



# Health Care Sector Plan

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*2015-2016*

# Contents

<b>Introduction.....</b>	<b>3</b>
Ontario’s health care industry .....	5
Health care sector enforcement statistics .....	7
<i>Table 1. Health care sector field visit activities and orders issued.....</i>	<i>8</i>
<i>Table 2. Health care sector events and injuries.....</i>	<i>9</i>
<b>Priorities .....</b>	<b>10</b>
System priorities .....	10
Enforcement focus relating to system priorities.....	10
<i>Assist the most Vulnerable Workers .....</i>	<i>10</i>
<i>Support occupational health and safety improvements in Small Businesses.....</i>	<i>12</i>
<i>Address the Highest Hazards that result in occupational injuries, illnesses or fatalities.....</i>	<i>12</i>
<b>Enforcement initiatives .....</b>	<b>13</b>
Addressing serious hazards in health care .....	13
Inspection focus: major hazards and key issues in health care .....	14
Major hazards and key health and safety priorities .....	15
<i>Internal responsibility system (IRS).....</i>	<i>15</i>
<i>Complying with the Awareness Training Regulation.....</i>	<i>17</i>
<i>Musculoskeletal disorders (MSDs) involving non-client-handling.....</i>	<i>18</i>
<i>MSDs involving client handling (lifting, transferring and re-positioning patients/residents/clients).....</i>	<i>19</i>
<i>Slips, trips and falls .....</i>	<i>20</i>
<i>Exposures to hazardous biological, chemical and physical agents.....</i>	<i>21</i>
<i>Contact with and struck-by-object injuries.....</i>	<i>23</i>
<i>Workplace violence .....</i>	<i>24</i>
<i>Transportation hazards (including motor vehicle incidents).....</i>	<i>26</i>
<i>Safety in transition of care.....</i>	<i>26</i>
<i>Competent supervision .....</i>	<i>27</i>
<i>Needle and sharps safety .....</i>	<i>28</i>
<i>Infections and infectious diseases .....</i>	<i>29</i>
<i>Occupational illnesses and diseases .....</i>	<i>30</i>
<i>Reporting occupational injuries and illnesses .....</i>	<i>32</i>
<i>Workplace Hazardous Materials Information System (WHMIS).....</i>	<i>33</i>
<i>Antineoplastic and other hazardous drugs.....</i>	<i>34</i>
<i>Personal protective equipment.....</i>	<i>35</i>
<i>Ventilation maintenance and monitoring .....</i>	<i>36</i>
<i>Asbestos .....</i>	<i>37</i>
<i>Common industrial hazards .....</i>	<i>38</i>

*Loading dock safety* ..... 39  
*Construction hazards* ..... 39  
*Vulnerable workers (including new and young workers)* ..... 40  
*Emergency management (preparedness, response and recovery)* ..... 41

**Regional initiatives** ..... 42

**Resources** ..... 42

Legislation ..... 42  
Sector groups – Ontario Health Care Health and Safety Committee under Section 21 of the OHS Act ..... 43  
Health and Safety System Partners ..... 44

## Introduction

Safe At Work Ontario is a Ministry of Labour (MOL) initiative to raise awareness about, 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 that focus on hazards and outline what inspectors will focus on during inspections.

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

Every year the MOL 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 the program is working
- increase support for new directions and
- identify areas for improvement.

The Health Care Sector Plan for 2015-2016 describes sector-specific hazards and compliance issues, and the MOL's enforcement focus for inspections in health care sectors.

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

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

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

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

In 2014, the definition of worker in the Occupational Health and Safety Act was expanded to cover unpaid co-op students, certain other learners and trainees participating in a work placement in Ontario.

Specifically, the new definition of worker includes:

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

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

Please refer to the [e-Laws website](#) to view or download a copy of the [OHSA](#) and its regulations.

The [Sector Trends](#) analysis for each sector outlines the MOL activities for review by stakeholders.

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

[Sector Plans](#) for MOL programs are also available online.

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

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

**Note:** This document does not constitute legal advice. To determine your rights and obligations under the [Occupational Health and Safety Act](#) (OHSA) and its regulations, please contact your legal counsel or refer to the legislation at [www.ontario.ca/laws](http://www.ontario.ca/laws).

## 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** includes 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
- laboratories
- professional offices and agencies

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

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## Ontario's health care industry

The health care sector faces some key challenges which could have a significant impact on worker health and lost-time injury (LTI) rates (injuries that result in lost time at work).

These challenges include:

- increased care requirements resulting from Ontario's aging population
- increased patient and resident needs
- increased obesity rates
- increased demand on health and community care services
- globalization of occupational health and safety issues such as:
  - emerging infectious diseases
  - pandemics and
  - other environmental health risks
- recruitment and retention due to:
  - an aging workforce
  - shortage of skilled professional staff and increase in the casual and part-time workforce.

## Some quick facts

- More than 800,000 workers are employed in Ontario’s health care sector.
- They work at more than 6,000 hospitals, long-term care homes, retirement homes, community care and other workplaces across the province.
- Health care ranks second highest<sup>1</sup> for LTIs among all sectors in Ontario.

