

Operations Division Occupational Health and Safety

Field Visit Report

Page 1 of 8

OHS Case ID: **02020PSTW436**  
Field Visit no: **02020PSTW438** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**  
Workplace Identification: **WILLIAM OSLER HEALTH CENTRE: COVID-19 ASSESSMENT CENTRE** Notice ID:  
**500 RAY LAWSON BOULEVARD, BRAMPTON, ON, CANADA L6Y 5B3**  
Telephone: **(905) 494-2120** JHSC Status: **Active** Work Force #: **25** Completed %:

Persons Contacted: **JACKIE RENNIE-HODGES, WORKER; EDITH IYAMU, WORKER**  
Visit Purpose: **INVESTIGATE COMPLAINT**  
Visit Location: **COVID-19 ASSESSMENT CENTRE**  
Visit Summary: **ORDERS ISSUED TO EMPLOYER. SEE DETAILED NARRATIVE BELOW**

Detailed Narrative:

This field visit took place in person and the following workplace parties were spoken to:  
- Jackie Rennie-Hodges, Worker  
- Edith Iyamu, Worker  
- Unsuccessful attempts were made by the Workers to contact their Supervisor who works at another location.

The following people were spoken to in a telephone conversation on October 22, 2020:  
- Steven Sloan, Health and Safety Manager  
- Cindy Dolden, Worker Member on Safety Committee  
- Nadine Young, Supervisor  
- Marcella Latchana, Occupational Health & Safety Specialist  
- Merle Francis, Manager

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complaint includes the following:  
- The complainant alleges that on October 16th many workers at the drive through Covid-19 testing station were not wearing their gloves correctly including having a gap between the glove and the sleeve of the gown which could lead to increased risk of exposure to the virus.

Inspector Findings:

This workplace consists of two tents, one for registration, and one for assessment and swabbing and a number of trailers including office, lunchroom and changeroom trailers. Most of the work is done inside two open ended tents where the public drive through in two rows of cars. Some work is done outdoors and inside trailers. It was reported that some heaters were set up for the tents yesterday.

The workers at this workplace are employed by William Osler Health Centre - Brampton Hospital, temporary work agencies including Helping Hands and a contracted security company.

Recipient	Inspector Data	Worker Representative
Name <u>Marcella Latchana</u>	<b>CHRIS LYNCH</b> OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title <u>OHS Specialist</u>	400-1290 Central Pky W Mississauga ON L5C 4R3 MOLComplianceFormsMississauga@ontario.ca Tel: (416) 986-0412 Fax: (905) 615-8853	Title _____
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) 326-7500 or 1-877-339-3335 (toll free), mail or by website at <http://www.orkb.gov.on.ca/english/homepage.htm> for more information.

Operations      Occupational  
Division      Health and Safety

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Page 2 of 8

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Notice ID:

During today's visit the workers that were wearing gloves and gowns did not have any noticeable gaps with skin exposed at the wrists.

The workplace parties indicated they have measures and procedures in place addressing the following:

Information & Instruction to Workers:

- Workers have been instructed on signs and symptoms of Covid-19 and the protective measures to be taken.
- Workers have been instructed to stay home if they are feeling ill or have any symptoms.

Supervision of the Workers:

- There was no Supervisor at the workplace at the time of this visit. The Workers could not get in contact with their Supervisor during this visit.

Joint Health and Safety Committee (JHSC):

- There is no JHSC at this workplace as required. ORDER ISSUED
- JHSC's are in place at the Hospitals.

Social/Physical Distancing Measures in Place:

- Two workers were in the lunchroom trailer sitting within 2 metres of each other with no face masks on while eating. ORDER ISSUED.
- The changeroom trailer is only large enough to allow for no more than 2 workers to maintain 2 metres of physical distancing. The inside of the trailer is one open area. There are no privacy dividers inside the trailer. The employer is advised to add signage on the entrance to the trailer with indication of the maximum number of workers that can be inside at one time to maintain physical distancing.

Screening:

- As of September 28, 2020, Ontario Regulation 364/20 Rules For Areas In Stage 3 requires active screening in all workplaces
- The Employer has a web based application the workers are to use to perform Active Screening each day before work. However, there are no measures in place at this Assessment Centre to ensure the Active Screening is being performed by all staff prior to or upon entry to the workplace.. ORDER ISSUED.

Hand Hygiene:

- It was reported that workers are no longer allowed to go inside the adjacent community centre to use the washrooms.

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Page 3 of 8

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- The only sinks at this workplace are in the two portable washrooms. There is running water, soap, paper towels and hand sanitizer in the two washrooms.
- Hand sanitizer was observed throughout the workplace.
- The Microsan Encore hand sanitizer is on Health Canada's list of approved hand sanitizers.

