Ministry of La Training and	ıbour, Skills Development	Safe At Work Onta	irio	Ontario 🕅	
Operations Division	Occupational Health and Safety			Field Visit Report Page 1 of 4	
Field Visit no:	04224PHDP082 03835PHLT263	Visit Date: 2020-APR-29		e: FOLLOW-UP	
workplace lae		RON HOSPITAL (FORMERLY TEG AVENUE, EAST YORK, ON, CAN		Notice ID:	
Telephone: <b>(416) 461-82</b> 7	JHSC Sto 72 Activ		k Force #: <b>2500</b>	Completed %:	
Visit Purpose: Visit Location: Visit Summary: <b>Detailed Narro</b>	······				
The purpose o Intensive Care		o follow up on the complaint rela	ted to respiratory pro	tection in the	
April 15 Virtual Open F PPE N95 Chec Covid-19 updc Powis, April 14, Safety Tips for		tions.pdf ine McCready, PPE and Safety Tij 2020, 1 page	ps Fr: Sarah Downey o	and Dr. Jeff	
PHO Covid-19, Ontario Health Protective Equ Personal Prote conservation c (medical journ Infections to H Pessoa-Silva, J	n, Toronto Region COVID-19 vipment (PPE) Conservation active Equipment (PPE) use of PPE from Ontario Health, nal article) Plos One, Aeroso ealthcare Workers: A Syster ohn C	Coughs and Sneezes, April 10 2020 9 Hospital Operations Table, Reco , Version Date: March 30, 2020, 14 during the COVID-19 Pandemic, Release date: March 30, 2020, 16 I Generating Procedures and Risk natic Review, Khai Tran, Karen Ci	ommended Guideline 4 pages. Recommendations o 6 pages. < of Transmission of Ac mon1, Melissa Severn	n the use and cute Respiratory	
This inspector o April 1 1, 2020 April 15, 2020	conducted field visits on:				

Recipient	Inspector Data	Worker Representative
	VALENTINA PARKER	
Name Matt Brown	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name JUDY ELASMAR
Title Ht-S Supervisor	5001 Yonge St. Rm 1600 North York ON M7A 0A3 MOLCOMPLIANCEIHSTORN@ONTARIO.CA Tel: (416) 459,1882	
signature Matthewa	Signature	signature V & Umm

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 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 MSG 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.olrb.gov.on.co/english/homepage.htm for more information.

Occupational

Health and Safety

Operations

Division

## Safe At Work Ontario



## **Field Visit Report**

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										Page 2 of 4
OHS Case										
Field Visit n		03835PH			ate: 2020-4		Field Visit	Type:	FOLLOW-UP	
workplace	elder	ntification				RMERLY TEGH) K, ON, CANADA	M4C 3F7		Notice ID:	
										· · · · · · · · · · · · · · · · · · ·
			e employer	contacts rela	ted to this m	atter on:				
April 17 – S Matt Browr			Safety Supe	rvisor		·				
			ger of OHS N							
Marilyn Lee							_			
						ne call (2:30 pm). 5 respirators were r				
						nts who are on vei				
						) to conduct a fiel				
representa	atives	present.								
April 20 – Sp	poke	with Mat	t Brown.	•						
This inspec	tor d	ecided to	speak to M			er documentatior				
						r with additional in				
			of provide N the end of		to workers c	ssisting with pronin	ig ana repo	ositioni	ng or	
lt was repa	orted	to this ins	nector that	bere had be	on ventilator	· circuit disconnec	te durina a	proces	dure called	
						entilator from their				
Registered	l nurs	es and re	spiratory the	rapists are pre	esent for this	process and it tak	es at least:	3 work	ers. As well,	
						tilator, their head				
						for this. The ventile ear the patient's fo				
				times in the re		ear me pallern's id	ace. II was	repon		
					·					
Inspector F			e #5 for hos	oitals and long	term care	homes, issued Apri	110 2020 \$	tates.		
						every health care	worker bef	ore ev	ery patient	
or resident	Inter	action in	a public nos	pital or long-t	erm care no	me.				
						based on their pro				
						in the delivery of a that health care w				
men me p	ODIC	nospilai	ong-leim		uși provide	indi nedin cale w		ucces:		
	k	Recipient			Inspector D			Work	er Representat	ive
				OCCUPATIC		& SAFETY INSPECTOR				
Name				PROV	INCIAL OFFEN	NCES OFFICER	Name			·
				5		orth York ON M7A 0A				
Title				. MOLCOM		DRN@ONTARIO.CA	Title			
					Fox (647) 07	25014				
Signature	~~	1.4		Signature	MIR	(UV)	Signature	Q1		
<u> </u>	d under	the Occupat	onal Health and S			in a conspicuous place at t		$\overline{A}$	e a copy to the hea	alth and safety
epresentative o	or the jo	int health and	safety committee	if any. Failure to cor	nply with an orde	, decision or requirement o in 30 days of the date of the	f an inspector is a	an offenc	e under Section 66 d	of the
oy filing your ap	peal ar	nd request in v	riting on the appr	opriate forms with th	e Ontario Labour	Relations Board, 505 Univers at http://www.olrb.gov.on.c	ity Ave., 2nd Floo	or, Toronto	, Ontario M5G 2P1.	You may also
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Ministry of Labour, Training and Skills Development