Health care, according to the [By the Numbers 2013 WSIB \(Workplace Safety and Insurance Board\) report](#), ranks above the overall LTI rate in Schedule 1 of 0.95, and was 1.37 per 100 workers in 2013. Health care experienced a decrease in the 2013 LTI rate from 1.50 in 2012. When comparing the total number of LTIs, health care ranks second highest among all sectors in Ontario.

Ontario’s health care sector is diverse and complex. The table below shows its labour force is generally increasing.

**Ontario labour force - health care sector**

2009	2010	2011	2012	2013	2014
719,800	735,800	782,400	775,800	785,200	810,700

**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 19, 2015).*

Health and community care services are provided in a variety of complex settings. Seven settings are covered by the ministry’s Health Care Health and Safety Program.

### 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.

### Retirement homes

Retirement homes provide residential services primarily to seniors who are generally able to care for themselves. Services and levels of care vary at these operations. Workers at these operations include nursing staff, personal support workers and support service staff such as housekeepers and kitchen staff.

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

<sup>1</sup> According to [By the Numbers 2013: WSIB \(Workplace Safety and Insurance Board\) Report](#).

### **Hospitals**

Hospitals are the largest employers in the health care sector. Their activities include diagnosis and short-term treatment for patients with a wide range of diseases and injuries. Hospitals vary in the types of services they offer. Included are general hospitals, rehabilitation hospitals, extended care hospitals, psychiatric hospitals, addiction hospitals, paediatric and other specialty hospitals.

### **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).

Health care personnel in this group can include dental technicians and hygienists, physiotherapists, nursing staff, health care aides and providers, home care aides and workers, home support workers and homemakers.

### **Supported group living residences and other facilities**

Supported group living residences 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.

### **Treatment clinics and specialized services**

Treatment clinics and specialized services include drug and alcohol treatment centres, public health clinics, Community Care Access Centres, community clinics and skills development programs. Activities include continual assessment and rehabilitative treatment for non-institutional patients whose physical or mental condition is expected to improve.

### **Professional offices and agencies**

Professional offices and agencies include 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.

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## **Health care sector enforcement statistics**

MOL inspectors enforce the OHSA and its regulations at workplaces across the province. As part of the *Safe At Work* Ontario strategy, they focus on specific industry sectors where there are:

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

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

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

Occupational health and safety inspectors:

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

A summary of activities of inspectors within this program, including those done as part of the SAWO 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
Proactive – consultations	52	29	78
Proactive – inspections	1,700	1,420	1,680
Total proactive field visit activities	1,752	1,449	1,758
Total reactive field visit activities – investigations	1,796	1,694	2,063
Total field visit activities	3,548	3,143	3,821
Orders issued	3,710	3,340	4,494

**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 within this Occupational Health and Safety program.

- Data are subject to change due to updates in the enforcement database.

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

**Table 2. Health care sector events and injuries**

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

**Notes**

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

## Priorities

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### System priorities

On December 16, 2013, the MOL released its first [Healthy and Safe Ontario Workplaces Strategy](#) designed to guide the efforts of the:

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

*Safe At Work Ontario* was refocused to:

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

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

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

To support the SAWO strategy, below is a brief overview of 2015-2016 enforcement focus areas for inspectors who will visit health care workplaces.

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### Enforcement focus relating to system priorities

#### **Assist the most Vulnerable Workers**

The [Expert Advisory Panel on Occupational Health and Safety](#) described vulnerable workers as:

- having greater exposure than most workers to conditions hazardous to health and safety and
- lacking the power to alter those conditions.

Generally, vulnerable workers:

- lack work experience and/or training and
- do not know their OHS rights, such as the right to refuse unsafe work.

During the ministry's annual *Safe At Work Ontario* consultation sessions, stakeholders have indicated that in some cases newcomers are afraid to voice their concerns in fear of losing employment.

The ministry's Prevention Division is leading development of a comprehensive Vulnerable Worker Action Plan. This plan will:

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

The Occupational Health and Safety Branch at the Ministry of Labour collaborates with the Prevention Division and the Vulnerable Worker Task Group. As part of this Vulnerable Worker Action Plan, the HCHSP will continue to place a strong emphasis on ensuring workplaces are:

- maintaining a functioning internal responsibility system (IRS)
- providing training to all workers and
- ensuring workers understand their rights under the OHS.

Some workers are more vulnerable than others to injuries, illnesses and fatalities.

A worker's vulnerability depends on many individual and workplace factors that interact in complex ways to increase the worker's risk of occupational injuries, illnesses or fatalities. Although individual factors are often the focus when defining vulnerability, workplace factors like hours of work, employment stability and hazards in the workplace are also important.

Health care workers may be vulnerable due to:

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

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

It is essential all workplace parties, including vulnerable workers, know their rights and responsibilities under the OHS. The new [Health and Safety Awareness Training Regulation](#) is one tool available to workplaces to achieve this outcome.

## 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: A Strategy for Transforming Occupational Health and Safety](#) 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 2013-2014 Annual Report](#).

During annual *Safe At Work Ontario* consultations, stakeholders suggested the ministry:

- develop additional simple and helpful resources and tools to assist small businesses; and
- provide more compliance assistance, when possible, by enforcement officers.

