

Occupational Health and Safety Branch

Specialized Professional Services Plan

2010-2011

Safe At Work Ontario
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Ministry of Labour

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Introduction

The 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 ministry's 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 MOL will enhance occupational health and safety compliance through *Safe At Work Ontario* (SAWO) when inspecting for the presence of risks associated with musculoskeletal disorders (MSD), occupational disease, and 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 compliance focus in Specialized Professional Services for 2010-2011

Partnerships: a key success factor

The MOL is one of several partners in the health and safety system in Ontario focused on preventing injuries and illnesses. The SPS Program within the OHSB works collaboratively with external and internal partners within and outside the MOL to improve workplace health and safety.

Throughout 2010-2011 SPS will engage with partners such as:

- the federal government on the issue of Workplace Hazardous Materials Information System (WHMIS) global harmonization,
- the Canadian Standards Association (CSA) on standards such as those concerning ergonomics and work in confined space,
- the Institute for Work and Health on systematic health and safety reviews,
- the Ontario Veterinary Medical Association on radiation issues, 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 response system in Ontario by building strong linkages, an understanding of the partner's role during an emergency, and cross collaboration within the 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 MOL will continue to pay particular attention to them. Others require tools, information and education on how to comply; and others have best practices to share.

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

SPS staff and inspectors often contribute to the development of compliance-based materials. Throughout 2010-2011, SPS staff will consult with partners on a number of resource and educational initiatives such as those produced by the Safe Workplace Promotion Services Ontario'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 MOL has a primary responsibility to ensure that workplaces comply with Ontario's Occupational Health and Safety Act (OHSA) and related regulations and 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, a 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 Workplace Safety and Insurance Board [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 positive health and safety culture requires all workplace parties 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.

Enforcement focus: targeted enforcement to maximize impact

SPS professional staff are appointed as MOL Occupational Health and Safety inspectors and designated Provincial Offences Officers, similar to other ministry workplace health and safety inspectors. They carry out their field work independently or in conjunction with the MOL's program inspectors in the Mining, Health Care, Industrial and Construction sectors. The following enforcement plan outlines the *Safe At Work Ontario* enforcement strategy for specific SPS-related hazards (i.e., ergonomics, hygiene, engineering-related safety, radiation protection, and emergency management). In addition, there is a complementary enforcement strategy for each of the SPS-related hazards that the program inspectors follow during their *Safe At Work Ontario* workplace inspections.

Beyond the proactive inspections carried out through *Safe At Work Ontario*, the overall work plan for SPS inspectors also includes reactive investigations, referrals (requests from inspectors for technical support) and project work.

Ergonomics services

Description

The key health and safety focus for ergonomics services concerns Musculoskeletal Disorders (MSD) risks in workplaces and the efforts by workplaces to control them.

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 workers and their work processes. This compounds the need for workplaces to address ergonomics and the prevention of MSDs. The MSD Prevention Guideline for Ontario, its accompanying Resource Manual and Toolbox (<http://www.labour.gov.on.ca/english/hs/pubs/pains/index.php>), and the sector-specific resources available through Ontario's HSAs, provide workplace parties with solid references for addressing MSD issues: <http://www.labour.gov.on.ca/english/hs/pubs/pains/index.php>.

The ergonomics work plan for 2010-11 includes components that support the *Safe At Work Ontario* strategy. This includes ergonomists:

- initiating field visits to firms with a history of work-related MSDs,
- supporting inspectors while they are conducting their SAWO inspections,
- supporting the MSD cross-program blitz,
- supporting other relevant blitzes with MSD hazard information, and
- participating in regional initiatives.

MOL regional ergonomists also respond to complaints and work refusals related to MSDs and they participate in investigations of critical injuries and fatalities where ergonomics are at issue.

The MOL has recently increased its complement of regional ergonomists, enhancing MOL's ability to support its inspectors and initiate more ergonomics-related workplace inspections.

Injury and illness trends

MSDs continue to be the leading cause of lost-time injuries (LTIs) in Ontario. MSD claims represent 43% (77,985) of all LTI claims and claim costs. In 2008, these claims generated more than \$142 million in direct claims costs and over 1.2 million in days lost. The number of workers reporting MSD injuries was 33,870 in 2008. There has been an 18% decline in the frequency rate of MSDs over the past six years; however, this decline is not occurring at the same pace as the overall annual LTI rate decrease, which is 22%.

