Long Term Care Covid-19 Commission Mtg.

Commissioners' briefing by Ministry of Labour, Training and Skills Development
on Tuesday, October 20, 2020

77 King Street West, Suite 2020
Toronto, Ontario M5K 1A1

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

--- Held Virtually via Zoom, with all participants attending remotely, on the 20th day of October, 2020, 9:00 a.m. to 10:46 a.m.

BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner
Angela Coke, Commissioner
Dr. Jack Kitts, Commissioner

PRESENTING:

Sandra Lawson, Acting Executive Director for Operations Division at the Ontario Ministry of Labour, Training and Skills Development.

Jody Young, Assistant Deputy Minister for Operations Division at the Ministry of Labour, Training and Skills Development.

PARTICIPANTS:

Jessica Franklin, Policy Lead, Ministry of Long-Term Care

Alison Drummond, Assistant Deputy Minister, Long-Term Care Commission Secretariat

Derek Lett, Policy Director, Long-Term Care Commission Secretariat

John Callaghan, Lead Counsel, Long-Term Care Commission Secretariat

Dawn Palin Rokosh, Director Of Operations Ontario Long-Term Care Commission Secretariat

Danielle Meuleman, Counsel, Ministry of Labour, Training and Skills Development.

Brandon Parlette, Counsel, Ministry of Labour Skills and Training Development

Judith Parker, Counsel, Ministry of the Attorney General

PARTICIPANTS (cont'd):

Eric Wagner, Counsel, Crown Law Office Civil

Roopa Mann, Counsel, Crown Law Office Civil

ALSO PRESENT:

Judith M. Caputo, Stenographer/Transcriptionist

REQUESTS OF INFORMATION

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-- Upon commencing at 9:00 a.m.

COMMISSIONER MARROCCO: We're ready when you are.

Thank you for coming and thank you for taking the time to give us some sort of understanding of the Ministry of Labour's role.

We're in the process of trying to educate ourselves as best we can about this environment, and so we do have -- this is a spot in our knowledge that will be very useful if it can be filled in, and so thank you for doing that.

We have followed the practice of asking questions as we go along. So, we found it easier than trying to go back.

So, if it's okay with you, then we'll just interrupt with a question. Don't think we're rude; we just don't want to forget to ask the question.

There's a court reporter, as I guess you know, I don't know if you met Ms. Caputo, and there will be a transcript.

So we're ready when you are. And you met Commissioner Kitts, at least I hope you did, and Commissioner Coke. The three of us, we are the

Commission.

So we're ready when you are.

MS. YOUNG: Great. Good morning, everyone. Thank you, Commissioners.

The slide deck, I'm not sure who has control of the slide deck, if they can put it up for me.

-- OFF THE RECORD DISCUSSION --

COMMISSIONER MARROCCO: Can one of your members, Ms. Young, share your screen with us and then we can follow along, and then you can tell them from slide to slide when you find it convenient.

MS. PARKER: Judith Parker, counsel for Ontario. I would be happy to run the slides so Ms. Lawson and Ms. Young can concentrate.

COMMISSIONER MARROCCO: Yes, that's very helpful.

MS. PARKER: So I'll do that right now. Please let me know when you have the screen.

COMMISSIONER MARROCCO: Ms. Parker is pretty high-priced help to be running the slides.

MS. PARKER: I don't think you know how much we get paid.

COMMISSIONER MARROCCO: I shouldn't

have gotten into that. So thanks very much for doing that.

MS. YOUNG: Perfect, we can see the slides now on the screen. Thank you so much, Ms. Parker.

So, the foundational briefing today will be delivered by myself, Jody Young, Assistant Deputy Minister for Operations Division at the Ministry of Labour, Training and Skills Development, and I will be supported by Sandra Lawson, Executive Director for Operations Division.

So as we move to the next slide, slide two, our briefing will provide a bit of an overview of the Ministry of Labour, Training and Skills Development, Occupational Health and Safety mandate; an overview of the Occupational Health and Safety Act and the regulations made under it.

We will also speak to our risk-based proactive inspection strategy, referred to as Safe At Work Ontario.

Next, we will cover our Occupational Health and Safety COVID-19 response and our activities to date.

And finally, we will share with you a bit of our collaborations with our Ministry

stakeholder partners, as well as our health and safety system partners that we have been engaged with previously, and those relationships that have been fostered better under the COVID pandemic as well.

Next slide. So, with respect to the mandate and an overview of the Occupational Health and Safety Act, the Ministry of Labour, Training and Skills Development are responsible for developing occupational health and safety policies and enforcement of the Occupational Health and Safety legislation and its regulations for provincially regulated workplace throughout the Province of Ontario.

And we work with internal partners, such as our supports from our legal policy prevention, as well as external partners, the WSIB, and our health and safety association system partners, to advance workplace health and safety and prevent injuries and illnesses.

Next slide. This slide is a high-level org chart for Ministry of Labour, Training and Skills Development, and you will see the highlighted box in yellow is my box. I am alongside eight other ADMs, and underneath me I

have eight regional and branch directors that report in to me, as well as Sandra Lawson, who's here with us today as the Acting Executive Director for Operations Division.

The next slide. We might have to shrink that one a little bit.

A very, very busy slide, unfortunately, but what we're trying to demonstrate here is the way all of the different partners, internal and external partners, that are part of the overall health and safety system within the Province of Ontario.

So, if you start at the very centre of the slide, you will see "Provincial OHS Strategy" in the very centre of your page, in the bubble. That forms the foundational piece under which all of our proactive and prevention activity stems from. So the Chief Prevention Officer above that bubble will lay out the strategy for the province based on risks, trends and emerging issues within the health and safety system.

You will see at the top, to the right and left of the Deputy Minister, are two advisory bodies. They're very important parts of our system. On the right-hand side we have the

Prevention Council. That's a tripartite group of stakeholders that will provide advice and support to the Minister, the Deputy, and the Chief Prevention Officer.

And on the left-hand side you will see Section 21 Committees, and they are bipartite labour and employer organizations that are stood up under the Occupational Health and Safety Act by sector. And it is important to note that there is a Section 21 Committee for Healthcare that also contains representatives from long-term care, that provides their input and advice, regulatory, policy, emerging issues.

We consult with Section 21s; they identify issues within their sector that need to be addressed.

So those are some important features of the health and safety system. Then, as you glance around the rest of the placement, you will see a number of other external organizations such as the WSIB, the Workplace Safety and Insurance Board, as well as our health and safety association system partners. And most of this system is funded through the Workplace Safety and Insurance Board employer premiums.

As we move to the next slide, there is a list of all of the health and safety association organizations that provide supports to workplace parties throughout the province.

They are funded through the WSIB and provide training programs, education, outreach to all of their stakeholders, and they are divided up, as you can see, by sector.

And in the very centre column, the Public Services Health and Safety Association is an organization that supports the healthcare sector as well as other public sector employers, such as the education sector and government.

COMMISSIONER MARROCCO: Can I just interrupt you for a minute.

One of the things that we have heard so far is that sometimes there was confusion between the long-term care inspectors and the Ministry of Labour inspectors and who you called if you had a problem.

