

Occupational Health and Safety Branch

Specialized Professional Services Plan

2009-2010

Safe At Work Ontario
Enforcement > Compliance > Partnership >

Ministry of Labour

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Introduction

Introduced in the Spring of 2008, *Safe At Work Ontario* (SAWO) is the Ministry of Labour's occupational health and safety compliance strategy. *Safe At Work Ontario* seeks to improve the health and safety culture of workplaces leading to a reduction of injuries and avoidance of associated costs for employers, the Workplace Safety and Insurance Board (WSIB) and health care system. Through proactive enforcement, *Safe At Work Ontario* strives to provide a level playing field for compliant employers.

Safe At Work Ontario encourages stakeholder involvement in the planning process, introduces broader selection criteria to identify workplaces for proactive inspections and involves integrated planning with system partners. The focus of *Safe At Work Ontario* is to facilitate proactive enforcement of the Occupational Health and Safety Act (OHSA) on the top hazards in each sector and promote compliance and the development of a strong health and safety culture in the workplace.

Safe At Work Ontario has turned MOL's enforcement direction around, moving it from a traditional reactive, enforcement-based program to a modern, proactive, flexible, compliance-based program. It is innovative, transparent and inclusive of stakeholder concerns, while continuing to protect the public interest.

Safe At Work Ontario expands the factors that the MOL uses to identify a firm for a proactive inspection beyond the firm's injury history. Additional factors include regional information, compliance history and/or hazards inherent in the work or work processes. It includes hazard-based inspections, and actively engages health and safety system partners (such as the WSIB and health and safety associations) in building a safety culture in workplaces across the province. Under *Safe At Work Ontario*, the ministry aims to be into workplaces before injuries occur.

The level of engagement with the workplace depends on factors such as the employer's commitment to a strong health and safety culture and a well defined, suitable and sustainable Internal Responsibility System (IRS). Other factors affecting the level of engagement include the number of lost-time injuries (LTIs) and no lost-time injuries (NLTIs), nature and extent of any past non-compliance identified, and corrective actions required of the employer to achieve compliance.

The *Safe At Work Ontario* strategy is administered through five specialized sector programs: construction, industrial, mining, health care, and specialized and professional services. Sector plans are developed on an annual basis for each program area. These documents outline the enforcement focus for each year and identify planned blitzes. They are posted on the ministry's web site to encourage voluntary compliance. The sector plans also provide basic information about each sector and a brief overview of health and safety hazards and non-compliance concerns.

The following is the Specialized Professional Services sector plan for the 2009-2010 year. Other sector plans can be found at www.labour.gov.on.ca.

Specialized Professional Services

Specialized Professional Services (SPS) within the Occupational Health and Safety Branch (OHSB) of the Ministry of Labour (MOL) provides technical expertise to each of the MOL's specialized health and safety programs, including industrial, construction, mining and health care. The specific professional expertise within SPS includes ergonomics, occupational hygiene, engineering, and radiation protection. Accordingly, this sector plan outlines the manner in which the Ministry of Labour (MOL) will enhance occupational health and safety compliance through *Safe At Work Ontario* when inspecting for the presence of risks associated with musculoskeletal disorders (MSD), occupational disease, exposure to complex machinery and equipment, chemicals, and radiation.

In addition, the emergency management program within SPS coordinates the work of developing, implementing and maintaining a comprehensive emergency management program to ensure a robust system of emergency response is in place within MOL.

Ministry of Labour's compliance focus in specialized professional services for 2009-2010

Partnerships: a key success factor

The Ministry of Labour is one of several partners in the health and safety system in Ontario focused on preventing and reducing injuries and illnesses. Specialized Professional Services (SPS) works collaboratively with partners within and outside the ministry to build strong linkages that support the ongoing improvement of health and safety at Ontario's workplaces. Throughout 2009-2010 there are various partners SPS will be engaged with such as the federal Government on the issue of WHMIS global harmonization, [Canadian Standards Association](#) on a number of standards including ergonomics and confined space, the [Institute for Work and Health](#) on systematic health and safety reviews, the [Ontario Veterinary Medical Association](#) on issues of radiation, and several of the Minister's section 21 health and safety advisory committees.