Safe At Work Ontario



**Field Visit Report** 

Operations Occupational Division Health and Safety

Page 3 of 4

OHS Case ID:	04224PHDP082					
Field Visit no:	03835PHLT263	Visit Date: 2020-APR-29	Field Visit Type:	FOLLOW-UP		
Workplace Identification: MICHAEL GARRON HOSPITAL (FORMERLY TEGH) Notice ID:						
825 COXWELL AVENUE, EAST YORK, ON, CANADA M4C 3E7						

appropriate health and safety control measures, including an N95 respirator. The public hospital or long-term care home will not unreasonably deny access to the appropriate PPE.

It was determined that health care workers are performing PCRAs and using professional judgement to request N95 respirators prior to providing selected types of care to Covid positive patients in the Intensive Care Unit. The employer declined to provide access to N95 respirators to the healthcare workers who had requested them. Therefore the employer is not taking every precaution reasonable in the circumstances to protect workers from the hazard of exposure to Covid containing aerosols. Order issued.

A copy of this report shall be provided to the Joint Health and Safety Committee (JHSC) and posted in the workplace.

Recipient	Inspector Data	Worker Representative
	VALENTINA PARKER	
Name	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name
	5001 Yonge St. Rm 1600 North York ON M7A 0A3	
Title	MOLCOMPLIANCEIHSTORN@ONTARIO.CA	Title
	Tel: (416) 458-1882	
Signature Mts		Signature
You are required under the Occupational Health and S	afety Act to post a copy of this report in a conspicuous place at the	workplace and provide a copy to the health and safety

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 dot 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 MSG 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.olrb.gov.on.ca/english/homepage.htm for more information.

Ministry of Labour, Training and Skills Development					Safe At Work Ontario Onta		rio 🕅	
Operations Division		patior h and				Field Vis	sit Report Page 4 of 4	
OHS Case ID: Field Visit no: Workplace Ic	03835P	HLT263	HAEL (		ON HOS	ate: 2020-APR-29 Field Visit Type: FOLLOW-1 SPITAL (FORMERLY TEGH) Notice II EAST YORK, ON, CANADA M4C 3E7		
Order(s) /Re To: MICHAEL GA			_	0:	ez, ezen	Org/Ind Role Owner		
825 COXWE	Mailing Address: <b>825 COXWELL AVE, EAST YORK, ON, CA M4C 3E7</b> Order(s) /Requirement(s) Description							
You are requ No Type Code		omply v Year	vith the Sec.		(s) /requ Clause	irement(s) by the dates listed below. Text of Order/Requirement	Comply by Date	
1 Time 03835PJBP29	OHSA 5	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect registered nurses from Covid-19 where the worker's Point of Care Risk Assessment in relation to a suspected or Covid-19 positive patient has established a need for specific personal protective equipment. At the time of inspection, registered nurses were denied N95 respirators as required by their Point of Care Risk Assessment and their professional and clinical judgment when proning and repositioning proned Covid positive patients on ventilators in the Intensive Care Unit (ICU). The employer declined to provide these workers access to N95 respirators for proning and repositioning proned Covid positive patients on ventilators.	2020-APR-30	

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	Recipient	Inspector Data	Worker Representative
		VALENTINA PARKER	
Name		OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name
		5001 Yonge St. Rm 1600 North York ON M7A 0A3	
Title		MOLCOMPLIANCEIHSTORN@ONTARIO.CA	Title
Signatur	e M41	Tel: (416) 459-1887 88 For: (647) 777-5014 Signature	Signature JH
		Ih and Safety Act to post a copy of this report in a conspicuous place at the mmittee if any. Failure to comply with an order, decision or requirement of c	

Cocupational 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.olrb.gov.on.ca/english/homepage.htm for more information.