Did that issue come up? Or how would it likely bubble up on the Ministry of Labour side?

MS. YOUNG: I haven't heard significant confusion from our stakeholders, labour groups or employer groups, with respect to that particular

issue. But certainly the Public Services Health and Safety Association, as they're doing their education and outreach, would be identifying some of that clarity. So resident safety issues in long-term care would be funneled through the long-term care compliance officers. And anything related to worker health and safety would be funneled through the Ministry of Labour, Training and Skills Development Contact Centre.

COMMISSIONER MARROCCO: So if a problem is being articulated or brought to your attention by an employee, you would expect that could very well be a Ministry of Labour matter. If the problem revolved around a resident, that would probably be a Ministry of Long-Term Care problem.

MS. YOUNG: That is correct. However, if a worker called in and had a variety of issues and some of them were related to resident care issues, we have the ability, as a Ministry, to provide a heads-up to our sister Ministry, to notify them that a resident safety issue has been raised with us and they ought to be dealing with it on their end.

COMMISSIONER MARROCCO: So then would both inspectors be expected to deal with it, or

what would happen there?

MS. YOUNG: Yes, that's correct. So they would utilize their own legislative framework and ability to enforce their legislation, and we would enter and utilize our own authorities to deal with the occupational health and safety issues.

COMMISSIONER MARROCCO: Okay. But as you sit here, you don't recall this issue actually being considered, the confusion issue?

MS. YOUNG: Yes, I have to say, I have been in this business for more than 20 years and haven't had a lot of those issues brought to our attention.

COMMISSIONER MARROCCO: Okay. All right. Thank you.

MS. YOUNG: Okay. Next slide.

The next slide highlights our foundational legislation, the Occupational Health and Safety Act. The Act sets out powers, requirements, duties and responsibilities of all of the workplace parties. It sets out the requirement to establish joint health and safety committees and/or health and safety representatives. It sets out requirements for workplace violence and harassment, and the authority to make regulations.

And it also prohibits reprisals against workers by employers for bringing forward health and safety concerns; provides for enforcement details by our inspectors and establishes offences and penalties under the Act.

COMMISSIONER MARROCCO: So if a nurse or a personal support worker brought a matter to your attention, they're protected against any attempt or an attempt by the employer to get back at them?

MS. YOUNG: That's correct.

COMMISSIONER MARROCCO: What does that mean? What can you do generally?

MS. YOUNG: We would investigate the issue of the reprisal, or the matter leading to the reprisal. We would make a referral to the Labour Relations Board, and with supports from what's called the Office of the Worker Adviser, if required to support that particular worker.

If the worker was a unionized worker, there may be a parallel process happening as well with respect to their collective agreement. And then the matter would be heard.

COMMISSIONER MARROCCO: But even if -- just correct me, I'm just trying to understand it.

If their collective agreement does not have reprisal protection in it, are they still protected by the Occupational Health and Safety Act?

MS. YOUNG: Absolutely.

COMMISSIONER MARROCCO: All right. So it doesn't really matter -- I don't want to put these words in your mouth -- but there's protection there, whether it's in the Collective Agreement or not?

MS. YOUNG: That's correct.

And so the next slide, the Occupational Health and Safety Act, as I mentioned, covers provincially-regulated workplaces, and that equates to approximately 6.35 million workers within the province. It does not apply to work being done by an owner or occupant within the private residence, and of course workplaces that fall under Federal jurisdiction, and there is a list there on this slide. Those are covered by the Canada Labour Code.

To the right of the slide, we're highlighting there that the underpinning of the Occupational Health and Safety Act is a concept referred to as the Internal Responsibility System.

So the Act sets out duties and responsibilities for every single workplace party within the workplace, based on the level of control that that particular party might have over the workplace.

And so if the system is functioning at its best, ideally an employer would acquaint all workers and supervisors with the hazards that exist within their workplace, provide them with training and education, based on all those hazards.

Workers would then, if they observe a hazard within their workplace that they can't remedy, they would bring it to the attention of their supervisor, who would then take action, and so on. And as the Act sets out, the establishment of a joint health and safety committee, they are intended to be internal auditors of this Internal Responsibility System, to ensure that it continues to function within the workplace.

COMMISSIONER MARROCCO: So in a situation where a person is working in a long-term care facility and COVID-19 has entered the facility, but they don't have training on how to put on and take off personal protective equipment, for example, that would be a matter, at that point, a potential violation of the Act would have taken

place and there would be an investigation if there's a complaint?

MS. YOUNG: That's correct.

COMMISSIONER MARROCCO: Was the Ministry taxed because of the outbreak? Would this put a strain on the ability to respond to complaints and inspect, from your perspective?

MS. YOUNG: Yes, so the Ministry saw at some points during the peak of the pandemic an increase by 200 percent in the numbers of complaints and inquiries coming into the Ministry.

So we had to be very focused in our deployment of our OHS resources to address the particular complaints and issues at hand, very specifically.

COMMISSIONER MARROCCO: Okay. When a person is hired as an investigator or inspector, is there training? There must be some training they have to go through.

MS. YOUNG: Yes. So we have a very extensive training program that's approximately nine months in duration, and it's a combination between in-classroom training as well as experiential hands-on learning and mentoring with a seasoned officer.

Our training program is actually second to none, and has been borrowed by a number of other jurisdictions across the country.

COMMISSIONER MARROCCO: But that would inhibit your ability to suddenly increase the number of inspectors because they have to go through a training program before you can put them out on the road?

MS. YOUNG: Yes, that's correct.

COMMISSIONER MARROCCO: Okay.

MS. YOUNG: Next slide.

COMMISSIONER MARROCCO: Ms. Parker, your job is in jeopardy here.

MS. YOUNG: So this next slide highlights our Health Care and Residential Facilities Regulation made under the Occupational Health and Safety Act. This regulation applies to acute and long-term care homes. And we'll get into further detail, of course, as we speak to the legislation in our COVID response, but at a high level, this legislation applies to all workers within a long-term care home, including nursing staff and personal support workers, including the housekeepers and the kitchen staff.

And the regulation addresses a broad

scope of issues, including safe work practices; you've already referred to personal protective equipment and training therein. Just to give you a bit of a grocery list of things: things like work surfaces, ladder safety, electrical safety, anesthetic gasses, antineoplastic drugs, compressed gas cylinders, just to name a few, are all specifically highlighted within the healthcare regulation.

Next slide. So the next couple of slides were highlighting some of the key duties, responsibilities and rights of all of the workplace parties.

So the first slide here are the list of employer duties. The first one, "Take every precaution reasonable in the circumstances" is often referred to as our general duty clause. So we utilize, it's called 25(2)(h) of the Occupational Health and Safety Act, and we utilize it quite readily, especially with respect to COVID-19 and the hierarchy of controls with respect to infection measures and procedures.

The next one is maintaining and ensuring proper use of equipment, materials and devices, ensuring that measures and procedures are

carried out in the workplace.

The next is "information, instruction and supervision", and that's where training fits in. So if we issue a training order, that's the section that we would utilize. And then, as I mentioned earlier, acquainting workers and supervisors with workplace hazards.

