

Operations Division Occupational Health and Safety

Field Visit Report

Page 1 of 3

OHS Case ID: **04482RHZP051**

Field Visit no: **04482RHZP052**

Visit Date: **2022-APR-29**

Field Visit Type: **INITIAL**

Workplace Identification: **VICTORIA MANOR**

Notice ID:

220 ANGELINE STREET SOUTH, LINDSAY, ON, CANADA K9V 4R2

Telephone:
(705) 324-3558

JHSC Status:
Active

Work Force #:
192

Completed %:

Persons Contacted: **PAMELA KULAS - EXECUTIVE DIRECTOR
TARA MCPHATE - ASSISTANT DIRECTOR OF CARE / JHSC MANAGEMENT REPRESENTATIVE
MIRANDA ALTELAAR - JHSC WORKER REPRESENTATIVE
INJURED WORKER - BY PHONE**

Visit Purpose: **TO INVESTIGATE AN INJURY**

Visit Location: **OFFICE, SECOND FLOOR SERVERY**

Visit Summary: **ORDER ISSUED**

Detailed Narrative:

Purpose of Visit:

The Ministry of Labour, Training and Skills Development call centre received a report of a worker who had lost consciousness on April 13 2022.

DISCUSSION BY MINISTRY OF LABOUR, TRAINING AND SKILLS DEVELOPMENT

The primary activity of this workplace is a long term care home.

The incident was discussed with those present and a copy of the internal investigation was provided to the undersigned inspector.

There were one witness and no surveillance to this event.

The workplace parties indicated they have a hot weather plan in place, workers are reminded to take micro-breaks, drink extra water and in the summer months popsicles are available. Temperature monitors are installed in both second floor dining rooms and will give alerts if temperatures deviate from between 22C and 26C.

During an inspection of the servery a portable fan was observed to be pointed toward the dishwasher. Duct work was observed to be above the dishwasher but workers have not known it to work, it was not working at the time of the visit. Order issued.

A thermometer behind the fan read 25C with a humidity of 16%. A memo was observed stating Air Temperature reading were to be taken three times per day but workers in the servery were unsure who was supposed to be taking them and with the installation of the blueRover monitoring in the dining room believe it is currently the only temperature monitoring occurring.

The joint health and safety committee plan to discuss heat stress at their next meeting.

| Recipient | Inspector Data | Worker Representative |
|---------------------------------|--|--|
| Name <u>Pamela Kulas</u> | Suzanne Platt O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER | Name <u>Miranda Altelaar</u> |
| Title <u>Executive Director</u> | 300 Water St 3rd Flr, Peterborough ON K9J 8M5 HSPeterboroughDistrict@ontario.ca Tel: (705) 991-1728 Fax: (705) 755-4724 | Title <u>JHSC Member/Building Services</u> |
| Signature <u>[Signature]</u> | Signature <u>[Signature]</u> | Signature <u>Miranda Altelaar</u> |

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 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.

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

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A discussion was held with the workplace parties regarding the calculation of humidex reading and a calculator can be found :https://www.ohcow.on.ca/edit/files/general_handouts/heat-stress-calculator.html

Investigation ongoing.

RESOURCES:

Office of the Employer Advisor: www.ewa.gov.on.ca

Office of The Worker Advisor: www.owa.gov.on.ca

Health & Safety Associations: www.healthandsafetyontario.ca

For more information regarding the Occupational Health and Safety Act, and regulations, call the Ministry of Labour western region call centre at 1-877-202-0008 or visit the Ministry of Labour website at: www.labour.gov.on.ca

Heat Stress: https://www.labour.gov.on.ca/english/hs/pubs/gl_heat.php or

<https://www.ohcow.on.ca/edit/files/heatstressawareness/Heat%20Stress%20Awareness%20Guide.pdf> or

<https://www.wsps.ca/Information-Resources/Topics/Heat-Stress.aspx>

A copy of this report shall be posted in a conspicuous location for all workers to read.

The Notice of Compliance form to be signed by management and worker rep when orders are complied with and faxed or scanned and emailed to Ministry of Labour.

| Recipient | Inspector Data | Worker Representative |
|---------------------------------|--|------------------------------|
| Name <u>Pamela Kiles</u> | Suzanne Platt O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER | Name _____ |
| Title <u>Executive Director</u> | 300 Water St 3rd Flr, Peterborough ON K9J 8M5 HSPeterboroughDistrict@ontario.ca Tel: (705) 991-1728 Fax: (705) 755-4724 | Title _____ |
| Signature <u>[Signature]</u> | Signature <u>[Signature]</u> | Signature <u>[Signature]</u> |

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Order(s) /Requirement(s) Issued To:

To:

SIENNA SENIOR LIVING

Org/Ind Role

Primary Employer

Mailing Address:

302 TOWN CENTRE BLVD, SUITE 300, MARKHAM, ON, CA L3R 0E8

Order(s) /Requirement(s) Description:

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

| No | Type Code | ActReg | Year | Sec. | Sub Sec. | Clause | Text of Order/Requirement | Comply by Date |
|--------------|-----------|--------|------|------|----------|--------|---|----------------|
| 1 | Time | OHS | 1990 | 25 | 1 | b | The employer shall ensure that the equipment, materials and protective devices provided by the employer are maintained in good condition. At the time of the visit the exhaust ventilation in the server room on the first and second floors was not operational. | 2022-MAY-20 |
| 04482RHZP053 | | | | | | | | |

Recipient

Inspector Data

Worker Representative

Suzanne Platt

Name _____

O.H.S.A. & B.O.S.T.A. INSPECTOR

Name _____

PROVINCIAL OFFENCES OFFICER

Title _____

300 Water St 3rd Flr, Peterborough ON K9J 8M5

Title _____

HSPeterboroughDistrict@ontario.ca

Tel: (705) 991-1728

Fax: (705) 755-4724

Signature _____

Signature _____

Signature _____

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Safe At Work

Operations Division Occupational
Health and Safety

Return To:
Suzanne Platt

O.H.S.A. & B.O.S.T.A. INSPECTOR
PROVINCIAL OFFENCES OFFICER
300 Water St 3rd Flr, Peterborough ON K9J 8M5
HSPeterboroughDistrict@ontario.ca
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Notice ID:

Take Notice

Orders were issued under the authority of the Occupational Health and Safety Act or Regulations made there under. A notice of compliance shall be submitted to the Ministry of Labour within three days after the Constructor or Employer believes that compliance with the Order(s) / Requirement(s) have been achieved.

Order(s) / Requirement(s) Issued:

To: **SIENNA SENIOR LIVING** Role: **Primary Employer**

Mailing Address:
302 TOWN CENTRE BLVD, SUITE 300, MARKHAM, ON, CA L3R 0E8

Order(s) / Requirement(s) Description:

You are required to comply with the Order(s) / Requirement(s) by the Comply by Dates listed below.

| No. | Type Code | ActReg | Year | Sec. | Sub Sec. | Clause | Compliance Details / Date | JHSC Worker Member / Comply by Worker Representative Date: |
|--------------|--------------|--------|------|------|-------------|--------|------------------------------|--|
| 1 | Time | OHSA | 1990 | 25 | 1 | b | | <input type="checkbox"/> Agree 2022-MAY-20 |
| 04482RHZP053 | | | | | | | | <input type="checkbox"/> Disagree |
| | | | | | | | | (Signature) |

Form completed by: _____

Title: _____

For / on behalf of _____

Signature: _____

Joint Health and Safety Committee Member representing workers or Worker Representative agrees or disagrees that compliance has been achieved with all the Order(s) as indicated above.

Name: _____

Signature: _____

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