Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-19	1:52 PM		No Field Visit	MERFIELD, EMILY (2821)	**04499PFZS758**

OHS Case ID	Lead Inspector	Case Status
02821PFZV248	MERFIELD, EMILY (2821)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-19	02:30 PM	Telephone	McCabe, Samantha (4499)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	2		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Hryhorsky, Chris	(519) 686-1922 Ext: 222	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Hryhorsky, Chris	(519) 686-1922 Ext: 222	No

Reported Employer / Constructor

Elgin Middlesex Detention Centre

Event Location

711 Exeter Rd, London, ON N6E 1L3

Event Information

Caller reporting stage 2 work refusal due to potential COVID19 exposure:
- workers are refusing to move an inmate from segregation unit to adjoining room for a telephone call for parole hearing
- inmate is on "droplet precautions" and is currently symptomatic, meaning inmate wears a mask when leaving a cell
- workers have been provided with PPE (masks, gloves, goggles, gowns)
- employer has investigated and determined there to be no hazard to the workers
- workers are continuing to refuse and are currently in the caller's office

Event Details and Conclusion

Case ID 02821PFZV248
2020-Mar-25 8:31 AM MERFIELD, EMILY (2821)
WRDF via phone

Event entered into ICE on: 19-Mar-2020 2:36 PM
Event entered into ICE by: McCabe, Samantha (4499)

Report printed on: 12-Feb-2021 2:30 PM
Report printed by: VRANESEVIC, NIKOLAS (4117)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-20	2:10 PM		No Field Visit	KOEHLER, MARK (3138)	**03475PGBS461**

OHS Case ID	Lead Inspector	Case Status
03138PGBV563	KOEHLER, MARK (3138)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-20	02:36 PM	Telephone	WESTWOOD, TINA (3475)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	3		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Reeves, Brandon	(519) 686-1922 Ext: 222	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Reeves, Brandon	(519) 686-1922 Ext: 222	No

Reported Employer / Constructor

Elgin Middlesex Detention Centre

Event Location

711 Exeter Rd London ON N6E 1L3

Event Information

Caller reports Work refusal due to COVID-19 and symptomatic inmates.
Workers are stating that inmates in that area that are symptomatic for covid illness this morning
3 females were assessed and removed to isolation
once removed ER had health care assess all the remaining inmates which were non-symptomatic
After assessment ER planned for area to be cleaned and disinfected and asked staff to unlock the units in the affected area (7 left). Workers refused to open 7 left but did unlock other unit without a problem
Workers want a period of 24 hours between assessment and inmates to be reassessed before unlocking the unit,
Workers want inmates confined
ER said those inmates have no symptoms and workers are provided PPE

Event Details and Conclusion

Case ID 03138PGBV563
2020-Mar-23 3:46 PM KOEHLER, MARK (3138)
Event closed

Event entered into ICE on: 20-Mar-2020 2:36 PM
Event entered into ICE by: WESTWOOD, TINA (3475)

Report printed on: 12-Feb-2021 2:30 PM
Report printed by: VRANESEVIC, NIKOLAS (4117)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Dec-15	12:00 AM	2020-Dec-15	Field Visit	LANG, CYNTHIA (4210)	**04068PWNQ551**

OHS Case ID	Lead Inspector	Case Status
04210PWNW113	LANG, CYNTHIA (4210)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Dec-15	12:23 PM	Telephone	Gratton, Jan (4068)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Brook, Jeremy	(519) 686-1922 Ext: 217	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Worker - Refusing Work	S.21 [redacted]		No

Reported Employer / Constructor

Elgin Middlesex Detention Centre

Event Location

711 Exeter Rd, London, ON N6E 1L3 (postal code from google)

Event Information

Employer reported a work refusal since London Region went from orange covid 19 status to red restricted covid 19 status.
-The new ADM direction is workers are not to eat at workstation (post) while in red restricted covid 19 status.
-Employer initiated stage 1 investigation because worker refusing to worker because he can't eat at his post anymore.
-Employer has setup designated place to eat and will be adding more soon.
-Both worker and employer at stage 2 impasse, both currently at the workplace.

Event Details and Conclusion

Case ID 04210PWNW113
2021-Jan-14 7:55 AM LANG, CYNTHIA (4210)
Case closed.

Event entered into ICE on: 15-Dec-2020 12:40 PM
Event entered into ICE by: Gratton, Jan (4068)

Report printed on: 12-Feb-2021 2:31 PM
Report printed by: VRANESEVIC, NIKOLAS (4117)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2021-Jan-18	12:00 AM	2021-Jan-26	Field Visit	LANG, CYNTHIA (4210)	**03404QBZM532**

OHS Case ID	Lead Inspector	Case Status
04210QCJL164	LANG, CYNTHIA (4210)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2021-Jan-18	06:04 PM	OW-Safer	CRUMP, STUART (3404)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Other	4		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Non verifiable	(Anonymous), (Anonymous)		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Elgin Middlesex Detention Centre

Event Location

711 Exeter Rd, London, ON N6E 1L3 (postal code per Google).

Event Information

Per SAC report 2992:
Complainant stated concerns that people are not 6 feet apart, improper use of PPE, too close to work environment... Staff taking temperatures were not two feet away from each other. There is an outbreak now of 4 staff confirmed with COVID. They are stating the virus was transferred at jail. The first case was the 14th and the next 3 cases were on 16th.. Nothing is being done. No communication. There is voluntary testing for staff. Complainant does not see them taking this as seriously as they should.

Event Details and Conclusion

Event entered into ICE on: 19-Jan-2021 9:26 AM
Event entered into ICE by: CRUMP, STUART (3404)

Report printed on: 12-Feb-2021 2:31 PM
Report printed by: VRANESEVIC, NIKOLAS (4117)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2021-Feb-02	12:00 AM	2021-Feb-03	Field Visit	WEST, DOUGLAS (2893)	**04068QCRR057**

OHS Case ID	Lead Inspector	Case Status
02893QCSS166	WEST, DOUGLAS (2893)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2021-Feb-02	02:05 PM	Telephone	Gratton, Jan (4068)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Other			No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Public - Complainant	S.21 [redacted]		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Elgin-Middlesec London Detention Centre

Event Location

711 Exeter Rd, London, ON N6E 1L3 (postal code from google)

Event Information

Complainant alleges the covid 19 plan is incomplete and does not offer protection for the workers who are working at the detention centre.
-Employer is not informing the workers when there is a covid 19 positive cases.
-Employer not informing the worker proper in formation to prevent the spread of covid 19.
-Employer is not providing proper PPE when workers (care workers, nurses, for the inmate's) have to go into area where there is covid 19 cases (no N95 mask no gowns).
-Employer does not seem to have a proper plan to deal covid 19 because it could have been preventing the current outbreak since they were not co-hoarding the inmates and workers.
-Employer is not letting workers get covid 19 testing.
-Employer not letting worker to isolate if they have been exposed to covid 19.
-Employer is overruling public health contact tracing regime.

Event Details and Conclusion

Event entered into ICE on: 02-Feb-2021 2:34 PM
Event entered into ICE by: Gratton, Jan (4068)

Report printed on: 12-Feb-2021 2:31 PM
Report printed by: VRANESEVIC, NIKOLAS (4117)

Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 04210PWNW113
Field Visit no: 04210PWNW114 Visit Date: 2020-DEC-15 Field Visit Type: INITIAL

Workplace Identification: ELGIN-MIDDLESEX DETENTION CENTRE
711 EXETER ROAD, LONDON, ON, CANADA N6E 1L3
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 686-1922	Active	500	

Persons Contacted: MR.JEREMIE BROOKS - DEPUTY SUPERINTENDENT OF OPERATIONS; MR. ADAM REEVES - WORKER MEMBER OF THE JOINT HEALTH AND SAFETY COMMITTEE (JHSC); S.21 [redacted] MS.MARLENE LARIVIERE - TRAINING MANAGER & M/M JHSC.
ACCOMPANIED BY D. WEST

Visit Purpose: WORK REFUSAL REPORTED BY THE EMPLOYER - EVENT 04068PWNQ551

Visit Location: 711 EXETER ROAD LONDON ON - BOARDROOM

Visit Summary: SEE DETAILED NARRATIVE - NO ORDERS ISSUED

Detailed Narrative:

Purpose:
This inspector attended the workplace in response to a report of a work refusal at this workplace at approximately 10:00 on December 15,2020 (Event 04068PWNQ551).

Details:
One worker is refusing work due to changes in SOLGEN Institutional Environment – Specific Measures Regarding COVID-19 and Red Restrict protocols.
The employer is stating that Stage 1 has been completed.

INSPECTOR DISCUSSIONS:
Met with the persons contacted and was accompanied by D. West, Ministry of Labour, Training and Skills Development (MLTSD).

- A general review of the requirements of Section 43 (3) was conducted and the particulars of the work refusal do not meet the requirements of Section 43(3). As such the work refusal process was concluded.
- The workplace parties were able to address the concern with the assistance of the Ministry of Labour, Training and Skills Development.
- Workplace parties have scheduled an emergency Joint Health and Safety Committee (JHSC) meeting for Wednesday December 16,2020 to address the concerns so that the Internal Responsibility System (IRS) may function.
-The employer stated that additional Stage 1 work refusals were in process with similar concerns and that those investigations had not been completed, however the findings of this refusal and commitments of the workplace parties would be shared with those refusing workers.
- Workplace parties are reminded that Stage 1 must be completed prior to contacting the MLTSD regarding work refusals.

Recipient	Inspector Data	Worker Representative
Name Brandon Reeves	CYNTHIA LANG OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 217 York Street, 5th Floor, London, ON N6A 5P9 CMHSPLDNCompliance@ontario.ca Tel: (226) 926-8215 Fax: (519) 672-0268	Name Adam Reeves
Title Sergeant.		Title Local Vice President
Signature	Signature C Lang	Signature

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

83757

OHS Case ID: **04210PWNW113**
Field Visit no: **04210PWNW114** Visit Date: **2020-DEC-15** Field Visit Type: **INITIAL**
Workplace Identification: **ELGIN-MIDDLESEX DETENTION CENTRE**
711 EXETER ROAD, LONDON, ON, CANADA N6E 1L3
Notice ID:

- No further actions are required by the Ministry of Labour, Training and Skills Development.

Resources:
For further information on Occupational Health and Safety and the 'Safe at Work Ontario' program, the Ministry of Labour, Training and Skills Development (MLTSD) has a website at: www.labour.gov.on.ca
This website contains general information and guides, legislation and regulations, health and safety guidelines, engineering data sheets and hazard alerts.
The call-in centre number for the MLTSD is 1-877-202-0008 to report a fatality, critical injury, complaint or work refusal in your workplace.

NO ORDERS ISSUED

NOT ALL AREAS OF THE WORKPLACE WERE INSEPCTED AT THE TIME OF THIS VISIT.

Pursuant to OHSA/90 section 57, subsection (10 a), THE EMPLOYER SHALL FORTHWITH POST A COPY OF THIS ENTIRE REPORT IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF WORKERSEPORT IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF WORKERS.

Items Collected/Attached:
The following items were collected and attached during this field visit.

Items:

- Notice of Health and Safety Concern - 3 pages dated December 14,2020
- SOLGEN Institutional Environment Specific Measures dated November 25,2020 - 3 pages + 2 pages enlarged
- Checklist - Work Refusal Form - 3 pages dated December 15,2020 + one page amended with Stage one conclusion.

Recipient	Inspector Data	Worker Representative
Name Brandon Reeves	CYNTHIA LANG OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 217 York Street, 5th Floor, London, ON N6A 5P9 CMHSPLDNCompliance@ontario.ca Tel: (226) 926-8215 Fax: (519) 672-0268	Name ADAM Reeves
Title Sergeant -		Title LOCAL Vice President
Signature	Signature C Lang	Signature

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.

Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Dec-15	12:00 AM	2020-Dec-15	Field Visit	LANG, CYNTHIA (4210)	**04068PWNQ551**

OHS Case ID	Lead Inspector	Case Status
04210PWNW113	LANG, CYNTHIA (4210)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2020-Dec-15	12:23 PM	Telephone	Gratton, Jan (4068)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Brook, Jeremy	(519) 686-1922 Ext: 217	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Worker - Refusing Work	S.21 [redacted]		No

Reported Employer / Constructor

Elgin Middlesex Detention Centre

Event Location

711 Exeter Rd, London, ON N6E 1L3 (postal code from google)

Event Information

Employer reported a work refusal since London Region went from orange covid 19 status to red restricted covid 19 status.
-The new ADM direction is workers are not to eat at workstation (post) while in red restricted covid 19 status.
-Employer initiated stage 1 investigation because worker refusing to worker because he can't eat at his post anymore.
-Employer has setup designated place to eat and will be adding more soon.
-Both worker and employer at stage 2 impasse, both currently at the workplace.

Event Details and Conclusion

Event entered into ICE on: 15-Dec-2020 12:40 PM
Event entered into ICE by: Gratton, Jan (4068)

Report printed on: 16-Dec-2020 8:10 AM
Report printed by: LANG, CYNTHIA (4210)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Dec-15	12:00 AM	2020-Dec-15	Field Visit	LANG, CYNTHIA (4210)	**04068PWNQ551**

OHS Case ID	Lead Inspector	Case Status
04210PWNW113	LANG, CYNTHIA (4210)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2020-Dec-15	12:23 PM	Telephone	Gratton, Jan (4068)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Brook, Jeremy	(519) 686-1922 Ext: 217	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Worker - Refusing Work	S.21 [redacted]		No

Reported Employer / Constructor

Elgin Middlesex Detention Centre

Event Location

711 Exeter Rd, London, ON N6E 1L3 (postal code from google)

Event Information

Employer reported a work refusal since London Region went from orange covid 19 status to red restricted covid 19 status.
-The new ADM direction is workers are not to eat at workstation (post) while in red restricted covid 19 status.
-Employer initiated stage 1 investigation because worker refusing to worker because he can't eat at his post anymore.
-Employer has setup designated place to eat and will be adding more soon.
-Both worker and employer at stage 2 impasse, both currently at the workplace.

Event Details and Conclusion

Event entered into ICE on: 15-Dec-2020 12:40 PM
Event entered into ICE by: Gratton, Jan (4068)

Report printed on: 18-Dec-2020 10:26 AM
Report printed by: LANG, CYNTHIA (4210)

Operations Division | Occupational Health and Safety

Field Visit Report

OHS Case ID: **04210QCJL164**
Field Visit no: **04210QCJQ165** Visit Date: **2021-JAN-26** Field Visit Type: **INITIAL**

Workplace Identification: **ELGIN-MIDDLESEX DETENTION CENTRE**
711 EXETER ROAD, LONDON, ON, CANADA N6E 1L3 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 686-1922	**Active**	**500**	

Persons Contacted: **MR. JEREMIE BROOKS - DEPUTY SUPERINTENDENT; SEAN SOMERTON - MANAGEMENT MEMBER OF THE JOINT HEALTH AND SAFETY COMMITTEE (JHSC); DOMINIC BRAGAGLIA - WORKER MEMBER JHSC**
ALSO PRESENT WAS D. WEST. MINISTRY OF LABOUR, TRAINING AND SKILLS DEVELOPMENT

Visit Purpose: **ANONYMOUS COMPLAINT RECEIVED AT THE MLTSD - EVENT 03404QBZM532**

Visit Location: ***VIRTUAL MEETING * NO SITE VISIT**

Visit Summary: **SEE DETAILED NARRATIVE - NO ORDERS ISSUED**

Detailed Narrative:

The field visit took place virtually and the following people were spoken to:
Mr. Jeremie Brooks -Deputy Superintendent of Operations
Mr. Sean Somerton – co-chair management member of the Joint Health and Safety Committee (JHSC)
Mr. Dominic Bragaglia – worker member JHSC
Accompanied by Mr. D. West, Ministry of Labour, Training and Skills Development

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The reason for this visit is to respond to an anonymous complaint made to the Ministry of Labour, Training, and Skills Development (MLTSD Event -03404QBZM532). The complaint alleges:

1. Concerns people are not 6 feet apart; improper use of PPE: too close to work environment; no discussion of working from home.
2. Staff taking temperatures are not two feet away from each other.
3. Outbreak of 4 staff and stating virus was transmitted at jail. Cases Jan 14 & 16 and nothing is being done.
4. No communication. Caller feels the employer is not taking the matter seriously.
5. Voluntary testing for staff.

Inspector Findings:
Met with the persons contacted and a virtual meeting was conducted to discuss the above detailed complaint. Discussed the scope and nature of the elements of the complaint with the workplace parties The persons contacted were unaware of the above stated concerns.

1. Workplace parties stated that due to some of the nature of the work performed, that physical distancing is not always achievable, however, distancing is promoted and encouraged in situations that allow for it. Reconfiguration of lounge and auxiliary spaces has occurred to allow for physical distancing.
Discussed the use of PPE and the persons contacted stated that goggles and masks are required by all workers when in the workplace. The use of PPE is monitored and enforced by the employer.
The discussion of remote working is an employer-based decision and the persons contacted stated that all

Recipient	Inspector Data	Worker Representative
Name _____	**CYNTHIA LANG** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 217 York Street, 5th Floor, London, ON N6A 5P9 CMHSPLDNCompliance@ontario.ca **Tel: (226) 926-8215** **Fax: (519) 672-0268**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

OHS Case ID: **04210QCJL164**
Field Visit no: **04210QCJQ165** Visit Date: **2021-JAN-26** Field Visit Type: **INITIAL**
Workplace Identification: **ELGIN-MIDDLESEX DETENTION CENTRE** Notice ID:
711 EXETER ROAD, LONDON, ON, CANADA N6E 1L3

workers at this workplace are deemed critical/essential workers including administrative staff.

2. Screening practices were discussed at the persons contacted stated that all workers and essentials visitors are screened in the lobby area and PPE is required prior to screening which includes masks and goggles.

3.The employer confirmed that there has been an outbreak declared and currently involves 14 workers testing positive for COVID-19. Contact tracing has been done and close contacts have been directed to isolate. This has been done in co-operation with Middlesex-London Public Health and all directives from public health are being followed.
Discussion occurred regarding the requirement for Report of Occupational Illness to be provided to the Ministry of Labour, Training and Skills Development and member of the JHSC. The employer had not provided notice to MLSTD or the JHSC as required by Section 52(2) of the OHSA. The employer stated that the report would be sent as soon as possible to required parties.
Workplace parties stated that information on positive cases had been provided to workers at this location.

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4..Discussed communication regarding COVID-19 and the workplace parties stated that multiple updates have been provided to workers. It was stated that an additional Infection Protection Control Committee (IPCC) has been established that includes management and workers. The committee was meeting regularly and has weekly scheduled meetings since the outbreak.
The workplace parties stated there is a colour coded framework of response provided by the employer and being followed with respect to COVID-19.
Directives from Public Health are being adhered to with respect to contract tracing, isolation and return to work.

5.The employer confirmed that testing of all workers was offered, and two days of expedited testing occurred. The employer stated that inmate testing is to begin today and is anticipated to be completed in 2-5 days)

All workplace parties are reminded of the Internal Responsibility System (IRS) to bring forward health and safety concerns immediately to your supervisor or member of the Joint Health and Safety Committee prior to contacting the Ministry of Labour, Training and Skills Development so that the employer and workplace parties are made aware of concerns and have an opportunity to address the concerns in a more timely fashion.

- no further action is required at this time by the MLTSD and no orders have been issued.

Resources that may assist workers and employers:

Recipient	Inspector Data	Worker Representative
Name _____	**CYNTHIA LANG** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 217 York Street, 5th Floor, London, ON N6A 5P9 CMHSPLDNCompliance@ontario.ca **Tel: (226) 926-8215** **Fax: (519) 672-0268**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

OHS Case ID: **04210QCJL164**
Field Visit no: **04210QCJQ165** Visit Date: **2021-JAN-26** Field Visit Type: **INITIAL**
Workplace Identification: **ELGIN-MIDDLESEX DETENTION CENTRE** Notice ID:
711 EXETER ROAD, LONDON, ON, CANADA N6E 1L3

Emergency Leave under Employment Standards Act

Employees may have the right to take unpaid, job-protected infectious disease emergency leave. For information on infectious disease emergency leave under the Employment Standards Act,2000 visit Ontario.ca/ESAGuide or call the Employment Standards Information Centre at 1-800-531-5551. Employees who take infectious disease emergency leave may be entitled to employment insurance benefits or to other federal government financial supports. For information, visit the federal government's website or contact Service Canada's Employment Insurance Automated Telephone Information Service at 1-800-206-7218.

Workplace Mental Health: Workplace mental health has become more of a concern during COVID-19. For information and resources, please visit the Ministry's Workplace Mental Health webpage.
https://www.labour.gov.on.ca/english/hs/mental_health.php

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

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Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Public Health Agency of Canada
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name _____	**CYNTHIA LANG** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 217 York Street, 5th Floor, London, ON N6A 5P9 CMHSPLDNCompliance@ontario.ca **Tel: (226) 926-8215** **Fax: (519) 672-0268**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **02893QCSS166**
Field Visit no: **02893QCSS167** Visit Date: **2021-FEB-03** Field Visit Type: **INITIAL**

Workplace Identification: **ELGIN-MIDDLESEX DETENTION CENTRE**
711 EXETER ROAD, LONDON, ON, CANADA N6E 1L3
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 686-1922	**Active**	**500**	

Persons Contacted: **MR. JEREMIE BROOKS - DEPUTY SUPERINTENDENT; SEAN SOMERTON - MANAGEMENT MEMBER OF THE JOINT HEALTH AND SAFETY COMMITTEE (JHSC); ANDREA LOUWE - UNION STEWARD -**

Visit Purpose: **TO INVESTIGATE AN ANON COMPLAINT REGARDING COVID CONCERNS AND ISSUES AT THE WORKPLACE.**

Visit Location: **711 EXETER ROAD - LONDON**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

Attended the workplace and with the following workplace parties : Mr. Jeremie Brooks - Deputy Superintendent; Sean Somerton - management member of the Joint Health and Safety Committee (JHSC); Andrea Louwe - Union Steward - No worker JHSC member was available at the time of the visit. Accompanied by C. Lang. Ministry of Labour, Training and Skills Development.

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On January 12, 2021, the province of Ontario enacted a second declaration of emergency to help contain the spread of COVID-19 and protect public health. To address this, MLTSD has launched the Stay Safe All Day campaign. It focuses workplace inspections in areas of high transmission, for example, break and lunchrooms, smoking areas etc. Resource materials for workplace parties to promote safe behaviour before, during and after work are available. Inspectors will target workplaces with heightened risks that have been identified using data from local public health units and information reported directly to the province.

All of Ontario's workers, supervisors, employers and constructors have obligations under the Occupational Health and Safety Act (OHSA) and its regulations to ensure a safe workplace and this includes protections from infectious diseases.
The potential for COVID-19 outbreaks is a serious concern in Ontario workplaces. This includes during meal and break periods. Workers must maintain physical distancing during these times, ensure proper hygiene before and after the break period, and have those areas properly sanitized after the break period and before the areas are used again.

COVID-19 is spread between people – whether "on the clock" or not. To prevent transmission, we all need to follow requirements to:

- wear a mask indoors at all times and when physical distancing cannot be achieved outdoors
- maintain physical distance
- wash hands

Employers and supervisors must ensure that all workers follow these requirements to protect themselves and

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Name _____	**DOUGLAS WEST** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 217 York Street, 5th Floor, London, ON N6A 5P9	Name _____
Title _____	**Tel: (519) 317-2703** **Fax: 519-672-0268**	Title _____
Signature	Signature	Signature

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others while working and on breaks. Under the OHSA, employers and supervisors are required to take every precaution reasonable in the circumstance for the protection of workers. Workers are required to wear all means of protective equipment required by their employer and to report any hazards they observe.

The reason for this visit is to respond to anon complaint made to the Ministry of Labour, Training, and Skills Development. The anon complaint includes the following: The Complainant alleges the covid 19 plan is incomplete and does not offer protection for the workers who are working at the detention centre.- Employer is not informing the workers when there is a covid 19 positive cases - Employer not informing the worker proper in formation to prevent the spread of covid 19 - Employer is not providing proper PPE when workers (care workers, nurses, for the inmate's) have to go into area where there is covid 19 cases (no N95 mask no gowns) - Employer does not seem to have a proper plan to deal covid 19 because it could have been preventing the current outbreak since they were not co-hoarding the inmates and workers - Employer is not letting workers get covid 19 testing - Employer not letting worker to isolate if they have been exposed to covid 19 and Employer is overruling public health contact tracing regime.

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The workplace parties confirmed that the workplace had been audited by the Middlesex London Health unit on or around Jan. 28th and four recommendations had been provided to the workplace. All recommendations have been implemented by the workplace.

As several of the elements of the complain had been addressed in the Jan. 26th virtual field visit, these elements were addressed first.

1. Employer not notifying staff of positive cases - This concern had been addressed on Jan. 26th, 2021. The workplace parties confirmed that when there is a positive case of Covid all staff are notified by email notices. If there are inmates that test positive for Covid, notification goes staff via the daily Briefing notes. All of the workplace parties spoken to confirmed that the Covid positive notification information is being sent out to al staff. Reviewed memos provided by the Employer that that had been sent out to all staff within the last week informing staff of a positive case of Covid.

2. The Employer is not providing staff with proper information to prevent spread of Covid. - This element had also dealt with on the Jan. 26th field visit. The Employer provided an extensive list of documentation containing information , procedures protocols and training on various topics relating to Covid. .The documentation included but was not limited to Covid Plan and Preparedness, Plans and Preparedness for Units used for Isolation, Operational Plans for universal Source Control masking, Decontamination Procedures, screening protocols, general and specific PPE Requirements, installation of Barriers, Voluntary Testing of Staff among

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others. The Employer has a large Covid information Board located in the gym which is being used as an additional lunch room area. All staff have access to the location and can access the information.

As well the Employer has established an Infection Protection Control Committee at the workplace which deals with Covid based issues. More recently the workplace has now implemented regular tele-conference calls between the workplace, SolGen corporate Health and Safety department and Middlesex - London Health Unit to ensure current, up to date information as well as any possible changes to requirements relating to Covid 19 is available to staff.

3. The Employer is not letting workers get covid 19 testing - this issue was discussed at the Jan. 26th, 2021 field visit . The Employer has been providing information regarding public testing sites that staff can receive testing if they wish. The Employer has more recently provided Covid testing sessions at the workplace for staff voluntarily requesting a Covid test. The workplace has now had 3 such sessions in house and will be running testing sessions every Thursday going forward. The Employer indicated that approx. 160 staff members who voluntarily requested testing have been tested to date. Also all inmates who voluntarily requested testing have been tested.

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4. The Employer not letting worker to isolate if they have been exposed to covid 19 - this issue was also discussed at the Jan. 26th, 2021 field visit. The workplace parties all agreed that staff who need to be isolated have been isolated. The workplace parties confirmed that since the outbreak that numerous staff have been placed in isolation. The employer does liaise with the Middlesex - London Health unit and receives guidance and direction from them on isolation as well as input from SolGen corporate health and Safety Department. The workplace parties did confirm that the one limited exception to the isolation process at the workplace related to Work Isolation procedures and requirements for health care staff at the workplace.

5. Discussed the allegation that the Employer is not providing proper PPE when workers (care workers, nurses, for the inmate's) have to go into area where there is covid 19 cases (no N95 mask no gowns). The issue of general PPE requirements at the workplace were discussed at the Jan. 26th, 2021 field visit. Discussed the requirement for and use of N-95 masking at the workplace. The employer confirmed that N-95 masking is provided and available at the workplace. The employer provides different types/sizes of N-95 masking to address the user's fit and comfort. As well the Employer confirmed that all staff required to wear an N-95 mask has been fit tested on the type/size of N-95 mask that they will wear. The Employer has issued information and instruction to staff on N-95 use on Jan 21st, 2021. Staff are to wear N-95 masking when conducting CPR or CPAP procedures (no barrier present and within 2 metres) on offenders. Gowns are readily available and were observed at multiple locations in the workplace. There are numerous hand sanitizing stations and hand

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washing facilities throughout the facility.

6. Discussed the allegation that Employer does not seem to have a proper plan to deal covid 19 because the workplace is not cohorting the inmates and workers. The workplace parties spoken to confirmed that the cohorting concept had been reviewed. Due to operational considerations cohorting cannot not always easily be accommodated. However within their operational framework and requirements the Employer has initiated a number of measures and procedures to limit staff and inmate interactions.

The workplace parties spoken confirmed the following initiatives are in place; transfers of inmates between facilities has been eliminated during Covid unless in emergency/special circumstances. The workplace parties estimated that approx 95% of inmate movement within the facility has ceased during Covid. The employer is trying to keep staff working with the same partner where possible. Staff requests for change of work station assignments are no longer granted during Covid except for emergency/special case considerations. The Employer attempts where possible to maintain the same staff for transfers (ie - hospital visits). To minimize staff interaction during Covid, information and instruction/meetings etc that can be sent out by email are conducted in this manner. Drop boxes for required paperwork have been installed and sign in sheets and other paperwork is scanned and emailed where possible to limit staff in person interaction.

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7. The Complainant alleges the covid 19 plan is incomplete and does not offer protection. Based on the general nature of the allegation presented as well as the information and documentation provided by the workplace parties and input from the workplace parties spoken to along with observations at the time of the field visit, the allegation of the Covid 19 plan being incomplete could not be substantiated

Discussed worker and essential visitor screening with the workplace parties. The workplace does have active screening in place and have recently implemented an amendment to their screening process based on a recommendations from the Middlesex London Health Unit. .The Employer is reminded to ensure that all essential visitors are properly screened prior to entering the facility.

Discussed the cleaning and disinfection procedures at the workplace - the workplace parties confirmed that they have a full time housekeeper at the workplace to conduct normal cleaning activities. This housekeeper has an established schedule for cleaning activities. During the Covid pandemic, additional cleaning and disinfection ha been implemented and is conducted by a third party service provider - CBRE. CBRE.conducts a thorough cleaning/disinfection every evening of the common high touch surfaces in the admin department, washrooms,discharge areas etc. Workplace staff supplement this cleaning throughout the day time for common high touch surfaces in the workplace.

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Resources -
Develop your COVID-19 workplace safety plan
https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan

Learn what employers can do to help control exposure to COVID-19 at meal and break times
https://www.ontario.ca/page/meal-and-break-periods-work-during-covid-19

COVID resources are available in languages other than English and French. Please visit:

Ontario government COVID resources:
https://www.ontario.ca/page/resources-prevent-covid-19-workplace

Public Health Ontario resources in multiple languages:
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources?tab=25

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Emergency Leave under Employment Standards Act
Employees may have the right to take unpaid, job-protected infectious disease emergency leave. For information on infectious disease emergency leave under the Employment Standards Act,2000 visit Ontario.ca/ESAGuide or call the Employment Standards Information Centre at 1-800-531-5551. Employees who take infectious disease emergency leave may be entitled to employment insurance benefits or to other federal government financial supports. For information, visit the federal government's website or contact Service Canada's Employment Insurance Automated Telephone Information Service at 1-800-206-7218.

Workplace Mental Health: Workplace mental health has become more of a concern during COVID-19. For information and resources, please visit the Ministry's Workplace Mental Health webpage.
https://www.labour.gov.on.ca/english/hs/mental_health.php

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

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Public Health Agency of Canada
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Infection Prevention and Control at Work– Free Basic Awareness online training
Public Services Health and Safety Association | Infection Prevention and Control at Work: Basic Awareness Training (pshsa.ca)

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

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No orders issued at the time of the field visit.

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Title _____	**Tel: (519) 317-2703** **Fax: 519-672-0268**	Title _____
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Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

The Ministry of Labour uses this form to record the details of a work refusal reported under Section 43 of the *OHSA* by telephone and sends the form with a determination of the ministry's response to the work refusal.

Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/19	13:52	04499PFZS758

Employer/Constructor*
Elgin-Middlesex Detention Center

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
	711	Exeter	Road

Street Direction	City/Town*	Province*	Postal Code
	London	ON	N6E 1L3

Employer Representative

Last Name*	First Name*	Position/Title*
Reeves	Brandon	Seargent

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Worker Representative

Last Name*	First Name*	Position/Title*
Bragaglia	Dominic	Worker JHSC Cert. Member

Reason for work refusal*

CO's are being asked to remove an inmate that has been quarantined since March 16th & is symptomatic of COVID-19. Inmate has been observed not to wear a mask and has a fever and on-going cough. The inmate has been seen by the doctor and was not cleared.

Ministry of Labour determination*

☑ The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the *OHSA*. No further Ministry action is required.

Ministry of Labour representative

Last Name*	First Name*	
Merfield	Emily	
Position	**Office**	
Occ. Health and Safety Inspector	London	
Email Address*	**Fax Number***	**Date of determination (yyyy/mm/dd)***
emily.merfield@ontario.ca	519 671-9318	2020/03/19

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Reeves	Brandon	ext.

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ☑ Email		brandon.reeves@ontario.ca	2020/03/19

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Section B (To be completed by Employer representative)

This form must be returned to the Ministry of Labour representative

If returning the form by email:

1. Check the acknowledgement box below and fill in first and last name.
2. Send the email to the Ministry of Labour representative at the email address above.

If returning the form by fax:

1. Check the acknowledgment box below and fill in first and last name.
2. Print and sign the form.
3. Fax a copy to the Ministry of Labour representative at the fax number above.

Acknowledgement*

☑ **I confirm that I received a copy of this form with the *OHSA* Section 43 determination from the Ministry of Labour representative and provided a copy to the refusing worker(s) and the worker representative(s).**

Last Name*	First Name*
REEVES	Brandon

Signature (if returning by fax)

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 ON M5G 2P1. You may also contact the Board by telephone at 416 326-7500 or 1 877 339-3335 (toll free), mail or by website at www.olrb.gov.on.ca for more information.

Merfield, Emily (MOL)

From: Reeves, Brandon (SOLGEN)
Sent: March 19, 2020 7:10 PM
To: Merfield, Emily (MOL)
Subject: FW: Work Refusal Determination - Occupational Health and Safety Act (OHSA)
Attachments: EMDC Work Refusal Determination Form.pdf

Please see the attached completed form.

Thanks again,

Brandon

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2021-Jan-11	12:00 AM	2021-Feb-03	Field Visit	BROWN, STEPHEN (2816)	**04499QCQS089**

OHS Case ID	Lead Inspector	Case Status
02816QCSV262	BROWN, STEPHEN (2816)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2021-Feb-01	02:17 PM	Email	McCabe, Samantha (4499)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Occupational Illness & Disease	2		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	McDougall, Brian	(519) 337-3261 Ext: 3391	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Sarnia Jail

Event Location

700 Christina St. N. Sarnia, ON N7V 3C2

Event Information

As per email,
2 workers have tested positive for COVID-19

Event Details and Conclusion

Event entered into ICE on: 01-Feb-2021 2:51 PM
Event entered into ICE by: McCabe, Samantha (4499)

Report printed on: 12-Feb-2021 2:21 PM
Report printed by: VRANESEVIC, NIKOLAS (4117)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-21	1:28 PM	2020-Apr-22	Field Visit	BROWN, STEPHEN (2816)	03475PHQR674

OHS Case ID	Lead Inspector	Case Status
02816PHRS340	BROWN, STEPHEN (2816)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-21	01:28 PM	Telephone	WESTWOOD, TINA (3475)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Other	S.21 [redacted]		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Sarnia Jail

Event Location

700 Christina St N Sarnia ON N7V -- postal googled

Event Information

Callers concerns around PPE being used while searching inmates mouths.
Caller is aware that South West Detention Centre and the Algoma Treatment Centre have policies around this
Caller is also aware orders have been issued by MOLTSD for staff to have the PPE protecting them from the Coronavirus.
Caller is asking for similar policy and formal agreement
Caller believes a bandaid is being used - as of this morning the ER wasn't letting the workers wear the PPE face shield or mask and gloves for protection of the mucus membrane in relation to the COVID-19
Additionally the workers have asked for inventory of PPE to be shared with committee is not being shared, ER is asking why do they want to have the number
ER directed a Sgt doing the inventory to not to include the local H&S in the process of the inventory again concerns with COVID - 19 and workers not knowing what PPE is available and how much.
***Caller would like to be contacted prior to the F/V to discuss

Event Details and Conclusion

Case ID 02816PHRS340
2020-Aug-17 1:50 PM BROWN, STEPHEN (2816)
Completed

Event entered into ICE on: 21-Apr-2020 1:37 PM
Event entered into ICE by: WESTWOOD, TINA (3475)

Report printed on: 12-Feb-2021 2:21 PM
Report printed by: VRANESEVIC, NIKOLAS (4117)

Ministry of Labour, Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **02816PHRS340**
Field Visit no: **02816PHRS341** Visit Date: **2020-APR-22** Field Visit Type: **INITIAL**

Workplace Identification **MINISTRY OF THE SOLICITOR GENERAL SARNIA JAIL**
700 CHRISTINA STREET NORTH, SARNIA, ON, CANADA N7V 3C2 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 337-3261	**Active**	**100**	

Persons Contacted: **DAVE MITCHELL - JHSC WORKER REP -KAREN BAXTER - SUPERINTENDENT - DEB LUCAS - DEPUTY SUPERINTENDENT - JOEL BISSONNETTE - UNION CHAIR**

Visit Purpose: **COMPLAINT FOLLOW UP**

Visit Location: **"ON THE PHONE"**

Visit Summary: **NO ORDERS ISSUED, SEE DETAILED NARRATIVE FOR SUMMARY**

Detailed Narrative:

This inspector contacted workplace parties in response to a complaint from a worker received at the Ontario Ministry of Labour, Training and Skills Development (MLTSD) – through the Call Centre To determine compliance with the requirements of the Occupational Health and Safety Act / 90 (OHSA/90) and related legislation.

SUMMARY OF HEALTH & SAFETY INCIDENT / ALLEGATIONS:
This was a complaint of a worker made to the MOL call centre . Concerns regarding PPE being used while searching inmates mouths . Caller is aware that South West Detention Centre and the Algoma Treatment Centre have policies around this . Caller would also like to know the inventory levels of PPE in the workplace.

INSPECTORS FINDINGS AND ACTION TAKEN IN REGARDS TO THE AFOREMENTIONED AUDIT :

Note: This Inspector contacted the complainant by telephone to review concerns raised prior to contacting employer representatives .

During the phone discussions with Karen Baxter – Superintendent; – Deb Lucas – JHSC Management Rep; - Dave Mitchell JHSC Worker Rep & Joel Bissonnette - Union Rep. the following information was discussed :

- Reviewed the complaint with the workplace representatives ;
- MOL actions at the other correctional facilities mentioned were discussed ;
- The workplace parties were given some time to discuss the issues and utilize the IRS to resolve the concerns.
- The workplace representatives were able to resolve the complaint internally with MOL guidance .

The employer stated the following :
- The Ministry of the Solicitor General released new information and direction guidelines for PPE use this morning.

Recipient	Inspector Data	Worker Representative
Name KAREN BAXTER	**STEPHEN BROWN** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 217 York Street, 5th Floor, London, ON N5A 5P9 CMHSPLDNCompliance@ontario.ca **Tel: (519) 671-9336** **Fax: 519-672-0268**	Name Joel Bissonnette
Title SUPERINTENDENT		Title Local President
Signature K. Baxter	Signature	Signature

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

83761

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- Screening protocols have been updated and after passing, workers will be given a mask to wear while on shift.
- Face shields/goggles ,mask, gloves will be used for protection of the mucus membrane of the eyes, nose and mouth from infectious splashes or spray while conducting searches of an inmates ' mouth.
- Updated protocols have been communicated and put in place .
- Updated memos have been distributed to workers .
- Safe Practices have been posted .
- Email communications have been sent to all workers .
- Employer stated PPE availability will be verbally communicated to the JHSC upon request .

No further action is required at this time regarding this complaint .

Resources that may assist workers and employers :

Ministry of Health Emergency Planning and Preparedness :
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario :
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Health and Safety System Partners : http://www.healthandsafetyontario.ca/

Additional Guidance : www.ontario.ca/coronavirus

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Title _____		Title _____
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Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

The Ministry of Labour uses this form to record the details of a work refusal reported under Section 43 of the *OHSA* by telephone and sends the form with a determination of the ministry's response to the work refusal.

Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/29	06:55	

Employer/Constructor*
Southwest Detention Centre

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
	4819	8th Concession Road	

Street Direction	City/Town*	Province*	Postal Code
	Maidstone	ON	N0R 1K0

Employer Representative

Last Name*	First Name*	Position/Title*
Spourdalakis	Pete	Sgt.

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Worker Representative

Last Name*	First Name*	Position/Title*
Jenner	Joel	Worker Rep

Reason for work refusal*
Concerns about COVID 19 no social/physical distancing around inmates, wants an N95 mask and request has not been granted.

Ministry of Labour determination*

☑ The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the *OHSA*. This will be investigated by the Ministry as a complaint.

Ministry of Labour representative

Last Name*	First Name*	
Brown	Stephen	
Position	Office	
Industrial Health and Safety Inspector	217 York St. London Ont.	
Email Address*	Fax Number*	Date of determination (yyyy/mm/dd)*
stephend.brown@ontario.ca	519 672-0268	2020/03/29

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Spourdalakis	Pete	519 967-3100 ext. 2205

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ☑ Email		Pete.Spourdalakis@ontario.ca	2020/03/29

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Incident Details for 1 - Windsor *29-Mar-20*

Reference # 32896 **Received By** Jonathan Tse **Date and Time Reported** 03/29/2020 7:17

Caller Details

☐ **Complaint ?** ☐ **Bill168 ?**

Caller Name S.21 [redacted] ☐ **Remain Anonymous?**

Company Southwest Detention Centre

Phone Number(s) S.21 [redacted]

Position Sergeant

Company Involved

Company Name Southwest Detention Centre

Address 4819 8th Concession Rd.

Municipality Essex, County Of

Postal Code

Contact Name Pete Spourdalakis

Phone Number(s) 519-967-3100 x 2205

Incident Occurrence

Date and Time 03/29/2020 6:55

MOL Inspector Called Out ? Yes

Time Inspector Paged 7:28

Time Inspector Called Back 7:28

MOLMangerContacted ? Yes

MOLProgram Industrial

Type Work Refusal

MOL Office

1 - Windsor

Incident Details

Location 4819 8th Concession Rd. **City** Maidstone

Municipality Essex, County Of **Postal Code**

	Affected Workers Name	*Birth Date YYYY/MM/DD*	*Hospitalized ?*
1.	S.21 [redacted]		No
2.			
3.			
4.			
5.			
6.			

Incident Summary Work Refusal at Correctional Facility

Details

Caller reports:

- The affected worker is a correctional officer who is refusing to work on a unit where inmates are allowed to walk around freely
- The worker stated he cannot practice social distancing while around inmates
- The worker would work the unit if he was provided an N95 mask but that request has not been granted
- The worker is in a safe place now while alternative duties are trying to be found for him

07:26 SAC(jt) to Heather Leask
- Briefed on the incident
- Inspector to be paged

Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

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Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/30	12:17	04409PGNQ380

Employer/Constructor*: Sarnia Jail

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
	700	Christina	Street

Street Direction	City/Town*	Province*	Postal Code
N	Sarnia	ON	N7V 3C2

Employer Representative

Last Name*	First Name*	Position/Title*
Miller	Roy	Sgt.

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21	S.21	

Worker Representative

Last Name*	First Name*	Position/Title*
Mitchell	Dave	JHSC Worker Rep

Reason for work refusal*

Worker requesting to wear full PPE (mask, gown, gloves,eye protection) when working in intake unit as well as when doing searches. Worker gets within 6 ft of inmates. Management states full PPE is not required in this unit due to prior screening.

Ministry of Labour determination*

☑ The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the *OHSA*. No further Ministry action is required.

Ministry of Labour representative

Last Name*	First Name*	
Brown	Stephen	
Position	Office	
Industrial Health & Safety Inspector	Bluewater 217 York St. 5th Floor London On.	
Email Address*	Fax Number*	Date of determination (yyyy/mm/dd)*
stephend.brown@ontario.ca	519 672-0268	2020/03/30

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Miller	Roy	519 312-2272 ext.

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ☑ Email		Royl.Miller@ontario.ca	2020/03/30

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Section B (To be completed by Employer representative)

This form must be returned to the Ministry of Labour representative

If returning the form by email:

1. Check the acknowledgement box below and fill in first and last name.
2. Send the email to the Ministry of Labour representative at the email address above.

If returning the form by fax:

1. Check the acknowledgment box below and fill in first and last name.
2. Print and sign the form.
3. Fax a copy to the Ministry of Labour representative at the fax number above.

Acknowledgement*

☑ **I confirm that I received a copy of this form with the *OHSA* Section 43 determination from the Ministry of Labour representative and provided a copy to the refusing worker(s) and the worker representative(s).**

Last Name* Miller

First Name* Roy

Signature (if returning by fax)

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Ministry Use Only:

Ontario Ministry of Labour

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Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/30	12:17	04409PGNQ380

Employer/Constructor*
Sarnia Jail

Workplace Location

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	700	Christina	Street

Street Direction	City/Town*	Province*	Postal Code
N	Sarnia	ON	N7V 3C2

Employer Representative

Last Name*	First Name*	Position/Title*
Miller	Roy	Sgt.

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Worker Representative

Last Name*	First Name*	Position/Title*
Mitchell	Dave	JHSC Worker Rep

Reason for work refusal*

Worker requesting to wear full PPE (mask, gown, gloves,eye protection) when working in intake unit as well as when doing searches. Worker gets within 6 ft of inmates. Management states full PPE is not required in this unit due to prior screening.

Ministry of Labour determination*

☑ The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the *OHSA*. No further Ministry action is required.

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Last Name*	First Name*	
Brown	Stephen	
Position	Office	
Industrial Health & Safety Inspector	Bluewater 217 York St. 5th Floor London On.	
Email Address*	Fax Number*	Date of determination (yyyy/mm/dd)*
stephend.brown@ontario.ca	519 672-0268	2020/03/30

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Miller	Roy	519 312-2272 ext.

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Ministry Use Only:

The information collected during a work refusal should be recorded below and provided to the MOL if the refusal proceeds to stage 2. In all cases a copy of the checklist and accompanying MOL project/premise reports should be forwarded to the Regional Director with a copy to the Regional Health and Safety Consultant.

WORK REFUSAL CHECKLIST

PART 1 – BACKGROUND INFORMATION

Date and time of Refusal	Location of Work Refusal	Name of Supervisor responding to Work Refusal

Name(s) of Refusing Worker(s) and Classification

Name	Representing	Date	Time
Roy Miller	Manager	03/30/2020	11:30
Dave Mitchell	Worker JHSC Member		
	Regional H&S Consultant		
Joel Bissonnette	Other(s) Union Rep		

PART 2 – STAGE 1 INVESTIGATION

Brief Description of work refused and workers reason to believe the work is unsafe:
STAFF WORKER S.21 requesting to wear Full PPE, Mask, Gown, Gloves and eye Protection when working in Intake Unit and Unit Searches (6 Feet) Barrier

Refusing worker reassigned?	If yes, location where assigned:
Yes ☒ No ☐	Training Room
	If no, location of safe place assigned:
	If a safe place is not agreed to, state location of worker during refusal:

Was another worker assigned the refused work after being advised of the refusal? Yes ☒ No ☐

Questions to consider during Stage 1	Yes	No	N/A
Does the concern generating the work refusal meet any of the conditions of subsection 43 (3) of the Act? Specifically does it involve:			
1. Equipment, machine, device or thing they are required to operate;	X		
2. The physical condition of all or part of the workplace;			
3. Contravention of the Act or applicable regulation.			
4. None of the above.			

	YES	NO	
(E.g. Is the work defined by the terms and conditions of employment for a correctional officer as set out in policy, procedures, standing orders, directives, agreements etc. such as escorting of inmates, searches, emergency response.....provide examples) **Notes/Corrective Actions:**		X	
Considering subsection 43(1)(a), is the work being refused inherent to the job? *(E.g. Can the safety of the inmate be guaranteed if the work refusal proceeds? Does the refusal compromise the care, custody or control of the inmate? Examples include delivery of meals, conducting patrols of inmate occupied areas, using force to control a rebellious inmate etc).* **Notes/Corrective Actions:**	N		
Considering Subsection 43(1)(b), does the work refusal endanger the life, health or safety of another person? *(E.g. Suicide watches must be completed, medications must be provided, etc.)* **Notes/Corrective Actions:** STAFF members used Full PPE to serve Breakfast. MANAGEMENT DID NOT APPROVE this	N	Y	
Considering Subsection 25 (2)(h), are there reasonable precautions in place to mitigate the risk described by the worker? *(E.g. Describe workers relevant training and experience in conducting the work that is being refused, summarize or attach safety policies, procedures, standing orders related to this work, etc)* **Notes/Corrective Actions:** ALL New Inmates are Screen by Admitting AND Discharge AND Health Care UNIT STAFF, IN TAKE UNIT IS NOT ISOLATION	N		
Do the circumstances of the work refusal present an immediate threat to the worker or is it a hypothetical concern? *(E.g. Are there procedures, agreements, tools, PPE, training or other, precautions in place or that could be added to mitigate the risks associated with a hazard or hypothetical concern.?)* **Notes/Corrective Actions:** PANDEMIC ONGOING at Present.	X		
What specific action (if required) was proposed or taken by the manager to address the concern: **Notes/Corrective Actions:** STAFF ARE serving MEALS. Inmate movement Restricted to medical only. STAFF ISSUED GLOVES AND MASKS.	Y		

PART 2 – STAGE 1 INVESTIGATION (cont...)

Time Stage 1 completed (with or without resolution):

Agreement reached? Yes ☐ No ☒

If yes, describe or attach documentation detailing the agreement reached to address the concerns.

If no, outline the reason(s) why the investigating manager, worker and JHSC Worker Member or Health and Safety Representative disagree.

Staff request: Full PPE when working in the intake unit (mask, goggles, gown, gloves) and doing searches. Staff believe they are at greater risk working with these inmates until they are cleared medically after 14 days. Staff believe they are at greater risk as the unit has bars and not solid doors and cannot keep a 6ft distance

PART 3 – STAGE 2 INVESTIGATION

Name of MOL Inspector	Date and Time Inspector Called and Checklist faxed to MOL:	Date and Time Inspector Arrived
Steper P. Brown	03/30/2020 1235	

Time at which copy of MOL Inspector's phone response received:	A copy of MOL Inspector's written premise/order attached ☐

Signature of Manager R. Miller SGT **Date and time** 03/30/2020

Management
- Has not approved usage of full PPE for the intake unit. – just gloves
- This unit is not an isolation unit it is only to limit contact. as added step to mitigate risk.
- Inmates are screened by Nurses and health care.
- Policy is in place to accomodate postive cases in a medical isolation unit.

