Operations Division: Occupational Health and Safety

OHS Case ID: 02773PHRT800
Field Visit no: 02773PHRT801
Visit Date: 2020-APR-22
Field Visit Type: INITIAL
Notice ID:

Workplace Identification: LAURIER MANOR / EXTENDICARE
1715 MONTREAL ROAD, OTTAWA, ON, CANADA K1J 6N4

Telephone: (613) 741-5122
JHSC Status: Active
Work Force #: 200
Completed %:

Persons Contacted: SEE NARRATIVE SECTION FOR A COMPLETE LIST OF INDIVIDUALS CONTACTED DURING THIS VISIT

Visit Purpose: TO AUDIT COMPLIANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND ASSOCIATED REGULATIONS

Visit Location: NO PHYSICAL INSPECTION WAS CONDUCTED AS THE VISIT WAS CONDUCTED BY TELEPHONE

Visit Summary: ISSUED 1 ORDER TO THE EMPLOYER WITH THIS REPORT

Detailed Narrative:

THE FOLLOWING INDIVIDUALS WERE CONTACTED DURING THIS VISIT:

- Diane Hannah – MLTSD Acting Infection Control Consultant, Suzanne Thornham – MLTSD Acting Regional Program Coordinator, Chris Smith – Administrator, Ian Raymond – Acting RAI Coordinator/RPN/Union President/JHSC Worker Co-chair, Mathieu Tessier - Dietary Aide/Former Certified JHSC Co-chair, Heather Kemila – Second Floor Charge Nurse/JHSC Worker Member

BACKGROUND:

- This field visit took place over the phone.
- The reason for this visit is to respond to an occupational illness report, a complaint from an ONA representative, and a complaint from a workplace joint health & safety committee representative made to the Ministry of Labour, Training, and Skills Development (MLTSD). The complaints pertain to concerns related to the employer’s efforts towards preventing the spread of COVID-19 in the workplace, including screening, personal protective equipment usage, training, and cleaning and disinfecting.

FINDINGS:

- At the time of this visit the employer indicated that there was 37 resident and 16 staff who have tested positive for COVID-19. One resident has passed away. A section 52(2) report was submitted to the MLTSD.
- The workplace parties indicated they have measures and procedures in place addressing the following:

Information & Instruction to Workers:

- The employer stated that information is relayed to the workers through several methods. The employer provides two weekly updates, Tuesday’s and Fridays, and leaves flyers at the incoming screening desk for workers to read.

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- Memos pertaining to COVID related information and donning and doffing of PPE reminders are posted in various locations around the workplace, including the screening station. Droplet precautions signs are posted outside of resident rooms. Signs are posted outside the workplace which indicate the workplace is closed to visitors.
- Another method used is the internal Point-Click-Care application which shares nursing related information with nursing staff. A worker representative stated that not all workers have access to this application hence the employer has committed to ensuring that information is printed and posted in the workplace.
- The employer was reminded of the importance of clear and concise communication and information sharing with staff at this time, especially worker representatives from the JHSC.
- The employer stated that there has been no risk assessment conducted as part of the Chief Medical Officer of Health (CMOH) Directive #5. The employer has committed to ensuring that this gets conducted in a timely manner and is communicated to the JHSC.

Joint Health and Safety Committee (JHSC) Involvement:
- The last JHSC committee meeting was conducted on January 28th of this year. The Co-chairs attempted to have a meeting a few weeks ago however due to work schedules and work loads the meeting was cancelled. The employer has committed to ensuring that all required personnel are allowed the necessary time to conduct a thorough JHSC meeting.
- The representatives on the committee stated that they are not feeling as involved in the general health & safety concerns in the workplace as they should be. Workers are asking them questions in the workplace and they do not have answers for them. They feel that the communication from the employer to the committee members is lacking. This item will be discussed at the next committee meeting and methods for better communication will be established.

Physical Distancing Measures in Place:
- Physical distancing is a challenge in the workplace due to the nature of the work and the residents however universal masking is currently in place.
- The employer stated that workers are not eating in the common cafeteria. Other areas of the workplace have been opened, such as lounges, for worker to have their breaks and lunches to assist with increased physical distancing and minimize movement around the facility.

Screening Measures:
- All staff are screened at the beginning and end of their shifts. The staff go through a questionnaire related to any symptoms, travel, or contact with COVID positive individuals and then their temperature is taken using an ear thermometer. The staff member is then required to sign in to a log book confirming the screening protocol.
- There is a person at the screening location from 6:00 am – 11:00 pm, 7 days a week. This screening person must come within 2 metres of the staff member being screened hence the screener will wear all the appropriate PPE such as gowns, gloves, masks, and eye protection.
- The employer stated that there is no requirement for the screening station to operate 24 hours a day as the night shifts start at 10:30 pm and the doors are locked after that so there should not be anyone coming into the workplace after 11:00 pm.
- There was some concern raised with the use of the ear thermometers and probe covers. The employer stated that the supply of probe covers is low hence they are asking that workers keep the ear probes in their possession and reuse them when being screened. It appears that this procedure may not be followed strictly in the workplace as many workers are uncomfortable reusing the probe covers. The employer is in the process of sourcing either more probe covers or a different thermometer that is accurate enough to be used however is having some challenges.
- If the staff member fails the screening protocol, they are sent to Ottawa Public Health (OPH) and possibly a COVID Assessment Centre. There has been some confusion in the workplace related to protocols to be followed when the staff member has been in contact with OPH related to failing the screening protocol. The workplace parties were reminded that they need to follow the instruction provided to the staff member from OPH.
- The employer is following the OPH return to work protocol.