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

According to the Public Services Health and Safety Association (PSHSA), approximately 75 per cent of health care workplaces registered with the WSIB have fewer than 50 full time equivalent employees and are considered to be small businesses. The health care sector contains many small businesses – including retirement homes, community care providers and service agencies. These workplaces are included in the [Safe At Work Ontario](#) strategy to support and help improve the occupational health and safety programs in small businesses.

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

## Address the Highest Hazards that result in occupational injuries, illnesses or fatalities

Regardless of size, almost all Ontario workplaces employ workers that 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 our inspectorate to target hazards in Ontario, including high hazards which may not be the focus of a specific blitz or initiative.

When blitzes are not underway, inspectors will still be inspecting workplaces for high hazards and ensuring that workplace parties are complying with the OHSA at Ontario's workplaces.

## 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 OHSA and its regulations.

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

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

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

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## Addressing serious hazards in health care

**The 2015-2016 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)<sup>1</sup> and enforcement activities

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

The health care sector experiences the second highest total number of lost time injuries in Ontario, according to WSIB data. As a result, the initiative will address the five most serious hazards and contributors to lost-time injuries (LTIs) in health care, based on the 2013 WSIB data<sup>1</sup>:

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<sup>1</sup> WSIB Enterprise Information Warehouse (EIW) Cost Claim Analysis Schema, March 2014 data snapshot, courtesy of Public Services Health and Safety Association (PSHSA)

- musculoskeletal disorders (MSDs): accounting for 41 per cent of LTIs
- slips, trips and falls: accounting for 18 per cent of LTIs
- exposures to hazardous biological, chemical and physical agents: accounting for 14 per cent of LTIs
- contact-with/struck-by-object injuries: accounting for 10 per cent of LTIs
- workplace violence: accounting for 10 per cent of LTIs

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

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

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## Inspection focus: major hazards and key issues in health care

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

In 2015-2016, ministry inspectors will continue to inspect for overall compliance with the [OHSA](#) and its regulations, such as [Health Care and Residential Facilities Regulation](#) (O. Reg. 67/93) and [Needle Safety Regulation](#) (O. Reg. 474/07).

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

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

- development, establishment and implementation of written measures and procedures for the health and safety of workers and
- providing training and educational programs to workers that are relevant to their work

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

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

- information provided by workplace parties
- the workplace's lost-time injury history
- “field intelligence” (information received by ministry inspectors in the field) and

- whether directors and officers of a corporation are complying with the requirements of section 32 of the [OHSA](#). Section 32 requires all directors and officers of corporations to take all reasonable care to ensure the corporation complies with the [OHSA](#) and its regulations and all orders or requirements issued by a MOL inspector, a MOL director or the Minister of Labour.

For more information on the specific duties of a director and officers of a corporation, see:

- OHSA Section 32 and
- the ministry's [Guide to the OHSA](#) and
- [Who is a Supervisor under the Occupational Health and Safety Act?](#)

In addition to proactive inspections and consultations under the [Safe At Work Ontario](#) strategy, MOL inspectors and other specialized and professional staff also conduct reactive investigations and may carry out hazard-specific blitzes.

Inspectors are not limited to the issues identified in this document as major hazards or key health and safety issues. They will take appropriate enforcement action according to conditions at individual workplaces.

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

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## Major hazards and key health and safety priorities

### Internal responsibility system (IRS)

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#### Inspection focus

The [OHSA](#) establishes legal requirements that provide a foundation for the [Internal Responsibility System \(IRS\)](#). The IRS is a system within an organization in which everyone has a responsibility for workplace health and safety that is appropriate to one's role and function within the organization.

However, employers have the greatest responsibility with respect to health and safety in the workplace. The employer, typically represented by senior management, is responsible for ensuring that the IRS is established, promoted, and that it functions successfully. Strong leadership by senior executives, managers and supervisors is essential to setting the tone and establishing a corporate culture that nurtures the IRS and safety.

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.

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 clause 25(2)(c) of the OHSa, when appointing a supervisor, an employer must appoint a competent person. The OHSa defines a competent person as someone who:

- is qualified because of his or her knowledge, training, and experience to organize the work and its performance,
- is familiar with the OHSa and its regulations as it applies to the work, and
- has knowledge of any potential or actual danger to health 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 includes:

### **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 \(IRS\)](#)

### **Workplace Safety and Prevention Services**

- [IRS Primer](#)

### **Public Services Health and Safety Association (PSHSA)**

Fact sheets:

- [Physicians' OHS Roles and Responsibilities](#)
- [An Introduction to the JHSC](#)
- [Health and Safety Management Systems](#)
- [How to Investigate an Incident](#)
- [Caught in the Middle: the Supervisor and Occupational Health and Safety](#)

- [Occupational Illness: Requirements to Report to the Ministry of Labour](#)
- [The Leadership Factor: Occupational Health and Safety Starts with Us](#)
- [Occupational Health and Safety is Everyone's Business](#)
- [Empowerment and Self Protection: Occupational Health and Safety for Workers](#)
- [Workplace Inspection Report](#)
- [Employee Incident Report](#)

Training:

- [Internal Responsibility System \(IRS\)](#)
- [Certification Part 1](#)
- [Certification Part 2](#)
- Effective Leadership Series
  - [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](#)
- [H&S for Managers](#)

Tools:

- [Small Business Health and Safety Programs](#)

## Complying with the Awareness Training Regulation

### Inspection focus

In 2015-2016, inspectors will check on 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)].