☒ Inmate/détenu(e)

To Superintendent/Surintendant(e) Karen Baxter	Institution/Établissement Sarnia Jail	Date 03/30/2020	Time/Heure 1230
Subject/Nature of Report/Sujet/Nature du rapport RE:			

S.21

Print name and title of manager reviewing report / Imprimez le nom et le titre du (de la) gérant(e) qui revoit le rapport Sgt. K. de Smit	Print name and title of reporting officer/ Imprimez le nom et le titre de l'auteur du rapport S.21
Signature of manager reviewing the report/ Signature du (de la) gérant (e) qui revoit le rapport	Signature of reporting officer/ Signature de l'auteur du rapport

CSD 075-336 (rev. 10/2019)
This information is collected under the authority of the *Ministry of Correctional Services Act* for the purpose of documenting facts concerning a particular event. Please direct any questions about the collection of this information to a ministry employee. "Note: Young offender information is subject to the provisions of the *Young Offenders Act*." CAUTION: THIS RECORD CONTAINS INFORMATION ABOUT A YOUNG PERSON WHICH IS SUBJECT TO THE YOUTH CRIMINAL JUSTICE ACT!
Information about a young person as defined in the Youth Criminal Justice Act is subject to publication, use and access restrictions set out in the Act to protect the privacy of the young person. The penalty for violation may result in imprisonment for up to 2 years.
Ces renseignements sont recueillis en vertu de la *Loi sur le ministère des Services correctionnels* afin de documenter des faits concernant un incident particulier. Prière d'adresser toutes les questions relatives à la collecte de ces renseignements à un(e) employé(e) du ministère. "Avis: Les renseignements sur les jeunes contrevenants(es) sont régis par les dispositions de la *Loi sur les jeunes contrevenants*." AVERTISSEMENT: CE DOSSIER CONTIENT DES RENSEIGNEMENTS SUR UN(E) ADOLESCENT(E) ASSUJETTI(E) À LA *LOI SUR LE SYSTÈME DE JUSTICE PÉNALE POUR LES ADOLESCENTS*. Les renseignements concernant un(e) adolescent(e), au sens de la *Loi sur le système de justice pénale pour les adolescents*, sont assujettis aux limites de publication, d'utilisation et d'accès énoncées dans la Loi pour protéger la vie privée de l'adolescent(e). L'infraction à cette règle est punissable d'une peine d'emprisonnement maximale de deux ans

ask:

Do you have any of the following?

	YES
A fever?	☐
New cough?	☐
[illegible]g?	☐

If the response is "NO" to all of the above questions → proceed with routine procedures

If "YES" to any of the above → [illegible]

1. Immediately provide the inmate with [illegible] mask
2. Ask the inmate to wash their hands or use hand sanitizer
3. Staff to put on procedure mask and eye protection [illegible] inmate
4. Separate the inmate from others by a distance of 2 metres, ideally in a separate area
5. Notify health care staff (If health care is not available, notify the Operational Manager)
6. Complete this form

Person Notified (print name)	Designation (RN or OM)	Date and Time
Form Completed By (print name)	**Signature**	**Classification**

Inmate's Name: (Last/First)	OTIS No:	Date and Time of Screening

☐ Return from Court/Other absence ☐ New Admit ☐ Intermittent

INSTRUCTIONS:

1. A nurse MUST complete this form no longer than 12 hours prior to [illegible]
2. This completed form must be attached to the outside of the envelope containing the inmate's health record
3. If there has been a delay in transit (e.g. overnight), a nurse MUST verify the information by rescreening and signing this form immediately BEFORE transfer to the inmate's final destination

IMPORTANT!

- Do NOT proceed with transfer if the person is isolated as an active case, a case under investigation, a close contact, or in Precaution Zone
- Transfer can ONLY proceed with an isolated inmate after clearance by Corporate Health Care and the Superintendent of the receiving institution

A. [illegible]SCREENING

	Initial Screening	Follow Up Screening (if required)
Mandatory Vital Signs completed?	Yes ☐	Yes ☐
Fever?	No ☐ Yes ☐	No ☐ Yes ☐

Questions for Inmate Do you have any of the following?	Initial Screening	Follow Up Screening (if required)
• New cough?	No ☐ Yes ☐	No ☐ Yes ☐
• Difficulty breathing?	No ☐ Yes ☐	No ☐ Yes ☐
• New illness (e.g. sore throat, diarrhea)?	No ☐ Yes ☐	No ☐ Yes ☐

If inmate has NO symptoms > PROCEED with transfer.

If inmate has symptoms IMMEDIATELY:

1. Provide a surgical/procedure mask,
2. Request the person wash their hands or use hand sanitizer,
3. Separate the person from others by a distance of 2 metres, ideally in a separate area,
4. Initiate Droplet and Contact Precautions, and
5. Contact your Health Care Manager who will then contact Corporate Health Care.

B. CLEARED FOR TRANSFER

Print name of nurse completing screening:	Signature	Date & Time of Screening
1.		
2.		

- Isolate: separate from others at least 2 metres and ideally in separate area
- Initiate Droplet and Contact precautions
- Refer to Primary Care Provider
- Contact CHC

No

OR

- Close contact with a confirmed or probable COVID-19 case

OR

- Close contact with a person with acute respiratory illness who has been outside of Canada in the last 14 days

Yes

- Mask patient (surgical/procedure mask)
- Patient to hand wash
- Separate from others
  - at least 2 metres and ideally in a separate area, such as health care unit
- Initiate **Droplet and Contact** precautions
  - staff put on gloves, gowns, eye protection, and surgical mask when working within 2 metres of the patient
  - patient to wear surgical/procedure mask when they are out of their cell or the cell door is open
  - isolate in a single cell with solid door
- Contact Health Care Manager
- Contact Primary Care Provider
- Contact and report the screening findings to the local Public Health Unit (PHU) and
- Contact Corporate Health Care (CHC)

Yes

Refer to COVID-19 Testing Requirement Algorithm

No symptoms, but in the past 14 days has travelled outside of Canada

OR

Had contact with a known or suspect case:

- Mask patient (surgical/procedure mask)
- Patient to hand wash
- Isolate in single cell
- Initiate Droplet precautions
  - staff to put on surgical or procedure mask and eye protection when working within 2 metres of the patient
  - patient to wear surgical/procedure mask when they are out of their cell or cell door is open
- Contact Health Care Manager
- Contact PHU to discuss risk assessment
- Contact CHC
- Actively monitor, including taking temperature twice a day under Droplet precautions for 14 days from last time outside of Canada or contact exposure
- Provide health teaching about symptoms, hand washing, and cough/sneeze etiquette
- Instruct to self-monitor and report health changes to health care staff immediately

If no symptoms and no travel history or exposure:

- Follow routine practices

NEW

For patients with suspect or confirmed COVID-19: Staff to use Droplet and Contact precautions plus use of N95 respirator when conducting **aerosol generating medical procedures**, which include open airway suctioning, high flow oxygen therapy, CPR, and intubation.

NOTES

1. Acute respiratory illness: Any new onset acute respiratory illness that could potentially be spread by the droplet route (either upper or lower respiratory tract), which presents with symptoms of a new or worsening cough or shortness of breath and often fever.
2. PPE for Droplet and Contact precautions: surgical or procedure mask, gloves, gown, eye protection
3. Case definitions are found at Ministry of Health's website at: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx
4. Close contact: a person who provided care for the patient, including healthcare workers, family members or other caregivers, or others having similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

Client Identification No:		Previous Incarceration: Where:		When (MM/dd/yyyy)
Vital Signs: Pulse: * Notify MD if 100 or greater and client is withdrawing from alcohol/drugs	Resp.	Temp.	B/P	Diet ☐ Regular ☐ Vegetarian ☐ Diabetic _____cal ☐ Other
Allergies: ☐ NKA ☐ YES	Specify:			
Current Medication No ☐ Yes ☐ See D sheet for additional meds ☐	Pharmacy/MD: Tel # & Location		5.	
			6.	
	1.		7.	
	2		8.	
	3.		9.	
	4.		10.	
Current Injuries: No ☐ Yes ☐	☐ Laceration ☐ Abrasion ☐ Swelling ☐ Redness ☐ Tenderness ☐ Bruising		Specify	
Current Suicidal Ideation: No ☐ Yes ☐	Are you thinking about hurting yourself? No ☐ Yes ☐ Do you have a plan? No ☐ Yes ☐ Previous attempts? No ☐ Yes ☐		Specify	
History of Treatment for Psychiatric Problems: No ☐ Yes ☐	Were you ever admitted to a psychiatric hospital? No ☐ Yes ☐ If yes, what did they say you have?		Specify	
History of Cardiac / Chest pain: No ☐ Yes ☐	☐ Cardiac Surgery ☐ Hospitalization ☐ CVA ☐ Angina ☐ MI ☐ Other		Specify Last episode	
History of Shortness of Breath related to: No ☐ Yes ☐	☐ Asthma ☐ Smoking ☐ Cardiac ☐ Chronic Lung Disease ☐ Other		Specify Last episode	
History of Diabetes: No ☐ Yes ☐	☐ Insulin Dependent ☐ Non-Insulin Dependent ☐ Diet Controlled		Specify Blood sugar	
History of Seizures / Epilepsy: No ☐ Yes ☐	☐ Unknown etiology ☐ Birth ☐ Result of accident / injuries		Specify Last episode	
History of Other Illness/ or Infection: No ☐ Yes ☐	☐ Skin ☐ Thyroid ☐ Kidney/Liver ☐ TB ☐ STI ☐ Other		Specify	
Physical Disability or Prosthesis: No ☐ Yes ☐	☐ Ocular Prosthesis ☐ Hearing Aid ☐ Other ☐ Dentures - lower ☐ - upper ☐		Specify Last episode	

Part A – A & D Assessment Continues on Page 2...

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Respiratory Symptoms	If present check symptoms:
Check: None ☐	☐ Recent fever ☐ Cough ☐ Blood tinged sputum ☐ Recent weight loss ☐ Night sweats ☐ Headache

Street Drug Use: No ☐ Yes ☐	(Type/Amount/Frequency)	Withdrawal History:
Alcohol Consumption: No ☐ Yes ☐	(Type/Amount/Frequency)	Withdrawal History:
Interim Nursing Plan:		

Name of R.N. (Print)	Signature of R.N.:	Date	Time:

Part A – Section 2 (complete when Mantoux given)

Height cm	Weight kg	Urinalysis (If not complete indicate why)	Vision Unaided ☐	Vision Aided L ☐ R ☐	Glasses Status:	Contact Lenses Status:

Date of Immunizations: (MM/dd/yyyy)	Booster:	Hepatitis B Vaccine	Hepatitis A Vaccine	Tetanus Vaccine

HIV test date & results:	Chlamydia test date & results
Hepatitis test date & results:	

Did they have Flu Vaccine this Year No ☐ Yes ☐ (Please be sure to record all dates as MM/dd/yyyy)

Offered No ☐ Yes ☐ If Flu Vaccine Administered, Record on Part D

Client ☐ Refused ☐ Accepted

Family Physician:	Address	Telephone #	Last Visit

Female Health History	Last menstrual period (MM/dd/yyyy)	Para	Gravida	Birth Control

Current Physical & Emotional Health: (describe current health concerns, mental status)

Name of R.N. (Print)	Signature of R.N.:	Date (MM/dd/yyyy)	Time:

Mantoux Record (Please be sure to record all dates as MM/dd/yyyy)

Mantoux Date	Signature	Date Read	Results (mm)	Signature	Chest x-ray Date / Results
2nd Step Mantoux Date	Signature	Date Read	Results (mm)	Signature	

CAUTION: THIS RECORD CONTAINS INFORMATION ABOUT A YOUNG PERSON
WHICH IS SUBJECT TO THE YOUTH CRIMINAL JUSTICE ACT!

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Chart requested ☐ Yes ☐ No

Name (SURNAME, First Middle)	Date of Birth (Mmm-dd-yyyy)	Health Number

OTIS # _____ OTIS Alerts Reviewed ☐	Allergies ☐ NKA ☐ Yes Allergen & Reaction: _____	Diet ☐ Regular ☐ Other _____

Vital Signs Temp _____ Pulse _____ B/P _____ Resp. _____ O_2 Sat _____ Weight _____

Current Medication ☐Yes ☐No See Part D ☐	Pharmacy / Physician: Telephone: _____	Medications	
Current Injuries or Illness ☐Yes ☐ No	Specify:	Changes in Health ☐Yes ☐No	Specify:

Changes in Mental Health ☐Yes ☐No	Specify: _____ History of Self Harm: ☐ Yes ☐ No Specify: _____	Current Suicidal Ideation ☐ Yes ☐ No Consider further screening	Are you thinking about hurting yourself? ☐ Yes ☐ No Do you have a plan? ☐ Yes ☐ No Previous attempts? ☐ Yes ☐ No

Brief Jail Mental Health Screen	Date and Time Completed _____ Referral required? ☐ Yes ☐ No	Jail Screening Assessment Tool referral made to:

Street Drug Use? ☐ Yes ☐ No (Consider assessment using COWS)	(Type/Amount/Frequency)	Withdrawal History:
Does the patient use Opioids? ☐ Yes ☐ No	Would the patient like a take home naloxone (THN) kit? ☐ Yes ☐ No	Referral made for THN training? ☐ Yes ☐ No
Alcohol Consumption? ☐ Yes ☐ No (Consider assessment using CIWA-Ar)	(Type/Amount/Frequency)	Withdrawal History:

Travel out of Country within the last 4 weeks? ☐ No ☐ Yes Specify _____	Hospitalization in the past 6 months? ☐ No ☐ Yes Specify _____

Respiratory Symptoms Check: None ☐	If present, check symptom: ☐ Recent fever ☐ Cough ☐ Blood tinged sputum ☐ Recent weight loss ☐ Night sweats ☐ Headache	TST or Chest X-Ray done in past 6 months? ☐ Yes ☐ No

TST Date(Mmm-dd-yyyy) Lot no. _____ Expiry _____	Signature	Date Read (Mmm-dd-yyyy)	Results (mm)	Signature	Chest x-ray Date (Mmm-dd-yyyy) Results

Assistive Devices None ☐	☐ glasses ☐ contact lenses ☐ ocular prosthesis ☐ hearing aid ☐ dentures – ☐ lower ☐ upper ☐ other With the patient ☐ Yes ☐ No

Female Health History N/A ☐	Last Menstrual Period (Mmm-dd-yyy) _____ ☐ Normal ☐ Abnormal ☐ N/A Possibility of Pregnancy ☐ Yes ☐ No Pregnancy Test Offered ☐ Yes ☐ No Results	Birth Control

Comments _____

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	2:00 PM		No Field Visit	BROWN, STEPHEN (2816)	**04499PFVR744**

OHS Case ID	Lead Inspector	Case Status
02816PFWP265	BROWN, STEPHEN (2816)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-16	03:10 PM	Telephone	McCabe, Samantha (4499)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Reeves, Brandon	(519) 686-1922 Ext: 222	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Reeves, Brandon	(519) 686-1922 Ext: 222	No

Reported Employer / Constructor

Elgin Middlesex Detention Centre

Event Location

711 Exeter Rd, London, ON N6E 1L3

Event Information

Caller reporting stage 2 work refusal:
- worker is refusing to accept inmate transfers from Southwest Detention Centre and Sarnia Jail though is accepting new transfers from court
- worker has concerns of exposure to COVID19 due to the lack of social distancing
- employer has investigated and believes no health and safety hazard exists due to the amount of information that has been provided to workers, the PPE (gloves, gowns, goggles, masks) and hand sanitizer provided, and inmates being screened by a nurse
- worker is currently in Male admit.

Event Details and Conclusion

Case ID 02816PFWP265
2020-Apr-15 12:27 PM BROWN, STEPHEN (2816)
Completed

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-31	6:20 PM	2020-Mar-31	Field Visit	WIEBE LYLE (3924)	**00888PGQN229**

OHS Case ID	Lead Inspector	Case Status
03924PGPD423	WIEBE LYLE (3924)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-31	06:20 PM	Telephone	KOPANAS, CAROL (888)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	4		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Cote Srgt	(807) 345-7364 Ext: 9238	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Cote Srgt	(807) 345-7364 Ext: 9238	No

Reported Employer / Constructor

Thunder Bay Jail

Event Location

285 McDougal St Thunder Bay

Event Information

Per SAC 32951
Caller reporting a Stgae 2 work Refusal from a group of workers on site. Requesting a call back.
18:24 SAC(fj) to Colette V on-call Manager: briefed on event.
18:30 SAC(fj) to Lyle Wiebe on-call Inspector: left a vm for call back.
19:19- Colette V on-call Manager to SAC(io)- Requesting emailed report.

Event Details and Conclusion

Case ID 03924PGPD423
2020-Apr-07 11:34 AM WIEBE, LYLE (3924)
closed

Event entered into ICE on: 01-Apr-2020 10:06 AM
Event entered into ICE by: KOPANAS CAROL (888)

Report printed on: 10-Feb-2021 10:30 AM
Report printed by: Clace Jennifer (4449)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-14	8:27 AM	2020-Apr-15	Field Visit	ROINE JARI (4264)	**04544PHHP486**

OHS Case ID	Lead Inspector	Case Status
04264PHHT347	ROINE JARI (4264)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-14	11:28 AM	Email	Girard, Daniel (4544)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Thunder Bay District Jail

Event Location

285 MacDougall St Thunder Bay ON P7A 2K6

Event Information

As per H&S Complaint Form - Concerns of H&S in regards to COVID 19 in the workplace: The employer is allowing workers showing symptoms of COVID 19 to work and workers are are gathering in large numbers in the lunch room. There is also an issue of harassment which the complainant may not have reported to the employer yet.

Event Details and Conclusion

Case ID 04264PHHT347
2020-Oct-19 9:14 AM ROINE, JARI (4264)
no further follow up required.

Event entered into ICE on: 14-Apr-2020 12:49 PM
Event entered into ICE by: Girard Daniel (4544)

Report printed on: 10-Feb-2021 11:25 AM
Report printed by: Clace Jennifer (4449)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	12:00 AM	2020-Mar-16	Field Visit	ROINE JARI (4264)	**04626PFVQ585**

OHS Case ID	Lead Inspector	Case Status
04264PFVS319	ROINE JARI (4264)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-16	12:20 PM	Telephone	Morris, Sherice (4626)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Non verifiable	Unknown Unknown		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Thunder Bay Jail

Event Location

285 MacDougall St Thunder Bay ON P7A 2K6

Event Information

- Caller is alleging H&S issues at the workplace
- Caller is alleging there are a few co-workers who have recently returned from the United States have not self -isolated due to the COVID-19 and are showing symptoms
-Caller reports that the issue was brought to the attention of the employer who have not addressed it and informed employees that they have to come in to work

Event Details and Conclusion

Case ID 04264PFVS319
2020-Oct-19 9:09 AM ROINE, JARI (4264)
No further follow up required.

Event entered into ICE on: 16-Mar-2020 12:23 PM
Event entered into ICE by: Morris Sherice (4626)

Report printed on: 10-Feb-2021 11:25 AM
Report printed by: Clace Jennifer (4449)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	12:37 PM	2020-Mar-16	Field Visit	GARRITY BOB (2450)	**03866PFVQ338**

OHS Case ID	Lead Inspector	Case Status
02450PFVR371	GARRITY BOB (2450)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-16	12:37 PM	Telephone	PILLAI, ROY (3866)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical Biological or Physical Agent	7	7	No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Andrusco Dave	(807) 475-8401 Ext: 214	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Worker - Refusing Work	S.21 [redacted]		No

Reported Employer / Constructor

Thunder Bay Correctional Centre

Event Location

2351 Hwy 61 Thunder Bay ON P7C 4Y4

Event Information

Seven correctional officer are refusing to work with a Supervisor and group of workers who have returned from USA last weekend due to fear of possible COVID-19 infection. Stage one was completed this morning. Workers returning are advised by the employer to self monitor for any signs of infection.

Event Details and Conclusion

Case ID 02450PFVR371
2020-Oct-14 10:15 AM GARRITY, BOB (2450)
See notes for more information.

Event entered into ICE on: 16-Mar-2020 12:39 PM
Event entered into ICE by: PILLAI ROY (3866)

Report printed on: 09-Feb-2021 4:50 PM
Report printed by: Clace Jennifer (4449)

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **02450PFVR371**
Field Visit no: **02450PFVR372** Visit Date: **2020-MAR-16** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY CORRECTIONAL CENTRE**
2351 HIGHWAY 61 HIGHWAY, THUNDER BAY, ON, CANADA P7C 4Y4
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**100**	

Persons Contacted: **SHAWN BRADSHAW, WORKER JOINT HEALTH AND SAFETY COMMITTEE REPRESENTATIVE; DAVE ANDRUSCO, SUPERINTENDENT**

Visit Purpose: **WORK REFUSAL**

Visit Location: **ADFMIN OFFICE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

I attended this workplace for the purpose of reviewing the circumstances regarding a reported work refusal. I met with Shawn Bradshaw Worker Joint Health and Safety Committee Representative Dave Andrusco Superintendent and at the time of my visit the workplace was in operation.

COPY

The work refusal process requires a worker to promptly report to their supervisor or employer that they are refusing to work and the circumstances of the refusal. This step was completed.

The supervisor or employer must investigate the circumstances of the work refusal in the presence of the worker and one of the persons described in s.43(4). If after the investigation or after any remedial steps taken to address the circumstances of the refusal the worker has reasonable grounds to believe the circumstances are still likely to endanger them then an inspector of the Ministry of Labour Training and Skills Development must be notified. The investigation was completed and the remedial steps taken satisfied the complainant's concerns and at that point the work refusal process was complete and the work refusal no longer existed.

There were no contraventions of the OHSA identified and no orders are issued.

Currently there are no reported confirmed infections of COVID-19 present in this workplace. The workers and employer shall continue to follow the standard precautions applicable. The employer shall continue to train workers in the standard infection control precautions applicable for the situation. See the Ministry of Health web site for updates and more information.

Recipient	Inspector Data	Worker Representative
Name _____	**BOB GARRITY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 628-2748** **Fax: (807) 475-1646**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: **02450PLDL439**
Field Visit no: **02450PLDT440** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY CORRECTIONAL CENTRE**
2351 HIGHWAY 61 HIGHWAY, THUNDER BAY, ON, CANADA P7C 4Y4
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**100**	

Persons Contacted: **DAVE ANDRUSCO; SUPERINTENDENT, SHAWN BRADSHAW, WORKER JHSC REPRESENTATIVE**
Visit Purpose: **COMPLIANCE AUDIT**
Visit Location: **ADMINISTRATION**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

I attended this workplace for the purpose of acquiring a copy of the employer's Harassment Policy and a copy of the employer's Harassment Program. I met with DAVE ANDRUSCO SUPERINTENDENT SHAWN BRADSHAW WORKER JHSC REPRESENTATIVE and at the time of this visit the workplace was operating.

The employer shall forward a copy of the aforementioned documents to the Ministry of Labour Training and Skills Development.

COPY

Recipient	Inspector Data	Worker Representative
Name _____	**BOB GARRITY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 628-2748** **Fax: (807) 475-1646**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Field Visit Report

OHS Case ID: **02450QBXL871**
Field Visit no: **02450QBXM872** Visit Date: **2021-JAN-18** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**100**	

Persons Contacted: **TOM JOHNSON, OPERATIONS SUPERINTENDENT; BILL HAYES, JOINT HEALTH AND SAFETY COMMITTEE WORKER REPRESENTATIVE**
Visit Purpose: **COMPLIANCE AUDIT - COVID 19**
Visit Location: **TELECONFERENCE**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

I conducted an inspection of this facility to review compliance with the Occupational Health and Safety Act (OHSA) and Regulation respecting infection control by teleconference. I talked with Tom Johnson Operations Superintendent Bill Hayes Joint Health and Safety Committee Worker Representative. At the time of the inspection the facility was in operation. I have also CC'd the Ministry of Labour's regional hygienist Ina Chomyshyn.

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OHS Case ID: **02450QBXL871**
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285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6 Notice ID:

- workers have been trained in hand washing
- workers have been trained in use of gloves a poster describing putting on and taking off gloves properly can be found at:

<https://www.publichealthontario.ca/-/media/documents/E/2013/ect-gloves-doffing.pdf?la=en>

<https://www.ccohs.ca/products/posters/pdfs/handwashing.pdf>

SOCIAL/PHYSICAL DISTANCING MEASURES IN PLACE:

- signage and notices on entrance doors regarding COVID-19 precautions the visitors are to take when entering the workplace addressing physical distancing
- currently inmates testing positive are segregated
- staff are serving meals inmates are not allowed to serve meals
- overcrowding in this facility is reported to be an issue affecting infection control the employer is working with the court system in an attempt to ameliorate the overcrowding

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SCREENING MEASURES:

- Testing for Covid 19 has been recently completed both staff and inmates have tested positive
- contact tracing is completed in-house and results forwarded to the district health unit
- there are notices on entrance doors regarding COVID-19 precautions the visitors are to take when entering the workplace addressing out of country travel and screening
- questionnaire-based screening is completed prior to the start of the shift by each worker and includes worker temperatures
- workers are asked to self monitor for illness symptoms prior to starting their shift and entering the workplace and are required to stay home if they have symptoms

CLEANING AND DISINFECTING:

- work stations have cleaning products available and workers have access to hand sanitizers work stations are cleaned frequently
- high touch areas such as door knobs handles common surfaces are cleaned throughout the day seven days a week by a dedicated cleaner
- inmates are required to clean a high touch surfaces whenever they leave their cells

Recipient	Inspector Data	Worker Representative
	BOB GARRITY	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Name _____
	PROVINCIAL OFFENCES OFFICER	
	222-435 James St. S Thunder Bay ON P7E 6S7	
Title _____	HSThunderBayDistrict@ontario.ca	Title _____
	Tel: (807) 628-2748	
	Fax: (807) 475-1646	
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Notice ID:

- soap and water handwashing is available in the washrooms

PERSONAL PROTECTIVE EQUIPMENT:

- Droplet precautions are in effect in this workplace and require inmates to wear source control masks when ever they leave their cells or enter into common areas
- gloves eye protection source control masking disposable gowns are currently mandated for workers 2 wear

- the employer and the union are working together regarding infection control matters and neither the employer or the union indicated that a physical inspection by the Ministry is required at this time. There have been many helping hands and eyes such as corporate safety entities available recently.

RESOURCES THAT MAY ASSIST WORKERS AND EMPLOYERS:

COPY

Sector specific guidelines are available at :

https://www.ontario.ca/page/resources-prevent-covid-19-workplace

Ministry of Health Emergency Planning and Preparedness
<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx>

Public Health Ontario
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

Health and Safety System Partners
<http://www.healthandsafetyontario.ca/>

Additional Guidance
www.ontario.ca/coronavirus <http://www.ontario.ca/coronavirus>.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

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OHS Case ID: **03904QCTP060**
Field Visit no: **03904QCTW062** Visit Date: **2021-FEB-04** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**120**	

Persons Contacted: **SEE NARRATIVE**
Visit Purpose: **HEALTH AND SAFETY INSPECTION**
Visit Location: **ADMINISTRATION OFFICES, LUNCH ROOMS, NURSING DEPARTMENT, OUTSIDE INTAKE, MAIN FLOOR CELL BLOCKS, BLOCK 2, 4**
Visit Summary: **ORDERS ISSUED**

Detailed Narrative:

On January 12 2021 the province of Ontario enacted a second declaration of emergency <https://www.ontario.ca/laws/statute/90e09> to help contain the spread of COVID-19 and protect public health. To address this MLTSD has launched the Stay Safe All Day campaign. It focuses workplace inspections in areas of high transmission for example break and lunchrooms smoking areas etc. Resource materials for workplace parties to promote safe behaviour before during and after work are available. Inspectors will target workplaces with heightened risks that have been identified using data from local public health units and information reported directly to the province.

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All of Ontario's workers supervisors employers and constructors have obligations under the Occupational Health and Safety Act (OHSA) and its regulations to ensure a safe workplace and this includes protections from infectious diseases.
The potential for COVID-19 outbreaks is a serious concern in Ontario workplaces. This includes during meal and break periods. Workers must maintain physical distancing during these times ensure proper hygiene before and after the break period and have those areas properly sanitized after the break period and before the areas are used again.
COVID-19 is spread between people - whether "on the clock" or not. To prevent transmission we all need to follow requirements to:

- maintain 2m physical distance
- wear a mask if physical distancing cannot be maintained whether indoors or outdoors and
- wash hands

Employers and supervisors must ensure that all workers follow the requirements to protect themselves and others while working and on breaks. Under the OHSA employers and supervisors are required to take every precaution reasonable in the circumstance for the protection of workers. Workers are required to wear all means of protective equipment required by their employer and to report any hazards they observe.

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	PROVINCIAL OFFENCES OFFICER	
	222-435 James St. S Thunder Bay ON P7E 6S7	
Title _____	HSThunderBayDistrict@ontario.ca	Title _____
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Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6

Notice ID:

The field visit took place at the workplace and the following people were spoken to:

Tom Johnson (A) Deputy Superintendent Kurtis Kempe Vice President OPSEU Local 737 worker rep JHSC Bill Hayes President OPSEU Local 737 worker rep JHSC Raphael Tassone Security Officer Corrections College Thunder Bay (by phone) Todd Cooper Corrections Officer 2 Rylan Forrest Staff Sergeant Management Rep JHSC Zarah Neubauer RN Melissa Boban RN Healthcare Manager Kristina Schelhausa RN

The reason for this visit is to audit compliance with the Occupational Health and Safety Act and its Regulations.

The workplace is currently in Outbreak Status for Covid-19 Currently there are 23 inmates who actively have Covid-19. Furthermore 14 workers are currently off with active Covid-19 while 4 other workers are self isolating.

Inspector Findings:

The workplace parties indicated they have measures and procedures in place addressing the following: Information/ Instruction/Supervision:

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- At this time the workers have been provided with basic information specific to Covid-19. Signs symptoms and modes of transmission have been communicated to workers.

- The employer has developed many written measures and procedures for workers to follow though workers have not been instructed to carry out many of the measures and procedures.

- Personal Protective Equipment (PPE) is readily available throughout the workplace. Though workers have not been provided with the formal information that has been developed for the use of PPE. In addition to this workers have not been provided with specific instruction on the donning/doffing use and limitations of PPE. Moreover there is no supervision in the workplace specific to how workers are using the PPE provided. Order issued

- Internally workers such as the worker reps on the joint health and safety committee and members of the Nursing Staff have been speaking with workers when steps observed in the PPE process are missing. Furthermore the worker reps are using a tool called Stop the Spread. This tool is a form of auditing that can be done to audit PPE use. This process has been implemented for approximately a week. Though there is no formal instruction or direction on how or when to use the tool. The workers at the workplace have attempted to use the tool but have not been given direction on its applications. As a result of this the tool has not been

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used with any consistency.

- Signs with donning and doffing information for workers to follow have been posted around the workplace.

Joint Health and Safety Committee/Health and Safety Rep Involvement:

- The Joint Health and Safety Committee has been actively engaged in the measures that the employer has developed. The committee has been made aware of the many measures and procedures developed but have not been given any direction on how to implement them. Locally the committee members are attempting to implement measures but have not been formally instructed by the employer as to what the expectations are for the measures. The implementation of the measures appears to be left to the committee members to interpret and deploy.

- The committee members are fielding concerns and inquiries from workers. The members then try to find resolve or solutions.

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Physical Distancing Measures in Place:

- Physical distancing measures have been implemented in the workplace and workers have been directed to follow the measures.

- Alternative schedules for breaks have been implemented. The breakrooms have all been assigned capacity numbers. Furthermore lexan barriers have been set up to divide eating spaces. Office spaces have been altered by removing furniture and moving work-stations.

- The workers have been instructed to physically distance as best as possible while in the locker rooms.

- Despite the physical distancing measures the work spaces are small. Inevitably workers are continually crossing paths and interacting with one another without distancing. This is not a result of the workers not following the directions rather it is due to the actual space that the physical environment supplies. To ensure that workers are protected when having to work in proximity to one another the workers are all wearing procedural masks or N95 respirators and eye protection.

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Screening Measures:

- Workers are being screened upon entry to the workplace. The workers must answer a questionnaire that speaks to sign symptoms travel history and potential exposures to Covid-19. In addition to this temperatures are being taken with a tympanic thermometer with disposable ear cups for each use. The thermometer is being wiped down with Oxivir wipes before use. If a worker fails the screening process they are to be turned away from the workplace and a return to work plan is developed.

- Surveillance testing of workers has been taking place. The frequency was every 10 days. The employer stated that they are attempting to bring this up to every 5 days.

- Inmates are screened upon entry and are isolated as needed.

Cleaning and Disinfecting:

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- No formal measures and procedures for cleaning and disinfecting have been implement in the workplace. Workers have been supplied with disinfecting and cleaning products but there has not been any formal information or instruction for workers to follow specific to cleaning and disinfecting. Order issued.

- As an example there was a discussion about the key pad that is used to access the key box for workers. Oxivir wipes are located near the box but there is no actual direction to instruct workers to clean or disinfect items such as the key pad.

- In addition to this there is no formal direction for cleaning and disinfecting in the locker rooms. A worker rep noted that he gets to the cleaning when he can but there is no consistency.

- General cleaning is taking place in the workplace. Two cleaning contractors come into the workplace to perform cleaning duties on set schedules.

- There is an issue with waste management in the workplace. This inspector observed garbage bags piling up outside of the lunch room blocking the exit to the small yard. These bags were then moved and piled in a hallway. The waste from discarded PPE is causing the waste to pile up in the workplace. The employer has not implemented any formal measures to have this waste removed from the workplace efficiently. Order issued.

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Hand Hygiene

- Alcohol based hand sanitizer is located throughout the workplace. Soap and water are available if needed as well.

- This inspector noted that workers are performing hand hygiene continually as they perform tasks throughout the workplace. This was apparent on the cell blocks.

Personal Protective Equipment:

- The following PPE is available to workers - procedure masks N95 respirators gowns gloves face shields safety glasses. The equipment is readily available to workers throughout the workplace.

- Workers don new PPE as needed.

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- For PPE conservation measures the employer is tracking the counts of PPE supply in the workplace. An order of new supplies is generated whenever needed.

Infection Prevention and Control

- This inspector observed workers touching their donned masks and safety glasses numerous times while they were still wearing gloves. There is a concern that workers have not been instructed appropriately in the infection control measures and procedures that the employer has developed. Order issued.

- Covid-19 positive inmates are being cohorted to cell blocks. For inmates who are admitted they are processed and isolated as needed.

- Cohorting and isolating was a challenge for the workplace in the onset of the outbreak. The workplace simply did not have the capacity to perform these tasks efficiently. At that time there were 140 inmates. Since then the number of inmates has been reduced to 85. This reduction in the inmate population has provided the workplace with some relief. Inmates can now be separated cohorted and removed from areas for cleaning.

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- The local Public Health Unit has been actively engaged in the workplace for the outbreak. Contact tracing has been done as needed. This has revealed further infection in the inmate population and amongst the workers.

- The employer has not reported Occ Illness as per s.52(2) of the Occupational Health and Safety Act to the MLTSD. Order issued.

Resources that may assist workers and employers:

Develop your COVID-19 workplace safety plan
<https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan>

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Learn what employers can do to help control exposure to COVID-19 at meal and break times
<https://www.ontario.ca/page/meal-and-break-periods-work-during-covid-19>

COVID resources are available in languages other than English and French. Please visit:

Ontario government COVID resources:
<https://www.ontario.ca/page/resources-prevent-covid-19-workplace>
Public Health Ontario resources in multiple languages:
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources?tab=25>
Emergency Leave under Employment Standards Act

Employees may have the right to take unpaid job-protected infectious disease emergency leave. For information on infectious disease emergency leave under the Employment Standards Act 2000 visit Ontario.ca/ESAGuide <http://ontario.ca/esaguide> or call the Employment Standards Information Centre at 1-800-531-5551. Employees who take infectious disease emergency leave may be entitled to employment insurance benefits or to other federal government financial supports. For information visit the federal government's website <https://www.canada.ca/en/services/benefits/covid19-emergency-benefits.html> or contact Service Canada's Employment Insurance Automated Telephone Information Service at 1-800-206-7218.

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Workplace Mental Health: Workplace mental health has become more of a concern during COVID-19. For information and resources please visit the Ministry's Workplace Mental Health webpage.
<https://www.labour.gov.on.ca/english/hs/mental_health.php>

Ministry of Health Emergency Planning and Preparedness
<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx>

Public Health Ontario
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

Public Health Agency of Canada
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html>

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Health and Safety System Partners
<http://www.healthandsafetyontario.ca/>

Infection Prevention and Control at Work- Free Basic Awareness online training
Public Services Health and Safety Association | Infection Prevention and Control at Work: Basic Awareness Training (pshsa.ca)
<https://www.pshsa.ca/training/free-training/infection-prevention-and-control-at-work-basic-awareness-training>

Additional Guidance
www.ontario.ca/coronavirus <http://www.ontario.ca/coronavirus>.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

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OHS Case ID: **03904QCTP060**
Field Visit no: **03904QCTW062** Visit Date: **2021-FEB-04** Field Visit Type: **INITIAL**
Workplace Identification: **THUNDER BAY DISTRICT JAIL** Notice ID:
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 **03904QCVG065**	**Time**	**OHSA**	**1990**	**25**	**2**	**a**	**The employer shall provide information, instruction and supervision to workers on the employer's measures and procedure to protect workers from transmission of COVID-19 at this workplace specific to the care, use and limitations of personal protective equipment. At the time of inspection, the employer had not provided adequate information, instruction or supervision on their measures and procedures specific to the care, use and limitations of personal protective equipment to worker.**	**2021-FEB-15**
2 **03904QCVG066**	**Time**	**OHSA**	**1990**	**25**	**2**	**a**	**The employer shall provide information, instruction and supervision to workers on the employer's measures and procedure to protect workers from transmission of COVID-19 at this workplace specific to cleaning and disinfecting high touch surfaces. At the time of inspection, the employer had not provided adequate information, instruction or supervision on their measures and procedures specific to cleaning and disinfecting high touch surfaces to worker.**	**2021-FEB-15**

COPY

Recipient	Inspector Data	Worker Representative
Name _____	**CLAYTON FUCILE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 620-8579** **Fax: (807) 475-1646**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

OHS Case ID: **03904QCTP060**
Field Visit no: **03904QCTW062** Visit Date: **2021-FEB-04** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6

Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
3 **03904QCVH067**	**Fort**	**OHSA**	**1990**	**25**	**2**	**h**	**The employer shall take every precaution reasonable in the circumstances for the protection of a worker. The employer shall ensure that the Exit outside the lunch room that leads to the small yard is clear of clutter and debris. At the time of this visit the Exit outside the lunch room that leads to the small yard was blocked by bags of personal protective equipment waste and new equipment.**	
4 **03904QCVH068**	**Time**	**OHSA**	**1990**	**25**	**2**	**h**	**The employer shall take every precaution reasonable in the circumstances to protect workers from the hazard of COVID-19 exposure at this workplace specific to contaminated waste management. At the time of inspection, the employer had no measures and procedures in place to protect workers from COVID-19 specific to ensuring that contaminated waste is efficiently removed from the workplace. Bags of contaminated personal protective equipment were piling up and being moved from place to place in the workpace before being properly removed from the work spaces.**	**2021-FEB-15**

COPY

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Name _____	**CLAYTON FUCILE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 620-8579** **Fax: (807) 475-1646**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Field Visit no: **03904QCTW062** Visit Date: **2021-FEB-04** Field Visit Type: **INITIAL**
Workplace Identification: **THUNDER BAY DISTRICT JAIL** Notice ID:
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
5 **03904QCVH069**	**Time**	**OHSA**	**1990**	**25**	**2**	**a**	**The employer shall provide information, instruction and supervision to workers on the employer's measures and procedure to protect workers from transmission of COVID-19 at this workplace. At the time of inspection, the employer had not provided adequate information, instruction or supervision on their infection control measures and procedures to workers at the workplace. Workers were observed touching their masks and eye protection with their gloved hands that had been donned and used while opening doors and touching items throughout the workplace.**	**2021-FEB-15**
6 **03904QCVH070**	**Time**	**OHSA**	**1990**	**52**	**2**		**The employer shall give notice in writing, within four days of being so advised, to the Ministry of Labour, Training and Skills Development containing such information and particulars specific to workers testing positive for Covid-19 as discovered when contact tracing is taking place in the workplace in response to an outbreak of Covid-19. The employer has been advised that multiple workers at the workplace have tested positive for Covid-19 as discovered when contact tracing has taken place in the workplace in response to an**	**2021-FEB-08**

COPY

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Title _____		Title _____
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OHS Case ID: **03904QCTP060**
Field Visit no: **03904QCTW062** Visit Date: **2021-FEB-04** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6

Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							outbreak of Covid-19 and no notice has been given to the Ministry of Labour, Training and Skills Development.	

COPY

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Name _____	**CLAYTON FUCILE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 620-8579** **Fax: (807) 475-1646**	Name _____
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The Government of Ontario wants to hear from you. You can provide feedback on this visit at 1-888-745-8888

Field Visit Report

OHS Case ID: **03904QCTP061**
Field Visit no: **03904QCVH071** Visit Date: **2021-FEB-05** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**120**	

Persons Contacted: **SEE NARRATIVE**
Visit Purpose: **FOLLOW UP TO A COMPLAINT**
Visit Location: **ADMINISTRATION OFFICES, LUNCH ROOMS, NURSING DEPARTMENT, OUTSIDE INTAKE, MAIN FLOOR CELL BLOCKS, BLOCK 2, 4**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

On January 12 2021 the province of Ontario enacted a second declaration of emergency to help contain the spread of COVID-19 and protect public health. To address this MLTSD has launched the Stay Safe All Day campaign. It focuses workplace inspections in areas of high transmission for example break and lunchrooms smoking areas etc. Resource materials for workplace parties to promote safe behaviour before during and after work are available. Inspectors will target workplaces with heightened risks that have been identified using data from local public health units and information reported directly to the province.

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All of Ontario's workers supervisors employers and constructors have obligations under the Occupational Health and Safety Act (OHSA) and its regulations to ensure a safe workplace and this includes protections from infectious diseases.

The potential for COVID-19 outbreaks is a serious concern in Ontario workplaces. This includes during meal and break periods. Workers must maintain physical distancing during these times ensure proper hygiene before and after the break period and have those areas properly sanitized after the break period and before the areas are used again.

COVID-19 is spread between people – whether "on the clock" or not. To prevent transmission we all need to follow requirements to:

- maintain 2m physical distance
- wear a mask if physical distancing cannot be maintained whether indoors or outdoors and
- wash hands

Employers and supervisors must ensure that all workers follow the requirements to protect themselves and others while working and on breaks. Under the OHSA employers and supervisors are required to take every precaution reasonable in the circumstance for the protection of workers. Workers are required to wear all means of protective equipment required by their employer and to report any hazards they observe.

Recipient	Inspector Data	Worker Representative
Name _____	**CLAYTON FUCILE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 620-8579** **Fax: (807) 475-1646**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Field Visit no: **03904QCVH071** Visit Date: **2021-FEB-05** Field Visit Type: **INITIAL**
Workplace Identification: **THUNDER BAY DISTRICT JAIL** Notice ID:
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The field visit took place at the workplace and the following people were spoken to:

Tom Johnson (A) Deputy Superintendent Kurtis Kempe Vice President OPSEU Local 737 worker rep JHSC Bill Hayes President OPSEU Local 737 worker rep JHSC Raphael Tassone Security Officer Corrections College Thunder Bay (by phone) Todd Cooper Corrections Officer 2 Rylan Forrest Staff Sergeant Management Rep JHSC Zarah Neubauer RN Melissa Boban RN Healthcare Manager Kristina Schelhausa RN

The reason for this visit is to respond to a complaint made to the Ministry of Labour Training and Skills Development. The complaint includes the following:

-The complainant alleges that that there is a risk of worker exposure to Covid-19 as a result of lexan sheets being placed on cells and gates and that inmates blocking vents causing an imbalance to the air flow and filtering capabilities of the HVAC system in the workplace.

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- The complainant alleges that he experienced workplace harassment.

Inspector Findings:

- The employer stated that the HVAC system is being maintained in good condition. Filters have been changed as per a maintenance schedule. In addition to this the filters have recently been changed as part of the employer response to a current outbreak for Covid-19.

- The employer has a policy and program in place for workplace harassment. Workers are trained and instructed in the measures and procedures of the policy and program.

- no further follow up needed from the MLTSD at this time.

Resources that may assist workers and employers:

Develop your COVID-19 workplace safety plan
<https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan>

Recipient	Inspector Data	Worker Representative
	CLAYTON FUCILE	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Name _____
	PROVINCIAL OFFENCES OFFICER	
	222-435 James St. S Thunder Bay ON P7E 6S7	
Title _____	HSThunderBayDistrict@ontario.ca	Title _____
	Tel: (807) 620-8579	
	Fax: (807) 475-1646	
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Learn what employers can do to help control exposure to COVID-19 at meal and break times
<https://www.ontario.ca/page/meal-and-break-periods-work-during-covid-19>

COVID resources are available in languages other than English and French. Please visit:

Ontario government COVID resources:
<https://www.ontario.ca/page/resources-prevent-covid-19-workplace>
Public Health Ontario resources in multiple languages:
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources?tab=25>
Emergency Leave under Employment Standards Act

Employees may have the right to take unpaid job-protected infectious disease emergency leave. For information on infectious disease emergency leave under the Employment Standards Act 2000 visit Ontario.ca/ESAGuide <http://ontario.ca/esaguide> or call the Employment Standards Information Centre at 1-800-531-5551. Employees who take infectious disease emergency leave may be entitled to employment insurance benefits or to other federal government financial supports. For information visit the federal government's website <https://www.canada.ca/en/services/benefits/covid19-emergency-benefits.html> or contact Service Canada's Employment Insurance Automated Telephone Information Service at 1-800-206-7218.

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Workplace Mental Health: Workplace mental health has become more of a concern during COVID-19. For information and resources please visit the Ministry's Workplace Mental Health webpage.
<https://www.labour.gov.on.ca/english/hs/mental_health.php>

Ministry of Health Emergency Planning and Preparedness
<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx>

Public Health Ontario
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

Public Health Agency of Canada
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-ask

Recipient	Inspector Data	Worker Representative
	CLAYTON FUCILE	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Name _____
	PROVINCIAL OFFENCES OFFICER	
	222-435 James St. S Thunder Bay ON P7E 6S7	
Title _____	HSThunderBayDistrict@ontario.ca	Title _____
	Tel: (807) 620-8579	
	Fax: (807) 475-1646	
Signature	Signature	Signature

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Workplace Identification: **THUNDER BAY DISTRICT JAIL** Notice ID:
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ed-questions.html>

Health and Safety System Partners
<http://www.healthandsafetyontario.ca/>

Infection Prevention and Control at Work- Free Basic Awareness online training
Public Services Health and Safety Association | Infection Prevention and Control at Work: Basic Awareness Training (pshsa.ca)
<https://www.pshsa.ca/training/free-training/infection-prevention-and-control-at-work-basic-awareness-training>

Additional Guidance
www.ontario.ca/coronavirus <http://www.ontario.ca/coronavirus>.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace

COPY

Recipient	Inspector Data	Worker Representative
Name _____	**CLAYTON FUCILE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 620-8579** **Fax: (807) 475-1646**	Name _____
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Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **03924PGPD423**
Field Visit no: **03924PGPD424** Visit Date: **2020-MAR-31** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY JAIL : CONTENTS TRANSFERRED TO 0931-00047-0045 P.O.BOX 2806, THUNDER BAY, ON, CANADA P7B 5G3 MCDOUGALL & ALGOMA STS**

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**4**	

Persons Contacted: **NANOMI BARCLAY, STAFF SARGENT;** S.21 [redacted]
Visit Purpose: **INVESTIGATION OF WORK REFUSAL**
Visit Location: **285 MACDOUGALL STREET, THUNDER BAY, ONTARIO VIA PHONE**
Visit Summary: **SEE NARRATIVE**

Detailed Narrative:

Reviewed and discussed the following:

Event details: Caller reports that inmates had been transported from other facilities from across the province of Ontario and had not received active screening. One inmate had arrived at the facility and was donning a N95 respirator. Caller raised concerns for the potential transmission of COVID-19 to other persons at the workplace.

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Upon further investigation the following information was revealed:
1. All four inmates had not reported any symptoms with respect to COVID-19.
2. All four inmates had been medically screened as of 8:50 AM March 31 2020 and fit for transfer.
3. At this time no other facility that the inmates had travelled from had a confirmed case of COVID-19.
4. The inmate who arrived with the N95 did not have symptoms. The inmate reported he had difficulty breathing during his transfer and was supplied the N95 respirator as a precaution. The inmate is in good health and noted to dispose of the mask.
5. At time of the investigation no inmate was presenting any symptoms with respect to COVID-19.

The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the OHSA. No further Ministry action is required.

Ministry of Labour Health & Safety Contact Centre

1-877-202-0008

Ontario has a 24 hour oncall number to report workplace injuries or unsafe work practices.

Recipient	Inspector Data	Worker Representative
Name _____	**LYLE WIEBE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 479 Government Rd. Dryden ON P8N 3B3 HSThunderBayDistrict@ontario.ca **Tel: (807) 632-1146** **Fax: 807-223-4344**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **03924PGPD423**
Field Visit no: **03924PGPD424** Visit Date: **2020-MAR-31** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY JAIL : CONTENTS TRANSFERRED TO 0931-00047-0045 P.O.BOX 2806, THUNDER BAY, ON, CANADA P7B 5G3 MCDOUGALL & ALGOMA STS**

Notice ID:

Report incidents critical injuries or fatalities.
General occupational health and safety inquiries.
Public can report suspected unsafe work practices.

If it is an emergency call 911 immediately.

COPY

Recipient	Inspector Data	Worker Representative
Name _____	**LYLE WIEBE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 479 Government Rd. Dryden ON P8N 3B3 HSThunderBayDistrict@ontario.ca **Tel: (807) 632-1146** **Fax: 807-223-4344**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04264PFVS319**
Field Visit no: **04264PFVS320** Visit Date: **2020-MAR-16** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**35**	

Persons Contacted: **SGT N.BARCLAY (MANAGEMENT MEMBER OF JHSC / SGT G.MIHICHUK**
Visit Purpose: **GATHER INFORMATION REGARDING A COMPLAINT THAT WAS REPORTED TO THE MLTSD H&S CALL CENTRE**
Visit Location: **SGT'S OFFICE**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

Attended the workplace to gather information about an anonymous H&S complaint.
Complainant alleged the following >>>

- Caller is alleging there are a few co-workers who have recently returned from the United States have not self -isolated due to the COVID-19 and are showing symptoms.
-Caller reports that the issue was brought to the attention of the employer who have not addressed it and informed employees that they have to come in to work

COPY

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Inspector findings:

- Upon arriving this inspector underwent a passive screening questionnaire prior to entering this workpace.
- The employer stated that there is a passive screening process for workers.
- At the time of this inspection could not verify the complaint.