The ministry's Emergency Management Program partners with various organizations, municipalities and other provincial ministries. These partnerships contribute to a robust emergency system in Ontario by building strong linkages and an understanding of the partners' roles during an emergency and fostering cross collaboration within the emergency response system.

Compliance: intervention based on need

Some businesses require targeted and focused enforcement intervention up to and including prosecution to deter non-compliance. While these firms are not the majority of businesses in Ontario, the ministry will continue to pay particular attention to them. Others require tools, information and education on how to comply. There are also firms that have best practices to share with others.

SPS recognizes the valuable contribution of the health and safety associations and other partners in development and dissemination of resource materials, training and consulting services that helps to enhance compliance on hazard specific issues.

SPS staff and inspectors often contribute to the development of compliance-based materials. Throughout 2009-2010 SPS staff will consult with partners on a number of resource and educational initiatives such as those produced by the Occupational Health and Safety Council of Ontario on topics related to MSD prevention and heat stress, the [Ontario Service Safety Alliance's](#) pictogram project, and the X-ray safety course delivered by the [Radiation Safety Institute of Canada](#).

The Internal Responsibility System – fostering a culture of safety

The Ministry of Labour has a primary responsibility to ensure that workplaces comply with Ontario's [Occupational Health and Safety Act](#) (OHSA) and related legislation. This means ensuring that a strong Internal Responsibility System (IRS) is in place. A strong IRS implies, in part, a well-functioning Joint Health and Safety Committee (JHSC), where required, that fosters a strong, sustainable culture of workplace health and safety.

A strong health and safety workplace culture consists of:

- **Competence** (appropriate knowledge and training, systems for responding to events, properly functioning JHSC and other IRS components),
- **Commitment** (demonstration by the employer of leadership on safety, appropriate policies and procedures to protect workers, low tolerance for poor health and safety practices, insistence upon full compliance), and
- **Capacity** (adequate resources for preventing injuries, a good system for obtaining assistance from HSAs and the WSIB).

A strong IRS produces a strong culture of health and safety. Strong leadership by senior executives and other managers sets the tone and establishes a corporate culture that nurtures the IRS. A health and safety culture requires all workers to pay constant, appropriate attention to workplace health and safety. A sustainable workplace health and safety culture needs a strong commitment by everyone to prevent injuries and illness and to reduce risk.

Although many of Ontario's workplaces do not have dedicated specialized professional resources on staff, an effective IRS will foster the competence of its workplace parties to recognize when expertise is necessary, provide the commitment to utilize outside resources when the knowledge of the workplace parties does not enable them to effectively address a particular health and safety issue and ensure there is a capacity within the workplace to act on professional advice and prevent injuries/illnesses associated with the risk.

Enforcement: focused enforcement to maximize impact

Specialized Professional Services staff are designated provincial offences officers, similar to other ministry health and safety inspectors. They carry out their field work independently or in conjunction with the program inspectors. The following enforcement plan outlines the *Safe At Work Ontario* enforcement strategy for the particular SPS-related hazards. In addition there is a complementary enforcement strategy for each of the SPS-related hazards that the program inspectors should follow during their *Safe At Work Ontario* field visits.

Beyond the proactive work carried out through *Safe At Work Ontario*, it should be noted that the overall work plan for SPS inspectors also includes reactive (investigations), referral (requests from inspectors for technical support) and project work.

Ergonomics services

Description

The key health and safety focus for ergonomics services is with respect to the presence of musculoskeletal disorder (MSD) risks and the efforts by workplaces to control these risks.

