



Health Care Section 21 Committee¹

Guidance Note for Workplace Parties #2 Issue: Pandemic H1N1 (pH1N1) Influenza Recovery Guidance Note

Process

This document has been reviewed by the management and labour representatives of the Ontario Health Care Health and Safety Committee under Section 21 of the Occupational Health and Safety Act (OHSA) to ensure that appropriate, consistent information is made available to healthcare workplaces, to support them in assessing practice against legislative requirements and recommended good practices.

1. Purpose of this Guidance Note:

Health Care *Guidance Notes* are intended for all healthcare organizations, to provide advice to workplace parties related to legislative requirements and good practices applicable to the prevention of illness and injury to health care workers. Health Care *Guidance Notes* may be of assistance to all organizations that provide healthcare, treatment, diagnostic services, personal care and/or supportive services in all healthcare organizations, home and community service agencies and emergency medical services.

The intent of *Guidance Notes* is to assist the workplace parties in achieving compliance and sharing good practices. *Guidance Notes* are also intended to assist other parties who play decision-making roles that ultimately impact occupational health and safety (OHS) in the health care sector.

In mid-June 2009, the World Health Organization (WHO) elevated the pandemic alert to level 6. This change from level 5 to level 6 reflected the spread of H1N1 to other parts of the world, not the severity of illness caused by H1N1 influenza. Most people in Ontario with a confirmed case of H1N1 have experienced mild to moderate illness and have recovered fully without medical treatment. A small number of cases have been more severe, requiring hospitalization. Most cases have had signs and symptoms that are similar to seasonal influenza, which many people get each year.

¹ The Ontario Health Care Health and Safety Committee under Section 21 of the *Occupational Health and Safety Act* (the "Health Care Section 21 Committee") was announced by the Minister of Labour on September 18, 2006. The July 11, 2006 Terms of Reference set out the mandate of the Health Care Section 21 Committee. The Objectives of the Health Care Section 21 Committee is to advise and make recommendations to the Minister of Labour on matters relating to occupational health and safety of all health care workers in Ontario. The scope of the Health Care Section 21 Committee is to review occupational health and safety issues related to health care workers that have provincial impact

This *Guidance Note* is intended to assist Boards of Directors, CEOs, administrators, supervisors, health care workers, joint health and safety committees (JHSCs), health and safety representatives (HSRs) and trade union representatives in all health care sectors to effectively review their response to the 2009 influenza pandemic and to plan for a possible next wave of H1N1 influenza.

See Appendix B for the process and purpose for developing guidance notes.

2. Introduction

In Ontario, the impact of pandemic H1N1 strain has been relatively mild. However, it is possible that the pH1N1 strain could become more virulent in a possible next wave of H1N1 influenza. The OHS Act clause 25(2)h requires an employer to take every precaution reasonable in the circumstances for the protection of a worker. Therefore, now is the time to review and evaluate organizations' pandemic plans, update training, and ensure workers requiring N95 or better respirators are trained and fit-tested as needed. Stockpiles of personal protective equipment (PPE) should be replenished. Health Workplaces covered under Health Care and Residential Facilities Regulation shall comply with section 10 and ensure where a worker who is required by his or her employer or by this Regulation to wear or use any protective clothing, equipment or device shall be instructed and trained in its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter and the worker shall participate in such instruction and training.

The Ministry of Health and Long-Term Care (MOHLTC) is the lead in the province for pH1N1 response and has been working collaboratively with the Ministry of Labour (MOL) and the Ontario Agency for Health Protection and Promotion (OAHPP) to develop important Health Notices (IHNS) and Clinical Guidance. The role of the Ministry of Labour is to set, communicate and enforce OHS laws that are designed to reduce or eliminate workplace injury or illness.

3. Relevant Legislative and Regulatory Provisions

Employers have a duty under clause 25(2)(h) of the Occupational Health and Safety Act to take every precaution reasonable in the circumstances for the protection of a worker. Employers also have a duty under clause 25(2)(a) to provide information, instruction and supervision to a worker to protect the health or safety of the worker.

The Regulation for Health Care and Residential Facilities made under the Occupational Health and Safety Act, sections, 8 and 9 requires measures and procedures to be implemented in consultation with the Joint Health and Safety Committee or Health and Safety Representative. Such measures and procedures may include, but are not limited to the following:

- Safe work practices
- Safe working conditions
- Proper hygiene practices and the use of hygiene facilities
- The control of infections

- Immunization and inoculation against infectious diseases
- The use of appropriate antiseptics, disinfectants and decontaminants
- The hazards of biological, chemical and physical agents present in the workplace, including the hazards of dispensing or administering such agents
- The use, wearing and care of personal protective equipment and its limitations
- The handling, cleaning and disposal of soiled linen, sharp objects and waste

Section 10 of the Health Care and Residential Facilities Regulation stipulates where a worker who is required by his or her employer or by this Regulation to wear or use any protective clothing, equipment or device shall be instructed and trained in its care, use and limitations before wearing or using it for the first time and at regular intervals thereafter and the worker shall participate in such instruction and training.

For links to the legislation, see Appendix A

4. Guidance for Health Care Workplaces - Pandemic Planning Review

By now, all organizations covered under the Health Care and Residential Facilities Regulation (HCRFR) should have developed comprehensive pandemic influenza plans in consultation with their Joint Health and Safety Committees (JHSC) or Health and Safety Representatives (HSR). For other workplaces not covered by the HCRFR, the Occupational Health and Safety Act requires employers to take every precaution reasonable in the circumstances for the protection of a worker. This may include the preparation of pandemic influenza plans where indicated by a hazard assessment.

