Health care sector plan 2017-18

The plan lists health and safety priorities, describes the planned inspection blitzes and enforcement initiatives, and explains what inspectors will focus on during inspections at health and community care workplaces.

Introduction

Safe At Work Ontario is a Ministry of Labour (MOL) initiative to raise awareness of and 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.

This 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 sector plans for 2017-2018 describe sector-specific hazards and compliance issues, and the MOL's enforcement focus for inspections in each sector for the upcoming fiscal year.

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

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

As of September 8, 2016, employers have additional duties with respect to workplace harassment, including a requirement to appropriately investigate workplace harassment incidents and complaints. The MOL has a Dedicated Harassment Enforcement Team (DHET) of Inspectors enforcing this new amended legislation.

New resources are available on the MOL site to assist employers and workers with the workplace harassment requirements under OHSA. A Code of practice under OHSA has been developed to help employers in developing their own workplace–specific harassment policies and programs to comply with the law.

Effective July 1, 2016, *O. Reg. 381/15 - Noise Regulation* under the OHSA replaced the noise protection requirements set out in the regulations for *Industrial Establishments*, *Mines and Mining Plants*, and *Oil and Gas-Offshore* and extends noise protection requirements to all provincially regulated workplaces.

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. However, each workplace is unique and the circumstances found by an inspector may result in a different inspection focus. It also contains additional background information on hazards as well as tools and resources relevant for those hazards.

Additionally, there is an overview of the number of critical injuries and fatalities reported to the ministry for each sector in Ontario. Also included are the number of work refusals and complaints reported to the Ministry of Labour's Health and Safety Contact Centre and the number of field visits and orders issued by Ministry of Labour inspectors for each 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.

Contact the ministry from 8:30 a.m. to 5 p.m., Monday to 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.

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

Ontario's health care industry

The health care sector faces some key challenges which could significantly affect worker health, lost-time injury (LTI) rates (injuries that result in lost time at work) and non lost time injury (NLTI) rates (injuries that do not 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

Health care sector injury statistics

Some quick facts

- More than 850,000 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 for lost time injuries (LTIs) among all sectors in Ontario.
- Health care ranks fifth highest for LTI rates among all sectors in Ontario.

The LTI rate in the health care sector was 1.27 per 100 workers, in 2015. This ranks above the overall LTI rate in Schedule 1 employers, but is a decrease from the 2014 health care LTI rate of 1.34 per 100 workers.

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 2011-2015. Over this time, the LTI frequency rate for the health care sector has decreased by 0.24.

Table 1: Ontario health care injury statistics

Statistics	**2011**	**2012**	**2013**	**2014**	**2015**
Total number of LTIs	6,969	7,393	6,725	6,579	6,464
LTI frequency rate	1.51	1.54	1.39	1.34	1.27
Total number of NLTIs	13,293	13,749	14,162	14,694	14,195

Source: Workplace Safety and Insurance Board (WSIB) Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema and Firm Expense Schema, December 2016 data snapshot for all years, 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

2010	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
747,600	767,100	782,500	807,500	816,300	828,600	855,300

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: January 31, 2017).

Table 3 below shows how the LTI counts have changed for the most common occupational health and safety hazards in the health care sector from 2011–2015.

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

PSHSA injury type	2011	2012	2013	2014	2015
Contact with/struck by object	639	678	670	611	643
Exposures	864	1,260	934	1,061	1,076
Falls	1,216	1,155	1,210	1,259	1,095
Fires and explosions	2	6	2	1	2
Machinery	56	58	63	83	63
Musculoskeletal disorders: client handling	1,330	1,230	1,137	1,142	1,099
Musculoskeletal disorders: other	1,763	1,845	1,595	1,390	1,330
Motor vehicle incidents	121	155	155	147	134
Not classified	164	238	211	141	195
Not coded	2	7	12	8	10
Transportation	12	15	20	13	16
Workplace violence	658	624	638	680	755

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, rolling June 2012 to 2016 data snapshots, courtesy of Public Services Health and Safety Association (PSHSA).

Table 4 below shows the most common occupational health and safety hazards for the health care sector, demonstrating the percentage of LTIs each of the hazards resulted in.

Table 4: 2015 LTIs by hazard across health care

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/Struck by object	643	10%
Exposures	1,076	17%
Falls	1,096	17%
Machinery	63	1%
Musculoskeletal disorder: client handling	1,099	17%
Musculoskeletal disorder: other	1,330	21%
Motor vehicle incidents	134	2%
Not classified	195	3%
Other (fires and explosions, not coded, transportation)	29	0%
Workplace violence	755	12%
Total	6,420	

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 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 MOL 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.

Table 5 below shows how the LTI counts have changed for all of the health care settings (rate groups) from 2011-2015.

Table 5: Health care allowed Schedule 1 LTI counts by rate group

Rate group	2011	2012	2013	2014	2015
Long-term care homes	1,840	2,137	1,844	1,720	1,747
Retirement homes	225	230	216	304	319
Hospitals	2,539	2,524	2,201	2,164	2,049
Nursing services	802	900	897	971	817
Supported group residences and other facilities	631	634	620	549	529
Treatment clinics and specialized services	675	696	703	656	780
Professional offices and agencies	257	272	244	214	223

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema and Firm Experience Schema, December 2016 data snapshot for all years, courtesy of Public Services Health and Safety Association (PSHSA)

Table 6 below shows how the LTI frequency rates have changed for all of the health care settings (rate groups) from 2011-2015.