Next slide. These are some of our key supervisor duties. And there's a similar duty, general duty for supervisors, "Take every precaution reasonable in the circumstances."

"Ensure a worker works in the manner", so using the procedures, and so on, and with the protective devices and measures that are required by the Act.

"Ensure any equipment, protective device or clothing required" is worn. So in the case of personal protective equipment, if it's needed and required to be worn, that's the section a supervisor would be required to be enforcing.

And then advising a worker of the existence of any danger, potential or actual danger, that the supervisor is aware of.

COMMISSIONER MARROCCO: And that's the supervisor at the workplace, like, that's the

long-term care home person?

MS. YOUNG: Correct.

COMMISSIONER MARROCCO: So if something happens, and they didn't do that, then they're subject to whatever the Occupational Health and Safety Act provides. They're measured against that standard?

MS. YOUNG: That's correct.

The next slide are a few of the worker duties. So working in compliance with the Act and regulations; using and operating equipment in a safe manner; and reporting any defects in equipment, or any hazards, or contraventions of the Act that they are aware of, and reporting those to their supervisor.

Next slide. These are very important embedded elements in the Occupational Health and Safety Act and are fundamental to the Act, and they are the workers' right to know about the hazards that they might be exposed to within their workplace.

They have a right to participate in resolving health and safety concerns through, for example, membership in a joint health and safety committee. They identify members from among them

who will represent them on the committee.

And then they have a right to refuse unsafe work.

COMMISSIONER MARROCCO: So do I have it right then that, in a situation where the home is unsafe because there's not sufficient -- just to give an example -- there's not sufficient protective equipment for everybody, the worker can legally and properly refuse to work in that environment?

We, of course, have been hearing that that creates a huge problem, that the staff shortage was a significant problem in terms of looking after the people who were residing in the long-term care home and had difficulty looking after themselves.

I take it, from the Ministry's point of view, you're more focused on the right to refuse to work in an unsafe location than on the consequences that that might have had. Not that the Ministry doesn't care about the consequences, but I'm asking you really, do you get involved with the consequences of the people refusing and the lack of care that generates?

Don't misunderstand my question. I'm

not suggesting a person should have to work in an unsafe environment and get sick. I'm not suggesting that. I'm just trying to understand if there's any attempt to balance the two problems.

MS. YOUNG: So I think, when we go to the next slide, you will see that there is a slight limit to a healthcare worker's availability to refuse work for that very reason that you've just described.

So if you look to the left of the slide --

COMMISSIONER KITTS: Could I just ask a question before we go to the next slide?

MS. YOUNG: Sure.

COMMISSIONER KITTS: Coming back to the increase in complaints and issues by 200 percent during COVID and your surge capacity to get more inspectors trained properly is nine months.

My question is: Did you have any surge capacity to move towards health from perhaps areas that had suspended operations because of the emergency order, or how did you manage a 200 percent increase in complaints and how did you prioritize them?

MS. YOUNG: Right. So we focused all

of our capacity in the system to all of those essential businesses, including healthcare.

And where we might, in previous situations, respond to a complaint and expand the scope of the complaint to include a broader swath of issues, we would be very focused on the specific complaint that was being presented to us.

So we would go in and deal with, for example, infection measures and procedures for which the complaint was stemming, and we would address it. And then we would go on to the next workplace rather than, you know, let's say in a regular situation where we're not in a pandemic, we might then explore and look to see whether there are any other hazards that might be related to that specific issue as well.

So we were very focused. We were able to -- we have approximately 181, what we call "industrial inspectors". They cover 29 sectors, including healthcare.

So, as you are aware, a number of sectors were closed, so we were able to redeploy a number of those officers into those essential businesses, including healthcare.

COMMISSIONER KITTS: And in your

recollection, there wasn't a lot of complaints rising to your level around the concerns around PPE in long-term care homes?

MS. YOUNG: Most of the complaints -- there were several complaints related to personal protective equipment stemming from both long-term care and acute care, within those workplaces, absolutely.

COMMISSIONER KITTS: Okay. Thank you.

MS. YOUNG: So the work refusal process, there is a limited right for specific workers, especially those that have a role with respect to public safety. So, folks like police, fire, corrections officers, hospital, long-term care, education sector teachers, they all have a limited right to refuse. And those conditions, their limited conditions, are based on whether it's inherent in their work or not.

Obviously, in the case of a corrections officer, they have to deal with potentially violent individuals, and that is really inherent in their job. But, for example, if the lock on the cell door is malfunctioning, that's not really inherent in their work.

So just to give you an example of

something that would not be inherent in their work, is a normal condition of the worker's employment. Or if the worker's refusal to work would directly endanger the life, health and safety of another person, so potentially a resident in a long-term care home, or a student in a classroom, for example.

So when you walk through a regular work refusal, it starts in the workplace with a worker identifying something that's unsafe. They would bring it to the attention of his or her supervisor or employer, and it would be investigated in concert with a health and safety committee representative. If the situation is resolved, the worker would go back to work.

If the worker felt that his or her issue was not resolved adequately, they may continue to refuse work, and at that point in time, the Ministry of Labour would be contacted. We would then attend immediately to respond to that work refusal.

We have inspectors on call after hours, so that on weekends or after hours we are also available to respond with a level of immediacy.

COMMISSIONER MARROCCO: Ms. Young, just

hang on a second.

Commissioner Coke.

COMMISSIONER COKE: I'm just trying to get a sense of during this Wave 1, what was the scope of the number of work refusals that you got from long-term care homes.

MS. YOUNG: Yes, between March 11th and today, we've had 13 work refusals from long-term care homes, out of more than 350 total work refusals within the Province.

COMMISSIONER COKE: Thank you.

COMMISSIONER MARROCCO: Do you have any sense -- does that seem low to you, or do you have any sense of that?

MS. YOUNG: Well, we have received 351 complaints for that same time period. So it could be that, you know, workers, instead of engaging in a work refusal, utilized the complaint mechanism, for the reasons that are highlighted on this slide to the left.

So you see that they have a limited right to refuse. They may have chosen, and I'm simply guessing at this point, but they may have been choosing to utilize the complaint mechanism instead of the work refusal mechanism with which to

get their issue dealt with.

And you will see as I walk through the work refusal process, when the Ministry of Labour comes in, one of the things they will do is to look at the worker's limited right and determine whether it's inherent in their work; determine if it is a normal condition of their employment; determine if the work refusal might endanger someone else within their scope. And if that's the case, then the Ministry will not rule on the work refusal, but they will instead deal with the issue as a complaint.

COMMISSIONER MARROCCO: Commissioner Coke.

COMMISSIONER COKE: Yes, I'm just curious now as to how many complaints you would have gotten from long-term care homes.

MS. YOUNG: 351 complaints from March 11th to today.

COMMISSIONER MAROCCO: Commissioner Kitts?

COMMISSIONER KITTS: And did they all go to stage two, second stage, where Ministry of Labour got involved?

MS. YOUNG: So there were 13 work refusals that would have gone to the stage two.