The changing demographics of Ontario's workforce and the ongoing evolution of workplaces, equipment, and technology pose challenges to ensuring there is an ongoing "safe fit" between the workers and their work processes. This compounds the need for workplaces to address ergonomics and the prevention of musculoskeletal disorders. The MSD Prevention Guideline for Ontario, its accompanying Resource Manual and Toolbox and the prevention practices MSD website provide workplace parties with resources and a solid framework to refer to when addressing MSD issues. www.preventionpractices.com/msd.html

Safe At Work Ontario has shifted the focus of the ergonomists' field work to include more of an emphasis on proactively becoming involved with workplaces identified as having a history of MSDs or are within a sector known to have a high risk for MSDs. Historically, the ergonomists have devoted close to 100% of their field work time to visiting workplaces upon the request of an inspector or in response to a reactive situation. Recently, several MOL inspectors underwent additional training in the field of ergonomics to facilitate identification of ergonomic issues. These inspectors, in addition to regional ergonomists means that MOL is better positioned to proactively engage workplaces in the identification and correction of ergonomic hazards.

Ergonomics-related health and safety hazards

Musculoskeletal disorders continue to be the leading cause of lost time injuries (LTI) in Ontario. MSD claims represent 43 per cent of all lost time claims and claim costs. This equates to over \$640,000,000 in direct claim costs from 2003-2007 and over six million days lost. The decline of MSDs over the past five years has been 15 per cent; however this rate is not occurring at the same pace as the overall lost time injury rate which has declined by 22 per cent.

In the industrial sector, MSDs represent 44% of all lost time injury claims in 2007. From 2003-2007 the MSDs in this sector have declined by 20% which closely matches the overall lost time injury rate decline. In the health care sector, MSDs represent 54 per cent of all lost time injury claims in 2007. Over a five year period, LTIs have fallen 14 per cent whereas MSDs have only decreased five per cent. In the construction sector, MSDs represent 34 per cent of all lost time injury claims. There has been an 11 per cent decline in the MSD rate from 2003 to 2007, whereas the overall LTI rate has decreased 23 per cent. The MSD rate in mining represents 26 per cent of the total lost time injuries. The overall lost time injury rate dropped by 30 per cent from 2003-2007 and the MSD rate dropped by 32 per cent.

Ergonomics inspection focus

The inspection focus outlined in this work plan is specific to the type of inspector (i.e., an SPS inspector or another health and safety inspector). All MOL inspectors are encouraged to include an MSD focus during some of their field visits. During proactive visits to workplaces with a history of MSDs or workplaces that are within a sector recognized as having a history of MSDs the inspector is encouraged

to discuss and inspect for MSD hazards. Attention to MSDs is imperative to assist in the ongoing decline of the overall injury rate within Ontario.

The following table highlights the ergonomics inspection focus for the general inspectorate within each of the four programs.

Program	Ergonomics inspection focus for general inspectorate
Industrial	Seven sectors with a 2007 MSD lost time frequency rate above the MSD provincial average. These sectors are: automotive, transportation, forestry, farming, steel, food and municipal. Ergonomics sector-specific field visit strategies will be developed for some of these high priority industrial sectors.
Health care	Nursing homes and retirement homes will be an ergonomic focus of attention for 09/10. In particular, corporations that operate a number of nursing homes and/or retirement homes will be visited. The MSD blitz will provide health care inspectors with guidance material on how to address client handling issues in nursing homes and retirement homes. The impetus generated from the blitz will be carried on throughout the year. As well, there will be an increased attention on MSDs beyond the direct care staff to the support staff.
Construction	MOL ergonomists will increase their field activity in the construction program. Up to this point, the construction sector has had a progressive approach to addressing ergonomics. The work plan directed inspectors to determine whether the workplace had an MSD prevention policy and procedures, MSD training, and had identified MSD high risk tasks. The upcoming year will begin to focus on specific sectors and tasks. The homebuilding sector will be the primary focus for 09/10. It is the sector with the greatest count of MSD claims, it is one of the largest sectors within the construction program, there are many different trades within this sector and there are many reasonable solutions available to workplace parties to reduce the risk of MSDs.
Mining	The 09/10 ergonomics focus will be on integration of MSD prevention into a workplace overall health and safety program via policy, procedures, training, etc. In addition the MSD blitz guidance material on handling of drills and drill rods will be rolled out to the mining inspectorate.