Table 6: Health care sector: LTI frequency by rate group (2011-2015)

Rate group	2011	2012	2013	2014	2015
Long-term care homes	2.56	2.85	2.47	2.27	2.24
Retirement homes	1.72	1.65	1.48	2.02	2.01
Hospitals	1.28	1.23	1.07	1.04	0.96
Nursing services	1.88	1.85	1.79	1.85	1.53
Supported group living residences and other facilities	3.44	3.33	3.2	2.92	2.74
Treatment clinics and specialized services	0.97	0.97	0.95	0.86	0.94
Professional offices and agencies	0.55	0.58	0.53	0.47	0.46

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema and Firm Experience Schema, December 2016 data snapshot for all years, courtesy of Public Services Health and Safety Association (PSHSA)

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 (MOHLTC) 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 2011-2015.

Table 7: Long-term care homes injury statistics

Statistics	2011	2012	2013	2014	2015
Total number of LTIs	1,840	2,137	1,844	1,720	1,747
LTI frequency rate	2.56	2.85	2.47	2.27	2.24
Total number of NLTIs	3,624	3,635	3,678	3,731	3,822

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema and Firm Expense Schema, December 2016 data snapshot for all years, courtesy of Public Services Health and Safety Association (PSHSA).

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

- exposures to hazardous biological, chemical and physical agents
- musculoskeletal disorders (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

Table 8 below show the most common occupational health and safety hazards for long-term care homes in 2015, demonstrating the percentage of LTIs each of the hazards resulted in.

Table 8: LTIs by hazards for long-term care homes, 2015

Hazard	Number of LTIs	Percentage of total LTIs
Contact with/Struck by object	127	7%
Exposures	540	31%
Falls	198	11%

Hazard	Number of LTIs	Percentage of total LTIs
Machinery	7	0%
Musculoskeletal disorders: client handling	380	22%
Musculoskeletal disorders: other	274	16%
Not classified	45	3%
Other (motor vehicle incidents, transportation, not coded)	4	0%
Workplace violence	157	9%
Total	1732	

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA).

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

- 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.

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 LTIs, NLTIs and the LTI frequency rate have changed for retirement homes from 2011-2015.

Table 9: Retirement homes injury statistics

Statistics	2011	2012	2013	2014	2015
Total number of LTIs	225	230	216	304	319
LTI frequency rate	1.72	1.65	1.48	2.02	2.01
Total number of NLTIs	357	318	366	382	391

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema and Firm Expense Schema, December 2016 data snapshot for all years, 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 LTI 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.

Table 10 below show the most common occupational health and safety hazards for retirement homes (homes for residential care) in 2015, demonstrating the percentage of LTIs each of the hazards resulted in.

Table 10: LTIs by hazard for retirement homes, 2015

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/Struck by object	22	7%
Exposures	117	37%
Falls	45	14%
Machinery	8	3%
Musculoskeletal disorders: client handling	51	16%
Musculoskeletal disorders: other	59	19%
Other (MVI, fires & explosions)	3	1%
Not classified	7	2%
Workplace violence	5	2%
Total	317	

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA).

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

- safety in transition of care
- needle and sharps safety
- infections and infectious diseases
- occupational illnesses and diseases
- asbestos and
- loading dock safety.

Hospitals

Hospitals are the largest employers in the health care sector. 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 LTIs, NLTIs and the LTI frequency rate have changed for hospitals from 2011-2015.

Table 11: Hospitals injury statistics

Statistics	2011	2012	2013	2014	2015
Total number of LTIs	2,539	2,524	2,201	2,164	2,049
LTI frequency rate	1.28	1.23	1.07	1.04	0.96
Total number of NLTIs	5,577	5,974	5,960	6,145	5,765

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema and Firm Expense Schema, December 2016 data snapshot for all years, courtesy of Public Services Health and Safety Association (PSHSA).

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

- MSDs involving non-client handling
- MSDs involving client handling (lifting, 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.

Table 12 below show the most common occupational health and safety hazards for hospitals in 2015, demonstrating the percentage of LTIs each of the hazards resulted in.

Table 12: LTIs by hazards for hospitals, 2015

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/Struck by object	218	11%
Exposures	321	16%
Falls	309	15%
Machinery	36	2%
Musculoskeletal disorders: client handling	388	19%
Musculoskeletal disorders: other	404	20%
Motor vehicle incidents	8	0%
Not classified	58	3%
Other (not coded, transportation, fires & explosions)	9	0%
Workplace violence	282	14%
Total	2033	

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA).

Other common hazards in hospitals include, but are not limited to:

- 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).

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 LTIs, NLTIs and the LTI frequency rate have changed for nursing services from 2011-2015.

Table 13: Nursing services injury statistics

Statistics	2011	2012	2013	2014	2015
Total number of LTIs	802	900	897	971	817
LTI frequency rate	1.88	1.85	1.79	1.85	1.53
Total number of NLTIs	1,321	1,436	1,623	1,864	1,865

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema and Firm Expense Schema, December 2016 data snapshot for all years, 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 LTI hazards in nursing services include, but are not limited to:

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

Table 14 below show the most common occupational health and safety hazards for nursing services in 2015, demonstrating the percentage of LTIs each of the hazards resulted in.

Table 14: LTIs by hazards for nursing services, 2015

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/Struck by object	57	7%
Exposures	26	3%
Falls	183	23%
Musculoskeletal disorders: client handling	189	23%
Musculoskeletal disorders: other	204	25%

Hazards	Number of LTIs	Percentage of total LTIs
Motor vehicle incidents	64	8%
Not classified	36	4%
Other (not coded, transportation, machinery)	9	1%
Workplace violence	42	5%
Total	810	

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA).

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

- safety in transition of care
- needle and sharps safety
- infections and infectious diseases and
- occupational illnesses and diseases.

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 LTIs, NLTIs and the LTI frequency rate have changed for supported group living residences and other facilities from 2011-2015.