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## Resources/compliance support

### Ontario Ministry of Labour

- [Worker Health and Safety Awareness in 4 Steps: Workbook](#)
- [An Employer Guide to Worker Health and Safety Awareness in 4 Steps](#)
- [Supervisor Health and Safety Awareness in 5 Steps: Workbook](#)
- [An Employer Guide to Supervisor Health and Safety Awareness in 5 Steps](#)
- [Worker Health and Safety Awareness in 4 Steps \(e-training\)](#)
- [Supervisor Health and Safety Awareness in 5 Steps \(e-training\)](#)
- [Ministry of Labour Awareness Training \(Information page\)](#)

## Musculoskeletal disorders (MSDs) involving non-client-handling

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### Inspection focus

MSDs continued to account for the largest percentage of LTIs in the Health Care sector during 2013, according to WSIB data<sup>1</sup>.

Employers must:

- know their workplaces' MSDs 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
- establish written measures and procedures for the protection of workers in accordance with sections 8 and 9 of [O. Reg. 67/93](#) in consultation with the JHSC (or 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.

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## Resources/compliance support

### Ontario Ministry of Labour

- [Prevent Musculoskeletal Disorders \(MSDs\) in Health Care Workplaces](#)
- [Musculoskeletal Disorders/Ergonomics](#)

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<sup>1</sup> WSIB EIW Cost Claim Analysis Schema, March 2014 data snapshot, courtesy of PSHSA

## Public Service Health and Safety Association (PSHSA)

Fact sheets:

- [Musculoskeletal Disorders](#)
- [Participatory Ergonomics](#)
- [Repetitive Work](#)
- [How Does My Back Work?](#)
- [How Much Can You Lift?](#)

Community care web tutorials:

- [Musculoskeletal Disorders](#)

Training:

- [A Participatory Approach to MSD Prevention](#)
- [Ergonomic Hazards](#)
- [Musculoskeletal Disorders](#)

Tools:

- [Ergonomics in Healthcare: A Fitting Solution DVD](#)

Others:

- [Occupational Health Clinics for Ontario Workers - MSD Information](#)

## 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<sup>1</sup>.

Employers and supervisors must ensure that workers:

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

Employers regulated under O. Reg. 67/93, in consultation with the Joint Health and Safety Committee (JHSC) or Health and Safety Representative (HSR), must establish written measures and procedures including but not limited to: assessing clients' mobility status, communicating the acceptable client handling technique and how to perform the technique.

<sup>1</sup> WSIB EIW Cost Claim Analysis Schema, March 2014 data snapshot, courtesy of PSHSA

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 OHS clause 25(2)(h). These duties apply for preventing MSDs.

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## Resources/compliance support

### Ontario Ministry of Labour

- [Musculoskeletal Disorders \(MSDs\): Safe Client Handling](#)
- [Video – Client Handling Health Care](#)

### Public Service Health and Safety Association (PSHSA)

Fact sheets:

- [Building a Successful Client Handling Program](#)
- [Ergonomic Tips for Resident or Patient Bathrooms](#)

Posters:

- [Client Mobility Logo Cards](#)
- [Client Mobility Review Poster](#)

Training:

- [Client Handling Program Enhancement](#)

## Slips, trips and falls

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### Inspection focus

Slip, trips and falls accounted for 18 per cent of all LTIs in the health care sector in 2013 (1197 LTI claims)<sup>1</sup>.

Under the OHS, 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.

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<sup>1</sup> WSIB EIW Cost Claim Analysis Schema, March 2014 data snapshot, courtesy of PSHSA

In 2015-2016, 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.

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## Resources/compliance support

### Ontario Ministry of Labour

- [Prevent Slips, Trips and Falls in All Workplaces](#)
- [Spot the Falls: Health Care: Interactive Tool](#)

### Workplace Safety and Prevention Services

- [Preventing Slips, Trips and Falls](#)

### Public Service Health and Safety Association (PSHSA)

Community care web tutorials:

- [Slips, Trips and Falls](#)

Training:

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

## Exposures to hazardous biological, chemical and physical agents

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### Inspection focus

Hazardous biological and chemical agents at health care workplaces include:

- viruses
- bacteria
- fungal spores/mould
- nuisance dust
- asbestos
- chemicals used for laboratory work
- sterilizing, disinfecting and cleaning
- hazardous drugs such as anaesthetic gases and antineoplastic drugs
- cryogenic gases

Physical agents include:

- noise
- x-rays

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

Under the OHSA, all employers are required to:

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

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

Employers covered by the [O. Reg. 67/93](#), are required to:

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

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

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## Resources/compliance support

### Ontario Ministry of Labour

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

- [Workplace Hazardous Materials Information System Regulation \(Reg. 860\)](#)
- [X-Ray Safety Regulation \(Reg. 861\)](#)
- [Designated Substances Regulation \(O. Reg. 490/09\)](#)
- [Control of Exposure to Biological or Chemical Agents Regulation \(Reg. 833\)](#), and
- [Health Care and Residential Facilities \(O. Reg. 67/93\)](#), which addresses anaesthetic gases and antineoplastic drugs in Sections 96 and 97.