MSD blitz

SPS led a province-wide, multi-program blitz on MSDs in April 2009. The following sectors were the focus of field visit activity:

- Industrial – retail food sales and specifically tasks involving the handling of products;
- Health care – nursing homes/retirement homes and the tasks of client lifting, transferring and repositioning;
- Construction – homebuilding and the tasks associated with low rise forming; and
- Mining – underground, surface or quarries and the task of handling drills and drill rods.

Throughout the year, each of the programs will be having a variety of blitzes. The inclusion of ergonomics-related material for the inspectors to utilize in their blitzes will be provided if suitable.

SPS ergonomists

Analysis of WSIB data between 2003 and 2007 indicated that the sectors consistently having the highest MSD frequency rates year after year are transportation, health care, forestry, farming, and municipalities. Over the course of 2009-2010, MOL regional ergonomists will conduct field visits to workplaces within rate groups known to have a high MSD frequency rate. A total of 204 organizations have been identified for a proactive visit by an MOL regional ergonomist in 2009-2010.

Occupational hygiene services

Description

The protection of workers from the risks of exposures to hazardous substances such as toxic chemicals and physical agents such as noise and heat, and the prevention of occupational diseases and illnesses are the key focus of the Occupational Hygiene 2009-2010 work plan.

Regional occupational hygienists conduct hygiene inspections, investigations, and industry-wide air quality surveys to identify and assess the risk factors which contribute to occupational diseases and illnesses among workers. Assessment and controls of occupational health hazards and associated risks are achieved through enforcement of sector regulations, Designated Substance Regulations (DSRs), the [Control of Exposure to Biological or Chemical Agents Regulation](#) (Regulation 833) and federal/Ontario [Workplace Hazardous Materials Information System](#) (WHMIS) legislation.

In 2008-2009, MOL Industrial Hygienists carried out 2456 field visits. This resulted in 773 orders.

Hygiene-related health and safety hazards

There is a need for an increased level of proactive hygiene intervention in workplaces for the following reasons:

- Occupational disease prevention has been identified as a priority by the Occupational Health and Safety Council of Ontario (OHSCO). The occupational disease strategy focuses on the identification and control of exposure to toxic agents in workplaces. Special emphasis is placed on the controls of workplace use of substances that are considered to be carcinogens, sensitizing agents, and reproductive hazards;
- To support the proactive occupational exposure strategy of the Health Care Unit, there is an emphasis for hygiene assessment and controls of health hazards in workplaces within the health care sector;
- The trend towards toxic exposure reduction through management of hazardous chemicals involving appropriate control measures; an important consideration is the substitution of chemical substances with substances with lower toxicity;
- Enforcement of DSRs, Regulation 833, and WHMIS can have an impact on the control of occupational exposures in workplaces; and
- The noise exposure criteria were amended in 2007; enforcement of these amended criteria would reduce the hazard of occupational noise exposure and the risk of noise-induced hearing loss.

Hygiene inspection focus

The following table highlights the hygiene inspection focus for the general inspectorate within each of the four programs.