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

Statistics	2011	2012	2013	2014	2015
Total number of LTIs	631	634	620	549	529
LTI frequency rate	3.44	3.33	3.2	2.92	2.74
Total number of NLTIs	849	834	894	915	779

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema and Firm Expense Schema, December 2016 data snapshot for all years, courtesy of Public Services Health and Safety Association (PSHSA).

Common LTI hazards in supported 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
- transportation hazards (including motor vehicle incidents)
- exposures to hazardous biological, chemical and physical agents.

Table 16 below show the most common occupational health and safety hazards for supported group living residences and other facilities (group homes) in 2015, demonstrating the percentage of LTIs each of the hazards resulted in.

Table 16: LTIs by hazards for supported group living residences and other facilities, 2015

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/Struck by object	57	11%
Exposures	10	2%
Falls	89	17%
Machinery	3	1%
Musculoskeletal disorders: client handling	65	12%
Musculoskeletal disorders: other	119	22%
Motor vehicle incidents	15	3%
Not classified	12	2%
Other (not coded, transportation)	3	1%
Workplace violence	157	30%
Total	530	

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA).

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

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

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 LTIs, NLTIs and the LTI frequency rate have changed for treatment clinics and specialized services from 2011-2015.

Table 17: Treatment clinics and specialized services injury statistics

Statistics	2011	2012	2013	2014	2015
Total number of LTIs	675	696	703	656	780
LTI frequency rate	0.97	0.97	0.95	0.86	0.94
Total number of NLTIs	1,080	1,048	1,097	1,151	1,114

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema and Firm Expense Schema, December 2016 data snapshot for all years, courtesy of Public Services Health and Safety Association (PSHSA).

Common LTI 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
- exposures to hazardous biological, chemical and physical agents
- transportation hazards (including motor vehicle incidents)
- MSDs involving client handling (lifting, transferring and re-positioning patients/residents/clients).

Table 18 below show the most common occupational health and safety hazards for treatment clinics and specialized services in 2015, demonstrating the percentage of LTIs each of the hazards resulted in.

Table 18: LTIs by hazard for treatment clinics and specialized services, 2015

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/Struck by object	127	16%
Exposures	37	5%
Falls	210	27%
Machinery	5	1%
Musculoskeletal disorders: client handling	19	2%
Musculoskeletal disorders: other	220	28%
Motor vehicle incidents	27	3%
Not classified	32	4%
Transportation	4	1%
Workplace violence	95	12%
Total	776	

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA).

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

- safety in transition of care
- needle and sharps safety
- infections and infectious diseases and
- antineoplastic and other hazardous drugs.

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 LTIs, NLTIs and the LTI frequency rate have changed for professional offices and agencies from 2011-2015.

Table 19: Professional offices and agencies injury statistics

Statistics	2011	2012	2013	2014
Total number of LTIs	257	272	244	214
LTI frequency rate	0.55	0.58	0.53	0.47
Total number of NLTIs	480	500	542	502

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema and Firm Expense Schema, December 2016 data snapshot for all years, courtesy of Public Services Health and Safety Association (PSHSA).

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

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

Table 20 below shows the most common occupational health and safety hazards for professional offices and agencies in 2015, demonstrating the percentage of LTIs each of the hazards resulted in.

Table 20: LTIs by hazard for professional offices and agencies, 2015

Hazards	Number of LTIs	Percentage of total LTIs
Contact with/Struck by object	35	16%
Exposures	25	11%
Falls	62	28%
Other (machinery, not coded, transportation)	4	2%
Musculoskeletal disorders: client handling	7	3%
Musculoskeletal disorders: other	50	23%
Motor vehicle incidents	17	8%
Not classified	5	2%
Workplace violence	17	8%
Total	222	

Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

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

- needle and sharps safety and
- infections and infectious diseases.

Health care sector enforcement statistics

Ministry of Labour (MOL) inspectors enforce the *Occupational Health and Safety Act* (OHSA) and its regulations at provincially regulated workplaces across the province. As part of the Safe At Work Ontario strategy, they focus on specific sectors where there are:

- high injury rates
- history of non-compliance, or
- certain workplace hazards.

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, as required. This may include multiple field visits, including workplaces not categorized within their own occupational health and safety program.

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 MOL analyzes available 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 for the past five fiscal years are presented in the tables below.

A summary of activities of inspectors within this program, including those conducted 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	**2012-2013**	**2013-2014**	**2014-2015**	**2015-2016**	**2016-2017**
Proactive − consultations	52	29	78	47	28
Proactive − inspections	1,700	1,420	1,680	1,837	852
Total proactive field visit activities	1,752	1,449	1,758	1,884	880
Total reactive field visit activities − investigations	1,796	1,694	2,063	2,066	566
Total field visit activities	3,548	3,143	3,821	3,950	1,446
Orders issued	3,710	3,340	4,494	4,834	4,077

Notes

- “Proactive field visits” are either inspections or consultations.
- “Reactive field visits” are investigations made in response to events reported to the MOL. Events and injuries are listed in Table 2.
- “Orders issued” represent all those issued by ministry inspectors.
- Data 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

Occupational health and safety events and injuries	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Complaints	468	535	594	634	735
Work refusals	7	4	6	8	5
Fatalities	1	0	0	0	0
Critical injuries	93	98	124	85	128
Other injuries (i.e., non-critical)	231	252	295	315	311

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 subject to change due to updates in the enforcement database.

Priorities

System priorities

The Healthy and Safe Ontario Workplaces Strategy guides the efforts of the:

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

Safe At Work Ontario:

- is aligned with the priorities in the Healthy and Safe Ontario Workplaces Strategy, and
- delivers 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 are set out in the Healthy and Safe Ontario Workplaces Strategy:

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, what follows is a brief overview of 2017-2018 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 led the 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 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. As part of this 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.