Attention to MSDs is essential for assisting the ongoing decline of the overall annual LTI rate at provincially regulated workplaces. In the Industrial sector, MSDs represented 43% of all LTI claims in 2008. From 2003 to 2008, the annual rate of MSDs in this sector has declined by 22% and the overall LTI rate has declined by 27%. In the Health Care sector, MSDs represented 53% of all LTI claims in 2008. From 2003 to 2008, MSDs in health care have declined 7% and LTIs have fallen 12%. In the

Construction sector, MSDs represent 35% of all LTI claims. There has been a 5% decline in the annual MSD rate in the construction sector from 2003 to 2008, whereas the overall LTI rate has decreased 20%. The MSD rate in Mining represents 34% of the total LTIs. From 2003 to 2008, both the overall annual LTI rate and the MSD in mining dropped by 37%.

Ergonomics inspection focus

MOL inspectors may include an MSD focus during their field visits to workplaces with a history of MSDs or workplaces that are within a sector recognized as having a history of MSDs. Inspectors can request assistance from regional ergonomists.

An MSD heightened enforcement campaign (blitz) will be held in September and October 2010 across all MOL programs simultaneously.

In addition to supporting the general inspectorate, ministry ergonomists may initiate proactive workplace visits to firms with an MSD LTI claim frequency of greater than three and with more than 50 full-time-equivalent staff (with more than 20 full time equivalent staff in northern Ontario). An ergonomist may initiate a proactive visit to workplaces in any of the MOL's four programs (Industrial, Health Care, Construction and Mining).

The following table outlines the ergonomics focus for the general inspectorate in 2010-11.

Sector	Ergonomics inspection focus for general inspectorate
Industrial	The focus for the industrial sector is based on the MSD injury performance of WSIB rate groups and the overall number of MSD LTI claims. These rate groups include, but are not limited to: warehousing, sales, food sales, restaurants, hotels, vehicle assembly sales and service.
Health Care	This sector will focus on MSDs hazards in nursing homes, retirement homes and hospitals. Tasks associated with direct client care that poses MSD hazards include bedside care and client handling. Support staff moving and transporting items throughout these facilities will also be a focus. The functions of the JHSC will also be reviewed to determine the effectiveness of addressing MSD hazards and controls.
Construction	MOL ergonomists will continue to increase their field activity in the construction program. The homebuilding sector will be the primary focus. The homebuilding sector is the construction sector with the greatest count of MSD claims and 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 ergonomics focus will be on integration of MSD prevention into mining workplaces' overall health and safety programs via policy, procedures, training, etc. Also, the 2009-2010 MSD heightened enforcement campaign guidance material on the handling of drills and drill rods will be provided to the entire mining inspectorate.

Hygiene services

Description

The protection of workers from the risk of exposure to hazardous substances such as toxic chemicals, and physical agents such as noise and heat, as well as the prevention of occupational diseases and illnesses, are the key focus of the Occupational Hygiene 2010-2011 plan.

In December 2009, the government made changes to the regulations for the control of hazardous substances. These changes have streamlined and modernized regulatory requirements in Regulation 833 (Controls of Exposure to Biological and Chemical Agents) as well as consolidated the requirements of 11 designated substance regulations into a new regulation, O. Reg. 490/09 – Designated Substances. These regulatory changes will come into force on July 1, 2010.

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 control of occupational health hazards and associated risks will be achieved through enforcement of sector regulations including the new Designated Substance Regulation 490/09 (DSR) and the amended Control of Exposure to Biological or Chemical Agents Regulation (Regulation 833), when the amendments come into force, and federal/Ontario Workplace Hazardous Materials Information System (WHMIS) legislation.

Hygiene-related health and safety hazards

Workers in various work settings have potential exposure to hygiene-related health and safety hazards. These hazards include chemical, biological and physical agents that could lead to occupational diseases and injuries. Examples of chemical agents are hazardous solvent components in chemical products and isocyanates in spray paints. Examples of biological agents are moulds in water-damaged buildings. Examples of physical agents are noise and heat from heat generating facilities such as furnaces.

The OHSA and regulations prescribe requirements for assessing and controlling workers' exposure to hygiene-related health and safety hazards. The WHMIS legislation also provides a means of informing the workplace parties about hazardous materials handled in a workplace.

In addition to being designated as MOL Occupational Health and Safety inspectors and appointed as Provincial Offences Officers, SPS hygienists are federal WHMIS inspectors. As such, hygienists have an additional mandate in the enforcement of the federal *Hazardous Products Act* and *Controlled Products Regulations*. The enforcement activity includes investigations in response to inter-jurisdictional referrals (IJR) related to federal WHMIS issues.

In addition to the regular workplace hygiene inspection activities to ensure regulatory compliance, the hygiene work plan also addresses the need for an increased level of proactive hygiene intervention in workplaces for the following reasons:

- Occupational disease prevention is a priority of the Occupational Health and Safety Council of Ontario (OHSCO). The occupational disease strategy focuses on identifying and controlling exposure to toxic agents in workplaces. Special emphasis is placed on the controls of workplace use of substances that are considered carcinogens, sensitizing agents and reproductive hazards.