And there were 351 complaints that didn't start with a work refusal, that ended as a complaint.

COMMISSIONER KITTS: So you could, I guess, assume that it was handled then in stage one?

MS. YOUNG: No. So workers can exercise one -- either avenue. So a worker might call in a complaint and say, "I have concerns about inadequate provision of inadequate personal protective equipment in my workplace. I brought it to the attention of my supervisor. They haven't remedied the situation. I need an inspector to come and deal with this complaint of mine."

A work refusal is a different mechanism and we would be alerted to the fact that the worker has stopped work, they have engaged in a work refusal, the employer has attempted to remedy that work refusal and they haven't come to a remedy that is satisfactory to the worker. We then come in immediately to respond and make a decision.

COMMISSIONER COKE: Okay.

MS. YOUNG: Is that helpful?

COMMISSIONER KITTS: Yes. I'm just trying to piece together. We've heard that a lot of workers just left. So I'm wondering where in

the chain they lost confidence in I guess the ability to change the conditions, but I'm just speculating. I'm just trying to piece that together.

MS. LAWSON: Dr. Kitts, do you mean they just left while the work refusal was being investigated?

COMMISSIONER KITTS: No, I'm mixing it all together now. It's just basically we've heard a number of times that there was fear for their safety, so they left. I'm trying to figure out where in this chain they would feel they'd have to exit.

COMMISSIONER MARROCCO: You know, we've heard significant numbers of people not showing up for work, to the point where it seems to have created -- that fact alone seems to have created a real crisis in the particular long-term care facility. And we've been told that the reason people didn't show up was fear and so on, fear for their own safety, and a lack of training dealing with personal protective equipment, that sort of thing. We didn't catalog the nature of the complaints, but that's what we've been hearing.

And I guess the question was, how they

would fit into this process, because they just seem to have walked away?

MS. YOUNG: So if they were aware that they could engage in a work refusal or lodge a complaint, with respect to work refusals, we respond right away as the work is stopped and we have a level of immediacy with respect to responding to work refusals.

And then with respect to complaints, we prioritize worker health and safety complaints and have been responding to those in a very, very timely manner, often within 24 hours.

So if they're aware that the mechanism exists for us to attend, you know, maybe that might be the missing piece.

COMMISSIONER MARROCCO: So if a worker went to a long-term care home and wanted an N95 mask and the employer refused to provide it, and the worker felt that any other kind of mask wouldn't protect them and that they could get sick, then if they engaged in a work refusal and reported it and the inspector came out -- I don't know whether the inspector was going to the home or dealing with it on the phone, because we've heard that there were people dealing with these things on

the phone. But can they make an order? Can the inspector say to the home, "Look, you have to give that person a mask. I don't know what you're thinking, but you have to do that."

Can they make an order like that?

MS. YOUNG: Yes. So an inspector will assess the circumstances under which the worker is being required to work, so what kind of work is the worker being asked to perform; what are the conditions of the workplace; what is the space the worker is being asked to work in; what is the condition of the patient that they're treating, et cetera.

Based on that, if there is an inadequate level of personal protective equipment being provided by the employer, in those circumstances they would be ordered to provide the appropriate level of personal protective equipment.

COMMISSIONER MARROCCO: If a person refused to work, the inspector would attend promptly?

MS. YOUNG: Yes.

COMMISSIONER MARROCCO: Now, were they going in person or by phone?

MS. YOUNG: So our inspectors were

attending in person up to -- so there was a period of time where we were handling some of our, what I call reactive calls, virtually, and that would have been between March 16th and April 28th. So there was about a six-week timeframe where some of our reactive work was conducted virtually.

It's important to note, however, that when those inspections were conducted by phone, the health and safety committee, the worker's side of the committee, needed to be present and engaged for those investigations so that people could be interviewed and the details of the circumstances could be appropriately relayed in an unbiased fashion.

COMMISSIONER MARROCCO: Commissioner Coke.

COMMISSIONER COKE: Did you have any issue with your own inspectors refusing or not wanting to go into the homes to do their work?

MS. YOUNG: Certainly, during the peak of the pandemic, our inspectors -- some of our inspectors raised some concerns. We have some staff that are in an older demographic who are at higher risk. But I would say, for the most part, our inspectors often enter some quite hazardous

working spaces in industrial establishments and other -- so they are provided with a suite of personal protective equipment, such as N95 masks, half-face respirators, Co2 monitors, all kinds of devices they are trained to use, wear, don and doff.

And so we did a retraining session, as we had a greater level of knowledge of COVID-19 exposure, and prepared them during that six-week timeframe, where we did do some responding virtually to ensure that their confidence and comfort level, and all of the personal protective equipment that they needed they had on hand, and we had very few complaints or concerns.

And any concerns -- the important thing, I think that we did, too, throughout the process was we engaged our bargaining agents. So our inspectors are OPSEU members and we engaged the bargaining agents, the management employee relations committees and the local employer relations committees and the joint health and safety committees to ensure that any issues that they might have were being resolved at a local and then at provincial level.

We were extremely responsive, every

step of the way, to any concerns our inspectors might have because we have an order-in-council responsibility as a Ministry to continue to operate during a state of emergency, and they are very well aware of that.

So we also want to make sure that we're collaborating with our workforce to ensure they have what they need to feel safe to do the work that they needed to do.

COMMISSIONER COKE: Thank you.

MS. YOUNG: So just as a -- we're keeping statistics. Obviously, it's a moving target, but we do regular check-ins to see how many people might be self-isolating for, you know, they've had an exposure in the community or something like that. And at any given time we're up around 87 to 88 percent of our workforce in the field on any given day.

COMMISSIONER MARROCCO: Okay.

MS. YOUNG: The next slide outlines some of the powers of our inspectors.

Without warrant, they can enter any workplace; take up or use any equipment or machinery; interview any workplace parties; take away samples; take away copies of security camera

footage, those types of things; require expert testing of equipment. And as they conduct their compliance and enforcement, they will issue orders. They can issue offence notices and initiate prosecution as warranted.

And I think it's important to note that inspector decisions about compliance with the Act or the regulations are based on the circumstances that they observe at the time that they attend at the workplace and based on the information they're gathering at the time of the inspection or the investigation.

The next slide is a bit of an overview, just to give you a sense of the scope and scale of the activities undertaken on an annual basis within operations division at MLTSD. So we've highlighted there the annual number of visits that we normally conduct, the number of orders we typically issue, the number of stop work orders, the number of events reported to the Ministry. You see there are 25,969.

We've seen a big spike in the number of events reported to the Ministry. So events are notices of occupational illness, complaints, critical injuries, work refusals, fatalities.

Those are all events reported into the Ministry. We've seen an increase in those numbers this year.

The next slide. So the next piece of our presentation relates to our proactive inspection strategy. So we talked a lot about all of the reactive work we've been doing in the field. What's left over, the capacity that we have left over to do proactive inspections, we will engage in a risk-based strategy that is informed by the occupational health and safety system in the province, and it's referred to as Safe At Work Ontario.

