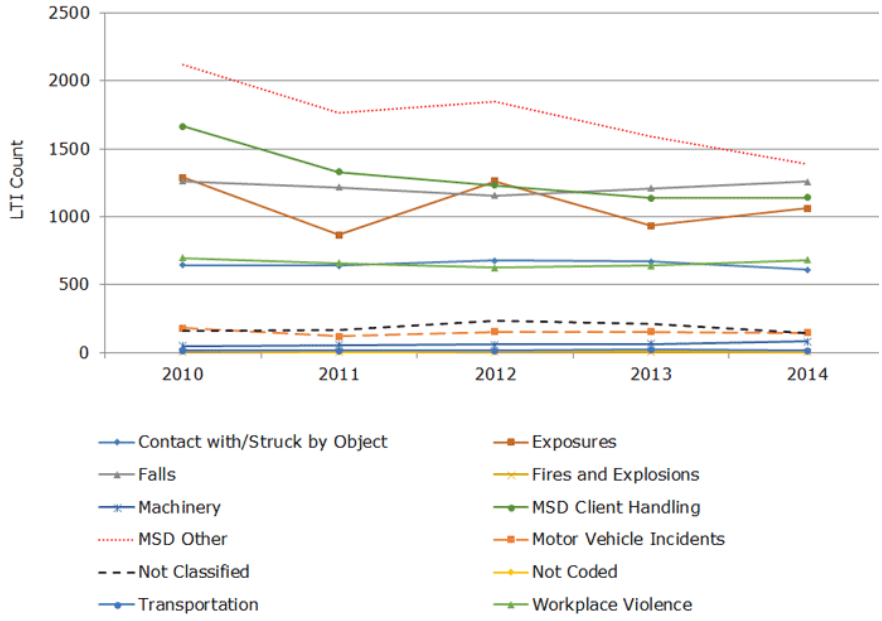

Table 3: Health care Schedule 1 allowed LTI counts by PSHSA injury type

PSHSA injury type	2010	2011	2012	2013	2014
Contact with/struck by object	643	639	678	670	611
Exposures	1,288	864	1,260	934	1,061
Falls	1,262	1,216	1,155	1,210	1,259
Fires and explosions	7	2	6	2	1
Machinery	49	56	58	63	83
MSD client handling	1,665	1,330	1,230	1,137	1,142
MSD other	2,118	1,763	1,845	1,595	1,390
Motor vehicle incidents	181	121	155	155	147
Not classified	162	164	238	211	141
Not coded	13	2	7	12	8
Transportation	13	12	15	20	13
Workplace violence	696	658	624	638	680

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, rolling June 2011 to 2015 data snapshots, courtesy of Public Services Health and Safety Association (PSHSA)

Graph 2 and table 4 below show the most common occupational health and safety hazards for the health care sector, demonstrating the percentage of LTIs each of the hazards resulted in.

Graph 2: 2014 LTIs by hazard across health care

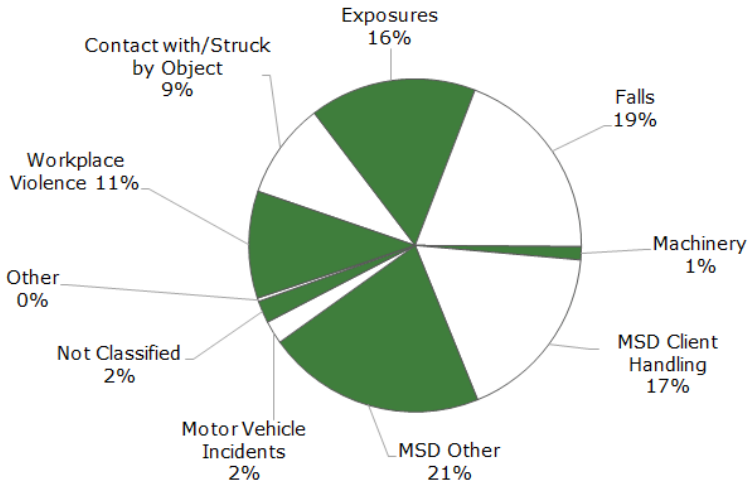

Table 4: 2014 LTIs by hazard across health care

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/struck by object	611	9%

Exposures	1,061	16%
Falls	1,259	19%
Machinery	83	1%
MSD client handling	1,142	17%
MSD other	1,390	21%
Motor vehicle incidents	147	2%
Not classified	141	2%
Other (fires and explosions, not coded, transportation)	22	0%
Workplace violence	680	11%
Total	**6,536**	**100%**

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

Health and community care services are provided in a variety of complex settings. Seven settings are covered by the Ministry of Labour Health Care Health and Safety Program:

- Long-term care homes (homes for nursing care)
- Retirement homes (homes for residential care)
- Hospitals
- Nursing services
- Supported group living residences and other facilities (group homes)
- Treatment clinics and specialized services
- Professional offices and agencies.

Graph 3 and table 5 below show the LTI counts have changed for all of the health care settings (rate groups) from 2010-2014.

Graph 3: Health care allowed Schedule 1 LTI counts by rate group (2010-2014)

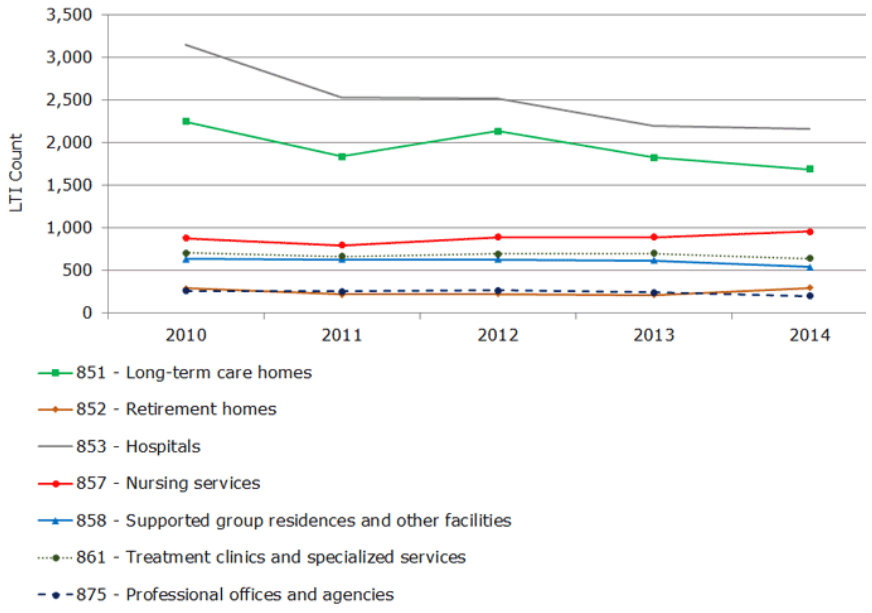

Table 5: Health care allowed Schedule 1 LTI counts by rate group (2010-2014)

Rate group	2010	2011	2012	2013	2014
Long-term care homes	2,247	1,837	2,134	1,830	1,691
Retirement homes	294	224	230	216	302
Hospitals	3,147	2,536	2,516	2,200	2,158
Nursing services	881	801	896	894	961
Supported group residences and other facilities	637	632	634	620	545
Treatment clinics and specialized services	711	669	696	701	645
Professional offices and agencies	264	257	272	243	206

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, April 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

Graph 4 and table 6 below show how the LTI frequency rates have changed for all of the health care settings (rate groups) from 2010-2014.

Graph 4: Health care sector: LTI frequency by rate group (2010-2014)

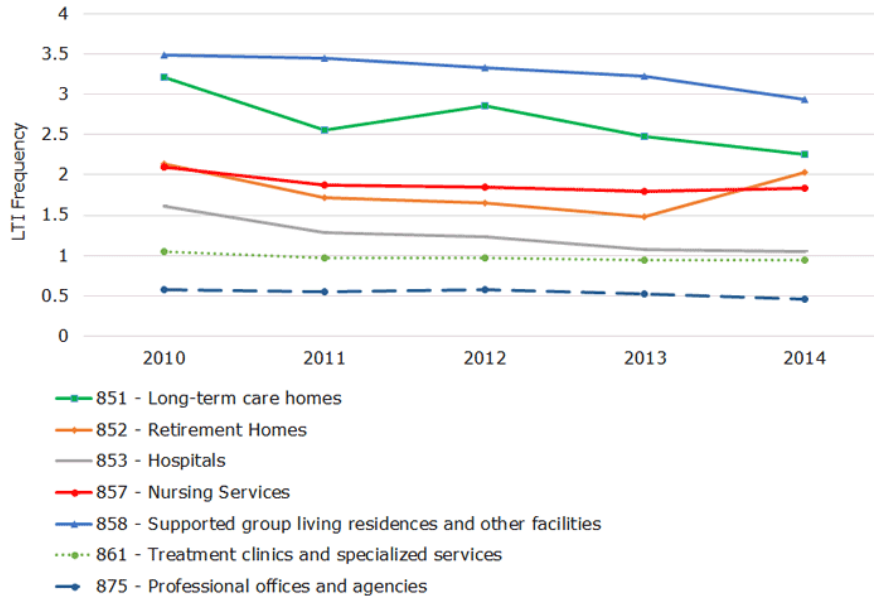

Table 6: Health care sector: LTI frequency by rate group (2010-2014)

Rate group	2010	2011	2012	2013	2014
Long-term care homes	3.21	2.56	2.85	2.47	2.25
Retirement homes	2.14	1.72	1.65	1.48	2.03
Hospitals	1.61	1.28	1.23	1.07	1.05
Nursing services	2.1	1.88	1.85	1.79	1.83
Suppported group living residences and other facilities	3.49	3.44	3.33	3.22	2.94
Treatment clinics and specialized services	1.05	0.97	0.97	0.95	0.95
Professional offices and agencies	0.58	0.55	0.58	0.53	0.46

Source: WSIB Enterprise Information Warehouse (EIW) Firm Experience Schema, November 2015 snapshot for all years, courtesy of Public Services Health and Safety Association (PSHSA).