Recipient	Inspector Data	Worker Representative
Name _____	**JARI ROINE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 628-2744** **Fax: (807) 475-1646**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Field Visit Report

OHS Case ID: **04264PHHT347**
Field Visit no: **04264PHHT348** Visit Date: **2020-APR-15** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**35**	

Persons Contacted: **SEE NARRATIVE**
Visit Purpose: **RESPOND TO A COMPLAINT REPORTED TO THE MLTSD, H&S CONTACT CENTRE**
Visit Location: **VIA TELE CONFERENCE**
Visit Summary: **ORDERS: NONE ISSUED**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:
Pat Dupuis Acting Deputy Superintendent of Admin / Bryan Tucker Union Rep – Corrections Officer – Former member of JHSC L1-L2 - worker rep / Melissa Boban HC Mgr

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The reason for this visit is respond to a complaint made to the Ministry of Labour Training and Skills Development. The complaint alleges the following:

-Workplace does not have a workplace harassment policy.
-Workplace does not have a workplace harassment program.
-Workers not trained on the workplace harassment policy/program.
-Smoking takes place outside of boiler room office.
-Worker harassed (on going) by workers.
-Workers allowed to fail Active Covid 19 Screening and come on site.
-BBQ in the staff lunch room packed with workers on April 9th .

WORKPLACE DESCRIPTION
-This is the Thunder Bay District Jail

INSPECTOR FINDINGS

The following was discussed in the teleconference.

-Workplace Harassment Policy is posted in the Lunchroom and available on workplace online computer.
-Workplace Harassment Program is available on workplace online computer and also available upon request from a supervisor or worker rep if a print copy is required.
-Worker Harassment Training is provided to all workers. The complainant's harassment training record : covered under the employer's "Respectful Workplace Training" was conducted and available.

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-Smoking: Is covered under the 'Smoke Free Ontario Act'.
-Complainant not formally put forward a harassment complaint to the employer or worker H&S rep.
-There was a MLTSD inspector on site on the 16th of March 2020. At the time of inspection Active Screening was being conducted at the jail entrance. The employer stated that the workplace conducts ongoing Active Screening for Covid-19. No persons permitted beyond testing if tested positive on the active screening testing.
-The staff BBQ was held outdoors. Food was brought in to the lunch area with limited workers/persons to access food with physical distancing practice in place.
-At the time of this teleconference discussion the complainant not working at the workplace at this time.

Workers in the teleconference including worker representation was in agreement to this phone discussion.

No further action is required at this time regarding this complaint.

Resources that may assist workers and employers:

COPY

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

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Field Visit Report

OHS Case ID: **04264QBZT698**
Field Visit no: **04264QBZT699** Visit Date: **2021-JAN-19** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY CORRECTIONAL CENTRE**
2351 HIGHWAY 61 HIGHWAY, THUNDER BAY, ON, CANADA P7C 4Y4
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**140**	

Persons Contacted: **DAVE ANDRUSCO, SUPERINTENDENT**
Visit Purpose: **OCCUPATIONAL HEALTH AND SAFETY COMPLIANCE: COVID-19**
Visit Location: **ADMIN BLDG AT THE SUPERINTENDENT'S OFFICE**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The visit took place at the workplace and there was discussion with the Superintendent. The worker member of the JHSC/Union was on site but not available at the time of visit to join in on this discussion.
The workplace is currently dealing with the public health unit with cases of positive Covid-19 at this facility.

The employer indicated they have measures and procedures in place addressing the following:

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Information/ Instruction/Supervision:

- There is Covid 19 signage and information at entrances and other areas.
- There has been Public Health visits at this facility WRT Covid 19.
- There are Ministry workplace computers available with information pertaining to Covid 19 emails policies etc postings discussion meetings.

Joint Health and Safety Committee:

- There is a JHSC established at this workplace with ongoing focus involvement with Covid -19. Union representation also involved.

Social/Physical Distancing Measures in Place:

- Lunch/Coffee breaks are limited to the number of persons with signage to indicated the number of workers in those areas. Also staggering of break schedule in place to limit the number of workers in areas.

Screening Measures:

- Workers entering on site are screened prior to shift at the staff training area including taking of temperature. Includes workers of essential deliveries etc.
- Screeners are req'd to use PPE while screening.

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OHS Case ID: **04264QBZT698**
Field Visit no: **04264QBZT699** Visit Date: **2021-JAN-19** Field Visit Type: **INITIAL**
Workplace Identification: **THUNDER BAY CORRECTIONAL CENTRE** Notice ID:
2351 HIGHWAY 61 HIGHWAY, THUNDER BAY, ON, CANADA P7C 4Y4

- No visitors at this time. Only essential visitors ie legal counsel etc if required. These visitors are screened.

Cleaning and Disinfecting:

- There is ongoing cleaning by an outside contractor for high contact and frequent cleaning areas.
- Deep cleaning also done by outside contractor on off hours of operations.
- Cleaning and disinfecting products are available and no shortage of supplies indicated.

Hand Hygiene

- There are washroom facilities for frequent hand washing and cleaning. Sanitizer available throughout. No shortage of sanitizer indicated.

Personal Protective Equipment:

- PPE – masks (surgical type) gowns gloves face shields or eye protection are available and workers are required to use PPE as directed.

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Infection Prevention and Control:

- The employer and workers are aware of contacting Ontario / Public health if suspected covid 19.
- Reporting of Occ Illness as per s.52(2) – union JHSC MLTSD is required. More info below.

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

- Below is information may assist workplaces/employers in being compliant with other legislative requirements that may affect the workplace.

Develop your COVID-19 workplace safety plan
https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan

Emergency Leave under Employment Standards Act

Employees may have the right to take unpaid job-protected infectious disease emergency leave. For information on infectious disease emergency leave under the Employment Standards Act 2000 visit

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OHS Case ID: **04264QBZT698**
Field Visit no: **04264QBZT699** Visit Date: **2021-JAN-19** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY CORRECTIONAL CENTRE**
2351 HIGHWAY 61 HIGHWAY, THUNDER BAY, ON, CANADA P7C 4Y4
Notice ID:

Ontario.ca/ESAGuide or call the Employment Standards Information Centre at 1-800-531-5551. Employees who take infectious disease emergency leave may be entitled to employment insurance benefits or to other federal government financial supports. For information visit the federal government's website or contact Service Canada's Employment Insurance Automated Telephone Information Service at 1-800-206-7218.

Workplace Mental Health: Workplace mental health has become more of a concern during COVID-19. For information and resources please visit the Ministry's Workplace Mental Health webpage.
https://www.labour.gov.on.ca/english/hs/mental_health.php

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

COPY

Public Health Agency of Canada
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

If a worker acquires Covid-19 infection at a workplace the Ministry considers this to be an occupational illness. Occupational illness reporting requirements are given at
https://www.ontario.ca/page/reporting-workplace-incidents-or-structural-hazards
The MLTSD occupational illness report is in addition to any public health reporting that may be required.

You may also contact Telehealth Ontario at 1-866-797-0000

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OHS Case ID: **04264QBZT698**
Field Visit no: **04264QCLQ727** Visit Date: **2021-JAN-28** Field Visit Type: **FOLLOW-UP**

Workplace Identification: **THUNDER BAY CORRECTIONAL CENTRE**
2351 HIGHWAY 61 HIGHWAY, THUNDER BAY, ON, CANADA P7C 4Y4
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**140**	

Persons Contacted: **DAVE ANDRUSCO, SUPERINTENDENT / BLAKE DUBOIS, WORKER MEMBER OF THE JHSC**
Visit Purpose: **FOLLOW UP TO THE MLTSD FIELD VISIT ON JAN 19/2021. FV ID 04264QBZT699**
Visit Location: **SUPERINTENDENT'S OFFICE IN THE ADMIN BLDG**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The following was discussed with regards to this Covid 19 workplace follow up visit:

At the time of this visit there were 47 inmates that have been tested Covid-19 Positive.

Screening: All workers and essential visitors are screened prior to entry at the workplace. Temperature is taken. There is no non-essential visitation at this time.

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PPE: PPE is provided at this workplace. Areas where there is a high risk hazard of covid-19 exposure to a worker workers are provided with eye protection surgical type mask gloves gown. Workers have been provided with instruction on donning and doffing of PPE. Public Health Ontario has a donning and doffing of PPE info pamphlet available online. https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ppe-recommended-steps
Workers have been instructed on the Doffing of PPE when exiting an area of high hazard of Covid-19. PPE is disposed and not reused.

The employer is in daily communication with the district health unit via telephone and/or video conferencing during this Covid 19 outbreak.

All workers have been provided with heightened information and instruction for high hazard Covid droplet alert to exposure. Communication has taken place via email verbal and there is ongoing supervision to ensure workers are taking heightened measures to reduce the risk of covid 19 exposure.

The JHSC is in ongoing continuous communication with management during this Covid outbreak.

There is deep cleaning/disinfecting of areas when an inmate has been discharged from this workplace. A third party contractor is onsite daily and performs deep cleaning. There is also ongoing continuous cleaning of contact surfaces throughout the facility.

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OHS Case ID: **04264QBZT698**
Field Visit no: **04264QCLQ727** Visit Date: **2021-JAN-28** Field Visit Type: **FOLLOW-UP**
Workplace Identification: **THUNDER BAY CORRECTIONAL CENTRE** Notice ID:
2351 HIGHWAY 61 HIGHWAY, THUNDER BAY, ON, CANADA P7C 4Y4

Hand Sanitizer is available throughout the facility. Cleaning/Disinfecting supplies are available. At this time there are no shortages reported on PPE hand sanitizer and other cleaning supplies.

The health unit has given an Order to the employer to ensure workers who have been tested positive for C-19 to isolate at home or at the pre-arranged local hotel. Information/Instruction has been given to the affected workers on how to isolate to reduced the spread of C-19 to others.

All parties in this discussion were in agreement.

_____

Resources that may assist workers and employers:

Develop your COVID-19 workplace safety plan
https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan

Emergency Leave under Employment Standards Act

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Employees may have the right to take unpaid job-protected infectious disease emergency leave. For information on infectious disease emergency leave under the Employment Standards Act 2000 visit Ontario.ca/ESAGuide or call the Employment Standards Information Centre at 1-800-531-5551. Employees who take infectious disease emergency leave may be entitled to employment insurance benefits or to other federal government financial supports. For information visit the federal government's website or contact Service Canada's Employment Insurance Automated Telephone Information Service at 1-800-206-7218.

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Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Public Health Agency of Canada

Recipient	Inspector Data	Worker Representative
	JARI ROINE	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Name _____
	PROVINCIAL OFFENCES OFFICER	
	222-435 James St. S Thunder Bay ON P7E 6S7	
Title _____	HSThunderBayDistrict@ontario.ca	Title _____
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https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division

Occupational Health and Safety

Return To:
CLAYTON FUCILE
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
222-435 James St. S Thunder Bay ON P7E 6S7
HSThunderBayDistrict@ontario.ca
Tel: (807) 620-8579
Fax: (807) 475-1646

Ontario

Notice of Compliance

OHS Case ID: **03904QCTP060**
Field Visit No: **03904QCTW062**
Visit Date : **2021-FEB-04**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6

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: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
6 **03904QCVH070**	**Time**	**OHSA**	**1990**	**52**	**2**			☐ Agree ☐ Disagree	**2021-FEB-08**

(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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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
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Ontario

Notice of Compliance

OHS Case ID: **03904QCTP060**
Field Visit No: **03904QCTW062**
Visit Date : **2021-FEB-04**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
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Notice ID:

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Order(s) / Requirement(s) Issued:

To: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
1 **03904QCVG065**	**Time**	**OHSA**	**1990**	**25**	**2**	**a**		☐ Agree ☐ Disagree	**2021-FEB-15**
								(Signature)	
2 **03904QCVG066**	**Time**	**OHSA**	**1990**	**25**	**2**	**a**		☐ Agree ☐ Disagree	**2021-FEB-15**
								(Signature)	
4 **03904QCVH068**	**Time**	**OHSA**	**1990**	**25**	**2**	**h**		☐ Agree ☐ Disagree	**2021-FEB-15**
								(Signature)	
5 **03904QCVH069**	**Time**	**OHSA**	**1990**	**25**	**2**	**a**		☐ Agree ☐ Disagree	**2021-FEB-15**
								(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:

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

OHS Case ID: **03904QCTP060**
Field Visit no: **03904QCTW062** Visit Date: **2021-FEB-04** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(807) 345-7364	**Active**	**120**	

Persons Contacted: **SEE NARRATIVE**
Visit Purpose: **HEALTH AND SAFETY INSPECTION**
Visit Location: **ADMINISTRATION OFFICES, LUNCH ROOMS, NURSING DEPARTMENT, OUTSIDE INTAKE, MAIN FLOOR CELL BLOCKS, BLOCK 2, 4**
Visit Summary: **ORDERS ISSUED**

Detailed Narrative:

On January 12 2021 the province of Ontario enacted a second declaration of emergency <https://www.ontario.ca/laws/statute/90e09> to help contain the spread of COVID-19 and protect public health. To address this MLTSD has launched the Stay Safe All Day campaign. It focuses workplace inspections in areas of high transmission for example break and lunchrooms smoking areas etc. Resource materials for workplace parties to promote safe behaviour before during and after work are available. Inspectors will target workplaces with heightened risks that have been identified using data from local public health units and information reported directly to the province.

All of Ontario's workers supervisors employers and constructors have obligations under the Occupational Health and Safety Act (OHSA) and its regulations to ensure a safe workplace and this includes protections from infectious diseases.
The potential for COVID-19 outbreaks is a serious concern in Ontario workplaces. This includes during meal and break periods. Workers must maintain physical distancing during these times ensure proper hygiene before and after the break period and have those areas properly sanitized after the break period and before the areas are used again.
COVID-19 is spread between people - whether "on the clock" or not. To prevent transmission we all need to follow requirements to:

· maintain 2m physical distance
· wear a mask if physical distancing cannot be maintained whether indoors or outdoors and
· wash hands

Employers and supervisors must ensure that all workers follow the requirements to protect themselves and others while working and on breaks. Under the OHSA employers and supervisors are required to take every precaution reasonable in the circumstance for the protection of workers. Workers are required to wear all means of protective equipment required by their employer and to report any hazards they observe.

Recipient	Inspector Data	Worker Representative
	CLAYTON FUCILE	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Name _____
	PROVINCIAL OFFENCES OFFICER	
	222-435 James St. S Thunder Bay ON P7E 6S7	
Title _____	HSThunderBayDistrict@ontario.ca	Title _____
	Tel: (807) 620-8579	
	Fax: (807) 475-1646	
Signature	Signature	Signature

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Notice ID:

The field visit took place at the workplace and the following people were spoken to:

Tom Johnson (A) Deputy Superintendent Kurtis Kempe Vice President OPSEU Local 737 worker rep JHSC Bill Hayes President OPSEU Local 737 worker rep JHSC Raphael Tassone Security Officer Corrections College Thunder Bay (by phone) Todd Cooper Corrections Officer 2 Rylan Forrest Staff Sergeant Management Rep JHSC Zarah Neubauer RN Melissa Boban RN Healthcare Manager Kristina Schelhausa RN

The reason for this visit is to audit compliance with the Occupational Health and Safety Act and its Regulations.

The workplace is currently in Outbreak Status for Covid-19 Currently there are 23 inmates who actively have Covid-19. Furthermore 14 workers are currently off with active Covid-19 while 4 other workers are self isolating.

Inspector Findings:

The workplace parties indicated they have measures and procedures in place addressing the following: Information/ Instruction/Supervision:

- At this time the workers have been provided with basic information specific to Covid-19. Signs symptoms and modes of transmission have been communicated to workers.

- The employer has developed many written measures and procedures for workers to follow though workers have not been instructed to carry out many of the measures and procedures.

- Personal Protective Equipment (PPE) is readily available throughout the workplace. Though workers have not been provided with the formal information that has been developed for the use of PPE. In addition to this workers have not been provided with specific instruction on the donning/doffing use and limitations of PPE. Moreover there is no supervision in the workplace specific to how workers are using the PPE provided. Order issued

- Internally workers such as the worker reps on the joint health and safety committee and members of the Nursing Staff have been speaking with workers when steps observed in the PPE process are missing. Furthermore the worker reps are using a tool called Stop the Spread. This tool is a form of auditing that can be done to audit PPE use. This process has been implemented for approximately a week. Though there is no formal instruction or direction on how or when to use the tool. The workers at the workplace have attempted to use the tool but have not been given direction on its applications. As a result of this the tool has not been

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used with any consistency.

- Signs with donning and doffing information for workers to follow have been posted around the workplace.

Joint Health and Safety Committee/Health and Safety Rep Involvement:

- The Joint Health and Safety Committee has been actively engaged in the measures that the employer has developed. The committee has been made aware of the many measures and procedures developed but have not been given any direction on how to implement them. Locally the committee members are attempting to implement measures but have not been formally instructed by the employer as to what the expectations are for the measures. The implementation of the measures appears to be left to the committee members to interpret and deploy.

- The committee members are fielding concerns and inquiries from workers. The members then try to find resolve or solutions.

Physical Distancing Measures in Place:

- Physical distancing measures have been implemented in the workplace and workers have been directed to follow the measures.

- Alternative schedules for breaks have been implemented. The breakrooms have all been assigned capacity numbers. Furthermore lexan barriers have been set up to divide eating spaces. Office spaces have been altered by removing furniture and moving work-stations.

- The workers have been instructed to physically distance as best as possible while in the locker rooms.

- Despite the physical distancing measures the work spaces are small. Inevitably workers are continually crossing paths and interacting with one another without distancing. This is not a result of the workers not following the directions rather it is due to the actual space that the physical environment supplies. To ensure that workers are protected when having to work in proximity to one another the workers are all wearing procedural masks or N95 respirators and eye protection.

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Screening Measures:

- Workers are being screened upon entry to the workplace. The workers must answer a questionnaire that speaks to sign symptoms travel history and potential exposures to Covid-19. In addition to this temperatures are being taken with a tympanic thermometer with disposable ear cups for each use. The thermometer is being wiped down with Oxivir wipes before use. If a worker fails the screening process they are to be turned away from the workplace and a return to work plan is developed.

- Surveillance testing of workers has been taking place. The frequency was every 10 days. The employer stated that they are attempting to bring this up to every 5 days.

- Inmates are screened upon entry and are isolated as needed.

Cleaning and Disinfecting:

- No formal measures and procedures for cleaning and disinfecting have been implement in the workplace. Workers have been supplied with disinfecting and cleaning products but there has not been any formal information or instruction for workers to follow specific to cleaning and disinfecting. Order issued.

- As an example there was a discussion about the key pad that is used to access the key box for workers. Oxivir wipes are located near the box but there is no actual direction to instruct workers to clean or disinfect items such as the key pad.

- In addition to this there is no formal direction for cleaning and disinfecting in the locker rooms. A worker rep noted that he gets to the cleaning when he can but there is no consistency.

- General cleaning is taking place in the workplace. Two cleaning contractors come into the workplace to perform cleaning duties on set schedules.

- There is an issue with waste management in the workplace. This inspector observed garbage bags piling up outside of the lunch room blocking the exit to the small yard. These bags were then moved and piled in a hallway. The waste from discarded PPE is causing the waste to pile up in the workplace. The employer has not implemented any formal measures to have this waste removed from the workplace efficiently. Order issued.

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Hand Hygiene

- Alcohol based hand sanitizer is located throughout the workplace. Soap and water are available if needed as well.

- This inspector noted that workers are performing hand hygiene continually as they perform tasks throughout the workplace. This was apparent on the cell blocks.

Personal Protective Equipment:

- The following PPE is available to workers - procedure masks N95 respirators gowns gloves face shields safety glasses. The equipment is readily available to workers throughout the workplace.

- Workers don new PPE as needed.

- For PPE conservation measures the employer is tracking the counts of PPE supply in the workplace. An order of new supplies is generated whenever needed.

Infection Prevention and Control

- This inspector observed workers touching their donned masks and safety glasses numerous times while they were still wearing gloves. There is a concern that workers have not been instructed appropriately in the infection control measures and procedures that the employer has developed. Order issued.

- Covid-19 positive inmates are being cohorted to cell blocks. For inmates who are admitted they are processed and isolated as needed.

- Cohorting and isolating was a challenge for the workplace in the onset of the outbreak. The workplace simply did not have the capacity to perform these tasks efficiently. At that time there were 140 inmates. Since then the number of inmates has been reduced to 85. This reduction in the inmate population has provided the workplace with some relief. Inmates can now be separated cohorted and removed from areas for cleaning.

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- The local Public Health Unit has been actively engaged in the workplace for the outbreak. Contact tracing has been done as needed. This has revealed further infection in the inmate population and amongst the workers.

- The employer has not reported Occ Illness as per s.52(2) of the Occupational Health and Safety Act to the MLTSD. Order issued.

Resources that may assist workers and employers:

Develop your COVID-19 workplace safety plan
<https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan>

Learn what employers can do to help control exposure to COVID-19 at meal and break times
<https://www.ontario.ca/page/meal-and-break-periods-work-during-covid-19>

COVID resources are available in languages other than English and French. Please visit:

Ontario government COVID resources:
<https://www.ontario.ca/page/resources-prevent-covid-19-workplace>
Public Health Ontario resources in multiple languages:
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus/public-resources?tab=25>
Emergency Leave under Employment Standards Act

Employees may have the right to take unpaid job-protected infectious disease emergency leave. For information on infectious disease emergency leave under the Employment Standards Act 2000 visit Ontario.ca/ESAGuide <http://ontario.ca/esaguide> or call the Employment Standards Information Centre at 1-800-531-5551. Employees who take infectious disease emergency leave may be entitled to employment insurance benefits or to other federal government financial supports. For information visit the federal government's website <https://www.canada.ca/en/services/benefits/covid19-emergency-benefits.html> or contact Service Canada's Employment Insurance Automated Telephone Information Service at 1-800-206-7218.

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Workplace Mental Health: Workplace mental health has become more of a concern during COVID-19. For information and resources please visit the Ministry's Workplace Mental Health webpage.
<https://www.labour.gov.on.ca/english/hs/mental_health.php>

Ministry of Health Emergency Planning and Preparedness
<http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx>

Public Health Ontario
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

Public Health Agency of Canada
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html>

Health and Safety System Partners
<http://www.healthandsafetyontario.ca/>

Infection Prevention and Control at Work- Free Basic Awareness online training
Public Services Health and Safety Association | Infection Prevention and Control at Work: Basic Awareness Training (pshsa.ca)
<https://www.pshsa.ca/training/free-training/infection-prevention-and-control-at-work-basic-awareness-training>

Additional Guidance
www.ontario.ca/coronavirus <http://www.ontario.ca/coronavirus>.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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1 **03904QCVG065**	**Time**	**OHSA**	**1990**	**25**	**2**	**a**	**The employer shall provide information, instruction and supervision to workers on the employer's measures and procedure to protect workers from transmission of COVID-19 at this workplace specific to the care, use and limitations of personal protective equipment. At the time of inspection, the employer had not provided adequate information, instruction or supervision on their measures and procedures specific to the care, use and limitations of personal protective equipment to workere.**	**2021-FEB-15**
2 **03904QCVG066**	**Time**	**OHSA**	**1990**	**25**	**2**	**a**	**The employer shall provide information, instruction and supervision to workers on the employer's measures and procedure to protect workers from transmission of COVID-19 at this workplace specific to cleaning and disinfecting high touch surfaces. At the time of inspection, the employer had not provided adequate information, instruction or supervision on their measures and procedures specific to cleaning and disinfecting high touch surfaces to workere.**	**2021-FEB-15**

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Name _____	**CLAYTON FUCILE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 620-8579** **Fax: (807) 475-1646**	Name _____
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Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
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3 **03904QCVH067**	**Fort**	**OHSA**	**1990**	**25**	**2**	**h**	**The employer shall take every precaution reasonable in the circumstances for the protection of a worker. The employer shall ensure that the Exit outside the lunch room the leads to the small yard is clear of clutter and debirs. At the time of this visit the Exit outside the lunch room the leads to the small yard was blocked by bags of personal protective equipment waste and new equipment.**	
4 **03904QCVH068**	**Time**	**OHSA**	**1990**	**25**	**2**	**h**	**The employer shall take every precaution reasonable in the circumstances to protect workers from the hazard of COVID-19 exposure at this workplace specific to contaminated waste management. At the time of inspection, the employer had no measures and procedures in place to protect workers from COVID-19 specific to ensuring that contaminated waste is efficiently removed from the workplace. Bags of contaminated personal protective equipment were piling up and being moved from placed to place in the workpace before being properly removed from the work spaces.**	**2021-FEB-15**

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Signature	Signature	Signature

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

OHS Case ID: **03904QCTP060**
Field Visit no: **03904QCTW062** Visit Date: **2021-FEB-04** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6
Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
5 **03904QCVH069**	**Time**	**OHSA**	**1990**	**25**	**2**	**a**	**The employer shall provide information, instruction and supervision to workers on the employer's measures and procedure to protect workers from transmission of COVID-19 at this workplace. At the time of inspection, the employer had not provided adequate information, instruction or supervision on their infection control measures and procedures to workers at the workplace. Workers were observed touching their masks and eye protection with their gloved hands that had been donned and used while opening doors and touching items throughout the workplace.**	**2021-FEB-15**
6 **03904QCVH070**	**Time**	**OHSA**	**1990**	**52**	**2**		**The employer shall give notice in writing, within four days of being so advised, to the Ministry of Labour, Training and Skills Development containing such information and particulars specific to workers testing positive for Covid-19 as discovered when contact tracing is tacking place in the workplace in response to an outbreak of Covid-19. The employer has been advised that multiple workers at the workplace have tested positive for Covid-19 as discovered when contact tracing has taking place in the workplace in response to an**	**2021-FEB-08**

Recipient	Inspector Data	Worker Representative
Name _____	**CLAYTON FUCILE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 620-8579** **Fax: (807) 475-1646**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

OHS Case ID: **03904QCTP060**
Field Visit no: **03904QCTW062** Visit Date: **2021-FEB-04** Field Visit Type: **INITIAL**

Workplace Identification: **THUNDER BAY DISTRICT JAIL**
285 MACDOUGALL STREET, THUNDER BAY, ON, CANADA P7A 2K6

Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							outbreak of Covid-19 and no notice has been given to the Ministry of Labour, Training and Skills Development.	

Recipient	Inspector Data	Worker Representative
Name _____	**CLAYTON FUCILE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 222-435 James St. S Thunder Bay ON P7E 6S7 HSThunderBayDistrict@ontario.ca **Tel: (807) 620-8579** **Fax: (807) 475-1646**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSSP741** Visit Date: **2020-OCT-20** Field Visit Type: **FOLLOW-UP**
Notice ID:

Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(416) 750-3513	**Active**	**200**	

Persons Contacted: **SEE DETAILED NARRATIVE.**
Visit Purpose: **TO MONITOR COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT AND ITS ASSOCIATED REGULATIONS.**
Visit Location: **FIELD VISIT VIA PHONE.**
Visit Summary: **NO ORDERS ISSUED. SEE DETAILED NARRATIVE.**

Detailed Narrative:

The field visit took place over the phone, and the following people were spoken to:
Winston Wong – Deputy Superintendent, Officer Sean O'Sullivan – Worker JHSC Co-Chair, Officer Mushynski – Local Vice President, Officer Wayne Pineau – Chief Steward of Local, Sergeant Paul Medeiros –Management JHSC Co-Chair

The reason for this visit is to respond to a notice of compliance submitted to the Ministry of Labour, Training and Skills Development for an order issued during a field visit (FV# 04458PSLS735) on October 14, 2020.

STATUS OF ORDER#04458PSLN747

NOT COMPLIED WITH - The employer representative reported that that Toronto East Detention Centre workers who are accessing the building are required to self monitor and complete a self assessment prior to entry to the workplace. A temperature check is taken at the front door before signing into work. The self assessment document is available to all staff and posted at the entrance of the workplace as a reminder. The current procedures require staff to self assess, and to contact their manager to advise that their unwell. It was reported that by signing into work, workers are affirming that they've answered "No" to the questions in the in the self assessment document.

During this visit, the employer representative was reminded that the current process described would not be considered as active screening and as a result, did not comply with the order issued.

Active screening refers to an employer assigning a person to review information about a person's signs, symptoms and interactions that may result in higher risks of transmitting COVID-19 and determining if they should be excluded from the workplace.

Passive screening refers to requiring workers to self-evaluate if they have risk factors that require them to exclude themselves from the workplace.

Recipient	Inspector Data	Worker Representative
Name _____	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Name _____
Title _____		Title _____
Signature	Signature W.W	Signature

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

OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSSP741** Visit Date: **2020-OCT-20** Field Visit Type: **FOLLOW-UP**
Notice ID:
Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

O. Reg. 364/20 now requires employers to establish measures and procedures that ensure active screening occurs prior to a worker's entry to the workplace for the first time that day/shift. The screening must at minimum meet the questions contained in the Ministry of Health's COVID-19 Screening for Workplaces and Organizations tool.

The employer may establish measures and procedures for active screening that allow for it to be done in person at the workplace (e.g.: verifying that self-assessments have been successfully completed that day or completing screening in person) or remotely (e.g,: by phone, app, email submission etc) prior to their entry at the workplace.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Public Health Agency of Canada
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name _____	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Name _____
Title _____		Title _____
Signature	Signature W.W	Signature

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

Ministry of Labour, Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
William Woo
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
1-2275 Midland Ave, Scarborough ON M1P 3E7
MOLCOMPLIANCEIHSTORE@ontario.ca
Tel: 647-309-1574
Fax: 416-314-5405

Ontario

Notice of Compliance

OHS Case ID: **04458PSLN734**
Field Visit No: **04458PSLS735**

Visit Date : **2020-OCT-14**

Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

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:
MINISTRY OF THE SOLICITOR GENERAL

Role
Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
2	Time	OHSA	1990	25	2	h		☐ Agree ☐ Disagree	2020-OCT-16

04458PSLT737

_____ _____

(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: _____

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.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSSP741** Visit Date: **2020-OCT-20** Field Visit Type: **FOLLOW-UP**
Notice ID:

Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(416) 750-3513	**Active**	**200**	

Persons Contacted: **SEE DETAILED NARRATIVE.**
Visit Purpose: **TO MONITOR COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT AND ITS ASSOCIATED REGULATIONS.**
Visit Location: **FIELD VISIT VIA PHONE.**
Visit Summary: **NO ORDERS ISSUED. SEE DETAILED NARRATIVE.**

Detailed Narrative:

The field visit took place over the phone, and the following people were spoken to:
Winston Wong – Deputy Superintendent, Officer Sean O'Sullivan – Worker JHSC Co-Chair, Officer Mushynski-- Local Vice President, Officer Wayne Pineau -- Chief Steward of Local, Sergeant Paul Medeiros --Management JHSC Co-Chair

The reason for this visit is to respond to a notice of compliance submitted to the Ministry of Labour, Training and Skills Development for an order issued during a field visit (FV# 04458PSLS735) on October 14, 2020.

STATUS OF ORDER#04458PSLN747

NOT COMPLIED WITH - The employer representative reported that that Toronto East Detention Centre workers who are accessing the building are required to self monitor and complete a self assessment prior to entry to the workplace. A temperature check is taken at the front door before signing into work. The self assessment document is available to all staff and posted at the entrance of the workplace as a reminder. The current procedures require staff to self assess, and to contact their manager to advise that their unwell. It was reported that by signing into work, workers are affirming that they've answered "No" to the questions in the in the self assessment document.

During this visit, the employer representative was reminded that the current process described would not be considered as active screening and as a result, did not comply with the order issued.

Active screening refers to an employer assigning a person to review information about a person's signs, symptoms and interactions that may result in higher risks of transmitting COVID-19 and determining if they should be excluded from the workplace.

Passive screening refers to requiring workers to self-evaluate if they have risk factors that require them to exclude themselves from the workplace.

Recipient	Inspector Data	Worker Representative
Name W. WONG	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Name S. O'SULLIVAN
Title DEPUTY SUPERINTENDENT		Title EMP. CO-CHAIR.
Signature	Signature W.W	Signature

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

OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSSP741** Visit Date: **2020-OCT-20** Field Visit Type: **FOLLOW-UP**
Notice ID:
Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

O. Reg. 364/20 now requires employers to establish measures and procedures that ensure active screening occurs prior to a worker's entry to the workplace for the first time that day/shift. The screening must at minimum meet the questions contained in the Ministry of Health's COVID-19 Screening for Workplaces and Organizations tool.

The employer may establish measures and procedures for active screening that allow for it to be done in person at the workplace (e.g.: verifying that self-assessments have been successfully completed that day or completing screening in person) or remotely (e.g.: by phone, app, email submission etc) prior to their entry at the workplace.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Public Health Agency of Canada
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name W. WONG	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Name S. O'SULLIVAN
Title DEPUTY SUPERINTENDENT		Title EMP. CO-CHAIR.
Signature	Signature W.W	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
William Woo
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
1-2275 Midland Ave, Scarborough ON M1P 3E7
MOLCOMPLIANCEIHSTORE@ontario.ca
Tel: 647-309-1574
Fax: 416-314-5405

Ontario

Notice of Compliance

OHS Case ID: **04458PSLN734**
Field Visit No: **04458PSLS735**

Visit Date : **2020-OCT-14**

Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

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:
MINISTRY OF THE SOLICITOR GENERAL

Role
Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
2	Time	OHSA	1990	25	2	h		☐ Agree ☑ Disagree	2020-OCT-16
04458PSLT737									

S. O'SULLIVAN
(Signature)

Form completed by: W. Woo
Title: DEPUTY SUPERINTENDENT
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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OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSLS735** Visit Date: **2020-OCT-14** Field Visit Type: **INITIAL**
Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(416) 750-3513	**Active**	**200**	

Persons Contacted: **AMANDA POULIN - KITCHEN SERVICES MANAGER, SEAN O'SULLIVAN - WORKER JHSC CO-CHAIR, PAUL MEDEIROS - MANAGEMENT JHSC CO-CHAIR, ANVSIYA THANACHAYAN - SERGEANT**

Visit Purpose: **TO MONITOR COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT AND ITS ASSOCIATED REGULATIONS.**

Visit Location: **MEETING ROOM.**

Visit Summary: **ORDERS ISSUED. SEE DETAILED NARRATIVE.**

Detailed Narrative:

The field visit took place at the workplace and the following people were spoken to:
Amanda Poulin - Kitchen Services Manager, Sean O'Sulivan - Worker JHSC Co-Chair, Paul Medeiros - Management JHSC Co-Chair, Anvsiya Thanachayan – Sergeant

COPY

The reason for this visit is to respond to an anonymous complaint regarding made to the Ministry of Labour, Training, and Skills Development. The complaint includes the following:
- employer is not providing information to workers regarding possible COVID-19 cases amongst the staff and inmates
-lack of physical distancing
-masks are not worn in the kitchen area

Inspector Findings:
It was reported that there has been one worker who had tested positive for COVID-19. It was reported that the case was not reported as work-related. The workplace has measures and procedures in place for inmates who report/display COVID-19 signs and symptoms. Measures including putting inmates from the same group/block into droplet precautions, requiring staff to wear gowns, procedural masks, gloves and eye protection. Workplace parties reported that inmates who may require droplet precautions have been communicated to staff during meetings.

As part of this visit, notice of occupational illness requirements under s.52(2) of the Occupational Health and Safety Act was reviewed. The employer was reminded if a worker (or someone on behalf of a worker) notifies the employer that they've contracted COVID-19 as an occupational illness or if a WSIB claim is made regarding COVID-19 as an occupational illness, then written notification is required to MLTSD, the JHSC and the trade unions within four days.

A notice of occupational illness reporting is not required if the illness was community acquired but is required when there is a claim that the occupational illness has occurred from a workplace exposure, regardless of the

Recipient	Inspector Data	Worker Representative
Name _____	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Title _____
Signature	Signature	Signature

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

OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSLS735** Visit Date: **2020-OCT-14** Field Visit Type: **INITIAL**
Workplace Identification: **TORONTO EAST DETENTION CENTRE** Notice ID:
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

employer's beliefs.

The employer is not required to disclose to workers the name/identity of a worker who is confirmed COVID-19 positive. This does not apply to information in s.52(2) notices provided to health and safety reps, JHSC members or trade unions.

The workplace parties reported that workers have been reminded to maintain physical distancing of 2m where possible. The workplace also requires all workers and inmate workers to wear a procedural mask. It was reported that the masking policy is enforced by managers and supervisors.

The workplace parties indicated that they have measures and procedures in place to address the following:

Information & Instruction to Workers:
Workplace parties reported that information and instruction regarding the measures and procedures in place for COVID-19 have been shared via emails, and team meetings.

COPY

At the time of the visit, observed COVID-19 information and instruction posted in the workplace including signage on signs/symptoms, physical distancing and handwashing.

Social/Physical Distancing Measures in Place:
Workplace parties reported that workers have been instructed to maintain physical distancing of 2m where possible in the workplace. The employer representative reported that in the kitchen area, physical distancing can be practiced, but all workers (including inmate workers) are required to wear procedural masks as a form of source control.

FORTHWITH ORDER ISSUED - At the time of this visit, workers responsible for screening at the staff entrance were observed in proximity of less than 2m with workers (not wearing a mask) entering the building. Workers responsible for screening were observed wearing a procedural mask but no eye protection. Workers were permitted to put on their procedural masks once inside the building, in the screening area.

The employer was reminded where physical distancing of 2 m can not be maintained, workers are required to either exercise source control masking or if interacting with an unmasked individual, workers are required to wear a procedural mask and a form of eye protection (e.g. goggles, face shield).

This order was complied with forthwith. The employer representative reported that workers responsible for

Recipient	Inspector Data	Worker Representative
Name _____	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSLS735** Visit Date: **2020-OCT-14** Field Visit Type: **INITIAL**
Workplace Identification: **TORONTO EAST DETENTION CENTRE** Notice ID:
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

screening will be required to wear faceshield/goggles.

Screening Measures:
ORDER ISSUED - The workplace parties reported that self screening has been implemented at the workplace. Workers are required to self-screen at the beginning of each work day, and only report to the employer if they've developed any signs/symptoms related to COVID-19. It was reported that all workers have been trained on signs and symptoms related to COVID-19. Upon entry to the workplace, a temperature check is taken, but there is no verification process to ensure that screening questions have been completed. During this visit, posters regarding signs and symptoms for COVID-19 were observed posted on the entrance of the workplace.

The employer was reminded that O. Reg. 364/20 now requires employers to screen any/all workers attending their workplace daily, prior to entry to the workplace. Active screening is required, and at minimum meet the questions contained in the Ministry of Health's COVID-19 Screening for Workplaces and Organizations tool.
For more information:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/workplace_screening_tool_guidance.pdf

COPY

Cleaning and Disinfecting:
Workplace parties reported that a cleaning contractor routinely cleans and disinfect the workplace. Enhanced cleaning has been implemented for high touch surfaces (disinfected hourly). Staff are responsible for disinfecting their own office. The workplace provides Oxivier wipes for workers to clean and sanitize their own workstation.

Hand hygiene:
It was reported that hand sanitizer are available in the workplace. The kitchen area and washroom facilities are also equipped with soap and water for workers to practice hand hygiene.

Personal Protective Equipment:
Workplace parties reported that all workers are provided with procedural masks provided by the employer. (Also see physical distancing section). For inmates who are placed on droplet precautions, staff are require to wear procedural masks, gown, gloves and goggles/face shield. For situations involving resuscitation, it was reported that staff are provided with N95.

Recipient	Inspector Data	Worker Representative
Name _____	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Title _____
Signature	Signature	Signature

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

OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSLS735** Visit Date: **2020-OCT-14** Field Visit Type: **INITIAL**
Workplace Identification: **TORONTO EAST DETENTION CENTRE** Notice ID:
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Public Health Agency of Canada
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

COPY

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name
Title	1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Title
Signature	Signature	Signature

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

OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSLS735** Visit Date: **2020-OCT-14** Field Visit Type: **INITIAL**
Notice ID:
Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 04458PSLT736	Fort	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers from COVID-19 exposure when workers are not maintaining physical distancing between each other. At the time of inspection, workers were required to work within 2m at the staff screening station at the entrance of the workplace, and specific precautions were not in place. This order was complied with forthwith.	
2 04458PSLT737	Time	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers from COVID-19 exposure through active screening measures taken when workers and essential visitors enter the workplace. At the time of inspection, active screening was not taking place.	2020-OCT-16

COPY

Recipient	Inspector Data	Worker Representative
Name _____	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work

Operations Division | Occupational Health and Safety

Return To:
William Woo
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
1-2275 Midland Ave, Scarborough ON M1P 3E7
MOLCOMPLIANCEIHSTORE@ontario.ca
Tel: 647-309-1574
Fax: 416-314-5405

Ontario

Notice of Compliance

OHS Case ID: **04458PSLN734**
Field Visit No: **04458PSLS735**

Visit Date : **2020-OCT-14**

Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

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:
MINISTRY OF THE SOLICITOR GENERAL

Role
Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
2	Time	OHSA	1990	25	2	h		☐ Agree ☑ Disagree	2020-OCT-16
04458PSLT737								(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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83739

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSSP741** Visit Date: **2020-OCT-20** Field Visit Type: **FOLLOW-UP**
Workplace Identification: **TORONTO EAST DETENTION CENTRE** Notice ID:
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(416) 750-3513	**Active**	**200**	

Persons Contacted: **SEE DETAILED NARRATIVE.**
Visit Purpose: **TO MONITOR COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT AND ITS ASSOCIATED REGULATIONS.**
Visit Location: **FIELD VISIT VIA PHONE.**
Visit Summary: **NO ORDERS ISSUED. SEE DETAILED NARRATIVE.**

Detailed Narrative:

The field visit took place over the phone, and the following people were spoken to: Winston Wong – Deputy Superintendent, Officer Sean O'Sullivan – Worker JHSC Co-Chair, Officer Mushynski – Local Vice President, Officer Wayne Pineau – Chief Steward of Local, Sergeant Paul Medeiros – Management JHSC Co-Chair

The reason for this visit is to respond to a notice of compliance submitted to the Ministry of Labour, Training and Skills Development for an order issued during a field visit (FV# 04458PSLS735) on October 14, 2020.

STATUS OF ORDER#04458PSLN747

NOT COMPLIED WITH - The employer representative reported that that Toronto East Detention Centre workers who are accessing the building are required to self monitor and complete a self assessment prior to entry to the workplace. A temperature check is taken at the front door before signing into work. The self assessment document is available to all staff and posted at the entrance of the workplace as a reminder. The current procedures require staff to self assess, and to contact their manager to advise that their unwell. It was reported that by signing into work, workers are affirming that they've answered "No" to the questions in the in the self assessment document.

During this visit, the employer representative was reminded that the current process described would not be considered as active screening and as a result, did not comply with the order issued.

Active screening refers to an employer assigning a person to review information about a person's signs, symptoms and interactions that may result in higher risks of transmitting COVID-19 and determining if they should be excluded from the workplace.

Passive screening refers to requiring workers to self-evaluate if they have risk factors that require them to exclude themselves from the workplace.

Recipient	Inspector Data	Worker Representative
Name W. WONG	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Name S. O'SULLIVAN
Title DEPUTY SUPERINTENDENT		Title EMP. CO-CHAIR.
Signature	Signature W.W	Signature

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

OHS Case ID: **04458PSLN734**
Field Visit no: **04458PSSP741** Visit Date: **2020-OCT-20** Field Visit Type: **FOLLOW-UP**
Notice ID:
Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

O. Reg. 364/20 now requires employers to establish measures and procedures that ensure active screening occurs prior to a worker's entry to the workplace for the first time that day/shift. The screening must at minimum meet the questions contained in the Ministry of Health's COVID-19 Screening for Workplaces and Organizations tool.

The employer may establish measures and procedures for active screening that allow for it to be done in person at the workplace (e.g.: verifying that self-assessments have been successfully completed that day or completing screening in person) or remotely (e.g,: by phone, app, email submission etc) prior to their entry at the workplace.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Public Health Agency of Canada
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name W. WONG	**William Woo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: 647-309-1574** **Fax: 416-314-5405**	Name S. O'SULLIVAN
Title DEPUTY SUPERINTENDENT		Title EMP. CO-CHAIR.
Signature	Signature W.W	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
William Woo
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
1-2275 Midland Ave, Scarborough ON M1P 3E7
MOLCOMPLIANCEIHSTORE@ontario.ca
Tel: 647-309-1574
Fax: 416-314-5405

Ontario

Notice of Compliance

OHS Case ID: **04458PSLN734**
Field Visit No: **04458PSLS735**

Visit Date : **2020-OCT-14**

Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

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:
MINISTRY OF THE SOLICITOR GENERAL

Role
Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
2	Time	OHSA	1990	25	2	h		☐ Agree ☑ Disagree	2020-OCT-16

04458PSLT737

S. O'SULLIVAN (Signature)

Form completed by: W. Woo

Title: DEPUTY SUPERINTENDENT

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:

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.

Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: **03923QCLZ291**
Field Visit no: **03923QCLZ292** Visit Date: **2021-JAN-28** Field Visit Type: **INITIAL**

Workplace Identification: **TORONTO EAST DETENTION CENTRE**
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(416) 750-3513	**Active**	**300**	

Persons Contacted: **SGT. KOUZOS**
SEAN O'SULLIVAN, WORKER REPRESENTATIVE

Visit Purpose: **AUDIT COMPLIANCE WITH OCCUPATIONAL HEALTH AND SAFETY ACT (OHSA) AND ASSOCIATED REGULATIONS.**

Visit Location: **BY TELEPHONE INTERVIEW**

Visit Summary: **NO ORDERS ISSUED, SEE DETAILED NARRATIVE BELOW.**

Detailed Narrative:

A visit was conducted by telephone interview, in regards to a work refusal reported by the employer.

EMPLOYER POSITION

An inmate was upset because the refusing worker was wearing what they believed were soiled (COVID-19 expossure) gloves to deliver food to the inmate. The inmate said "you don't want to go that route." The worker reported to their supervisor they were making a work refusal based on a threat of workplace violence.

Other workers on shift were informed of the circumstances of the work refusal.

A stage one (internal) investigation was conducted into the work refusal.

The employer offered to lay charges against the inmate. The refusing worker declined to lay charges. The inmate was visited by the Sgt. and refusing worker. The inmate apologized for their words. The employer offered to move the refusing worker to another unit.

The worker was still not satisfied and the Ministry was contacted to conduct an investigation into the work refusal.

REFUSING WORKER/UNION POSITION

The facts presented by the employer were confirmed with the refusing worker and union representative.

The employer should move the inmate to segregation, not move the worker.

Recipient	Inspector Data	Worker Representative
Name _____	**DOUGLAS WELLS** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca	Title _____
	Tel: (416) 571-0595 **Fax: 416-314-5405**	
Signature	Signature	Signature

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.

OHS Case ID: **03923QCLZ291**
Field Visit no: **03923QCLZ292** Visit Date: **2021-JAN-28** Field Visit Type: **INITIAL**
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55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9
Notice ID:

The worker perceived the inmate's actions as a threat of workplace violence.

FINDINGS

A stage one (internal) investigation was conducted into the work refusal.

Other workers were informed of the circumstances of the refusal.

DECISION

The circumstances of the refusal do not meet the criteria of OHSA 43. (3)(b.1) and the matter will be investigated as a complaint.

Recipient	Inspector Data	Worker Representative
Name _____	**DOUGLAS WELLS** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca **Tel: (416) 571-0595** **Fax: 416-314-5405**	Name _____
Title _____		Title _____
Signature	Signature R. Douglas Wells	Signature

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.

Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

The Ministry of Labour uses this form to record the details of a work refusal reported under Section 43 of the *OHSA* by telephone and sends the form with a determination of the ministry's response to the work refusal.

Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/30	14:40	04499PGNT772

Employer/Constructor*
Toronto East Detention Centre

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
	55	Civic	Road

Street Direction	City/Town*	Province*	Postal Code
	Toronto	ON	M1L 2K9

Employer Representative

Last Name*	First Name*	Position/Title*
Medeiros	Paul	Supervisor

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Worker Representative

Last Name*	First Name*	Position/Title*
O'Sullivan	Sean	JHSC Worker Co-Chair

Reason for work refusal*
Inmate who works in laundry has been isolated as a precaution after having cough for past two days. Employer not removing cloths from workplace that inmate handled and cleaning/disinfecting laundry room and other areas of workplace where inmate has been.

Ministry of Labour determination*

☑ The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the *OHSA*. No further Ministry action is required.

Ministry of Labour representative

Last Name*	First Name*	
Briscoe	Steven	
Position	**Office**	
Occupational Health and Safety Inspector	Toronto East	
Email Address*	**Fax Number***	**Date of determination (yyyy/mm/dd)***
steven.briscoe@ontario.ca	416 314-3513	2020/03/30

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Medeiros	Paul	416 750-3513 ext. 240

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ☑ Email		paul.medeiros@ontario.ca	2020/03/30

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Section B (To be completed by Employer representative)

This form must be returned to the Ministry of Labour representative

If returning the form by email:

1. Check the acknowledgement box below and fill in first and last name.
2. Send the email to the Ministry of Labour representative at the email address above.

If returning the form by fax:

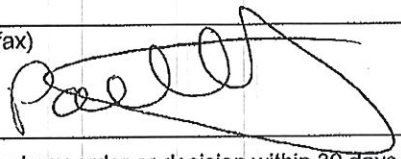
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Acknowledgement*

☑ **I confirm that I received a copy of this form with the *OHSA* Section 43 determination from the Ministry of Labour representative and provided a copy to the refusing worker(s) and the worker representative(s).**

Last Name*	First Name*
Paul	Medeiros

Signature (if returning by fax)



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 ON M5G 2P1. You may also contact the Board by telephone at 416 326-7500 or 1 877 339-3335 (toll free), mail or by website at www.olrb.gov.on.ca for more information.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 03161PGFT858
Field Visit no: 03161PGFT859
Visit Date: 2020-MAR-23
Field Visit Type: INITIAL

Workplace Identification: TORONTO EAST DETENTION CENTRE
55 CIVIC ROAD, SCARBOROUGH, ON, CANADA M1L 2K9

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(416) 750-3513	Active	300	

Persons Contacted: PAUL MEDEIROS - JHSC MANAGEMENT CO-CHAIR, CHRISTINE COOK - JHSC WORKER REPRESENTATIVE, SHELLY MINNS - CORRECTIONAL OFFICER

Visit Purpose: WORK REFUSAL PROCESS NOT BEING FOLLOWED - SEE NARRATIVE

Visit Location: BY TELEPHONE WITH WORKPLACE REPRESENTATIVES

Visit Summary: SEE NARRATIVE

Detailed Narrative:

This complaint originated from a work refusal that was addressed by telephone between this inspector and the workplace representatives.

Through discussions with the workplace representatives regarding a reported work refusal, it was brought to this inspector's attention that the section 43(6) of the Occupational Health and Safety Act was not followed as the worker still believed that their health and safety was at risk and an inspector was not notified thereof.