- To support the proactive occupational exposure strategy, there is an emphasis on 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 involves appropriate control measures; an important consideration is using less toxic substitutes.
- Enforcement of the DSR, Regulation 833, and WHMIS has a positive impact on the control of occupational exposures in workplaces.
- The noise exposure criteria in the Industrial Regulation were amended in 2007; enforcement of these amended criteria can reduce the hazard of occupational noise exposure and the risk of noise-induced hearing loss.

Hygiene inspection focus

Hygiene inspections complement the MOL's enforcement strategy:

- Hygiene interventions are consistent with the *Safe At Work Ontario* strategy to reduce occupational diseases.
- Proactive hygiene visits are made to workplaces in the health care sector.
- Workplaces are selected for proactive inspection according to a variety of criteria, including exposure hazards inherent to the work and compliance history. This involves assessment of the management of hazardous chemicals in workplaces and the potential for using less toxic substitutes.
- Hygiene interventions are incorporated into the Construction, Health Care, Industrial, and Mining sector plans.
- Enforcement of WHMIS, O. Reg.833, DSR and the noise exposure limits.
- Air quality surveys support proposals for changes to Occupational Exposure Limits (OELs) and enforcement of current OELs.

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

Sector	Hygiene services inspection focus
Industrial	Management of hazardous chemicals (i.e., storage, handling and use) with the following emphasis: • Enforcement of DSR, OELs, and WHMIS requirements • The potential for substitution of chemical substances with a less toxic substance • Exposure associated with the automotive, ceramic/glass/stone, wood and metal fabrication sectors Air quality surveys to support proposed OELs and enforcement of current OELs

Sector	Hygiene services inspection focus
	Enforcement of the amended noise exposure limits in the regulation Enforcement of confined-space regulations Enforcement of requirements regarding asbestos in building management program Use of personal protective equipment and training
Health care	Management of hazardous chemicals (i.e., storage, handling and use) with the following emphasis: • Compliance with DSR, OELs, and WHMIS requirements • The potential for substitution of chemical substances with a less toxic substance • Exposures related to dietary, pharmacy, laboratory, laundry, housekeeping, central supply, clinic services, maintenance and waste handling Personal protective equipment program, including respiratory protection program Provision and maintenance of ventilation systems for buildings as well as for specific hazard controls Asbestos in building management program
Construction	Management of hazardous chemicals (i.e., storage, handling and use) with the following emphasis: • Enforcement of WHMIS requirements • The potential using less toxic chemical substances, e.g., using substitutes for silica, lead, and isocyanates chemicals at construction projects Enforcement of Asbestos on Construction Projects and in Buildings and Repair Operations Regulation (O. Reg. 278/05) Personal protective equipment program including respiratory protection program Divers' breathing air quality testing Carbon monoxide in enclosed construction sites
Mining	Management of hazardous chemicals with the following emphasis: • Enforcement of WHMIS requirements • Dust exposure and control measures • Noise Personal protective equipment program including respiratory protection program

Engineering services

Description

The key health and safety focus for engineering services are workplace safety hazards. Regional engineers provide engineering support to all four MOL programs during inspections and investigations involving complex engineering issues. In addition, the competitive global economy and constant technological advancement in manufacturing, mining and construction are placing higher demands on employers to introduce new and advanced machinery, equipment and methodologies into workplaces. 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. The need for up-to-date knowledge of new developments in Ontario workplaces and the engineering behind such developments will place a higher demand on the MOL's engineering resources.

Engineering-related health and safety hazards

The protection of workers from risks associated with safety hazards such as mechanical, chemical, electrical, explosion, fall of grounds and hazards associated with the use and failure of lifting devices, work platforms and scaffolds are the key focus of the engineering services in 2010-2011 plan.

The plan outlines the key issues and initiatives for the enforcement of the engineering sections of the regulations for Industrial Establishments, Construction Projects and Mines and Mining Plants. It provides guidance regarding the initiation of visits by field engineers for specific sectors and priority safety hazards, and their participation in special projects related to the enforcement of regulations or for completing an investigation.

Engineering inspection focus

MOL inspectors enforce the OHSA and its regulations at workplaces across the province. As part of the *Safe At Work Ontario* strategy they will give special focus to certain specific sector and workplace hazards, but will continue to ensure overall compliance with the OHSA and its regulations. 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.

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 2010-11 their work may include:

- participating in proactive inspections;
- reviewing engineering reports;
- conducting workplace audits to determine compliance with Pre-Start Health and Safety Review (PSR) requirements;
- scoping work, reviewing reports, interpreting results and preparing engineering reports; and
- investigating fatalities, critical injuries, work refusals and complaints.