### Public Service Health and Safety Association (PSHSA) (see also WHMIS and infections section)

Fact sheets:

- [Radiation: Awareness for Health Care Workers](#)
- [Radiation: Regulation and Application in Health Care Settings](#)

Community care web tutorials:

- [Chemicals](#)

## Contact with and struck-by-object injuries

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### Inspection focus

Workers can be injured when they are struck by objects or when other types of contact occurs. These hazards can occur in material handling, improper machine guarding, or lack of lock out and tag out of equipment and machinery.

These injuries accounted for 10 per cent of all lost-time injuries (LTIs) in 2013<sup>1</sup>.

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.

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## Resources/compliance support

### Workplace Safety and Prevention Services

- [Machines, Tools and Equipment](#)
- [Hazard Management Tool](#)

### Public Service Health and Safety Association (PSHSA)

Training:

- [Safe Handling of Power Tools](#)
- [Control Energy Hazards](#)

## Workplace violence

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### 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 10 per cent of all lost-time injuries (LTIs) in the health care sector in 2013<sup>1</sup>.

Under the OHSA, employers must:

- develop workplace violence and workplace harassment policies
- have programs to implement those policies
- assess the risks of workplace violence and
- take every precaution reasonable in the circumstances to protect workers from domestic violence that may enter the workplace.

The duties of workplace parties specified in sections 25, 27 and 28 of the OHSA apply to workplace violence as appropriate. The [OHSA](#) provides definitions for workplace violence and workplace harassment and specifies employer duties in respect of workplace violence and harassment.

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<sup>1</sup> WSIB EIW Cost Claim Analysis Schema, March 2014 data snapshot, courtesy of PSHSA

For those workplaces that fall under the [Health Care and Residential Facilities Regulation](#), O. Reg. 67/93, there are specific requirements for consulting with the Joint Health and Safety Committee or health and safety representative on certain matters. For more information, see sections 8 and 9 of the regulation.

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## Resources/compliance support

### Ontario Ministry of Labour

- [Workplace Violence and Harassment: Understanding the Law](#)

### Public Service Health and Safety Association (PSHSA)

Handbooks:

- [Addressing Domestic Violence in the Workplace](#)
- [Assessing Violence in the Community](#)
- [Bullying in the Workplace](#)

Fact sheets:

- [Domestic Violence](#)
- [Protecting Workers Who Work Alone](#)
- [Complying with Legislation](#)
- [Workplace Bullying](#)

Posters:

- [Violence in the Workplace](#)
- [Bullying](#)
- [Domestic Violence](#)
- [Respectful Workplace](#)

Web tutorials:

- [Workplace Violence](#)

Tools:

- [Workplace Violence Risk Assessment Tools](#)

Training:

- [Workplace Violence](#)

## Transportation hazards (including motor vehicle incidents)

### Inspection focus

A large number of health care workers deliver services in the community and are required to drive in the course of their duties. Motor vehicle incidents are the primary cause of traumatic fatalities that have occurred in the health care sector.

All employers are required to put in place precautions that are reasonable in the circumstances to protect the health and safety of workers.

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

### Resources/compliance support

#### Public Service Health and Safety Association (PSHSA)

Fact sheets:

- [Driving Safety for Health Care Professionals](#)

Community care web tutorials:

- [Safe Driving](#)

Training:

- [Motor Vehicle incidents](#)

## Safety in transition of care

### Inspection focus

Transition of care refers to the 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.

Effective communication and training of staff involved in the provision of care is essential to not only ensuring the patient's, resident's or client's safety, but also the worker's safety. Priority areas related to transfer of care include employee training and orientation and the development and implementation of standardized processes for communication and information transfer.

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## Resources/compliance support

### Public Service Health and Safety Association (PSHSA)

Fact sheets:

- [Transition of Care](#)

## Competent supervision

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### 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 clause 25(2)(c) of the OHSA, when appointing a supervisor, an employer must appoint a competent person.

The OHSA defines a competent person as someone who:

- is qualified because of his or her knowledge, training, and experience to organize the work and its performance
- is familiar with the OHSA and its regulations, as they apply to the work and
- has knowledge of any potential or actual danger to the health or safety of employees in the workplace.

In 2015-2016, the ministry will check that employers are complying with requirements for competent supervision.

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## 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 Service Health and Safety Association (PSHSA)

Fast facts:

- [Caught in the Middle: the Supervisor and Occupational Health and Safety](#)

Training:

- [Effective leadership Series](#)
- [H&S for Managers](#)

## Needle and sharps safety

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### Inspection focus

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

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

The regulation also requires the use of a safety-engineered needle anytime 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.

Employers must ensure appropriate controls are in place for the use, handling and disposal of all needles and sharps at a workplace.

In workplaces covered by O. Reg. 67/93, employers in consultation with the JHSC (or HSR) must establish written measures and procedures for disposal of waste materials and sharp objects, such as needles, in accordance with sections 8 and 9 of [O. Reg. 67/93](#).