Program	Hygiene inspection focus for general inspectorate
Industrial	• Chemical exposures and controls • <i>Issues – compliance with isocyanates regulation and WHMIS requirements</i> • <i>Workplaces/locations – auto body shops</i> • Noise exposure • <i>Issues – compliance with amended noise exposure limits</i> • <i>Workplaces/locations – wood and metal fabrication sectors</i>
Health care	• Chemical exposures and controls • <i>Issues – compliance with WHMIS and OEL requirements</i> • <i>Workplaces/locations – dietary, pharmacy, laboratory, housekeeping, central supply, clinic services.</i> • Asbestos in building management program • <i>Issues – compliance asbestos regulations</i> • <i>Workplaces/locations – buildings built in 1975 and earlier</i>
Construction	• Personal protective equipment, including respiratory protection • <i>Issues – controls of chemical exposure using personal protective equipment</i> • <i>Workplaces/locations – projects involving the use of chemicals</i> • <u>Asbestos Regulation O. Reg. 278/05</u> • <i>Issues – compliance with Type 2 or 3 operation requirements</i> • <i>Workplaces/locations – projects involving abatement of asbestos containing materials</i>

Program	Hygiene inspection focus for general inspectorate
Mining	• Use of controlled products under WHMIS • <i>Issues – compliance with WHMIS requirements</i> • <i>Workplaces/locations – use of WHMIS controlled products</i> • Personal protective equipment program including respiratory protection • <i>Issues – controls of dusts/chemical exposure using personal protective equipment</i> • <i>Workplaces/locations – projects involving the use of chemicals and potential dusts exposure</i>

SPS hygienists

The priority for proactive field visits by regional hygienists is the health care sector in workplaces covered under the [Regulation for Health Care and Residential Facilities](#), O. Reg. 67/93. A total of 645 workplaces have been identified by the Health Care Unit for proactive field visits by hygienists. These firms include hospitals, nursing homes, and treatment clinics.

Hygiene Issue	Hygiene inspection focus for SPS hygienists in health care
Management of hazardous chemicals	• Compliance with DSR, OEL and WHMIS requirements • Potential for substitution of chemical substances with lower toxicity substance • Exposures related to dietary, pharmacy, laboratory, housekeeping, central supply, clinic services
Personal protective equipment	• Respiratory protection program
Ventilation systems	• Provision and maintenance • Specific hazard controls
Asbestos	• Asbestos management in buildings

Industry-wide air quality surveys

SPS hygienists conduct industry-wide air quality surveys for hazardous substances. This initiative supports the occupational exposure limit (OEL) proposal and adoption process as well as OELs enforcement.

Federal WHMIS enforcement

SPS hygienists are designated federal WHMIS inspectors. As such, hygienists have mandates in the enforcement of the [Hazardous Products Act](#) and [controlled products regulations](#). The enforcement activity includes investigations in response to inter-jurisdictional referrals (IJR) related to federal WHMIS issues.

Engineering services

Engineering-related health and safety hazards

Regional engineers provide engineering support to all four MOL health and safety programs during their inspections and investigations where complex engineering issues are evident. In addition, the competitive global economy and constant technological advancement in manufacturing, mining and construction is placing higher demands on employers to introduce new and advanced technologies. MOL engineers and inspectors are encountering and will continue to encounter new and changing technologies with complex engineering principles that will require the expertise of an engineer to address any associated health and safety risks. This will place higher demands on MOL engineering resources with an up-to-date knowledge of current developments in new technology and engineering.

Engineering inspection focus

The following table highlights the engineering inspection focus for the general inspectorate within three of MOL's programs.

Program	Engineering inspection focus for general inspectorate
Industrial	• Mechanical hazards such as in-running nip, crushing, entanglement • Hazards associated with the use and failure of lifting devices • Chemical hazards / fire & explosion • Enforcement of Section 7 of Regulation 851, Pre-Start Health and Safety Review • Electrical contacts • Working on or near live exposed parts of equipment or conductors and overhead power line • Lock-out
Construction	• Electrical contacts • Engineering engagement upon notification of multi-point suspension system (MPSS) • Excavation, tunnel support system and trench shoring
Mining	• Mechanical hazards such as in-running nip, crushing, entanglement, improper lock-out

