

Operations Division Occupational Health and Safety

## Field Visit Report

Page 1 of 12

OHS Case ID: **04763SRCL554**

Field Visit no: **04763SRDP561**

Visit Date: **2023-SEP-20**

Field Visit Type: **CONTINUATION**

Workplace Identification: **ORILLIA SOLDIERS MEMORIAL HOSPITAL**

Notice ID:

**170 COLBORNE STREET WEST, ORILLIA, ON, CANADA L3V 2Z3**

Telephone:  
**(705) 325-2201**

JHSC Status:  
**Active**

Work Force #:  
**1450**

Completed %:

Persons Contacted: **MATTHEW VATERS - HEALTH & SAFETY SPECIALIST  
DIYA DILEEPKUMAR - OCCUPATIONAL HEALTH & SAFETY ASSISTANT  
KRISTA WALKER - JHSC WORKER REPRESENTATIVE**

Visit Purpose: **DEVIERY OF SEPTEMBER 18, 2023 FIELD VISIT INVESTIGATION DETAILED REPORT**

Visit Location: **OCCUPATIONAL HEALTH AND SAFETY DEPARTMENT, CORRIDORS, BOARDROOM**

Visit Summary: **ORDERS ISSUED - SEE DETAILED NARRATIVE**

### Detailed Narrative:

The workplace was visited today to deliver the full detailed report regarding the September 18, 2023 Field Visit Investigation regarding a notice of Occupational Illness that was reported to the Ministry of Labour, Immigration, Training & Skills Development.

The employer reported that three (3) Workers were affected by Occupational Illness and that the Soldiers-1 Clinical Unit was currently in outbreak.

Under the Occupational Health and Safety Act <<https://www.ontario.ca/laws/statute/90o01>> (OHS), employers have the duty to keep workers and workplaces safe and free of hazards. This includes protecting workers from the hazards of viral respiratory illnesses, including seasonal respiratory viruses and COVID-19.

The risk of exposure to viral respiratory illnesses, such as COVID-19, in the workplace may increase during the fall and winter months or other periods of increased viral activity. Employers should put controls in place to address the hazard of exposure to viral respiratory illnesses such as COVID-19.

Employers can refer to the Management of Cases and Contacts of COVID-19 <[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact\\_mngmt/management\\_cases\\_contacts.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf)> for public health advice that COVID-19 cases and contacts are expected to follow. Workplaces should review this information and future revisions to stay up to date on public health messaging to protect workers.

Employers should determine what kind of information is appropriate with respect to protecting workers from exposure to viral respiratory illnesses at work, including COVID-19. This should include, at a minimum information about:

- viral respiratory illness in general
- the importance of staying home if unwell

#### Recipient

#### Inspector Data

#### Worker Representative

Name DEBBIE SINGH

**Scott Barber**  
O.H.S.A. & B.O.S.T.A. INSPECTOR  
PROVINCIAL OFFENCES OFFICER

Name Christa Walker

Title VP, HR CHCO.

102-17345 Leslie Street, Newmarket ON, L3Y 0A4  
MOLComplianceFormsNewmarket@ontario.ca  
Tel: (289) 763-8949  
Fax: (905) 715-7609

Title JHSC Co-Chair

Signature 

Signature 

Signature 

Operations Division Occupational Health and Safety

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- basics of infection control, such as hand hygiene and cough and sneeze etiquette
- signs and symptoms typical of viral respiratory illnesses, such as COVID-19
- the most recent advice from public health authorities

Based on an assessment, and in consultation with the joint health and safety committee or health and safety representative, the employer may choose to put additional precautions into place for protecting workers from exposure to viral respiratory illnesses.

A review of the employers' measures and procedures for the prevention and management of viral respiratory illnesses at work, including COVID-19 was conducted.

A physical inspection was conducted in the following areas:

- OCCUPATIONAL HEALTH DEPARTMENT
- CORRIDORS
- MAIN ENTRANCE
- IMRS UNIT AREAS
- HARVEY-2 UNIT AREAS

### Inspector Findings:

At the time of this Field Visit the workplaces parties verified that the Soldiers-1 Unit was in outbreak.

The workplace parties provided a copy of the current line-list provided to public health identifying workers that worked in the affected outbreak area that have identified as experiencing symptoms of the current outbreak.

At the time of this Field Visit twenty (20) workers were identified to have symptoms of Occupational Illness as identified on the employers documentation. Seventeen (17) of these cases had not been reported to the Ministry of Labour, Immigration, Training & Skills Development. Order issued and complied with forthwith.

