



Ministry of Labour

Presentation to:
OHAO Fall Symposium 2006

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Disclaimer

- ◆ The material in this presentation is being provided as information only and should not be construed to represent Ontario Ministry of Labour policy.
- ◆ It remains the responsibility of the employer to ensure compliance with the Occupational Health and Safety Act and regulations, and to seek independent legal advice where questions remain.

Purpose of Presentation

1. Role of MOL
2. Overview of OHS Legislation
3. Review MOL Health Care Initiatives
4. Infection Control Inspections
5. Pandemic Influenza:
Infection Control For
Occupational Health
Overview



Role of the Ministry of Labour

- ◆ Set standards
- ◆ Communicate standards
- ◆ Enforce standards

... for the protection of workers

Role of the Ministry of Labour

- ◆ MOL is one of 13 Ontario Ministries that have order in council (OIC) responsibilities to respond to any Provincial emergency in addition to the requirement to maintain continuity of operations and services in all emergencies.
- ◆ *The Minister of Labour has OIC responsibility for the formulation of emergency plans in respect of any emergency that affects worker health and safety.*
- ◆ The Minister of Health and Long Term Care takes the Ontario lead in pandemic planning for the healthcare sector and has developed the Ontario Health Plan for Influenza Pandemic.

Role of the Ministry of Labour

- ◆ MOL has an Emergency Management Specialist to work closely on the implementation of preparedness activities with the program areas in MOL (especially the farming program and the health care program) and to further support the overall program.
- ◆ Along with the other Ontario ministries, the MOL is now proceeding to a risk-based emergency management program based on a recognised international standard (NFPA 1600)

OHS Legislation

- ◆ Occupational Health and Safety Act
- ◆ Regulations made under the Act, such as:
 - Health Care and Residential Facilities
 - X-ray Safety
 - Exposure to Chemical and Biological Agents
 - WHMIS
 - Designated Substances
 - Etc.



Occupational Health and Safety Act

- ◆ Establish a system of responsibilities;
 - ◆ Accountability - Authority
 - ◆ Who is responsible for what
- ◆ Defines minimum acceptable level of risk
- ◆ Provides for worker participation
- ◆ Provides for better trained workers
- ◆ Encourages a collaborative partnership
- ◆ Protects workers who may refuse unsafe work

Who is responsible for OH&S under the Act?

- ◆ **Everyone**
- ◆ **Employer:** has control over the activity, materials and people in the workplace
- ◆ **Supervisor:** has control over the immediate activity of workers
- ◆ **Worker:** has control over his/her own actions
- ◆ Also responsibilities for constructors, suppliers, licensees, officers/directors, etc.

Role of a MOL Inspector

Enforce Occupational Health & Safety Act by:

- Inspecting provincial workplaces
 - Proactive
 - Unannounced
- Investigating complaints, work refusals, fatal and critical incidents (reactive)
- Issue orders, summons, tickets, and charge for non-compliance Act/Regulations
- Promote Internal Responsibility System

Health Care Initiatives

- ◆ MOL is continuing to work with MOHLTC (and other ministries/agencies) on initiatives and issues
- ◆ Pandemic influenza plans
 - MOL sits on the OHPIP steering committee and sub-committees
 - Close liaison and consultation with MOHLTC Public Health Division and Emergency Management Unit
 - Important Health Notice (IHN) detailed control measures will include occupational health measures, where appropriate

Health Care Initiatives (cont'd)

- Other infection control measures and procedures
 - MOL member of PIDAC and OMA/OHA CDSPC
- Legionnaires' Disease prevention in LTC homes - MOH-LTC Working Group with MOL members
- MOL in discussion with RICNs
- MOL works closely with OSACH

MOL Health Care Inspectors

- ◆ Started April 3, 2006
- ◆ Their role includes:
 - Concentrate on proactive inspections of high-risk health care facilities
 - Assist other industrial program inspectors with health care inspections or investigations
 - Liaise with health care groups (e.g., MOHLTC compliance officers, public health inspectors, RICNs, OSACH, etc.)