The employer is reminded that section 43(6) of the Occupational Health and Safety Act states:

Refusal to work following investigation
(6) Where, following the investigation or any steps taken to deal with the circumstances that caused the worker to refuse to work or do particular work, the worker has reasonable grounds to believe that,
(a) the equipment, machine, device or thing that was the cause of the refusal to work or do particular work continues to be likely to endanger himself, herself or another worker;
(b) the physical condition of the workplace or the part thereof in which he or she works continues to be likely to endanger himself or herself;
(b.1) workplace violence continues to be likely to endanger himself or herself; or
(c) any equipment, machine, device or thing he or she is to use or operate or the physical condition of the workplace or the part thereof in which he or she works or is to work is in contravention of this Act or the regulations and such contravention continues to be likely to endanger himself, herself or another worker, the worker may refuse to work or do the particular work and the employer or the worker or a person on behalf of the employer or worker shall cause an inspector to be notified thereof.

Recipient	Inspector Data	Worker Representative
Name: Paul Medeiros	STEVEN BRISCOE OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1-2275 Midland Ave, Scarborough ON M1P 3E7 MOLCOMPLIANCEIHSTORE@ontario.ca Tel: (416) 578-4738 Fax: 416-314-5405	Name: Christine Cook
Title: Co-Chair Employer		Title: JHSC
Signature	Signature: Steven Briscoe	Signature

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

Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

The Ministry of Labour uses this form to record the details of a work refusal reported under Section 43 of the *OHSA* by telephone and sends the form with a determination of the ministry's response to the work refusal.

Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/23	06:50	03475PGFN470

Employer/Constructor*
Toronto East Detention Centre

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
	55	Civic	Road

Street Direction	City/Town*	Province*	Postal Code
	Toronto	ON	M1L 2K9

Employer Representative

Last Name*	First Name*	Position/Title*
Medeiros	Paul	JHSC Mgmt. Co-Chair

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]	S.21 [redacted]	S.21 [redacted]

Worker Representative

Last Name*	First Name*	Position/Title*
Cook	Christine	JSHC Worker Representative

Reason for work refusal*
No proper screening of staff at work locations with respect to potential exposure to Covid-19.

Ministry of Labour determination*

☑ The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the *OHSA*. This will be investigated by the Ministry as a complaint.

Ministry of Labour representative

Last Name*	First Name*	
Briscoe	Steven	
Position	**Office**	
Occupational Health and Safety Inspector	Toronto East	
Email Address*	**Fax Number***	**Date of determination (yyyy/mm/dd)***
steven.briscoe@ontario.ca	416 314-5405	2020/03/23

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Medeiros	Paul	416 750-3513 ext. 240

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ☑ Email		paul.medeiros@ontario.ca	2020/03/23

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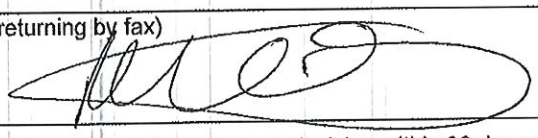
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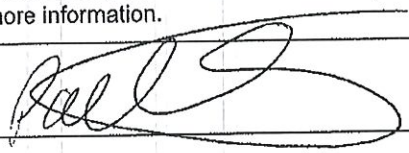
Last Name*	First Name*
Medeiros	Paul

Signature (if returning by fax)



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Ministry Use Only:



Ministry of Labour

Safe At Work Ontario

Operations Division

Occupational Health and Safety

Ontario

Field Visit Report

OHS Case ID: **02854PFQB460**
Field Visit no: **02854PFQB461**
Visit Date: **2020-MAR-12**
Field Visit Type: **INITIAL**

Workplace Identification: **TORONTO SOUTH DETENTION CENTRE**
160 HORNER AVENUE, TORONTO, ON, CANADA M8Z 0C2
Notice ID:

Telephone: **(416) 354-4030**
JHSC Status: **Active**
Work Force #: **200**
Completed %:

Persons Contacted: **CARLOS SANTOS - CO-CHAIR EMPLOYER REPRESENTATIVE, ROBERT MCMILLAN - JHSC WORKER MEMBER, S.21 & JAMES MEYER - SERGEANT**
Visit Purpose: **COMPLAINT INVESTIGATION**
Visit Location: **OFFICE & INMATES INTAKE**
Visit Summary: **NO ORDERS ISSUED. SEE DETAILED NARRATIVE.**

Detailed Narrative:

Note: On March 12, 2020 a complaint was received by Ministry of Labour – Mississauga Office

Summary of Safety Complaint/Allegations:
- This field visit was conducted as a result of a work refusal where the correctional officers refused to work at the inmate intake because they consider the COVID 19 measures and procedures implemented by the employer as inadequate.

Inspector's findings and action taken in regards to the above allegations:

The reasons provided by the refusing worker as to why they are refusing to work do not meet the conditions set out by subsection 43(3) of the OHSA. This will be treated as a complaint.

Findings from this field visit:

Information & Instruction:
- The employer has provided workers with information regarding the COVID 19 virus and has posted information on controlling the outbreak. Discussions have been held regarding the current precautions. The employer is encouraged to continue discussions with workers regarding COVID 19 and to keeping informed by the Public Health Agency of Canada. Note to the Employer: The employer has to ensure that the all measures and procedures related to COVID 19 are adequately implemented.

Joint Health & Safety Committee:
- The employer has been working with the Joint Health & Safety Committee regarding the concerns of COVID 19, and the employer will continue to work with the JHSC regarding policies and procedures.

Sanitization: The employer has been providing hand sanitizer, viral spray and disinfectant wipes for cleaning surfaces, surgical masks and N95 respirators and reminded workers to use them on a frequent basis.

Recipient

Name C. SANTOS

Title CO CHAIR EMPLOYER REP

Signature

Inspector Data

DOMINIC BUTURUGA
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
1290 CENTRAL PARKWAY WEST, SUITE 400
MISSISSAUGA, ON L5C 4R3
Tel: (416) 476-6539
Fax: (905) 615-8853

Signature

Worker Representative

Name ROBERT MCMILLAN

Title WORKER MEMBER- JOHSC

Signature

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.

Do you have a comment or feedback about your inspection? Call the Ministry of Labour Contact Centre 1-877-202-0008

1697230

OHS Case ID: **02854PFQB460**
Field Visit no: **02854PFQB461** Visit Date: **2020-MAR-12** Field Visit Type: **INITIAL**
Workplace Identification: **TORONTO SOUTH DETENTION CENTRE**
160 HORNER AVENUE, TORONTO, ON, CANADA M8Z 0C2 Notice ID:

Personal Protective Equipment: The employer has been providing surgical masks and N95 respirators.
The respiratory illness COVID-19 is a concern in many workplaces. The Public Health Agency of Canada provides the following information:
Human coronaviruses cause infections of the nose, throat and lungs. They are most commonly spread from an infected person through:

- respiratory droplets that are spread when you cough or sneeze
- close personal contact, such as touching or shaking hands
- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands

You can stay healthy and prevent the spread of infections by:

- washing your hands often with soap and water for at least 20 seconds;
- avoiding touching your eyes, nose or mouth with unwashed hands;
- avoiding close contact with people who are sick;
- coughing or sneezing into your sleeve and not your hands; and
- staying home if you are sick to avoid spreading illness to others.

Please see the website for the Public Health Agency of Canada for more information:
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html

A copy of this report shall be posted in the workplace and provided to the Joint Health and Safety Committee.

Recipient

Name C. SANTOS

Title COCHAIR EMPLOYER REP

Signature

Inspector Data

DOMINIC BUTURUGA
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
1290 CENTRAL PARKWAY WEST, SUITE 400
MISSISSAUGA, ON L5C 4R3
Tel: (416) 476-6539
Fax: (905) 615-8853

Signature

Worker Representative

Name ROBERT MCMILLAN

Title WORKER MEMBER - JOHSC

Signature

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1697230

Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 03908PHSR876
Field Visit no: 03908PHSR877 Visit Date: 2020-APR-23 Field Visit Type: INITIAL

Workplace Identification: TORONTO SOUTH DETENTION CENTRE
160 HORNER AVENUE, TORONTO, ON, CANADA M8Z 0C2
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(416) 354-4030	Active	1000	

Persons Contacted: EMPLOYER REPRESENTATIVE: CARLOS SANTOS
WORKER REPRESENTATIVES: MATHEW JAO; SHELDON SMALL; SEAN MACCORMACK

Visit Purpose: MONITOR COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT

Visit Location: VIA-TELECONFERENCE

Visit Summary: NO ORDERS ISSUED

Detailed Narrative:

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complaint includes the following regarding workplace COVID-19 measures/procedures:

- the employer is not providing the appropriate PPE (N95 masks) to staff working within the droplet precaution units
- the employer has only provided surgical masks to staff; some have expired according to manufacturer information
- 62 inmates with confirmed cases of COVID-19 have been transferred to the facility
- the affected units include: B3A; B3B; B3C; B3D; Segregation; Medical Aid; Infirmary; TIC.

The field visit took place via conference call with the participation of MLTSD Industrial Hygienist David Winter and the following people were spoken to:

Employer Representative: Carlos Santos
Worker Representatives: Mathew Jao; Sheldon Small; Sean MacCormack

Inspectors' Findings:

The worker representatives stated that:

- correctional officers are working in close proximity to inmates who have confirmed cases of COVID-19; exposure risks are increased when correctional officers are required to exercise 'use of force' techniques
- correctional officers may be exposed to aerosols when performing CPR on inmates
- correctional officers indicated that the CPR procedure involves manual ventilation using a CPR barrier mask, with a one-way filter valve to provide breaths in between compression intervals.
- correctional officers indicated that advanced airway management techniques such as bagging or intubation are not performed by the officers as part of the CPR procedure.

Recipient	Inspector Data	Worker Representative
Name: Employer Rep.	TOM HOWARTH OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEIHSTORW@ontario.ca Tel: (647) 229-8643 Fax: 647-777-5013	Name: Robert Middleton
Title: C-Santos		Title: Faithful witness
Signature:	Signature:	Signature:

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

OHS Case ID: 03908PHSR876
Field Visit no: 03908PHSR877 Visit Date: 2020-APR-23 Field Visit Type: INITIAL
Workplace Identification: TORONTO SOUTH DETENTION CENTRE Notice ID:
160 HORNER AVENUE, TORONTO, ON, CANADA M8Z 0C2

- correctional officers are working in occupational care units in which droplet precautions are in effect
- some N95 respirators are past their expiry dates.

The MLTSD inspector consulted with a MLTSD Industrial Hygienist and a MLTSD Infection Control Consultant regarding the following concern:

The worker representatives stated that N95 respirators should be provided to correctional officers working within droplet precaution units; the inspector was advised by the MLTSD Infection Control Consultant that officers should be provided with gloves, gowns, surgical masks and face shields when working in these areas and N95 respirators would only be required in situations in which Aerosol-Generating Medical Procedures (AGMPs) are being conducted and the officer is exposed to the aerosol.

The employer stated that:
- the employer recommends that correctional officers wear their surgical masks throughout their work shifts
- procedures have been developed to control correctional officer proximity to inmates
- use of personal protective equipment protocols for correctional officers has been approved by workplace healthcare staff
- nursing protocols specify when N95 respirators are to be used by healthcare staff during aerosol-generating medical procedures.
- expired N95 respirators are not being used by staff
- provisions are in place regarding the use of PPE by both inmates and correctional officers in certain situations.

The workplace parties agreed that:
- correctional officers have been provided with personal protective equipment (goggles, face shields, surgical masks, gowns) for various work situations
- information and instruction has been provided to workers regarding the use of surgical masks.

Based on the information provided, PPE for droplet precautions is provided when correctional officers are required to implement use of force techniques and in the event that officers may be required to perform CPR on inmates.

Other Items Discussed

Recipient	Inspector Data	Worker Representative
Name C. SANTOS	TOM HOWARTH OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEIHSTORW@ontario.ca Tel: (647) 229-8643 Fax: 647-777-5013	Name Robert McMillan
Title EMPLOYER REP		Title Employee advocate
Signature	Signature	Signature

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OHS Case ID: 03908PHSR876
Field Visit no: 03908PHSR877 Visit Date: 2020-APR-23 Field Visit Type: INITIAL
Workplace Identification: TORONTO SOUTH DETENTION CENTRE Notice ID:
160 HORNER AVENUE, TORONTO, ON, CANADA M8Z 0C2

Information & Instruction to Workers
The workplace parties agreed that information is provided to workers through electronic mail, memos, and directives; signage regarding hazards and precautions is provided.

Joint Health and Safety Committee Involvement
The workplace parties agreed that there is participation by committee members on a workplace Infection Prevention Control Committee.

Social/Physical Distancing Measures in Place:
A worker representative stated that:
- shift musters have been altered to allow for increased physical distancing
- the number of persons in elevators at the same time is restricted
- the entrance to the facility has been changed
- signage is provided at the lunchroom concerning physical distancing
- workers have requested the reinstatement of satellite break rooms.

The employer indicated that if physical distancing cannot be maintained between correctional officers and inmates both are required to wear surgical masks.

Screening Measures:
The workplace parties agreed that:
- temperatures of staff are taken (with laser thermometers) upon arrival at the workplace
- staff are queried regarding symptoms/travel/exposure to symptomatic persons upon arrival at the workplace and sign an affirmation that they are experiencing no symptoms and have been involved in no activities with symptomatic persons
- workers and essential visitors are screened
- no other visitors are currently allowed into the facility
- those providing screening/being screened are separated by a desk; those providing screening wear surgical masks and gloves.

The employer stated that there is a procedure for self isolation and return to work of workers as necessary.

Cleaning and Disinfecting:
The workplace representatives agreed that:
- all correctional officers are provided with personal hand sanitizers

Recipient	Inspector Data	Worker Representative
Name C. SANTOS	TOM HOWARTH OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEINSTORW@ontario.ca Tel: (647) 229-8643 Fax: 647-777-5013	Name Kelsey McGillivray
Title Employer Rep.		Title Complex Manager
Signature	Signature	Signature

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- units are equipped with sanitizing wipes.

The employer stated that:
- 2 outside contractors are providing additional daily cleaning services
- surface cleaning and disinfecting of high-touch surfaces is being performed daily with general cleaning agents.
- there is deep cleaning of the workplace after a suspect, isolation or positive COVID case occurs.

Hand Hygiene
The workplace parties agreed that facilities are available for workers to wash their hands with soap & water and that correctional officers are provided with personal hand sanitizers.

Personal Protective Equipment:
The workplace parties agreed that surgical masks, gowns, gloves, face shields, goggles are provided by the employer; workers have been provided with information and instruction concerning the use of PPE. The employer stated that healthcare staff wear N95 respiratory protection for specified activities, staff and floor sergeants provide personal protective equipment to staff as necessary; the stock of surgical masks is estimated to be sufficient for 3- 6 months.

The worker representatives raised additional concerns related to the event; the MLTSD inspector consulted with a MLTSD Industrial Hygienist and a MLTSD Infection Control Consultant regarding the following concerns:

The worker representatives stated that N95 respirators should be provided to correctional officers who are administering CPR; the inspector was advised by the MLTSD Infection Control Consultant and the MLTSD Industrial Hygienist that N95 respirators are not required during this work unless AGMPs such as advanced airway management (i.e. bagging and intubation) are employed. The workplace parties indicated that healthcare staff at the facility take over to perform AGMPs and have N95 respirators in addition to other PPE to perform these tasks. The MLTSD Infection Control Consultant advised that CPR activities and airway management should be discussed internally with the organization's medical personnel to determine the best approach to minimize contact and risk to the Correctional Officers.

The workplace parties indicated that the CPR procedure performed by the officers involves performing 30 compressions and 2 manual breaths using a CPR barrier mask. The inspector was advised by the MLTSD Infection Control Consultant and the MLTSD Industrial Hygienist that this procedure is not considered to be an AGMP and as such N95 respirators would not be required PPE at this time.

Recipient	Inspector Data	Worker Representative
Name C. SANTOS	TOM HOWARTH OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600 5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEIHSTORW@ontario.ca Tel: (647) 229-8643 Fax: 647-777-5013	Name [illegible]
Title EMPLOYER REP.		Title [illegible]
Signature	Signature	Signature

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.

OHS Case ID: 03908PHSR876
Field Visit no: 03908PHSR877 Visit Date: 2020-APR-23 Field Visit Type: INITIAL
Workplace Identification: TORONTO SOUTH DETENTION CENTRE
160 HORNER AVENUE, TORONTO, ON, CANADA M8Z 0C2 Notice ID:

The worker representatives stated that N95 respirators should be provided to correctional officers for use during 'use of force' situations; the inspector was advised by the MLTSD Infection Control Consultant that N95 respirators are not required in these situations. The workplace parties agreed that all correctional officers are provided with surgical masks and are required by the employer to wear them. Additional PPE is also available, including face shields, gloves and gowns.

Investigation is on-going.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Public Health Agency of Canada
https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name C. SANTOS	TOM HOWARTH OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEHISTORW@ontario.ca Tel: (647) 229-8643 Fax: 647-777-5013	Name [illegible]
Title EMPLOYER REP.		Title [illegible]
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: **03908PJVD905**
Field Visit no: **03908PJVD906** Visit Date: **2020-MAY-15** Field Visit Type: **INITIAL**

Workplace Identification: **TORONTO SOUTH DETENTION CENTRE**
160 HORNER AVENUE, TORONTO, ON, CANADA M8Z 0C2 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(416) 354-4030	**Active**	**1000**	

Persons Contacted: **SEE NARRATIVE**
Visit Purpose: **MONITOR COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT**
Visit Location: **VIA-TELEPHONE**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:

Employer Representatives: Carlos Santos; Linda Ogilvie; Donata Calitri-Bellus; John Marchant
Joint Health and Safety Committee Worker Member: Mathew Jao
Workers representing 12 refusing workers: Steven Garcia; Gurpreet Hundal

COPY

On May 15, 2020, the Ministry of Labour, Training, and Skills Development (MLTSD) was notified of a work refusal at this workplace. Workers were refusing to perform their assigned duties because they believed that they would potentially be exposed to COVID-19.

Investigative Steps taken by the Inspector:

- The inspector contacted the workplace parties and discussed the circumstances surrounding the work refusal and the process followed to investigate it.

- The inspector interviewed representatives of the refusing workers to determine the specific grounds for the work refusal. The workers stated that they are refusing to unlock inmates from units due to concerns that some inmates are still testing positive for COVID-19 and Correctional Officers are not adequately protected from COVID-19.

- The employer provided to the inspector information concerning the medical evaluation of the inmates and the process for returning them to normal unit activities.

In consideration of the foregoing the inspector has determined that the procedures described in Section 43(4) of the OHSA have not been completed. The Ministry will await confirmation that an investigation has been completed and is unresolved.

Recipient	Inspector Data	Worker Representative
Name Signed FV	**TOM HOWARTH** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEIHSTORW@ontario.ca **Tel: (647) 229-8643** **Fax: 647-777-5013**	Name Signed FV
Title Report not returned.		Title Report not returned.
Signature TH.	Signature	Signature TH.

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Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **03908PJVD905**
Field Visit no: **03908PJXR909** Visit Date: **2020-MAY-17** Field Visit Type: **CONTINUATION**

Workplace Identification: **TORONTO SOUTH DETENTION CENTRE**
160 HORNER AVENUE, TORONTO, ON, CANADA M8Z 0C2 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(416) 354-4030	**Active**	**1000**	

Persons Contacted: **SEE NARRATIVE**
Visit Purpose: **MONITOR COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT**
Visit Location: **VIA-TELEPHONE CONFERENCE CALL**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:

Employer Representatives: Carlos Santos; John Marchant; Dan Copeland; Jonathan Howes; Stefania Tselios
Joint Health and Safety Committee Worker Members/Worker Representatives: Mathew Jao; Rob McMillan; Mark Watters

COPY

On May 15, 2020, the Ministry of Labour, Training, and Skills Development (MLTSD) was notified of a work refusal at this workplace. Workers were refusing to perform their assigned duties because they believed that they would potentially be exposed to COVID-19. Today's field visit is a continuation of the field visit initiated on May 15, 2020.

Investigative Steps taken by the Inspector:

The inspector contacted the workplace parties and was provided with:

- information from the worker representatives regarding concerns associated with inmate testing methods and the removal of droplet precautions for inmates

- information from the employer regarding the completion of the work refusal requirements specified under in Section 43(4) of the Occupational Health and Safety Act.

The employer reviewed with the inspector the information provided to worker representatives regarding the methodology for the release of inmates back into normal unit activities and the institution policies and procedures pertaining to infection control. The employer provided the following documents (via electronic mail) to the inspector:

- Summary of Policy Regarding Work Refusal (8 pages)
- Communicable Diseases (6 pages)

Recipient	Inspector Data	Worker Representative
Name: Signed FV	**TOM HOWARTH**	Name: Signed FV
Title: report not returned.	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEIHSTORW@ontario.ca **Tel: (647) 229-8643** **Fax: 647-777-5013**	Title: report not returned.
Signature: TH	Signature:	Signature: TH

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OHS Case ID: **03908PJVD905**
Field Visit no: **03908PJXR909** Visit Date: **2020-MAY-17** Field Visit Type: **CONTINUATION**
Workplace Identification: **TORONTO SOUTH DETENTION CENTRE** Notice ID:
160 HORNER AVENUE, TORONTO, ON, CANADA M8Z 0C2

- Infection Prevention, Management and Control (9 pages)
- Additional (Transmission Based) Precautions (11 pages)
- COVID-19 Decision Tree – Medical Isolation – May 15, 2020 (1 page)
- COVID-19 Guidance Documents for Provincial Correctional Institutions (39 pages)
- Infection Prevention and Control Committees (3 pages)
- Infection Prevention Management and Control Program – July 2011 (3 pages)
- Quick Reference PH Guidance on Testing and Clearing Cases 2020-05-02 (4 pages)
- 03 02 01 TSDC Admitting Procedures (18 pages)
- 08 03 01 Health Care Beds – Medical Units (18 pages)
- 13 04 01 Consent to Treatment (2 pages)
- 08 02 01 Health Care Beds – Infirmary (8 pages)
- 13 02 01 Admission, Readmission, Transfer and Release of Inmate (11 pages).

The employer has stated that:
- inmates were admitted to the Toronto South Detention Centre from the Ontario Correctional Institute (OCI) in Brampton between the 16th and 20th of April
- an outbreak had been declared at OCI following the confirmation of multiple COVID-19 infections amongst staff and inmates
- all inmates at OCI were transferred to TSDC.

COPY

The employer indicated that the decision to remove a group of inmates from droplet precautions was made by the TSDC Health Department after consultation with their corporate health care team and public health. The employer provided documentation to the inspector that stated:
"Corporate Health Care met with Public Health Ontario (PHO) experts, including an epidemiologist, Peel Public Health, Halton Public Health and in a subsequent meeting, Toronto Public Health as decisions were being made regarding removing precautions for people affected in the outbreak at OCI. There was unanimous direction to proceed in accordance with guidelines from PHO. As such, CHC has collaborated with the health care team and Toronto Public Health and the OCI inmates have been carefully evaluated for removal from isolation based on their individual testing history and clinical symptoms and alignment with the PHO Guidance."

The inspector has determined that the circumstances reported by the refusing workers do not meet the conditions of Section 43(3) of the Occupational Health and Safety Act. No further Ministry action is required.

Recipient	Inspector Data	Worker Representative
Name Signed FV	**TOM HOWARTH** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1600-5001 Yonge St, North York ON M7A 0A3 MOLCOMPLIANCEIHSTORW@ontario.ca **Tel: (647) 229-8643** **Fax: 647-777-5013**	Name Signed FV
Title Agent not attended. TH		Title Rep not attended TH
Signature	Signature	Signature

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Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-06	11:40 AM	2020-Apr-06	Field Visit	LYNCH, CHRIS (2020)	**04643PGWP020**

OHS Case ID	Lead Inspector	Case Status
02020PGWR061	LYNCH, CHRIS (2020)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-06	11:55 AM	Telephone	SIPPEL, LISA (4643)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hof Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	2	2	No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	MacKay, Jason	(905) 457-7050	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Worker - Refusing Work	S.21 [redacted]		No
Employer Representative	MacKay, Jason	(905) 457-7050	No
Other	Pastore, Carmine	(905) 457-7050 Ext: 112	No

Reported Employer / Constructor

Ontario Correctional Institute

Event Location

109 McLaughlin Rd S, Brampton, ON L6Y 2C8

Event Information

Worker is refusing to transfer inmates from building to building without a face mask. During stage 1, the employer provided that inmates are screened for covid 12 hours prior to transfer and are not showing symptoms. Worker still refusing.

Event Details and Conclusion

Case ID 02020PGWR061
2020-Dec-15 12:09 PM LYNCH, CHRIS (2020)
closed

Event entered into ICE on: 06-Apr-2020 11:57 AM
Event entered into ICE by: SIPPEL, LISA (4643)

Report printed on: 10-Feb-2021 2:45 PM
Report printed by: Paul, Henrietta (4525)

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **02020PGWR061**
Field Visit no: **02020PGWR062** Visit Date: **2020-APR-06** Field Visit Type: **INITIAL**

Workplace Identification: **ONTARIO CORRECTIONAL INSTITUTE**
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 457-7050	**Active**	**100**	

Persons Contacted: **JASON MACKAY, MANAGEMENT MEMBER ON SAFETY COMMITTEE; CARMEN PASTORE, WORKER MEMEBER ON SAFETY COMMITTEE; ADAM CYGLER, UNION LOCAL PRESIDENT / CERTIFIED WORKER MEMBER; S.21 REFUSING WORKER**

Visit Purpose: **INVESTIGATE WORK REFUSAL**

Visit Location: **THIS INSPECTOR TELEPHONED THE WORKPLACE TO INVESTIGATE A WORK REFUSAL**

Visit Summary: **SEE DETAILED NARRATIVE BELOW.**

Detailed Narrative:

This field visit took place over the phone and the following people were spoken to:
- JASON MACKAY, MANAGEMENT MEMBER ON SAFETY COMMITTEE;
- CARMEN PASTORE, WORKER MEMEBER ON SAFETY COMMITTEE;
- ADAM CYGLER, UNION LOCAL PRESIDENT / CERTIFIED WORKER MEMBER;
S.21

The reason for the telephone call and this report is to respond to the following work refusal reported to the Ministry of Labour:
- Worker is refusing to transfer inmates from building to building without a face mask. During stage 1, the employer provided that inmates are screened for covid 12 hours prior to transfer and are not showing symptoms. Worker still refusing.

DECISION OF THIS INSPECTOR:

This work refusal does not meet the requirements of Section 43.3 of the Occupational Health and Safety Act because there are no know case of Covid-19 in the workplace.

ITEMS DISCUSSED:

Two Workers (Correctional Officers) are refusing to pick up four inmates from a Correctional Institute in Penetanguishene and transfer them in a inmate transfer van to the Ontario Correctional Institute.

The two refusing Workers have requested face masks to wear when transferring the four inmates.

The cargo van to be used to transfer the inmates has a plexi-glass barrier between the Workers and the

Recipient	Inspector Data	Worker Representative
Name _____	**CHRIS LYNCH** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 400-1290 Central Pky W Mississauga ON L5C 4R3 MOLComplianceFormsMississauga@ontario.ca **Tel: (416) 986-0412** **Fax: (905) 615-8853**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

OHS Case ID: **02020PGWR061**
Field Visit no: **02020PGWR062** Visit Date: **2020-APR-06** Field Visit Type: **INITIAL**
Workplace Identification: **ONTARIO CORRECTIONAL INSTITUTE** Notice ID:
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8

inmates. The barrier is approximately 1 metre behind the front seats where the Workers would be sitting. There are some holes in the barrier. There is only one type of vehicle used to transfer inmates.

Transferring inmates includes hand cuffing the inmates.

The inmates are screened twice within the past 12 hours for signs and symptoms of Covid-19.

There are no known cases of Covid-19 at the Correction Institute in Penetanguishene nor are there any known case at OCI.

The Employer gives out face masks to the workers when there is a case of Covid-19 in the workplace.

Workers doing screening of inmates at this workplace are provided with face masks. Workers accompanying inmates to community visits are given the option to wear face masks. The community visits are primarely to health care facilities.

Correctional Officers always wear gloves at all times. Hand sanitizer is provided to the workers.

The Employer has restricted / reduced the number of inmate transfers as a precaution for Covid-19.

The Employer has cancelled public visitations to this Institute.

There are meetings held twice a week with the Workers and Inmates during which signs, symptoms and precautions for Covid-19 are discussed. These meetings are during the day and not all workers are at work when these meetings have taken place. The Employer sent e-mails to the Workers with information on Covid-19.

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
	CHRIS LYNCH	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Name _____
	PROVINCIAL OFFENCES OFFICER	
	400-1290 Central Pky W Mississauga ON L5C 4R3	
Title _____	MOLComplianceFormsMississauga@ontario.ca	Title _____
	Tel: (416) 986-0412	
	Fax: (905) 615-8853	
Signature	Signature	Signature

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Ministry of Labour,
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Ontario

Operations Division
Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-14	6:00 PM	2020-Apr-14	Field Visit	LYNCH, CHRIS (2020)	**04069PHKL500**

OHS Case ID	Lead Inspector	Case Status
04112PHHC861	LYNCH, CHRIS (2020)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-14	07:25 PM	Telephone	Bhowmik, Payel (4069)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Suttaby, Dabe	(905) 457-7050	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Suttaby, Dabe	(905) 457-7050	No

Reported Employer / Constructor

Ministry of Corrections, Ontario Correctional Institute

Event Location

109 McLaughlin Road South, Brampton, ON L6Y, Canada

Event Information

SAC
Work refusal involving anywhere from 2-20 individuals, correctional officers. They are refusing to go to a unit without masks supplied by the employer where there are sick inmates. This is a stage 2 work refusal. Inmates have seen a nurse, and inmates don't seem to have covid19, but the correctional officers have covid19 related concerns.
There is management present 24/7.

19:44 SACmp to Oncall Manager, Doug Easson: Briefed. SACmp to page Insp.
19:48 SACmp to onsall insp, Aaron Coulen: Briefed, SACmp to send email. Aaron to notify SAC if FOTS needed.

Please note that SACs regular reporting system is currently unavailable.

The above information is for your reference. A copy of the actual report will be sent out once the system has been restored.

Event Details and Conclusion

Case ID 04112PHHC861
2020-Dec-15 12:12 PM LYNCH, CHRIS (2020)
closed

Event entered into ICE on: 16-Apr-2020 8:39 AM
Event entered into ICE by: Bhowmik, Payel (4069)

Report printed on: 10-Feb-2021 2:53 PM
Report printed by: Paul, Henrietta (4525)

Ministry of Labour, Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04112PHHC861**
Field Visit no: **04112PHHC862** Visit Date: **2020-APR-14** Field Visit Type: **INITIAL**
Workplace Identification: **ONTARIO CORRECTIONAL INSTITUTE** Notice ID:
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 457-7050	**Active**	**5**	

Persons Contacted: **SHIFT MANAGER - DAVE SUTTABY, JHSC WORKER REP - DILLON NEWMANN, JHSC MGMT REP - BENEDITA ANOMNEZE AND WORKERS -** S.21 [redacted]
Visit Purpose: **INVESTIGATE WORK REFUSAL**
Visit Location: **THIS INSPECTOR TELEPHONED THE WORKPLACE TO INVESTIGATE A WORK REFUSAL**
Visit Summary: **SEE DETAILED NARRATIVE. NO ORDERS ISSUED**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:
Shift Manager - Dave Suttaby
JHSC Worker Rep - Dillon Newmann
JHSC Mgmt Rep - Benedita Anomneze
S.21 [redacted]

The reason for this visit is to respond to a report of a work refusal made to the Ministry of Labour, Training, and Skills Development. The employer has indicated the following:
The work refusal is involving anywhere from 2-20 correctional officers.
They are refusing to go to a unit without masks supplied by the employer where there are sick inmates. The inmates have seen a nurse, and inmates don't seem to have covid19, but the correctional officers have covid19 related concerns.

Inspector Findings:

The workers are not refusing at this time therefore no MOLTSD work refusal investigation is taking place. The complaint raised by the workers will be addressed. Workers are concerned with the lack of PPE (specifically, masks) being provided for workers who are required to do rounds through a dorm in Unit 4 where 6 inmates who are ill are located. The employer reports that all 6 inmates have been seen by a nurse at the facility and it has been determined by the nurse that the illness is not COVID-19 related. Based on the assessment from the nurse, the employer has determined that the PPE requested is not necessary and is not being provided. The employer has indicated that when doing rounds through the dorm the workers are at the inmates feet which is approximately 2m away from the inmates head.

There are currently no cases of COVID-19 in the workplace.
Two corrections workers were diagnosed with COVID-19. This was reported to the employer on April 10. The workers last shift was on March 29. Upon being notified the employer arranged for a cleaning service to come

Recipient	Inspector Data	Worker Representative
	AARON COULEN	DECLINED TO SIGN.
Name SUTTABY	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Name
	PROVINCIAL OFFENCES OFFICER	
Title SHIFT MANAGER	400-1290 Central Pky W Mississauga ON L5C 4R3	Title
	MOLComplianceFormsMississauga@ontario.ca	
	Tel: (905) 301-3303	
	Fax: (905) 615-8853	
Signature	Signature A. Coulen	Signature

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1125960

OHS Case ID: **04112PHHC861**
Field Visit no: **04112PHHC862** Visit Date: **2020-APR-14** Field Visit Type: **INITIAL**
Workplace Identification: **ONTARIO CORRECTIONAL INSTITUTE** Notice ID:
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8

In and disinfect areas where the workers had worked or accessed. Public health was notified and the workers are currently self isolating.

The workplace parties indicated they have measures and procedures in place addressing the following:

Information & Instruction to Workers:

COVID-19 related information has been provided via email, meetings and postings covering topics such as hand hygiene and social distancing

Social/Physical Distancing Measures in Place:

Workers have been provided with information and instruction on physical distancing

Screening Measures:

Active screening measures are in place for staff at the facility
All visitations have been cancelled

Cleaning and Disinfecting:

In house cleaners are disinfecting high touch areas daily

Personal Protective Equipment:

Workers wear gloves at all times, handwash facilities and hand sanitizer are available

No further action is required at this time regarding this complaint.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Recipient	Inspector Data	Worker Representative
	AARON COULEN	DECLINED TO SIGN.
Name SUTTABY	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name
	400-1290 Central Pky W Mississauga ON L5C 4R3	
Title SHIFT MANAGER	MOLComplianceFormsMississauga@ontario.ca	Title
	Tel: (905) 301-3303	
	Fax: (905) 615-8853	
Signature	Signature A. Coulen	Signature

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

OHS Case ID: **04112PHHC861**
Field Visit no: **04112PHHC862** Visit Date: **2020-APR-14** Field Visit Type: **INITIAL**
Workplace Identification: **ONTARIO CORRECTIONAL INSTITUTE** Notice ID:
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name SUTTABY	**AARON COULEN** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 400-1290 Central Pky W Mississauga ON L5C 4R3 MOLComplianceFormsMississauga@ontario.ca **Tel: (905) 301-3303** **Fax: (905) 615-8853**	DECLINED TO SIGN Name
Title SHIFT MANAGER		Title
Signature	Signature A. Coulen	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-15	4:10 AM	2020-Apr-15	Field Visit	LYNCH, CHRIS (2020)	**04069PHKM501**

OHS Case ID	Lead Inspector	Case Status
04112PHJH863	LYNCH, CHRIS (2020)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-15	04:20 AM	Telephone	Bhowmik, Payel (4069)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Stutaby, Dave	(905) 475-7050 Ext: 118	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Stutaby, Dave	(905) 475-7050 Ext: 118	No

Reported Employer / Constructor

Corrections

Event Location

109 McLaughlin Road South, Brampton, ON L6Y, Canada

Event Information

SAC
Refusing work due to there being sick inmates in one dorm and worker wants more information. Staff refused earlier tonight - wanted masks which were provided now worker wants more information from healthcare and ministry due to inmates having symptoms. Symptoms do not appear to be covid-19 related.

Event Details and Conclusion

Case ID 04112PHJH863
2020-Dec-15 12:12 PM LYNCH, CHRIS (2020)
closed

Event entered into ICE on: 16-Apr-2020 9:14 AM
Event entered into ICE by: Bhowmik, Payel (4069)

Report printed on: 10-Feb-2021 2:55 PM
Report printed by: Paul, Henrietta (4525)

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
April 15, 2020 at 7:40:49 AM EDT		61	2	Received

Apr. 15. 2020 7:39AM No. 0853 P. 1

Ministry of Labour, Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 04112PHJH863
Field Visit no: 04112PHJH864 Visit Date: 2020-APR-15 Field Visit Type: INITIAL
Workplace Identification: ONTARIO CORRECTIONAL INSTITUTE Notice ID:
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 457-7050	Active	3	

Persons Contacted: SHIFT MANAGER - ED CUNCINS, JHSC WORKER REP - MICHAEL PARSONS AND WORKER S.21
Visit Purpose: INVESTIGATE WORK REFUSAL
Visit Location: THIS INSPECTOR TELEPHONED THE WORKPLACE TO INVESTIGATE A WORK REFUSAL
Visit Summary: SEE DETAILED NARRATIVE. NO ORDERS ISSUED

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:
Shift Manager - Ed Cuncins
JHSC Worker Rep - Michael Parsons
S.21

The reason for this visit is to respond to a report of a work refusal made to the Ministry of Labour, Training, and Skills Development. The employer and worker have indicated the following:
The worker is refusing to go to a unit where there are 6 sick inmates. The employer reports that all 6 inmates have been seen by a nurse at the facility and it has been determined by the nurse that the illness is not COVID-19 related.

Inspector Findings:

The refusing worker has requested information from the employer related to the screening method used for both staff and inmates in relation to COVID-19
Staff who have access to and / or knowledge of the existence of the information requested have not started their shift yet and as such the investigation in relation to the work refusal has not been completed.

The workplace parties have not completed their internal investigation.

No further action required at this time.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario

Recipient	Inspector Data	Worker Representative
Name Ed Cuncins	AARON COULEN OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name Mike Parsons
Title Shift Supervisor	400-1290 Central Pky W Mississauga ON L5C 4R3 MOLComplianceFormsMississauga@ontario.ca	Title Correctional officer
Signature	Tel: (905) 301-3303 Fax: (905) 615-8883 Signature A. Coulen	Signature

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1125960

Ministry of Labour, Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 04112PHJH863
Field Visit no: 04112PHJH864 Visit Date: 2020-APR-15 Field Visit Type: INITIAL
Workplace Identification: ONTARIO CORRECTIONAL INSTITUTE Notice ID:
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8

https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name ED CUNCINO	AARON COULEN OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name MIKE PARSONS
Title SHIFT SUPERVISOR	400-1290 Central Pky W Mississauga ON L5C 4R3 MOLComplianceFormsMississauga@ontario.ca	Title Correctional officer
Signature	Tel: (905) 301-3303 Fax: (905) 615-8843 Signature A. Coulen	Signature

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1125960

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-10	6:17 PM	2020-Jun-03	Field Visit	LYNCH, CHRIS (2020)	**03677PJKM039**

OHS Case ID	Lead Inspector	Case Status
02020PJKN119	LYNCH, CHRIS (2020)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-May-06	12:00 PM	Email	VARMANI, RACHNA (3677)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Occupational Illness & Disease	13		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Hooper, Felecia	(905) 457-7050 Ext: 250	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Hooper, Felecia	(905) 457-7050 Ext: 250	No

Reported Employer / Constructor

Ontario Correctional Institute

Event Location

109 McLaughlin Road South, Brampton L6Y2C8

Event Information

COVID 19 - Outbreak

Event Details and Conclusion

Case ID 02020PJKN119
2020-Dec-15 12:11 PM LYNCH, CHRIS (2020)
closed

Event entered into ICE on: 06-May-2020 9:56 AM
Event entered into ICE by: VARMANI, RACHNA (3677)

Report printed on: 10-Feb-2021 2:47 PM
Report printed by: Paul, Henrietta (4525)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 02020PJKN119
Field Visit no: 02020PLDP180 Visit Date: 2020-JUN-03 Field Visit Type: INITIAL

Workplace Identification: ONTARIO CORRECTIONAL INSTITUTE
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 457-7050	Active	150	

Persons Contacted: MARK PARISOTTO, REGIONAL DIRECTOR; MARIANNE MULLER, DEPUTY DIRECTOR; FELECIA HOOPER, SUPERINTENDENT; JOHN HASTED, DEPUTY SUPERINTENDENT; ADAM CYGLER, UNION LOCAL PRESIDENT / CERTIFIED JHSC WORKER MEMBER; ELAINE BARNES, VOLUNTEER SERVICE ORGANIZER

Visit Purpose: INVESTIGATE COMPLAINT RELATED TO COVID-19

Visit Location: THIS INSPECTOR TELEPHONED THE PERSONS CONTACTED TO INVESTIGATE A COMPLAINT

Visit Summary: SEE DETAILED NARRATIVE BELOW.

Detailed Narrative:

This field visit took place over the phone and the following people were contacted:
- Mark Parisotto, Regional Director,
- Marianne Muller, Deputy Director,
- Felecia Hooper, Superintendent,
- John Hasted, Deputy Superintendent;
- Adam Cygler, Union Local President / Certified JHSC Worker Member,
- Elaine Barnes, Volunteer Service Organizer.

The reason for the telephone call and this report is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complaint alleges the following:.
- The Employer is not providing information to workers regarding a hazard of Covid-19 in the workplace under the Occupational Health and Safety Act section 25(2)(a) for the Employer to provide information, instruction and supervision to the workers.

Inspector's Findings:

The Employer has provided the following information on the timeline of events:

- On April 15, 2020 the first group of inmates exhibiting cold like symptoms were removed from their unit and placed into isolation. As a result, the attached memo (first attachment) was issued to all staff advising of the concerns and precautionary measures put in place to ensure staff safety. Staff on the unit as well as staff assigned to the isolation unit were issued PPE (masks, gowns, eyewear, gloves). The memo also advised that COVID testing of inmates would be taking place.
- On April 16, 2020 COVID testing commenced for inmates.
- On April 16, 2020 additional inmates from various units exhibited cold like symptoms. PPE was continued to be issued and made available for staff use. A result of the numbers of inmates requiring isolation, the

Recipient	Inspector Data	Worker Representative
Name: FELECIA HOOPER	CHRIS LYNCH	Name: ADAM CYGLER
Title: SUPERINTENDENT, ONTARIO CORRECTIONAL INSTITUTE	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 400-1290 Central Pky W, Mississauga ON L5C 4R3 MOLCompliancеFormsMississauga@ontario.ca Tel: (416) 986-0412 Fax: (905) 615-8853	Title: LOCAL PRESIDENT & CERTIFIED REP
Signature:	Signature:	Signature:

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.

OHS Case ID: 02020PJKN119
Field Visit no: 02020PLDP180 Visit Date: 2020-JUN-03 Field Visit Type: INITIAL
Workplace Identification: ONTARIO CORRECTIONAL INSTITUTE
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8
Notice ID:

employer made arrangements to transfer some inmates to the TSDC.
- On April 16, 2020 the attached notice (second attachment) from the Peel Public Health was issued to all staff by Ms. Hooper. This notice advised staff that "multiple individuals diagnosed with COVID-19 have been at Ontario Correctional Institute".
- On April 17, 2020 additional inmates from various units exhibited cold like symptoms. PPE was continued to be issued and made available for staff use. Further arrangements were made to transfer additional inmates to the TSDC. By this date, all units at OCI were placed on droplet precautions and staff on all inmate living units were issued PPE.
- On April 17, 2020 the attached RD memo (third attachment) was issued to all staff at OCI updating them on information and advising that an outbreak had been declared at OCI by the Peel Public Health Unit.
- On April 18, 2020 the employer reviewed a facsimile from the Peel Public Health Unit (received not long before midnight on April 17th), of the first positive test result of an inmate for COVID-19. Notifications and/or consultations were initiated with various stakeholders including OCI Senior Administration, the Central Region Office, the ministry Corporate Office including the Corporate Health Care Unit and the Peel Public Health Unit regarding the management of these inmates as well as the further dissemination of this information including any concerns relating to the Personal Health Information Protection Act.
- On April 18 & 19, 2020 further information was received by Peel Public Health regarding additional inmates who had tested positive for COVID-19.
- On April 20, 2020 the local union president was provided the information regarding the numbers of cases of inmates who had tested positive.

The Union provided the following information on the timeline if events:

April 16 - Local union officials and JHSC reps, Employer and Peel Public Health participate in a meeting/conference call where Peel Public Health declared a COVID-19 outbreak at OCI due to 3 staff members being infected and traced back to the work location. As a result of the outbreak being declared, Peel Public Health and the Employer begin working on a plan to test the inmate population at OCI.

April 18 - Employer becomes aware of confirmed positive COVID test results for 5 staff and 4 inmates. This information is not shared at that time with workers.

April 19 - Employer becomes aware of an additional 36 confirmed positive COVID test results for inmates. This information is not shared at the time with workers.

On April 18 & 19 - Employer is transferring out many inmates from OCI to TSDC where they can be placed in

Recipient	Inspector Data	Worker Representative
Name: FELECIA HOOPER	CHRIS LYNCH	Name: ADAM CHELLER
Title: SUPERINTENDENT, ONTARIO CORRECTIONAL INSTITUTE	OCCUPATIONAL HEALTH & SAFETY INSPECTOR, PROVINCIAL OFFENCES OFFICER, 400-1290 Central Pky W Mississauga ON L5C 4R3, MOLComplianceFormsMississauga@ontario.ca, Tel: (416) 986-0412, Fax: (905) 615-8853	Title: Local President & Certified Rep.
Signature:	Signature:	Signature:

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OHS Case ID: 02020PJKN119
Field Visit no: 02020PLDP180 Visit Date: 2020-JUN-03 Field Visit Type: INITIAL
Workplace Identification: ONTARIO CORRECTIONAL INSTITUTE
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8
Notice ID:

Isolation units, without providing the above information to workers.

April 19 - Worker representatives request information on the situation and are later informed that OCI is being temporarily closed due to the COVID outbreak. None of the above information is shared with workers.

April 20 - during a call with Peel Public Health, the Employer, and union representatives, the above COVID testing results is shared with the union.

The Union reported that the information has since been shared with the union and JHSC who have in turn shared it with workers.

No further action is required by the Ministry of Labour at this time regarding this complaint.

Recipient	Inspector Data	Worker Representative
Name: FELECIA HOOPER	CHRIS LYNCH	Name: ADAM OFFICER
Title: SUPERINTENDENT, ONTARIO CORRECTIONAL INSTITUTE	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 400-1290 Central Pky W Mississauga ON L5C 4R3 MOLComplianceFormsMississauga@ontario.ca Tel: (416) 986-0412 Fax: (905) 615-8853	Title: LOCAL PRESIDENT & Certified Rep.
Signature:	Signature:	Signature:

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-24	12:00 AM	2020-Jun-03	Field Visit	LYNCH, CHRIS (2020)	**04634PHTQ050**

OHS Case ID	Lead Inspector	Case Status
02020PHXP098	LYNCH, CHRIS (2020)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-24	12:10 PM	Telephone	Duncan, Natasha (4634)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Internal Responsibility System	210		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Other	Cygler, Adam	(416) 848-1996	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Unknown, Unknown	(905) 457-7050 Ext: 250	No

Reported Employer / Constructor

Ontario Correctional Institute

Event Location

109 McLaughlin Road South, Brampton, ON L6Y, Canada

Event Information

Caller is the local president of the OPSEU union and they have only been given the number of occupational illnesses and not the details as prescribed in OHSA s. 52. The JHSC has not been notified properly either. Workplace is currently closed.

Relates to event ID 04544PHPR508.

Event Details and Conclusion

Case ID 02020PHXP098
2020-Dec-15 12:10 PM LYNCH, CHRIS (2020)
closed

Event entered into ICE on: 24-Apr-2020 12:40 PM
Event entered into ICE by: Duncan, Natasha (4634)

Report printed on: 10-Feb-2021 2:49 PM
Report printed by: Paul, Henrietta (4525)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 02020PHXP098
Field Visit no: 02020PKSR168 Visit Date: 2020-JUN-03 Field Visit Type: INITIAL

Workplace Identification: ONTARIO CORRECTIONAL INSTITUTE
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 457-7050	Active	150	

Persons Contacted: MARK PARISOTTO, REGIONAL DIRECTOR; MARIANNE MULLER, DEPUTY DIRECTOR; FELECIA HOOPER, SUPERINTENDENT; JOHN HASTED, DEPUTY SUPERINTENDENT; ADAM CYGLER, UNION LOCAL PRESIDENT / CERTIFIED JHSC WORKER MEMBER; ELAINE BARNES, VOLUNTEER SERVICE ORGANIZER

Visit Purpose: INVESTIGATE COMPLAINT

Visit Location: THIS INSPECTOR TELEPHONED THE PERSONS CONTACTED TO INVESTIGATE A COMPLAINT

Visit Summary: SEE DETAILED NARRATIVE BELOW.

Detailed Narrative:

This field visit took place over the phone and the following people were contacted:
- Mark Parisotto, Regional Director,
- Marianne Muller, Deputy Director,
- Felecia Hooper, Superintendent,
- John Hasted, Deputy Superintendent,
- Adam Cygler, Union Local President / Certified JHSC Worker Member,
- Elaine Barnes, Volunteer Service Organizer.

The reason for the telephone call and this report is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complaint alleges the following:
- The union has only been given the number of occupational illnesses and not the details as prescribed in OHSA s. 52. The JHSC has not been notified properly either.

Inspector's Findings:

The Employer has provided the Ministry of Labour, the Union and the JHSC copies of notices of occupational illnesses for a number of workers that have tested positive for Covid-19. However, the Employer did not provide the names of the workers in the notices of occupational illnesses that the Employer provided to the Union and JHSC.

Management stated that they are in consultation with their Legal Services Branch who advised a proposed protocol for release of information, including the names of employees, is being discussed corporately with OPSEU. As per their counsel, Management are to wait until this protocol is finalized before providing the names of any employees are provided in the notices of occupational illnesses.

Recipient	Inspector Data	Worker Representative
Name: FELECIA HOOPER	CHRIS LYNCH	Name: ADAM CYGLER
Title: SUPERINTENDENT, ONTARIO CORRECTIONAL INSTITUTE	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 400-1290 Central Pky W Mississauga ON L5C 4R3 MOLCompliance FormsMississauga@ontario.ca Tel: (416) 986-0412 Fax: (905) 615-8853	Title: Local President Certified H&S Rep.
Signature:	Signature:	Signature:

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1123960

OHS Case ID: 02020PHXP098
Field Visit no: 02020PKSR168 Visit Date: 2020-JUN-03 Field Visit Type: INITIAL
Workplace Identification: ONTARIO CORRECTIONAL INSTITUTE
109 MCLAUGHLIN ROAD SOUTH, BRAMPTON, ON, CANADA L6Y 2C8
Notice ID:

Reporting of Occupational Illness:
If a worker is confirmed to have COVID-19 and the illness is determined to be work-related, then a written notice must be prepared by the employer. In accordance with Section 52(2) of the Occupational Health and Safety Act and its Regulations, the employer must provide the written notice within four days of being advised that the worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the worker with respect to an occupational illness, including an occupational infection. The written notice shall be provided to the Ministry of Labour Training and Skills Development, Joint Health and Safety Committee (or Health and Safety Representative) and Trade union, if any.

