

Operations Division Occupational Health and Safety

Field Visit Report

Page 1 of 7

OHS Case ID: 03913PHXM393

Field Visit no: 03913PKSV432

Visit Date: 2020-JUN-02

Field Visit Type: CONTINUATION

Workplace Identification: EATONVILLE CARE CENTRE  
420 THE EAST MALL, ETOBICOKE, ON, CANADA M9B 3Z9

Notice ID:

Telephone:  
(416) 621-8000

JHSC Status:  
Active

Work Force #:  
350

Completed %:

Persons Contacted: SEE DETAILED NARRATIVE.  
Visit Purpose: CONTINUATION VISIT.  
Visit Location: 420 THE EAST MALL ETOBICOKE (MEETING ROOM, BASEMENT LEVEL).  
Visit Summary: SEE DETAILED NARRATIVE. ORDERS ISSUED.


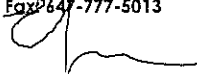

Detailed Narrative:

The field visit took place at the workplace and the following people were spoken to:

Kayley D'Souza - assistant director of care; Larysa Yusupova - worker's JHSC member (SEIU member); Evelyn MacDonald - Executive Director; Karen Telfer - O'Connor - environmental services manager, Mary Joice Castronuevo - worker's JHSC member; Regina Borkovskaia - worker's JHSC member (ONA representative).

FINDINGS AND DISCUSSIONS:

- At the screening station, this inspector observed an equipment (thermal optical camera) which takes body temperature remotely, allowing to keep distance between screener and screening person for at least 2 meters.
- The workplace parties confirmed that measures and procedures related to screening, physical distancing, cleaning and disinfection, PPE, infection control are in place and followed by the workers.
- During today's visit, worker's JHSC members, SEIU union members were asked if there are any concerns or issues related to established measures and procedures for health and safety of the workers at this workplace.
- Discussed composition and function of the JSHC at this workplace. The workplace parties indicated that currently JHSC consists of 7 members (3 members represent the employer and 4 members represent the workers). It was stated that most JHSC members are certified members.
- It was stated by the workplace parties that JHSC meetings are always chaired by the employer JHSC co chair. ORDER ISSUED.
- The workplace parties confirmed that physical inspection of this workplace is conducted on the monthly basis by the worker's JHSC member by following checklist and writing some observations. It was also stated that the entire workplace inspected once per month.

Recipient	Inspector Data	Worker Representative
Name <u>Kayley D'Souza</u>	<b>YEVGEN LESHCHENKO</b> OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEIHSTORW@ontario.ca Tel: (416) 998-9479 Fax: (416) 777-5013	Name <u>Larysa Yusupova</u>
Title <u>Assistant Director of Care</u>		Title <u>Programs Aide</u>
Signature 	Signature 	Signature 

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place at the workplace and provide a copy to the health and safety representative or the joint health and safety committee if any. Failure to comply with an order, decision or requirement of an inspector is an offence under Section 66 of the Occupational Health and Safety Act. You have the right to appeal any order or decision within 30 days of the date of the order issued and to request suspension of the order or decision by filing your appeal and request in writing on the appropriate forms with the Ontario Labour Relations Board, 505 University Ave., 2nd Floor, Toronto, Ontario M5G 2P1. You may also contact the Board by phone at (416) 325-7500 or 1-877-339-3335 (toll free), mail or by website at <http://www.oltb.gov.on.ca/english/homepage.htm> for more information.

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7. The employer representative was asked and provided to this inspector inspection check list. After looking at this check list (which comprised of at least 6 pages, it was found that many of items in this check list are not related to either physical inspection or application of the OHSA.

8. Inspection checklist, provided to this inspector for review, has all items checked "completed" and no deficiencies identified.

9. Discussed with the workplace parties effectiveness of physical inspection of the entire workplace once per month considering check list which includes many items not related to physical hazards or application of the OHSA.

10. Discussed with the workplace parties section 9 (27) (29) of the OHSA which states the following:

" (27) If it is not practical to inspect the workplace at least once a month, the member designated under subsection (23) shall inspect the physical condition of the workplace at least once a year, inspecting at least a part of the workplace in each month. R.S.O. 1990, c. O.1, s. 9 (27).

Schedule of inspections

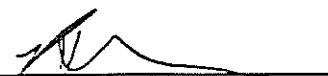
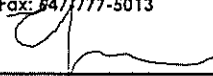

(28) The inspection required by subsection (27) shall be undertaken in accordance with a schedule established by the committee. R.S.O. 1990, c. O.1, s. 9 (28)."