To protect worker health and safety, evaluation of pandemic plan components should include but are not limited to:

- review work flow and work practices during the influenza pandemic to identify gaps and problems which may have emerged
- review communication procedures during the influenza pandemic to identify what worked and didn't work
- review controls of facility access/entrances during an influenza pandemic
- review patient and staff screening procedures during and throughout the crisis.
- *review plans for influenza vaccination campaigns to ensure that workers are aware of times and locations of workplace or community flu vaccination clinics.*
- review awareness of personal planning based on MOHLTC public information.
- review occupational health and safety and infection control training and include a thorough review of the need for necessary pandemic influenza personal protective equipment (PPE), including N95 respirators
- replenish PPE stockpiles including N95 Respirators, to ensure adequate supplies and availability.
- ensure workers at risk have been fit-tested and have received respiratory protection program training

- ensure training on the measures and procedures of the pandemic plan was developed in consultation with the JHSC and all workers have received initial training and refresher training.

If a pandemic plan is not already developed, develop a plan in consultation with the JHSC or Health and Safety Representative.

Be safe! Be prepared!

It is important to continue to focus on pandemic preparedness and to adapt organizational responses as the pandemic evolves, with well-developed and integrated plans for all levels of alert.

The material in this Guidance Note is being provided as information only. Reference should always be made to the Occupational Health and Safety Act and the regulations to ascertain one's rights and duties under the law. It is the responsibility of all workplace parties to ensure compliance with the Occupational Health and Safety Act and the regulations to seek independent legal advice where questions remain.

For additional information, contact the Ministry of Labour office nearest you. Please visit the Ministry of Labour web site at: www.labour.gov.on.ca

Appendix A

Legislation, Codes, Standards and Guidelines

The workplace parties when following this guidance note should consider existing legislation, codes, standards and good practices such as the following:

Occupational Health and Safety Act R.S.O. 1990, chapter O1

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm

Health Care and Residential Facilities *made under the Occupational Health and Safety Act*, O.Reg. 67/93

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_930067_e.htm

Ontario Health Plan for Influenza Pandemic, Chapter 7 (Updated August 2008)

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_07.pdf

Other Information

Web sites of the various healthcare unions, employers, associations and SWAs also have additional information, including documents that outline a step-by-step process to help Joint Health and Safety Committees and Health and Safety Representatives ensure workplace compliance and sample written recommendations that can be tailored to the needs of individual workplaces.



Health Care Section 21 Committee¹

Process and Purpose of Guidance Notes Appendix B

Process

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Purpose

Health Care *Guidance Notes* are intended for all healthcare organizations, to provide advice to workplace parties related to legislative requirements and good practices applicable to the prevention of illness and injury to health care workers. Health Care *Guidance Notes* are applicable to all organizations that provide healthcare, treatment, diagnostic services, personal care and/or supportive services in either healthcare organizations, community service agencies and emergency medical services.

The intent of *Guidance Notes* is to assist the workplace parties in achieving compliance and sharing good practices. *Guidance Notes* are also intended to assist other parties who play decision-making roles that ultimately impact occupational health and safety (OHS) in the health care sector.

Although the actual intent of *Guidance Notes*² is to assist the workplace parties in achieving compliance and sharing good practices, Ministry of Labour inspectors may use *Guidance Notes* as an additional resource when conducting inspections and investigations.

¹ The Ontario Health Care Health and Safety Committee under Section 21 of the *Occupational Health and Safety Act* (the "Health Care Section 21 Committee") was announced by the Minister of Labour on September 18, 2006. The July 11, 2006 Terms of Reference set out the mandate of the Health Care Section 21 Committee. The Objective of the Health Care Section 21 Committee is to advise and make recommendations to the Minister of Labour on matters relating to occupational health and safety of all health care workers in Ontario. The scope of the Health Care Section 21 Committee is to review occupational health and safety issues related to health care workers that have provincial impact

² Guidance Notes are presented to the Minister of Labour prior to publication. The recommendations made in Guidance Notes are not endorsed by the Ministry of Labour, but are intended to clarify legislation and cite good practices.

Health Care Guidance Notes have been prepared and approved of by representatives of the Members of the Health Care Section 21 Committee.

The Committee membership includes:

Members for Organized Labour:

- Canadian Auto Workers Union (CAW) <http://www.caw.ca>
- Canadian Union of Public Employees (CUPE) <http://www.cupe.on.ca>
- Ontario Federation of Labour (OFL) <http://www.ofl.ca>
- Ontario Nurses' Association (ONA) <http://www.ona.org>
- Ontario Public Service Employees Union (OPSEU) <http://www.opseu.org>
- Service Employees International Union (SEIU) <http://www.seiulocal1.org>

Members for Employers:

- Ontario Association of Community Care Access Centres (OACCAC) <http://www.ccac-ont.ca>
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) <http://www.oanhss.org>
- Ontario Community Support Association (OCSA) <http://www.ocsa.on.ca>
- Ontario Home Care Association (OHCA) <http://www.homecareontario.ca>
- Ontario Hospital Association (OHA) <http://www.oha.com>
- Ontario Long Term Care Association (OLTCA) <http://www.oltca.com>