The Regulations for Industrial Establishments, the Regulations for Construction Projects, the Regulation for Health Care and Residential Facilities, the Regulations for Diving Operations and other Regulations under the Occupational Health and Safety Act all require the notice of occupational illnesses to include the name and address of the worker.

This investigation is on-going.

Recipient	Inspector Data	Worker Representative
Name: ~~FELECIA HOOPER~~	CHRIS LYNCH	Name: ADAM CIGLER
Title: SUPERINTENDENT, ONTARIO CORRECTIONAL INSTITUTE	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 400-1290 Central Pky W Mississauga ON L5C 4R3 MOLComplianceFormsMississauga@ontario.ca Tel: (416) 986-0412 Fax: (905) 615-8853	Title: LOCAL PRESIDENT Certified H&S Rep.
Signature:	Signature:	Signature:

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.

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Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-12	12:00 AM		No Field Visit	SPEIR, SHELLY (2883)	**04068PFQS824**

OHS Case ID	Lead Inspector	Case Status
02883PGHQ387	SPEIR, SHELLY (2883)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-12	04:19 PM	Telephone	Gratton, Jan (4068)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal			No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Grant, Sergeant	(905) 876-8300 Ext: 8323	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Grant, Sergeant	(905) 876-8300 Ext: 8323	No

Reported Employer / Constructor

Vanier Centre For Women

Event Location

655 Martin St, Milton, L9T 5E6

Event Information

Employer reporting a work refusal because the officer has a fear of exposure of Covid– 19.
-The officer are refusing process inmates because they have not been all pre-screen for symptoms of Covid-19
-The employer does not have the means to perform the pre-screen to all inmates.
-Stage one investigation has completed all parties are at an impasse.
-Employer and worker are at stage 2 of the work refusal.
-Employer want a call from inspector.

Event Details and Conclusion

Case ID 02883PGHQ387
2020-Sep-01 2:37 PM SPEIR, SHELLY (2883)
No orders issued. Investigation complete.

Event entered into ICE on: 12-Mar-2020 4:23 PM
Event entered into ICE by: Gratton, Jan (4068)

Report printed on: 16-Feb-2021 11:09 AM
Report printed by: HUTTON, LINDSAY (4329)

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Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-13	12:00 AM		No Field Visit	SPEIR, SHELLY (2883)	**04068PFRM826**

OHS Case ID	Lead Inspector	Case Status
02883PFST374	SPEIR, SHELLY (2883)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-13	10:00 AM	Telephone	Gratton, Jan (4068)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	2		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	MacDonald, Leigh - Ann	(905) 878-8141 Ext: 7343	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	MacDonald, Leigh - Ann	(905) 878-8141 Ext: 7343	No

Reported Employer / Constructor

Maplehurst

Event Location

661 Martin St, Milton, ON L9T 3V9 (postal code from google)

Event Information

Employer reported 2 workers are refusing to preform their usually work.
-The concerns that the employer's Covid - 19 protocols which are not adequate to protect the workers.
-Employer has completed stage 1 and both parties are at an impasse
-Currently the worker and employer are at stage 2.

Event Details and Conclusion

Case ID 02883PFST374
2020-Sep-01 2:37 PM SPEIR, SHELLY (2883)
No orders issued. Investigation complete.

Ministry of Labour,
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Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-13	11:30 AM	2020-Mar-14	Field Visit	SPEIR, SHELLY (2883)	**04338PFRQ602**

OHS Case ID	Lead Inspector	Case Status
02883PFSB367	SPEIR, SHELLY (2883)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-13	12:19 PM	Telephone	Nwabuogu, Michael (4338)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Graham, Rob	(905) 878-8141 Ext: 7361	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Worker - Refusing Work	S.21 [redacted]		No

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

Admitting and discharge area - 661 Martin St, Milton, ON L9T 2Y3

Event Information

COVID19
Stage 2 work refusal - worker is refusing to admit offenders into the institution until precautionary measures have been taken (ex. checking temperatures/additional screening process):
-employer currently performs health care checks after admission
-worker is currently stationed at her work post refusing to admit inmates
-other workers have refused to take her post
-offenders are not being allowed into the building and are waiting in vehicles on the premises (more inmates are expected to arrive and will be required to wait as well)

Event Details and Conclusion

Case ID 02883PFSB367
2020-Sep-01 2:36 PM SPEIR, SHELLY (2883)
No orders issued. Investigation complete.

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Operations Division | Occupational Health and Safety

Field Visit Report

OHS Case ID: **02883PFSC369**
Field Visit no: **02883PFSC370** Visit Date: **2020-MAR-14** Field Visit Type: **INITIAL**

Workplace Identification: **VANIER CENTRE FOR WOMEN**
655 MARTIN STREET, MILTON, ON, CANADA L9T 5E6

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 876-8300	**Active**	**400**	

Persons Contacted: **REFER TO NARRATIVE FOR PERSON CONTACTED**
Visit Purpose: **INVESTIGATE A WORK REFUSAL INVOLVING SCREENING FOR COVID-19 IN ADMISSIONS AND DISCHARGE**
Visit Location: **661 MARTIN STREET, MILTON, ON - MEETING ROOM**
Visit Summary: **ATTENDED TO INVESTIGATE A WORK REFUSAL PERTAINING TO THE SCREENING PROCESS AT ADMISSIONS AND DISCHARGE RELATED TO THE POTENTIAL EXPOSURE TO COVID-19 - INVESTIGATION ON-GOING PENDING CONSULTATION WITH MLSTSD INFECTION CONTROL CONSULTANT BY THE INSPECTOR**

Detailed Narrative:

PURPOSE OF THE VISIT:

The Inspector attended the workplace to investigate a work refusal pertaining to the screening process at Admissions and Discharge related to the potential exposure to COVID-19

PERSONS CONTACTED:

S.21 [redacted]

Peter Fioliola, 1st Vice President/JHSC Worker Member
Adam Lewis, Acting Deputy Superintendent
Ryan Graham, Local 234 President/JHSC Worker Member/Provincial H&S Acting Co-Chair

INSPECTOR'S ACTIONS/FINDINGS:

- the Inspector obtained details regarding the work refusal from the workplace parties

- the refusing worker reported that he was refusing to admit inmates into the facility because they were not being screened - the Refusing Worker confirmed that the screening being requested was that the RN at the workplace would take temperature readings off all inmates into the facility prior to frisk search

- the employer reported that they had investigated the work refusal and had implemented a process entitled 'Inmate Screening for Symptoms of Influenza Like Illness (ILI) (1 page, created 13 March 2020) which was to be used in combination with the Correctional Officers Influenza-Like Symptoms Screening Algorithm for New Admissions and Intermittent Inmates Upon Arrival (1 page, dated March 6, 2020) - copies of both of these documents were taken by the Inspector

Recipient	Inspector Data	Worker Representative
Name A. Lewis	**SHELLY SPEIR** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (905) 379-4557** **Fax: (905) 577-1324**	Name Rob Kuczalc
Title Deputy Superintendent		Title CO2 Worker Rep
Signature	Signature	Signature

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.

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OHS Case ID: **02883PFSC369**
Field Visit no: **02883PFSC370** Visit Date: **2020-MAR-14** Field Visit Type: **INITIAL**
Workplace Identification: **VANIER CENTRE FOR WOMEN** Notice ID:
655 MARTIN STREET, MILTON, ON, CANADA L9T 5E6

- at the time of the field visit, the employer reported that there were no active COVID-19 cases at the facility and no known COVID-19 self isolated persons pending test results

- the circumstances of the work refusal investigated during the field visit do not meet the requirements of section 43(3) of the OHSA/1990 and are being investigated as a priority complaint - investigation on-going pending consultation with MLTSD Infection Control Consultant by the Inspector, who agreed to return to the workplace on 14 March 2020 at 9 AM

No orders issued. Investigation on-going.

A COPY OF THIS REPORT SHALL BE POSTED IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF THE WORKERS.

Recipient	Inspector Data	Worker Representative
Name A. Lewis	**SHELLY SPEIR** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (905) 379-4557** **Fax: (905) 577-1324**	Name Rob Kurczak
Title Deputy Superintendent		Title CO2 Worker Rep
Signature	Signature	Signature

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Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **02883PFSC369**
Field Visit no: **02883PFST372** Visit Date: **2020-MAR-14** Field Visit Type: **CONTINUATION**

Workplace Identification: **VANIER CENTRE FOR WOMEN**
655 MARTIN STREET, MILTON, ON, CANADA L9T 5E6
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 876-8300	**Active**	**400**	

Persons Contacted: **REFER TO NARRATIVE FOR PERSONS CONTACTED**
Visit Purpose: **INVESTIGATE A COMPLAINT INVOLVING SCREENING FOR COVID-19 IN ADMISSIONS AND DISCHARGE**
Visit Location: **655 MARTIN STREET, MILTON, ON - MEETING ROOM**
Visit Summary: **ATTENDED THE WORKPLACE TO INVESTIGATE A COMPLAINT PERTAINING TO THE SCREENING PROCESS AT ADMISSIONS AND DISCHARGE RELATED TO THE POTENTIAL EXPOSURE TO COVID-19**

Detailed Narrative:

PURPOSE OF THE VISIT:

The Inspector attended the workplace to continue the investigation into the complaint pertaining to the screening process at Admissions and Discharge related to the potential exposure to COVID-19

PERSONS CONTACTED:

S.21 [redacted]

Peter Figliola, 1st Vice President/JHSC Worker Member
Mike MacLennan, Deputy Superintendent
Inspector accompanied by Dan Regnerus, MLTSD Health and Safety Inspector

INSPECTOR'S ACTIONS/FINDINGS:

- the details of the complaint were discussed with the workplace parties
- the Inspector obtained details regarding the work performed by Correctional Officers during the Admissions Process, including the personal protective equipment (PPE) being used throughout the process
- the employer confirmed that the screening process followed in Admissions consists of the 'Inmate Screening for Symptoms of Influenza Like Illness (ILI)' (1 page, created 13 March 2020) used in combination with the 'Correctional Officers Influenza-Like Symptoms Screening Algorithm for New Admissions and Intermittent Inmates Upon Arrival' (1 page, dated March 6, 2020)

No orders issued. Investigation on-going.

A COPY OF THIS REPORT SHALL BE POSTED IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF THE WORKERS.

Recipient	Inspector Data	Worker Representative
Name: refused to sign	**SHELLY SPEIR** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (905) 379-4557** **Fax: (905) 577-1324**	Name: J. Wilson.
Title:		Title: Co-Chair JOHSC MHCC
Signature:	Signature:	Signature:

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OHS Case ID: **02883PFSC369**
Field Visit no: **02883PFST372** Visit Date: **2020-MAR-14** Field Visit Type: **CONTINUATION**
Workplace Identification: **VANIER CENTRE FOR WOMEN**
655 MARTIN STREET, MILTON, ON, CANADA L9T 5E6
Notice ID:

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Recipient	Inspector Data	Worker Representative
Name Jennifer Beisel	**SHELLY SPEIR** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (905) 379-4557** **Fax: (905) 577-1324**	Name J. Wilson
Title DS Administration		Title Co-chair JHSC MHCC
Signature	Signature	Signature

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Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: **02883PFSC369**
Field Visit no: **02883PFVV378** Visit Date: **2020-MAR-16** Field Visit Type: **FOLLOW-UP**

Workplace Identification: **VANIER CENTRE FOR WOMEN**
655 MARTIN STREET, MILTON, ON, CANADA L9T 5E6
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 876-8300	**Active**	**400**	

Persons Contacted: **VIA TELEPHONE - DARREN JONES, STAFF SERGEANT; WARREN GUHBIN, SERGEANT; PHIL LESSEL, SERGEANT; STUART WILSON, JHSC WORKER CO-CHAIR ;PETER FIGLIOLA, 1ST VICE PRESIDENT/JHSC WORKER MEMBER**

Visit Purpose: **FOLLOW UP TO ADMISSIONS COMPLAINT REGARDING SCREENING OF INMATES**

Visit Location: **CONTACT MADE VIA TELEPHONE ONLY**

Visit Summary: **FOLLOW UP TO THE INVESTIGATION INTO THE COMPLAINT PERTAINING TO THE SCREENING PROCESS OF INMATES AT ADMISSIONS AND DISCHARGE RELATED TO THE POTENTIAL EXPOSURE TO COVID-19**

Detailed Narrative:

PURPOSE OF THE VISIT:

The Inspector contacted the workplace parties via telephone to follow up on the complaint pertaining to the screening process of inmates at Admissions and Discharge related to the potential exposure to COVID-19

INSPECTOR'S ACTIONS/FINDINGS:

The Inspector confirmed with the workplace parties the following details in regards to this complaint, including:

- the workplace parties confirmed that eye protection, masks and gloves are readily available to the Admissions 'Greeter' Correctional Officer (CO), and the 'Helper' CO, if any, during the admissions of inmates into the facility while performing the screening process referred to in FV Report No. 02883PFSS371 dated 14 March 2020

- the employer confirmed that the Admissions 'Greeter' Correctional Officer (CO), and the 'Helper' CO, if any, had been given verbal instructions on the morning of 16 March 2020 to wear eye protection, masks and gloves during the admissions of inmates into the facility while performing the screening process, and that this would continue

No orders issued. Investigation complete.

A COPY OF THIS REPORT SHALL BE POSTED IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF THE WORKERS.

Recipient	Inspector Data	Worker Representative
Name _____	**SHELLY SPEIR** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (905) 379-4557** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Incident Details for 5 - Hamilton-Halton *14-Mar-20*

Reference # 32597 **Received By** Elaine Gold **Date and Time Reported** 03/14/2020 14:27

Caller Details

☐ **Complaint ?** ☐ **Bill168 ?**

Caller Name Phillip Lessel ☐ **Remain Anonymous?**

Company Maplehurst Correctional Facilty

Phone Number(s) 905-878-8141 x 7361

Position Shift Supervisor rep Employer

Company Involved

Company Name Maplehurst Correctional Facilty

Address

Municipality - Unknown -

Postal Code

Contact Name Phillip Lessel

Phone Number(s) 905-878-8141 x 7361

Incident Occurrence

Date and Time 03/14/2020 9:00

MOL Inspector Called Out ? No

Time Inspector Paged

Time Inspector Called Back

MOLMangerContacted ? Yes

MOLProgram Industrial

Type Work Refusal

MOL Office

5 - Hamilton-Halton

Incident Details

Location 661 Martin St **City**

Municipality Milton, Town Of **Postal Code**

Affected Workers Name	*Birth Date YYYY/MM/DD*	*Hospitalized ?*
1.		
2.		
3.		
4.		
5.		
6.		

Incident Summary Work Refusal Stage 2 Covid 19

Details

work refusal
unresolved at Stage 2
staff would like a Nurse screening anybody entering institution

MOL is on site for a previous incident, and Darren Jones (Staff Sgt 905-299-4394 cell)) spoke with on site Inspector and was told to call MOL After Hours for these two incidents.

14:40 SACeg to MOL On Call Manager - Courtney - briefed

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Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-14	9:00 AM		No Field Visit	SEBASTIAN, KELLY (2802)	**04409PFVQ134**

OHS Case ID	Lead Inspector	Case Status
02802PFSZ301	SEBASTIAN, KELLY (2802)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-14	02:27 PM	Telephone	BRUCE, NAOMI (4409)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Lessel, Phillip	(905) 878-8141 Ext: 7361	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Lessel, Phillip	(905) 878-8141 Ext: 7361	No

Reported Employer / Constructor

Maplehurst Correctional Facility

Event Location

661 Martin Street, Milton, ON

Event Information

As per SAC 32596

Work refusal
Unresolved at Stage 2
Staff would like a Nurse posted in front lobby to screen all STAFF incoming to facility.

Event Details and Conclusion

Case ID 02802PFSZ301
2020-Mar-23 1:01 PM SEBASTIAN, KELLY (2802)
Regarding SAC #32596:
staff would like a Nurse posted in front lobby to screen all STAFF incoming to facility
This refusal was abandoned earlier in the evening by the worker prior to MOL involvement. He left the workplace.
No decision was necessary.
CASE # 02802PFSZ301
WRAC has directed that a decision form not be furbished to the employer.

Event entered into ICE on: 16-Mar-2020 12:20 PM
Event entered into ICE by: BRUCE, NAOMI (4409)

Report printed on: 16-Feb-2021 11:14 AM
Report printed by: HUTTON, LINDSAY (4329)

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Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-14	9:00 AM		No Field Visit	SEBASTIAN, KELLY (2802)	**04409PFVQ135**

OHS Case ID	Lead Inspector	Case Status
02802PFSZ302	SEBASTIAN, KELLY (2802)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-14	02:27 PM	Telephone	BRUCE, NAOMI (4409)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Lessel, Phillip	(905) 878-8141 Ext: 7361	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Lessel, Phillip	(905) 878-8141 Ext: 7361	No

Reported Employer / Constructor

Maplehurst Correctional Facilty

Event Location

661 Martin St, Milton, ON

Event Information

As per SAC 32597

Work Refusal
unresolved at Stage 2
staff would like a Nurse screening anybody entering institution

Event Details and Conclusion

Case ID 02802PFSZ302
2020-Mar-23 2:28 PM SEBASTIAN, KELLY (2802)
- MOL COVID-19 Protocols - addressed by phone
- did not attend.
- worker abandoned refusal
- end

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Operations Division: Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-15	2:10 PM		No Field Visit	SEBASTIAN, KELLY (2802)	04409PFVS149

OHS Case ID	Lead Inspector	Case Status
02802PFTT303	SEBASTIAN, KELLY (2802)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-15	02:57 PM	Telephone	BRUCE, NAOMI (4409)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Beerdat, Alicia	(905) 876-7343	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Beerdat, Alicia	(905) 876-7343	No

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin St, Milton, ON L9T 3V9

Event Information

As per SAC 32613

Workers believe work is unsafe as they are no procedures in place for incoming visitors/contractors, to stop the transmission of COVID-19. It is currently a stage 2 work refusal, according to caller.
Refusal is for a total of one worker. They are still on shift, are provided with modified duties in the meantime, worker has been assigned to her "safe place".

Event Details and Conclusion

Case ID 02802PFTT303
2020-Mar-23 2:27 PM SEBASTIAN, KELLY (2802)
- MOL COVID-19 Protocols - addressed by phone
- did not attend.
- decision - 43(3) does not apply
- documentation sent to the employer and received back.
- end

Event entered into ICE on: 16-Mar-2020 2:59 PM
Event entered into ICE by: BRUCE, NAOMI (4409)

Report printed on: 16-Feb-2021 11:16 AM
Report printed by: HUTTON, LINDSAY (4329)

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Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-15	12:30 AM	2020-Mar-18	Field Visit	BURZESE, ANTHONY (4249)	**03475PFWN411**

OHS Case ID	Lead Inspector	Case Status
04249PFWR528	BURZESE, ANTHONY (4249)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-17	10:54 AM	Telephone	WESTWOOD, TINA (3475)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex / Solicitor General

Event Location

661 Martin St., Milton, ON L9T 2Y3

Event Information

As per Complaint form 20200315003029769
Concerns regarding Measures and procedures for screening outside contract workers
No qualified person to access the introduction of staff to a public institution
Concerns that the lack of inmate safety may contribute to worker safety concerns with respect to the current outbreak.
Please see additional information in complaint

Event Details and Conclusion

Case ID 04249PFWR528
2020-Mar-19 4:08 PM BURZESE, ANTHONY (4249)
No Further actions required.

Event entered into ICE on: 17-Mar-2020 10:55 AM
Event entered into ICE by: WESTWOOD, TINA (3475)

Report printed on: 16-Feb-2021 11:16 AM
Report printed by: HUTTON, LINDSAY (4329)

Development

Operations Division: Occupational Health and Safety

Ontario

Field Visit Report

OHS Case ID: 04249PFWR528

Field Visit no: 04249PFXT533 Visit Date: 2020-MAR-18 Field Visit Type: INITIAL

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:

661 MARTIN STREET, MILTON, ON, CANADA 3V9

Telephone: JHSC Status: Work Force #: Completed %: (905) 878-8141 Active 800

Persons Contacted: STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - JHSC WORKER MEMBER, RYAN GRAHAM - JHSC WORKER MEMBER, STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, DARREN JONES - STAFF SERGEANT

Visit Purpose: COVID-19 RELATED COMPLAINT

Visit Location: TELECONFERENCE

Visit Summary: NO ORDERS ISSUED

ORIGINAL

Detailed Narrative:

The complainant has alleged the following.
In light of the COVID-19 Pandemic the employer has nothing in place to screen visitors, professionals, contractors or correctional facility staff prior to entering the facility to reduce the chances of the introduction of COVID-19 into the facility.

The workplace parties stated the following:

- A Self-Assessment and Affirmation form has been created for staff to complete prior to signing into work that was implemented as of today;
- An information Muster Sheet has been created and is to be read at each muster outlining steps to be taken by workers that was implemented as of today; - Hand Sanitizer is available in the workplace;
- The employer is controlling inventory of Personal Protective Equipment to ensure it is available when needed; - Verbal and Written information is being provide to workers on personal hygiene and cleaning practices;

Resources that may assist workers and the employer: -
Ministry of Health Emergency Planning and Preparedness:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

- Public Health Ontario:
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus
- Additional Guidance: \Nww.ontario.ca/coronavirus

A copy of this report is to be posted in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO	ANTHONY BURZESE OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 1 19 King St W, 13th Hr., Hamilton, ON, L8P 4Y7	Name J. WILSON

Title Sgt. JOHSC Employer Co-Chair

MOLIHSHamiltonWest@ontario.ca

Tel: (905) 515-6221

F [illegible]: (905)577-1324

Title Co-Chair MHCC JOHSC worker.

Signature

Signature

Signature

You are required under the Occupational Health and Safety Act to post a cop is report i onspicuous place at the workplace and provide a copy to the health and safety an representative or the joint health and safety committee if any. Failure to compl vi ord . ecision 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 o •sion 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 2PI. 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://w'ww.otrb.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

83798

ORIGINAL

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PFWR528**
Field Visit no: **04249PFXT533** Visit Date: **2020-MAR-18** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - JHSC WORKER MEMBER, RYAN GRAHAM - JHSC WORKER MEMBER, STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, DARREN JONES - STAFF SERGEANT**

Visit Purpose: **COVID-19 RELATED COMPLAINT**

Visit Location: **TELECONFERENCE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The complainant has alleged the following:
In light of the COVID-19 Pandemic the employer has nothing in place to screen visitors, professionals, contractors or correctional facility staff prior to entering the facility to reduce the chances of the introduction of COVID-19 into the facility.

The workplace parties stated the following:
- A Self-Assessment and Affirmation form has been created for staff to complete prior to signing into work that was implemented as of today;
- An information Muster Sheet has been created and is to be read at each muster outlining steps to be taken by workers that was implemented as of today;
- Hand Sanitizer is available in the workplace;
- The employer is controlling inventory of Personal Protective Equipment to ensure it is available when needed;
- Verbal and Written information is being provide to workers on personal hygiene and cleaning practices;

Resources that may assist workers and the employer:
- Ministry of Health Emergency Planning and Preparedness:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx
- Public Health Ontario:
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus
- Additional Guidance: www.ontario.ca/coronavirus

A copy of this report is to be posted in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

Solgen, Maplehurst Correctional Complex

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	661	Martin St.	

Street direction	City/town *	Province	Postal code
	Milton	ON	L9T 2Y3

Complete address for program area (This field is visible only for the program area to extract the full address)

661 Martin St., Milton, ON L9T 2Y3

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *



Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☐ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name * S.21

First name * S.21

Ways we can reach you (must provide at least one) *

Telephone number

S.21

Email address (Please provide an email address if you wish to receive confirmation of your complaint.)

S.21

Date of complaint (yyyy/mm/dd) 2020/03/15

Time of complaint (HH:MM) 00:30

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	10:45 AM		No Field Visit	Simo, Sherry (4379)	**04499PFRL740**

OHS Case ID	Lead Inspector	Case Status
04379PFVV376	Simo, Sherry (4379)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-16	11:57 AM	Telephone	McCabe, Samantha (4499)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	6		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Sgt. Steven	(905) 878-8141 Ext: 7343	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Sgt. Steven	(905) 878-8141 Ext: 7343	No

Reported Employer / Constructor

Ministry of the Solicitor General

Event Location

Maplehurst Correctional Complex @ 661 Martin St, Milton ON L9T 5E6

Event Information

Caller reporting stage 2 work refusal:
- workers from unit 8 refusing to lock out inmates in the inmate populated areas due to concern of COVID19 exposure from other workers
- workers concerned that employer has no screenings for staff in place
- employer consulted public health and other stakeholders and believes their protocols are adequate
- employer alerted other units of the work refusal when requesting the other units lock out the inmates and these units are now also refusing
- workers from units 8, 9, and 10 are currently in their own units, maintaining essential services in that area

Event Details and Conclusion

Case ID 04379PFVV376
2020-Mar-16 4:22 PM Simo, Sherry (4379)
Work Refusal conducted via phone. Determination made that it didn't meet the criteria of 43.3. Work Refusal Determination Form sent to employer and received back completed.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	6:45 PM		No Field Visit	SEBASTIAN, KELLY (2802)	**04409PFWM164**

OHS Case ID	Lead Inspector	Case Status
02802PFVX304	SEBASTIAN, KELLY (2802)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-16	07:00 PM	Telephone	BRUCE, NAOMI (4409)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Parisotto, Mark	(416) 894-9665	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Barker, Doug	(905) 876-7345	No
Employer Representative	Parisotto, Mark	(416) 894-9665	No

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin St, Milton, ON

Event Information

As per SAC 32624

19:00 Maplehurst Correctional Complex Regional Director Mark Parisotto 416-894-9665 or (905-876-7345 Doug Barker) to SAC reporting a work refusal at the Maplehurst Correctional Complex located at 661 Martin St, Milton.
Work started to be refused at 18:45 by the night crew. Caller says they want to be screened for temperatures before entering the building. Caller says they have had multiple work refusals over the past 4 days.

Event Details and Conclusion

Case ID 02802PFVX304
2020-Mar-23 2:27 PM SEBASTIAN, KELLY (2802)
- MOL COVID-19 Protocols - addressed by phone
- did not attend.
- decision - 43(3) does not apply
- documentation sent to the employer and received back.
- end

Event entered into ICE on: 17-Mar-2020 9:17 AM
Event entered into ICE by: BRUCE, NAOMI (4409)

Report printed on: 16-Feb-2021 11:17 AM
Report printed by: HUTTON, LINDSAY (4329)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	6:30 AM		No Field Visit	SEBASTIAN, KELLY (2802)	**04409PFWL163**

OHS Case ID	Lead Inspector	Case Status
02802PFVB305	SEBASTIAN, KELLY (2802)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-16	05:17 PM	Telephone	BRUCE, NAOMI (4409)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Guhbin, Unknown	(905) 878-8141 Ext: 7361	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Guhbin, Unknown	(905) 878-8141 Ext: 7361	No

Reported Employer / Constructor

Maplehurst Correctional Facility

Event Location

Admitting and Discharge at 661 Martin Street, Milton, ON

Event Information

As per SAC 32618

- 15 workers refusing.
- Refusals to do w/ screening for COVID-19
- Workers want screening for court officers coming into the facility.
- Workers want screening for staff coming into work.
- Workers want procedures in place to identify infected/potentially infected persons.
- Workers want procedures in place to isolate infected persons.
- Workers are still in the area.

Event Details and Conclusion

Case ID 02802PFVB305
2020-Mar-23 2:27 PM SEBASTIAN, KELLY (2802)
- MOL COVID-19 Protocols - addressed by phone
- did not attend.
- decision - 43(3) does not apply
- documentation sent to the employer and received back.
- end

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	12:00 AM	2020-Mar-18	Field Visit	BURZESE, ANTHONY (4249)	**04606PFWV233**

OHS Case ID	Lead Inspector	Case Status
04249PFXM531	BURZESE, ANTHONY (4249)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-17	04:47 PM	Email	Ekron, Beth (4606)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin Street, Milton, ON L9T 2Y3

Event Information

As per complaint form 2026E_20200316190408201:

Complainant alleges H&S concerns:
-" There has been a screening tool set in place for visitors and professionals to prevent the entry of COVID-19, however there is no screening tool currently in place to ensure the staff entering the institution are not infected and accidentally spreading COVID-19."

Event Details and Conclusion

Case ID 04249PFXM531
2020-Mar-19 4:09 PM BURZESE, ANTHONY (4249)
No Further actions required.

Event entered into ICE on: 17-Mar-2020 4:48 PM
Event entered into ICE by: Ekron, Beth (4606)

Report printed on: 16-Feb-2021 11:19 AM
Report printed by: HUTTON, LINDSAY (4329)

Data

Ministry of Labour,
Training and Skills Development

Field Visit no: 04249PFXS532

Safe At WorkOntario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 04249PFXM531

Visit Date: 2020-MAR-18

Field Visit Type: INITIAL

ORIGINAL

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice 661 MARTIN D:
STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - JHSC WORKER MEMBER, RYAN GRAHAM - JHSC WORKER MEMBER, STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, DARREN JONES - STAFF SERGEANT

Visit Purpose: COVID-19 RELATED COMPLAINT

Visit Location: TELECONFERENCE

Visit Summary: NO ORDERS ISSUED

Detailed Narrative:

The complainant has alleged the following:

- There is self assessment screen tool used for visitors and professionals that has been put in place to prevent the introduction of COVID-19 into the facility. The employer has not implemented a screening tool for staff members.

The workplace parties stated the following:

- A Self-Assessment and Affirmation form has been created for staff to complete prior to signing into work that was implemented as of today;
- An information Muster Sheet has been created and is to be read at each muster outlining steps to be taken by workers that was implemented as of today;

Resources that may assist workers and the employer: -
Ministry of Health Emergency Planning and Preparedness:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

- Public Health Ontario:
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus
- Additional Guidance: wwM,'.ontario.ca/coronavirus

A copy of this report is to be posted in the workplace where it is likely to come to the attention of the workers.

Recipient

Inspector Data
ANTHONY BURZESE

Worker Representative

OCCUPATIONAL HEALTH & SAFETY INSPECTOR

Name S. BARTOLO

Title Sgt. JOHSC Employer Co-Chair

Signature

PROVINCIAL OFFENCES OFFICER

1 19 King St W, 13th Fir., Hamilton, ON, L8P 4Y7

MOLIHSHamiltonWest@ontario.ca

T l: 905) 515-
F x: 90 6221
7-
1324

Signature

Name J. Wilson

Worker Co-Chair MHCC JHSC.

Signature

You are required under the Occupational Health and Safety Act to post a COP)/ representativeorthejoint health and safety committee if any. Failure tocomply it is r nt in spicuous place at the workplace and provide a copy to the health and safety an order, ? isinnorrequirementofan inspectorisan offence under Section660fthe Occupational Health and Safety Act. You have the right to appeal any orderor ision within30daysofthedateofthe 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) 3267500 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

83798

ORIGINAL

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PFXM531**
Field Visit no: **04249PFXS532** Visit Date: **2020-MAR-18** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - JHSC WORKER MEMBER, RYAN GRAHAM - JHSC WORKER MEMBER, STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, DARREN JONES - STAFF SERGEANT**

Visit Purpose: **COVID-19 RELATED COMPLAINT**

Visit Location: **TELECONFERENCE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The complainant has alleged the following:
- There is self assessment screen tool used for visitors and professionals that has been put in place to prevent the introduction of COVID-19 into the facility. The employer has not implemented a screening tool for staff members.

The workplace parties stated the following:
- A Self-Assessment and Affirmation form has been created for staff to complete prior to signing into work that was implemented as of today;
- An information Muster Sheet has been created and is to be read at each muster outlining steps to be taken by workers that was implemented as of today;

Resources that may assist workers and the employer:
- Ministry of Health Emergency Planning and Preparedness:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx
- Public Health Ontario:
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus
- Additional Guidance: www.ontario.ca/coronavirus

A copy of this report is to be posted in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
If this is an emergency call 911 immediately.

The ministry responds to health and safety complaints submitted through this form during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m, excluding holidays.

If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

Soli

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	661	Martin	Street

Street direction	City/town *	Province	Postal code
	Milton	ON	L9T 2Y3

Complete address for program area (This field is visible only for the program area to extract the full address)

661 Martin Street, Milton, ON L9T 2Y3

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

S.21

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☑ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name * S.21

First name *

Ways we can reach you (must provide at least one) *

ANONYMOUS

Telephone number S.21

Email address (Please provide an email address if you wish to receive confirmation of your complaint.) S.21

Date of complaint (yyyy/mm/dd) 2020/03/16

Time of complaint (HH:MM) 19:03

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-22	6:48 PM	2020-Apr-24	Field Visit	BURZESE, ANTHONY (4249)	03404PHSL019

OHS Case ID	Lead Inspector	Case Status
04249PHSQ607	BURZESE, ANTHONY (4249)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-23	08:11 AM	Email	CRUMP, STUART (3404)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Centre

Event Location

661 Martin Street, Milton, ON, L9T 2Y3.

Event Information

As per complaint form 20200422190149430:
The complainant alleges concern that management are not providing front line staff with information as to which staff/offenders at the workplace have tested positive for the Covid-19 coronavirus; as a result, they are not able to determine what type of PPE is appropriate.

Event Details and Conclusion

Case ID 04249PHSQ607
2020-May-04 9:07 AM BURZESE, ANTHONY (4249)
No Further actions required

Event entered into ICE on: 23-Apr-2020 8:25 AM
Event entered into ICE by: CRUMP, STUART (3404)

Report printed on: 16-Feb-2021 11:19 AM
Report printed by: HUTTON, LINDSAY (4329)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PHSQ607**
Field Visit no: **04249PHTT610** Visit Date: **2020-APR-24** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, PAUL KESNER - DEPUTY SUPERINTENDED OF SHARED SERVICES, STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - (A) LOCAL UNION PRESIDENT**

Visit Purpose: **COVID-19 RELATED COMPLAINT**

Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

A complaint related to COVID-19 was made with the Ministry of Labour related to COVID-19 and the lack of communication between management and the workers in regards to a positive test result for COVID-19 resulting in workers not being able to select the appropriate personal protective equipment.

This inspector is awaiting the arrival of the documentation that was requested from the employer. ORIGINAL

This investigation is still ongoing.

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 515-6221 Fax: (905)577-1324	Name P. FIGLIOLA
Title SGT. / JOHSC EMPLOYER CO-CHAIR		Title A/President - JOHSC
Signature	Signature	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PHSQ607**
Field Visit no: **04249PHTT610** Visit Date: **2020-APR-24** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, PAUL KESNER - DEPUTY SUPERINTENDED OF SHARED SERVICES, STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - (A) LOCAL UNION PRESIDENT**

Visit Purpose: **COVID-19 RELATED COMPLAINT**

Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

A complaint related to COVID-19 was made with the Ministry of Labour related to COVID-19 and the lack of communication between management and the workers in regards to a positive test result for COVID-19 resulting in workers not being able to select the appropriate personal protective equipment.

This inspector is awaiting the arrival of the documentation that was requested from the employer.

This investigation is still ongoing.

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
If this is an emergency call 911 immediately.

The ministry responds to health and safety complaints submitted through this form during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m, excluding holidays.

If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

Maplehurst Correctional Centre

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	661	Martin	Street

Street direction	City/town *	Province	Postal code
	Milton	ON	L9T 2Y3

Complete address for program area (This field is visible only for the program area to extract the full address)

661 Martin Street, Milton, ON L9T 2Y3

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☐ Yes ☐ No ☑ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
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S.21

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If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

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☑ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name * S.21 [redacted]

First name *

Ways we can reach you (must provide at least one) *

Telephone number S.21 [redacted]

Email address (Please provide an email address if you wish to receive confirmation of your complaint.) S.21 [redacted]

Date of complaint (yyyy/mm/dd) 2020/04/22

Time of complaint (HH:MM) 18:48

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PHSQ607**
Field Visit no: **04249PHZV611** Visit Date: **2020-APR-30** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - (A) LOCAL UNION PRESIDENT,** S.21 [redacted]
Visit Purpose: **CONTINUATION OF A COVID-19 RELATED COMPLAINT**
Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

A complaint related to COVID-19 was made with the Ministry of Labour related to COVID-19 and the lack of communication between management and the workers in regards to a positive test result for COVID-19 resulting in workers not being able to select the appropriate personal protective equipment.

The employer has stated the following:

- The employer will be notifying the JHSC Co-Chairs and the Local Union when the employer is made aware that a worker has been tested for COVID-19 and is awaiting test results (excluding the name of the involved worker);
- Public Health takes the lead once a positive or presumptive case is reported to them;
- The employer provides contact tracing according to Public Health's guidance. Public Health will contact any additional workers if testing or isolation is required;

The employer provided the following Corporate Health Care documents to this Inspector:

* Units Used for Isolation – Principles and Practices
* Intake Unit – Principles and Practices
* Intake Unit – Personal Protective Equipment (PPE) for Staff and Inmates
* Isolation Unit Droplet and Contact Precautions Personal Protective Equipment (PPE) for Staff and Inmates
* Direct Supervision Unit Personal Protective Equipment (PPE) for Staff and Inmates
* Indirect Supervision Unit Personal Protective Equipment (PPE) for Staff and Inmates

- The above documents outline the required PPE to be used by workers;

The employer also provided the following documents to this Inspector:

* Correctional Officers Influenza-like Symptom Screening Algorithm for Inmates
* Employee/Other Information Report
* E-mails between various workplace parties as well as Public Health

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 515-6221 Fax: (905)577-1324	Name J. Wilson.
Title Sgt JOHSC EMP. Co-Chair		Title JHSC / Co Chair.
Signature	Signature	Signature

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.

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OHS Case ID: **04249PHSQ607**
Field Visit no: **04249PHZV611** Visit Date: **2020-APR-30** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

* Interim Units 6&7 Procedures
* Revised – Interim Units 6&7 Procedures

Inspector's Comments:

Notification of the Workers regarding COVID-19:
- Employers are required to acquaint workers with the hazard of COVID-19;
- This employer has achieved this through the information and instruction that has been provided to the workers and through the implementation of their policies and procedures that protect workers from COVID-19;
- If a worker tests positive for COVID-19, it is expected that the employer will continue to take reasonable precautions to protect workers. This would include the reasonable precautions already in place and any additional precautions (if necessary) needed to protect workers who may have been exposed. While each scenario will be fact specific, some additional reasonable precautions may include forms of contact tracing, self-isolation, source/universal masking etc., this would be done under the direction of Public Health;
- If the positive COVID-19 case is an occupational illness, section 52(2) would require the employer to notify the appropriate parties (MLTSD, JHSC / H&S, Trade Union). There is no further requirement for the employer to inform individual workers of the occupational illness;

Personal Protective Equipment (PPE):
- The OHSA and its Regulations set out requirements for the use of various types of personal protective equipment where workers are exposed to hazards. A worker must use or wear the personal protective equipment that an employer requires them to wear. The employer must also comply with the relevant regulation requirements for that PPE. The JHSC and the employer have a role in identifying which hazards exist in the workplace and what measures are needed to protect workers. If personal protective equipment is required, it should be selected based on a risk assessment.
- If a worker wishes to voluntarily wear personal protective equipment not required by an employer (e.g. masks or goggles) the issue is one to be dealt with internally using the workplaces Internal Responsibility System.

Note:
No further action is required by the Ministry of Labour at this time regarding this complaint.

Resources that may assist workers and employers:
- Ministry of Health Emergency Planning and Preparedness:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx
-Public Health Ontario :

Recipient	Inspector Data	Worker Representative
Name S. Burzese-	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name
Title Safe EMP Co-chair JdHSC		Title
Signature	Signature	Signature

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.

OHS Case ID: **04249PHSQ607**
Field Visit no: **04249PHZV611** Visit Date: **2020-APR-30** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus
- Health and Safety System Partners: http://www.healthandsafetyontario.ca/
- Additional Guidance: www.ontario.ca/coronavirus.
- You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace where it is likely to come to the attention of the workers.

ORIGINAL

Recipient	Inspector Data	Worker Representative
Name S. [illegible] Todd.	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name J. Wilson.
Title Spl. JOHSC Emp. Co-Chair		Title JOHSC / Co-Chair.
Signature	Signature	Signature

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Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PHSQ607**
Field Visit no: **04249PHZV611** Visit Date: **2020-APR-30** Field Visit Type: **CONTINUATION**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - (A) LOCAL UNION PRESIDENT, [S.21 redacted]**

Visit Purpose: **CONTINUATION OF A COVID-19 RELATED COMPLAINT**

Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

A complaint related to COVID-19 was made with the Ministry of Labour related to COVID-19 and the lack of communication between management and the workers in regards to a positive test result for COVID-19 resulting in workers not being able to select the appropriate personal protective equipment.

The employer has stated the following:

- The employer will be notifying the JHSC Co-Chairs and the Local Union when the employer is made aware that a worker has been tested for COVID-19 and is awaiting test results (excluding the name of the involved worker);
- Public Health takes the lead once a positive or presumptive case is reported to them;
- The employer provides contact tracing according to Public Health's guidance. Public Health will contact any additional workers if testing or isolation is required;

The employer provided the following Corporate Health Care documents to this Inspector:
* Units Used for Isolation – Principles and Practices
* Intake Unit – Principles and Practices
* Intake Unit – Personal Protective Equipment (PPE) for Staff and Inmates
* Isolation Unit Droplet and Contact Precautions Personal Protective Equipment (PPE) for Staff and Inmates
* Direct Supervision Unit Personal Protective Equipment (PPE) for Staff and Inmates
* Indirect Supervision Unit Personal Protective Equipment (PPE) for Staff and Inmates

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The employer also provided the following documents to this Inspector:
* Correctional Officers Influenza-like Symptom Screening Algorithm for Inmates
* Employee/Other Information Report
* E-mails between various workplace parties as well as Public Health

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	10:45 AM		No Field Visit	Simo, Sherry (4379)	**04499PFRL740**

OHS Case ID	Lead Inspector	Case Status
04379PFVV376	Simo, Sherry (4379)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-16	11:57 AM	Telephone	McCabe, Samantha (4499)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	6		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Sgt. Steven	(905) 878-8141 Ext: 7343	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Sgt. Steven	(905) 878-8141 Ext: 7343	No

Reported Employer / Constructor

Ministry of the Solicitor General

Event Location

Maplehurst Correctional Complex @ 661 Martin St, Milton ON L9T 5E6

Event Information

Caller reporting stage 2 work refusal:
- workers from unit 8 refusing to lock out inmates in the inmate populated areas due to concern of COVID19 exposure from other workers
- workers concerned that employer has no screenings for staff in place
- employer consulted public health and other stakeholders and believes their protocols are adequate
- employer alerted other units of the work refusal when requesting the other units lock out the inmates and these units are now also refusing
- workers from units 8, 9, and 10 are currently in their own units, maintaining essential services in that area

Event Details and Conclusion

Case ID 04379PFVV376
2020-Mar-16 4:22 PM Simo, Sherry (4379)
Work Refusal conducted via phone. Determination made that it didn't meet the criteria of 43.3. Work Refusal Determination Form sent to employer and received back completed.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	6:45 PM		No Field Visit	SEBASTIAN, KELLY (2802)	**04409PFWM164**

OHS Case ID	Lead Inspector	Case Status
02802PFVX304	SEBASTIAN, KELLY (2802)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-16	07:00 PM	Telephone	BRUCE, NAOMI (4409)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Parisotto, Mark	(416) 894-9665	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Barker, Doug	(905) 876-7345	No
Employer Representative	Parisotto, Mark	(416) 894-9665	No

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin St, Milton, ON

Event Information

As per SAC 32624

19:00 Maplehurst Correctional Complex Regional Director Mark Parisotto 416-894-9665 or (905-876-7345 Doug Barker) to SAC reporting a work refusal at the Maplehurst Correctional Complex located at 661 Martin St, Milton.
Work started to be refused at 18:45 by the night crew. Caller says they want to be screened for temperatures before entering the building. Caller says they have had multiple work refusals over the past 4 days.

Event Details and Conclusion

Case ID 02802PFVX304
2020-Mar-23 2:27 PM SEBASTIAN, KELLY (2802)
- MOL COVID-19 Protocols - addressed by phone
- did not attend.
- decision - 43(3) does not apply
- documentation sent to the employer and received back.
- end

Event entered into ICE on: 17-Mar-2020 9:17 AM
Event entered into ICE by: BRUCE, NAOMI (4409)

Report printed on: 16-Feb-2021 11:17 AM
Report printed by: HUTTON, LINDSAY (4329)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	6:30 AM		No Field Visit	SEBASTIAN, KELLY (2802)	**04409PFWL163**

OHS Case ID	Lead Inspector	Case Status
02802PFVB305	SEBASTIAN, KELLY (2802)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-16	05:17 PM	Telephone	BRUCE, NAOMI (4409)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Guhbin, Unknown	(905) 878-8141 Ext: 7361	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Guhbin, Unknown	(905) 878-8141 Ext: 7361	No

Reported Employer / Constructor

Maplehurst Correctional Facility

Event Location

Admitting and Discharge at 661 Martin Street, Milton, ON

Event Information

As per SAC 32618

- 15 workers refusing.
- Refusals to do w/ screening for COVID-19
- Workers want screening for court officers coming into the facility.
- Workers want screening for staff coming into work.
- Workers want procedures in place to identify infected/potentially infected persons.
- Workers want procedures in place to isolate infected persons.
- Workers are still in the area.

Event Details and Conclusion

Case ID 02802PFVB305
2020-Mar-23 2:27 PM SEBASTIAN, KELLY (2802)
- MOL COVID-19 Protocols - addressed by phone
- did not attend.
- decision - 43(3) does not apply
- documentation sent to the employer and received back.
- end

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	12:00 AM	2020-Mar-18	Field Visit	BURZESE, ANTHONY (4249)	**04606PFWV233**

OHS Case ID	Lead Inspector	Case Status
04249PFXM531	BURZESE, ANTHONY (4249)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-17	04:47 PM	Email	Ekron, Beth (4606)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin Street, Milton, ON L9T 2Y3

Event Information

As per complaint form 2026E_20200316190408201:

Complainant alleges H&S concerns:
-" There has been a screening tool set in place for visitors and professionals to prevent the entry of COVID-19, however there is no screening tool currently in place to ensure the staff entering the institution are not infected and accidentally spreading COVID-19."

Event Details and Conclusion

Case ID 04249PFXM531
2020-Mar-19 4:09 PM BURZESE, ANTHONY (4249)
No Further actions required.

Event entered into ICE on: 17-Mar-2020 4:48 PM
Event entered into ICE by: Ekron, Beth (4606)

Report printed on: 16-Feb-2021 11:19 AM
Report printed by: HUTTON, LINDSAY (4329)

Data

Ministry of Labour,
Training and Skills Development

Field Visit no: 04249PFXS532

Safe At WorkOntario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 04249PFXM531

Visit Date: 2020-MAR-18

Field Visit Type: INITIAL

ORIGINAL

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice 661 MARTIN D:
STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - JHSC WORKER MEMBER, RYAN GRAHAM - JHSC WORKER MEMBER, STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, DARREN JONES - STAFF SERGEANT

Visit Purpose: COVID-19 RELATED COMPLAINT

Visit Location: TELECONFERENCE

Visit Summary: NO ORDERS ISSUED

Detailed Narrative:

The complainant has alleged the following:

- There is self assessment screen tool used for visitors and professionals that has been put in place to prevent the introduction of COVID-19 into the facility. The employer has not implemented a screening tool for staff members.

The workplace parties stated the following:

- A Self-Assessment and Affirmation form has been created for staff to complete prior to signing into work that was implemented as of today;
- An information Muster Sheet has been created and is to be read at each muster outlining steps to be taken by workers that was implemented as of today;

Resources that may assist workers and the employer: -
Ministry of Health Emergency Planning and Preparedness:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

- Public Health Ontario:
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus
- Additional Guidance: wwM,'.ontario.ca/coronavirus

A copy of this report is to be posted in the workplace where it is likely to come to the attention of the workers.

Recipient

Inspector Data
ANTHONY BURZESE

Worker Representative

OCCUPATIONAL HEALTH & SAFETY INSPECTOR

Name S. BARTOLO

Title Sgt. JOHSC Employer Co-Chair

Signature

PROVINCIAL OFFENCES OFFICER

1 19 King St W, 13th Fir., Hamilton, ON, L8P 4Y7

MOLIHSHamiltonWest@ontario.ca

T l: 905) 515-
F x: 90 6221
7-
1324

Signature

Name J. Wilson

Worker Co-Chair MHCC JHSC.

Signature

You are required under the Occupational Health and Safety Act to post a COP)/ representativeorthejoint health and safety committee if any. Failure tocomply it is r nt in spicuous place at the workplace and provide a copy to the health and safety an order, ? isinnorrequirementofan inspectorisan offence under Section660fthe Occupational Health and Safety Act. You have the right to appeal any orderor ision within30daysofthedateofthe 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) 3267500 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

83798

ORIGINAL

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PFXM531**
Field Visit no: **04249PFXS532** Visit Date: **2020-MAR-18** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - JHSC WORKER MEMBER, RYAN GRAHAM - JHSC WORKER MEMBER, STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, DARREN JONES - STAFF SERGEANT**

Visit Purpose: **COVID-19 RELATED COMPLAINT**

Visit Location: **TELECONFERENCE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The complainant has alleged the following:
- There is self assessment screen tool used for visitors and professionals that has been put in place to prevent the introduction of COVID-19 into the facility. The employer has not implemented a screening tool for staff members.

The workplace parties stated the following:
- A Self-Assessment and Affirmation form has been created for staff to complete prior to signing into work that was implemented as of today;
- An information Muster Sheet has been created and is to be read at each muster outlining steps to be taken by workers that was implemented as of today;

Resources that may assist workers and the employer:
- Ministry of Health Emergency Planning and Preparedness:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx
- Public Health Ontario:
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus
- Additional Guidance: www.ontario.ca/coronavirus

A copy of this report is to be posted in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
If this is an emergency call 911 immediately.

The ministry responds to health and safety complaints submitted through this form during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m, excluding holidays.

If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

Soli

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	661	Martin	Street

Street direction	City/town *	Province	Postal code
	Milton	ON	L9T 2Y3

Complete address for program area (This field is visible only for the program area to extract the full address)

661 Martin Street, Milton, ON L9T 2Y3

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

S.21

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☑ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name * S.21

First name *

ANONYMOUS

Ways we can reach you (must provide at least one) *

Telephone number S.21

Email address (Please provide an email address if you wish to receive confirmation of your complaint.) S.21

Date of complaint (yyyy/mm/dd) 2020/03/16

Time of complaint (HH:MM) 19:03

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-22	6:48 PM	2020-Apr-24	Field Visit	BURZESE, ANTHONY (4249)	03404PHSL019

OHS Case ID	Lead Inspector	Case Status
04249PHSQ607	BURZESE, ANTHONY (4249)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-23	08:11 AM	Email	CRUMP, STUART (3404)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Centre

Event Location

661 Martin Street, Milton, ON, L9T 2Y3.

Event Information

As per complaint form 20200422190149430:
The complainant alleges concern that management are not providing front line staff with information as to which staff/offenders at the workplace have tested positive for the Covid-19 coronavirus; as a result, they are not able to determine what type of PPE is appropriate.