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Injury statistics in health care settings

For each setting, common hazards are listed. Select each hazard to go to a hazard description, inspection focus and resources for compliance.

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. These homes generally offer higher levels of personal care and support (such as 24-hour nursing services or personal support) than offered by retirement homes or supportive housing.

Table 7 below shows how the number of lost time injuries (LTIs), non-lost time injuries (NLTIs) and the LTI frequency rate have changed for long-term care homes from 2010-2014.

Table 7: Long-term care homes injury statistics

Statistics	2010	2011	2012	2013	2014
Total number of LTIs	2,247	1,837	2,134	1,830	1,691
LTI frequency rate	3.21	2.56	2.85	2.47	2.25
Total number of NLTIs	3,454	3,625	3,637	3,694	3,750

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, April 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

Common hazards in long-term care homes include, but are not limited to:

- exposures to hazardous biological, chemical and physical agents
- MSDs involving client handling (lifting, transferring and re-positioning patients/residents/clients)
- MSDs involving non-client handling
- slips, trips and falls
- workplace violence
- contact with and struck-by-object injuries
- safety in transition of care
- needle and sharps safety
- infections and infectious diseases
- occupational illnesses and diseases
- antineoplastic and other hazardous drugs
- asbestos
- common industrial hazards in health care workplaces, and
- loading dock safety.

Graph 5 and table 8 below show the most common occupational health and safety hazards for long-term care homes in 2014, demonstrating the percentage of LTIs each of the hazards resulted in.

Graph 5: LTIs by hazard for long-term care homes, 2014

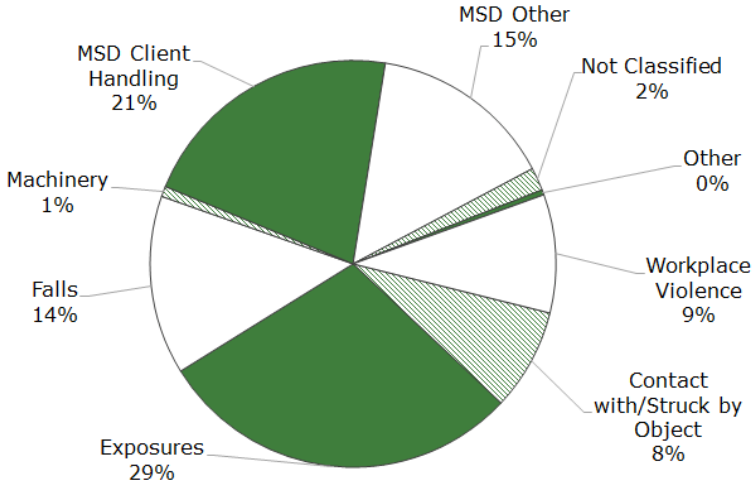

Table 8: LTIs by hazard for long-term care homes, 2014

Hazard	Number of LTIs	Percentage of total LTIs
Contact with/struck by object	138	8%
Exposures	496	29%
Falls	242	14%
Machinery	14	1%
MSD client handling	363	21%
MSD other	250	15%
Not classified	31	2%
Other (motor vehicle incidents, not coded)	7	0%
Workplace violence	160	9%
Total	**1,701**	**100%**

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

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Retirement homes

Retirement homes provide residential services primarily to seniors who are generally able to care for themselves but may require some support with daily activities. 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.

Table 9 below shows how the number of lost time injuries (LTIs), non lost time injuries (NLTIs) and the LTI frequency rate have changed for retirement homes from 2010-2014.

Table 9: Retirement homes injury statistics

Statistics	2010	2011	2012	2013	2014

Total number of LTIs	294	224	230	216	302
LTI frequency rate	2.14	1.72	1.65	1.48	2.03
Total number of NLTIs	365	358	318	367	384

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, April 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

The Retirement Homes Act, 2010 establishes mandatory care, safety and administrative standards for retirement homes in Ontario. The act is administered by the Retirement Homes Regulatory Authority. For more information, see the act and its regulations.

Common hazards in retirement homes include, but are not limited to:

- exposures to hazardous biological, chemical and physical agents
- MSDs involving non-client handling
- MSDs involving client handling (lifting, transferring and re-positioning patients/residents/clients)
- slips, trips and falls
- contact with and struck-by-object injuries
- common industrial hazards in health care workplaces
- workplace violence
- safety in transition of care
- needle and sharps safety
- infections and infectious diseases
- occupational illnesses and diseases
- asbestos, and
- loading dock safety.

Graph 6 and table 10 below show the most common occupational health and safety hazards for retirement homes (homes for residential care) in 2014, demonstrating the percentage of LTIs each of the hazards resulted in.

Graph 6: LTIs by hazard for retirement homes, 2014

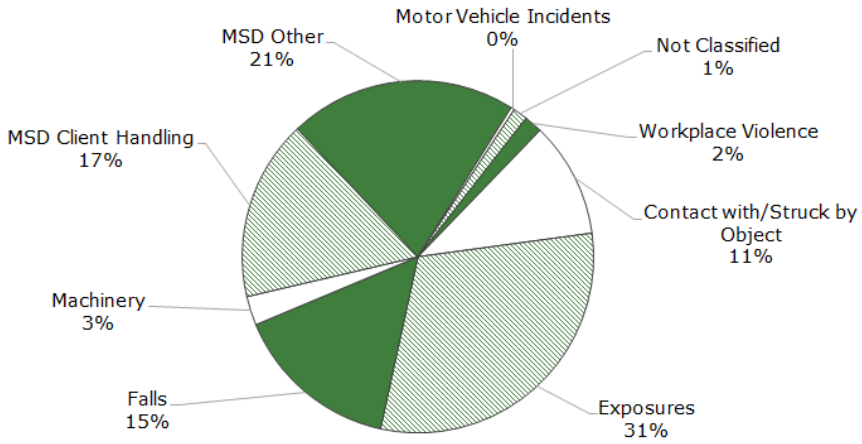

Table 10: LTIs by hazard for retirement homes, 2014

Hazards	**Number of LTIs**	**Percentage of total LTIs**
Contact with/struck by object	32	11%
Exposures	92	31%
Falls	46	15%
Machinery	8	3%
MSD client handling	50	17%
MSD other	63	21%
Motor vehicle incidents	1	0%
Not classified	4	1%
Workplace violence	5	2%
Total	**301**	**100%**

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

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Hospitals

Hospitals are the largest employers 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. Included are general hospitals, rehabilitation hospitals, extended care hospitals, psychiatric hospitals, addiction hospitals, paediatric and other specialty hospitals.

Table 11 below shows how the number of lost time injuries (LTIs), non lost time injuries (NLTIs) and the LTI frequency rate have changed for hospitals from 2010-2014.

Table 11: Hospitals injury statistics

Statistics	2010	2011	2012	2013	2014
Total number of LTIs	3,147	2,536	2,516	2,200	2,158
LTI frequency rate	1.61	1.28	1.23	1.07	1.05
Total number of NLTIs	5,842	5,584	5,984	5,971	6,207

Common hazards in hospitals include, but are not limited to:

- MSDs involving non-client handling
- MSDs involving client handling (liftng, transferring and re-positioning patients/residents/clients)
- exposures to hazardous biological, chemical and physical agents
- slips, trips and falls
- workplace violence
- contact with and struck-by-object injuries
- common industrial hazards in health care workplaces
- safety in transition of care
- needle and sharps safety
- infections and infectious diseases
- occupational illnesses and diseases
- antineoplastic and other hazardous drugs
- ventilation maintenance and monitoring
- asbestos
- loading dock safety
- construction hazards, and
- emergency management (preparedness, response and recovery).

Graph 7 and table 12 below show the most common occupational health and safety hazards for hospitals in 2014, demonstrating the percentage of LTIs each of the hazards resulted in.