Health Care Facility Inspections by MOL

Infection Prevention and Control:

- ◆ Written measures and procedures, developed in consultation with JHSC
- ◆ Annually reviewed (or when new information available, for example MOHLTC IHNs)
- ◆ Risk assessment to identify risk of exposure to blood, body fluids, infectious diseases or sharps injury
- ◆ Implement control measures to reduce risk

Health Care Facility Inspections by MOL

- ◆ Training and education of staff
- ◆ Use of personal protective equipment
- ◆ Reporting of occupational illnesses and critical injuries under s. 51 and s.52 of the OHS Act
 - Includes occupationally acquired influenza and other communicable diseases

Pandemic Influenza: Infection Control For Occupational Health Overview

- ◆ Isolate infected patients
- ◆ Symptoms of influenza include fever, headache, myalgia, prostration, coryza, sore throat, and cough
 - may not always be present in patients in long-term care facilities
- ◆ Spatial separation, ideally >1 meter, of persons with respiratory infections in common waiting areas
- ◆ Respiratory hygiene/cough etiquette: signage, tissues, receptacles
- ◆ For direct and indirect patient care:
- ◆ Precautions: Routine/Droplet/Contact/?airborne
- ◆ Hand hygiene - soap and water or alcohol-based rub
- ◆ Gloves: If contact with body fluids or contaminated surfaces likely

Pandemic Influenza: Infection Control For Occupational Health Overview

- ◆ Gown: If procedures may contaminate clothing
- ◆ If the pandemic virus is associated with diarrhea, contact precautions (i.e., gowns and gloves for all patient contact) should be added.
- ◆ Surgical or medical mask for healthcare worker
- ◆ Airborne precautions and fit-tested N95 for aerosol-generating procedures (nebulizer treatment, suctioning, etc.) on pandemic patients; and, other specific circumstances to be identified in the OHPIP
- ◆ Surgical mask on patient if outside of room; and, on symptomatic patients at triage

Pandemic Influenza: Infection Control For Occupational Health Overview

- ◆ Eye protection: During procedures and patient care activities likely to generate splash or spray of blood, body fluids, secretions, excretions
- ◆ Environmental cleaning and disinfection
 - Cleaning and disinfection of environmental surfaces are important components of routine infection control in healthcare facilities
 - Environmental cleaning and disinfection for pandemic influenza follow the same general principles used in healthcare settings
- ◆ Ventilation: CSA and ASHRAE standards

Pandemic Influenza: Infection Control For Occupational Health Overview

- ◆ Healthcare worker education
- ◆ Influenza immunization
- ◆ Antiviral medication: prophylaxis?
- ◆ Screen **everyone** entering facility for FRI or influenza-like symptoms
- ◆ Patient surveillance
- ◆ Other: restrict non-immune and ILI visitors, cohort residents, close dining room, cancel or restrict procedures, appointments and social activities, coughing residents stay in room

CDC & WHO HCW Influenza PPE Overview

NOTE: PPE is only one component of the hierarchy of infection prevention and control measures required for HCW protection.	Seasonal Influenza <ul style="list-style-type: none"> ◆ <i>Includes ILI</i> ◆ <i>no risk factors for airborne diseases or H5N1 avian influenza</i> ◆ <i>close patient contact</i> 	Pandemic Influenza <ul style="list-style-type: none"> ◆ <i>Includes ILI</i> ◆ <i>Excludes H5N1 influenza</i> ◆ <i>close patient contact</i> 	Pandemic Influenza <i>Aerosol generating procedures</i> <ul style="list-style-type: none"> ◆ <i>Includes ILI</i> ◆ <i>Excludes H5N1 influenza</i> 	H5N1 Avian influenza <ul style="list-style-type: none"> ◆ <i>Suspect or confirmed human cases</i> ◆ <i>close patient contact</i>
Precautions	Routine/Droplet/Contact	Routine/Droplet/Contact	Routine/Contact/Airborne	Routine/Droplet/Contact/Airborne
Hand hygiene	Yes	Yes	Yes	Yes
Gloves	If indicated by Routine Practices	If indicated by Routine Practices	If indicated by Routine Practices	Yes
Gown	If indicated by Routine Practices	If indicated by Routine Practices	If indicated by Routine Practices	Yes
Surgical mask for HCW	Yes	Yes	—	—
N95 respirator for HCW (fit-tested)	Not routinely	Not routinely	Yes	Yes
Eye Protection	If indicated by Routine Practices	If indicated by Routine Practices	Yes	Yes
Surgical Mask on Patient	At triage and if outside of room	At triage and if outside of room	If outside of AIIR and if outside of room	If outside of AIIR

Infection Control for Influenza: CDC and WHO Overview

- ◆ **Influenza transmission:** main mode is person to person from respiratory secretion droplets
- ◆ **Patient care precautions:** Screening, spatial separation, cough etiquette, cohorting, surveillance, activity restrictions, immunization
- ◆ **Healthcare workers:** Hand hygiene, routine and droplet precautions, immunization, Personal Protective Equipment, training and education, additional measures
- ◆ **Facility:** Ventilation, environmental cleaning and disinfection, education, visitor restrictions, other measures

Thank you !

Any questions?