Event Details and Conclusion

Case ID 04249PHSQ607
2020-May-04 9:07 AM BURZESE, ANTHONY (4249)
No Further actions required

Event entered into ICE on: 23-Apr-2020 8:25 AM
Event entered into ICE by: CRUMP, STUART (3404)

Report printed on: 16-Feb-2021 11:19 AM
Report printed by: HUTTON, LINDSAY (4329)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PHSQ607**
Field Visit no: **04249PHTT610** Visit Date: **2020-APR-24** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, PAUL KESNER - DEPUTY SUPERINTENDED OF SHARED SERVICES, STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - (A) LOCAL UNION PRESIDENT**

Visit Purpose: **COVID-19 RELATED COMPLAINT**

Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

A complaint related to COVID-19 was made with the Ministry of Labour related to COVID-19 and the lack of communication between management and the workers in regards to a positive test result for COVID-19 resulting in workers not being able to select the appropriate personal protective equipment.

This inspector is awaiting the arrival of the documentation that was requested from the employer. ORIGINAL

This investigation is still ongoing.

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 515-6221 Fax: (905)577-1324	Name P. FIGLIOLA
Title SGT. / JOHSC EMPLOYER CO-CHAIR		Title A/President - JOHSC
Signature	Signature	Signature

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.

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PHSQ607**
Field Visit no: **04249PHTT610** Visit Date: **2020-APR-24** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, PAUL KESNER - DEPUTY SUPERINTENDED OF SHARED SERVICES, STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - (A) LOCAL UNION PRESIDENT**

Visit Purpose: **COVID-19 RELATED COMPLAINT**

Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

A complaint related to COVID-19 was made with the Ministry of Labour related to COVID-19 and the lack of communication between management and the workers in regards to a positive test result for COVID-19 resulting in workers not being able to select the appropriate personal protective equipment.

This inspector is awaiting the arrival of the documentation that was requested from the employer.

This investigation is still ongoing.

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

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Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

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If this is an emergency call 911 immediately.

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If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

Maplehurst Correctional Centre

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	661	Martin	Street

Street direction	City/town *	Province	Postal code
	Milton	ON	L9T 2Y3

Complete address for program area (This field is visible only for the program area to extract the full address)

661 Martin Street, Milton, ON L9T 2Y3

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☐ Yes ☐ No ☑ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

S.21

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☑ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name * S.21

First name *

Ways we can reach you (must provide at least one) *

Telephone number S.21

Email address (Please provide an email address if you wish to receive confirmation of your complaint.) S.21

Date of complaint (yyyy/mm/dd) 2020/04/22

Time of complaint (HH:MM) 18:48

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PHSQ607**
Field Visit no: **04249PHZV611** Visit Date: **2020-APR-30** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - (A) LOCAL UNION PRESIDENT, S.21 [redacted]**
Visit Purpose: **CONTINUATION OF A COVID-19 RELATED COMPLAINT**
Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

A complaint related to COVID-19 was made with the Ministry of Labour related to COVID-19 and the lack of communication between management and the workers in regards to a positive test result for COVID-19 resulting in workers not being able to select the appropriate personal protective equipment.

The employer has stated the following:

- The employer will be notifying the JHSC Co-Chairs and the Local Union when the employer is made aware that a worker has been tested for COVID-19 and is awaiting test results (excluding the name of the involved worker);
- Public Health takes the lead once a positive or presumptive case is reported to them;
- The employer provides contact tracing according to Public Health's guidance. Public Health will contact any additional workers if testing or isolation is required;

The employer provided the following Corporate Health Care documents to this Inspector:

* Units Used for Isolation – Principles and Practices
* Intake Unit – Principles and Practices
* Intake Unit – Personal Protective Equipment (PPE) for Staff and Inmates
* Isolation Unit Droplet and Contact Precautions Personal Protective Equipment (PPE) for Staff and Inmates
* Direct Supervision Unit Personal Protective Equipment (PPE) for Staff and Inmates
* Indirect Supervision Unit Personal Protective Equipment (PPE) for Staff and Inmates

- The above documents outline the required PPE to be used by workers;

The employer also provided the following documents to this Inspector:

* Correctional Officers Influenza-like Symptom Screening Algorithm for Inmates
* Employee/Other Information Report
* E-mails between various workplace parties as well as Public Health

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 515-6221 Fax: (905)577-1324	Name J. Wilson.
Title Sgt JOHSC EMP. Co-Chair		Title JHSC / Co-Chair.
Signature	Signature	Signature

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

OHS Case ID: **04249PHSQ607**
Field Visit no: **04249PHZV611** Visit Date: **2020-APR-30** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

* Interim Units 6&7 Procedures
* Revised – Interim Units 6&7 Procedures

Inspector's Comments:

Notification of the Workers regarding COVID-19:
- Employers are required to acquaint workers with the hazard of COVID-19;
- This employer has achieved this through the information and instruction that has been provided to the workers and through the implementation of their policies and procedures that protect workers from COVID-19;
- If a worker tests positive for COVID-19, it is expected that the employer will continue to take reasonable precautions to protect workers. This would include the reasonable precautions already in place and any additional precautions (if necessary) needed to protect workers who may have been exposed. While each scenario will be fact specific, some additional reasonable precautions may include forms of contact tracing, self-isolation, source/universal masking etc., this would be done under the direction of Public Health;
- If the positive COVID-19 case is an occupational illness, section 52(2) would require the employer to notify the appropriate parties (MLTSD, JHSC / H&S, Trade Union). There is no further requirement for the employer to inform individual workers of the occupational illness;

Personal Protective Equipment (PPE):
- The OHSA and its Regulations set out requirements for the use of various types of personal protective equipment where workers are exposed to hazards. A worker must use or wear the personal protective equipment that an employer requires them to wear. The employer must also comply with the relevant regulation requirements for that PPE. The JHSC and the employer have a role in identifying which hazards exist in the workplace and what measures are needed to protect workers. If personal protective equipment is required, it should be selected based on a risk assessment.
- If a worker wishes to voluntarily wear personal protective equipment not required by an employer (e.g. masks or goggles) the issue is one to be dealt with internally using the workplaces Internal Responsibility System.

Note:
No further action is required by the Ministry of Labour at this time regarding this complaint.

Resources that may assist workers and employers:
- Ministry of Health Emergency Planning and Preparedness:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx
-Public Health Ontario :

Recipient	Inspector Data	Worker Representative
Name S. Burzese-	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name
Title Safe EMP Co-chair JdHSC		Title
Signature	Signature	Signature

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OHS Case ID: **04249PHSQ607**
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661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus
- Health and Safety System Partners: http://www.healthandsafetyontario.ca/
- Additional Guidance: www.ontario.ca/coronavirus.
- You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace where it is likely to come to the attention of the workers.

ORIGINAL

Recipient	Inspector Data	Worker Representative
Name S. [illegible] Todd.	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name J. Wilson.
Title Spl. JOHSC Emp. Co-Chair		Title JOHSC / Co-Chair.
Signature	Signature	Signature

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Field Visit Report

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661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, STUART WILSON - JHSC WORKER CO-CHAIR, PETER FIGLIOLA - (A) LOCAL UNION PRESIDENT, S.21 [redacted]**
Visit Purpose: **CONTINUATION OF A COVID-19 RELATED COMPLAINT**
Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

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The employer also provided the following documents to this Inspector:
* Correctional Officers Influenza-like Symptom Screening Algorithm for Inmates
* Employee/Other Information Report
* E-mails between various workplace parties as well as Public Health

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: **01283PLDX127**
Field Visit No: **01283PLDX128**
Visit Date : **2020-JUN-10**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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	Act/Reg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date:
1	TimeU 01283PLDZ129	OHSA	1990	25	2	h	June 29, 2020 Staff reminded of PPE Sign posted, railing ordered	☑ Agree ☐ Disagree (Signature)	
2	Stop 01283PLDZ130	OHSA	1990	57	6	c	June 29, 2020 Sign posted for no entry, railing ordered	☑ Agree ☐ Disagree (Signature)	

Form completed by: S. BARTOLO.

Title: SERGEANT. JOHSC. EMP.

For / on behalf of: Co-chair MHCC.

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: J. Wilson JOHSC Co-chair

Signature:

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Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **INSPECTION**
Visit Location: **661 MARTIN ST.; STORES & LOADING AREA**
Visit Summary: **ORDERS ISSUED UNDER THE OCCUPATIONAL HEALTH AND SAFETY ACT (OHSA/90).**

Detailed Narrative:

Contacted:
Mr. Paul Kesner, Deputy Superintendent, Shared Services
Mr. Saut Ulabarat, Maintenance Service Manager
Mr. Peter Figliola, Union President, Local 234
S.21 [redacted]
Mr. Shaun Wilson, Maplehurst JHSC Worker Member
S.21 [redacted]
S.21 [redacted]
Mr. Adam Lewis, Vanier JHSC Management Co-Chair / IPCC Committee / Sergeant
Mr. Michael MacLennan, Deputy Superintendent
Ms. Tina Klein, Union Vice-President, Local 234 / IPCC Committee / Vanier CO
Mr. Rob Kurczak, Vanier CO / JHSC Worker Member
Ms. Shari Archdekin, Vanier CO / JHSC Worker Co-Chair

Orders issued for the following:
1) Hazard of falling on the HVAC mezzanine located above the Stores main entrance and accompanied STOP work order issued under section 57(6)(c) of the Occupational Health and Safety Act (1990).
2) Forthwith orders for the following issues identified with pallet condition and improper storage (pallet unbalanced):
a) Pallet identified on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area was unbalanced. The loaded wooden pallet in 1B, was partially loaded with the pallet located in rack 1A. The pallet in rack 1B was observed to be raised above the rear horizontal rack member on one side.
b) Pallet identified on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area was unbalanced. The loaded wooden pallet in 1B, was partially loaded with the pallet located in rack 1A. The pallet in rack 1B was observed to be raised above the rear horizontal rack member on one side.
c) Pallet identified on rack 2B, Bay D, Tier 3, closest to the Zapagerm dispensing area, was unbalanced. The

Recipient	Inspector Data	Worker Representative
Name P. Kesner	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name P. FIGLIOLA.
Title Dept. Supt.		Title Local President / JOHSC member
Signature	Signature	Signature

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Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

loaded wooden pallet in rack 2B was observed to overhang the front horizontal member.
d) Pallet identified on rack 2B, Bay D, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded wooden pallet in rack 2B was observed to overhang the front horizontal member.
e) Pallet identified on rack 3A, Bay D, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded wooden pallet in rack 3A, was not positioned to distribute the pallet load evenly across both horizontal rack members. The loaded wooden pallet in rack 3A was observed to overhang the front horizontal member.
3) Dispensing a flammable liquid without grounding and bonding. Absence of mechanical ventilation in the area that the flammable liquid is dispensed. Information, instruction and supervision in the hazards associated with dispensing Rheault Distillery Zapagerm Instant Hand Sanitizer in the workplace. Contravention orders issued.

Subsequent report to follow.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / Inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order /

Recipient	Inspector Data	Worker Representative
Name P. Kesner	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name P. FIGLIOLA
Title Dept. Supvr		Title Local President / JOHSC member
Signature	Signature	Signature

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661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

ASSISTANCE:
For more information on the Occupational Health and Safety Act, the Employment Standards Act, and / or associated Regulations, call the Occupational Health and Safety Call Center at 1-877-202-0008 in Hamilton. The Office of the Worker Advisor may be contacted at 1-855-659-7744. A copy of the Occupational Health and Safety Act (OHSA/90) and associated Regulations, may be downloaded from the internet at http://www.e-laws.gov.on.ca, or Ministry of Labour, Training and Skills Development publications may be purchased by contacting Service Ontario @ 1-800-267-8097 or 416-326-1234, or ordered from http://www.publications.serviceontario.ca.

Reference made to supporting documentation and / or publications are available on the Ontario Ministry of Labour, Training and Skills Development website: www.labour.gov.on.ca.

Support agencies (Safe Work Associations) that can offer assistance, individualized by sector can be found at the following internet site: http://www.healthandsafetyontario.ca. The Safe Work Associations that are applicable to your organization are listed below:

Workers Health & Safety Center
15 Gervais Dr. Suite 802, Toronto ON M3C 1Y8
Tel: 416-441-1939; Toll Free: 1-888-869-7950
E-mail: contactus@whsc.on.ca; Website: www.whsc.on.ca

Occupational Health Clinics for Ontario Workers
848 Main Street East, Hamilton, ON L8M 1L9
Tel: (905) 549-2552; Toll Free: 1-877-817-0336; Fax: (905) 549-7993
E-mail: hamilton@ohcow.on.ca; Website: www.ohcow.on.ca/hamilton

Public Services Health & Safety Association
4950 Yonge Street, Suite 1505; Toronto (North York), Ontario M2N 6K1

Recipient	Inspector Data	Worker Representative
Name P. Kesner	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name P. FIGLIOLA
Title Dept. Exec		Title Local 234 President JOHSC
Signature	Signature	Signature

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Tel: 416-250-2131; Toll Free: 1-877-250-7444
E-mail: communications@pshsa.ca; Website: http://www.pshsa.ca

Workplace Safety & Prevention Services
5110 Creekbank Road, Mississauga, ON L4W 0A1
Tel: 905-614-1400; Toll Free: 877-494-9777 (Ontario); Fax: 905-614-1434
E-mail: customercare@wsps.ca; Website: www.wsps.ca

Infrastructure Health & Safety Association
21 Voyager Crt. S., Etobicoke, ON M9W 5M7
Tel: 1 800-781-2726; Fax: 1 416-674-8866
E-mail: info@ihsa.ca; Website: www.ihsa.ca

Workplace Safety North
690 McKeown Avenue, P.O. Box 2050, Station Main, North Bay, Ontario P1B 9P1
Tel: (705) 474-7233; Toll free: 1-888-730-7821; Fax: (705) 472-5800

NOTE: It remains an employers entrenched duty under the OHSA/90 to ensure that compliance has been met in regards to all applicable sections of the OHSA/90 and or Regulations made under that Act that apply to the work and the workplace.

A COPY OF THIS ENTIRE REPORT TO BE POSTED IN THE WORKPLACE

Recipient	Inspector Data	Worker Representative
Name P. Kesner	**DEBBIE BEASLEY**	Name P. FIGLIOLA
Title Dept. Super	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Title Local President / JOHSC Member
Signature	PROVINCIAL OFFENCES OFFICER	Signature
	119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7	
	MOLIHSHamiltonWest@ontario.ca	
	Tel: (905) 317-6591	
	Fax: (905) 577-1324	
	Signature	

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

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PLDZ129	TimeU	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall, take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of falling from the Heating Ventilation and Air Conditioning mezzanine, located above the main Stores entrance. Workers were observed on the mezzanine without fall protection. The Heating Ventilation and Air Conditioning mezzanine was unguarded.	
2 01283PLDZ130	Stop	OHSA	1990	57	6	c	In accordance with section 57(6)(c) of the Occupational Health and Safety Act (1990), the employer shall ensure that where access to the Stores Heating Ventilation and Air Conditioning mezzanine is a danger or hazard to the health or safety of a worker, the Heating Ventilation and Air Conditioning mezzanine shall be cleared of workers and isolated by barricades, fencing or any other means suitable to prevent access thereto by a worker until the danger or hazard to the health or safety of a worker is removed.	

Recipient

Name P. Kesner

Title Dept Supv

Signature

Inspector Data

DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Signature

Worker Representative

Name P. FIGLIOLA

Title Local 234 President
JOHSC Member

Signature Figliola

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.

OHS Case ID: 01283PLDX127
Field Visit no: 01283PLDX128 Visit Date: 2020-JUN-10 Field Visit Type: INITIAL

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

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

To:
MINISTRY OF THE SOLICITOR GENERAL

Org/Ind Role
Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
3 01283PLDB133	Fort	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. The pallet identified on rack 1A, Bay C, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded wooden pallet in rack 1A, was positioned on top of the pallet located in rack 1B. The pallet in rack 1A was observed to be leaning forwards over the front horizontal rack member. Forthwith order issued and complied with at time of visit.	
4 01283PLDB134	Fort	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. The pallet identified on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded wooden pallet in rack 1B, was partially loaded with the pallet located in rack 1A. The pallet in rack 1B	

Recipient

Name P Kesner

Title Dept. Supt.

Signature

Inspector Data
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Signature

Worker Representative

Name P. FIGLIOLA

Title Local 234 President
JOHSC Member

Signature

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.

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL** Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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

No	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
							was observed to be raised above the rear horizontal rack member on one side. Forthwith order issued and complied with at time of visit.	
5 01283PLDB135	Fort	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. The pallet identified on rack 2B, Bay D, Tier 3, closest to the Zapagerm dispensing area, was unbalanced. The loaded wooden pallet in rack 2B was observed to overhang the front horizontal member. Forthwith order issued and complied with at time of visit.	
6 01283PLDB136	Fort	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. The pallet identified on rack 2B, Bay D, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded	

Recipient
Name P. Kesper
Title Dept. Supt.
Signature

Inspector Data
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324
Signature

Worker Representative
Name P. FIGLIOLA
Title Local 234 President JOHSC Member
Signature

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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							wooden pallet in rack 2B was observed to overhang the front horizontal member. Forthwith order issued and complied with at time of visit.	
7 01283PLDB137	Fort	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. The pallet identified on rack 3A, Bay D, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded wooden pallet in rack 3A, was not positioned to distribute the pallet load evenly across both horizontal rack members. The loaded wooden pallet in rack 3A was observed to overhang the front horizontal member. Forthwith order issued and complied with at time of visit.	
8 01283PLDD138	Time	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of static electric charge	2020-JUN-12

Recipient
Name P. Kesner
Title Dept. Super
Signature

Inspector Data
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324
Signature

Worker Representative
Name P. FIGLIOLA
Title Local 234 President JOHSC Member
Signature

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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

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

To:
MINISTRY OF THE SOLICITOR GENERAL Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							accumulation during flammable liquid dispensing from the Rheault Distillery tote of Zapagerm Instant Hand Sanitizer, located in Stores. The Rheault Distillery Zapagerm Instant Hand Sanitizer was equipped with a metal spigot for dispensing. The Rheault Distillery Zapagerm Instant Hand Sanitizer had been previously dispensed in an area where mechanical ventilation at floor level was not present. This order shall be complied with by: June 12, 2020.	
9 01283PLDD139	Time	OHSA	1990	25	2	a	In accordance with section 25(2)(a) of the Occupational Health and Safety Act (1990), the employer shall provide information, instruction and supervision to protect the health or safety of a worker in dispensing Rheault Distillery Zapagerm Instant Hand Sanitizer from the supplier tote. The employer had not provided information and instruction in the hazards associated with dispensing Rheault Distillery Zapagerm Instant Hand sanitizer in the workplace. This order shall be complied with by: June 12, 2020.	2020-JUN-12

Recipient
Name P. Kesner
Title Dept. Supt.
Signature

Inspector Data
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324
Signature

Worker Representative
Name P. FIGLIOLA
Title LOCAL 234 President + JOHSC Member
Signature

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.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: **01283PLDX127**
Field Visit No: **01283PLDX128**
Visit Date : **2020-JUN-10**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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:
MINISTRY OF THE SOLICITOR GENERAL

Role
Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
1	TimeU	OHSA	1990	25	2	h		☐ Agree ☐ Disagree	
01283PLDZ129								(Signature)	
2	Stop	OHSA	1990	57	6	c		☐ Agree ☐ Disagree	
01283PLDZ130								(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: _____

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.

83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: **01283PLDX127**
Field Visit No: **01283PLDX128**
Visit Date : **2020-JUN-10**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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:
MINISTRY OF THE SOLICITOR GENERAL

Role
Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
8	Time	OHSA	1990	25	2	h		☐ Agree ☐ Disagree	2020-JUN-12
01283PLDD138								(Signature)	
9	Time	OHSA	1990	25	2	a		☐ Agree ☐ Disagree	2020-JUN-12
01283PLDD139								(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:

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.

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **INSPECTION**
Visit Location: **661 MARTIN ST.; STORES & LOADING AREA**
Visit Summary: **ORDERS ISSUED UNDER THE OCCUPATIONAL HEALTH AND SAFETY ACT (OHSA/90).**

Detailed Narrative:

Contacted:
Mr. Paul Kesner, Deputy Superintendent, Shared Services
Mr. Saut Utabarat, Maintenance Service Manager
Mr. Peter Figliola, Union President, Local 234
S.21 [redacted]
Mr. Shaun Wilson, Maplehurst JHSC Worker Member
S.21 [redacted]
Mr. Adam Lewis, Vanier JHSC Management Co-Chair / IPCC Committee / Sergeant
Mr. Michael MacLennan, Deputy Superintendent
Ms. Tina Klein, Union Vice-President, Local 234 / IPCC Committee / Vanier CO
Mr. Rob Kurczak, Vanier CO / JHSC Worker Member
Ms. Shari Archdekin, Vanier CO / JHSC Worker Co-Chair

Orders issued for the following:
1) Hazard of falling on the HVAC mezzanine located above the Stores main entrance and accompanied STOP work order issued under section 57(6)(c) of the Occupational Health and Safety Act (1990).
2) Forthwith orders for the following issues identified with pallet condition and improper storage (pallet unbalanced):
a) Pallet identified on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area was unbalanced. The loaded wooden pallet in 1B, was partially loaded with the pallet located in rack 1A. The pallet in rack 1B was observed to be raised above the rear horizontal rack member on one side.
b) Pallet identified on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area was unbalanced. The loaded wooden pallet in 1B, was partially loaded with the pallet located in rack 1A. The pallet in rack 1B was observed to be raised above the rear horizontal rack member on one side.
c) Pallet identified on rack 2B, Bay D, Tier 3, closest to the Zapagerm dispensing area, was unbalanced. The

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

loaded wooden pallet in rack 2B was observed to overhang the front horizontal member.
d) Pallet identified on rack 2B, Bay D, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded wooden pallet in rack 2B was observed to overhang the front horizontal member.
e) Pallet identified on rack 3A, Bay D, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded wooden pallet in rack 3A, was not positioned to distribute the pallet load evenly across both horizontal rack members. The loaded wooden pallet in rack 3A was observed to overhang the front horizontal member.
3) Dispensing a flammable liquid without grounding and bonding. Absence of mechanical ventilation in the area that the flammable liquid is dispensed. Information, instruction and supervision in the hazards associated with dispensing Rheault Distillery Zapagerm Instant Hand Sanitizer in the workplace. Contravention orders issued.

Subsequent report to follow.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / Inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order /

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

ASSISTANCE:
For more information on the Occupational Health and Safety Act, the Employment Standards Act, and / or associated Regulations, call the Occupational Health and Safety Call Center at 1-877-202-0008 in Hamilton. The Office of the Worker Advisor may be contacted at 1-855-659-7744. A copy of the Occupational Health and Safety Act (OHSA/90) and associated Regulations, may be downloaded from the internet at http://www.e-laws.gov.on.ca, or Ministry of Labour, Training and Skills Development publications may be purchased by contacting Service Ontario @ 1-800-267-8097 or 416-326-1234, or ordered from http://www.publications.serviceontario.ca.

Reference made to supporting documentation and / or publications are available on the Ontario Ministry of Labour, Training and Skills Development website: www.labour.gov.on.ca.

Support agencies (Safe Work Associations) that can offer assistance, individualized by sector can be found at the following internet site: http://www.healthandsafetyontario.ca. The Safe Work Associations that are applicable to your organization are listed below:

Workers Health & Safety Center
15 Gervais Dr. Suite 802, Toronto ON M3C 1Y8
Tel: 416-441-1939; Toll Free: 1-888-869-7950
E-mail: contactus@whsc.on.ca; Website: www.whsc.on.ca

Occupational Health Clinics for Ontario Workers
848 Main Street East, Hamilton, ON L8M 1L9
Tel: (905) 549-2552; Toll Free: 1-877-817-0336; Fax: (905) 549-7993
E-mail: hamilton@ohcow.on.ca; Website: www.ohcow.on.ca/hamilton

Public Services Health & Safety Association
4950 Yonge Street, Suite 1505; Toronto (North York), Ontario M2N 6K1

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Tel: 416-250-2131; Toll Free: 1-877-250-7444
E-mail: communications@pshsa.ca; Website: http://www.pshsa.ca

Workplace Safety & Prevention Services
5110 Creekbank Road, Mississauga, ON L4W 0A1
Tel: 905-614-1400; Toll Free: 877-494-9777 (Ontario); Fax: 905-614-1434
E-mail: customercare@wsps.ca; Website: www.wsps.ca

Infrastructure Health & Safety Association
21 Voyager Crt. S., Etobicoke, ON M9W 5M7
Tel: 1 800-781-2726; Fax: 1 416-674-8866
E-mail: info@ihsa.ca; Website: www.ihsa.ca

Workplace Safety North
690 McKeown Avenue, P.O. Box 2050, Station Main, North Bay, Ontario P1B 9P1
Tel: (705) 474-7233; Toll free: 1-888-730-7821; Fax: (705) 472-5800

NOTE: It remains an employers entrenched duty under the OHSA/90 to ensure that compliance has been met in regards to all applicable sections of the OHSA/90 and or Regulations made under that Act that apply to the work and the workplace.

A COPY OF THIS ENTIRE REPORT TO BE POSTED IN THE WORKPLACE

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PLDZ129	TimeU	OHSA	1990	25	2	h	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall, take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of falling from the Heating Ventilation and Air Conditioning mezzanine, located above the main Stores entrance. Workers were observed on the mezzanine without fall protection. The Heating Ventilation and Air Conditioning mezzanine was unguarded.**	
2 01283PLDZ130	Stop	OHSA	1990	57	6	c	**In accordance with section 57(6)(c) of the Occupational Health and Safety Act (1990), the employer shall ensure that where access to the Stores Heating Ventilation and Air Conditioning mezzanine is a danger or hazard to the health or safety of a worker, the Heating Ventilation and Air Conditioning mezzanine shall be cleared of workers and isolated by barricades, fencing or any other means suitable to prevent access thereto by a worker until the danger or hazard to the health or safety of a worker is removed.**	

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
3 01283PLDB133	Fort	OHSA	1990	25	2	h	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. The pallet identified on rack 1A, Bay C, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded wooden pallet in rack 1A, was positioned on top of the pallet located in rack 1B. The pallet in rack 1A was observed to be leaning forwards over the front horizontal rack member. Forthwith order issued and complied with at time of visit.**	
4 01283PLDB134	Fort	OHSA	1990	25	2	h	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. The pallet identified on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded wooden pallet in rack 1B, was partially loaded with the pallet located in rack 1A. The pallet in rack 1B**	

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							was observed to be raised above the rear horizontal rack member on one side. Forthwith order issued and complied with at time of visit.	
5 **01283PLDB135**	**Fort**	**OHSA**	**1990**	**25**	**2**	**h**	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. The pallet identified on rack 2B, Bay D, Tier 3, closest to the Zapagerm dispensing area, was unbalanced. The loaded wooden pallet in rack 2B was observed to overhang the front horizontal member. Forthwith order issued and complied with at time of visit.**	
6 **01283PLDB136**	**Fort**	**OHSA**	**1990**	**25**	**2**	**h**	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. The pallet identified on rack 2B, Bay D, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded**	

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							wooden pallet in rack 2B was observed to overhang the front horizontal member. Forthwith order issued and complied with at time of visit.	
7 **01283PLDB137**	**Fort**	**OHSA**	**1990**	**25**	**2**	**h**	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. The pallet identified on rack 3A, Bay D, Tier 3, at the position closest to the Loading Area, was unbalanced. The loaded wooden pallet in rack 3A, was not positioned to distribute the pallet load evenly across both horizontal rack members. The loaded wooden pallet in rack 3A was observed to overhang the front horizontal member. Forthwith order issued and complied with at time of visit.**	
8 **01283PLDD138**	**Time**	**OHSA**	**1990**	**25**	**2**	**h**	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of static electric charge**	**2020-JUN-12**

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLDX128** Visit Date: **2020-JUN-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							accumulation during flammable liquid dispensing from the Rheault Distillery tote of Zapagerm Instant Hand Sanitizer, located in Stores. The Rheault Distillery Zapagerm Instant Hand Sanitizer was equipped with a metal spigot for dispensing. The Rheault Distillery Zapagerm Instant Hand Sanitizer had been previously dispensed in an area where mechanical ventilation at floor level was not present. This order shall be complied with by: June 12, 2020.	
9 **01283PLDD139**	**Time**	**OHSA**	**1990**	**25**	**2**	**a**	**In accordance with section 25(2)(a) of the Occupational Health and Safety Act (1990), the employer shall provide information, instruction and supervision to protect the health or safety of a worker in dispensing Rheault Distillery Zapagerm Instant Hand Sanitizer from the supplier tote. The employer had not provided information and instruction in the hazards associated with dispensing Rheault Distillery Zapagerm Instant Hand sanitizer in the workplace. This order shall be complied with by: June 12, 2020.**	**2020-JUN-12**

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **PROVIDE REPORT CONTINUATION FROM JUNE 10, 2020.**
Visit Location: **TELECONFERENCE**
Visit Summary: **ORDERS ISSUED UNDER THE OCCUPATIONAL HEALTH AND SAFETY ACT (OHSA/90).**

Detailed Narrative:

Contacted:
Mr. Paul Kesner, Deputy Superintendent, Shared Services
Mr. Steven Bartolo, Sergeant / JHSC Management Co-Chair
Mr. Stuart Wilson, CO / JHSC Worker Co-Chair

As identified on June 10, 2020, orders have been issued for the following:
1) Loaded wooden pallets located along the top tier of back to back pallet racks 1A, 2A, 2B and 3A, were observed to overhang the front horizontal member of each rack.
2) Wooden pallet on rack 1A and 1B, Bay C, Tier 3, positions closest to the Loading Area, were damaged.
3) Materials that can tip, collapse or fall from material storage along the Loading Area wall adjacent to the Bay door, left unsecured.

On June 10, 2020, the Stores area of Maplehurst was accessed to view the dispensing of Rheault Distillery Zapagerm Instant Hand Sanitizer. During the course of visit, additional contraventions were identified for work being performed on the Heating Ventilation and Air Conditioning mezzanine, above the Stores entrance, pallet storage and condition, and for the storage of material in the Loading Area.

The employer provided a metal spigot on the Rheault Distillery Zapagerm Instant Hand Sanitizer tote for dispensing purposes. Individual hand sanitizer bottles viewed in the Stores area of the Zapagerm Instant Hand Sanitizer were identified as 1.14L capacity; the bottles observed were equipped with a Workplace Hazardous Material Information System (WHMIS) workplace label. The Zapagerm Instant Hand Sanitizer was located in a storage area of Stores, raised on pallets. Grounding of the metal spigot was not observed. Mechanical ventilation at floor level was not present.

The employer has been advised to reference the National Fire Protection Association (NFPA) 30 and 77 for class 1B liquids.

Orders have been issued in MLTSD Field Visit Reports 01283PLDX128 and 01283PLFL140 for the June 10, 2020 visit.

Recipient	Inspector Data	Worker Representative
Name: Saul Hutchcraft	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name: J. Wilson
Title: Maint. Service Manager		Title: JOHSC Co-Chair
Signature	Signature	Signature

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83798

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

No further action required.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

Recipient	Inspector Data	Worker Representative
Name: Sewit Hutabarat	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name: J. Wilson
Title: Maint - Service Manager		Title: JHSC Co-Chair
Signature	Signature	Signature

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

83795

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PLFL141	Time	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. Loaded wooden pallets located along the top tier of back to back pallet racks 1A, 2A, 2B and 3A, were observed to overhang the front horizontal member of each rack. The wooden pallets were observed to be longer than the distance provided on each racking structure between the rear and front horizontal members. This order shall be complied with by: June 26, 2020.	2020-JUN-26
2 01283PLFL142	Time	OHSA	1990	25	1	b	In accordance with section 25(1)(b) of the Occupational Health and Safety Act (1990), the employer shall ensure that the wooden pallet located on rack 1A, Bay C, Tier 3, at the position closest to the Loading Area, provided by the employer, is maintained in good condition. The wooden pallet located on rack 1A, Bay C, Tier 3, at the position closest to the Loading Area, was	2020-JUN-26

Recipient	Inspector Data	Worker Representative
Name Scott Hurdsman	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name S. Wilson
Title Maint Service Manager		Title JOHSC Co-Chair
Signature	Signature	Signature

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.

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							damaged. This order shall be complied with by: June 26, 2020.	
3 01283PLFM143	Time	OHSA	1990	25	1	b	In accordance with section 25(1)(b) of the Occupational Health and Safety Act (1990), the employer shall ensure that the wooden pallet located on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area, provided by the employer, is maintained in good condition. The wooden pallet located on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area, was damaged. This order shall be complied with by: June 26, 2020.	2020-JUN-26
4 01283PLFM144	Time	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of material tip, collapse or fall, from material storage located along the Loading Area wall adjacent to the Bay door. Wooden pallets, several sheets of plexiglass, boxed plexiglass and unidentified material located behind the load was observed to be	2020-JUN-11

Recipient	Inspector Data	Worker Representative
Name Saul Huizenga	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLHSHamiltonWest@ontario.ca Tel: (905) 317-4871 Fax: (905) 57[illegible]	Name J. Wilson.
Title Maint. Service Manager		Title JOHSC Co-Chair.
Signature	Signature	Signature

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.

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							leaning against the stacking structure in front of the wall, unsecured. This order shall be complied with by: June 11, 2020.	

Recipient	Inspector Data	Worker Representative
Name: Gavi Hutchinson	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, ~~13th Flr.~~ Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name: J. W. Wilson
Title: Mainr. Service Manager		Title: JOHSC Co-Chair
Signature:	Signature:	Signature:

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: **01283PLDX127**
Field Visit No: **01283PLFL140**
Visit Date : **2020-JUN-11**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
4 01283PLFM144	Time	OHSA	1990	25	2	h	See attachment Item No. 3	☐ Agree ☐ Disagree (Signature)	2020-JUN-11

Form completed by: Scott Hutchinson

Title: Maintenance Service Manager

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: J. Wilson.

Signature:

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.

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
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MOLIHSHamiltonWest@ontario.ca
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Notice of Compliance

OHS Case ID: **01283PLDX127**
Field Visit No: **01283PLFL140**
Visit Date : **2020-JUN-11**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

Take Notice

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Order(s) / Requirement(s) Issued:

To: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
1 01283PLFL141	Time	OHSA	1990	25	2	h	See attachment item no - 1	☑ Agree ☐ Disagree (Signature)	2020-JUN-26
2 01283PLFL142	Time	OHSA	1990	25	1	b	See Attachment item no 2	☑ Agree ☐ Disagree (Signature)	2020-JUN-26
3 01283PLFM143	Time	OHSA	1990	25	1	b	See attachment Item no - 3	☑ Agree ☐ Disagree (Signature)	2020-JUN-26

Form completed by: CAUT Hutchinson

Title: Maintenance Service Manager

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: J. Wilson

Signature:

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.

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: 01283PLDX127
Field Visit No: 01283PLDX128

Visit Date : 2020-JUN-10

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: MINISTRY OF THE SOLICITOR GENERAL

Role: Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

Order(s) / Requirement(s) Description:
You are required to comply with the Order(s) / Requirement(s) by the Comply by Date listed below:

No.	Type Code	ActReg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date:
1	TimeU 01283PLDZ129	OHSA	1990	25	2	h	See attachment Item 1	☒ Agree ☐ Disagree (Signature)	
2	Stop 01283PLDZ130	OHSA	1990	57	6	c	See attachment item 2	☒ Agree ☐ Disagree (Signature)	

Form completed by: GAT Hutchinson

Title: Maintenance Service Manager

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: J. Wilson

Signature:

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.

83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division — Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: 01283PLDX127
Field Visit No: 01283PLDX128

Visit Date : 2020-JUN-10

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: MINISTRY OF THE SOLICITOR GENERAL

Role: Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
8 01283PLDD138	Time	OHSA	1990	25	2	h	See attachment Item 8	☑ Agree ☐ Disagree (Signature)	2020-JUN-12
9 01283PLDD139	Time	OHSA	1990	25	2	a	See attachment Item 9	☑ Agree ☐ Disagree (Signature)	2020-JUN-12

Form completed by: [illegible]

Title: Maintenance Service Manager

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: J. Wilson

Signature:

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.

Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **PROVIDE REPORT CONTINUATION FROM JUNE 10, 2020.**
Visit Location: **TELECONFERENCE**
Visit Summary: **ORDERS ISSUED UNDER THE OCCUPATIONAL HEALTH AND SAFETY ACT (OHSA/90).**

Detailed Narrative:

Contacted:
Mr. Paul Kesner, Deputy Superintendent, Shared Services
Mr. Steven Bartolo, Sergeant / JHSC Management Co-Chair
Mr. Stuart Wilson, CO / JHSC Worker Co-Chair

As identified on June 10, 2020, orders have been issued for the following:
1) Loaded wooden pallets located along the top tier of back to back pallet racks 1A, 2A, 2B and 3A, were observed to overhang the front horizontal member of each rack.
2) Wooden pallet on rack 1A and 1B, Bay C, Tier 3, positions closest to the Loading Area, were damaged.
3) Materials that can tip, collapse or fall from material storage along the Loading Area wall adjacent to the Bay door, left unsecured.

On June 10, 2020, the Stores area of Maplehurst was accessed to view the dispensing of Rheault Distillery Zapagerm Instant Hand Sanitizer. During the course of visit, additional contraventions were identified for work being performed on the Heating Ventilation and Air Conditioning mezzanine, above the Stores entrance, pallet storage and condition, and for the storage of material in the Loading Area.

The employer provided a metal spigot on the Rheault Distillery Zapagerm Instant Hand Sanitizer tote for dispensing purposes. Individual hand sanitizer bottles viewed in the Stores area of the Zapagerm Instant Hand Sanitizer were identified as 1.14L capacity; the bottles observed were equipped with a Workplace Hazardous Material Information System (WHMIS) workplace label. The Zapagerm Instant Hand Sanitizer was located in a storage area of Stores, raised on pallets. Grounding of the metal spigot was not observed. Mechanical ventilation at floor level was not present.

The employer has been advised to reference the National Fire Protection Association (NFPA) 30 and 77 for class 1B liquids.

Orders have been issued in MLTSD Field Visit Reports 01283PLDX128 and 01283PLFL140 for the June 10, 2020 visit.

Recipient	Inspector Data	Worker Representative
Name P. Kesner	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON. L8P 4Y7 MOLHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name J. Wilson
Title Deputy Superintendent		Title JOHSC Co-chair.
Signature	Signature	Signature

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.

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

No further action required.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / Inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

Recipient	Inspector Data	Worker Representative
Name P. Kesner	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name J. Wilson
Title Deputy Superintendent		Title JOHSC Co-Chair
Signature	Signature	Signature

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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PLFL141	Time	OHSA	1990	25	2	h	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. Loaded wooden pallets located along the top tier of back to back pallet racks 1A, 2A, 2B and 3A, were observed to overhang the front horizontal member of each rack. The wooden pallets were observed to be longer than the distance provided on each racking structure between the rear and front horizontal members. This order shall be complied with by: June 26, 2020.**	**2020-JUN-26**
2 01283PLFL142	Time	OHSA	1990	25	1	b	**In accordance with section 25(1)(b) of the Occupational Health and Safety Act (1990), the employer shall ensure that the wooden pallet located on rack 1A, Bay C, Tier 3, at the position closest to the Loading Area, provided by the employer, is maintained in good condition. The wooden pallet located on rack 1A, Bay C, Tier 3, at the position closest to the Loading Area, was**	**2020-JUN-26**

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							damaged. This order shall be complied with by: June 26, 2020.	
3 01283PLFM143	Time	OHSA	1990	25	1	b	**In accordance with section 25(1)(b) of the Occupational Health and Safety Act (1990), the employer shall ensure that the wooden pallet located on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area, provided by the employer, is maintained in good condition. The wooden pallet located on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area, was damaged. This order shall be complied with by: June 26, 2020.**	**2020-JUN-26**
4 01283PLFM144	Time	OHSA	1990	25	2	h	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of material tip, collapse or fall, from material storage located along the Loading Area wall adjacent to the Bay door. Wooden pallets, several sheets of plexiglass, boxed plexiglass and unidentified material located behind the load was observed to be**	**2020-JUN-11**

Recipient	Inspector Data	Worker Representative
Name	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-4371 Fax: (905) 577-1256	Name
Title		Title
Signature	Signature	Signature

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.

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							leaning against the stacking structure in front of the wall, unsecured. This order shall be complied with by: June 11, 2020.	

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: 01283PLDX127
Field Visit No: 01283PLFL140
Visit Date : 2020-JUN-11

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

Order(s) / Requirement(s) Description:
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No.	Type Code	ActReg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date:
4 01283PLFM144	Time	OHSA	1990	25	2	h		☐ Agree ☐ Disagree	2020-JUN-11

(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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Ontario

Notice of Compliance

OHS Case ID: **01283PLDX127**
Field Visit No: **01283PLFL140**
Visit Date : **2020-JUN-11**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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Take Notice

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Order(s) / Requirement(s) Issued:

To: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

Order(s) / Requirement(s) Description:
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No.	Type Code	ActReg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date:
1 01283PLFL141	Time	OHSA	1990	25	2	h		☐ Agree ☐ Disagree	2020-JUN-26
								(Signature)	
2 01283PLFL142	Time	OHSA	1990	25	1	b		☐ Agree ☐ Disagree	2020-JUN-26
								(Signature)	
3 01283PLFM143	Time	OHSA	1990	25	1	b		☐ Agree ☐ Disagree	2020-JUN-26
								(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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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **PROVIDE REPORT CONTINUATION FROM JUNE 10, 2020.**
Visit Location: **TELECONFERENCE**
Visit Summary: **ORDERS ISSUED UNDER THE OCCUPATIONAL HEALTH AND SAFETY ACT (OHSA/90).**

Detailed Narrative:

Contacted:
Mr. Paul Kesner, Deputy Superintendent, Shared Services
Mr. Steven Bartolo, Sergeant / JHSC Management Co-Chair
Mr. Stuart Wilson, CO / JHSC Worker Co-Chair

As identified on June 10, 2020, orders have been issued for the following:
1) Loaded wooden pallets located along the top tier of back to back pallet racks 1A, 2A, 2B and 3A, were observed to overhang the front horizontal member of each rack.
2) Wooden pallet on rack 1A and 1B, Bay C, Tier 3, positions closest to the Loading Area, were damaged.
3) Materials that can tip, collapse or fall from material storage along the Loading Area wall adjacent to the Bay door, left unsecured.

On June 10, 2020, the Stores area of Maplehurst was accessed to view the dispensing of Rheault Distillery Zapagerm Instant Hand Sanitizer. During the course of visit, additional contraventions were identified for work being performed on the Heating Ventilation and Air Conditioning mezzanine, above the Stores entrance, pallet storage and condition, and for the storage of material in the Loading Area.

The employer provided a metal spigot on the Rheault Distillery Zapagerm Instant Hand Sanitizer tote for dispensing purposes. Individual hand sanitizer bottles viewed in the Stores area of the Zapagerm Instant Hand Sanitizer were identified as 1.14L capacity; the bottles observed were equipped with a Workplace Hazardous Material Information System (WHMIS) workplace label. The Zapagerm Instant Hand Sanitizer was located in a storage area of Stores, raised on pallets. Grounding of the metal spigot was not observed. Mechanical ventilation at floor level was not present.

The employer has been advised to reference the National Fire Protection Association (NFPA) 30 and 77 for class 1B liquids.

Orders have been issued in MLTSD Field Visit Reports 01283PLDX128 and 01283PLFL140 for the June 10, 2020 visit.

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

No further action required.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / Inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

Recipient	Inspector Data	Worker Representative
	DEBBIE BEASLEY	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca	Title _____
	Tel: (905) 317-6591 **Fax: (905) 577-1324**	
Signature	Signature	Signature

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

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PLFL141	Time	OHSA	1990	25	2	h	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. Loaded wooden pallets located along the top tier of back to back pallet racks 1A, 2A, 2B and 3A, were observed to overhang the front horizontal member of each rack. The wooden pallets were observed to be longer than the distance provided on each racking structure between the rear and front horizontal members. This order shall be complied with by: June 26, 2020.**	**2020-JUN-26**
2 01283PLFL142	Time	OHSA	1990	25	1	b	**In accordance with section 25(1)(b) of the Occupational Health and Safety Act (1990), the employer shall ensure that the wooden pallet located on rack 1A, Bay C, Tier 3, at the position closest to the Loading Area, provided by the employer, is maintained in good condition. The wooden pallet located on rack 1A, Bay C, Tier 3, at the position closest to the Loading Area, was**	**2020-JUN-26**

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
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Order(s) /Requirement(s) Issued To:

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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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
							damaged. This order shall be complied with by: June 26, 2020.	
3 **01283PLFM143**	**Time**	**OHSA**	**1990**	**25**	**1**	**b**	**In accordance with section 25(1)(b) of the Occupational Health and Safety Act (1990), the employer shall ensure that the wooden pallet located on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area, provided by the employer, is maintained in good condition. The wooden pallet located on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area, was damaged. This order shall be complied with by: June 26, 2020.**	**2020-JUN-26**
4 **01283PLFM144**	**Time**	**OHSA**	**1990**	**25**	**2**	**h**	**In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of material tip, collapse or fall, from material storage located along the Loading Area wall adjacent to the Bay door. Wooden pallets, several sheets of plexiglass, boxed plexiglass and unidentified material located behind the load was observed to be**	**2020-JUN-11**

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
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							leaning against the stacking structure in front of the wall, unsecured. This order shall be complied with by: June 11, 2020.	

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Ministry of Labour,
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Operations Division | Occupational Health and Safety

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Ontario

Notice of Compliance

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Order(s) / Requirement(s) Issued:

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MINISTRY OF THE SOLICITOR GENERAL

Role
Primary Employer

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(Signature)

Form completed by: _____

Title: _____

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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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83798

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **PROVIDE REPORT CONTINUATION FROM JUNE 10, 2020.**
Visit Location: **TELECONFERENCE**
Visit Summary: **ORDERS ISSUED UNDER THE OCCUPATIONAL HEALTH AND SAFETY ACT (OHSA/90).**

Detailed Narrative:

Contacted:
Mr. Paul Kesner, Deputy Superintendent, Shared Services
Mr. Steven Bartolo, Sergeant / JHSC Management Co-Chair
Mr. Stuart Wilson, CO / JHSC Worker Co-Chair

As identified on June 10, 2020, orders have been issued for the following:
1) Loaded wooden pallets located along the top tier of back to back pallet racks 1A, 2A, 2B and 3A, were observed to overhang the front horizontal member of each rack.
2) Wooden pallet on rack 1A and 1B, Bay C, Tier 3, positions closest to the Loading Area, were damaged.
3) Materials that can tip, collapse or fall from material storage along the Loading Area wall adjacent to the Bay door, left unsecured.

On June 10, 2020, the Stores area of Maplehurst was accessed to view the dispensing of Rheault Distillery Zapagerm Instant Hand Sanitizer. During the course of visit, additional contraventions were identified for work being performed on the Heating Ventilation and Air Conditioning mezzanine, above the Stores entrance, pallet storage and condition, and for the storage of material in the Loading Area.

The employer provided a metal spigot on the Rheault Distillery Zapagerm Instant Hand Sanitizer tote for dispensing purposes. Individual hand sanitizer bottles viewed in the Stores area of the Zapagerm Instant Hand Sanitizer were identified as 1.14L capacity; the bottles observed were equipped with a Workplace Hazardous Material Information System (WHMIS) workplace label. The Zapagerm Instant Hand Sanitizer was located in a storage area of Stores, raised on pallets. Grounding of the metal spigot was not observed. Mechanical ventilation at floor level was not present.

The employer has been advised to reference the National Fire Protection Association (NFPA) 30 and 77 for class 1B liquids.

Orders have been issued in MLTSD Field Visit Reports 01283PLDX128 and 01283PLFL140 for the June 10, 2020 visit.

Recipient	Inspector Data	Worker Representative
Name P. Kesner	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON. L8P 4Y7 MOLHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name J. Wilson
Title Deputy Superintendent		Title JOHSC Co-chair.
Signature	Signature	Signature

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

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

No further action required.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / Inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

Recipient	Inspector Data	Worker Representative
Name P. Kesner	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name J. Wilson
Title Deputy Superintendent		Title JOHSC Co-Chair
Signature	Signature	Signature

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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PLFL141	Time	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of pallet tip, collapse or fall, from pallet racking in Stores. Loaded wooden pallets located along the top tier of back to back pallet racks 1A, 2A, 2B and 3A, were observed to overhang the front horizontal member of each rack. The wooden pallets were observed to be longer than the distance provided on each racking structure between the rear and front horizontal members. This order shall be complied with by: June 26, 2020.	2020-JUN-26
2 01283PLFL142	Time	OHSA	1990	25	1	b	In accordance with section 25(1)(b) of the Occupational Health and Safety Act (1990), the employer shall ensure that the wooden pallet located on rack 1A, Bay C, Tier 3, at the position closest to the Loading Area, provided by the employer, is maintained in good condition. The wooden pallet located on rack 1A, Bay C, Tier 3, at the position closest to the Loading Area, was	2020-JUN-26

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							damaged. This order shall be complied with by: June 26, 2020.	
3 01283PLFM143	Time	OHSA	1990	25	1	b	In accordance with section 25(1)(b) of the Occupational Health and Safety Act (1990), the employer shall ensure that the wooden pallet located on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area, provided by the employer, is maintained in good condition. The wooden pallet located on rack 1B, Bay C, Tier 3, at the position closest to the Loading Area, was damaged. This order shall be complied with by: June 26, 2020.	2020-JUN-26
4 01283PLFM144	Time	OHSA	1990	25	2	h	In accordance with section 25(2)(h) of the Occupational Health and Safety Act (1990), the employer shall take every precaution reasonable in the circumstances for the protection of a worker to prevent the hazard of material tip, collapse or fall, from material storage located along the Loading Area wall adjacent to the Bay door. Wooden pallets, several sheets of plexiglass, boxed plexiglass and unidentified material located behind the load was observed to be	2020-JUN-11

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: [redacted] Fax: [redacted]	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **01283PLDX127**
Field Visit no: **01283PLFL140** Visit Date: **2020-JUN-11** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
							leaning against the stacking structure in front of the wall, unsecured. This order shall be complied with by: June 11, 2020.	