At the time of this Field Visit the employer had not provided the Joint Health & Safety Committee written reports regarding all Worker Occupational Illnesses associated with the current outbreak at the workplace. The employer verified that only three (3) of twenty (20) cases have been reported to the Joint Health & Safety Committee. ORDER ISSUED

### Recipient

### Inspector Data

### Worker Representative

Name DERISIE SINGH

**Scott Barber**  
O.H.S.A. & B.O.S.T.A. INSPECTOR  
PROVINCIAL OFFENCES OFFICER

Name Christa Walker

Title VP. HR

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Signature [Signature]

Signature [Signature]

Signature C.W.



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**170 COLBORNE STREET WEST, ORILLIA, ON, CANADA L3V 2Z3**

The employer is reminded that as per Section 52(2) of the Occupational Health & Safety Act that if an employer is advised by or on behalf of a worker that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with the Workplace Safety and Insurance Board by or on behalf of the worker, the employer shall give notice in writing, within four days of being so advised, to a Director, to the committee or a health and safety representative and to the trade union, if any, containing such information and particulars as are prescribed. R.S.O. 1990, c. O.1, s. 52 (2); 1997, c. 16, s. 2 (12).

Measures and procedures for infection prevention and control

At the time of today's Field Visit the employer had measures and procedures in place regarding Infection Prevention and Control including;

- Personal Protective Equipment - General Policy
- PPE - Facilities Management
- PPE required for the decontamination areas of MDRD & Endoscopy
- Employee Incident Management Policy
- First Aid for Occupational Injuries or Illness Policy
- Outbreak Management Policy
- Food and Beverage Restrictions Policy

At the time of this Field Visit the Personal Protective Equipment - General, PPE - Facilities, and PPE required for the decontamination of MDRD & Endoscopy policies had not been reviewed within the last year. ORDER ISSUED

At the time of this Field Visit the Employee Incident Management policy had a last review date of June 2022 and had not been reviewed within the last year. ORDER ISSUED

At the time of this Field Visit the First Aid for Occupational Injuries or Illness policy had a last review date of April 2018 and had not been reviewed within the last year. ORDER ISSUED

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During this Field Visit multiple policies identified within this report had next scheduled review dates of 2025 and

### Recipient

Name DEBBIE SINGH

Title VP. HR

Signature [Signature]

### Inspector Data

**Scott Barber**

O.H.S.A. & B.O.S.T.A. INSPECTOR  
PROVINCIAL OFFENCES OFFICER

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### Worker Representative

Name Christa Walker

Title \_\_\_\_\_

Signature CW

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KRISTA WALKER - JHSC WORKER REPRESENTATIVE**Visit Purpose: **DEVIERY OF SEPTEMBER 18, 2023 FIELD VISIT INVESTIGATION DETAILED REPORT**Visit Location: **OCCUPATIONAL HEALTH AND SAFETY DEPARTMENT, CORRIDORS, BOARDROOM**Visit Summary: **ORDERS ISSUED - SEE DETAILED NARRATIVE****Detailed Narrative:**

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## Worker Representative

Name DEBBIE SINGH**Scott Barber**  
O.H.S.A. & B.O.S.T.A. INSPECTOR  
PROVINCIAL OFFENCES OFFICERName Christa WalkerTitle VP. HR CHCO.102-17345 Leslie Street, Newmarket ON, L3Y 0A4  
MOLComplianceFormsNewmarket@ontario.caTitle JHSC Co-ChairSignature Debbie Singh**Tel: (289) 763-8949**  
**Fax: (905) 715-7609**Signature Scott BarberSignature Christa Walker



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### Recipient

Name DERBIE SINGH

Title VP. HR

Signature 

### Inspector Data

**Scott Barber**

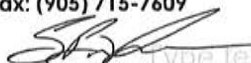
O.H.S.A. & B.O.S.T.A. INSPECTOR  
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Signature 

### Worker Representative

Name Christa Walker

Title \_\_\_\_\_

Signature CW.

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Name <u>DEBBIE SINGH</u>	<b>Scott Barber</b> O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Christa Walker</u>
Title <u>VP. HR</u>	102-17345 Leslie Street, Newmarket ON, L3Y 0A4 MOLComplianceFormsNewmarket@ontario.ca Tel: (289) 763-8949 Fax: (905) 715-7609	Title _____
Signature <u>[Signature]</u>	Signature <u>[Signature]</u>	Signature <u>CW</u>



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were placed on three-year review cycles.

The employer is reminded as per Section 9 (2) of the Health Care Regulation 67/93 - at least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice.