Other sections of the regulations, such as sections 112 to 114 and section 116 may also apply to workplaces covered by O. Reg. 67/93. These sections refer to the safe disposal of needles and other wastes in healthcare workplaces.

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## Resources/compliance support

### Ontario Regulation

- [Ontario Regulation 474/07 Needle Safety](#)

### Public Service Health and Safety Association (PSHSA)

Resource guides:

- [Planning Guide to the Implementation of Safety-Engineered Medical Sharps](#)

Fact sheets:

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

## Infections and infectious diseases

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### 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 2015-2016, the ministry will continue to focus on protecting workers from infectious diseases.

Infections in workers that are acquired as a result of workplace exposures meet the definition of occupational illnesses under the OHSA. The nature of the illness must be reported to the

MOL, JHSC (or HSR) and trade union (if any). In addition to isolated cases of worker infections, outbreaks of illnesses within health care workplaces occur every year and often workers are among those infected. Occupationally acquired infections represent a particular concern in the health care sector. They continue to occur frequently as part of common outbreaks of illnesses within workplaces in the sector.

In workplaces where the [O. Reg. 67/93](#) applies, measures and procedures for the control of infections must be established and put into effect in consultation with the joint health and safety committee or health and safety representative in accordance with sections 8 and 9.

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## Resources/compliance support

### Ontario Ministry of Labour

Fact sheets:

- [Infection Prevention and Control](#)

### Public Service Health and Safety Association (PSHSA)

Tools:

- [Protecting Health Care Workers From Infectious Diseases: A Self-Assessment Tool](#)

Fact sheets:

- [Occupational Illness: Requirements to Report to the Ministry of Labour](#)
- [Hand Hygiene](#)

Community care web tutorials:

- [Infectious Diseases](#)

Training:

- [Occupational Disease](#)

### Ministry of Health and Long Term Care

- [Seasonal Influenza Blueprint](#)
- [MERS-CoV \(Novel Coronavirus\)](#)
- [Ebola Virus Disease](#)

## Occupational illnesses and diseases

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### Inspection focus

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

In 2013, 158 claims were allowed by the WSIB for deaths related to occupational disease. Two of those claims were in the health care sector<sup>1</sup>.

Exposure to chemical, biological and physical agents are among the five most serious hazards in health care<sup>2</sup>, according to an analysis of WSIB injury data by the Public Services Health and Safety Association (PSHSA).

Of key concern are work-related:

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

The frequency of WSIB claims for work-related asthma in Ontario's health care sector, especially work-aggravated asthma, is greater than in other WSIB industry sectors (accounting for 176 out of the 906 claims registered between 2008 and 2012)<sup>3</sup>.

Contact skin diseases are common in health care workers. Irritant contact dermatitis is more common and may result from exposure to wet work associated with frequent hand washing and glove use. Health care workers are also at risk to develop allergic contact dermatitis that may be caused by exposure to sensitizers found in rubber gloves.

Outcomes are better for occupational asthma and contact dermatitis if there is early recognition and avoidance of exposure.

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.

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## Resources/compliance support

### Ontario Ministry of Labour

- [Occupational Health Hazards and Illnesses](#)

### Public Service Health and Safety Association (PSHSA)

Quick facts:

- [Occupational Illness: Requirements to Report to the Ministry of Labour](#)

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<sup>1</sup> According to [By the Numbers 2013: WSIB \(Workplace Safety and Insurance Board\) Report](#).

<sup>2</sup> WSIB EIW Cost Claim Analysis Schema, March 2014 data snapshot, courtesy of PSHSA.

<sup>3</sup> WSIB Operations Data Mart as of September 30, 2013.

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

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

## Reporting occupational injuries and illnesses

### Inspection focus

Under OHS Act 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, provide 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.

OHS Act 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 2015-2016, ministry inspectors will continue to review reporting obligations with employers during workplace visits to determine if employers are in compliance.

### Resources/compliance support

#### Ontario Ministry of Labour

- [Report an Incident Information Page](#)

## Public Service Health and Safety Association (PSHSA)

Quick facts:

- [Occupational Illness: Requirements to Report to the Ministry of Labour](#)

## Workplace Hazardous Materials Information System (WHMIS)

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### 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. For further details please see: [Frequently Asked Questions \(FAQs\): Workplace Hazardous Materials Information System 2015](#).

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

- product labels
- Material Safety Data Sheets (MSDS)
- worker education

In addition, OHS Act 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

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### Resources/compliance support

#### Ontario Regulation

- [Workplace Hazardous Materials Information System Regulation \(Reg. 860\)](#)

#### Ontario Ministry of Labour

- [WHMIS: A Guide to the Legislation](#)

## Public Service Health and Safety Association (PSHSA)

Fact sheets:

- [WHMIS](#)

Posters:

- [WHMIS Symbols](#)
- [Consumer Symbols](#)

eLearning:

- [WHMIS for Everyone eLearning](#)

Training:

- [WHMIS](#)

Tools:

- [WHMIS for Everyone – The Essentials CD Rom \(interactive\)](#)
- [WHMIS Review DVD](#)

## Antineoplastic and other hazardous drugs

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### Inspection focus

Antineoplastic drugs are a group of specialized drugs used primarily to treat cancer as well as some non-cancerous conditions.