Graph 7: LTIs by hazard for hospitals, 2014

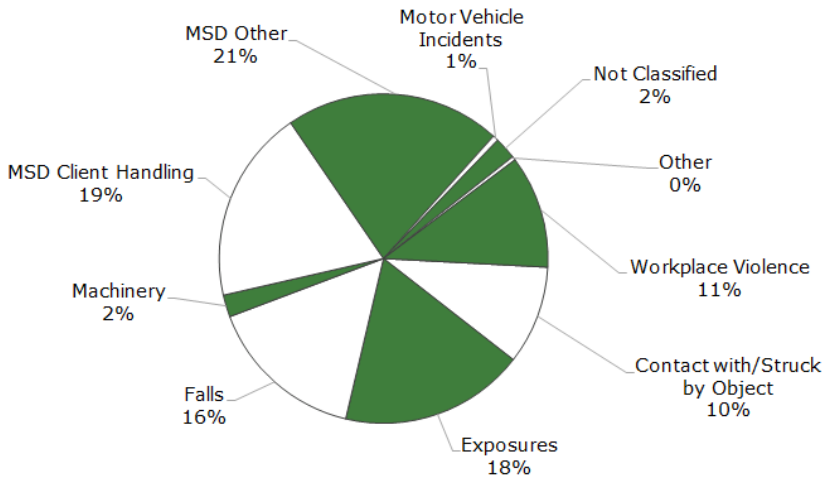

Table 12: LTIs by hazard for hospitals, 2014

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/struck by object	210	10%
Exposures	394	18%
Falls	337	16%

Machinery	47	2%
MSD client handling	412	19%
MSD other	460	21%
Motor vehicle incidents	12	1%
Not classified	47	2%
Other (not coded, transportation)	8	0%
Workplace violence	240	11%
Total	**2,167**	**100%**

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

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Nursing services

Nursing services include agencies that provide 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).

Table 13 below shows how the number of lost time injuries (LTIs), non lost time injuries (NLTIs) and the LTI frequency rate have changed for nursing services from 2010-2014.

Table 13: Nursing services injury statistics

Statistics	2010	2011	2012	2013	2014
Total number of LTIs	881	801	896	894	961
LTI frequency rate	2.1	1.88	1.85	1.79	1.83
Total number of NLTIs	1,169	1,321	1,435	1,621	1,862

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, April 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

Health care personnel in this group can include dental technicians and hygienists, physiotherapists, nursing staff and personal support workers.

Common hazards in nursing services include, but are not limited to:

- slips, trips and falls
- MSDs involving client handling (liftng, transferring and re-positioning patients/residents/clients)
- MSDs involving non-client handling
- transportation hazards (including motor vehicle incidents)
- contact with and struck-by-object injuries
- workplace violence
- exposures to hazardous biological, chemical and physical agents
- safety in transition of care
- needle and sharps safety
- infections and infectious diseases, and
- occupational illnesses and diseases.

Graph 8 and table 14 below show the most common occupational health and safety hazards for nursing services in 2014, demonstrating the percentage of LTIs each of the hazards resulted in.

Graph 8: LTIs by hazard for nursing services, 2014

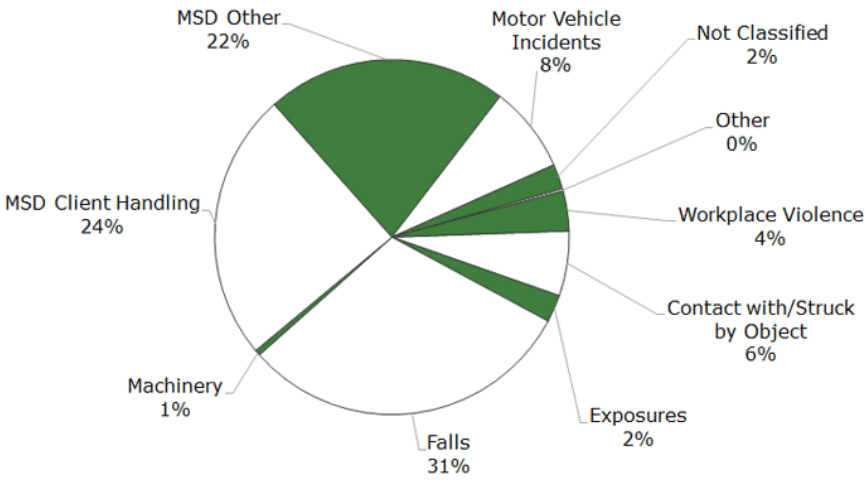

Table 14: LTIs by hazard for nursing services, 2014

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/struck by object	57	6%
Exposures	24	2%
Falls	295	31%
Machinery	5	1%
MSD client handling	236	24%
MSD other	212	22%
Motor vehicle incidents	76	8%
Not classified	22	2%
Other (not coded, transportation)	2	0%
Workplace violence	35	4%
Total	**964**	**100%**

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

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Supported group living residences and other facilities

Supported group living residences primarily provide residential care for people who require care or support, including people with developmental disabilities, mental health disabilities and/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. Residents may also require other types of support related to emotional or psycho-social needs through social and recreational services.

Table 15 below shows how the number of lost time injuries (LTIs), non lost time injuries (NLTIs) and the LTI frequency rate have changed for supported group living residences and other facilities from 2010-2014.

Table 15: Supported group living residences and other facilities injury statistics

Statistics	2010	2011	2012	2013	2014
Total number of LTIs	637	632	634	620	545
LTI frequency rate	3.49	3.44	3.33	3.22	2.94
Total number of NLTIs	853	849	837	897	922

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, April 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

Common hazards in group living residences and other facilities include, but are not limited to:

- workplace violence
- MSDs involving non-client handling
- slips, trips and falls
- MSDs involving client handling (lifting, transferring and re-positioning patients/residents/clients)
- contact with and struck-by-object injuries
- exposures to hazardous biological, chemical and physical agents
- transportation hazards (including motor vehicle incidents)

- safety in transition of care, and
- infections and infectious diseases.

Graph 9 and table 16 below show the most common occupational health and safety hazards for supported group living residences and other facilities (group homes) in 2014, demonstrating the percentage of LTIs each of the hazards resulted in.

Graph 9: LTIs by hazard for supported group living residences and other facilities, 2014

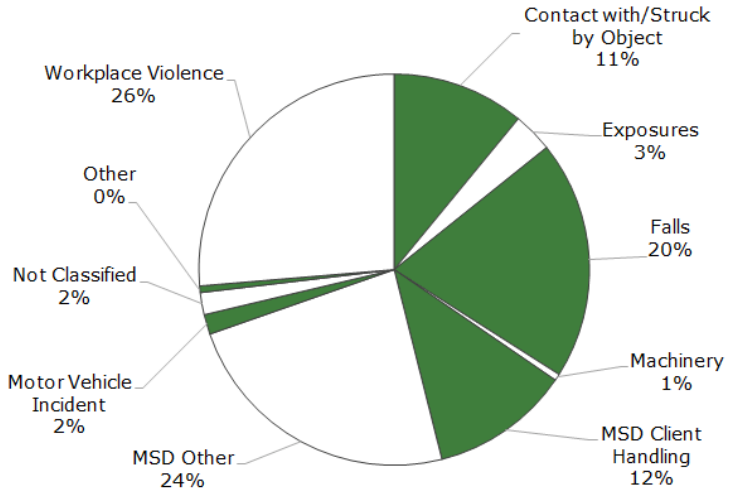

Table 16: LTIs by hazard for supported group living residences and other facilities, 2014

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/struck by object	60	11%
Exposures	18	3%
Falls	108	20%
Machinery	3	1%
MSD client handling	63	12%
MSD other	129	24%
Motor vehicle incidents	9	2%
Not classified	10	2%
Other (fires and explosions, transportation)	3	1%
Workplace violence	144	26%
Total	**547**	**100%**

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

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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.

Table 17 below shows how the number of lost time injuries (LTIs), non lost time injuries (NLTIs) and the LTI frequency rate have changed for treatment clinics and specialized services from 2010-2014.

Table 17: Treatment clinics and specialized services injury statistics

Statistics	2010	2011	2012	2013	2014
Total number of LTIs	711	669	696	701	645
LTI frequency rate	1.05	0.97	0.97	0.95	0.95
Total number of NLTIs	1,028	1,080	1,046	1,096	1,149

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, April 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

Common hazards in treatment clinics and specialized services include, but are not limited to:

- MSDs involving non-client handling
- slips, trips and falls
- contact with and struck-by-object injuries
- workplace violence
- transportation hazards (including motor vehicle incidents)
- exposures to hazardous biological, chemical and physical agents
- MSDs involving client handling (liftng, transferring and re-positioning patients/residents/clients)
- safety in transition of care
- needle and sharps safety
- infections and infectious diseases, and
- antineoplastic and other hazardous drugs.

Graph 10 and table 18 below show the most common occupational health and safety hazards for treatment clinics and specialized services in 2014, demonstrating the percentage of LTIs each of the hazards resulted in.