11. Discussed with workplace parties section 9 (29) of the OHSA which states the following:

"(29) The constructor, employer and the workers shall provide a member designated under subsection (23) with such information and assistance as the member may require for the purpose of carrying out an inspection of the workplace. R.S.O. 1990, c. O.1, s. 9 (29). "

The employer representative confirmed that by the end of June 5, 2020 all worker's JHSC available at this workplace during this week, will be provided additional information on hazards recognition.

12. The employer shall ensure that a designated worker's JHSC member (s.9 (23) OHSA) inspects the physical conditions of the workplace on a biweekly basis until October 31, 2020 unless otherwise directed by an inspector of MLTSD. REQUIREMENT ISSUED.

Recipient	Inspector Data	Worker Representative
Name <u>Kayley D'Souza</u>	<b>YEVGEN LESHCHENKO</b> OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEHSTORW@ontario.ca Tel: (416) 898-9479 Fax: 847-777-5013	Name <u>Larysa Yusuport</u>
Title <u>Assistant Director of Care</u>		Title <u>Programs Aide</u>
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13. Discussed with workplace parties IRS (Internal Responsibility System) concept based of requirements of sections 25 – 30 of the OHSA.

14. The employer representative was asked and indicated that there is on line training related to basic awareness training for workers and supervisors in 4 and 5 steps.

The employer representative was asked and agreed to provided to the MLTSD copies of proof of completion of such training for all present during this meeting workers and supervisors by the end of June 5, 2020.

15. During today's visit information related to occupational illness reporting was clarified and discussed.

It was found and confirmed that on May 5 and 6, 2020 the employer submitted to the MLTSD occupational illness report that contained 104 worker's names. However, it was stated that there are 106 workers with occupational illness. REQUIREMENT ISSUED.

For the randomly selected worker from the provided to the MLTSD occupational illness report, it was found that the employer became aware of this illness on March 22, 2020 with confirmed test result on March 30, 2020, but the MLTSD was notified on May 5, 2020. ORDER ISSUED.

It was confirmed by the employer representative that occupational illness reports have not been provided to the JHSC, only discussed it with the JHSC on April 21, 2020. ORDER ISSUED.


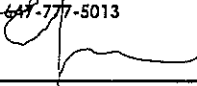
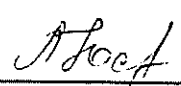
The employer was asked and agreed to provide to this inspector copy of worker's line list for COVID-19 outbreak.

16. Discussed information related to COVID-19 outbreak at this workplace. It was confirmed that there were two outbreaks for the last 3 months – respiratory and COVID-19.

The employer shall provide to the MLTSD copies of the following documents:

- Ontario Public Health outbreak check list for two most recent outbreaks;
- Copies of the WSIB forms 7 for all affected workers (COVID – 19 outbreak);
- Outbreak management meeting minutes (2 minutes);
- Worker's line list for COVID-19 outbreak.

REQUIREMENT ISSUED.

Recipient	Inspector Data	Worker Representative
Name <u>Kayley D'Souza</u>	<b>YEVGEN LESHCHENKO</b> OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEIHSTORW@ontario.ca Tel: (416) 998-9479 Fax: 647-777-5013	Name <u>Larysa Yusupova</u>
Title <u>Assistant Director of Care</u>		Title <u>Programs aide</u>
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17. Discussed with the workplace parties if there is measure and procedures (safety operating procedures) for workers to deal with wandering positive COVID-19 residents/ clients on locked unit.

It was stated that there is personal protective equipment and infection control measures and procedures.

The employer representative was asked this information and update the MLTSD on this issue.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness  
<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx>

Public Health Ontario  
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

Public Health Agency of Canada  
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html>

Health and Safety System Partners  
<http://www.healthandsafetyontario.ca/>

Additional Guidance  
[www.ontario.ca/coronavirus](http://www.ontario.ca/coronavirus)

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name: <u>Kauley D'Souza</u>	<b>YEVGEN LESHCHENKO</b> OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEIHSTORW@ontario.ca Tel: (416) 998-9479 Fax: 647-777-5013	Name: <u>Larysa Yuzupova</u>
Title: <u>Assistant Director of Care</u>		Title: <u>Programs Aide</u>
Signature: 	Signature: 	Signature: 

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420 THE EAST MALL, ETOBICOKE, ON, CANADA M9B 3Z9

Notice ID:

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

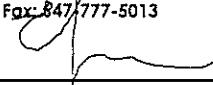
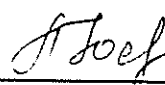
To: RESPONSIVE MANAGEMENT INC. Org/Ind Role: Primary Employer

Mailing Address:  
429 WALMER RD, TORONTO, ON, CA M5P 2X9

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
1	Time 03913PKTP434	OHSA	1990	9	11		The employer shall ensure that two of the members of a committee shall co-chair the committee, one of whom shall be selected by the members who represent workers and the other of whom shall be selected by the members who exercise managerial functions. It was stated by the workplace parties that JHSC meetings are always chaired by the employer JHSC co chair	2020-JUN-16
2	Rqmt 03913PKTP435	OHSA	1990	55			The employer shall ensure that a designated worker's JHSC member (s.9 (23) OHSA) inspects the physical conditions of the workplace on a biweekly basis until October 31,2020 unless otherwise directed by an inspector of MLTSD.	2020-OCT-31
3	Rqmt 03913PKTP436	OHSA	1990	54	1	c	The employer shall provided to the MLTSD copies of 2 occupational illnesses reports not submitted to the MLTSD. It was found and confirmed that on May 5 and 6, 2020 the employer submitted to the MLTSD occupational illness reports that contained 104 worker's names. However, it was stated that there	2020-JUN-05

<p>Recipient</p> <p>Name <u>Kayley D'Souza</u></p> <p>Title <u>Assistant Director of Care</u></p> <p>Signature </p>	<p>Inspector Data</p> <p>YEVGEN LESHCHENKO</p> <p>OCCUPATIONAL HEALTH &amp; SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER</p> <p>1600-5001 Yonge St, North York ON M7A 0A3</p> <p>MOLCOMPLIANCEIHSTORW@ontario.ca</p> <p>Tel: (416) 998-9479 Fax: 847-777-5013</p> <p>Signature </p>	<p>Worker Representative</p> <p>Name <u>Larysa Yusupova</u></p> <p>Title <u>Programs Aide</u></p> <p>Signature </p>
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Order(s) /Requirement(s) Issued To:

To: RESPONSIVE MANAGEMENT INC. Org/Ind Role Primary Employer

Mailing Address:  
429 WALMER RD, TORONTO, ON, CA M5P 2X9

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
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are 106 workers with occupational illness.

4	Fort 03913PKTP437	OHSA	1990	52	2			
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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. At the time of this visit for the randomly selected worker from the provided to the MLTSD occupational illness report, it was found that the employer became aware of this illness on March 22, 2020 with confirmed test result on March 30, 2020, but the MLTSD was notified on May 5, 2020.

5	Time 03913PKTP438	OHSA	1990	52	2			2020-JUN-05
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Recipient

Inspector Data

Worker Representative

Name Kayley D'Souza

YEVGEN LESHCHENKO  
OCCUPATIONAL HEALTH & SAFETY INSPECTOR  
PROVINCIAL OFFENCES OFFICER  
1600-5001 Yonge St. North York ON M7A 0A3  
MOLCOMPLIANCEIHSORW@ontario.ca

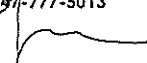
Name Larysa Yuseipova

Title Assistant Director of Care

Tel: (416) 998-9479  
Fax: 647-777-5013

Title Programs Aide

Signature 

Signature 

Signature 

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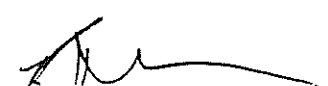
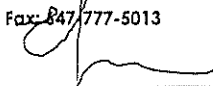

To: RESPONSIVE MANAGEMENT INC. Org/Ind Role: Primary Employer

Mailing Address:  
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6	Rqmt 03913PKTQ439	OHSA	1990	54	1	c	<p>the employer shall give notice in writing, within four days of being so advised to the JSHC and to the trade union, if any, containing such information and particulars as are prescribed.</p> <p>At the time of this visit it was confirmed by the employer representative that occupational illness reports have not been provided to the JHSC, only discussed it with the JHSC on April 21, 2020.</p> <p>The employer shall provide to the MLTSD copies of the following documents: - Ontario Public Health outbreak check list for two most recent outbreaks:: Copies of the WSIB forms 7 for all affected workers (COVID – 19 outbreak);- Outbreak management meeting minutes (2 minutes);Worker's line list for COVID-19 outbreak.</p>	2020-JUN-05

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Title: <u>Assistant Director of Compliance</u>		Title: <u>Programs Aide</u>
Signature: 	Signature: 	Signature: 

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