As of the time of this Field Visit the employer had sent a memo to all workers requiring masking in in patient areas of the hospital as well as on all clinical program areas.

When outbreaks occur, the employer meets with the local public health agency to receive specific direction regarding outbreak management and any associated line-lists of patients and workers affected. The employer has been in contact with Public Health regarding the current outbreak at the workplace.

### Information & Instruction to Workers & Supervisor Competency:

Information and instruction regarding worker's roles and responsibilities associated with these written measures and procedures are provided at the time of hire with refresher training provided as needed. Specific departmental training is provided to the worker in their work area within the department or when assigned specific tasks.

The employer has a return to work process which includes the Occupational Health Department where specific date of return and any applicable conditions of return to work are identified and communicated to the worker and their immediate supervisor.

### Personal Protective Equipment (PPE):

Workplace parties stated that in the event that a patient screens to have symptoms of a viral respiratory illness, including COVID-19 or other seasonal infectious viruses, the patient is placed on contact droplet precautions with signage and PPE stations placed outside the affected patient's room.

Specific PPE that was observed to be available to workers during this Field Visit were procedural masks, N95 respirators, gowns, gloves, and face shields/ eye protection. Workers at this workplace are trained in the donning and doffing of PPE.

Recipient	Inspector Data	Worker Representative
Name <u>D. SINGH</u>	<b>Scott Barber</b> O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Christa Walker</u>
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At the time of this Field Visit two (2) workers behind the Nursing Station of the Harvey-2 Unit were observed to be wearing procedural masks on their chin that were not being properly used. Order issued and complied with forthwith

At the time of this Field Visit three (3) workers were observed in the corridors of the Harvey-2 Unit that were not wearing masks despite area signage identifying a hazard to workers. Order issued and complied with forthwith

Workplace parties stated that Workers are fit tested for N95 respirators.

At the time of this Field Visit N95 Respirators were observed on the IMRS Unit were observed to be stored in a manner that was not sanitary throughout the Clinical Unit Area. ORDER ISSUED

All workers are reminded to ensure that when selecting N95 respirators for use, that they select the appropriate respirator they have been fit tested to use. Should a worker not have access to the appropriately fit tested N95 respirator model, they are to report immediately to their manager/ employer representative.

Workplace parties stated that Healthcare Workers utilize a point-of-care risk assessment to determine if PPE with a higher protection level is required for specific patient care activities.

### Screening Measures:

At the time of this Field Visit the employer has no screening (passive or active screening) in place at the workplace for workers or visitors entering the workplace.

### Cleaning and Disinfecting, housekeeping and waste:

Workplace parties reported that high touch surface cleaning is enhanced during times of outbreak in the affected areas.

Patient rooms where additional precautions have been determined to be needed also receive enhanced cleaning. Signage outside the affected patient rooms notifying workers regarding Contact/Droplet precautions being in place was observed during today's Field Visit at the workplace.

### Hand Hygiene

Recipient	Inspector Data	Worker Representative
Name <u>D. SINGH</u>	<b>Scott Barber</b> O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Christa Walker</u>
Title <u>VP. HR</u>	102-17345 Leslie Street, Newmarket ON, L3Y 0A4 MOLComplianceFormsNewmarket@ontario.ca	Title _____
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Alcohol Based Hand Sanitizers were observed to be present throughout the inspected areas of the workplace.

Workplace parties reported that Hand Hygiene audits are regularly conducted at the workplace with these audits occurring more frequently in areas experiencing outbreak.

Workplace parties reported that all workers have been trained regarding appropriate hand hygiene practices.

### Resources:

Ministry of Labour, Immigration, Training and Skills Development  
Ministry of Labour, Immigration, Training and Skills Development | [ontario.ca](https://www.ontario.ca/page/ministry-labour-immigration-training-skills-development)  
<<https://www.ontario.ca/page/ministry-labour-immigration-training-skills-development>>

Viral respiratory illnesses and the Occupational Health and Safety Act  
Viral respiratory illnesses and the Occupational Health and Safety Act | [ontario.ca](https://www.ontario.ca/page/viral-respiratory-illnesses-and-occupational-health-and-safety-act)  
<<https://www.ontario.ca/page/viral-respiratory-illnesses-and-occupational-health-and-safety-act>>  
The flu  
The flu | [ontario.ca](https://www.ontario.ca/page/flu-facts) <<https://www.ontario.ca/page/flu-facts>>

Guidance for the Health Sector  
COVID-19 - Guidance for the Health Sector - Ministry Programs - Health Care Professionals - MOH ([gov.on.ca](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx))  
<[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019\\_guidance.aspx](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx)>