Graph 10: LTIs by hazard for treatment clinics and specialized services, 2014

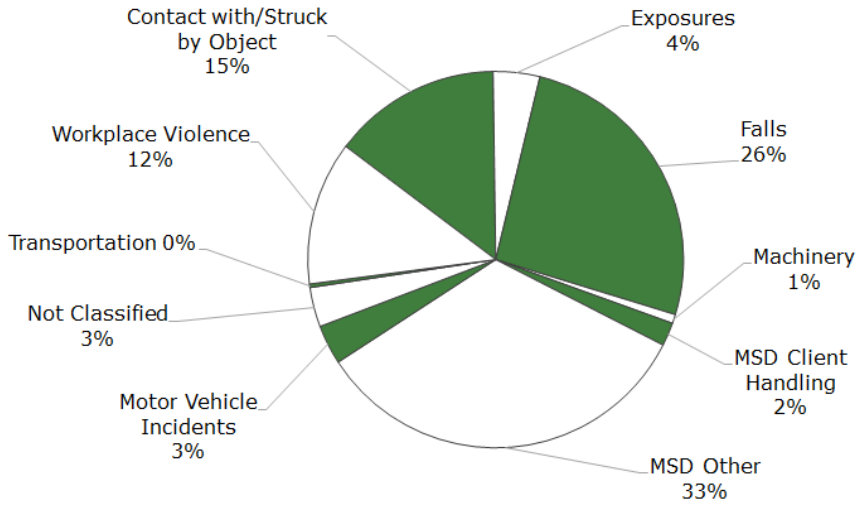

Table 18: LTIs by hazard for treatment clinics and specialized services, 2014

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/struck by object	94	15%
Exposures	26	4%
Falls	168	26%
Machinery	5	1%
MSD client handling	13	2%
MSD other	216	33%
Motor vehicle incidents	22	3%
Not classified	22	3%
Transportation	2	0%
Workplace violence	80	12%
Total	**648**	**100%**

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

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Professional offices and agencies

Professional offices and agencies include doctors' clinics, dental surgery clinics, other allied health professional clinics, and medical laboratories and specimen collection centres in a community setting. Activities include the private practice of medicine or a specialty of medicine — in individual or group practice — by registered physicians and surgeons.

Table 19 below shows how the number of lost time injuries (LTIs), non lost time injuries (NLTIs) and the LTI frequency rate have changed for professional offices and agencies from 2010-2014.

Table 19: Professional offices and agencies injury statistics

Statistics	2010	2011	2012	2013	2014
Total number of LTIs	264	257	272	243	206
LTI frequency rate	0.58	0.55	0.58	0.53	0.46

Total number of NLTIs	506	481	500	543	504

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, April 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

Common hazards in professional offices and agencies include, but are not limited to:

- slips, trips and falls
- MSDs involving non-client handling
- transportation hazards (including motor vehicle incidents)
- contact with and struck-by-object injuries
- workplace violence
- exposures to hazardous biological, chemical and physical agents
- MSDs involving client handling (lifting, transferring and re-positioning patients/residents/clients)
- needle and sharps safety, and
- infections and infectious diseases.

Graph 11 and table 20 below show the most common occupational health and safety hazards for professional offices and agencies in 2014, demonstrating the percentage of LTIs each of the hazards resulted in.

Graph 11: LTIs by hazard for professional offices and agencies, 2014

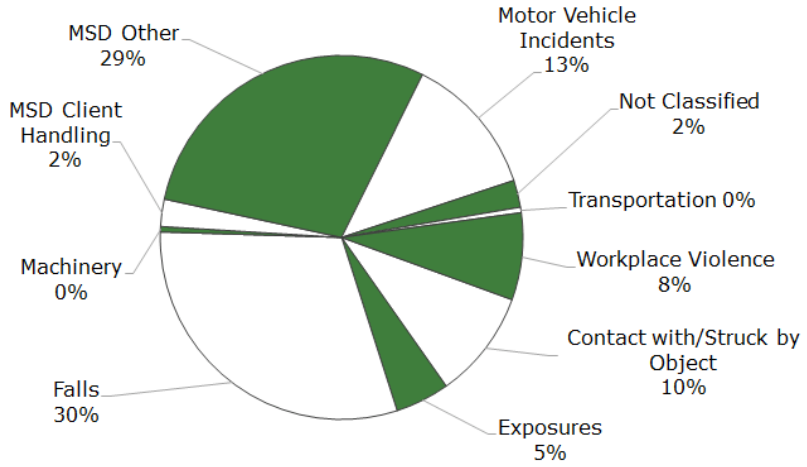

Table 20: LTIs by hazard for professional offices and agencies, 2014

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/struck by object	20	10%
Exposures	10	5%
Falls	63	30%
Machinery	1	0%
MSD client handling	5	2%
MSD other	60	29%
Motor vehicle incidents	26	13%
Not classified	5	2%
Transportation	1	0%
Workplace violence	16	8%
Total	**207**	**100%**

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

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[1] According to By the Numbers 2015: WSIB (Workplace Safety and Insurance Board) Statistical Report.

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Ontario
MINISTRY OF LABOUR

Health Care Sector Enforcement Statistics

Safe At Work Ontario

Issued: August 19, 2016
Content last reviewed: August 2016

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
- history of non-compliance, or
- certain workplace hazards.

The ministry maintains a database where inspectors record their visits to workplaces in conducting inspections, consultations and investigations, along with orders issued. Events that are reported to the ministry, including fatalities, critical injuries, complaints, work refusals, etc., are also recorded.

The ministry's Health Care Health and Safety Program analyzes these data when planning for enforcement initiatives and blitzes such as those outlined in this sector plan. A breakdown of the field visit activities conducted by inspectors and key categories of reported events at healthcare sector workplaces for the past five years are presented in the tables below.

Occupational health and safety inspectors:

- conduct proactive and reactive field visits, in either a lead or a support role.
- investigate each reported event, in part by conducting reactive field visits and issuing orders. This may include multiple field visits, including workplaces not categorized within their own occupational health and safety program.

A summary of activities of inspectors within this program, including those done as part of the *Safe At Work Ontario* blitzes and initiatives, is provided in Table 1.

Table 1: Health care sector field visit activities and orders issued

Program inspector activities	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Proactive − consultations	72	52	29	78	47
Proactive − inspections	2,058	1,700	1,420	1,680	1,837
Total proactive field visit activities	2,130	1,752	1,449	1,758	1,884
Total reactive field visit activities − investigations	1,726	1,796	1,694	2,063	2,066
Total field visit activities	3,856	3,548	3,143	3,821	3,950
Orders issued	4,625	3,710	3,340	4,494	4,834

Notes

- Proactive field visits are either inspections or consultations.
- Reactive field visits are investigations made in response to events reported to the Ministry of Labour. Events and injuries are listed in Table 2.
- Orders issued represent all those issued by ministry inspectors.
- Data are subject to change due to updates in the enforcement database.

Occupational health and safety events and injuries reported to the Ministry of Labour are summarized in Table 2. Only events reported to the ministry are included here. Except for fatalities, event categories in the ministry's data set are based on what was assigned at the time of the initial report to the ministry. The reported event category may not represent what actually occurred at the workplace.

Table 2: Health care sector events and injuries

OHS events and injuries	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Complaints	527	468	535	594	634
Work refusals	7	7	4	6	8
Fatalities	0	1	0	0	0
Critical injuries	75	93	98	124	85
Other injuries (i.e., non-critical)	225	231	252	295	315

Notes

- Fatalities: The Ministry of Labour tracks and reports fatalities at workplaces covered by the OHSA. This excludes death from natural causes, death of non-workers at a workplace, suicides, death as a result of a criminal act or traffic accident (unless the OHSA is also implicated) and death from occupational exposures that occurred many years ago.
- Critical injuries: The critical injury numbers represent critical injuries reported to the ministry and not necessarily critical injuries as defined by Regulation 834 under the OHSA. Non-workers who are critically injured may also be included in the ministry's data.
- Data are subject to change due to updates in the enforcement database.

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[1] According to By the Numbers 2015: WSIB (Workplace Safety and Insurance Board) Statistical Report.

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Ontario
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Priorities

Safe At Work Ontario

Issued: August 19, 2016
Content last reviewed: August 2016

System priorities

In December 2013, the Ministry of Labour (MOL) released its first Healthy and Safe Ontario Workplaces Strategy designed to guide the efforts of the:

- Workplace Safety and Insurance Board (WSIB)
- Health and Safety Associations, and
- MOL enforcement staff.

Safe At Work Ontario was refocused to:

- align with the priorities in the Healthy and Safe Ontario Workplaces Strategy and
- deliver on the Healthy and Safe Ontario Workplaces Strategy's overall goals, which are to target the areas of greatest need and to enhance service delivery.

The priorities set out in the Healthy and Safe Ontario Workplaces Strategy are:

1. assist the most vulnerable workers
2. support occupational health and safety improvements in small businesses
3. address the highest hazards that result in occupational injuries, illnesses or fatalities
4. build collaborative partnerships
5. integrate service delivery and system-wide planning
6. promote a culture of health and safety.

To support the *Safe At Work Ontario* strategy, below is a brief overview of 2016-2017 enforcement focus areas for inspectors who will visit workplaces.

Enforcement focus

Assist the most vulnerable workers

During the Ministry's annual *Safe At Work Ontario* consultation sessions, stakeholders stressed the importance of improving general occupational health and safety awareness and communication to workplaces. They highlighted the challenges facing vulnerable groups such as new immigrants and young workers, and raised concerns surrounding changing workplaces, including the aging workforce and precarious employment.

The ministry's Healthy and Safe Ontario Workplaces Strategy includes activities to target those at greatest risk. While all workers are vulnerable to injury, illness and fatality, some workers are at greater risk than others. Those who are at greatest risk may experience vulnerability through a combination of individual, workplace and work activity characteristics.

The ministry's Prevention Division is leading development of a comprehensive Vulnerability in the Workplace Action Plan to:

- address recommendations of the Vulnerable Worker Task Group, and
- support the needs of vulnerable workers in Ontario's workplaces.

