

Operations Division Occupational Health and Safety

Field Visit Report

OHS Case ID: **04482RHZP051**  
Field Visit no: **04482RKGP106** Visit Date: **2022-MAY-24** Field Visit Type: **CONTINUATION**  
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: **TARA MCPHATE - ASSISTANT DIRECTOR OF CARE / JHSC MANAGEMENT REPRESENTATIVE**  
**DAWN SHARPE - ASSISTANT DIRECTOR OF CARE**  
**CHERI LANG - JHSC WORKER REPRESENTATIVE**

Visit Purpose: **TO FOLLOW UP ON FIELD VISIT DATED APRIL 29 2022**  
Visit Location: **TRAINING ROOM, SECOND FLOOR SERVERY**  
Visit Summary: **ORDER ISSUED**  
**ACCOMPANIED BY DANA LEAN - MLTSD HYGIENIST**

Detailed Narrative:

The purpose of this field visit was to follow up on field visit #04482RHZP052 on April 29 2022.

DISCUSSION BY MINISTRY OF LABOUR, TRAINING AND SKILLS DEVELOPMENT

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

The employer forward a copy of a "Serveries Ventilation System Quality Improvement Action Plan dated May 2 2022" to the undersigned inspector which outline a detailed plan on the replacement of the exhaust ventilation. A request to extend the compliance date of the order #04482RHZP053 is granted, A new compliance date of November 18 2022 has been set.

The workplace parties stated that a automated message (and memo) regarding resident heat stress was provided to workers last week. No information regarding worker heat stress has been provided to workers this year.

A copy of the Heat Stress Management policy #IV-P-10.70 was provided to the undersigned inspector. 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.

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](https://www.ohcow.on.ca/edit/files/general_handouts/heat-stress-calculator.html)

Hygienist Comments:

Recipient	Inspector Data	Worker Representative
Name <u><i>Imphap</i></u>	<b>Suzanne Platt</b>	Name <u><i>Cheri Lang</i></u>
Title <u><i>ASOC</i></u>	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 Tel: (705) 991-1728 Fax: (705) 755-4724	Title <u><i>J.H.S.C Worker Representative</i></u>
Signature <u><i>Imphap</i></u>	Signature <u><i>[Signature]</i></u>	Signature <u><i>Cheri Lang</i></u>

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A plan was submitted to fix the ventilation in the server which includes renovating the exhaust ventilation over the dishwasher. Ventilation is anticipated to be completed by the end of October. In the interim the 2nd floor servery have 2 high powered fans as well as 3 monitors that read humidity and temperature. one monitor is placed on the wall near the prep area, another is placed in the corner away from the dishwasher and the last is placed on a shelf right next to and above the dishwasher. Ideally the monitors should be placed as close to the workers position as possible and ensure that there is no obstructions impeding air flow. The one near the dishwasher would be a conservative reading and would be protective of the worker.

The humidex readings must be referred to a recognized work/rest regimen to prevent heat related illness. The one that is often used is from the Occupational Health Clinics for Ontario Workers is a recognized system and can be accessed here:

[https://www.ohcow.on.ca/edit/files/heatstressawareness/humidex\\_based\\_heat\\_response\\_plan\\_-\\_june\\_27\\_2017.pdf](https://www.ohcow.on.ca/edit/files/heatstressawareness/humidex_based_heat_response_plan_-_june_27_2017.pdf)

Humidex 1 is the temperature column that would be referenced since workers would not be acclimatized.

Workers must be trained in this procedure, the signs and symptoms of heat related illness and the need to recognize these symptoms in others. ORDER ISSUED

End of Comments

No further action is required at this time by the MLTSD.

RESOURCES:

Office of the Employer Advisor: [www.ewa.gov.on.ca](http://www.ewa.gov.on.ca)

Office of The Worker Advisor: [www.owa.gov.on.ca](http://www.owa.gov.on.ca)

Health & Safety Associations: [www.healthandsafetyontario.ca](http://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](http://www.labour.gov.on.ca)

Heat Stress: [https://www.labour.gov.on.ca/english/hs/pubs/gl\\_heat.php](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.wsp.ca/Information-Resources/Topics/Heat-Stress.aspx>

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

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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 	<b>Suzanne Platt</b> O.H.S.A. & B.O.S.T.A. INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title <b>ASOC</b>	300 Water St 3rd Flr, Peterborough ON K9J 8M5 HSPeterboroughDistrict@ontario.ca <b>Tel: (705) 991-1728</b> <b>Fax: (705) 755-4724</b>	Title _____
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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 04482RKGQ107	OHS A	1990	25	2	a	The Employer shall provide information and instruction to workers regarding the procedure to prevent as well as the signs and symptoms of heat related illness. At the time of the visit it could not be demonstrated that training had been provided to workers regarding worker related heat stress management.	2022-JUN-14

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