Cleaning and Disinfecting/Sanitization:

- A cleaning contractor cleans and disinfects the workplace including washrooms, lunchroom trailer, changeroom trailer, door knobs and other high touch points and surfaces 4 times a day.
- Workers are responsible for the cleaning and disinfecting of medical equipment including the Oximetre.
- The Caviwipes XL wipes being used to clean and disinfect surface, touch points and medical equipment are on Health Canada's list of approved hard-surface disinfectants.
- The Oxivir Tb solution being used to clean and disinfect surface, touch points and medical equipment are on Health Canada's list of approved hard-surface disinfectants.

Personal Protective Equipment (PPE):

- The first worker this Inspector had contact with was a Security Officer who approached Inspector within 2 metres and was not wearing a face mask or eye protection.
- Two additional Security Officers were observed who were wearing masks but no eye protection. When asked, they responded that they are supposed to wear eye protection and they proceeded to put on glasses. ORDER ISSUED for the use of personal protective equipment including face masks and eye protection.
- At minimum, contact and droplet precautions must be used by workers for all interactions with suspected, presumed or confirmed COVID-19 patients. Contact and droplet precautions includes gloves, face shields or goggles, gowns, and surgical/procedure masks.
- Workers that were observed taking swabs from patients were wearing masks, face shields or safety glasses, gowns and gloves.
- Discussed options of face shields or goggles for workers performing swabbing of patients.
- Workers were observed donning and doffing masks while inside the assessment and swabbing tent.
- It was reported that workers performing swabbing wear level 3 masks and other workers wear level 2 masks.
- Workers are provided with one face shield or safety glasses each shift and store the facemasks and glasses inside plastic bags during breaks. Cleaning and disinfecting wipes and spray are available to disinfect face shields and glasses.
- Quantitative N95 Respirator training is conducted every two years with workers or as needed.

Infection Prevention and Control (IPC) measures and procedures:

- The persons contacted were not aware of any workers that have tested positive for Covid-19.

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Page 4 of 8

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Notice ID:

- An Infection Control Practitioner audits the Assessment Centre regularly.

Physical hazards observed during this visit:

- The electrical cords on the ground where workers were observed walking from the Assessment and Swabbing Tent between the tent and office trailer to the lunchroom trailer and washrooms create a trip hazard. ORDER ISSUED.
- A table is leaning against a window in the Changeroom Trailer which could tip over a hit a worker. ORDER ISSUED. It was reported the table was being used to block people looking in the window while workers are changing.
- There is no lighting inside the Walk-in tent for workers to work safely including when performing swabbing of the patients. ORDER ISSUED.
- There was a chair and an 18 litre jug of water on the landing of the stairs into the lunchroom trailer that create a trip hazard. ORDER ISSUED. It was assumed these items were there to prop the door open.

Investigation is on-going.

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).

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Page 5 of 8

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Notice ID:

Sector specific

<https://www.ontario.ca/page/resources-prevent-covid-19-workplace>

Ontario's Develop your COVID-19 workplace safety plan

<https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan>

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

A copy of this report is to be posted in the workplace in a conspicuous location in the workplace, where it will come to the attention of workers and be provided to the JHSC members for review.

MOL Toll Free Number 1-877-202-0008 Reporting critical injuries, complaints, unsafe work practices,  
[www.labour.gov.on.ca](http://www.labour.gov.on.ca) <<http://www.labour.gov.on.ca>>

A COPY OF THIS REPORT SHALL BE POSTED WHERE IT CAN BE READ BY THE WORKERS

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Title _____	400-1290 Central Pky W Mississauga ON L5C 4R3 MOLComplianceFormsMississauga@ontario.ca	Title _____
Signature 	Tel: (416) 986-0412 Fax: (905) 615-8853	Signature _____

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Page 6 of 8

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Notice ID:

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

To: WILLIAM OSLER HEALTH SYSTEM  
Org/Ind Role: Primary Employer

Mailing Address:

2100 BOVAIRD ST, BRAMPTON, ON, CA L6R 3J7

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
1	Time 02020PSTB439	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers that are unable to maintain 2m physical distancing from the hazard of COVID-19 exposure. At the time of inspection, workers including Security Officers were observed not wearing masks and eye protection while they were within 2 metres of members of the public.	2020-OCT-23
2	Time 02020PSTB441	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers from COVID-19 exposure when workers are not maintaining physical distancing between each other. At the time of inspection, physical distancing was not maintained between workers in the lunchroom who had their face masks off while eating and drinking.	2020-OCT-23
3	Time 02020PSTB443	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers from COVID-19 exposure through active screening measures taken prior to or upon workers and essential visitors entering the workplace. At	2020-OCT-23

Recipient	Inspector Data	Worker Representative
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Notice ID:

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

To: **WILLIAM OSLER HEALTH SYSTEM** Org/Ind Role **Primary Employer**

Mailing Address:

**2100 BOVAIRD ST, BRAMPTON, ON, CA L6R 3J7**

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
							the time of inspection, there were no measures in place to ensure active screening was taking place.	
4	Time 02020PSTB444	OHSA	1990	9	4		The employer shall cause a joint health and safety committee to be established and maintained at the workplace. At the time of this visit, there was no Joint Health and Safety Committee in place at this workplace.	2020-OCT-30
5	Time 02020PSTB445	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers from tripping hazards. At the time of this visit, electrical cords on the ground created a trip hazard.	2020-OCT-23
6	Time 02020PSTB447	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers from materials, articles or things that can tip, collapse or fall. At the time of this visit, a table was stored leaning against a wall in the changeroom trailer.	2020-OCT-23

Recipient	Inspector Data	Worker Representative
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	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	
	PROVINCIAL OFFENCES OFFICER	
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	MOLComplianceFormsMississauga@ontario.ca	
	Tel: (416) 986-0412	
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Order(s) /Requirement(s) Issued To:

To: WILLIAM OSLER HEALTH SYSTEM Org/Ind Role: Primary Employer

Mailing Address: 2100 BOVAIRD ST, BRAMPTON, ON, CA L6R 3J7

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
7	Time	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers inside the Walk-in tent from visibility hazards. At the time of this visit, there was no lighting in the Walk-in tent where patients are being assessed and swabbed after day light.	2020-OCT-23

Recipient Inspector Data Worker Representative  
Name \_\_\_\_\_ CHRIS LYNCH Name \_\_\_\_\_  
Title \_\_\_\_\_ OCCUPATIONAL HEALTH & SAFETY INSPECTOR Title \_\_\_\_\_  
PROVINCIAL OFFENCES OFFICER  
400-1290 Central Pky W Mississauga ON L5C 4R3  
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**Take Notice**

Orders were issued under the authority of the Occupational Health and Safety Act or Regulations made there under. A notice of compliance shall be submitted to the Ministry of Labour within three days after the Constructor or Employer believes that compliance with the Order(s) / Requirement(s) have been achieved.

Order(s) / Requirement(s) Issued:

To: **WILLIAM OSLER HEALTH SYSTEM** Role: **Primary Employer**

Mailing Address:  
**2100 BOVAIRD ST, BRAMPTON, ON, CA L6R 3J7**

Order(s) / Requirement(s) Description:

You are required to comply with the Order(s) / Requirement(s) by the Comply by Dates listed below.

No.	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date:
1	Time 02020PSTB439	OHS A	1990	25	2	h	<u>Oct 23, 2020</u>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2020-OCT-23
								(Signature)	
2	Time 02020PSTB441	OHS A	1990	25	2	h	<u>Oct 23, 2020</u>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2020-OCT-23
								(Signature)	
3	Time 02020PSTB443	OHS A	1990	25	2	h	<u>Oct 23, 2020</u>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2020-OCT-23
								(Signature)	
5	Time 02020PSTB445	OHS A	1990	25	2	h	<u>Oct 23, 2020</u>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2020-OCT-23
								(Signature)	

Form completed by: Marcella Latchara

Title: OHS Specialist

For / on behalf of: \_\_\_\_\_

Signature: [Signature]

Joint Health and Safety Committee Member representing workers or Worker Representative agrees or disagrees that compliance has been achieved with all the Order(s) as indicated above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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Visit Date: **2020-OCT-21**

Workplace Identification: **WILLIAM OSLER HEALTH CENTRE: COVID-19 ASSESSMENT CENTRE  
500 RAY LAWSON BOULEVARD, BRAMPTON, ON, CANADA L6Y 5B3**

Notice ID:

**Take Notice**

Orders were issued under the authority of the Occupational Health and Safety Act or Regulations made there under. A notice of compliance shall be submitted to the Ministry of Labour within three days after the Constructor or Employer believes that compliance with the Order(s) / Requirement(s) have been achieved.

Order(s) / Requirement(s) Issued:

To: **WILLIAM OSLER HEALTH SYSTEM** Role: **Primary Employer**

Mailing Address:  
**2100 BOVAIRD ST, BRAMPTON, ON, CA L6R 3J7**

Order(s) / Requirement(s) Description:

You are required to comply with the Order(s) / Requirement(s) by the Comply by Dates listed below.

No.	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date:
6	Time 02020PSTB447	OHSA	1990	25	2	h	<u>Oct 23, 2020</u>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2020-OCT-23  (Signature)
7	Time 02020PSTB448	OHSA	1990	25	2	h	<u>Oct 23, 2020</u>	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree	2020-OCT-23  (Signature)

Form completed by: \_\_\_\_\_

Joint Health and Safety Committee Member representing workers or Worker Representative agrees or disagrees that compliance has been achieved with all the Order(s) as indicated above.

Title: \_\_\_\_\_

For / on behalf of: \_\_\_\_\_

Name: \_\_\_\_\_

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) 326-7500 or 1-877-339-3335 (toll free), mail or by website at <http://www.oltb.gov.on.ca/english/homepage.htm> for more information.