Resources/compliance support

- New and young workers – keep them safe
- 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 2015-2016 annual report.

During annual Safe At Work Ontario consultations, stakeholders noted 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 OHSA and its regulations.

The ministry will continue to support the Small Business Action Plan.

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 Topic section on the MOL website.

- Small business resources and tools
- 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 inspect workplaces for high hazards and workplace parties' compliance with the OHSA at provincially regulated workplaces.

Workplace Violence Prevention in Health Care Leadership Table

To better protect health care professionals on the job, Ontario established a joint Workplace Violence Prevention in Health Care Leadership Table (Leadership Table). This is a joint initiative of the Ministry of Labour and the Ministry of Health and Long-Term Care.

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.

Phase 1 of the multi-phased project focused on workplace violence prevention for nurses in hospitals. Subsequent phases will focus on all health care workers in hospitals and long-term care homes, followed by all health care workers in health care workplaces.

On May 15, 2017 a Progress Report summarizing findings from Phase 1 of the Leadership Table was released.

The report includes the 23 recommendations and 13 products that were endorsed by Leadership Table members. The recommendations are directed to three ministries (Ministry of Labour, Health and Long-Term

Care, and Advanced Education and Skills Development), to hospitals, and to a number of other partners. Action is already being taken to address these recommendations, and to shift workplace culture in Ontario's hospitals to create safer work environments for Ontario's nurses. The Ministry of Labour is enhancing its enforcement strategy on workplace violence and the tools from the report will help inform workplaces of the Ministry of Labour's compliance expectations.

Please see the Workplace Violence Resources/Compliance Support sub-section in this sector plan for links to additional workplace violence resources, including the Leadership Table recommendations and tools, and the Public Services Health and Safety Association Violence, Aggression and Responsive Behaviour project toolkits.

Enforcement initiatives and blitzes

Tips on how to prepare for a Ministry of Labour blitz and initiative inspection

Before the inspector's visit

- Check your accident experience in relation to the blitz/initiative topic.
- Review *Occupational Health and Safety Act* (OHSA) sections and regulations that may apply based on the blitz's/initiative's focus.
- Determine whether you are currently meeting or exceeding the minimum legal requirements in those areas.
- Consult with Ministry of Labour (MOL) Health and Safety Partners for specific information and services that may help you prepare.
- Review the ministry's blitz-related material.
- Discuss compliance strategies with your Joint Health and Safety Committee or Health and Safety Representative.

During the visit

- Ensure all required documentation is available to the ministry inspector.
- Ensure supervisor and worker health and safety representative are available.
- Ensure the workplace parties co-operate with the ministry inspector.

The inspector will focus on:

- compliance with the OHSA and its regulations
- health and safety programs and policies related to the blitz topic, if applicable
- Internal responsibility system (IRS) training requirements and any deficiencies
- record of injuries, including blitz/initiative related issues/hazards
- workplace specific hazards related to the blitz/initiative.

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

Overview of 2017-18 health care enforcement initiatives and blitz

During the 2017-18 fiscal year (April 1, 2017 – March 31, 2018), there will be three enforcement initiatives and one blitz for health care workplaces. The schedule for the initiatives and blitz is outlined below and more detail is provided on each of the initiatives and blitz in this section.

- 2014-17 Health Care Enforcement Initiative (April 1, 2017 – June 30, 2017): In 2014, the Ministry of Labour 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 to June 30, 2017.
- 2017-18 Health Care Enforcement Initiative (September 1, 2017 – March 31, 2018): The Ministry of Labour will be launching a new seven-month health care enforcement initiative with a heightened focus on the following three priority health care settings: long-term care/retirement homes, primary care workplaces (family health teams and community health centres) and hospitals.
- 2017-18 Noise Hazards Provincial Enforcement Initiative (April 1, 2017 – March 31, 2018): The ministry will be conducting a one year provincial enforcement initiative on noise hazards in all workplaces across the province.
- Slips, Trips and Falls Blitz (October 2, 2017 – November 24, 2017): The Slips, Trips and Falls Blitz will take place in health care workplaces across the province for eight weeks.

Enforcement initiatives

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* 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.

2014-2017 health care enforcement initiative

In 2014, the Ministry of Labour 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 to June 30, 2017.

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 includes an evaluation of the 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 in Ontario, according to WSIB data. As a result, the initiative addresses the five most serious hazards and contributors to lost-time injuries (LTIs) in health care, based on 2014 WSIB data:

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

Between 2014 and June 30, 2017, the ministry has been and is inspecting every acute care hospital in Ontario.

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

2017-2018 health care enforcement initiative

The Ministry of Labour will be launching a new seven-month health care enforcement initiative starting in September 2017 and ending March 31, 2018.

The 2017-2018 health care enforcement initiative is based on:

- priorities outlined in the Healthy and Safe Ontario Workplaces Strategy
- Workplace Violence Prevention in Health Care Leadership Table recommendations
- stakeholder feedback
- system partner feedback (e.g. Health and Safety Association)
- inspector field intelligence (e.g. inspectors, regional office staff)
- issues targeted during previous blitz and campaign initiatives
- quantitative data collected from the WSIB and enforcement activities.

The initiative will have three priority areas, which are outlined below:

1. Long-term Care / Retirement Homes: ministry inspectors will focus on the IRS by inspecting for compliance with the duties specified within the OHSA as applied to two serious hazards, musculoskeletal disorders and exposure/infection control. The rationale for focusing on these hazards is based on 2015 WSIB data and stakeholder feedback.
2. Primary Care (Family Health Teams and Community Health Centres): ministry inspectors will focus on IRS compliance, workplace violence and compliance with *O. Reg. 474/07 – Needle Safety*.
3. Hospitals: ministry inspectors will focus on workplace violence prevention in hospitals, including but not limited to:
    - risk assessments, including measures and procedures to control the risks identified in a risk assessment
    - summoning immediate assistance when workplace violence occurs or is likely to occur

- providing information related to a risk of workplace violence from a person with a history of violent behaviour and
- including within the written notification of a workplace injury, the steps taken to prevent recurrence.

