Field Visit Report

Page 1 of 3

OHS Case ID: 00588PJKT116
Field Visit no: 00588PJKT117
Visit Date: 2020-MAY-06
Field Visit Type: INITIAL

Workplace Identification:
PETERBOROUGH REGIONAL HEALTH CENTRE
1 HOSPITAL DRIVE, PETERBOROUGH, ON, CANADA K9J 7C6

Telephone: (705) 743-2121
JHSC Status: Active
Work Force #: 2500

Persons Contacted:
CALVIN CATHCART, SAFETY OFFICER, KELLY HENWOOD, WORKER CO-CHAIR JHSC

Visit Purpose:
TO DETERMINE COMPLIANCE THE OCCUPATIONAL HEALTH AND SAFETY ACT AND APPLICABLE REGULATIONS

Visit Location:
BY TELEPHONE AND EMAIL

Visit Summary:
1 ORDER ISSUED. NOTICE OF COMPLIANCE FORM TO BE SIGNED BY MANAGEMENT AND WORKER REP JHSC WHEN ORDER IS COMPLIED WITH AND FAXED OR EMAILED TO THE MINISTRY OF LABOUR, TRAINING & SKILLS DEVELOPMENT. A COPY OF THIS REPORT IS TO BE POSTED SO THAT OTHER WORKERS MAY READ.

Detailed Narrative:

This field visit took place over the phone and the following people were spoken to:

Calvin Cathcart, Safety Officer, Kelly Henwood, Worker Co-Chair JHSC

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The worker alleges that the employer is refusing to inform the JHSC and applicable unions of the names of workers who have tested positive for COVID19 in the workplace.

Inspector Findings:

Joint Health and Safety Committee

The employer provided by email a written Notice of Occupational Illness on April 9, 2020 as per Section 52(2) of the Occupational Health and Safety Act to the Ministry of Labour, Training & Skills Development. The written notice contained all requirements as per Section 5(5) of the Regulations for Health Care and Residential Facilities. It contained information regarding two workers who had contracted COVID-19 at the workplace.

The employer provided a written Notice of Occupational Illness to the Joint Health and Safety Committee Co-chair and to the union of the workers involved. However the names of the workers were redacted (blacked out), Section 5(5)(e) requires that the name and address of the worker who is suffering from the occupational illness is included (order issued).

Infection Control

As a result of the workers testing positive, the employer required:
- Masks to be worn at all times on the unit
- Workers with close contact and asymptomatic to be swabbed and can continue to work

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[Signature lines]

Recipient: Calvin Cathcart
Title: Safety Officer

Inspector Data: Tracy Kelly
Occupational Health & Safety Inspector
Provincial Offences Officer
300 Water St 3rd Flr, Peterborough ON K9J 8M5
Tel: (705) 740-6117
Fax: (705) 755-4724

Worker Representative: Kelly Henwood

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 64 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, 565 University Ave., 3rd Floor, Toronto, Ontario M5G 2P1. You may also contact the Board by phone at (416) 316-7500 or 1-877-339-3335 (toll-free), mail or by website at http://www.pbh.gov.on.ca/english/hompage.html for more information.

The Government of Ontario wants to hear from you. You can provide feedback on this visit at 1-888-745-8888

68956
OHS Case ID: 0058BPJKT116  
Field Visit No: 0058BPJKT117  
Visit Date: 2020-MAY-06  
Field Visit Type: INITIAL  
Notice ID:  
Workplace Identification: PETERBOROUGH REGIONAL HEALTH CENTRE  
1 HOSPITAL DRIVE, PETERBOROUGH, ON, CANADA K9J 7C6

- Workers with no close contact and asymptomatic can continue to work  
- Worker symptomatic to be swabbed and remain away from the workplace

Social Distancing

- Employer also reviewed social distancing requirements

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness  

Public Health Ontario  

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

Additional Guidance  

You may also contactTelehealth Ontario at 1-866-797-0000

Recipient

Name: [Signature]  
Title: [Signature]

Inspector Data

TRACY KELLY  
OCCUPATIONAL HEALTH & SAFETY INSPECTOR  
PROVINCIAL OFFENCES OFFICER  
300 Water St 3rd Flr, Peterborough ON K9J 8M5  
HSPeterboroughDistrict@ontario.ca  
Tel: (705) 760-6117  
Fax: (705) 755-4244

Worker Representative

Name: [Signature]  
Title: [Signature]  
Worker Co-Chair  
[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 68 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, 301 University Ave., 2nd Floor, Toronto, Ontario M5G 2P1. You may also contact the Board by phone at +1-819-736-7000 or +1-877-297-3395 (toll free), mail or by website at http://www.ola.gov.on.ca/english/homepage.htm for more information.

The Government of Ontario wants to hear from you. You can provide feedback on this visit at 1-888-745-8888.
Order(s) /Requirement(s) Issued To:

To:
PETERBOROUGH REGIONAL HEALTH CENTRE FOUNDATION

Mailing Address:
1 HOSPITAL DR, PETERBOROUGH, ON, CA K9J 7C6

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

<table>
<thead>
<tr>
<th>No</th>
<th>Type</th>
<th>Act/Reg</th>
<th>Year</th>
<th>Sec., Sub Sec.</th>
<th>Clause</th>
<th>Text of Order/Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Time</td>
<td>OHSA</td>
<td>1990</td>
<td>52 2</td>
<td></td>
<td>If an employer is advised by or on behalf of a worker that the worker has an occupational illness, the employer shall give notice in writing, within four days of being so advised, to the committee and to the trade union, containing such information and particulars as are prescribed. The written notice provided to the joint health and safety committee did not contain all prescribed information. This order shall be complied with by May 15/20.</td>
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Notice ID: 00588P JKT117

Recipient Inspector Data Worker Representative

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Col. Cathcart</td>
<td>Safety Officer</td>
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<thead>
<tr>
<th>Name</th>
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<th>Signature</th>
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<tr>
<td>Kelly Hemwood</td>
<td>Co-chair</td>
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