So the next slide highlights some of the features of our Safe At Work Ontario strategy. So what we're trying to achieve is to improve health and safety culture within the workplace; reduce workplace injuries and illnesses; provide compliance assistance, level the playing field.

I'm so sorry.

-- Reporter's Note: (Brief interruption in the proceedings).

MS. YOUNG: Sandra, could you take over on this slide for me?

MS. LAWSON: Yes.

So, as Jody said, this strategy has

several overarching objectives, but it's also very much informed by data and a risk-based approach. So looking at the WSIB data and trends when it comes to LTIs or "lost-time injury rates", fatality data, occupational illness, critical injuries data.

We also look at the compliance history of certain particular workplaces and sectors and firms; look at overall workplace demographics, some of the trends by sector; and also stakeholder information.

Jody had mentioned earlier that we have a Section 21 Committee. We also consult every year on where we should be focusing our proactive inspection efforts and have consultations with the healthcare sector, and all those things inform where we focus.

Just to give you an example of where we've typically focused in healthcare over the last few years is, we actually had a three-year initiative where we were aiming to get to as many hospitals, long-term care homes, retirement homes, group homes that were a little bit more risk-rated in terms of needing extra help, based upon all these indicators, where we did comprehensive inspections focusing on the internal responsibility

system and the common hazards in those sectors.

Other initiatives or campaigns that we've had through Safe At Work Ontario over the years include a focus on workplace violence, which is one of the leading causes of lost-time injuries and complaints in healthcare and also long-term care.

We've also focused campaigns on slips, trips and falls, and noise. That just gives you some examples of some of the other hazards and issues in healthcare.

Back over to you, Jody.

MS. YOUNG: Thank you, and sorry for that interruption.

So this graphic highlights the Safe At Work Ontario strategy, which utilizes data. So lost-time injury, non lost-time injury data from the WSIB; a sector-specific or hazard focus; and then a component always of partnerships.

So we showed you, at the beginning of this presentation, all of the players within the health and safety system that are contributing to the prevention agenda. So we're working collaboratively with all of these system partners to ensure that we have the right resource at the

right workplace, at the right time, to support that particular workplace.

And then when you go to the next level, the process will hone in on those specific employers or firms that need our help the most within the particular sector strategy. And while our inspectors are within, conducting those proactive inspections, one of the foundational pieces, the Internal Responsibility System, is something that they're ensuring is in place when they're doing these hazard-specific inspections. And I'll give you an example.

For example, in residential construction, we see a number of falls from heights that result in worker fatalities. So we've had a number of falls-from-heights campaigns, and we will focus in on those particular companies that have had falls. We will also focus in on smaller firms that may be at a higher risk and we will work with them to ensure that they have an Internal Responsibility System in place. They may not have set up a health and joint safety committee, for example. We may connect them to a system partner that can help work with them and provide them with training, et cetera.

So, ideally, the entire system is risk-based, with a goal to increase compliance, reduce lost-time injuries and fatalities and to elevate the level of health and safety leadership within each of those particular workplaces.

Next slide. So, this slide is basically showing the different types of interactions our inspectors have with workplaces.

If we start at the bottom, we spent a lot of time talking about the type of investigations that we have been conducting. For the last eight months, we have had a very high number of investigations. So we've had less capacity to do proactive inspections, which are at the next level, in the green.

And then thirdly, in the dark green, we have what's called consultations. We don't do very many consultations per year. Those are typically initiated by workplace parties, where they would invite the Ministry of Labour in to come and talk about, for example, they might be employing a new technology or they might be changing a process and they're looking for some guidance from the Ministry. And we will engage with them and talk to them about -- might even bring in an engineer or a

hygienist or some other technical expertise to assist the workplace parties in resolving a challenge that they have in front of them.

We don't have a lot of capacity to do consultations. A lot of our work is focused in those two other areas.

Next slide. I think Sandra has highlighted this already, but this is an example of a proactive inspection initiative that we've undertaken in the last year and it relates to workplace violence prevention. As you will see a little bit later in the slide deck, this continues to be a significant issue resulting in lost-time injuries within the sector.

So there's been a very high level of focus, a lot of work being done through a workplace violence prevention and healthcare leadership table that set a lot of new tools and supports for the sector. And this piece, the enforcement piece, was to dovetail in behind all of those product developments and all of those education and outreach that has already been done, to see whether workplaces have indeed taken up these tools and processes and implemented them effectively within their workplace.

So this is an example of one of the initiatives we've taken in the province.

The next slide is an example of the trending with respect to long-term care homes and occupational health and safety events reported to the Ministry of Labour and Training and Skills Development. Events, just a reminder, are all of those things that are coming into our contact centre, so notices of occupational illness, complaints, injuries, work refusals. And you can see that the number of complaints for long-term care homes in 2020 has elevated.

Next slide. Again, another graphic on our activities within the long-term care sector. You can see the increased number of field visits. You can see the increased number of reactive visits that we've had. And one of the significant notes which we've actually embedded on to this slide is the decrease in the number of orders issued at the same time as the number of field visits and reactive calls were increasing. We believe that this is typically due to the fact that we mentioned earlier. Our inspectors would traditionally go in on a complaint and look at a whole suite of other issues. So we might go in on a complaint that

relates to workplace violence and harassment, but then we do an inspection of the kitchen and notice that there was a guard missing on a dough mixer; or we might be looking at where their compressed gas cylinders are stored and find a contravention there; or we might determine that their handling of antineoplastic drugs was not appropriate, and would address that in the form of an order.

All of our work in the last six to eight months has been very focused on infection measures and procedures, and there are a limited number of orders that we would be issuing in those types of circumstances.

The other thing that we have seen is a 50 percent decrease in the number of administrative orders issued by our inspectors in the last eight months. By "administrative orders", I mean things like, do you have a copy of the Act posted in the workplace; are the members of your joint health safety committees' names and work locations posted in the bulletin board; and so on.

And so those non -- I refer to them as something that are not killer contraventions, but they are administrative contraventions. So our inspectors were just really focused in on getting

in, dealing with the infections control issues and getting out, and issuing orders as appropriate and not expanding the scope of the investigation.

So that's one of the rationales. We have looked through all of the orders to determine where those differences have been.

Next slide.

COMMISSIONER KITTS: Before you go on, the long-term care home inspectors, are there health inspectors that do both long-term care and other health areas, they're not dedicated to long-term care?

MS. YOUNG: Right. We don't have inspectors dedicated to long-term care. We have approximately 181, what we call industrial health and safety inspectors. They cover all 29 sectors, including healthcare.

Currently, we have three dedicated healthcare inspectors that only do healthcare. We have 44 -- of those 181 inspectors, three of them are only dedicated to healthcare; 41 of them are what we call healthcare leads. So they have special training and expertise in healthcare-related issues. And then the remaining industrial inspectors of that 181 -- so we have 341

and 181 -- those remaining industrial inspectors have the training in the healthcare regulations, they have training in infection control measures and procedures. They may not come from a healthcare background, for example. So they may lean in on a highly technical issue, they may lean in on a healthcare lead to provide them with some support or advice on a complex issue.

COMMISSIONER KITTS: Okay.