Infection, Prevention and Control at Work: Basic Awareness Training eLearning English:  
<https://www.pshsa.ca/training/free-training/infection-prevention-and-control-at-work-basic-awareness-training>

Hand Hygiene videos:  
<<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene/jcyh-videos>>

Public Health Ontario: Respiratory Illnesses  
Respiratory Diseases | Public Health Ontario  
<<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases>>

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Name <u>D. Singh</u>	<b>Scott Barber</b> O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Christa Walker</u>
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FINAL NOTE - With respect to any un-intentional oversight of the Inspector, it remains an employer's entrenched duty under the OHSA/90 to ensure that compliance has been met in regard to all applicable sections of the OHSA/90 and or any Regulation/s made under that Act that may apply to this particular workplace and the work carried on therein.

All orders issued in this report were completely reviewed with the person/s contacted, along with the need for the notice of order compliance form, to be completed and returned to the Inspector by the date/s indicated in the order/s.

A copy of this report is required to be posted in a conspicuous location at the workplace for workers to access.

End of Report.

Recipient	Inspector Data	Worker Representative
Name <u>DSINGH</u>	<b>Scott Barber</b> O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>Christa Walker</u>
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**170 COLBORNE STREET WEST, ORILLIA, ON, CANADA L3V 2Z3**

Order(s) /Requirement(s) Issued To:

To:

Org/Ind Role

**ORILLIA SOLDIERS MEMORIAL HOSPITAL**

**Primary Employer**

Mailing Address:

**170 COLBORNE ST WEST, ORILLIA, ON, CANADA L3V 2Z3**

Order(s) /Requirement(s) Description:

You are required to comply with the order(s) /requirement(s) by the dates listed below.

No	Type	ActReg	Year	Sec.	Sub	Clause	Text of Order/Requirement	Comply by Date
	Code				Sec.			
1	Fort	OHS	1990	52	2		The employer shall give notice in writing containing such information and particulars as are prescribed, within four days of being so advised by or on behalf of a worker that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with the workplace safety and insurance board, to a director, to the committee and to the trade union, if any. At the time of this field visit, it was reported that twenty (20) workers notified the employer that the workers had an occupational illness and written notice was not provided to the MLTSD regarding seventeen (17) of these cases. Order issued and complied with forthwith	
04763SRDQ565								
2	Time	OHS	1990	52	2		The employer shall give notice in writing to the Joint Health & Safety Committee containing such information and particulars as are prescribed, within four days of being so advised by or on behalf of a worker that the worker has an occupational illness or that a claim in respect of an occupational illness has been filed with the workplace safety and insurance board, to a director, to the committee and to the trade union,	2023-SEP-22
04763SRDQ566								

Recipient

Inspector Data

Worker Representative

Name

DSINGH

Scott Barber  
O.H.S.A. & B.O.S.T.A. INSPECTOR  
PROVINCIAL OFFENCES OFFICER

Name

Christa Walker

Title

VP. HR

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Signature

DSingh

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SB

Signature

CW

Operations Division Occupational  
Health and Safety

## Field Visit Report

Page 9 of 12

OHS Case ID: **04763SRCL554**

Field Visit no: **04763SRDP561**

Visit Date: **2023-SEP-20**

Field Visit Type: **CONTINUATION**

Workplace Identification: **ORILLIA SOLDIERS MEMORIAL HOSPITAL**

Notice ID:

**170 COLBORNE STREET WEST, ORILLIA, ON, CANADA L3V 2Z3**

Order(s) /Requirement(s) Issued To:

To:

**ORILLIA SOLDIERS MEMORIAL HOSPITAL**

Org/Ind Role

**Primary Employer**

Mailing Address:

**170 COLBORNE ST WEST, ORILLIA, ON, CANADA L3V 2Z3**

Order(s) /Requirement(s) Description:

You are required to comply with the order(s) /requirement(s) by the dates listed below.