The Vulnerable Worker Task Group provided advice on how to improve outreach to increase awareness of the Occupational Health and Safety Act (OHSA) and its regulations among vulnerable workers and their employers.

The Occupational Health and Safety Branch at the Ministry of Labour collaborates with the Prevention Division and the Vulnerable Worker Task Group. As part of the Vulnerability in the Workplace Action Plan, the ministry will continue to place a strong emphasis on assisting workplaces to:

- maintain a functioning internal responsibility system (IRS)
- provide training to all workers, and

- ensure workers understand their rights under the OHSA.

Health care workers may be vulnerable because of:

- personal and workplace conditions such as working in the community or working alone
- a lack of ability to change or control their work environments
- being young or new to a job.

Any new worker is up to three times more likely to be injured during the first month of a new job, according to the Institute for Work & Health. This includes any worker who is "new" to the set of tasks they are performing – even if it is a new job with the same employer.

Based on a ministry commissioned occupational health and safety market assessment, casual or contract employees are 46.7 per cent less likely to receive formal, structured health and safety training than their colleauges who hold permanent positions.

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

Resources/compliance support

- New and Young Workers
- Health and Safety Awareness Training for Workers and Supervisors

Support occupational health and safety improvements in small businesses

Small businesses face unique occupational health and safety challenges.

The ministry's Healthy and Safe Ontario Workplaces Strategy includes a Small Business Action Plan that contains activities to support health and safety improvements at small businesses. The plan was developed in collaboration with the ministry's occupational health and safety partners and a Small Business Task Group.

An update on the plan is included in the Occupational Health and Safety in Ontario 2014-2015 Annual Report.

During annual *Safe At Work Ontario* consultations, stakeholders mentioned that small businesses may be less aware of the legislation and may have fewer resources for complying with the legislation. They suggested that the ministry should continue developing simple resources and tools to assist small businesses.

The Small Business Task Group provided advice on how to improve small business outreach to help create healthy and safe workplaces. Emphasizing outreach and awareness, their report focuses on small businesses that lack the necessary knowledge to comply with the Occupational Health and Safety Act and its regulations.

The ministry will continue to support the Small Business Action Plan. It will do this by placing an added enforcement focus on small businesses to assist owners and workers with understanding their obligations complying with the OHSA.

According to the Public Services Health and Safety Association (PSHSA), approximately 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. These workplaces are included in the *Safe At Work Ontario* strategy to support and help improve the occupational health and safety programs in small businesses.

The PSHSA has developed a resource manual and tools to support small businesses. These can be downloaded free of charge.

Resources/compliance support

The MOL and the occupational health and safety system partners have many resources available to assist small businesses on a variety of topics.

The ministry continues to work with its system partners to develop new fact sheets, online tools and information guides. For updates on small business products and resources, please refer to the Small Business section on the MOL website.

- Health and Safety Checklist
- Health and Safety System Partners

Address the highest hazards that result in occupational injuries, illnesses or fatalities

Regardless of size, almost all Ontario workplaces employ workers who may be at risk of serious injury, illness or fatality.

Every year, the ministry plans provincial blitzes and enforcement initiatives based on stakeholder consultations, analysis of WSIB information and internal enforcement data. These planned activities are intended to raise awareness among workplace parties and mobilize the ministry's inspectorate to target workplace hazards in Ontario.

When blitzes or other enforcement initiatives are not under way, inspectors will still be inspecting workplaces for high hazards and workplace parties' compliance with the OHSA at Ontario's workplaces.

Workplace Violence Prevention in Health Care Leadership Table

Ontario has established a Workplace Violence Prevention in Health Care Leadership Table to better protect health care professionals on the job. Owing to the nature of their work, health care workers face a number of workplace hazards including violence. The Leadership Table brings together key stakeholders and experts, including labour unions and patient advocates, to provide advice on how to reduce and prevent workplace violence for health care professionals. Based on their advice, Ontario will develop an action plan to make hospitals safer, reduce incidents of workplace violence in hospitals and the broader health care sector, change attitudes toward workplace violence and improve workplace safety culture.

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Ontario
MINISTRY OF LABOUR

Enforcement Initiatives

Safe At Work Ontario

Issued: August 19, 2016
Content last reviewed: August 2016

Enforcement initiatives are part of the province's *Safe At Work Ontario* compliance strategy.

They may be announced to sectors in advance although individual workplaces are not identified in advance.

Results from province-wide initiatives are posted on the ministry's website. The initiatives are intended to raise awareness of workplace hazards and promote compliance with the Occupational Health and Safety Act (OHSA) and its regulations.

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.

In 2014, the Ministry of Labour (MOL) launched a health care enforcement initiative that focuses on the five most serious hazards in health care.

This initiative will continue to promote a healthy and safe work environment through 2017.

Addressing serious hazards in health care

The 2014-2017 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 targeted during previous blitz and campaign initiatives
- quantitative data collected from the Workplace Safety and Insurance Board (WSIB) and enforcement activities.

The initiative will include an evaluation of the internal responsibility system (IRS) and compliance with the Occupational Health and Safety Awareness and Training Regulation.

The health care sector experiences the second highest total number of lost time injuries (LTIs) in Ontario, according to WSIB data. As a result, the initiative will address the five most serious hazards and contributors to lost time injuries in health care, based on 2014 WSIB data[1]:

- musculoskeletal disorders (MSDs) – accounting for 38 per cent of LTIs
- slips, trips and falls – accounting for 19 per cent of LTIs
- exposures to hazardous biological, chemical and physical agents – accounting for 16 per cent of LTIs
- workplace violence – accounting for 11 per cent of LTIs
- contact with and struck-by-object injuries – accounting for 9 per cent of LTIs.

As part of *Safe At Work Ontario*, ministry inspectors will focus on the IRS as well as the five sector-specific workplace hazards. These hazards and issues are in line with priorities of the ministry's occupational health and safety system partners.

Please see the "major hazards and key health and safety priorities" section in this sector plan for more information on the IRS, five most serious hazards, LTI contributing factors, and resources.

The ministry's efforts to reduce and eliminate MSD hazards in Ontario workplaces will include an inspection focus on MSD hazards during Global Ergonomics Month (October 2016). Specifically, ministry inspectors and ergonomists will be focusing on MSD hazards in non-clinical settings in health care workplaces.

Employers have the prime responsibility for ensuring compliance with the OHSA and its regulations.

Inspection focus: major hazards and key issues in health care

Between 2014 and 2017, the ministry is inspecting every acute care hospital in Ontario.

In 2016-2017, ministry inspectors will continue to inspect for overall compliance with the OHSA and its regulations, such as the Health Care and Residential Facilities Regulation (O. Reg. 67/93) and the Needle Safety Regulation (O. Reg. 474/07).

Compliance with OHSA clause 25(2)(a) requires workers to receive information, instruction and supervision regarding safe work practices and conditions.

Employers of workplaces covered by O. Reg. 67/93 must:

- develop, establish and implement of written measures and procedures for the health and safety of workers, and
- provide training and educational programs to workers that are relevant to their work.

Measures, procedures and training must be developed in consultation with the workplace's joint health and safety committee (JHSC) or health and safety representative (HSR). Inspectors will also check that the workplace has addressed each of the major hazards and key issues identified in this sector plan.

As part of the inspection process, inspectors will also consider:

- information provided by workplace parties
- the workplace's lost time injury history
- "field intelligence" (information received by ministry inspectors at workplaces), and
- whether directors and officers of a corporation are complying with the requirements of OHSA section 32, which 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, see:

- OHSA section 32
- the ministry's Guide to the OHSA, and
- Who is a Supervisor under the Occupational Health and Safety Act?

The Public Services Health and Safety Association has an eLearning module for board members. By completing this eLearning module, board members will better understand their OHSA obligations and the penalties for non-compliance. Board members will also be introduced to the idea of health and safety as one of many critical organizational risks that must be managed and mitigated through formal oversight and demonstrated due diligence.

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 next section details the health and safety priorities that will be considered during the enforcement initiative, as well as other major hazards found in the health care sector.

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[1] WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

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Ontario
MINISTRY OF LABOUR

Major Hazards and Key Health and Safety Priorities

Safe At Work Ontario

Issued: August 19, 2016
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Ministry of Labour (MOL) inspectors initiate proactive inspections with an administrative compliance review and that may include, but is not limited to:

- internal responsibility system
- awareness training regulation
- competent supervision
- reporting occupational illnesses and diseases.

In 2016-17, MOL inspectors will focus on employer compliance with the major hazards and health and safety priorities listed on this page:

- Internal responsibility system
- The awareness training regulation
- The Noise regulation
- Musculoskeletal disorders (MSDs) involving non-client-handling
- MSDs involving client handling
- Slips, trips and falls
- Exposures to hazardous biological, chemical and physical agents
- Contact with and struck-by-object injuries
- Workplace violence
- Transportation hazards
- Safety in transition of care
- Competent supervision
- Needle and sharps safety
- Infections and infectious diseases
- Occupational illnesses and diseases
- Reporting occupational injuries and illnesses
- Workplace Hazardous Materials Information System
- Antineoplastic and other hazardous drugs
- Personal protective equipment
- Ventilation maintenance and monitoring
- Asbestos
- Common industrial hazards in health care workplaces
- Loading dock safety
- Construction hazards
- Vulnerable workers
- Emergency management

Internal responsibility system

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 in which 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 OHSA section 9.