Ministry inspectors will support the recommendations and tools coming out of the Workplace Violence Prevention in Health Care Leadership Table.

Please see the Major Hazards and Key Health and Safety Priorities section in this sector plan for more information on the IRS, occupational health and safety hazards and resources.

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

2017-2018 noise hazards provincial enforcement initiative

The ministry will be conducting a one-year provincial enforcement initiative on noise hazards in all workplaces across the province. The initiative will take place between April 1, 2017 and March 31, 2018.

Noise is a serious health hazard. If worker exposure to noise from machinery, processes and equipment is not properly eliminated or controlled, over time it may cause permanent hearing loss, a leading cause of occupational disease in Ontario workplaces.

Exposure to high levels of noise in the workplace may also create physical and psychological stress, reduce productivity, interfere with communication and contribute to accidents and injuries by making it difficult to hear moving equipment, other workers and warning signals. Further, hearing loss can have a significant impact on quality of life for workers and their families.

In addition to the negative health effects for workers, noise-induced hearing loss is costly for Ontario's health and safety system. According to the Workplace Safety and Insurance Board, between 2009 and 2014 the annual costs for noise-induced hearing loss claims for all sectors exceeded $50 million per year.

There is no cure for noise-induced hearing loss; however it can be prevented by eliminating or controlling noise exposures.

In 2017-18, inspectors will check on employer compliance with *O. Reg. 381/15 – Noise* under OHSA.

Employers have a duty to take all measures reasonably necessary in the circumstances to protect workers from exposure to hazardous sound levels.

The regulation requires that every employer shall ensure that no worker is exposed to a sound level greater than a time-weighted average exposure limit of 85 dBA (decibels measured on the A-weighting network of a sound-level meter) measured over an eight-hour work day.

Where it is practicable to do so, employers must post a clearly visible warning sign at every approach to an area in the workplace where the sound level regularly exceeds 85 dBA.

Employers must comply with this limit following the "hierarchy of controls" which emphasizes the use of engineering controls and work practices to protect workers and places restrictions on the use of hearing protection devices (HPDs) by workers.

When the prescribed exposure limit would be exceeded, employers are required to put in place protective measures to proactively reduce workers' noise exposure. These measures include:

- engineering controls to reduce noise at the source or along the path of transmission
- work practices such as equipment maintenance (to keep it quieter) or scheduling to limit a worker's exposure time
- personal protective equipment (PPE) in the form of hearing protection devices (HPDs), subject to the restrictions stated in the regulation.

Employers who provide workers with HPDs must provide them with adequate training and instruction on their care and use.

The training and instruction must address:

- limitations of the device(s)
- proper fit
- inspection and maintenance and if applicable
- cleaning and disinfection.

The regulation requires HPDs to be selected with regard to the:

- sound levels to which a worker is exposed
- attenuation or reduction in sound level provided by the HPD
- manufacturer's information about its use and limitations.

The regulation also requires HPDs to be used and maintained in accordance with the manufacturer's instructions.

Enforcement focus

Inspectors will focus on:

- sources of noise
- signage
- engineering controls
- personal protective equipment (hearing protection devices)
- the condition of hearing protection devices
- HPD worker training.

Resources/compliance support

- A Guide to the Noise Regulation (O. Reg. 381/15) under the *Occupational Health and Safety Act*

Inspection blitzes

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

Note: Injury and illness trends: The program uses WSIB data to identify injury and illness trends. Trend analyses of the number of fatalities, critical injuries, LTIs, LTI rates and the costs associated with WSIB

claims for each sector are used by the program to identify sectors for blitz initiatives. In addition to this information, inspectors also review the compliance history and known hazards inherent to the type of work to select which workplaces to visit.

Slips, trips and falls blitz

Slip, trips and falls accounted for 17% of all LTIs in the health care sector in 2015 (1,096 LTI claims). Inspectors will check on employer compliance with the *Occupational Health and Safety Act* and its regulations.

The Slips, Trips and Falls Blitz will take place between October 2, 2017 and November 24, 2017 in health care workplaces across the province. 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 2017-2018, 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 - Health Care and Residential Facilities*. The goal is to decrease the risk of slip, trip and fall injuries.

Major hazards and key health and safety priorities

In 2017-2018, ministry inspectors will continue to inspect for overall compliance with the OHSA and its regulations, such as the *O. Reg. 67/93 - Health Care and Residential Facilities Regulation* and the *O. Reg. 474/07 - Needle Safety Regulation*.

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 include:

- development, establishment and implementation of written measures and procedures for the health and safety of workers and
- provision of 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 JHSC or its 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 (e.g. workers, supervisors, JHSC/HSR)
- the workplace's lost-time injury history (Notice of Accident and investigation of critical/fatal injuries and MOL notification)
- JHSC activities (e.g. meeting minutes, inspections, investigations, certification, etc.)
- "field intelligence" (information received by ministry inspectors at workplaces).

The duties of directors and officers of a corporation are key to creating safe workplaces and their duties are outlined in 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 Service Health and Safety Association (PSHSA) 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.

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 initiatives, as well as other major hazards found in the health care sector.

Inspection focus: major hazards and key issues in health care

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 2017-18, MOL Inspectors will focus on employer compliance with the major hazards and health and safety priorities listed as follows.