Cleaning and Disinfecting:
- The employer stated that there is housekeeping staff constantly cleaning high contact surfaces with Accelerated Hydrogen Peroxide.
- The employer has recently purchased a Clorox Total 360 Electrostatic Sprayer for disinfecting of large areas in the workplace such as common areas, doorways, resident bathrooms, and nursing stations. The spraying is mainly focused on the 5th floor as this is where all the COVID positive residents are being cohorted. This inspector reviewed the Safety Data Sheet (SDS) for the Clorox product used in the sprayer and determined that the PPE that the operator is wearing is appropriate for the product being used. A worker representative from the workplace stated that his review determined that the area sprayed was safe for other workers to return after 2 minutes. There was some concern that the operator has since started using Virox in the sprayer instead of the recommended Clorox disinfecting product. The workplace party will investigate this claim and make the necessary revisions to the process as required.
- The employer and worker representatives stated that there are protocols in place for the safe use of shared tools, equipment, and material. It was stated that there is supply of Virox Wipes available and staff are instructed to wipe them down prior to and after every use.
- The employer is in the process of hiring more cleaning staff.

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Hand Hygiene
- The employer and worker representatives stated that there does not appear to be any concerns with the availability of hand sanitizer around the workplace.
- Hand washing facilities are available through the facility and workers are urged to wash their hands as often as possible throughout the shift.
- Staff conduct annual training on proper hand hygiene with the last training being conducted in mid March of this year.

Personal Protective Equipment (PPE):
- The employer stated that they currently have a supply of 18,000 surgical masks and 800 N95 respirators.
- The employer stated that workers are provided with a mask upon being screened at the beginning of the shift and then additional masks are available on each floor or by asking their supervisor. A worker representative confirmed that there are procedural masks with shields available on the 5th floor.
- The employer stated that workers were provided with instructions on how to safely don and doff the surgical mask once the universal masking was implemented. Additional information is available for workers at the screeners station.
- The Director of Care conduct annual training with all staff in March of this year on proper PPE usage.
- The employer stated that later this week a Regional Support Team will be attending the facility to assist with proper PPE usage. This Regional Support Team consists of individuals from Ottawa Public Health, IPAC Team, and CHEO.
- The employer confirmed that approximately 90% of the staff have been fit tested for the N95 respirators. A worker representative from the workplace confirmed that he is the individual in the workplace that conducted fit testing for the respirators. He explains how and why to use the respirator and provides each worker with a card that identifies that they have been trained and what size of respirator that they wear. The employer does have a list of each employee and the size of respirator that they have been fitted for and this list is available to staff upon request. A nursing representative will attempt to retrieve this information for their mask size.
- At this point the employer identified that there is no Aerosol Generating Medical Procedures (AGMP) being conducted in the workplace. There is a resident that has a CPAP machine however it is broken and not in use. They have moved away from any nebulizing medicine procedures and workplace parties are aware of CPR procedures.
- The employer identified the following supply levels for Personal Protective Equipment at the time of this visit:
  1) Disposable Gowns – 1000
  2) Reusable Gowns – 144 – the employer confirmed gowns are impermeable and fluid resistant
  3) Gloves – 80,000 between medium and large sizes
4) Face Shields – 50 in reserve however there are some on the floors for use.
- The employer stated that safety glasses and goggles are available on the floors however a worker representative stated that there was none on the 5th floor this morning. The employer committed to ensuring that all floors always have a supply of eye protection. Workers are urged to report any shortage of PPE in their work areas as soon as possible so it can be addressed.
- The employer stated that there is a contingency plan in place to deal with the possibility of a PPE shortage. There are daily PPE inventories taken and this information is reported to the Ministry of Health (MOH) three times a week. Any PPE shortage is discussed at the Regional Table or the Emergency Operations Committee (EOC) and requested submitted for the shortage. Starting this week, the employer will also have any resources that may be associated with the Regional Support team.