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Fl., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Jun-12	2:44 PM	2020-Jun-16	Field Visit	BURZESE, ANTHONY (4249)	**04409PLGR785**

OHS Case ID	Lead Inspector	Case Status
04249PLGV681	BURZESE, ANTHONY (4249)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Jun-12	02:44 PM	Email	BRUCE, NAOMI (4409)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Other	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	Wilson, Stuart	(519) 503-9393	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin Street, Milton, ON L9T 2Y3

Event Information

As per complaint form 20200612144535750

Concerns regarding equipment and protective device issues not operating in good condition:

-Fire panel/alarm system
-Duress system (Retherm/Shared services)
-DL1, DL3 maximum security perimeter doors (static cameras, intercom pop-up, DPS-DL3)
-SMCS cooling system (above Central control)
-Paging system
-Recent changes to security equipment without notice (shared service/CCARS)
-Emergency key audit

Event Details and Conclusion

Case ID 04249PLGV681
2020-Jun-22 10:09 AM BURZESE, ANTHONY (4249)
No Further actions requried

Event entered into ICE on: 12-Jun-2020 2:53 PM
Event entered into ICE by: BRUCE, NAOMI (4409)

Report printed on: 16-Feb-2021 11:21 AM
Report printed by: HUTTON, LINDSAY (4329)

Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: 04249PLGV681
Field Visit no: 04249PLLP682 Visit Date: 2020-JUN-16 Field Visit Type: INITIAL

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: STEVEN BARTOLO - JHSC MANAGEMENT CO-CHAIR, PETER FIGLIOLA - LOCAL UNION PRESIDENT / JHSC REPRESENTATIVE

Visit Purpose: COMPLAINT

Visit Location: THE FIELD VISIT TOOK PLACE OVER THE PHONE

Visit Summary: NO ORDERS ISSUED

Detailed Narrative:

The complainant has alleged the following:
The worker members of Maplehurst Complex identified a number of equipment and protective device issues that are central in the provision of Health, Safety and Security of the workplace. The employer has been contacted about these time sensitive items (Fri. June 12, 2020) to which they answered with, "suggest that they be addressed at the JOHSC and/or through maintenance requests as we do respect the OH&S Act." The next meeting is not set and will not occur until some time in July. I believe that the personal safety of the workers is at risk. The main Central Control module for the facility has a number of items that have already been addressed verbally as well as through the JOHSC concern process and the use of maintenance requests. The following devices or equipment have been questioned to be deficient with no meaningful action to remedy.
#1. Fire panel/alarm system
#2. Duress system (Retherm/Shared services)
#3. DL1, DL3 maximum security perimeter doors (static cameras, intercom pop-up, DPS-DL3)
#4 SMCS cooling system (above Central control)
#5 Paging system
#6 Recent changes to security equipment without notice (shared service/CCARS)
#7 Emergency key audit
These items are vital pieces of equipment that should be operating in good condition as well as within the prescribed use. The fire equipment alone should be enough to illicit a timely response from the employer.

Inspector's Findings / Actions:

The above complaint details were forwarded to the workplace parties by e-mail on June 12, 2020 and a call was arranged for today to address the concerns;

#1. Fire Panel / Alarm System
* A 3rd party contractor was brought in today to look into issues related to the fire alarm system;

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO	ANTHONY BURZESE	Name P. Figliola
Title HHS EMP. CO-CHAIR SAT.	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 515-6221 Fax: (905)577-1324	Title President / HHS
Signature	Signature	Signature

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OHS Case ID: 04249PLGV681
Field Visit no: 04249PLLP682 Visit Date: 2020-JUN-16 Field Visit Type: INITIAL
Notice ID:
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

* The workplace parties stated that they were going to meet with the 3rd party contractor while the 3rd party was on site to ensure they were aware of all of the areas of concern related to the fire system;
* Maintenance is actively addressing issues as they arise due to dust on the sensors in the duct work;
* The fire system is monitored in several locations with in the workplace which include Central Command, Sub Control Modules and Maintenance;

The following concerns are related to the new SMCS system that is in the process of being rolled out throughout the facility and requires the switch over from the old CCARS system to the new SMCS system. When deficiencies are found they are recorded by workers in the shift log book and the log books are reviewed by the Duty Manager and maintenance requests are also submitted.

#2. Duress System (Retherm/Shared services)
* The employer representative stated it is estimated that the change over of the Duress System (Code System) from the CCARS to the SMCS system will be completed within a month to a month and a half;
* In areas where issues with the Code system have been reported such as the Retherm Kitchen, radios are available for summoning assistance if needed;

#3. DL1, DL3 Maximum Security Perimeter Doors (static cameras, intercom pop-up, DPS-DL3)
* The DL1 & DL3 doors are now locked and electronically controlled, which is recent change in practice;
* The cameras at the DL1 and DL3 doors are monitored by Central Command;

#4. SMCS Cooling System (above Central control)
* The servers for the new SMCS system have been placed above Central Command and this equipment generates heat. It was noted during a JHSC inspection that the room was getting hot and there was a fear that if the room got to hot the equipment could fail;
* A fan has since been installed but has not been hooked up, the employer representative stated that they will follow-up on the topic and find out an estimated timeline for completion of the install/hook-up;

#5. Paging System
* On going issues with the pages not being heard in different locations throughout the facility;
* A list of the areas of concern was forwarded to the Deputy Superintendent of Share Services to be investigated;

#6. Recent Changes to Security Equipment Without Notice (shared service/CCARS)
* When changes are to occur notices are to be sent out prior to the changes being completed;

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO	ANTHONY BURZESE OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 515-6221 Fax: (905)577-1324	Name P. FIGLIOLA
Title Sgt. H/S EMP. CO-CHAIR.		Title President / H+S
Signature	Signature	Signature

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OHS Case ID: 04249PLGV681
Field Visit no: 04249PLLP682 Visit Date: 2020-JUN-16 Field Visit Type: INITIAL
Notice ID:
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

* A change to the system was conducted but staff were not notified prior to changes, once the Deputy Superintendent of Shared Services became aware of the of the issue the work was stopped until the notification could be made;

#7. Emergency Key Audit
* The emergency keys are kept in Central Command and accounted for for;
* For operational purposes some of the emergency keys were removed from the Central Command area but have since been returned;

Note:
The workplace parties are reminded that open communication between workplace parties is key in fostering a strong functioning Internal Responsibility System, this can include following up with a worker and providing a status update related to the concern raised.

The employer shall post a copy of this report in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO.	ANTHONY BURZESE OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 515-6221 Fax: (905)577-1324	Name P. FIGLIOLA
Title Sgt. #15 EMB. CO-CHAIR		Title Local President
Signature	Signature	Signature

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Operations Division | Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PLGV681**
Field Visit no: **04249PLLP682** Visit Date: **2020-JUN-16** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVEN BARTOLO - JHSC MANAGEMENT CO-CHAIR, PETER FIGLIOLA - LOCAL UNION PRESIDENT / JHSC REPRESENTATIVE**

Visit Purpose: **COMPLAINT**

Visit Location: **THE FIELD VISIT TOOK PLACE OVER THE PHONE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The complainant has alleged the following:
The worker members of Maplehurst Complex identified a number of equipment and protective device issues that are central in the provision of Health, Safety and Security of the workplace. The employer has been contacted about these time sensitive items (Fri. June 12, 2020) to which they answered with, "suggest that they be addressed at the JOHSC and/or through maintenance requests as we do respect the OH&S Act." The next meeting is not set and will not occur until some time in July. I believe that the personal safety of the workers is at risk. The main Central Control module for the facility has a number of items that have already been addressed verbally as well as through the JOHSC concern process and the use of maintenance requests.
The following devices or equipment have been questioned to be deficient with no meaningful action to remedy.
#1. Fire panel/alarm system
#2. Duress system (Retherm/Shared services)
#3. DL1, DL3 maximum security perimeter doors (static cameras, intercom pop-up, DPS-DL3)
#4 SMCS cooling system (above Central control)
#5 Paging system
#6 Recent changes to security equipment without notice (shared service/CCARS)
#7 Emergency key audit
These items are vital pieces of equipment that should be operating in good condition as well as within the prescribed use. The fire equipment alone should be enough to illicit a timely response from the employer.

Inspector's Findings / Actions:

The above complaint details were forwarded to the workplace parties by e-mail on June 12, 2020 and a call was arranged for today to address the concerns;

#1. Fire Panel / Alarm System
* A 3rd party contractor was brought in today to look into issues related to the fire alarm system;

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

OHS Case ID: **04249PLGV681**
Field Visit no: **04249PLLP682** Visit Date: **2020-JUN-16** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

* The workplace parties stated that they were going to meet with the 3rd party contractor while the 3rd party was on site to ensure they were aware of all of the areas of concern related to the fire system;
* Maintenance is actively addressing issues as they arise due to dust on the sensors in the duct work;
* The fire system is monitored in several locations with in the workplace which include Central Command, Sub Control Modules and Maintenance;

The following concerns are related to the new SMCS system that is in the process of being rolled out throughout the facility and requires the switch over from the old CCARS system to the new SMCS system. When deficiencies are found they are recorded by workers in the shift log book and the log books are reviewed by the Duty Manager and maintenance requests are also submitted.

#2. Duress System (Retherm/Shared services)
* The employer representative stated it is estimated that the change over of the Duress System (Code System) from the CCARS to the SMCS system will be completed within a month to a month and a half;
* In areas where issues with the Code system have been reported such as the Retherm Kitchen, radios are available for summoning assistance if needed;

#3. DL1, DL3 Maximum Security Perimeter Doors (static cameras, intercom pop-up, DPS-DL3)
* The DL1 & DL3 doors are now locked and electronically controlled, which is recent change in practice;
* The cameras at the DL1 and DL3 doors are monitored by Central Command;

#4. SMCS Cooling System (above Central control)
* The servers for the new SMCS system have been placed above Central Command and this equipment generates heat. It was noted during a JHSC inspection that the room was getting hot and there was a fear that if the room got to hot the equipment could fail;
* A fan has since been installed but has not been hooked up, the employer representative stated that they will follow-up on the topic and find out an estimated timeline for completion of the install/hook-up;

#5. Paging System
* On going issues with the pages not being heard in different locations throughout the facility;
* A list of the areas of concern was forwarded to the Deputy Superintendent of Share Services to be investigated;

#6. Recent Changes to Security Equipment Without Notice (shared service/CCARS)
* When changes are to occur notices are to be sent out prior to the changes being completed;

Recipient	Inspector Data	Worker Representative
	ANTHONY BURZESE	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
	119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7	
Title _____	MOLIHSHamiltonWest@ontario.ca	Title _____
	Tel: (905) 515-6221	
	Fax: (905)577-1324	
Signature	Signature	Signature

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OHS Case ID: **04249PLGV681**
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* A change to the system was conducted but staff were not notified prior to changes, once the Deputy Superintendent of Shared Services became aware of the of the issue the work was stopped until the notification could be made;

#7. Emergency Key Audit
* The emergency keys are kept in Central Command and accounted for for;
* For operational purposes some of the emergency keys were removed from the Central Command area but have since been returned;

Note:
The workplace parties are reminded that open communication between workplace parties is key in fostering a strong functioning Internal Responsibility System, this can include following up with a worker and providing a status update related to the concern raised.

The employer shall post a copy of this report in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
	ANTHONY BURZESE	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLiHSHamiltonWest@ontario.ca	Title _____
	Tel: (905) 515-6221	
	Fax: (905)577-1324	
Signature	Signature	Signature

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

(SOLGEN) Maplehurst Correctional Complex

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	661	Martin	Street

Street direction	City/town *	Province	Postal code
	Milton	ON	L9T 2Y3

Complete address for program area (This field is visible only for the program area to extract the full address)

661 Martin Street, Milton, ON L9T 2Y3

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please do not provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

S.21

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☐ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name *

S.21

First name *

Ways we can reach you (must provide at least one) *

Telephone number

S.21 [redacted]

Email address (Please provide an email address if you wish to receive confirmation of your complaint.)

S.21 [redacted]

Date of complaint (yyyy/mm/dd)	Time of complaint (HH:MM)
2020/06/12	14:44

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Jun-23	12:00 AM	2020-Jun-25	Field Visit	BURZESE, ANTHONY (4249)	04548PLTS361

OHS Case ID	Lead Inspector	Case Status
04249PLVR691	BURZESE, ANTHONY (4249)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Jun-23	02:37 PM	Telephone	Paul, Rajneesh (4548)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Other	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Gardacz, Superintent		No

Reported Employer / Constructor

Maplehurst Correctional complex

Event Location

661 Martin St., Box 10, Milton, ON L9T 2Y3

Event Information

Caller is concerned that at different times in the day the lights in the lunch rooms (noted Unit 11), are shut off so the guards can sleep. It makes it difficult for the other workers that are trying to make their lunch.

This has been brought to the attention of the JHSC, but certain sergeants still aware that lights to be shut off. The windows are covered so the natural light is blocked.

Caller states that situation is unsafe.

Event Details and Conclusion

Case ID 04249PLVR691
2020-Jul-06 1:00 PM BURZESE, ANTHONY (4249)
No Further actions required

Ministry of Labour, Training and Skills Development

Safe At Work

Ontario

Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PLVR691**
Field Visit no: **04645PLWN003** Visit Date: **2020-JUN-25** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO, JHSC MANAGEMENT CO-CHAIR; STUART WILSON, JHSC WORKER CO-CHAIR; MIKE PARSONS, OCI WORKER MEMBER INTERIM CO-CHAIR**
Visit Purpose: **TO INVESTIGATE A COMPLAINT IN THE WORKPLACE**
Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The field visit took place over the phone. Accompanied MLTSD Inspector Anthony Burzese.

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complainant has alleged the following:
- The lights in Unit 11 break room are shut off in different times of the day, making it difficult for other workers who are trying to make their lunch
- The windows in the room are covered and natural light is blocked, causing an unsafe situation for workers

Inspector Findings:

The workplace parties stated the following:
- Originally, the lights in Unit 11 staff break room, were able to be controlled by workers from inside Unit 11 sub module, and the employer removed the ability to control the lights from inside Unit 11 sub module
- The lights were then being controlled from Central Control, and the employer removed the ability to control the lights from Central Control
- Window coverings have been removed from the area, any burnt out lights have been replaced to function properly, and the area is now fully lit and controlled by managers only
- JHSC was made aware of the situation
- The above was all addressed before the involvement of MLTSD

Comment:
No further actions required by MLTSD at this time regarding this complaint.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO -	**Chelsea Henry** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLHSHamiltonWest@ontario.ca **Tel: (289) 925-3958** **Fax: (905) 577-1324**	Name J. Wilson
Title Sgt. MHCC EMP. JCO-Chair JOHSC		Title Co-Chair JOHSC
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Jun-29	7:58 AM	2020-Jul-13	Field Visit	BEASLEY, DEBBIE (1283)	**04544PMCM755**

OHS Case ID	Lead Inspector	Case Status
01283PMTV228	BEASLEY, DEBBIE (1283)	Closed
04249PMTV696	BURZESE, ANTHONY (4249)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Jun-29	07:59 AM	Email	Girard, Daniel (4544)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Other			No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Other	S.21 [redacted]		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Ministry of the Solicitor General - Maplehurst Correctional Complex

Event Location

661 Martin Street, Milton, ON L9T 2Y3, Canada

Event Information

As per Online H&S Complaint Form - Concerns of H&S in a Correctional Facility: The employer closed off access and locked the staff washrooms in units 8, 9, and 10 on June 28, 2020. Concerns of an incompetent Supervisor.

Event Details and Conclusion

Case ID 01283PMTV228
2020-Jul-15 4:14 PM BEASLEY, DEBBIE (1283)
Closed.
Case ID 04249PMTV696
2020-Jul-14 1:06 PM BURZESE, ANTHONY (4249)
Event assigned in error, being addressed by another inspector

Ministry of Labour, Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PMTV228**
Field Visit no: **01283PMTV229** Visit Date: **2020-JUL-13** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **INVESTIGATION OF ALLEGED HEALTH AND SAFETY CONCERNS**
Visit Location: **661 MARTIN ST.; BOARDROOM; MAINTENANCE OFFICE; STORES & LOADING AREA**
Visit Summary: **NO ORDERS ISSUED THROUGH THE PROVISION OF THIS FIELD VISIT REPORT.**

Detailed Narrative:

Contacted:
Mr. Saut Hutabarat, Maintenance Service Manager
Mr. Steven Bartolo, Sergeant / JHSC Management Co-Chair
Mr. Stuart Wilson, CO / JHSC Worker Co-Chair / Union Vice-President, Local 234
Mr. Peter Figiola, Union President Local 234
Ms.Tina Klein, Union Vice-President, Local 234 / IPCC Committee / Vanier CO

Alleged Health & Safety concerns regarding the following:
1) Employer closed off access and locked staff washrooms in Units 8, 9 and 10. on June 28, 2020.
2) Concerns of incompetent supervisor.

Discussed the issues surrounding worker accessibility to Unit 8 and Unit 10 washrooms on Sunday, June 28, 2020. Unit 8 and 10 washrooms were closed on Sunday, June 28, 2020.

Accessibility to washrooms on Units 9 and 11 were stated to be present on Sunday, June 28, 2020. Washrooms were identified by the workplace parties to be unisex on each wing.

Hygiene facilities (e.g. sink equipped with eyewash) were stated to have been maintained in the rotunda of each unit on Sunday, June 28, 2020.

Fire extinguisher located under the Boardroom table, towards the wall, unsecured. Employer to secure the fire extinguisher located in the Boardroom. Referenced the Industrial Regulations regarding section 49.

NOTES:

Recipient	Inspector Data	Worker Representative
Name: SAUT HUTABARAT	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name: J. Wilson.
Title: MAINTENANCE SERVICE MANAGER		Title: JOHSC - WORKER
Signature:	Signature:	Signature:

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83795

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PMTV228**
Field Visit no: **01283PMTV229** Visit Date: **2020-JUL-13** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name [illegible]	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name [illegible]
Title Maintenance Service Manager		Title [illegible]
Signature	Signature	Signature

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Ministry of Labour, Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PMTV228**
Field Visit no: **01283PMTV229** Visit Date: **2020-JUL-13** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **INVESTIGATION OF ALLEGED HEALTH AND SAFETY CONCERNS**
Visit Location: **661 MARTIN ST.; BOARDROOM; MAINTENANCE OFFICE; STORES & LOADING AREA**
Visit Summary: **NO ORDERS ISSUED THROUGH THE PROVISION OF THIS FIELD VISIT REPORT.**

Detailed Narrative:

Contacted:
Mr. Saut Hutabarat, Maintenance Service Manager
Mr. Steven Bartolo, Sergeant / JHSC Management Co-Chair
Mr. Stuart Wilson, CO / JHSC Worker Co-Chair / Union Vice-President, Local 234
Mr. Peter Figiola, Union President Local 234
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NOTES:

Recipient	Inspector Data	Worker Representative
Name SAUT HUTABARAT	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. Wilson
Title MAINTENANCE SERVICE MANAGER		Title JOHSC - WORKER
Signature	Signature	Signature

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83796

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PMTV228**
Field Visit no: **01283PMTV229** Visit Date: **2020-JUL-13** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name [illegible]	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr, Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name [illegible]
Title Maintenance Service Manager		Title JOHSC worker
Signature	Signature	Signature

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Operations Division — Occupational Health and Safety

Field Visit Report

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Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **INVESTIGATION OF ALLEGED HEALTH AND SAFETY CONCERNS**
Visit Location: **661 MARTIN ST.; BOARDROOM; MAINTENANCE OFFICE; STORES & LOADING AREA**
Visit Summary: **NO ORDERS ISSUED THROUGH THE PROVISION OF THIS FIELD VISIT REPORT.**

Detailed Narrative:

Contacted:
Mr. Saut Hutabarat, Maintenance Service Manager
Mr. Steven Bartolo, Sergeant / JHSC Management Co-Chair
Mr. Stuart Wilson, CO / JHSC Worker Co-Chair / Union Vice-President, Local 234
Mr. Peter Figiola, Uniion President Local 234
Ms.Tina Klein, Union Vice-President, Local 234 / IPCC Committee / Vanier CO

Alleged Health & Safety concerns regarding the following:
1) Employer closed off access and locked staff washrooms in Units 8, 9 and 10, on June 28, 2020.
2) Concerns of incompetent supervisor.

Discussed the issues surrounding worker accessibility to Unit 8 and Unit 10 washrooms on Sunday, June 28, 2020. Unit 8 and 10 washrooms were closed on Sunday, June 28, 2020.

Accessibility to washrooms on Units 9 and 11 were stated to be present on Sunday, June 28, 2020. Washrooms were identified by the workplace parties to be unisex on each wing.

Hygiene facilities (e.g. sink equipped with eyewash) were stated to have been maintained in the rotunda of each unit on Sunday, June 28, 2020.

Fire extinguisher located under the Boardroom table, towards the wall, unsecured. Employer to secure the fire extinguisher located in the Boardroom. Referenced the Industrial Regulations regarding section 49.

NOTES:

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR- PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

Field Visit Report

OHS Case ID: **01283PMTV228**
Field Visit no: **01283PMTV229** Visit Date: **2020-JUL-13** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLiHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Jul-16	3:24 PM	2020-Jul-16	Field Visit	BURZESE, ANTHONY (4249)	**04624PMXT804**

OHS Case ID	Lead Inspector	Case Status
04249PMXW698	BURZESE, ANTHONY (4249)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Jul-16	03:24 PM	Telephone	McDonnell, Melissa (4624)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Other	4	4	No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Steven	(905) 878-8141	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Steven	(905) 878-8141	No

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin St, Milton, ON L9T 2Y3

Event Information

Stage one of work refusal completed; four workers refused unsafe work due to lack of staff available to open unit. Per Employer Representative:
- Workers refuse to open Unit 9 within correctional facility due to lack of staffing
- Employer noted that multiple inmate fights occurred throughout day therefore staff are focused on reports and do not believe they have adequate staff to complete reports and safely open unit
- Employer engaged JHSC representative who discussed concerns with workers, parties involved were not able to come to an agreeable resolution
- Workers still on site, caller requested that an Inspector contact to further discuss

Event Details and Conclusion

Case ID 04249PMXW698
2020-Jul-17 11:50 AM BURZESE, ANTHONY (4249)
No Further Actions Required

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PMXW698**
Field Visit no: **04249PMXW699** Visit Date: **2020-JUL-16** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, ROBERT CAPONE - JHSC WORKER REPRESENTATIVE, REFUSING WORKER**
Visit Purpose: **REPORTED WORK REFUSAL**
Visit Location: **THE FIELD VISIT TOOK PLACE OVER THE PHONE**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

Reason for Refusal:
- Four workers were refusing to unlock Unit 9 due to possible workplace violence and the inability to respond to a fight or incident involving inmates with current staffing numbers.

Inspector's Findings / Actions:

- The work refusal does not meet the criteria set out in Section 43 of the Occupational Health & Safety Act RSO1990;

Comment:
No further actions are required by the Ministry of Labour, Training and Skills Development.

A copy of this report is to be post in the workplace where it is likely to come to the attention of the workers.

ORIGINAL

Recipient	Inspector Data	Worker Representative
Name S. Bartolo - Sgt.	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 515-6221 Fax: (905)577-1324	Name K. Singh
Title Sgt. JOHSC Emp. Co-Chair		Title Correctional officer - JOHSC member
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PMXW698**
Field Visit no: **04249PMXW699** Visit Date: **2020-JUL-16** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **STEVE BARTOLO - JHSC MANAGEMENT CO-CHAIR, ROBERT CAPONE - JHSC WORKER REPRESENTATIVE, REFUSING WORKER**

Visit Purpose: **REPORTED WORK REFUSAL**

Visit Location: **THE FIELD VISIT TOOK PLACE OVER THE PHONE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

Reason for Refusal:
- Four workers were refusing to unlock Unit 9 due to possible workplace violence and the inability to respond to a fight or incident involving inmates with current staffing numbers.

Inspector's Findings / Actions:

- The work refusal does not meet the criteria set out in Section 43 of the Occupational Health & Safety Act RSO1990;

Comment:
No further actions are required by the Ministry of Labour, Training and Skills Development.

A copy of this report is to be post in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

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Ontario

Operations Division

Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Jul-26	1:45 PM	2020-Jul-26	Field Visit	Lachance, Dustin (4512)	04275PNMM625

OHS Case ID	Lead Inspector	Case Status
04512PNLC599	Lachance, Dustin (4512)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Jul-26	05:45 PM	Telephone	CORREIA, LISA (4275)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	2		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Sergeant	(905) 878-8141 Ext: 3102	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Sergeant	(905) 878-8141 Ext: 3102	No

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin Street, Milton ON L9T 3V9

Event Information

Incident ID# 1094
Work refusal from two staff - concern about unsafe work identified at 13:45. Don't want to issue the canteen until the completion of a search for drugs and weapon. Part of the concern is that they don't feel that they are adequately trained to undertake the task. Escalated to a stage 2 now after they came up to an impasse. H&S worker rep on site – Chris Lowry, same phone number. Company representative is the caller.

Event Details and Conclusion

Case ID 04512PNLC599
2020-Aug-17 11:09 AM Lachance, Dustin (4512)
This inspector along with MOL Mr. Burzese conducted an investigation and determined that Section 43 of the Occupational Health and Safety Act did not apply.

Pertinent information:

Incident ID# 1094

Work refusal from two staff - concern about unsafe work identified at 13:45. Don't want to issue the canteen until the completion of a search for drugs and weapon. Part of the concern is that they don't feel that they are adequately trained to undertake the task. Escalated to a stage 2 now after they came up to an impasse. H&S worker rep on site – Chris Lowry, same phone number. Company representative is the caller.

End of Report

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04512PNLC599**

Field Visit no: **04512PNLC600** Visit Date: **2020-JUL-26** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**4**	

Persons Contacted: **STEVEN BARTOLO(SERGEANT) CHRIS LOWRY(H&S ONSITE)**

Visit Purpose: **SAC REPORT 1094 WORK REFUSAL**

Visit Location: **THIS VISIT WAS CONDUCTED OVER THE PHONE**

Visit Summary: **SECTION 43 DID NOT APPLY**

Detailed Narrative:

This inspector was notified of a work refusal at the Maplehurst Correctional Complex.
Reason For refusal:
The workers were refusing to issue canteen until the scheduled level 2 search of 8B and 8E had been completed nor had they been trained on issuing the canteen.
This inspector accompanied by MOLTSD industrial inspector Mr. Burzese conducted the work refusal investigation via telephone and spoke with Steven Bartolo(Management co-chair) Chris Lowry(certified JHSC member) Marcia Fegan(Unit 8 supervisor) and along with two workers.
Inspectors Findings:
It was determined by this inspector that Section 43 of The Occupational Health And Safety Act did not apply.

No further action required at this time

A copy of this report shall be posted in the a prominent place in the workplace that is available to all workers.

Recipient	Inspector Data	Worker Representative
Name _____	**Dustin Lachance** CONSTRUCTION HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLCHSHamilton@ontario.ca **Tel: (289) 673-2747** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

IHS-W

Field Visit Report

OHS Case ID: **04512PNLC599**

Field Visit no: **04512PNLC600** Visit Date: **2020-JUL-26** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**4**	

Persons Contacted: **STEVEN BARTOLO(SERGEANT) CHRIS LOWRY(H&S ONSITE)**

Visit Purpose: **SAC REPORT 1094 WORK REFUSAL**

Visit Location: **THIS VISIT WAS CONDUCTED OVER THE PHONE**

Visit Summary: **SECTION 43 DID NOT APPLY**

Detailed Narrative:

This inspector was notified of a work refusal at the Maplehurst Correctional Complex.
Reason For refusal:
The workers were refusing to issue canteen until the scheduled level 2 search of 8B and 8E had been completed nor had they been trained on issuing the canteen.
This inspector accompanied by MOLTSD industrial inspector Mr. Burzese conducted the work refusal investigation via telephone and spoke with Steven Bartolo(Management co-chair) Chris Lowry(certified JHSC member) Marcia Fegan(Unit 8 supervisor) and along with two workers.
Inspectors Findings:
It was determined by this inspector that Section 43 of The Occupational Health And Safety Act did not apply.

No further action required at this time

A copy of this report shall be posted in the a prominent place in the workplace that is available to all workers.

Recipient	Inspector Data	Worker Representative
Name _____	**Dustin Lachance** CONSTRUCTION HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLCHSHamilton1@ontario.ca **Tel: (289) 673-2747** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Aug-28	9:00 AM	2020-Aug-28	Field Visit	BURZESE, ANTHONY (4249)	**04693PQCP092**

OHS Case ID	Lead Inspector	Case Status
04249PQCR702	BURZESE, ANTHONY (4249)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Aug-28	11:41 AM	Telephone	Garrick, Lisa (4693)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//General Work Refusal	3		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Kesner, Paul	(905) 691-1317	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Kesner, Paul	(905) 691-1317	No

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin Street, Milton, ON L9T 2Y3, Canada

Event Information

-Employer is calling to report workers refusing work.
- Workers are refusing to unlock the facilities inmates because they are concerned that corrections inmate will not return to their respective areas after being unlocked.
- Employer has conducted a stage one investigation and has determined there is no danger to the workers but they a restill refusing.

Event Details and Conclusion

Case ID 04249PQCR702
2020-Aug-28 3:17 PM BURZESE, ANTHONY (4249)
No Further actions required, resolved with MOL assistance

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PQCR702**
Field Visit no: **04249PQCR703** Visit Date: **2020-AUG-28** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **DARREN JONES - STAFF SERGEANT, CHRIS BATTAGLIA - SERGEANT, STEVEN BAYNHAM - JHSC WORKER REPRESENTATIVE, JENNY DIPLACIDO - JHSC WORKER REPRESENTATIVE, SPOKES PERSON ON BEHALF OF THE4 REFUSING WORKERS**

Visit Purpose: **WORK REFUSAL**

Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE TELEPHONE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

Work Refusal:
- Four workers were refusing to unlock Wings A, B, D & F of Unit #8.

Inspector's Findings / Actions:

- The work refusal does not meet the criteria set out in Section 43 of the Occupational Health & Safety Act RSO1990;
- The workplace parties were able to resolve the concern with the assistance of the Ministry of Labour, Training and Skills Development;

Comment:
- No further actions are required by the Ministry of Labour, Training and Skills Development.

A copy of this report is to be post in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name C. BATTAGLIA	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 515-6221 Fax: (905)577-1324	Name S. Baynham
Title SGT		Title COR certified Member
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PQCR702**
Field Visit no: **04249PQCR703**
Visit Date: **2020-AUG-28**
Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **DARREN JONES - STAFF SERGEANT, CHRIS BATTAGLIA - SERGEANT, STEVEN BAYNHAM - JHSC WORKER REPRESENTATIVE, JENNY DIPLACIDO - JHSC WORKER REPRESENTATIVE, SPOKES PERSON ON BEHALF OF THE4 REFUSING WORKERS**

Visit Purpose: **WORK REFUSAL**

Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE TELEPHONE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

Work Refusal:
- Four workers were refusing to unlock Wings A, B, D & F of Unit #8.

Inspector's Findings / Actions:

- The work refusal does not meet the criteria set out in Section 43 of the Occupational Health & Safety Act RSO1990;
- The workplace parties were able to resolve the concern with the assistance of the Ministry of Labour, Training and Skills Development;

Comment:
- No further actions are required by the Ministry of Labour, Training and Skills Development.

A copy of this report is to be post in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of the Solicitor General

Institutional Services
Policy and Procedures Manual

Ontario

Section:
Inmate Management

Release Date:
March 2011

Sub Section:
General Inmate Management

Inmate Hunger Strike

Policy

An inmate's refusal to take nourishment is regarded as both a behaviour management and a health care problem. For this reason, an inmate who participates in a hunger strike will be closely monitored by the correctional and health care staff in order to prevent the situation from spreading, to prevent unnecessary deterioration of the inmate's condition, and to return the situation to normal as effectively as possible.

Authority

Ministry of Correctional Services Act, ref. "Functions of Ministry"; "Hospital treatment", "Psychiatric treatment" and "Mental examination".

Regulations under the Ministry of Correctional Services Act, ref. "Duties of Superintendent, Health Care Professionals, Employees"; and "Segregation".

Procedures

1. When an inmate declares an intention to go on a hunger strike or refuses nourishment (including fluids), the operational manager and health care staff will be notified immediately.

2. The operational manager or designate will interview the inmate in order to:

   a. identify the inmate's reasons and/or concerns;
   b. identify any other issues which may be relevant to the situation;
   c. evaluate the level of commitment not to take food; and
   d. attempt to resolve the situation by suggesting a more appropriate method of protest through regular administrative channels.

   The person conducting the interview will prepare an Occurrence Report and forward it immediately to the superintendent. An Offender Incident Report will also be completed.

3. The Regional Director will be informed whenever an inmate refuses to take nourishment and regularly updated concerning the status of the situation. If an inmate issues demands or the reasons for the hunger strike appear to focus on a policy issue or an allegation of impropriety by an employee, the Regional Director must be consulted regarding an appropriate response or course of action.

4. If an inmate appears to be seriously committed to a hunger strike, the Senior Medical Consultant and the inmate's next of kin will be notified.

5. If the media or other external agency becomes aware of an inmate's refusal to take food, the superintendent and health care staff will provide information only to the extent permitted by the Freedom of Information and Protection of Privacy Act and the Health Promotion and Protection Act.

Hunger Strike by an Individual Inmate

When an individual inmate continues to refuse nourishment, the inmate will be placed in administrative segregation so that the inmate's physical and mental condition can be closely monitored. This will also help to alleviate the negative impact that the hunger strike might have on other inmates and/or on institutional routines. Unless there are reasonable and compelling reasons to the contrary, the inmate will be accorded the same conditions of confinement, rights and privileges as those provided to inmates in the general population (see Placement of Special Management Inmates). The inmate will be provided with a full meal at every mealtime. Liquids will be present at all times.

Collective Hunger Strike

When two or more inmates collectively refuse nourishment, they may be placed in administrative segregation or may be confined to their living units or cells so that their physical and mental condition can be monitored closely. This will also serve to alleviate any negative impact that their protest might have on other inmates or on institutional routines.

To the degree practicable, the inmates will be accorded the same conditions of confinement, rights and privileges as those provided to inmates in the general population (see Placement of Special Management inmates). The inmates will be provided with a full meal at every mealtime. Liquids will be available at all times.

Every effort will be made to identify individuals who may be actively encouraging other inmates to participate in the hunger strike. Removal of these inmates from the immediate area or their transfer to another institution may be effective in resolving the situation.

In responding to a collective hunger strike, a concerted effort must be made by all employees to contain the protest and to prevent it from escalating into a major disturbance.

Health Care Monitoring

An inmate who continues to refuse nourishment must be examined each day by health care staff and the observations will be recorded on the inmate's "Health Care Record".

Correctional staff supervising an inmate on a hunger strike must record accurately if the inmate eats or drinks and the approximate quantities consumed or if food and/or liquids are refused. This record will be kept in the area logbook and, when appropriate an Occurrence Report will be submitted.

The inmate's weight must be recorded on a daily basis.

When it appears that an inmate is seriously committed to a hunger strike, a request for a psychiatric/psychological assessment and counselling must be made.

Transfer to a Community Hospital

When an assessment of the inmate's condition by a health care professional indicates that the inmate is becoming significantly ill, the inmate will immediately be transferred to a community hospital. Should it subsequently become apparent that the inmate is committed to the point of death or permanent physical damage, the Senior Medical Consultant and the Director, Legal Services will be consulted.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Sep-07	8:33 AM	2020-Sep-09	Field Visit	BEASLEY, DEBBIE (1283)	**04606PQQM716**

OHS Case ID	Lead Inspector	Case Status
01283PQQR273	BEASLEY, DEBBIE (1283)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Sep-07	11:28 AM	Telephone	Ekron, Beth (4606)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Injury/Incident//To Non-Worker - Fatality/Critical	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Dearing, Nicole	(905) 878-8141 Ext: 7361	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

611 Martin Street, Milton, Ontario L9T 3V9, Canada

Event Information

As per SAC Report 1378
-"Caller reporting the sudden death of an inmate at Maple Hurst Correctional Complex. Unit 11A Cell 13 a medical alert was declared for inmate Dustin Peterson. Possible over dose, staff discovered the inmate VSA, CPR and AED performed. Fire and EMS on scene. Inmate transferred to Milton hospital and pronounced deceased by Dr. MADHI at 09:51. Halton Regional Police Service Occurrence 279280. Caller also adds that their local president has been informed that MOL has been contacted. "

Event Details and Conclusion

Case ID 01283PQQR273
2020-Sep-15 1:25 PM BEASLEY, DEBBIE (1283)
closed.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PQQR273
Field Visit no: 01283PQRP274
Visit Date: 2020-SEP-09
Field Visit Type: INITIAL
Notice ID:

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: REFER TO DETAILED NARRATIVE
Visit Purpose: FATALITY INVESTIGATION OF A NON-WORKER.
Visit Location: TELECONFERENCE
Visit Summary: FATALITY INVESTIGATION OF A NON-WORKER.

Detailed Narrative:

Contacted:
Ms. Nicole Dearing, Staff Sgt., Crisis Manager
Mr. Darren Jones, Staff Sgt.
Mr. Stuart Wilson, CO / JHSC Worker Co-chair
Mr. Peter Figliola, Union President, Local 234

An inmate admitted to the Maplehurst Correctional Complex, the evening of September 6, 2020, and discovered the morning of September 7, 2020, in cell 13, on Unit 11A in need of medical assistance (inmate identified as VSA upon discovery). Correctional officers and nursing staff came to the assistance of the inmate. CPR and AED was performed. Fire and EMS attended the site, and continued the attempts to resuscitate. The inmate was transported to Milton District Hospital where he was pronounced deceased.

Body scan, inmate screening for COVID-19 and controlled substances had been performed at the Maplehurst Correctional Complex on admittance.

Unit 11A is currently a COVID-19 intake unit, where cell 13 had been shared by two inmates.

Halton Regional Police occurrence report 279280, in existence.

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

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name S/SGT N.L. DEARING	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. WILSON.
Title		Title Co-Chair JOHSC.
Signature	Signature	Signature

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

83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PQQR273**
Field Visit no: **01283PQRP274** Visit Date: **2020-SEP-09** Field Visit Type: **INITIAL**
Notice ID:

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **FATALITY INVESTIGATION OF A NON-WORKER.**
Visit Location: **TELECONFERENCE**
Visit Summary: **FATALITY INVESTIGATION OF A NON-WORKER.**

Detailed Narrative:

Contacted:
Ms. Nicole Dearing, Staff Sgt., Crisis Manager
Mr. Darren Jones, Staff Sgt.
Mr. Stuart Wilson, CO / JHSC Worker Co-chair
Mr. Peter Figliola, Union President, Local 234

An inmate admitted to the Maplehurst Correctional Complex, the evening of September 6, 2020, and discovered the morning of September 7, 2020, in cell 13, on Unit 11A in need of medical assistance (inmate identified as VSA upon discovery). Correctional officers and nursing staff came to the assistance of the inmate. CPR and AED was performed. Fire and EMS attended the site, and continued the attempts to resuscitate. The inmate was transported to Milton District Hospital where he was pronounced deceased.

Body scan, inmate screening for COVID-19 and controlled substances had been performed at the Maplehurst Correctional Complex on admittance.

Unit 11A is currently a COVID-19 intake unit, where cell 13 had been shared by two inmates.

Halton Regional Police occurrence report 279280, in existence.

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

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Sep-30	8:44 PM	2020-Oct-21	Field Visit	BEASLEY, DEBBIE (1283)	**04338PRTT573**

OHS Case ID	Lead Inspector	Case Status
01283PSTQ445	BEASLEY, DEBBIE (1283)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Oct-01	03:33 PM	Telephone	Nwabuogu, Michael (4338)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Occurrence//Other	1	1	No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Kesner, Paul	(905) 691-1317	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

Inmate Records Section - 661 Martin St, Milton, ON L9T 2Y3

Event Information

Employer reporting workplace occurrence:
-possibility of substance being left in the workers' tea resulting in her feeling sick, and experiencing"soapy taste" in her mouth
-worker did not attend work today as a result of yesterday's occurrence
-employer/police currently investigating the matter

Event Details and Conclusion

Case ID 01283PSTQ445
2021-Jan-08 9:04 AM BEASLEY, DEBBIE (1283)
closed.

Ministry of Labour, Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PSTQ445**
Field Visit no: **01283PSTQ446** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR**

Visit Purpose: **HEALTH AND SAFETY CONCERN REGARDING THE EMPLOYER'S WORKPLACE HARASSMENT AND VIOLENCE PROGRAM.**

Visit Location: **661 MARTIN ST., CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **INSPECTOR REQUIREMENT ISSUED.**

Detailed Narrative:

This visit was performed due to information that arose from an incident occurrence involving the potential ingestion of a substance.

The employer performed an internal investigation on October 1, 2020, into the incident occurrence. An outside investigation was undertaken by the Halton Regional Police.

Employee / Other Information Report (2-pages), taken into receipt.

Discussed workplace harassment policy, program and training. The incident occurrence was classified under the employer's workplace violence policy and program.

Inspector requirement issued.

NOTES:
All orders / inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / inspector requirement(s).

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO.	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name S. WILSON.
Title Sgt. JOHSC EMP Co-Chair		Title Co-Chair worker.
Signature	Signature	Signature

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place in 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

63796

OHS Case ID: 01283PSTQ445
Field Visit no: 01283PSTQ446 Visit Date: 2020-OCT-21 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

ORIGINAL

Recipient	Inspector Data	Worker Representative
Name S. Mantela.	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. Wilson
Title Sgt. JOHSC Emp Co-Chair		Title Co-Chair worker.
Signature	Signature	Signature

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83798

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PSTQ445**
Field Visit no: **01283PSTQ446** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PSTR447	Rqmt	OHSA	1990	54	1	c	In accordance with section 54(1)(c) of the Occupational Health and Safety Act (1990), the employer shall provide the last date of workplace violence policy and program review, and the date of last workplace violence assessment. This Inspector Requirement shall be completed by: October 27, 2020.	2020-OCT-27

ORIGINAL

Recipient
Name S. Bartolo. Sgt.
Title JOHSC Co-Chair EMP.
Signature

Inspector Data
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON. L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324
Signature

Worker Representative
Name J. Wilson.
Title Co-Chair worker.
Signature

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.

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83798

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PSTQ445**
Field Visit no: **01283PSTQ446** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR**

Visit Purpose: **HEALTH AND SAFETY CONCERN REGARDING THE EMPLOYER'S WORKPLACE HARASSMENT AND VIOLENCE PROGRAM.**

Visit Location: **661 MARTIN ST., CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **INSPECTOR REQUIREMENT ISSUED.**

Detailed Narrative:

This visit was performed due to information that arose from an incident occurrence involving the potential ingestion of a substance.

The employer performed an internal investigation on October 1, 2020, into the incident occurrence. An outside investigation was undertaken by the Halton Regional Police.

Employee / Other Information Report (2-pages), taken into receipt.

Discussed workplace harassment policy, program and training. The incident occurrence was classified under the employer's workplace violence policy and program.

Inspector requirement issued.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / Inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

OHS Case ID: **01283PSTQ445**
Field Visit no: **01283PSTQ446** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
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OHS Case ID: **01283PSTQ445**
Field Visit no: **01283PSTQ446** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PSTR447	Rqmt	OHSA	1990	54	1	c	**In accordance with section 54(1)(c) of the Occupational Health and Safety Act (1990), the employer shall provide the last date of workplace violence policy and program review, and the date of last workplace violence assessment. This Inspector Requirement shall be completed by: October 27, 2020.**	**2020-OCT-27**

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: 01283PSTQ445
Field Visit No: 01283PSTQ446
Visit Date : 2020-OCT-21

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: MINISTRY OF THE SOLICITOR GENERAL

Role: Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
1 01283PSTR447	Rqmt	OHSA	1990	54	1	c		☑ Agree ☐ Disagree	2020-OCT-27

J. Wilson
(Signature)

- Last Workplace Violence Risk Assessment completed 09/04/2020
- MGCS OPS Workplace Violence Prevention Program - June 2018

Form completed by: Brad Keyser
Title: Deputy Superintendent
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: J. Wilson
Signature:

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.

83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PSTS450** Visit Date: **2020-OCT-21** Field Visit Type: **FOLLOW-UP**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. JAMIE MORTIN, MM3 / JHSC WORKER MEMBER**

Visit Purpose: **FOLLOW-UP ON STOP WORK ORDER ISSUED FOR THE HVAC MEZZANINE**

Visit Location: **661 MARTIN ST.; CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **VISIT TO FOLLOW-UP ON STOP WORK ORDER ISSUED FOR THE HVAC MEZZANINE**

Detailed Narrative:

This visit to the Stores / Yard Area, was to follow-up with the contravention and STOP work order issued on June 10, 2020. Contravention order 01283PLDZ129 lifted and STOP work order 01283PLDZ130 complied with.

The employer had previously provided the Notice of Compliance for orders 01283PLDZ129 and 01283PLDZ130 by email, to the undersigned Inspector.

On route to the Stores Area, a Genie Z-40 boom was observed with the platform raised, in the yard. Discussed section 58 of the Regulations of Industrial Establishments with the workplace parties. The Genie Z-40 was stated to belong to a contractor on site. The employer was advised to lower and solidly support the platform.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

ORIGINAL

Recipient	Inspector Data	Worker Representative
Name S. Bartolo.	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name J. Wilson
Title Sgt. JOHSC EMP Co-Chair		Title Co-Chair worker.
Signature	Signature	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PSTS450**
Visit Date: **2020-OCT-21**
Field Visit Type: **FOLLOW-UP**
Notice ID:

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. JAMIE MORTIN, MM3 / JHSC WORKER MEMBER**

Visit Purpose: **FOLLOW-UP ON STOP WORK ORDER ISSUED FOR THE HVAC MEZZANINE**

Visit Location: **661 MARTIN ST.; CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **VISIT TO FOLLOW-UP ON STOP WORK ORDER ISSUED FOR THE HVAC MEZZANINE**

Detailed Narrative:

This visit to the Stores / Yard Area, was to follow-up with the contravention and STOP work order issued on June 10, 2020. Contravention order 01283PLDZ129 lifted and STOP work order 01283PLDZ130 complied with.

The employer had previously provided the Notice of Compliance for orders 01283PLDZ129 and 01283PLDZ130 by email, to the undersigned Inspector.

On route to the Stores Area, a Genie Z-40 boom was observed with the platform raised, in the yard. Discussed section 58 of the Regulations of Industrial Establishments with the workplace parties. The Genie Z-40 was stated to belong to a contractor on site. The employer was advised to lower and solidly support the platform.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division: Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: 01283PLDX127
Field Visit No: 01283PLDX128

Visit Date : 2020-JUN-10

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: MINISTRY OF THE SOLICITOR GENERAL

Role: Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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

No.	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date:
1	TimeU	OHSA	1990	25	2	h	See attachment Item 1	☒ Agree ☐ Disagree (Signature)	
01283PLDZ129									
2	Stop	OHSA	1990	57	6	c	See attachment Item 2	☒ Agree ☐ Disagree (Signature)	2020 SEP 29
01283PLDZ130									

J. Wilson
Oct. 08, 2020.

Form completed by: KENT HUTCHINSON

Title: Maintenance Service Manager

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: J. Wilson

Signature:

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.

83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: 01283PLDX127
Field Visit No: 01283PLDX128
Visit Date : 2020-JUN-10

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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:
MINISTRY OF THE SOLICITOR GENERAL

Role
Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
8 01283PLDD138	Time	OHSA	1990	25	2	h	See attachment Item 8	☑ Agree ☐ Disagree (Signature)	2020-JUN-12
9 01283PLDD139	Time	OHSA	1990	25	2	a	See attachment Item 9	☑ Agree ☐ Disagree (Signature)	2020-JUN-12

Form completed by: [illegible] Hutchinson
Title: Maintenance Service Manager
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: J. Wilson
Signature:

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.

83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PSTR448**
Field Visit no: **01283PSTR449** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. SUART WILSON, CO / JHSC WORKER CO-CHAIR**

Visit Purpose: **HEALTH AND SAFETY CONCERN REGARDING LIGHTING**

Visit Location: **661 MARTIN ST.; CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **NO ORDERS ISSUED THOUGH THE PROVISION OF THIS FIELD VISIT REPORT.**

Detailed Narrative:

This visit was performed to address issues identified in Unit 11 Break / Lunch Room regarding lighting. The alleged concern included the following:
- The lunchroom has improper lighting.
- In order for the lights to be turned on, a third party needs to be contacted. Calls are made to the third party to turn the lights off.
- Concerns regarding a safe place to eat lunch.
- The employer and JHSC has been made aware of the concern.

ORIGINAL

During the course of discussion, the employer advised that corrective actions have been put in place regarding the lighting in the Unit 11 Break / Lunch Room. Lights were stated to be left on and access to the light louver in the lunch room was advised to have been locked out, to prevent tampering.

No orders issued.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name S. Bartolo.	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. Wilson.
Title Sgt. JOHSC Temp Co-Chair		Title Co-Chair worker.
Signature	Signature	Signature

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 1-877-339-3355 (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

Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PSTR448**
Field Visit no: **01283PSTR449** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. SUART WILSON, CO / JHSC WORKER CO-CHAIR**

Visit Purpose: **HEALTH AND SAFETY CONCERN REGARDING LIGHTING**

Visit Location: **661 MARTIN ST.; CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **NO ORDERS ISSUED THOUGH THE PROVISION OF THIS FIELD VISIT REPORT.**

Detailed Narrative:

This visit was performed to address issues identified in Unit 11, Break / Lunch Room regarding lighting. The alleged concern included the following:
- The lunchroom has improper lighting.
- In order for the lights to be turned on, a third party needs to be contacted. Calls are made to the third party to turn the lights off.
- Concerns regarding a safe place to eat lunch.
- The employer and JHSC has been made aware of the concern.

During the course of discussion, the employer advised that corrective actions have been put in place regarding the lighting in the Unit 11 Break / Lunch Room. Lights were stated to be left on and access to the light louver in the lunch room was advised to have been locked out, to prevent tampering.

No orders issued.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Nov-11	2:23 PM	2020-Nov-18	Field Visit	BEASLEY, DEBBIE (1283)	03475PTXM042

OHS Case ID	Lead Inspector	Case Status
01283PVFT518	BEASLEY, DEBBIE (1283)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Nov-11	02:23 PM	Email	WESTWOOD, TINA (3475)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Internal Responsibility System	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	[redacted]		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex (SOLGEN)

Event Location

661 Martin Street, Milton, ON L9T 2Y3

Event Information

As per complaint form 20201111142506867

Concerns for the lack of information on hazards and the subsequent lack of PPE being worn.

Event Details and Conclusion

Case ID 01283PVFT518
2021-Jan-08 9:13 AM BEASLEY, DEBBIE (1283)
closed.

Event entered into ICE on: 13-Nov-2020 9:11 AM
Event entered into ICE by: WESTWOOD, TINA (3475)

Report printed on: 16-Feb-2021 11:26 AM
Report printed by: HUTTON, LINDSAY (4329)

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
If this is an emergency call 911 immediately.

The ministry responds to health and safety complaints submitted through this form during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m, excluding holidays.