Internal responsibility system

Inspection focus

The *Occupational Health and Safety Act* (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 *Occupational Health and Safety Act* 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

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

- Guidance note for workplace parties #1 - Issue: guidance for workplace parties regarding effective communication processes for occupational health and safety
- Guidance Note for Workplace Parties #6 - Occupational Injury and Illness Reporting Requirements
- Guidance note for workplace parties #7 - Right to refuse unsafe work

Public Services Health and Safety Association

- Physicians'occupational health and safety 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 begins 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 - classroom
    - Certification part 1 - eLearning and classroom blended learning
    - 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
    - Community care: A tool to reduce workplace hazards

The Awareness Training Regulation

Inspection focus

In 2017-2018, 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

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

- Guidance note for workplace parties #3 - Occupational health and safety education and training

Public Services Health and Safety Association

- Mandatory worker awareness training eLearning
- Mandatory supervisor awareness training eLearning

The Noise Regulation

In 2017-18, inspectors will check on employer compliance with *O. Reg. 381/15 - Noise Regulation* 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 dBA 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

Ontario Ministry of Labour

- A guide to the *Noise Regulation (O. Reg. 381/15)* under the *Occupational Health and Safety Act*

Public Services Health and Safety Association

- Noise exposure

Musculoskeletal disorders (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 2015, according to Workplace Safety and Insurance Board (WSIB) data. Inspectors will check on employer compliance with the *Occupational Health and Safety Act* 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 – Health Care and Residential Facilities* in consultation with the JHSC (or HSR), 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

- MSDs / Ergonomics
- Occupational Health Clinics for Ontario Workers - MSD information
- 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
  - eOfficergo: ergonomics eLearning for office workers
  - Musculoskeletal disorder injury prevention training for direct support professionals
- Tools:
  - Ergonomics in healthcare: a fitting solution DVD
  - Video: MSD injury training for direct support professionals

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. Inspectors will check on employer compliance with the *Occupational Health and Safety Act* 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 JHSC or 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

- Musculoskeletal disorders: Safe client handling
- Video: Client handling in health care

Public Services Health and Safety Association

- Building a successful client handling program
- Ergonomic tips for resident or patient bathrooms
- Client mobility logo cards
- Client mobility review poster
- Training:
  - Client handling program enhancement
  - Community care musculoskeletal disorders
  - Musculoskeletal disorder injury prevention training for direct support professionals
- Tools:
  - Video: MSD injury training for direct support professionals

Slips, trips and falls

Inspection focus

Slip, trips and falls accounted for 17 per cent of all LTIs in the health care sector in 2015 (1,096 LTI claims). Inspectors will check on employer compliance with the *Occupational Health and Safety Act*t 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 2017-2018, 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 Service Health and Safety Association

- Community care web tutorials:
  - Slips, trips and falls
- Training:
  - Slips trips and falls
  - A participatory approach to slips, trips and falls prevention
  - Working at heights training program
  - Slips trips and fall prevention eLearning

Exposures to hazardous biological, chemical and physical agents

Inspection focus

Inspectors will check on employer compliance with the *Occupational Health and Safety Act* 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 (MSDS) / Safety Data Sheets (SDS) 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 Ministry of Labour

Inspections will focus on a workplace's compliance with the OHSA and its regulations, including, but not limited to:

- *Regulation 860 - Workplace Hazardous Materials Information System*
- *Regulation 861 - X-Ray Safety*
- *Ontario Regulation 490/09 - Designated Substances*
- *Regulation 833 - Control of Exposure to Biological or Chemical Agents*
- *Ontario Regulation 67/93 - Health Care and Residential Facilities* which addresses anaesthetic gases and antineoplastic drugs in sections 96 and 97.

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

- Radiation: awareness for health care workers
- Radiation: regulation and application in health care settings
- Medical marijuana in the workplace
- WHMIS 2015 fast fact
- WHMIS 2015 pictograms
- Training:
    - WHMIS 2015 eLearning
- Community care web tutorials:
    - Chemicals

Contact with and struck-by-object injuries

Inspection focus

Inspectors will check on employer compliance with the *Occupational Health and Safety Act* 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 10 per cent of all LTIs in 2015 .

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
  - Personal protective equipment (PPE) eLearning
  - Lockout tagout eLearning
- Community care web tutorials
  - Kitchen hazards

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 12 per cent of all lost-time injuries (LTIs) in the health care sector in 2015 . Inspectors will check on employer compliance with the *Occupational Health and Safety Act* and its regulations.

Under the OHSA, employers must:

- develop workplace violence policies

- have a program to implement those policies that includes elements to summon immediate assistance when workplace violence occurs or is likely to occur; have measures and procedures to control the risks identified in the risk assessment; have measures and procedures on how to report incidents of workplace violence and explain how the employer will investigate and deal with incidents of violence
- assess the risks of workplace violence
- provide information and instruction to workers
- provide information to workers who may be at risk of workplace violence from a person with a history of violent behavior.
- take every precaution reasonable in the circumstances to protect workers from domestic violence that may enter the workplace.

The Workplace Violence Prevention in Health Care Leadership Table along with PSHSA have developed many tools for workplace parties to assist with workplace violence prevention and reduction. Please refer to the PSHSA Violence, Aggression & Responsive Behaviour (VARB) Project tools located here, and the Workplace Violence Prevention in Health Care Leadership Table products for phase 1.

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.

Under the OHSA, an employer and supervisor must provide information, including personal information of a person with a history of violent behaviour if the worker can be expected to encounter that person in the course of his or her work and the risk of workplace violence is likely to expose the worker to physical injury.

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)]
- 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 Occupational Health and Safety Act, 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, including worker training and educational programs in health and safety measures and procedures, and to reduce the measures and procedures for the health and safety of workers to writing (put them in writing).