No	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
							if any. At the time of this field visit, it was reported that twenty (20) workers notified the employer that they had an occupational illness however only three (3) Worker cases had been reported to the Joint Health & Safety Committee.	
3	Time	OHSA	1990					
04763SRDR567	67	1993	9	2			The employer shall ensure that at least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice. At the time of this Field Visit the Personal Protective Equipment – General, PPE - Facilities, and PPE required for the decontamination of MDRD and Endoscopy had not been reviewed within the last year.	2023-OCT-18
4	Time	OHSA	1990					
04763SRDR568	67	1993	9	2			The employer shall ensure that at least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice. At the time of this Field Visit the Employee Incident Management policy had a last review date of June 2022 and had not been reviewed within the last year.	2023-OCT-18

Recipient

Name

D. SINGH

Title

VP. HR

Signature



Inspector Data

**Scott Barber**

O.H.S.A. & B.O.S.T.A. INSPECTOR  
PROVINCIAL OFFENCES OFFICER


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Worker Representative

Name

Christy Walker

Title

Signature

cw



Operations Division Occupational Health and Safety

# Field Visit Report

Page 10 of 12

OHS Case ID: **04763SRCL554**

Field Visit no: **04763SRDP561**

Visit Date: **2023-SEP-20**

Field Visit Type: **CONTINUATION**

Workplace Identification: **ORILLIA SOLDIERS MEMORIAL HOSPITAL**

Notice ID:

**170 COLBORNE STREET WEST, ORILLIA, ON, CANADA L3V 2Z3**

## Order(s) /Requirement(s) Issued To:

To:  
**ORILLIA SOLDIERS MEMORIAL HOSPITAL**

Org/Ind Role  
**Primary Employer**

Mailing Address:

**170 COLBORNE ST WEST, ORILLIA, ON, CANADA L3V 2Z3**

## Order(s) /Requirement(s) Description:

You are required to comply with the order(s) /requirement(s) by the dates listed below.

No	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
5	Time	OHS A	1990				The employer shall ensure that at least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice. At the time of this Field Visit the First Aid for Occupational Injuries or Illness policy had a last review date of April 2018 and had not been reviewed within the last year.	2023-OCT-18
04763SRDR569	67	1993	9	2				
6	Time	OHS A	1990				The employer shall ensure that at least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice. At the time of this Field Visit the Outbreak Management policy had a last review date of May 2022 and had not been reviewed within the last year.	2023-OCT-18
04763SRDR570	67	1993	9	2				
7	Time	OHS A	1990				The employer shall ensure that at least once a year the measures and procedures for the health and safety of workers shall be reviewed and revised in the light of current knowledge and practice. At the time of this Field Visit the Food and Beverage Restrictions policy had a last review date of April 2018 and had not been reviewed	2023-OCT-18
04763SRDR571	67	1993	9	2				

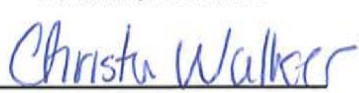
Recipient

Inspector Data

Worker Representative

Name 

**Scott Barber**  
O.H.S.A. & B.O.S.T.A. INSPECTOR  
PROVINCIAL OFFENCES OFFICER

Name 

Title VP. HR.

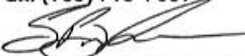
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Operations Division Occupational  
Health and Safety

# Field Visit Report

Page 11 of 12

OHS Case ID: **04763SRCL554**

Field Visit no: **04763SRDP561**

Visit Date: **2023-SEP-20**

Field Visit Type: **CONTINUATION**

Workplace Identification: **ORILLIA SOLDIERS MEMORIAL HOSPITAL**

Notice ID:

**170 COLBORNE STREET WEST, ORILLIA, ON, CANADA L3V 2Z3**

Order(s) /Requirement(s) Issued To:

To:

**ORILLIA SOLDIERS MEMORIAL HOSPITAL**

Org/Ind Role

**Primary Employer**

Mailing Address:

**170 COLBORNE ST WEST, ORILLIA, ON, CANADA L3V 2Z3**

Order(s) /Requirement(s) Description:

You are required to comply with the order(s) /requirement(s) by the dates listed below.

No	Type Code	ActReg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
8	Fort	OHS	1990				within the last year.	
04763SRDR574		67	1993	10	2		The employer shall ensure that personal protective equipment that is to be provided and worn by a worker shall be properly used. At the time of this Field Visit two (2) workers behind the Nursing Station of the Harvey-2 Unit were observed to be wearing procedural masks on their chin that were not being properly used. Order issued and complied with forthwith	
9	Fort	OHS	1990				The employer shall ensure that where worker who is required by his or her employer or by this regulation to wear or use any protective clothing, equipment or device shall be instructed and trained in its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter and the worker shall participate in such instruction and training. At the time of this Field Visit three (3) workers were observed in the corridors of the Harvey-2 Unit that were not wearing masks despite area signage identifying a hazard to workers. Order issued and complied with forthwith	
04763SRDR575		67	1993	10	1			

Recipient

Name

*D. Singh*

Title

*VP HR*

Signature

*[Signature]*

Inspector Data

Scott Barber

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*[Signature]*

Worker Representative

Name

*Christa Walker*

Title

Signature

*[Signature]*