Engineers support the program's *Safe At Work Ontario* heightened enforcement campaigns by providing guidance materials and checklists to help inspectors to identify hazards effectively.

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

Sector	Engineering inspection focus for general inspectorate
Industrial	• Mechanical hazards such as in-running nip, crushing, entanglement and improper lock-out • Hazards associated with the use and failure of lifting devices • Chemical hazards/fire and 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
Construction	• Electrical contacts • Engineering engagement upon notification of multi-point suspension system (MPSS) or swing stages • Excavation, tunnel support system and trench shoring
Mining	• Mechanical hazards such as in-running nip, crushing, entanglement and improper lock-out • 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

Radiation Protection Services

Description

Occupational x-ray safety is regulated under O.Reg 861, the Regulation Respecting X-Ray Safety. Radiation Protection Field Services (RPFS) staff administer and enforce this regulation.

RPFS staff also enforce occupational health and safety requirements (using the OHSA general duty clause 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) and veterinary facilities;
- Industrial – thickness gauges in steel/coating, fill-height detection in bottling/canning, contaminant detection in food processing, etc.;
- Educational – training of x-ray operators in medical, dental, forensic, chiropractic, non-destructive testing and security;
- Construction – industrial radiography of buildings, pipelines, etc.;
- Analytical – used for quality assurance/control and investigation in major manufacturing, testing and research; and
- Policing – security screening in courthouses, public buildings and correctional centres and in bomb detection.

Radiation Protection Officers (RPOs) are designated MOL inspectors and appointed as Provincial Offences Officers. RPOs 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 number of employers in possession of x-ray machines continues to increase year by year and the installation approval of x-ray machines has also increased, most notably in dental veterinary, and security screening applications.

- 2,400 MOL-registered employers are in possession of x-ray sources (non human applications).

- About 50,000 x-ray sources are registered with the X-ray Inspection Unit of the Ministry of Health and Long-Term Care.
- Approximately 400 workplaces in possession of non-ionizing sources are in the RPFS's database as a result of reactive visits. These files are kept to provide historical information for potential future and similarly related worker complaints or work refusals.

Injury and illness trends

- Exposure to a hazardous physical agent (x-rays) may induce cancer, or cause genetic damage, tissue damage, and — in unborn children — developmental defects.
- High powered lasers in industrial, medical, cosmetic and research applications may injure skin and eyes.
- Safety issues related to the magnetic field of a magnetic resonance imaging system may result in an injury from a projectile or severe frostbite/freeze burns from exposure to cryogenic gas.
- Radio frequency/microwave exposure can heat tissue.
- Ultra-violet radiation can induce cancer and damage skin and eyes.
- External gamma radiation exposure and/or internal alpha/beta particle radiation exposure from inhalation/ingestion of NORM may induce cancer induction, or cause genetic damage, tissue damage and — in unborn children — developmental defects.

Radiation protection inspection focus

MOL inspectors enforce the OHSA and its regulations at workplaces across the province. As part of the *Safe At Work Ontario* strategy, they devote special attention to certain sector-specific workplace hazards. However, they will continue to ensure overall compliance with the OHSA and its regulations. 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.

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 radiation hazards are known. They will also conduct proactive inspections on their own initiative according to the potential risk of radiation exposure, results of the last workplace field visit and time elapsed since the last visit.

A complementary proactive approach will:

- focus on the inspection of security x-ray machines in high tech, mining, policing and correction centre applications;
- investigate the highest personal x-ray exposures according to the national dose registry database;
- confirm registration and review x-ray sources and installations (Regulation 861 [X-Ray Safety] requires employers to register with the Director, and the plan design must have been reviewed and accepted by an inspector); and
- support the inspectorate on any regional initiatives with a radiation protection component.

In addition to radiation hazards, the MOL is advising RPOs to pay particular attention to the enforcement focus topics and issues in the following table. This list, which is not exhaustive, applies mainly to veterinary facilities and other extended class workplaces (i.e. those not under the jurisdiction of the MOL's industrial, construction, mining or health care sectors).

Major hazards	MOL Radiation Protection Services inspection focus
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 MOL, 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. These reforms aim 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 from occurring, by lessening the frequency and severity of others, and by speeding recovery. 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 to 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 of Labour Emergency Management Program

The Emergency Management and Civil Protection Act, R.S.O. 1990, c.E.9 (the Emergency Management Act), 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 Emergency Management 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.” The responsibility for developing an emergency response plan for this additional OIC falls within the Specialized Professional Services. Although there is no *Safe At Work Ontario* enforcement focus in the 2010-11 work plan on emergency management, inspectors have received training on the MOL’s Emergency Response Guide for Regional Staff.