Health care workers may be exposed to antineoplastic drugs during all steps of handling, such as transportation, preparation, handling, administration and disposal of waste and contaminated materials.

Employers covered by [O. Reg. 67/93](#) must develop, establish and put into effect written measures and procedures to protect workers who may be exposed to antineoplastic agents or to material or equipment contaminated with antineoplastic agents, as required by Section 97. This must be done in consultation with the JHSC (or HSR), if any.

Employers of workplaces not covered by O. Reg. 67/93 are required under the [OHSA](#) to provide information, supervision and instruction to workers to protect their health or safety [clause 25(2)(a)]; and, 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.

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## Resources/compliance support

### ASSTSAS

- [Prevention Guide - Safe Handling of Hazardous Drugs](#)

### National Institute for Occupational Safety and Health (NIOSH) and the Centers for Disease Control and Prevention (CDC)

- [Alert - Preventing Occupational Exposures to Antineoplastic and other Hazardous Drugs in Health Care Settings](#)

### NIOSH

- [List of Antineoplastic and Other Hazardous Drugs in Health care Settings 2014](#)

### CDC

- [Personal Protective Equipment for Health Care Workers Who Work with Hazardous Drugs](#)

### Cancer Care Ontario

- [Safe Handling of Cytotoxic Drugs](#)

### Public Service Health and Safety Association (PSHSA)

White paper:

- [Safe Handling of Hazardous Drugs in Healthcare](#)

## Personal protective equipment

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### Inspection focus

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 protective equipment can include:

- respirators
- head protection
- eye protection
- foot protection
- protective aprons
- protective collars
- gowns
- gloves
- fall arrest systems

In 2015-2016, 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.

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## Resources/compliance support

### Health and Safety Ontario

- [Personal Protective Equipment \(PPE\)](#)

## Ventilation maintenance and monitoring

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### Inspection focus

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 2015-2016, ministry 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 OHS clause 25(2)(h). These duties apply with respect to ventilation systems.

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## Resources/compliance support

### Ontario Ministry of Labour

- [Guideline: Ventilation Inspection and Report for Health Care and Residential Facilities](#)

## Asbestos

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### Inspection focus

Older health care facility buildings may have asbestos-containing materials (ACM).

In Ontario, the [Asbestos on Construction Projects and in Buildings and Repair Operations Regulation](#) (O. Reg. 278/05) requires:

- the implementation of an asbestos management program in buildings where ACM are present and in other specified circumstances
- the building owner to establish a record containing the location and condition of actual or suspected ACM
- the record to be updated at least once annually and whenever the owner is aware of new information related to the ACM.
- safe work measures and procedures that employers and workers must follow when performing work (e.g., Type 1, Type 2 and Type 3 operations) that involves ACM.

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## Resources/compliance support

### Ontario Ministry of Labour

- [A Guide to the Regulation Respecting Asbestos on Construction Projects and in Buildings and Repair Operations](#)
- [Asbestos: FAQs](#)

## Public Service Health and Safety Association (PSHSA)

Training:

- [Asbestos Management Training](#)

## Common industrial hazards

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### Inspection focus

Common industrial hazards found in health care workplaces can include:

- entanglement, pinch and “struck-by object” hazards involving machines and equipment (e.g., conveyers, forklifts, lawnmowers)
- confined spaces and restricted spaces
- falls related to working at heights (e.g., ladders, scaffolds, loading docks)
- electrical, pneumatic, hydraulic or kinetic stored energy hazards with insufficient lockout/tag out systems

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 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.

In 2015-2016, ministry engineers will focus on chemical, fire and guarding hazards in power plants for health care facilities.

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### Resources/compliance support

#### Health and Safety Ontario

- [Machines, Tools & Equipment](#)
- [Hazard Management Tool](#)

## Public Service Health and Safety Association (PSHSA)

Fact sheets:

- [What is Confined Space?](#)

Training:

- Confined Space
  - [Confined Space Entry Regulation 632/05](#)
  - [Confined Space Entry Refresher 632/05](#)

## Loading dock safety

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### Inspection focus

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

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### Resources/compliance support

#### Ontario Ministry of Labour

- [Poster: Safe at Work Ontario – Loading Dock Safety Practices](#)
- [Video: Loading Dock Safety](#)

#### Public Service Health and Safety Association (PSHSA)

Fact sheets:

- [Loading Dock Safety](#)

## Construction hazards

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### Inspection focus

Construction projects (including renovations, structural maintenance, and new construction) in health care facilities are commonplace. Health care facilities need to protect the health and safety of health care workers by having a comprehensive plan to protect their staff during a construction project. Construction areas should be clearly delineated and separated by fencing or other measures to prevent unrestricted access. Ministry of Labour construction health and safety inspectors enforce the OHS Act 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 SAWO Construction Sector Plan.

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:

- plan for a pre- and post-construction hazard risk assessment
- hazard communication procedure
- 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.

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## Resources/compliance support

### Public Service Health and Safety Association (PSHSA)

Tools:

- [Construction Blitz Checklist](#)

## Vulnerable workers (including new and young workers)

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### Inspection focus

Under the OHSA, employers are required to provide all workers with training, instruction and supervision to protect their health and safety.