MS. YOUNG: Important to note, you may have seen that we will be hiring an additional 100 inspectors. By December we'll be onboarding a whole crew of new officers, and among them we will be hiring an additional 30, three-zero, healthcare-specific inspectors.

COMMISSIONER KITTS: Thank you.

One last question: Do you know whether the Ministry of Labour inspectors in Health have a relationship, a working relationship, with either the long-term care home inspectors and/or the public health inspectors?

MS. YOUNG: So we have quite strong working relationships with the public health units and their inspectors.

We often actually conduct joint with

them, where there's a significant outbreak or a complex issue, where we want to be really coordinated in our efforts.

We have had over the years -- I've been here for about 20 years and we've had some joint pilot work done with the long-term care compliance officers, but I would say in the last five years or so, we haven't had a tight or a joint effort with long-term care.

COMMISSIONER KITTS: Thank you.

COMMISSIONER MARROCCO: Is there a wide variation in training, do you know?

MS. YOUNG: You know what? I couldn't speak to long-term care compliance officers' training.

COMMISSIONER MARROCCO: Okay.

COMMISSIONER COKE: Just a question. I know in the past there had been talk about trying to do cross-training, cross-inspections, that sort of thing, so to increase capacity and not overburden people when inspectors are coming in.

I'm just curious if there's any movement in that regard, or not so much.

MS. YOUNG: So we have been meeting in the last couple of months with long-term care

public health units. We've been sharing information such as we've been providing weekly updates to long-term care of those homes that we have been attending.

And we have, as I've mentioned, been coordinating some of our efforts with the public health units to collaborate together, either in a joint inspection or to attend different homes or workplaces, so that we're expanding our reach.

We've also started communications with long-term care to achieve some of those similar goals, where we can potentially provide each other with heads-up about issues in each other's area of expertise, so that we can expand our respective reach within all workplaces across the province.

So we're moving towards establishing some of that, you know, cross-training. For example, identifying -- having long-term care identify their top ten issues that our inspectors might come across and ensuring that our inspectors are aware of those so that they can provide that heads-up, and vice versa.

COMMISSIONER MARROCCO: Was there any plan in place to respond in the event of an outbreak or some kind or an infectious disease

outbreak?

You know, because we've had like SARS, and so I was just wondering if, as a result of something like that, there was a kind of a plan in place as to what we would do if that happened again.

MS. YOUNG: Yes, so I think out of the SARS Commission, there were a number of changes that were made, certainly with the Ministry of Labour, Training and Skills Development. We've enhanced our healthcare capacity training for infection control for all of our staff, implemented a whole host of new approaches, including those proactive inspections and blitzes. Our presence in healthcare has substantially increased.

In addition to that, we entered into a memorandum of agreement with the Public Health Unit. So weekly we get listings of all of the outbreaks, and we'll marry that up against our notices of occupation analyst to make sure that workplaces are actually complying with the rules and that we're collaborating with public health units to ensure that we're responding to those outbreaks in a timely manner and the occupational health lens, as well as the public health lens, are

being applied.

So there have been a number of improvements made post-SARS to open those lines of communication, share information in a timely manner to ensure that the right groups of people have the information so that they can respond accordingly.

COMMISSIONER MARROCCO: Okay.

MS. YOUNG: So we'll move into our COVID-19 response to date.

So, next slide. So COVID-19, a new infectious disease, but occupational infections are obviously not new to long-term care. So, long-term care homes have encountered many other infections and have been dealing with those infections and they have a requirement to notify us when a worker acquires one of these infections within the workplace.

So there's some examples on the slide.

COMMISSIONER MARROCCO: Can I just stop you there. How do I read that? It says:

"The SARS-CoV-2 virus was newly identified in late 2019 as the causative infectious agent for COVID-19".

What does that mean?

MS. YOUNG: So I guess what we're trying to say there is that towards the end of 2019, we had this novel virus that was then identified as COVID-19 as we got more information about that particular virus.

Sandra, do you have further clarity on that?

MS. LAWSON: Yes, I mean, I think what we colloquially call COVID-19 now, and I think to Jody's point, there was work that started at the Ministry and in the broader system, you know, going back to, you know, I would say October, November, of 2019 in terms of preparing for this virus.

COMMISSIONER MARROCCO: And did that occur because -- that interest, did somebody get sick in an environment, some work environment somewhere, and that was identified? Or what caused that in late 2019?

MS. LAWSON: I think we were watching what was happening around the world and that was causing us to prepare for the virus, you know, coming to North America.

COMMISSIONER MARROCCO: Commissioner Kitts.

COMMISSIONER KITTS: I think it was a

SARS-like virus and it was a coronavirus; the "COV" is Corona. So the initial name was SARS-type coronavirus 2, and that quickly changed to novel coronavirus, and then to COVID-19. So it's the same virus.

COMMISSIONER MARROCCO: So you're watching, like the rest of us, what's going on in the world, and life goes on, that it may have an implication for the workplace in Ontario. So you start reacting to that.

COMMISSIONER KITTS: Right.

MS. YOUNG: That's correct. And historically, we've reacted in the same way when Ebola was emerging and H1N1.

So we would be, in the course of conducting proactive inspections, we'd be really honing in on infection measures and procedures and the employing of universal precautions.

So, when you're dealing with something that's novel, something that's new, something that we were not necessarily in the beginning absolutely certain about how it's transmitting, we would go to -- we would look to universal precautions, sort of maximum personal protective equipment, to protect workers from this particular hazard. And

so that was a regular part of the inspectors' routine inspections and the line of questioning they'd have within the workplace.

COMMISSIONER MARROCCO: If you're familiar with Justice Campbell's report, you would know that he refers to something called "the precautionary principle". So correct me if I'm wrong; I'm asking. To me that means when you're looking at a new infectious disease, you're going to make certain assumptions about how it's transmitted and what protective measures you have to take, where you're going to assume the worst in terms of how easily it's transmitted. So would that affect the inspections?

MS. YOUNG: Yes. So when we were out conducting our proactive inspections in late 2019 and early 2020, we had not a lot of information about this novel coronavirus at the time. So our expectation within workplaces is that they would be applying the cautionary principle and ensuring maximum protection for workers until such time as we had a better understanding of how this virus was transmitted.

COMMISSIONER MARROCCO: Right.

Sorry, Ms. Lawson, you want to say

something?

MS. LAWSON: Sorry, if I could just add, we were very much involved in the discussions with Ministry of Health and Public Health Ontario in late fall into 2020 and we were very much endorsing that recommendation of the Campbell Commission report around the precautionary principle.

In fact, you will probably all know that Ontario was one of the only jurisdictions at the beginning of the pandemic to adopt that approach and require a level of N95 protection for PPE, and as the science evolved, Public Health Ontario adjusted its guidance and directives based upon the evolving science.

But that was something that I would say that our Ministry of Labour, Training and Skills Development was very much communicating and working with the healthcare partners and systems at the table in late fall and into the winter as the pandemic arrived and the science evolved.