Program	Engineering inspection focus for general inspectorate
	• Falls of ground, pit walls and slope stability • Improperly inspected and maintained hoisting plants, conveyance, mobile equipment, and suspended work platform • Electrical contact • Worker exposure to hazardous substances and environments

SPS engineers

Field engineers support the Safe At Work Ontario initiative by responding to requests for professional support from the inspectorate that arise out of their proactive inspections. In 2009-2010 the types of work they may be involved in includes:

- Participating in a proactive inspection,
- Reviewing engineering reports,
- Reviewing reports submitted under section 54, OHSA either initiated by a program inspector or the field engineer,
- Reviews may be required under an established memorandum of understanding (MOU) between ministries/federal agencies,
- Conducting workplace audits to determine compliance with pre-start health and safety review (PSR),
- Scoping work, reviewing reports, interpreting the results and prepare the engineering report, and
- Investigating fatalities, critical injuries, work refusals, complaints and hot issues.

Engineers will support the program's blitzes associated with *Safe At Work Ontario*, such as lifting devices, formwork and electrical hazards blitzes by providing guidance materials / check lists to enable effective hazard identification by inspectors.

Radiation protection field services

Description

Occupational X-ray safety is regulated under the [Regulation respecting X-ray Safety](#), Regulation 861 under the [Occupational Health and Safety Act](#) (OHSA). Staff of the Radiation Protection Field Services administer and enforce this Regulation.

Radiation protection field services staff also enforce occupational health and safety requirements (under the general duty clause of the OHSA, with reference to national or international standards/guidelines) with respect to the following other sources of radiation: ionizing radiation (in the form of naturally occurring radioactive materials (NORM)); and non-ionizing radiation (electromagnetic extremely low and very low frequency, radio-frequency, microwave, magnetic resonance imaging, ultra-violet, laser).

X-ray, non-ionizing radiation and NORM sources can be found in virtually every sector of the economy. Major sectors with respect to X-ray sources are:

- Health care – Hospitals and radiological clinics (human medical and dental), veterinary;
- Industrial – thickness gauges in steel/coating, fill height detection in bottling/canning, contaminant detection in food processing;
- Educational – training of X-ray operators in medical, dental, forensic, chiropractic, non-destructive testing, security;
- Construction – industrial radiography of buildings, pipelines;
- Analytical – used for quality assurance/control and investigation in major manufacturing, testing and research;
- Policing – security screening in courthouses/public buildings and in bomb detection.

The radiation protection officer (RPO)s, who are designated as MOL inspectors and appointed as Provincial Offences Officers, specialize in dealing with ionizing and non-ionizing radiation for the protection of workers in Ontario workplaces. They conduct proactive inspections and reactive investigations to address worker concerns and work refusals. In addition to field activities, the RPOs register employers in possession of an X-ray source and review/accept installation plans of X-ray sources used in veterinary, industrial, analytical and training applications.

The growth trend of employers in possession of X-ray machines continues to increase year after year and the installations approval of X-ray machines has also seen an increase, most notably dental, veterinary and portable hand held X-ray fluorescence analyzers.

- Number of registered employers in possession of X-ray sources with the MOL (non-human applications) is 2440.
- There are an estimated 50,000 X-ray sources registered with the X-ray Inspection Unit of the Ministry of Health and Long-term Care.
- Number of workplaces in possession of non-ionizing sources in the MOL database as a result of reactive visits is 400.
- In 2008-2009, MOL Radiation Protection Officers carried out 404 field visits and 233 X-ray installation approvals.

Health and safety hazards

- Exposure to a hazardous physical agent (X-rays);
- Injury to skin and eyes from high powered lasers in industrial, medical, cosmetic and research applications;
- Safety issues related to the magnetic field of a magnetic resonance imaging system;
- Tissue heating from RF/microwave exposure;
- Skin and eye damage, skin cancer induction from ultra-violet radiation; and
- External gamma radiation exposure and/or internal alpha/beta particle radiation exposure from inhalation/ingestion of NORM.