This co-operative involvement helps support a well-functioning IRS.

Inspectors will check on employer compliance with the OHSA and its regulations. Ministry inspectors will continue to look for evidence of a strong IRS and a properly functioning JHSC when 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 OHSA clause 25(2)(c), 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 and safety in the workplace.

For more information on a supervisor's specific duties, see:

- OHSA section 27, 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 Checklist

Public Services Health and Safety Association

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:

- Certification Part 1
- Certification Part 2
- Effective Leadership Series
  - Book 1 – Legislation Standards and Codes
  - Book 2 – The Internal Responsibility System and Due Diligence
  - Book 3 – Hazard Awareness and Control
  - Book 4 – Incident/Event Causation and Investigation
  - Book 5 – Practical Approaches to Effective Leadership: Moving Beyond Compliance
- Health and Safety for Supervisors and Managers
- Health and Safety for Board Members eLearning

Tools:

- Small Business Health and Safety Programs

- Ten-Minute Health and Safety Program Check

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The awareness training regulation

Inspection focus

In 2016-17, inspectors will check on employer compliance with the Occupational Health and Safety Awareness and Training Regulation (O. Reg. 297/13) under OHSA.

As of 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.

Besides these 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

- Health and Safety Awareness Training for Workers and Supervisors

Public Services Health and Safety Association

- Mandatory Worker Awareness Training eLearning
- Mandatory Supervisor Awareness Training eLearning

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The Noise regulation

In 2016-17, inspectors will check on employer compliance with the the Noise Regulation (O. Reg. 381/15) under OHSA.

The Noise regulation came into effect on July 1, 2016, and extends noise protection requirements to all workplaces in Ontario under OHSA. It helps protect Ontario’s workers from noise-induced hearing loss, a leading cause of occupational disease for Ontario workers.

As of July 1, 2016, employers are required to put in place measures to reduce workers’ exposure based on a hierarchy of controls. Additionally, the noise regulation prescribes, for workers exposed to noise, a maximum time-weighted exposure limit of 85 decibels over an eight-hour work shift.

Besides these 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

Public Services Health and Safety Association

- Noise Exposure

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MSDs involving non-client-handling

Inspection focus

MSDs continued to account for the largest percentage of lost time injuries (LTIs) in the health care sector during 2014, according to Workplace Safety and Insurance Board (WSIB) data.[1] Inspectors will check on employer compliance with the OHSA and its regulations.

Employers must:

- know their workplaces' MSD injury record
- be aware of any MSD hazards
- take appropriate action to protect workers from MSD hazards
- ensure good maintenance of equipment
- provide information, instruction and supervision to workers on MSD hazards and the protective measures in place, and
- establish written measures and procedures for the protection of workers in accordance with sections 8 and 9 of O. Reg. 67/93 in consultation with the JHSC (or Health and Safety Representative), if the regulation applies to that workplace.

Other sections of O. Reg. 67/93 may also apply to the workplace. These may 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

Public Services Health and Safety Association

Fact sheets:

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

Community care web tutorials:

- Musculoskeletal Disorders

Training:

- A Participatory Approach to MSD Prevention
- Office Ergonomics: How to Conduct an Assessment
- eOfficeErgo: Ergonomics eLearning for Office Workers

Tools:

- Ergonomics in Healthcare: A Fitting Solution DVD

Others:

- Occupational Health Clinics for Ontario Workers - MSD Information

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

Inspection focus

Client handling injuries account for almost half of all MSDs in the health care sector.[2] Inspectors will check on employer compliance with the OHSA and its regulations.

Employers must ensure that workers:

- have equipment available to assist them in moving clients, patients or residents, and
- are trained in its use.

Employers regulated under O. Reg. 67/93, in consultation with the joint health and safety committee (JHSC) or health and safety representative (HSR), must establish written measures and procedures including but not limited to: assessing clients' mobility status, and 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.

Employers not covered by O. Reg. 67/93 must take all precautions reasonable in the circumstance to protect workers. This is required by OHSA clause 25(2)(h). These duties apply for preventing MSDs.

Resources/compliance support

Ontario Ministry of Labour

- Client Handling and Musculoskeletal Disorders in the Health Care Sector
- Video – Client Handling Health Care

Public Services Health and Safety Association

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
- Community Care Musculoskeletal Disorders

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Slips, trips and falls

Inspection focus

Slip, trips and falls accounted for 19 per cent of all LTIs in the health care sector in 2014 (1259 LTI claims).[3] Inspectors will check on employer compliance with the OHSA and its regulations.

Under the OHSA, all employers must:

- take every reasonable precaution in the circumstances to protect workers
- provide information and instruction, and
- ensure workers properly use or wear the required equipment.

In 2016-17, ministry 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. The goal is to decrease the risk of slip, trip and fall injuries.

Resources/compliance support

Ontario Ministry of Labour

- Prevent Slips, Trips and Falls in All Workplaces

Workplace Safety and Prevention Services

- Preventing Slips, Trips and Falls

Public Services Health and Safety Association

Community care web tutorials:

- Slips, Trips and Falls

Training:

- A Participatory Approach to Slips, Trips and Falls Prevention
- Working at Heights Training Program

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Exposures to hazardous biological, chemical and physical agents

Inspection focus

Inspectors will check on employer compliance with the OHSA and its regulations.

Hazardous biological and chemical agents at health care workplaces 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
- cryogenic gases.

Physical agents include:

- noise
- x-rays.

Exposure to these agents can occur during the provision of medical care and/or during routine activities such as housekeeping and construction activities.

Under the OHSA, all employers are required to:

- provide information, supervision and instruction to workers to protect their health and safety [clause 25(2)(a)], and
- take every precaution reasonable in the circumstances for the protection of workers [clause 25(2)(h)].

These duties apply to hazardous biological, chemical and physical agents in the workplace.

Employers covered by the O. Reg. 67/93, are required to:

- develop, establish and put into effect written measures and procedures to protect workers who may be exposed to hazardous biological, chemical and physical agents, in consultation with the JHSC or HSR, if any
- 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:
  - making Material Safety Data Sheets available (when applicable)
  - complying with prescribed procedures for safe use, handling and storage of hazardous chemical agents, specified gases and drugs
  - complying with prescribed worker education and training requirements
  - complying with prescribed and appropriate personal protective equipment (PPE), including training in its use, care, selection and limitations
  - developing a respiratory protection program
  - having emergency response procedures available in the event of a worker's exposure to antineoplastic agents
  - ensuring proper maintenance of anaesthetic gas scavenging systems, including monthly inspection for leakage
  - making available control measures such as biosafety cabinets for the preparation of antineoplastic agents.

For more information, please refer to the section on antineoplastic and other hazardous drugs.

Resources/compliance support

Ontario regulations

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

- Health Care and Residential Facilities (O. Reg. 67/93), which addresses anaesthetic gases and antineoplastic drugs in sections 96 and 97.

Public Services Health and Safety Association (see also WHMIS and infections section)

Fact sheets:

- Radiation: Awareness for Health Care Workers
- Radiation: Regulation and Application in Health Care Settings
- Medical Marijuana in the Workplace

Community care web tutorials:

- Chemicals

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Contact with and struck-by-object injuries

Inspection focus

Inspectors will check on employer compliance with the OHSA and its regulations. Workers can be injured when they are struck by objects or when other types of contact occurs. These hazards can occur in material handling, or due to improper machine guarding, or lack of lock out and tag out of equipment and machinery.

These injuries accounted for 9 per cent of all LTIs in 2014.[4]

Employers are responsible for:

- assessing the risk to workers, and
- developing and implementing measures and procedures for workers' 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

Workplace Safety & Prevention Services

- Machines, Tools and Equipment
- Hazard Assessment

Public Services Health and Safety Association

Training:

- Control of Energy Hazards

Community care web tutorials:

- Kitchen Hazards

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Workplace violence

Inspection focus

Health care workers are at increased risk of exposure to workplace violence due 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 11 per cent of all LTIs in the health care sector in 2014.[5] Inspectors will check on employer compliance with the OHSA and its regulations.

Under the OHSA, employers must:

- develop workplace violence and workplace harassment policies
- have programs to implement those policies
- 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.

Policies

All employers, who are subject to the OHSA, must prepare policies with respect to workplace violence and workplace harassment and review them at least once a year [subsection 32.0.1(1)].

In a workplace where there are six or more regularly employed workers, the policies are required to be in writing and posted in the workplace where workers are likely to see them [subsections 32.0.1(2) and (3)].

Programs

Employers must set up programs to implement the policies [subsection 32.02(1)]. A workplace violence program must include the following:

- measures and procedures to control risks identified in an assessment of risks
- measures and procedures for workers to report incidents of workplace violence
- measures and procedures for summoning immediate assistance, and
- how the employer will investigate and deal with incidents or complaints.

Specific duties regarding provision of information and instruction

Under the OHSA, an employer must provide appropriate information and instruction to workers on the contents of the workplace violence policy and program [subsection 32.0.5(2)]. All workers should be aware of the employer's workplace violence policy and program. Workers should:

- know how to summon immediate assistance
- know how to report incidents of workplace violence to the employer or supervisor
- know how the employer will investigate and deal with incidents, threats or complaints
- know, understand and be able to carry out the measures and procedures that are in place to protect them from workplace violence, and
- be able to carry out any other procedures that are part of the program.