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

For workplace violence reporting requirements, please see the Reporting occupational injuries and illnesses section in this sector plan.

Resources/compliance support

Ontario Ministry of Labour

- Workplace violence and harassment: understanding the law

Workplace Violence Prevention in Health Care Leadership Table

- Workplace violence prevention resources
- Workplace violence prevention in health care progress report
- Focus area 1 – leadership and accountability:
  - Accountability framework
  - Transition toolkit
  - An assessment tool that assists hospitals in identifying where they are in their workplace violence prevention journey
  - Workplace violence prevention checklist
- Focus area 2 – hazard prevention and control:
  - Pre-risk assessment survey (.docx)
  - Terms of reference for a workplace violence prevention committee
  - Triggers and care planning
  - Engaging patients and families in workplace violence prevention and sample brochure
  - Training matrix
- Focus area 3 – indicators, evaluation and reporting:
  - A set of organizational and provincial indicators
- Focus area 4 – communication and knowledge translation:
  - Communication plan for workplace parties
  - Communication plan for external stakeholders
  - Public awareness campaign

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

- Guidance note for workplace parties #8 - Workplace violence

Public Services Health and Safety Association

- Workplace violence
- Violence, aggression and responsive behaviour project:
  - Violence, aggression and responsive behaviour project web portal
  - Workplace violence risk assessment toolkit
  - Individual client risk assessment toolkit
  - Flagging toolkit
  - Security toolkit

- Handbooks:
  - Addressing domestic violence in the workplace
  - Assessing violence in the community
  - Bullying in the workplace
- Fact sheets:
  - Domestic violence
  - Protecting workers who work alone
  - Complying with legislation
  - Workplace bullying
- Posters:
  - Violence in the workplace
  - Bullying
  - Domestic violence
  - Respectful workplace
- Training:
  - Workplace harassment eLearning
  - Violence in the workplace prevention
- Web tutorials: workplace violence
- Interactive tools: workplace violence risk assessment tools

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 *Occupational Health and Safety Act* 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

- Driving safety for health care professionals
- Web tutorial: Community care driving

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 *Occupational Health and Safety Act* and its regulations.

Effective communication and training of staff involved in the provision of care is essential not only to ensuring patient, resident or client safety, but also worker 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

- Transition of care
- Transition of care - healthcare web tutorial

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 2017-2018, ministry inspectors will check that employers are complying with the *Occupational Health and Safety Act* 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 Occupational Health and Safety Act
- "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

- Caught in the middle: the supervisor and occupational health and safety
- Training:
  - Effective leadership series
  - Health and safety for supervisors and managers
  - Mandatory supervisor awareness training eLearning

Needle and sharps safety

Inspection focus

In Ontario, *Ontario Regulation 474/07 - Needle Safety*, 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 *Occupational Health and Safety Act* 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 regulation, 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 health care workplaces.

Resources/compliance support

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

- Guidance note for workplace parties #4 - safety-engineered medical sharps (SEMS)

Public Service Health and Safety Association

- Planning guide to the implementation of safety-engineered medical sharps
- Requirement for physicians to use safety-engineered needles
- Safe handling and disposal of sharps and medical supplies in home health settings

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 2017-2018, the ministry will continue to focus on protecting workers from infectious diseases. Inspectors will check on employer compliance with the Occupational *Health and Safety Act* 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 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

- Infection prevention and control

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

- Guidance note for workplace parties #5 - application of hazard control principles, including the precautionary principle to infectious agents
- Guidance note for workplace parties #2 - issue: pandemic H1N1 (pH1N1) influenza recovery guidance note

Public Service Health and Safety Association

- Ebola virus disease
- Protecting heath care workers from infectious diseases: a self-assessment tool
- Occupational illness: requirements to report to the Ministry of Labour
- Hand hygiene
- Community care web tutorials: infectious diseases

Ministry of Health and Long Term Care

- Managing influenza in health care settings
- MERS-CoV (novel coronavirus)
- Building a ready and resilient health system ebola step-down and provincial baseline requirements for infectious disease threats
- Ebola virus disease

Occupational illnesses and diseases

Inspection focus

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

In 2015, 175 claims were allowed by the WSIB for deaths related to occupational disease. Two of these claims were in the health care sector.

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

Of key concern are work-related:

- noise
- 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 of developing 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 *Occupational Health and Safety Act* 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

- Occupational illness: requirements to report to the Ministry of Labour
- Asthma fast fact
- Work-related contact dermatitis and you eLearning

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

- Work-related asthma in health care workers booklet
- Work-related asthma in health care workers fact sheet

Reporting occupational injuries and illnesses

Inspection focus

Inspectors will check on employer compliance with the *Occupational Health and Safety Act* 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 2017-2018, ministry inspectors will continue to review reporting obligations, including steps taken to prevent recurrence, with employers during workplace vists to determine if employers are in compliance.

Resources/compliance support

- Report an incident

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 (GHS) and are being phased in across Canada between February 2015 and December 2018. During this transition period, the old requirements are referred to as "WHMIS 1988" and the new requirements are referred to as "WHMIS 2015". Both the OHSA and the *WHMIS Regulation (Regulation 860)* have been amended to implement WHMIS 2015. For further details please see: Workplace Hazardous Materials Information System.

Inspectors will check on employer compliance with the *Occupational Health and Safety Act* and its regulations.