Radiation protection inspection focus

The Radiation Protection Field Services (RPFs) inspectors will conduct joint field visits with other health and safety program inspectors to workplaces identified for inspection this year where x-ray sources or other known radiation hazards are known. They will also conduct proactive inspections on their own based on the potential risk of radiation exposure, results of the last field visit and the date of the last field visit.

A complementary proactive approach will:

- Focus on the registration/installation of veterinary dental X-ray machines, contaminant detection in food preparation X-ray machines and in hand held analytical X-ray machines.
- Confirm registration and review X-ray sources and installations – Regulation 861 (X-ray Safety) requires the employer to register with the Director and the plan design must have been reviewed and accepted by an inspector.
- Support the inspectorate on any regional initiatives which involve a radiation protection component.

In addition to radiation hazards, it is recommended that RPOs pay particular attention to the following enforcement focus topics and issues. This is not intended to be an exclusive/inclusive list. This list applies mainly to veterinary facilities and other extended class workplaces (not under the jurisdiction of the industrial, construction, or mining programs or the health care unit) which other program inspectors rarely visit.

Major hazards and inspection focus

Major hazards	MOL Radiation Protection Services
Musculoskeletal disorders (MSDs)	Lifting policies and procedures as well as devices (where available) will be reviewed in animal hospitals/clinics. Narrations will contain links to the MSD toolkits.
Slips/trips and falls	The workplace should be free of materials, objects, substances, and inappropriate step-on devices to prevent hazards.
Exposures to radiological hazards	Health hazards found in a veterinary care setting include: the use of radioactive elements in nuclear medicine (I-131 for thyroid treatment of cats), physical agents such as X-rays, and other radiation hazards such as magnetic resonance imaging (MRI) and lasers.
Material safety data sheets and WHMIS	The veterinary care sector employs a wide variety of chemicals in liquid, solid, and gaseous states. Because workers are at risk of exposure to chemicals in the workplace, they are required to have access to current material safety data sheets and training in WHMIS.

Emergency Management Program

Description

The Ministry of Labour, along with other provincial ministries, has adopted comprehensive emergency management programs based on a risk management approach and including activities in the five core components of emergency management: prevention, mitigation, preparedness, response, and recovery. The aim of these reforms is to ensure that a proactive, coordinated and comprehensive approach to managing emergencies is in place to reduce the significant risks faced by Ontario communities.

The implementation of emergency management programs will ultimately save lives and money, protect property, public health and the environment, maintain economic stability, and help assure the continuance of critical infrastructure. This will be accomplished by preventing some emergencies before they occur, lessening the frequency and potential impact of others, and by speeding the recovery process following an event. In short, the end result will be a province comprising safe, secure, and disaster resilient communities.

Provincial ministries and municipalities are required to develop, implement, and maintain comprehensive emergency management programs and adopt standards for these programs established by regulation under the [Emergency Management and Civil Protection Act](#). This requirement ensures that a consistent, accountable, and robust system of emergency management is established throughout the province.

Ministry Emergency Management Program

The Emergency Management and Civil Protection Act, R.S.O. 1990, c. E.9. and its associated Order in Council (OIC), O.C. 777/2009 dated May 13, 2009 provide the authority for the government of Ontario to prepare for, and respond to, emergencies in order to protect public health, safety, welfare and property in Ontario.

The Act places responsibility on all ministers to develop an emergency plan for continuity of operations and services while the associated OIC places an additional responsibility on 13 ministers to develop specific emergency plans for the type of emergency assigned.

The Ministry of Labour is assigned “any emergency that affects worker health and safety.” Within the MOL this responsibility falls within the Specialized Professional Services. Although there is no *Safe At Work Ontario* enforcement focus in the 2009/10 work plan for Emergency Management, inspectors will receive training on the MOL’s Emergency Response Guide for Regional Staff.