Supervisors may need additional information or instruction, especially if they are going to follow up on reported incidents or complaints of workplace violence.

Assessment of risks for workplace violence

The employer must:

- assess the risk of workplace violence that may arise from the nature of the workplace, type of work or conditions of work [subsection 32.0.3(1)]
- take into account the circumstances of the workplace and circumstances common to similar workplaces, as well as any other elements prescribed in regulation [subsection 32.0.3(2)], and
- develop measures and procedures to control identified risks that are likely to expose a worker to physical injury. These measures and procedures must be part of the workplace violence program [clause 32.0.2(2)(a)].

The employer must advise the joint health and safety committee or health and safety representative of the assessment results. If the assessment is in writing, the employer must provide a copy to the committee or the representative [clause 32.0.3(3)(a)].

Employers must repeat the assessment as often as necessary to ensure the workplace violence policy and related program continue to protect workers from workplace violence [subsection 32.0.3(4)] and inform the joint health and safety committee, health and safety representative, or workers of the results of the re-assessment [subsection 32.0.3 (5)].

Please note that an assessment of the risks of workplace violence should be specific to the workplace.

Domestic violence

Employers who are aware of, or who ought reasonably to be aware of, domestic violence that would likely expose a worker to physical injury in the workplace must take every precaution reasonable in the circumstances to protect the worker [section 32.0.4].

General duties and application to workplace violence

The general duties under the OHSA for employers [section 25], supervisors [section 27] and workers [section 28] continue to apply with respect to workplace violence [section 32.0.5]. For example, workers would be required to report actual or potential hazards in the workplace relating to workplace violence to their employer or supervisor.

Other related information and instruction duties

Under the OHSA, an employer has a general duty to provide information, instruction and supervision to protect a worker [clause 25(2)(a)].

A supervisor has a duty to advise workers of any actual or potential occupational health and safety dangers of which the supervisor is aware [clause 27(2)(a)].

To protect workers, the employer must tailor the type and amount of information and instruction to the specific job and the associated risks of workplace violence.

Workers in jobs with a higher risk of violence may require more frequent or intensive instruction or specialized training.

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, and to reduce the measures and procedures for the health and safety of workers to writing.

For more information, see sections 8, 9 and 10 of the regulation.

Resources/compliance support

Ontario Ministry of Labour

- Workplace Violence and Harassment: Understanding the Law

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

- Guidance Note for Workplace Parties #8 - Workplace Violence (PDF)

Public Services Health and Safety Association

- Workplace Violence Web Portal

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 the OHSA
- 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

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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.

Inspectors will check on employer compliance with the OHSA and its regulations. All employers are required to put in place precautions that are reasonable in the circumstances to protect the health and safety of workers.

Employers should assess potential motor vehicle hazards. Employers covered by O. Reg. 67/93 must:

- put in place appropriate measures and procedures to prevent hazards
- provide worker training to reduce risk of motor vehicle incidents, and
- establish written measures and procedures, in consultation with the JHSC or HSR, for the maintenance of employer motor vehicles, as per O. Reg. 67/93 Sections 8 and 9.

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 OHSA clause 25(2)(h). These duties apply with respect to the prevention of motor vehicle incidents.

Resources/compliance support

Public Services Health and Safety Association

Fact sheets:

- Driving Safety for Health Care Providers

Community care web tutorials:

- Safe Driving

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Safety in transition of care

Inspection focus

Transition of care refers to the progression of patients, residents and clients from one health care setting to another as their condition and care changes during the course of a chronic or acute illness.

Transition 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.

Inspectors will check on employer compliance with the OHSA and its regulations.

Effective communication and training of staff involved in the provision of care is essential not only to 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

Public Services Health and Safety Association

Fact sheets:

- Transition of Care

Web tutorials:

- Transition of Care - Building a Safer System

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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.

An employer should consider actual power and responsibilities when determining whether a person may be considered a supervisor under the OHSA. This includes considering the person's authority rather than the job title. For example, a charge nurse may be a supervisor.

Under OHSA clause 25(2)(c), 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.

In 2016-17, ministry inspectors will check that employers are complying with the OHSA and regulations, including requirements for 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 OHSA
- "Supervisor Health and Safety Awareness in 5 Steps" Workbook and Employer Guide
- Who is a Supervisor under the Occupational Health and Safety Act?

Public Services Health and Safety Association

Fast facts:

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

Training:

- Effective Leadership Series
- Health and Safety for Supervisors and Managers

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Needle and sharps safety

Inspection focus

In Ontario, the Needle Safety Regulation (O. Reg. 474/07), requires the use of safety-engineered needles in place of hollow-bore needles in:

- hospitals
- long-term care homes
- laboratories, and
- specimen collection centres.

The regulation also requires the use of a safety-engineered needle any time a worker must use a hollow-bore needle on a person for therapeutic, preventative, palliative, diagnostic or cosmetic purposes.

Health care workers are also at risk of injury from other sharp medical devices such as:

- scalpels
- solid needles
- medical instruments, and
- other materials.

Inspectors will check on employer compliance with the OHSA and its regulations. Employers must ensure 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

- O. Reg. 474/07 Needle Safety

Public Services Health and Safety Association

Resource guides:

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

Fact sheets:

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

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Infections and infectious diseases

Inspection focus

Health care workers may develop disease through exposure to:

- infectious materials
- body substances
- contaminated medical supplies/equipment
- contaminated environments.

Transmission of infectious diseases occurs through injuries from sharps, direct or indirect contact as well as by droplet and airborne exposures.

In 2016-17, the ministry will continue to focus on protecting workers from infectious diseases. Inspectors will check on employer compliance with the OHSA and its regulations.

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.

In workplaces where the O. Reg. 67/93 applies, 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 sheet:

- Infection Prevention and Control

Public Services Health and Safety Association

Ebola resources:

- Ebola Virus Disease

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:

- Training the Fit Tester for Respiratory Protection

Ministry of Health and Long Term Care

- Managing Influenza in Health Care Settings
- MERS-CoV (Novel Coronavirus)
- Ebola Virus Disease

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Occupational illnesses and diseases

Inspection focus

In Ontario, occupational disease accounts for more occupational fatalities than traumatic occupational injuries across all sectors.

In 2014, 167 claims were allowed by the WSIB for deaths related to occupational disease. One of these claims was in the health care sector.[6]

Exposure to chemical, biological and physical agents are among the five most serious hazards in health care,[7] according to an analysis of WSIB injury data by the Public Services Health and Safety Association.

Of key concern are work-related:

- asthma
- skin disease (dermatitis), and
- occupational infections.

Work-related asthma (WRA) is caused or triggered by inhaling one or more substances in the workplace. There are two types of work-related asthma. The first type, occupational asthma (OA), occurs when a substance at work causes the worker's asthma. It may occur after a long period of exposure to chemicals, or result from a sudden chemical spill or leak. Health care workers are at risk of developing asthma from sensitizers in the workplace such as latex, certain drugs, sterilizing agents, disinfectants, glutaraldehyde and formaldehyde. The second type of asthma, work-exacerbated asthma (WEA), occurs when a worker already has asthma and it worsens because of irritants or other exposures/factors in the workplace like dust, smoke and cold temperatures.

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.

Health care workers are also at risk of contracting occupational infections in the workplace. Influenza, tuberculosis, hepatitis and gastroenteritis are examples of occupational infections that may develop following contact with infectious diseases. Outcomes are better for occupational asthma and contact dermatitis if there is early recognition and avoidance of exposure. Preventing transmission of infections to workers with a good infection prevention and control program would eliminate occupational infections.

Inspectors will check on employer compliance with the OHSA and its regulations. 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

Public Services Health and Safety Association

Fact sheets:

- Occupational Illness: Requirements to Report to the Ministry of Labour
- Asthma Fast Fact

Training:

- Work-Related Contact Dermatitis and You eLearning

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

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

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Reporting occupational injuries and illnesses

Inspection focus

Inspectors will check on employer compliance with the OHSA and its regulations. Under OHSA sections 51 and 52, an employer must notify the ministry, JHSC or HSR and trade union (if any) if workplace injuries or illnesses occur. This includes:

- providing immediate notice of any critical injuries or fatalities
- within 48 hours, providing a written report regarding critical injuries or fatalities
- providing a written report of any occupational illness (including occupational infections) within four days of the employer learning of the illness.

If an accident, explosion, fire or incident of workplace violence occurs and a worker is disabled from performing his or her work or requires medical attention, but no one dies or is critically injured, the employer must notify the joint health and safety committee (or health and safety representative) and the union, if any, within four days of the incident. If required by the inspector, this notice must also be given to a Director of the ministry.

OHSA sections 51 and 52 specify that the notice must include certain details. The details that must be included in a report are specified in sector-specific regulations. For example, section 5 of O. Reg. 67/93 outlines illness reporting requirements for workplaces covered by that regulation.

Employers must:

- be aware of their reporting obligations, and
- take appropriate action to ensure that reporting requirements are met.

In 2016-17, 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

Public Services Health and Safety Association

Fact sheets:

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

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Workplace Hazardous Materials Information System

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.