COMMISSIONER MARROCCO: Did the Ministry take any steps to say to individual long-term care homes or to the Ministry of Long-Term Care -- my words, not yours, obviously --

"You need to make sure you have enough personal protective equipment because you should pay attention to this, this is potentially or inevitably going to get here, unless we shut down the borders and the airports and didn't let anybody in or out, including our own people. It's going to come here."

Was there any communication to the Ministry or to the individual homes?

MS. YOUNG: Certainly, in the course of our proactive inspections with individual acute and long-term care facilities, we would have been looking at what IPAC or infection prevention control measures they had in place to deal with this novel coronavirus.

We would be speaking to them about whether they had the appropriate personal protective equipment available; that their workers had been trained on that personal protective equipment; that they knew how to don and doff the equipment appropriately. Basically, the care, use and storage of personal protective equipment, they would need to be able to demonstrate to the officer in the course of the inspection that all of that was in place.

COMMISSIONER MARROCCO: But, you know, that speaks to a proactive inspection, and you have, you know, a limited number of inspectors.

But I was more interested in whether there was a communication, whether it's an e-mail or a letter or something, that says to either the Ministry or the individual homes, "Look, this poses a potential risk to the safety of workers. Pay attention to it, that you need protective equipment", as opposed to an inspector going there, doing a proactive inspection, and issuing or leaving a report or making a recommendation. I meant something broader-based than that because you couldn't proactively inspect all 626 homes in the late fall of 2019. Perhaps you'd have to do nothing else but do that.

MS. YOUNG: Right. So we have published through our prevention division, published a hundred and some-odd guidance, sector-specific guidance notes to support sector by sector all of the requirements that need to be in place to deal with COVID-19 transmission within the workplaces.

Our health and safety association system partners were also developing through the

winter a number of sector-specific products that they were pushing out to all of their associations. So the Public Services Health and Safety Association would have been pushing out all of their materials to the healthcare sector to inform them.

The Ontario.ca website was set up to resource all of those materials as well. You'll see further in the slide deck, we also engaged a number of long-term care home associations in webinars. That albeit was in April that we were engaging with them, you know, to really walk through in greater level of detail all of the expectations and things that needed to be in place within their individual workplaces.

We can certainly come back to you with a list of all of the earlier communications we had and all of the vehicles we used to communicate out to the sector. We can do an inventory.

Sandra, you have your hand up there.

MS. LAWSON: Yes. And Jody, I just might add that a lot of the early communication to the healthcare sector was coming from Ministry of Health, and we were contributing to those memos, putting the occupational health and safety lens.

So, Commissioner Marrocco, to your point about, you know, was word getting out there that they needed to have adequate supplies of PPE, that was being communicated, my recollection was, but as Jody said, we can come back to you with more information. It was coming from memos from the Chief Medical Officer of Health or the Ministry of Health to the particular sectors.

COMMISSIONER MARROCCO: Yes, that's kind of how I thought it might happen. I wasn't thinking -- because you would have every worker in Ontario -- I mean, it has to go through some sort of a more sector-specific approach, or however you want to say that. That's kind of what I expected. I was just trying to get a feel for when you would have first said -- you know, not just that this is all your responsibility; it isn't -- but when you would have first said, "Listen, we are paying attention and we see an implication for workplace safety in Ontario".

MS. LAWSON: Yes. And as you know, Ministry of Health really took the lead on the supply and availability of PPE, and they did have to prioritize, right?

But they, over time, became sort of the

conduit for making sure PPE got to where it was needed most.

COMMISSIONER MARROCCO: So that would be helpful if, just give us a feel for that, that would be very helpful.

MS. YOUNG: Moving on to the next slide.

The next two slides highlight some of the Workplace Safety and Insurance Board data as it relates to long-term care homes within the rate group.

"LTI" represents lost-time injuries, and "non-LTI" is non-lost-time injuries.

I think the important thing to note here is that you can see an important comparator, I would say, that the average for the province in LTI or lost-time injury rates fluctuates somewhere between .9 and 1.1.

So, essentially, the lost-time injury rate in the long-term care sector is pretty much double that of the provincial average, and I think that's a pretty significant issue.

And the next slide identifies, by percentage and numbers, the areas where workers within the sector are becoming injured. And so

first and foremost is exposures. And exposures can be anything physical, chemical or biological exposure. So it will include things like infectious diseases, norovirus, scabies, any other types of infectious diseases, including COVID-19.

And then we go down to musculoskeletal disorders, handling clients, sort of second; and then falls, third; and workplace violence, fourth.

So a lot of our proactive inspections programming hones into those sort of top four hazard areas of focus when we're out there doing proactive inspections.

COMMISSIONER MARROCCO: Commissioner Coke, did you want to ask a question?

No? Okay.

MS. YOUNG: The next slide gets into a bit of the chronology around our activities over the last eight months.

As Sandra mentioned, we were conducting proactive inspections within the healthcare sector and responding to reactive investigations between January and mid-March.

We knew that there was this new virus that was on the horizon, and so with each and every inspection or investigation, we'd also be honing in

on infection measures and procedures at each one of those visits, to ensure that precautionary principle was being applied and that workplaces were preparing themselves for the pandemic.

Inspectors from our team also conducted in-person inspections at the evacuation centres in Trenton and at NAVCAN in Cornwall, as the Government was receiving the chartered planes of Canadians coming over from overseas, as well as the local hospitals adjacent to those centres, to make sure that they were well prepared. That if any of those individuals that were at Trenton or NAVCAN got violently ill and were transported to hospital, that the hospital was ready and prepared to handle those particular patients.

The week of March 3rd, we did a very heavy focused blitz in our acute care centres, anticipating a surge into the hospitals, particularly in the urban centres and those hospitals near to airports. And so there were a lot of resources applied to that effort in the week of March 3rd.

The week of March 10th, our inspectors continued to also attend long-term care and retirement homes to gauge their ability to be

prepared with all of the appropriate infection control measures and procedures and that they were aware of the precautions that needed to be taken and focusing in on physical distancing and screening and hand hygiene, self-monitoring. Not only our own inspectors doing so, but also looking at what the workplaces were doing in that regard.

Next slide. So we talked a little bit about this previously, around our proactive and reactive inspections, both in person and virtual. So, you can see some of the activity within the long-term care sector. As I mentioned, we had a reduced number of in-person inspections between March the 16th and April 28th, so that's where a lot of the numbers of phone inspections would have taken place, in an effort to reduce the spread, in an effort to reduce the number of outside visitors to long-term care and retirement homes during that period of time.

Next slide. On April 28, we resumed all in-person inspections into long-term care and retirement homes, both proactive and reactive. We certainly felt that we had a greater level of effectiveness. Even though we were engaging the worker side of the joint health and safety

committee during these virtual visits, we felt that being there in person, starting from entering at the front door and walking through the screening process and so on, and being able to see visibly and ask questions of various workplace parties, not just those that are engaged in the phone conversation, were a lot more effective at identifying hazards or contraventions in the workplace, deficiencies, that we may not be able to see or hear about over a virtual or telephone call.

Next slide. So our approach to our proactive inspections, we talked earlier about sharing of information. So we're utilizing data from the Ministry of Health that identify, by risk level, each long-term care home.