Infection Prevention and Control:
- The employer stated that all COVID positive residents have been cohorted to the 5th floor however identified that there are 6-7 COVID negative residents on this floor as well. Workers have a concern for these negative residents mixed in with the positive residents as workers may forget who is negative and who is positive and may cross contaminate the negative residents. The employer committed to investigating this concern.
- It was stated that all residents in the facility have been tested for COVID-19 this weekend.
- The employer committed to investigating the issue.
- The workers on the 5th floor will keep the same mask, gowns, and shields between each COVID positive resident with the exception of gloves which are changed each time. If the worker is going from a positive resident to a negative resident, then the gowns will be changed. There appears to be some confusion amongst staff as to when and what must be changed between residents. The employer is to conduct an organizational risk assessment complete with clear directions for workers on PPE usage.
- During their shift, workers may be asked to move from a COVID negative area to a COVID positive area however not vice-versa.
- Workers are being asked to conserve their masks during breaks and lunches by following proper donning and doffing procedures so as not to contaminate the mask. This includes workers on the 5th floor where the COVID positive residents are cohorted. Order issued.
- The workplace parties identified wandering residents a concern for spread of COVID within the facility. Some COVID positive residents have been permitted to move between floors, take the elevator and exit the facility for smoking. The employer has since implemented some controls to address this concern. Effective today the balconies on each floor have been opened and smokers from that those floors do not have to leave the floor to smoke. The facility elevators have been put on manual control and a person has been assigned as the elevator monitor. The elevator is now only available on an on call basis and residents are not able to summon the elevator.
- The employer stated that there was a concern with one resident not wanting to wear a surgical mask while
moving about the facility as they felt it was too constricting. The employer supplied this resident with an N95 respirator in hopes that it would satisfy the resident and that they would wear it. Workers were upset when they saw that a resident was supplied with an N95 respirator however workers were not permitted to have one. The employer is reminded of the importance of communication in the workplace on such matters, especially with the worker members on the JHSC as they are fielding many of the worker concerns.

- The employer stated that they are conducting contract tracing as per the OPH requirements.
- There were some concerns brought up by workers in the workplace related to the quality of the masks being provided at the screening station. It is reported that they come apart or break very easily. The details pertaining to these masks were forwarded to this inspector for review. The masks were identified as Pro-Tec 5611 Dust Mask manufactured by Ronco. This inspector contacted the employer and was informed that the Pro-Tec Dust Masks are no longer in use and procedural masks are being provided at the screening station. The employer is reminded that if there is a plan to redeploy the Pro-Tec mask into the workplace, they are to ensure that they are licensed for use by Health Canada.

- It was stated that workers are no longer permitted to work at various long term care facilities. This practice was stopped just recently. The employer is reminded of the Chief Medical Officer of Health (CMOH) Directive #3 for Long-Term Care Homes.

General:
- Workers have reported to committee members that they are being threatened with termination by management for raising health & safety concerns in the workplace. The employer is reminded of section 50(1) of the Occupational Health & Safety Act, that states that no employer or person acting on behalf of an employer shall,
  (a) dismiss or threaten to dismiss a worker;
  (b) discipline or suspend or threaten to discipline or suspend a worker;
  (c) impose any penalty upon a worker; or
  (d) intimidate or coerce a worker
because the worker has acted in compliance with this Act or the regulations or an order made thereunder, has sought the enforcement of this Act or the regulations or has given evidence in a proceeding in respect of the enforcement of this Act or the regulations.

- No further action is required at this time by the MLTSD.
Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness

Public Health Ontario

Public Health Ontario - Guidance for Mask Use in Long-Term Care Homes and Retirement Homes

Public Health Agency of Canada

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

Additional Guidance
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 for a minimum of 14 days after the order has been compiled with.

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Inspector Data</th>
<th>Worker Representative</th>
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<tbody>
<tr>
<td>Name</td>
<td>OCCUPATIONAL HEALTH &amp; SAFETY INSPECTOR</td>
<td>Name</td>
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<tr>
<td>Title</td>
<td>PROVINCIAL OFFENCES OFFICER</td>
<td>Tel: (613) 296-0045</td>
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<td>347 Preston St. 4th flr, Ottawa, ON, K1S 3J4</td>
<td>Fax: 613-727-2900</td>
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<td><a href="mailto:HSOTTAWAFDistrict@ontario.ca">HSOTTAWAFDistrict@ontario.ca</a></td>
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Order(s) /Requirement(s) Issued To:

To: EXTNEDICARE (CANADA) INC.

Org/Ind Role: Primary Employer

Mailing Address:
3000 STEELES AVE E, SUITE 700, MARKHAM, ON, CA L3R 9W2

Order(s) /Requirement(s) Description:

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

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<th>Sub Sec</th>
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<td>OHSA</td>
<td>1990</td>
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<td>h</td>
<td>Pursuant to section 25(2)(h) of the OHSA/90, the employer shall take every precaution reasonable in the circumstances to protect workers from COVID-19. At the time of the visit it was noted that workers on the fifth floor providing direct care to COVID-19 positive residents are being instructed to reuse presumed contaminated procedural masks after breaks and lunches, which poses a risk of transmission of infection during redonning.</td>
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Recipient Inspector Data Worker Representative

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