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

- product labels
- Material Safety Data Sheets (MSDS) / Safety Data Sheets (SDSs)
- 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

Ministry of Labour

- Workplace Hazardous Materials Information System - A guide to the legislation

Public Services Health and Safety Association

- WHMIS 2015 fast facts
- WHMIS 2015 pictograms
- Consumer symbols poster
- WHMIS 2015 eLearning
- WHMIS training

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 *Occupational Health and Safety Act* 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 OHSA 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

- Prevention guide - Safe handling of hazardous drugs
- Alert - Preventing occupational exposures to antineoplastic and other hazardous drugs in health care settings NIOSH
- List of antineoplastic and other hazardous drugs in healthcare settings 2014 (CDC)
- Personal protective equipment for health care workers who work with hazardous drugs (Cancer Care Ontario)
- Safe handling of cytotoxic drugs
- White paper - Safe handling of hazardous drugs in healthcare

Personal protective equipment

Inspection focus

Inspectors will check on employer compliance with the *Occupational Health and Safety Act* and its regulations:

- Under 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 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 2017-2018, 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

- Personal protective equipment eLearning
- Personal protective equipment

Ventilation maintenance and monitoring

Inspection focus

Inspectors will check on employer compliance with the *Occupational Health and Safety Act* 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 2017-2018, 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

- Guideline: ventilation inspection and report for health care and residential facilities

Asbestos

Inspection focus

Older health care facility buildings may have asbestos-containing materials (ACM). Inspectors will check on employer compliance with the *Occupational Health and Safety Act* 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 ACMs are present and in other specified circumstances
- the building owner to establish a record containing the location and condition of actual or suspected ACMs
- the record to be updated at least once annually and whenever the owner is aware of new information related to the ACMs
- 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 ACMs.

Resources/compliance support

- A guide to the regulation respecting asbestos on construction projects and in buildings and repair operations
- Asbestos: FAQs
- Asbestos awareness eLearning

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., conveyors, 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 *Occupational Health and Safety Act* 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 and Prevention Services

- Machines, tools and equipment
- Hazard assessment

Public Services Health and Safety Association

- What is confined space?
- Confined Space Entry Regulation 632/05
- Confined space rescue NFPA Awareness Level
- Confined space rescue NFPA Level 1 and 2 combined Levels

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 musculoskeletal disorders. Workers can be seriously injured as a result of these hazards. Inspectors will check on employer compliance with the *Occupational Health and Safety Act* and its regulations.

Resources/compliance support

- Loading dock safety

Construction hazards

Inspection focus

Construction projects (including renovations, structural maintenance, and new construction) in health care facilities are commonplace. Health care facilities need to protect the health and safety of health care workers by having a comprehensive plan to protect their staff during a construction project. Construction areas should

be clearly marked 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 *Occupational Health and Safety Act* 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:

- a plan for a pre- and post-construction hazard risk assessment
- 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

- Health and safety checklist for construction projects in your workplace

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 *Occupational Health and Safety Act* and its regulations.

The Ministry of Labour considers new workers to be those who, regardless of age, have been on the job for less than 6 months or who have been assigned to a new job, and considers anyone between the ages of 14 and 24 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 joint health and safety committee or health and safety representative.

Resources/compliance support

Ontario Ministry of Labour

- New and young workers – Keep them safe
- Young workers

Public Services Health and Safety Association

- Young worker orientation
- Health and safety orientation eLearning bundle (WHMIS 2015, workplace harassment, mandatory worker awareness)
- Seven step assessment for new and young workers
- Co-op education quiz
- New worker health and safety checklist

Emergency management (preparedness, response and recovery)

Inspection focus

Inspectors will check on employer compliance with the *Occupational Health and Safety Act* and its regulations.

Under OHSA, employers not covered by 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

- Emergency planning and preparedness

Resources

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*
- *Ontario Regulation 67/93 - Health care and Residential Facilities*

- *Ontario Regulation 474/07 - Needle Safety*
- *Regulation 860 - Workplace Hazardous Materials Information System*
- *Regulation 861 - X-Ray Safety*
- *Ontario Regulation 490/09 - Designated Substances*
- *Regulation 833 - Control of Exposure to Biological or Chemical Agents*
- *Ontario Regulation 278/05 - Asbestos on Construction Projects and in Buildings and Repair Operations*
- *Ontario Regulation 381/15 - Noise*
- *Ontario Regulation 297/13 - Occupational Health and Safety Awareness and Training*

Sector groups

Ontario Health Care Health and Safety Committee under Section 21 of the *Occupational Health and Safety Act*

Members for organized labour

- Unifor
- Canadian Union of Public Employees
- Ontario Federation of Labour
- Ontario Nurses' Association
- Ontario Public Service Employees Union
- Service Employees International Union

Members for employers

- Ontario Association of Community Care Access Centres
- Ontario Association of Non-Profit Homes and Services for Seniors
- Ontario Community Support Association
- Ontario Home Care Association
- Ontario Hospital Association
- Ontario Long Term Care Association

Observers

- The Ministry of Health and Long-Term Care
- Public Services Health and Safety Association

Facilitator

- The Ministry of Labour

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

Health and safety system partners

- Ministry of Labour
- Workplace Safety and Insurance Board
- Occupational Health Clinics for Ontario Workers

- Workers Health and Safety Centre
- Institute for Work and Health
- Infrastructure Health and Safety Association
- Public Services Health and Safety Association
- Workplace Safety North
- Workplace Safety and Prevention Services

Learn more about our health and safety system partners.

Footnotes

- [1] ^ WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2015 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)
- [2] ^ Source: WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)
- [3] ^ WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)
- [4] ^ WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association.
- [5] ^ WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association.
- [6] ^ WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association.
- [7] ^ WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association
- [8] ^ WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association
- [9] ^ According to By the Numbers 2015: Workplace Safety and Insurance Board (WSIB) Statistical Report.
- [10] ^ WSIB Enterprise Information Warehouse (EIW) Claim Cost Analysis Schema, June 2016 data snapshot, courtesy of Public Services Health and Safety Association