In 2015-2016, ministry inspectors will pay special attention to health and safety measures to prevent injuries of new and young workers.

The MOL considers new workers to be those who, regardless of age, have been on the job for less than 6 months or who have been assigned to a new job and considers anyone between 14-24 years of age to be young workers. For employers in workplaces covered by [O. Reg. 67/93](#), the education and training programs must be developed in consultation with the joint health and safety committee (JHSC) or health and safety representative (HSR).

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## Resources/compliance support

### Ontario Ministry of Labour

- [New and Young Workers – Keep Them Safe](#)
- [WorkSmartOntario](#)

### Public Service Health and Safety Association (PSHSA)

Tools:

- [Community Care: A Tool to Reduce Workplace Hazards](#)

Fact sheets:

- [Young Worker Orientation](#)

Tools:

- [Seven Step Assessment for New and Young Workers](#)
- [Co-Op Education Quiz](#)
- [New Worker Health & Safety Checklist](#)

## Emergency management (preparedness, response and recovery)

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### Inspection focus

Under OHSA, employers not covered by the [O. Reg. 67/93](#) must:

- take every precaution reasonable in the circumstances to protect workers from hazards at all times, including during an emergency, and
- provide information, instruction and supervision about emergencies.

For workplaces covered by O. Reg. 67/93, emergency management must include:

- development and implementation of written measures and procedures for worker health and safety, including training and educational programs
- a risk assessment to develop:
  - emergency measures

- emergency procedures and
- training and educational programs.

## Resources/compliance support

### Ministry of Health and Long Term Care

- [Emergency Planning and Preparedness](#)

**Disclaimer:** Mention of any organization or tool does not constitute endorsement by the MOL. In addition, citations to Web sites external to MOL do not constitute MOL endorsement of the organizations or their programs or products as OHS compliant. Furthermore, MOL is not responsible for the content of these Web sites.

## Regional initiatives

Each [MOL region](#) may conduct its own [local initiative\(s\)](#) to raise awareness of and help address health and safety issues that:

- are specific to particular geographic areas of Ontario and/or
- have a higher rate of occurrence than the rest of the province.

The table below outlines planned regional enforcement initiatives for April 1, 2015 to March 31, 2016.

Region	Name of Initiative	Focus	Date
Eastern	Focussed Compliance of Safety Engineered Medical Devices at Flu Clinics	Inspection at pharmacies, clinics, doctor's offices and other workplaces that dispense flu vaccinations to ensure workers are protected from needle stick injuries	April 2015 – March 2016

## Resources

[MOL Health and Community Care Resource Page](#)

## Legislation

The occupational health and safety legislation that applies to the Health Care Sector may include the following:

- [Occupational Health and Safety Act](#)
- [Health care and Residential Facilities \(O. Reg. 67/93\)](#)
- [Needle Safety \(O. Reg. 474/07\)](#)
- [Workplace Hazardous Materials Information System Regulation \(Reg. 860\)](#)
- [X-Ray Safety Regulation \(Reg. 861\)](#)
- [Designated Substances Regulation \(O. Reg. 490/09\)](#)
- [Control of Exposure to Biological or Chemical Agents Regulation \(Reg. 833\)](#)
- [Asbestos on Construction Projects and in Buildings and Repair Operations Regulation\(O. Reg. 278/05\)](#)

**Note:** Regulations made under the [Occupational Health and Safety Act](#), Revised Statutes of Ontario, 1990, Chapter O.1 as amended. For the complete Table of Regulations reference, please see:

- [www.ontario.ca/laws](http://www.ontario.ca/laws) (updated every two weeks)
- [The Ontario Gazette](#) (published January and July)

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

The Committee membership includes:

Members for organized labour:

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

Members for employers:

- Ontario Association of Community Care Access Centres (OACCAC) [www.ccac-ont.ca](http://www.ccac-ont.ca)
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) [www.oanhss.org](http://www.oanhss.org)

- Ontario Community Support Association (OCSA) [www.ocsa.on.ca](http://www.ocsa.on.ca)
- Ontario Home Care Association (OHCA) [www.homecareontario.ca](http://www.homecareontario.ca)
- Ontario Hospital Association (OHA) [www.oha.com](http://www.oha.com)
- Ontario Long Term Care Association (OLTCA) [www.oltca.com](http://www.oltca.com)

Observers:

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

Facilitator:

- The Ministry of Labour

The [Guidance Notes](#) by this Committee are available on-line.

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## Health and Safety System Partners

- [Ministry of Labour \(MOL\)](#)
- [Workplace Safety and Insurance Board \(WSIB\)](#)
- [Occupational Health Clinics for Ontario Workers \(OHCOW\)](#)
- [Workers Health and Safety Centre \(WHSC\)](#)
- [Institute for Work and Health \(IWH\)](#)
- [Infrastructure Health and Safety Association \(IHSA\)](#)
- [Public Services Health and Safety Association \(PSHSA\)](#)
- [Workplace Safety North \(WSN\)](#)
- [Workplace Safety and Prevention Services \(WSPS\)](#)