We receive weekly public health outbreak reports, and as of just the last couple of weeks, we're starting to receive real-time daily outbreak data, which has been hugely beneficial, so that we can get out to these homes in a more timely way.

As well as the homes reporting to us their notices of occupational illness and where there is a discrepancy, for example, we know that they've had an outbreak, yet they haven't notified

us that that they've had an occupational illness in the work area, and we would certainly prioritize that home for an inspection.

Important to note as well, you may be aware that there were two mediated settlements that took place over the spring with SEIU. One of them resulted in us attending weekly, for eight weeks, to a number of long-term care homes. As well as in the second settlement, we visited nine long-term care homes in person that were identified through this mediated settlement as well.

Next slide. So, over the course of the late spring and early summer, we were working with Ministry of Health. Our healthcare team anticipated the fall. The combination of flu season, combined with a potential second wave of COVID-19, called for us to ensure that we had a strategy and resources available to be deployed into homes, both retirement and long-term care homes, to ensure that the measures and procedures were in place. So that is in process right now.

And the next slide will speak to that infection strategy. And again, it's difficult for us to get to all 600 and some-odd long-term care homes as well as all the retirement homes, so we're

utilizing a risk-based approach that is identified in the coming slides.

So, if we flip to the next slide, that is a bit of a pictorial of using risk as well as information-sharing to inform our inspections.

We can go to the next slide. This slide highlights some of the risk-based intelligence that we're using to select our homes for inspection. So, besides field intelligence and their history with the Ministry and their compliance history with us, we're focusing in on long-term care homes that are known as Class C homes, that are older builds, that have multiple residents within a room. And we're also utilizing the weekly data that we're receiving from the Ministry of Health, as well as the emergency operation centre, where there are outbreaks happening, where there are homes at a higher level of risk.

Our healthcare unit is identifying those by region and pushing them out to the regional offices for a priority inspection by the inspectors in those specific areas.

So that particular initiative is happening right now, and has been ongoing since the

beginning of October.

Next slide. The inspections that were conducted during the peak of the pandemic identified a number of items that needed to be focused in on, and so those have served to form the key pieces or foundational pieces for the proactive inspections that are taking place right now.

And the list is in the next slide for those items that we're honing in on: signage, screening, hand hygiene, training for workers on COVID cleaning, personal protective equipment, training on personal protective equipment, how to put it on, take it off, and how to wear it appropriately. Physical distancing, and reporting of occupational illnesses. Because there has been some issues with complying with that requirement as well identified.

The last piece of our slide deck relates to some of the collaboration that we've undertaken over the last several months, as well as collaborations that were already in place, some of which came post-SARS.

So, the next slide. So we have maintained extremely close contact and communication with our system partners, public

health units, Ministry of Health, Public Health Ontario. Our specialists have provided advice into sector guidance to ensure that an occupational health lens is being applied to all of those guidance materials.

We have provided technical advice on things like fit testing, standards for respiratory protection, options for respiratory protection. We've weighed in on the policies around universal masking and provided clarity.

There's sometimes a bit of discrepancy or differences around public health measures and occupational health and safety requirements. So, you know, where possible, when we're provided with drafts of materials, we're putting the occupational health and safety requirements lens.

We're also responding to information about privacy concerns and workplace testing questions, and those types of issues. We're providing ongoing editing as this pandemic has been evolving, providing updated information on guidance bulletins that are being posted on our health and safety associations systems' websites to ensure their sector-specific guidance is being continually updated with the knowledge and information that we

have that's evolving.

And the last slide is some other areas of our Ministry that have had some involvement in engaging with our labour stakeholders, our healthcare unions in particular, around their occupational health and safety concerns, provision of personal protective equipment, personal protective equipment supplies and availability.

I mentioned earlier that we've participated with our health and safety association partners to deliver webinars to long-term care and retirement home employer organizations. The dates of those are listed there on the slide.

And we are continuing to have extensive communication with our system partners to anticipate and respond to any emerging issues that are happening and ensuring that all of our materials and information are regularly updated.

And the remaining pieces in the deck are some appendices for your review.

COMMISSIONER MARROCCO: All right.

Commissioner Kitts.

COMMISSIONER KITTS: I'm sorry, but could you go back to slide 36 for a second.

So it says:

"During the peak of the pandemic in the long-term care sector, inspections have revealed a number of items that have formed the basis of the inspection focus for this strategy."

And so I'm kind of interested, since July -- I think the next slide, it says what your focus is on.

MS. YOUNG: That's right.

COMMISSIONER KITTS: Do you have information from July to present in terms of how we're doing in this regard?

MS. YOUNG: So, our proactive inspection strategy commenced at the beginning of October, and so we'll be starting to roll up the results of those. I think, you know, anecdotally, we're seeing a higher level of compliance with a lot of those issues now.

Certainly, in the peak of the pandemic, we were responding to complaints and work refusals where there was clearly an inadequate level of screening happening, an inadequate level of training for workers on how to wear personal protective equipment, what personal protective

equipment was provided and so on.

So I think we're seeing -- anecdotally, we're seeing a higher level of compliance. But as we roll up the results from this proactive inspection strategy, we'll have a much better sense going forward.

COMMISSIONER KITTS: Is it the Ministry of Labour, on site, when they see these areas are not up to what they should be, you provide the order and you've got the authority to make that correct and you don't have to go through other ministries?

MS. YOUNG: That's correct.

COMMISSIONER KITTS: But you are, I think you said, you're communicating directly with the Ministry of Health and Ministry of Long-Term Care.

MS. YOUNG: Sorry, can you repeat that?

COMMISSIONER KITTS: I think you said in the next section that your communication lines are wide open with Ministry of Health and Ministry of Long-Term Care and others.

MS. YOUNG: Yes, that's correct. Yes.

COMMISSIONER KITTS: Thank you.

COMMISSIONER MARROCCO: Well, there are

no further questions.

Thank you both for the very detailed presentation.

I think, certainly for me anyway, it cleared up a number of issues which have arisen. We may be back, if that's okay. And thank you very much for a very informative presentation.

MS. YOUNG: You're very welcome. Thank you.

MS. LAWSON: Thank you for giving us the opportunity.

COMMISSIONER COKE: Thank you.

-- Meeting adjourned at 10:46 a.m.

REPORTER'S CERTIFICATE

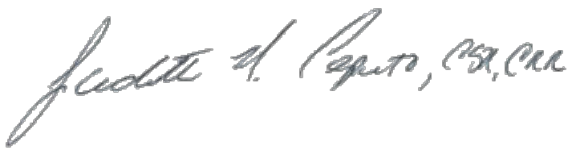
I, JUDITH M. CAPUTO, RPR, CSR, CRR, Certified Shorthand Reporter, certify;

That the foregoing proceedings were taken before me at the time and place therein set forth;

That all remarks made at the time were recorded stenographically by me and were thereafter transcribed at my direction;

That the foregoing is a true and correct transcript of my shorthand notes so taken.

Dated this 21st day of October, 2020.



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PER: JUDITH M. CAPUTO, RPR, CSR, CRR

WORD INDEX