WHMIS is changing to adopt new international standards for classifying hazardous chemicals and providing information on labels and safety data sheets. These new international standards are part of the Globally Harmonized System for the Classification and Labelling of Chemicals and are being phased in across Canada between February 2015 and December 2018. For further details please see: FAQs: Workplace Hazardous Materials Information System 2015.

Inspectors will check on employer compliance with the OHSA and its regulations.

The provincial WHMIS Regulation (Reg. 860) contains three core sections on:

- product labels
- Material Safety Data Sheets
- worker education.

In addition, OHSA section 42 requires employers to provide:

- instruction and training which is developed and implemented in consultation with the JHSC (or HSR)
- 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
- WHMIS Classes and Hazard Symbols

Public Services Health and Safety Association

Fact sheets:

- WHMIS 2015 Fast Facts

Posters:

- Consumer Symbols

eLearning:

- WHMIS 2015 eLearning

Training:

- WHMIS

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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.

Inspectors will check on employer compliance with the OHSA and its regulations. Employers covered by O. Reg. 67/93 must 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, as required by section 97. This must be done in consultation with the JHSC (or HSR), if any.

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 to 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

Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales (ASSTSAS)

- Prevention Guide - Safe Handling of Hazardous Drugs (PDF)

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 2014 (PDF)

CDC

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

Cancer Care Ontario

- Safe Handling of Cytotoxic Drugs (PDF)

Public Services Health and Safety Association

White paper:

- Safe Handling of Hazardous Drugs in Healthcare

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Personal protective equipment

Inspection focus

Inspectors will check on employer compliance with the OHSA and its regulations:

- Under the OHSA, employers must ensure that personal protective equipment (PPE) that is provided is maintained in good condition and is used as required by the employer or by regulations.
- Workers have a responsibility under the OHSA to use the protective clothing, equipment or devices required by the employer.
- For workplaces covered by O. Reg. 67/93 employers must also ensure that PPE is:
  - properly used and maintained
  - properly fitted
  - inspected for damage or deterioration, and
  - stored in a convenient, clean and sanitary location when not in use.

Workers must:

- be instructed and trained on its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter
- participate in the instruction and training provided by the employer.

Employers must develop, establish and put into effect written measures and procedures for the use, wearing and care of personal protective equipment and its limitations. This must be done in consultation with the JHSC or HSR, if any.

Personal projective equipment can include:

- respirators
- head protection
- eye protection
- foot protection
- protective aprons

- protective collars
- gowns
- gloves
- fall arrest systems.

In 2016-17, ministry inspectors will check that employers and supervisors have selected PPE that is appropriate for the hazard and that the equipment is providing an appropriate level of protection for the worker.

Resources/compliance support

Public Services Health and Safety Assocation

Training:

- Personal Protective Equipment (PPE) eLearning

Workplace Safety & Prevention Services

- Personal Protective Equipment (PPE)

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Ventilation maintenance and monitoring

Inspection focus

Inspectors will check on employer compliance with the OHSA and its regulations. Employers covered by O. Reg. 67/93 must ensure that:

- any mechanical ventilation system is inspected every six months by a person who is qualified by training and experience
- the inspection report is filed with the employer and the JHSC (or HSR)
- any mechanical ventilation system, such as a cooling tower, undergoes regular and preventative maintenance to prevent proliferation or colonization of Legionella bacteria in the system.

In 2016-17, inspectors will check that health care workplaces are complying with the ventilation requirements in sections 19 and 20 of O. Reg. 67/93.

Employers not covered by O. Reg. 67/93 must take all precautions reasonable in the circumstances to protect their workers, as required by OHSA clause 25(2)(h). 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

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Asbestos

Inspection focus

Older health care facility buildings may have asbestos-containing materials (ACM). Inspectors will check on employer compliance with the OHSA and its regulations.

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
- the building owner to establish a record containing the location and condition of actual or suspected ACM
- the record to be updated at least once annually and whenever the owner is aware of new information related to the ACM
- 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

Public Services Health and Safety Association

Training:

- Asbestos Awareness eLearning

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Common industrial hazards in health care workplaces

Inspection focus

Common industrial hazards found in health care workplaces can include:

- entanglement, pinch and “struck-by object” hazards involving 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)
- electrical, pneumatic, hydraulic or kinetic stored energy hazards with insufficient lockout/tag out systems.

Inspectors will check on employer compliance with the OHSA and its regulations. Some industrial type hazards in health care settings are not specifically addressed under the OHSA or O. Reg. 67/93.

For these workplaces, employers must:

- take all precautions reasonable in the circumstances for the protection of workers, as required by OHSA clause 25(2)(h)
- identify all workplace hazards
- assess the risk to workers associated with the hazards
- implement measures and procedures to control the hazards
- provide workers with appropriate information and instruction, and
- provide workers with training and educational programs, when required by O. Reg. 67/93.

Resources/compliance support

Workplace Safety & Prevention Services

- Machines, Tools and Equipment
- Hazard Assessment

Public Services Health and Safety Association

Fact sheets:

- What is Confined Space?

Training:

- Confined Space Entry Regulation 632/05
- Confined Space Entry Regulation 632/05 Refresher

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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 falls, WHMIS, poor lighting,

equipment safety and the development of MSDs. Workers can be seriously injured as a result of these hazards. Inspectors will check on employer compliance with the OHSA and its regulations.

Resources/compliance support

Public Services Health and Safety Association

Fact sheets:

- Loading Dock Safety

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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 health care workers by having a comprehensive plan to protect their staff during a construction project. Construction areas should be clearly delineated and separated by fencing or other measures to prevent unrestricted access. Ministry of Labour construction health and safety inspectors enforce the OHSA and its regulations at construction projects across the province for the protection of construction workers, including at construction projects located in health care facilities. Details are given in the Construction Sector Plan. Inspectors will check on employer compliance with the OHSA and its regulations.

Health care workplaces covered by O. Reg. 67/93 must have written measures and procedures in place to protect health care workers' health and safety. These could include:

- plans for pre- and post-construction hazard risk assessments
- hazard communication procedures
- infection prevention and control measures
- appropriate procedures to be taken during construction
- controls limiting interaction between the construction work and health care staff
- controlled access and egress in 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.

The employer in a 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

Public Services Health and Safety Association

Tools:

- Health and Safety Checklist for Construction Projects in your Workplace

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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.

Inspectors will check on employer compliance with the OHSA and its regulations. In 2016-17, ministry inspectors will pay special attention to health and safety measures to prevent injuries of new and young workers.

The MOL considers new workers to be those who, regardless of age, have been on the job for less than six months or who have been assigned to a new job and considers anyone between 14-24 years of age to be a young worker.

For employers in workplaces covered by O. Reg. 67/93, the education and training programs must be developed in consultation with the JHSC or HSR.

Resources/compliance support

Ontario Ministry of Labour

- New and Young Workers
- Young Workers - It's Your Job

Public Services Health and Safety Association

Community care tutorials:

- A Tool to Reduce Workplace Hazards

Fact sheets:

- Young Worker Orientation

Tools:

- Seven Step Assessment for New and Young Workers
- Cooperative Education Quiz
- New Worker Health and Safety Checklist

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Emergency management (preparedness, response and recovery)

Inspection focus

Inspectors will check on employer compliance with the OHSA and its regulations.

Under OHSA, employers not covered by the O. Reg. 67/93 must:

- take every precaution reasonable in the circumstances to protect workers from hazards at all times, including during an emergency, and
- 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 worker health and safety, including training and educational programs
- a risk assessment to develop:
  - emergency measures and procedures, and
  - training and educational programs.

Resources/compliance support

Ministry of Health and Long Term Care

- Emergency Planning and Preparedness

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[1] [2] [3] [4] [5] [7] WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

[6] According to By the Numbers 2015: WSIB (Workplace Safety and Insurance Board) Statistical Report.

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Ontario
MINISTRY OF LABOUR

Resources

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Ministry of Labour

Ministry of Labour Health and Community Care

Legislation

The occupational health and safety legislation that applies to the health care sector may include the following:

- Occupational Health and Safety Act (OHSA)
- 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)

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

Members for organized labour:

- Unifor
- Canadian Union of Public Employees (CUPE)
- Ontario Federation of Labour (OFL)
- Ontario Nurses' Association (ONA)
- Ontario Public Service Employees Union (OPSEU)
- Service Employees International Union (SEIU)

Members for employers:

- Ontario Association of Community Care Access Centres (OACCAC)
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)
- Ontario Community Support Association (OCSA)
- Ontario Home Care Association (OHCA)
- Ontario Hospital Association (OHA)
- Ontario Long Term Care Association (OLTCA)

Observers:

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

Facilitator:

- The Ministry of Labour (MOL)

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

Health and safety system partners

- Ministry of Labour (MOL)
- Workplace Safety and Insurance Board (WSIB)
- Occupational Health Clinics for Ontario Workers (OHCOW)

- Workers Health and Safety Centre (WHSC)
- Institute for Work and Health (IWH)
- Infrastructure Health and Safety Association (IHSA)
- Public Services Health and Safety Association (PSHSA)
- Workplace Safety North (WSN)
- Workplace Safety and Prevention Services (WSPS)

Learn more about our health and safety system partners.

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