If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

(SOLGEN) Maplehurst Correctional Complex

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	661	Martin	Street

Street direction	City/town *	Province	Postal code
	Milton	ON	L9T 2Y3

Complete address for program area (This field is visible only for the program area to extract the full address)

661 Martin Street, Milton, ON L9T 2Y3

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

S.21

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☐ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name *

S.21

First name *

Ways we can reach you (must provide at least one) *

Telephone number

S.21

Email address (Please provide an email address if you wish to receive confirmation of your complaint.)

S.21

Date of complaint (yyyy/mm/dd)

2020/11/11

Time of complaint (HH:MM)

14:23

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVFT519 Visit Date: 2020-NOV-18 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE); MR. PETER FIGLIOLA, OPSEU PRESIDENT LOCAL 234.

Visit Purpose: INVESTIGATION INTO AN WORKPLACE INCIDENT THAT OCCURRED IN UNIT 9E ON NOVEMBER 6, 2020.

Visit Location: 661 MARTIN ST., CONFERENCE ROOM

Visit Summary: INSPECTOR REQUIREMENT ISSUED.

Detailed Narrative:

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training and Skills Development.

The alleged health and safety concerns include the following:
- On Nov.07, 2020, at the Maplehurst Correctional Complex a serious weapons hazard to the workers existed that was not forwarded by MHCC supervisors to oncoming day shift correctional officers.
- The two primary concerns raised included: 1) Workers had not been advised of the hazard; 2) Lack of appropriate PPE being worn by staff on the shift.

Discussed an altercation that took place between multiple inmates on Unit 9E on November 6, 2020, where staff intervened. A series of events stemming from the initial incident on November 6, 2020, were discussed.

The employer provided the following documentation:
1) Weapons Search Protocol - Checklist (dated: 11-07-2020 & amended: Oct. 9), 5-pages;
2) Weapons Search Protocol - Checklist (dated: 11-06-2020), 3-pages;
3) Weapons Search Protocol - Checklist (blank copy), 3-pages & Ministry of Solicitor General Institutional Services Policy & Procedures Manual (Security & Controls; release date: March 2, 2020), 7-pages;
4) email from J.Gallagher (date: November 6, 2020 @ 1:44pm), 1-page;
5) OTIS Unit Assignment List (date: 06 Nov 2020 @ 11:41), page 33 of 47;
6) Maplehurst Correctional Complex Cell Location Sheet Unit 9E-Wing; 1-page;
7) black & white photographs of shanks (identified as 1-3), 3-pages & 1-page identification of Sgt. Battaglia;
8) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing; 3-pages;
9) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing & update: S.Maltby; 5-pages (2 pages - Appendix);
10) emails from S.Maltby, dated November 7, 2020 @ 12:14AM and 1:18AM, 2-pages;
11) Briefing Form (SMEAC), dated: Nov-06-2020, author: N. Dearing; 2-pages;
12) Briefing Form (SMEAC), dated: Nov-06-2020, author: C.Grahek, 2-pages;

Recipient	Inspector Data	Worker Representative
Name: JOHN ILIKA	DEBBIE BEASLEY	Name: J. Wilson.
Title: DEPUTY SUPERINTENDENT	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Title: JOHSC Co-Chair.
Signature:	PROVINCIAL OFFENCES OFFICER	Signature:
	119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7	
	MOLIHSHamiltonWest@ontario.ca	
	Tel: (905) 317-6591	
	Fax: (905) 577-1324	
	Signature: Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:34:33 -05'00'	

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.

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVFT519 Visit Date: 2020-NOV-18 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

13) email from N.Dearing, 3-pages;
14) Ministry of Solicitor General Occurrence Reports (10 total), 14-pages;
15) Misconduct Notice, 1-page.

The employer has been requested to provide copy of the current workplace violence policy; Inspector Requirement issued.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / Inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

Recipient	Inspector Data	Worker Representative
Name	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. Wilson
Title		Title JOHSC Co-Chair
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:14:54 -05'00'	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVFT519 Visit Date: 2020-NOV-18 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

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

To: MINISTRY OF THE SOLICITOR GENERAL
Org/Ind Role: Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PVFV520	Rqmt	OHSA	1990	54	1	c	In accordance with section 54(1)(c) of the Occupational Health and Safety Act (1990), the employer shall provide copy of the current workplace violence policy, in existence, for inspection and examination. This Inspector Requirement shall be completed by: November 20, 2020.	2020-NOV-20

Recipient	Inspector Data	Worker Representative
Name	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name
Title		Title
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:35:16 -05'00'	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: **01283PVFT518**
Field Visit No: **01283PVFT519**
Visit Date : **2020-NOV-18**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
1	Rqmt	OHSA	1990	54	1	c		☐ Agree ☐ Disagree	2020-NOV-20
01283PVFV520									

(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: _____

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.

83798

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVFT519 Visit Date: 2020-NOV-18 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE); MR. PETER FIGLIOLA, OPSEU PRESIDENT LOCAL 234.

Visit Purpose: INVESTIGATION INTO AN WORKPLACE INCIDENT THAT OCCURRED IN UNIT 9E ON NOVEMBER 6, 2020.

Visit Location: 661 MARTIN ST., CONFERENCE ROOM

Visit Summary: INSPECTOR REQUIREMENT ISSUED.

Detailed Narrative:

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training and Skills Development.

The alleged health and safety concerns include the following:
- On Nov.07, 2020, at the Maplehurst Correctional Complex a serious weapons hazard to the workers existed that was not forwarded by MHCC supervisors to oncoming day shift correctional officers.
- The two primary concerns raised included: 1) Workers had not been advised of the hazard; 2) Lack of appropriate PPE being worn by staff on the shift.

Discussed an altercation that took place between multiple inmates on Unit 9E on November 6, 2020, where staff intervened. A series of events stemming from the initial incident on November 6, 2020, were discussed.

The employer provided the following documentation:
1) Weapons Search Protocol - Checklist (dated: 11-07-2020 & amended: Oct. 9), 5-pages;
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3) Weapons Search Protocol - Checklist (blank copy), 3-pages & Ministry of Solicitor General Institutional Services Policy & Procedures Manual (Security & Controls; release date: March 2, 2020), 7-pages;
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7) black & white photographs of shanks (identified as 1-3), 3-pages & 1-page identification of Sgt. Battaglia;
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11) Briefing Form (SMEAC), dated: Nov-06-2020, author: N. Dearing; 2-pages;
12) Briefing Form (SMEAC), dated: Nov-06-2020, author: C.Grahek, 2-pages;

COPY

Recipient	Inspector Data	Worker Representative
Name: JOHN ILIKA	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name: J. Wilson.
Title: DEPUTY SUPERINTENDENT		Title: JOHSC Co-Chair.
Signature	Signature: Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:54:35 -05'00'	Signature

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.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PVFT518**

Field Visit no: **01283PVFT519** Visit Date: **2020-NOV-18** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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
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Recipient

Name: JOHN ILIKA

Title: DEPUTY SUPERINTENDENT

Signature:

Inspector Data

DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Signature: Debbie Beasley Digitally signed by Debbie Beasley ON: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:35:16 -05'00'

Worker Representative

Name: J. Wilson.

Title: Co-Chair JOHSC.

Signature:

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: **01283PVFT518**
Field Visit No: **01283PVFT519**
Visit Date : **2020-NOV-18**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
1	Rqmt	OHSA	1990	54	1	c		☑ Agree ☐ Disagree	2020-NOV-20
01283PVFV520									

(Signature)

ON TUESDAY NOVEMBER 24, 2020 A COPY OF THE OCCURRENCE REPORT FILED BY SGT. J. RAMIREZ, SEARCH REPORTS FOR YARDS SEARCHED FROM NOVEMBER 6 - 10, 2020 AS WELL AS PHOTOS OF YARD DOOR, WEATHER STRIPPING WAS PROVIDED TO MOL INSPECTOR D. BEASLEY.
ADDITIONALLY TO STREAMLINE COMMUNICATION, AN EMAIL WAS SENT AT 1413 HRS ON NOV. 24, 2020 DIRECTING SISGT'S TO COMMUNICATE ANY H&S RELATED MATTER TO EMPLOYEE & EMPLOYER CO-CHAIRS.

Form completed by: JOHN INIKA

Title: DEPUTY SUPERINTENDENT

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: J. Wilson

Signature:

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83798

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PVFT518**
Field Visit no: **01283PVFT519** Visit Date: **2020-NOV-18** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE); MR. PETER FIGLIOLA, OPSEU PRESIDENT LOCAL 234.**

Visit Purpose: **INVESTIGATION INTO AN WORKPLACE INCIDENT THAT OCCURRED IN UNIT 9E ON NOVEMBER 6, 2020.**

Visit Location: **661 MARTIN ST., CONFERENCE ROOM**

Visit Summary: **INSPECTOR REQUIREMENT ISSUED.**

Detailed Narrative:

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training and Skills Development.

The alleged health and safety concerns include the following:
- On Nov.07, 2020, at the Maplehurst Correctional Complex a serious weapons hazard to the workers existed that was not forwarded by MHCC supervisors to oncoming day shift correctional officers.
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12) Briefing Form (SMEAC), dated: Nov-06-2020, author: C.Grahek, 2-pages;

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:34:33 -05'00'	Signature

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OHS Case ID: **01283PVFT518**
Field Visit no: **01283PVFT519** Visit Date: **2020-NOV-18** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

13) email from N.Dearing, 3-pages;
14) Ministry of Solicitor General Occurrence Reports (10 total), 14-pages;
15) Misconduct Notice, 1-page.

The employer has been requested to provide copy of the current workplace violence policy; Inspector Requirement issued.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
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The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:34:54 -05'00'	Signature

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.

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PVFT518**
Field Visit no: **01283PVFT519** Visit Date: **2020-NOV-18** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PVFV520	Rqmt	OHSA	1990	54	1	c	**In accordance with section 54(1)(c) of the Occupational Health and Safety Act (1990), the employer shall provide copy of the current workplace violence policy, in existence, for inspection and examination. This Inspector Requirement shall be completed by: November 20, 2020.**	**2020-NOV-20**

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:35:16 -05'00'	Signature

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.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PSTQ445
Field Visit no: 01283PVNL528 Visit Date: 2020-NOV-24 Field Visit Type: FOLLOW-UP

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE).

Visit Purpose: RETURN DOCUMENTATION.

Visit Location: 661 MARTIN ST.; CONFERENCE ROOM

Visit Summary: EMPLOYEE / OTHER INFORMATION REPORT (2-PAGES) RETURNED FROM OCTOBER 21, 2020 (FV: 01283PSTQ446).

Detailed Narrative:

Recipient	Inspector Data	Worker Representative
Name JOHN ILIKA	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. DeLacio
Title DEPUTY SUPERINTENDENT		Title Coo Health and Safety
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.25 13:45:57 -05'00'	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVGM521 Visit Date: 2020-NOV-24 Field Visit Type: CONTINUATION
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE).

Visit Purpose: CONTINUED INVESTIGATION

Visit Location: 661 MARTIN ST.; CONFERENCE ROOM

Visit Summary: CONTINUED INVESTIGATION

Detailed Narrative:

Further discussion of the incident occurrence on November 6, 2020 and the subsequent actions taken.

The workplace parties were advised of sections 9(18) and 9(20) of the Occupational Health and Safety Act.

Documentation available at the time of visit:
1) Search Records for the Yard dated November 6 and November 7.
2) Occurrence Report dated 11/07/2020 at 0023.

Documentation returned from November 18, 2020, included the following:
1) Weapons Search Protocol - Checklist (dated: 11-07-2020 & amended: Oct. 9), 5-pages;
2) Weapons Search Protocol - Checklist (dated: 11-06-2020), 3-pages;
3) Weapons Search Protocol - Checklist (blank copy), 3-pages & Ministry of Solicitor General Institutional Services Policy & Procedures Manual (Security & Controls; release date: March 2, 2020), 7-pages;
4) email from J.Gallagher (date: November 6, 2020 @ 1:44pm), 1-page;
5) OTIS Unit Assignment List (date: 06 Nov 2020 @ 11:41), page 33 of 47;
6) Maplehurst Correctional Complex Cell Location Sheet Unit 9E-Wing; 1-page;
7) black & white photographs of shanks (identified as 1-3), 3-pages & 1-page identification of Sgt. Battaglia;
8) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing; 3-pages;
9) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing & update: S.Maltby, 5-pages (2 pages - Appendix);
10) emails from S.Maltby, dated November 7, 2020 @ 12:14AM and 1:18AM, 2-pages;
11) Briefing Form (SMEAC), dated: Nov-06-2020, author: N. Dearing; 2-pages;
12) Briefing Form (SMEAC), dated: Nov-06-2020, author: C.Grahek, 2-pages;
13) email from N.Dearing, 3-pages;
14) Ministry of Solicitor General Occurrence Reports (10 total), 14-pages;
15) Misconduct Notice, 1-page.

Recipient	Inspector Data	Worker Representative
Name: JOHN ILIKA	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name: J. Wilson
Title: DEPUTY SUPERINTENDENT		Title: Co-Chair JHSC
Signature	Signature: Debbie Beasley (Digitally signed by Debbie Beasley, Dn: cn=Debbie Beasley, o, ou, email=Debbie.Beasley@ontario.ca, c=CA, Date: 2020.11.24 19:09:45 -05'00')	Signature

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.

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVGM521 Visit Date: 2020-NOV-24 Field Visit Type: CONTINUATION
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Documentation taken into receipt:
- email dated November 24, 2020 at 2:13pm, from J.Ilika, 1-page.

No orders issued.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name JOHN ILIKA	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. Wilson
Title DEPUTY SUPERINTENDENT		Title Co-Chair JOHSC.
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=Debbie.Beasley@ontario.ca, c=CA Date: 2020.11.24 19:18:19 -05'00'	Signature

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

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PVFT518**
Field Visit no: **01283PVGM521** Visit Date: **2020-NOV-24** Field Visit Type: **CONTINUATION**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE).**

Visit Purpose: **CONTINUED INVESTIGATION**

Visit Location: **661 MARTIN ST.; CONFERENCE ROOM**

Visit Summary: **CONTINUED INVESTIGATION**

Detailed Narrative:

Further discussion of the incident occurrence on November 6, 2020 and the subsequent actions taken.

The workplace parties were advised of sections 9(18) and 9(20) of the Occupational Health and Safety Act.

Documentation available at the time of visit:
1) Search Records for the Yard dated November 6 and November 7.
2) Occurrence Report dated 11/07/2020 at 0023.

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3) Weapons Search Protocol - Checklist (blank copy), 3-pages & Ministry of Solicitor General Institutional Services Policy & Procedures Manual (Security & Controls; release date: March 2, 2020), 7-pages;
4) email from J.Gallagher (date: November 6, 2020 @ 1:44pm), 1-page;
5) OTIS Unit Assignment List (date: 06 Nov 2020 @ 11:41), page 33 of 47;
6) Maplehurst Correctional Complex Cell Location Sheet Unit 9E-Wing; 1-page;
7) black & white photographs of shanks (identified as 1-3), 3-pages & 1-page identification of Sgt. Battaglia;
8) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing; 3-pages;
9) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing & update: S.Maltby, 5-pages (2 pages - Appendix);
10) emails from S.Maltby, dated November 7, 2020 @ 12:14AM and 1:18AM, 2-pages;
11) Briefing Form (SMEAC), dated: Nov-06-2020, author: N. Dearing; 2-pages;
12) Briefing Form (SMEAC), dated: Nov-06-2020, author: C.Grahek, 2-pages;
13) email from N.Dearing, 3-pages;
14) Ministry of Solicitor General Occurrence Reports (10 total), 14-pages;
15) Misconduct Notice, 1-page.

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.24 19:09:45 -05'00'	Signature

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Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PVFT518**
Field Visit no: **01283PVGM521** Visit Date: **2020-NOV-24** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Documentation taken into receipt:
- email dated November 24, 2020 at 2:13pm, from J.Ilika, 1-page.

No orders issued.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.24 15:10:10 -05'00'	Signature

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.

Ministry of Labour,
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Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2021-Jan-04	9:29 AM		No Field Visit	WEAVER, RICK (3144)	**04687QBGL827**

OHS Case ID	Lead Inspector	Case Status
03144QBJS482	WEAVER, RICK (3144)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2021-Jan-04	09:37 AM	Telephone	Pacitto, Elena (4687)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	(Anonymous), (Anonymous)		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin Street, Milton, Ontario L9T 3V9, Canada

Event Information

No covid protocol is being followed.

Event Details and Conclusion

Event entered into ICE on: 04-Jan-2021 9:37 AM
Event entered into ICE by: Pacitto, Elena (4687)

Report printed on: 16-Feb-2021 11:27 AM
Report printed by: HUTTON, LINDSAY (4329)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2021-Feb-06	10:20 AM	2021-Feb-06	Field Visit	JOHNSTONE, JOHN (3786)	**03404QCZP786**

OHS Case ID	Lead Inspector	Case Status
03786QCWR330	JOHNSTONE, JOHN (3786)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2021-Feb-06	10:30 AM	Telephone	CRUMP, STUART (3404)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Other	4		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Steven	(905) 878-8141 Ext: 7343	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Steven	(905) 878-8141 Ext: 7343	No

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin St, Milton, ON L9T 2Y3 (postal code per Google).

Event Information

Per SAC report 3217:
Work refusal unable to reach a resolution // Employer is requesting workers conduct an internal escort movement within Unit 1 in order to cohort positive Covid 19 inmates together and cohort negative inmates // this requires movement within the area // worker members are refusing to make those movements, because they believe they require specific training to work with Covid positive inmates // CO - Grace Hefley is representing 4 workers (Corrections Officers) JHSC Rep on behalf of Workers - Robert Capone same ph # // at this time at an impass.

Event Details and Conclusion

Event entered into ICE on: 08-Feb-2021 12:05 PM
Event entered into ICE by: CRUMP, STUART (3404)

Report printed on: 16-Feb-2021 11:29 AM
Report printed by: HUTTON, LINDSAY (4329)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2021-Feb-10	4:45 PM	2021-Feb-10	Field Visit	JOHNSTONE, JOHN (3786)	**04688QDCV315**

OHS Case ID	Lead Inspector	Case Status
03786QDCB335	JOHNSTONE, JOHN (3786)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2021-Feb-10	04:45 PM	Telephone	Ryan, Carolyn (4688)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Steven	(905) 878-8141 Ext: 7343	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Steven	(905) 878-8141 Ext: 7343	No

Reported Employer / Constructor

Maplehurst correctional complex

Event Location

661 Martin St, Milton, ON L9T 3V9

Event Information

Workers are refusing to do inside tours and go into the areas
Endangers the well being of another person

Event Details and Conclusion

Event entered into ICE on: 10-Feb-2021 4:47 PM
Event entered into ICE by: Ryan, Carolyn (4688)

Report printed on: 16-Feb-2021 11:30 AM
Report printed by: HUTTON, LINDSAY (4329)

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **03786QDCB335**
Field Visit no: **03786QDCB336** Visit Date: **2021-FEB-10** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**500**	

Persons Contacted: **SEE DETAILED NARRATIVE.**
Visit Purpose: **WORK REFUSAL INVESTIGATION.**
Visit Location: **THIS INVESTIGATION WAS CONDUCTED BY TELEPHONE.**
Visit Summary: **NO ORDERS ISSUED AT THE TIME OF THIS VISIT. SEE DETAILED NARRATIVE.**

Detailed Narrative:

This field visit took place over the telephone and the following people were contacted:

STEVEN BARTOLO, CERTFIED EMPLOYER MEMBER, JOINT HEALTH AND SAFETY COMMITTEE (JHSC);
ZACH FILDEY, CERTIFIED WORKER MEMBER, JHSC;
JOSUE RAMIREZ, MANAGER; and
REFUSING WORKER (REPRESENTING FIFTEEN (15) TOTAL REFUSING WORKERS).

This Inspector followed up with the persons contacted by telephone regarding a report of a work refusal in progress (at the workplace, Maplehurst Correctional Complex, 661 Martin st., Milton, ON) to the Ontario Ministry of Labour, Training, and Skills Development (MLTSD) Contact Centre and to determine compliance with the requirements of the Occupational Health and Safety Act, 1990 (OHSA/90) and related legislation.

SUMMARY

The work refusal was described to this Inspector as follows:

Fifteen (15) workers were refusing to go into areas of the workplace where inmates are showing visible signs and symptoms of COVID-19. The reason given for the refusal by the 15-workers was that the refusing workers had not been provided adequate information and instruction on how to safely don and doff the required personal protective equipment (PPE) when conducting this work, that PPE being source control (SC) face masks, eye protection and skin protection (gowns and gloves).

THIS INSPECTOR'S OBSERVATIONS; FINDINGS; AND ACTIONS TAKEN:

This Inspector met with the persons contacted by telephone. At the start of the telephone conversation, the workplace parties stated that a stage 1 investigation into the initial refusal had not been completed. The

Recipient	Inspector Data	Worker Representative
Name _____	**JOHN JOHNSTONE** INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7	Name _____
Title _____	MOLIHSHAMILTONEAST@ontario.ca **Tel: (519) 494-5948** **Fax: 905-577-1324**	Title _____
Signature	Signature *John Johnstone*	Signature

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.

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OHS Case ID: **03786QDCB335**
Field Visit no: **03786QDCB336** Visit Date: **2021-FEB-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

workplace parties were reminded of the refusing workers' and employer's duty as stated under section 43(4) of the OHSA/90:

Upon refusing to work or do particular work, the worker shall promptly report the circumstances of the refusal to the worker's employer or supervisor who shall forthwith investigate the report in the presence of the worker and, if there is such, in the presence of one of,

(a) a committee member who represents workers, if any;
(b) a health and safety representative, if any; or
(c) a worker who because of knowledge, experience and training is selected by a trade union that represents the worker, or if there is no trade union, is selected by the workers to represent them,
who shall be made available and who shall attend without delay.

The workplace parties put the telephone conversation on hold, proceeded to investigate at stage 1, and provided a copy of the written stage 1 internal investigation report back to this inspector. This inspector then resumed the telephone conversation and proceeded to investigate the refusal.

At the time of this visit, the work refusal did not meet the intent of section 43(3) of the OHSA/90. The health and safety concerns of the work refusal are to be investigated by the MLTSD as a complaint.

NO ORDERS ISSUED AT THE TIME OF THIS VISIT. COMPLAINT INVESTIGATION IS ON-GOING.

ASSISTANCE:

For more information on the Occupational Health and Safety Act, 1990 and all regulations under the OHSA/90 call 1-877-202-0008 (to also report a fatality, critical injury, complaint or work refusal in your workplace) for the western region contact centre. You may visit the Ontario Government website at: http://www.ontario.ca

For external assistance that may help you and your company on matters of compliance with Health and Safety, see the yellow pages in your phone book or contact:

Public Services Health and Safety Association (PSHSA)
4950 Yonge Street
18th floor, Suite 1800

Recipient	Inspector Data	Worker Representative
Name _____	**JOHN JOHNSTONE** INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (519) 494-5948** **Fax: 905-577-1324**	Name _____
Title _____		Title _____
Signature	Signature *John Johnstone*	Signature

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.

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **03786QDCB335**
Field Visit no: **03786QDCB336** Visit Date: **2021-FEB-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

Toronto, Ontario
Canada
M2N 6K1

Tel: 416-250-2131
Toll free: 1-877-250-7444
Fax: 416-250-7484

Pursuant to OHSA/90 section 57, subsection (10 a), THE EMPLOYER SHALL FORTHWITH POST A COPY OF THIS ENTIRE REPORT IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF WORKERS AND SHALL A FURNISH COPIES OF THIS REPORT TO THE MEMBERS OF THE JHSC.

Recipient	Inspector Data	Worker Representative
Name _____	**JOHN JOHNSTONE** INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (519) 494-5948** **Fax: 905-577-1324**	Name _____
Title _____		Title _____
Signature	Signature *John Johnstone*	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **03786QCWR330**
Field Visit no: **03786QCWR331** Visit Date: **2021-FEB-06** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**500**	

Persons Contacted: **SEE DETAILED NARRATIVE**
Visit Purpose: **WORK REFUSAL INVESTIGATION.**
Visit Location: **THIS INVESTIGATION WAS CONDUCTED BY TELEPHONE.**
Visit Summary: **NO ORDERS ISSUED. SEE DETAILED NARRATIVE.**

Detailed Narrative:

This field visit took place over the telephone at the workplace and the following people were contacted:

STEVEN BARTOLO, CERTIFIED EMPLOYER MEMBER, JOINT HEALTH AND SAFETY COMMITTEE (JHSC);
ROBERT CAPONE, CERTIFIED WORKER MEMBER, JHSC;
BRETT ASHLEY, SARGEANT; and
REFUSING WORKER (REPRESENTING THREE (3) TOTAL REFUSING WORKERS).

This inspector followed up with the persons contacted by telephone regarding a report of a work refusal in progress (at the workplace, Maplehurst Correctional Complex, 661 Martin st., Milton, ON) to the Ontario Ministry of Labour, Training, and Skills Development (MLTSD) Contact Centre and to determine compliance with the requirements of the Occupational Health and Safety Act/ 90 (OHSA/90) and related legislation.

SUMMARY

The work refusal was described to this inspector as follows:

Three (3) workers were refusing to move approximately seventy (70) inmates within the facility who were suspect to be positive for COVID-19 infection. The reason given for the refusal by the 3-workers was the following:
- the refusing workers had not been provided information and instruction on how to safely don and doff the required personal protective equipment (PPE) when conducting this work, that PPE being source control (SC) face masks, eye protection and skin protection (gowns and gloves);
- the refusing workers had not been provided with information and instruction on the cleaning and disinfecting practices regarding high-touch areas and shared equipment, surfaces and places in the workplace; and
- the refusing workers had not been provided with information and instruction on signs and symptoms of COVID-19 infection.

Recipient	Inspector Data	Worker Representative
Name: S. BARTOLO	JOHN JOHNSTONE INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (519) 494-5948 Fax: 905-577-1324	Name: P. FIGLIOLA
Title: Sgt. JOHSC EMP CO-CHAIR		Title: Local President
Signature: S L	Signature: John Johnstone	Signature:

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

OHS Case ID: **03786QCWR330**
Field Visit no: **03786QCWR331** Visit Date: **2021-FEB-06** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

THIS INSPECTOR'S OBSERVATIONS; FINDINGS; AND ACTIONS TAKEN:

1. The workplace parties acknowledged at the time of this visit that a recent MLTSD visit had been conducted on February 1, 2021 regarding a COVID-19 infection outbreak, and that the direction given to the employer by the MLTSD regarding that visit was completed or was still in progress.

2. This inspector met with the persons contacted by telephone. The workplace parties stated that a stage 1 investigation into the initial refusal had been completed. At the time of this visit, the persons contacted provided a copy of the written stage 1 internal investigation report to this inspector.

At the time of this visit, the persons contacted were not able to confirm that all elements of the refusal had been investigated at stage 1.

Because the internal investigation did not meet the intent of section 43(4) of the OHSA/90, this inspector informed the persons contacted that the internal investigation still needed to be completed by the employer and the work refusal was on-going. The persons contacted were notified by this inspector that where, following the internal investigation or any steps taken to deal with the circumstances that caused the worker to refuse to work, and the worker has reasonable grounds to believe that their health and safety is still endangered as per section 43(6) (a), (b), (b.1) or (c) and continues to refuse work, then, this inspector is to be contacted immediately.

NO ORDERS ISSUED.

ASSISTANCE:

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For external assistance that may help you and your company on matters of compliance with Health and Safety, see the yellow pages in your phone book or contact:

Public Services Health and Safety Association (PSHSA)

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO.	JOHN JOHNSTONE INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (519) 494-5948 Fax: 905-577-1324	Name P. FIGLIOLA
Title Sgt. JOHSC EHP Co-Chair		Title Local President JOHSC
Signature S. Bartolo	Signature John Johnstone	Signature

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OHS Case ID: 03786QCWR330
Field Visit no: 03786QCWR331 Visit Date: 2021-FEB-06 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

4950 Yonge Street
18th floor, Suite 1800
Toronto, Ontario
Canada
M2N 6K1

Tel: 416-250-2131
Toll free: 1-877-250-7444
Fax: 416-250-7484

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Recipient	Inspector Data	Worker Representative
Name: S. Bontorno	JOHN JOHNSTONE INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (519) 494-5948 Fax: 905-577-1324	Name: P. Figliola
Title: Sgt. JOHSC Emp. Co-Chair		Title: Local President
Signature:	Signature: John Johnstone	Signature:

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Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **02883PFSB367**
Field Visit no: **02883PFSS371** Visit Date: **2020-MAR-14** Field Visit Type: **CONTINUATION**
Notice ID:

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO NARRATIVE FOR PERSONS CONTACTED**
Visit Purpose: **INVESTIGATE A COMPLAINT PERTAINING TO SCREENING FOR COVID-19 IN ADMISSIONS AND DISCHARGE**
Visit Location: **661 MARTIN STREET, MILTON, ON - MEETING ROOM**
Visit Summary: **ATTENDED THE WORKPLACE TO CONTINUE THE INVESTIGATION INTO THE COMPLAINT PERTAINING TO THE SCREENING PROCESS AT ADMISSIONS AND DISCHARGE RELATED TO THE POTENTIAL EXPOSURE TO COVID-19**

Detailed Narrative:

PURPOSE OF THE VISIT:

The Inspector attended the workplace to investigate the complaint pertaining to the screening process at Admissions and Discharge related to the potential exposure to COVID-19

PERSONS CONTACTED:

S.21 [redacted]
Stuart Wilson, JHSC Worker Co-Chair
Peter Figliola, 1st Vice President/JHSC Worker Member
Joe Janusz, Sergeant
Dave Whalen, Staff Sergeant
Inspector accompanied by Dan Regenerus, MLTSD Health and Safety Inspector

INSPECTOR'S ACTIONS/FINDINGS:

- the details of the complaint were discussed with the workplace parties
- the employer confirmed that the screening process being followed in Admissions consists of the 'Inmate Screening for Symptoms of Influenza Like Illness (ILI)' (1 page, created 13 March 2020) used in combination with the 'Correctional Officers Influenza-Like Symptoms Screening Algorithm for New Admissions and Intermittent Inmates Upon Arrival' (1 page, dated March 6, 2020)

No orders issued. Investigation ongoing.

A COPY OF THIS REPORT SHALL BE POSTED IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF THE WORKERS

Recipient	Inspector Data	Worker Representative
Name D. WHALEN	**SHELLY SPEIR** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (905) 379-4557** **Fax: (905) 577-1324**	Name P. FIGLIOLA
Title STAFF SERGEANT		Title 1ST VICE PRESIDENT/JOHSC MHCC
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04249PQCR702**
Field Visit no: **04249PQCR703**
Visit Date: **2020-AUG-28**
Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **DARREN JONES - STAFF SERGEANT, CHRIS BATTAGLIA - SERGEANT, STEVEN BAYNHAM - JHSC WORKER REPRESENTATIVE, JENNY DIPLACIDO - JHSC WORKER REPRESENTATIVE, SPOKES PERSON ON BEHALF OF THE4 REFUSING WORKERS**

Visit Purpose: **WORK REFUSAL**

Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE TELEPHONE**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

Work Refusal:
- Four workers were refusing to unlock Wings A, B, D & F of Unit #8.

Inspector's Findings / Actions:

- The work refusal does not meet the criteria set out in Section 43 of the Occupational Health & Safety Act RSO1990;
- The workplace parties were able to resolve the concern with the assistance of the Ministry of Labour, Training and Skills Development;

Comment:
- No further actions are required by the Ministry of Labour, Training and Skills Development.

A copy of this report is to be post in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of the Solicitor General

Institutional Services
Policy and Procedures Manual

Ontario

Section:
Inmate Management

Release Date:
March 2011

Sub Section:
General Inmate Management

Inmate Hunger Strike

Policy

An inmate's refusal to take nourishment is regarded as both a behaviour management and a health care problem. For this reason, an inmate who participates in a hunger strike will be closely monitored by the correctional and health care staff in order to prevent the situation from spreading, to prevent unnecessary deterioration of the inmate's condition, and to return the situation to normal as effectively as possible.

Authority

Ministry of Correctional Services Act, ref. "Functions of Ministry"; "Hospital treatment", "Psychiatric treatment" and "Mental examination".

Regulations under the Ministry of Correctional Services Act, ref. "Duties of Superintendent, Health Care Professionals, Employees"; and "Segregation".

Procedures

1. When an inmate declares an intention to go on a hunger strike or refuses nourishment (including fluids), the operational manager and health care staff will be notified immediately.

2. The operational manager or designate will interview the inmate in order to:

   a. identify the inmate's reasons and/or concerns;
   b. identify any other issues which may be relevant to the situation;
   c. evaluate the level of commitment not to take food; and
   d. attempt to resolve the situation by suggesting a more appropriate method of protest through regular administrative channels.

   The person conducting the interview will prepare an Occurrence Report and forward it immediately to the superintendent. An Offender Incident Report will also be completed.

3. The Regional Director will be informed whenever an inmate refuses to take nourishment and regularly updated concerning the status of the situation. If an inmate issues demands or the reasons for the hunger strike appear to focus on a policy issue or an allegation of impropriety by an employee, the Regional Director must be consulted regarding an appropriate response or course of action.

4. If an inmate appears to be seriously committed to a hunger strike, the Senior Medical Consultant and the inmate's next of kin will be notified.

5. If the media or other external agency becomes aware of an inmate's refusal to take food, the superintendent and health care staff will provide information only to the extent permitted by the Freedom of Information and Protection of Privacy Act and the Health Promotion and Protection Act.

Hunger Strike by an Individual Inmate

When an individual inmate continues to refuse nourishment, the inmate will be placed in administrative segregation so that the inmate's physical and mental condition can be closely monitored. This will also help to alleviate the negative impact that the hunger strike might have on other inmates and/or on institutional routines. Unless there are reasonable and compelling reasons to the contrary, the inmate will be accorded the same conditions of confinement, rights and privileges as those provided to inmates in the general population (see Placement of Special Management Inmates). The inmate will be provided with a full meal at every mealtime. Liquids will be present at all times.

Collective Hunger Strike

When two or more inmates collectively refuse nourishment, they may be placed in administrative segregation or may be confined to their living units or cells so that their physical and mental condition can be monitored closely. This will also serve to alleviate any negative impact that their protest might have on other inmates or on institutional routines.

To the degree practicable, the inmates will be accorded the same conditions of confinement, rights and privileges as those provided to inmates in the general population (see Placement of Special Management inmates). The inmates will be provided with a full meal at every mealtime. Liquids will be available at all times.

Every effort will be made to identify individuals who may be actively encouraging other inmates to participate in the hunger strike. Removal of these inmates from the immediate area or their transfer to another institution may be effective in resolving the situation.

In responding to a collective hunger strike, a concerted effort must be made by all employees to contain the protest and to prevent it from escalating into a major disturbance.

Health Care Monitoring

An inmate who continues to refuse nourishment must be examined each day by health care staff and the observations will be recorded on the inmate's "Health Care Record".

Correctional staff supervising an inmate on a hunger strike must record accurately if the inmate eats or drinks and the approximate quantities consumed or if food and/or liquids are refused. This record will be kept in the area logbook and, when appropriate an Occurrence Report will be submitted.

The inmate's weight must be recorded on a daily basis.

When it appears that an inmate is seriously committed to a hunger strike, a request for a psychiatric/psychological assessment and counselling must be made.

Transfer to a Community Hospital

When an assessment of the inmate's condition by a health care professional indicates that the inmate is becoming significantly ill, the inmate will immediately be transferred to a community hospital. Should it subsequently become apparent that the inmate is committed to the point of death or permanent physical damage, the Senior Medical Consultant and the Director, Legal Services will be consulted.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Sep-07	8:33 AM	2020-Sep-09	Field Visit	BEASLEY, DEBBIE (1283)	**04606PQQM716**

OHS Case ID	Lead Inspector	Case Status
01283PQQR273	BEASLEY, DEBBIE (1283)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Sep-07	11:28 AM	Telephone	Ekron, Beth (4606)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Injury/Incident//To Non-Worker - Fatality/Critical	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Dearing, Nicole	(905) 878-8141 Ext: 7361	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

611 Martin Street, Milton, Ontario L9T 3V9, Canada

Event Information

As per SAC Report 1378
-"Caller reporting the sudden death of an inmate at Maple Hurst Correctional Complex. Unit 11A Cell 13 a medical alert was declared for inmate Dustin Peterson. Possible over dose, staff discovered the inmate VSA, CPR and AED performed. Fire and EMS on scene. Inmate transferred to Milton hospital and pronounced deceased by Dr. MADHI at 09:51. Halton Regional Police Service Occurrence 279280. Caller also adds that their local president has been informed that MOL has been contacted. "

Event Details and Conclusion

Case ID 01283PQQR273
2020-Sep-15 1:25 PM BEASLEY, DEBBIE (1283)
closed.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PQQR273
Field Visit no: 01283PQRP274
Visit Date: 2020-SEP-09
Field Visit Type: INITIAL
Notice ID:

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: REFER TO DETAILED NARRATIVE
Visit Purpose: FATALITY INVESTIGATION OF A NON-WORKER.
Visit Location: TELECONFERENCE
Visit Summary: FATALITY INVESTIGATION OF A NON-WORKER.

Detailed Narrative:

Contacted:
Ms. Nicole Dearing, Staff Sgt., Crisis Manager
Mr. Darren Jones, Staff Sgt.
Mr. Stuart Wilson, CO / JHSC Worker Co-chair
Mr. Peter Figliola, Union President, Local 234

An inmate admitted to the Maplehurst Correctional Complex, the evening of September 6, 2020, and discovered the morning of September 7, 2020, in cell 13, on Unit 11A in need of medical assistance (inmate identified as VSA upon discovery). Correctional officers and nursing staff came to the assistance of the inmate. CPR and AED was performed. Fire and EMS attended the site, and continued the attempts to resuscitate. The inmate was transported to Milton District Hospital where he was pronounced deceased.

Body scan, inmate screening for COVID-19 and controlled substances had been performed at the Maplehurst Correctional Complex on admittance.

Unit 11A is currently a COVID-19 intake unit, where cell 13 had been shared by two inmates.

Halton Regional Police occurrence report 279280, in existence.

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

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name S/SGT N.L. DEARING	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. WILSON.
Title		Title Co-Chair JOHSC.
Signature	Signature	Signature

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

83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PQQR273**
Field Visit no: **01283PQRP274** Visit Date: **2020-SEP-09** Field Visit Type: **INITIAL**
Notice ID:

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **REFER TO DETAILED NARRATIVE**
Visit Purpose: **FATALITY INVESTIGATION OF A NON-WORKER.**
Visit Location: **TELECONFERENCE**
Visit Summary: **FATALITY INVESTIGATION OF A NON-WORKER.**

Detailed Narrative:

Contacted:
Ms. Nicole Dearing, Staff Sgt., Crisis Manager
Mr. Darren Jones, Staff Sgt.
Mr. Stuart Wilson, CO / JHSC Worker Co-chair
Mr. Peter Figliola, Union President, Local 234

An inmate admitted to the Maplehurst Correctional Complex, the evening of September 6, 2020, and discovered the morning of September 7, 2020, in cell 13, on Unit 11A in need of medical assistance (inmate identified as VSA upon discovery). Correctional officers and nursing staff came to the assistance of the inmate. CPR and AED was performed. Fire and EMS attended the site, and continued the attempts to resuscitate. The inmate was transported to Milton District Hospital where he was pronounced deceased.

Body scan, inmate screening for COVID-19 and controlled substances had been performed at the Maplehurst Correctional Complex on admittance.

Unit 11A is currently a COVID-19 intake unit, where cell 13 had been shared by two inmates.

Halton Regional Police occurrence report 279280, in existence.

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

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Sep-30	8:44 PM	2020-Oct-21	Field Visit	BEASLEY, DEBBIE (1283)	**04338PRTT573**

OHS Case ID	Lead Inspector	Case Status
01283PSTQ445	BEASLEY, DEBBIE (1283)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Oct-01	03:33 PM	Telephone	Nwabuogu, Michael (4338)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Occurrence//Other	1	1	No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Kesner, Paul	(905) 691-1317	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

Inmate Records Section - 661 Martin St, Milton, ON L9T 2Y3

Event Information

Employer reporting workplace occurrence:
-possibility of substance being left in the workers' tea resulting in her feeling sick, and experiencing"soapy taste" in her mouth
-worker did not attend work today as a result of yesterday's occurrence
-employer/police currently investigating the matter

Event Details and Conclusion

Case ID 01283PSTQ445
2021-Jan-08 9:04 AM BEASLEY, DEBBIE (1283)
closed.

Ministry of Labour, Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PSTQ445**
Field Visit no: **01283PSTQ446** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR**

Visit Purpose: **HEALTH AND SAFETY CONCERN REGARDING THE EMPLOYER'S WORKPLACE HARASSMENT AND VIOLENCE PROGRAM.**

Visit Location: **661 MARTIN ST., CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **INSPECTOR REQUIREMENT ISSUED.**

Detailed Narrative:

This visit was performed due to information that arose from an incident occurrence involving the potential ingestion of a substance.

The employer performed an internal investigation on October 1, 2020, into the incident occurrence. An outside investigation was undertaken by the Halton Regional Police.

Employee / Other Information Report (2-pages), taken into receipt.

Discussed workplace harassment policy, program and training. The incident occurrence was classified under the employer's workplace violence policy and program.

Inspector requirement issued.

NOTES:
All orders / inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / inspector requirement(s).

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO.	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name S. WILSON.
Title Sgt. JOHSC EMP Co-Chair		Title Co-Chair worker.
Signature	Signature	Signature

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place in 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

63796

OHS Case ID: 01283PSTQ445
Field Visit no: 01283PSTQ446 Visit Date: 2020-OCT-21 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

ORIGINAL

Recipient	Inspector Data	Worker Representative
Name S. Mantela.	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. Wilson
Title Sgt. JOHSC Emp Co-Chair		Title Co-Chair worker.
Signature	Signature	Signature

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83798

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PSTQ445**
Field Visit no: **01283PSTQ446** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PSTR447	Rqmt	OHSA	1990	54	1	c	In accordance with section 54(1)(c) of the Occupational Health and Safety Act (1990), the employer shall provide the last date of workplace violence policy and program review, and the date of last workplace violence assessment. This Inspector Requirement shall be completed by: October 27, 2020.	2020-OCT-27

ORIGINAL

Recipient
Name S. Bartolo. Sgt.
Title JOHSC Co-Chair EMP.
Signature

Inspector Data
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON. L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324
Signature

Worker Representative
Name J. Wilson.
Title Co-Chair worker.
Signature

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.

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83798

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PSTQ445**
Field Visit no: **01283PSTQ446** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR**

Visit Purpose: **HEALTH AND SAFETY CONCERN REGARDING THE EMPLOYER'S WORKPLACE HARASSMENT AND VIOLENCE PROGRAM.**

Visit Location: **661 MARTIN ST., CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **INSPECTOR REQUIREMENT ISSUED.**

Detailed Narrative:

This visit was performed due to information that arose from an incident occurrence involving the potential ingestion of a substance.

The employer performed an internal investigation on October 1, 2020, into the incident occurrence. An outside investigation was undertaken by the Halton Regional Police.

Employee / Other Information Report (2-pages), taken into receipt.

Discussed workplace harassment policy, program and training. The incident occurrence was classified under the employer's workplace violence policy and program.

Inspector requirement issued.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / Inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **01283PSTQ445**
Field Visit no: **01283PSTQ446** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
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OHS Case ID: **01283PSTQ445**
Field Visit no: **01283PSTQ446** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PSTR447	Rqmt	OHSA	1990	54	1	c	**In accordance with section 54(1)(c) of the Occupational Health and Safety Act (1990), the employer shall provide the last date of workplace violence policy and program review, and the date of last workplace violence assessment. This Inspector Requirement shall be completed by: October 27, 2020.**	**2020-OCT-27**

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: 01283PSTQ445
Field Visit No: 01283PSTQ446
Visit Date : 2020-OCT-21

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: MINISTRY OF THE SOLICITOR GENERAL

Role: Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
1 01283PSTR447	Rqmt	OHSA	1990	54	1	c		☑ Agree ☐ Disagree	2020-OCT-27

J. Wilson
(Signature)

- Last Workplace Violence Risk Assessment completed 09/04/2020
- MGCS OPS Workplace Violence Prevention Program - June 2018

Form completed by: Brad Keyser
Title: Deputy Superintendent
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: J. Wilson
Signature:

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.

83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PSTS450** Visit Date: **2020-OCT-21** Field Visit Type: **FOLLOW-UP**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. JAMIE MORTIN, MM3 / JHSC WORKER MEMBER**

Visit Purpose: **FOLLOW-UP ON STOP WORK ORDER ISSUED FOR THE HVAC MEZZANINE**

Visit Location: **661 MARTIN ST.; CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **VISIT TO FOLLOW-UP ON STOP WORK ORDER ISSUED FOR THE HVAC MEZZANINE**

Detailed Narrative:

This visit to the Stores / Yard Area, was to follow-up with the contravention and STOP work order issued on June 10, 2020. Contravention order 01283PLDZ129 lifted and STOP work order 01283PLDZ130 complied with.

The employer had previously provided the Notice of Compliance for orders 01283PLDZ129 and 01283PLDZ130 by email, to the undersigned Inspector.

On route to the Stores Area, a Genie Z-40 boom was observed with the platform raised, in the yard. Discussed section 58 of the Regulations of Industrial Establishments with the workplace parties. The Genie Z-40 was stated to belong to a contractor on site. The employer was advised to lower and solidly support the platform.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

ORIGINAL

Recipient	Inspector Data	Worker Representative
Name S. Bartolo.	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name J. Wilson
Title Sgt. JOHSC EMP Co-Chair		Title Co-Chair worker.
Signature	Signature	Signature

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.

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PLDX127**
Field Visit no: **01283PSTS450**
Visit Date: **2020-OCT-21**
Field Visit Type: **FOLLOW-UP**
Notice ID:

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. JAMIE MORTIN, MM3 / JHSC WORKER MEMBER**

Visit Purpose: **FOLLOW-UP ON STOP WORK ORDER ISSUED FOR THE HVAC MEZZANINE**

Visit Location: **661 MARTIN ST.; CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **VISIT TO FOLLOW-UP ON STOP WORK ORDER ISSUED FOR THE HVAC MEZZANINE**

Detailed Narrative:

This visit to the Stores / Yard Area, was to follow-up with the contravention and STOP work order issued on June 10, 2020. Contravention order 01283PLDZ129 lifted and STOP work order 01283PLDZ130 complied with.

The employer had previously provided the Notice of Compliance for orders 01283PLDZ129 and 01283PLDZ130 by email, to the undersigned Inspector.

On route to the Stores Area, a Genie Z-40 boom was observed with the platform raised, in the yard. Discussed section 58 of the Regulations of Industrial Establishments with the workplace parties. The Genie Z-40 was stated to belong to a contractor on site. The employer was advised to lower and solidly support the platform.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division: Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: 01283PLDX127
Field Visit No: 01283PLDX128

Visit Date : 2020-JUN-10

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: MINISTRY OF THE SOLICITOR GENERAL

Role: Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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

No.	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Compliance Details / Date	JHSC Worker Member / Worker Representative	Comply by Date:
1	TimeU	OHSA	1990	25	2	h	See attachment Item 1	☒ Agree ☐ Disagree (Signature)	
01283PLDZ129									
2	Stop	OHSA	1990	57	6	c	See attachment Item 2	☒ Agree ☐ Disagree (Signature)	2020 SEP 29
01283PLDZ130									

J. Wilson
Oct. 08, 2020.

Form completed by: KENT HUTCHINSON

Title: Maintenance Service Manager

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: J. Wilson

Signature:

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.

83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: 01283PLDX127
Field Visit No: 01283PLDX128
Visit Date : 2020-JUN-10

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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:
MINISTRY OF THE SOLICITOR GENERAL

Role
Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
8 01283PLDD138	Time	OHSA	1990	25	2	h	See attachment Item 8	☑ Agree ☐ Disagree (Signature)	2020-JUN-12
9 01283PLDD139	Time	OHSA	1990	25	2	a	See attachment Item 9	☑ Agree ☐ Disagree (Signature)	2020-JUN-12

Form completed by: [illegible] Hutchinson
Title: Maintenance Service Manager
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: J. Wilson
Signature:

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.

83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PSTR448**
Field Visit no: **01283PSTR449** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. SUART WILSON, CO / JHSC WORKER CO-CHAIR**

Visit Purpose: **HEALTH AND SAFETY CONCERN REGARDING LIGHTING**

Visit Location: **661 MARTIN ST.; CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **NO ORDERS ISSUED THOUGH THE PROVISION OF THIS FIELD VISIT REPORT.**

Detailed Narrative:

This visit was performed to address issues identified in Unit 11 Break / Lunch Room regarding lighting. The alleged concern included the following:
- The lunchroom has improper lighting.
- In order for the lights to be turned on, a third party needs to be contacted. Calls are made to the third party to turn the lights off.
- Concerns regarding a safe place to eat lunch.
- The employer and JHSC has been made aware of the concern.

ORIGINAL

During the course of discussion, the employer advised that corrective actions have been put in place regarding the lighting in the Unit 11 Break / Lunch Room. Lights were stated to be left on and access to the light louver in the lunch room was advised to have been locked out, to prevent tampering.

No orders issued.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name S. Bartolo.	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. Wilson.
Title Sgt. JOHSC Temp Co-Chair		Title Co-Chair worker.
Signature	Signature	Signature

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 1-877-339-3355 (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

Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PSTR448**
Field Visit no: **01283PSTR449** Visit Date: **2020-OCT-21** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. STEVEN BARTOLO, SERGEANT / JHSC MANAGEMENT CO-CHAIR; MR. SUART WILSON, CO / JHSC WORKER CO-CHAIR**

Visit Purpose: **HEALTH AND SAFETY CONCERN REGARDING LIGHTING**

Visit Location: **661 MARTIN ST.; CONFERENCE ROOM; STORES & YARD AREA**

Visit Summary: **NO ORDERS ISSUED THOUGH THE PROVISION OF THIS FIELD VISIT REPORT.**

Detailed Narrative:

This visit was performed to address issues identified in Unit 11, Break / Lunch Room regarding lighting. The alleged concern included the following:
- The lunchroom has improper lighting.
- In order for the lights to be turned on, a third party needs to be contacted. Calls are made to the third party to turn the lights off.
- Concerns regarding a safe place to eat lunch.
- The employer and JHSC has been made aware of the concern.

During the course of discussion, the employer advised that corrective actions have been put in place regarding the lighting in the Unit 11 Break / Lunch Room. Lights were stated to be left on and access to the light louver in the lunch room was advised to have been locked out, to prevent tampering.

No orders issued.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Nov-11	2:23 PM	2020-Nov-18	Field Visit	BEASLEY, DEBBIE (1283)	03475PTXM042

OHS Case ID	Lead Inspector	Case Status
01283PVFT518	BEASLEY, DEBBIE (1283)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Nov-11	02:23 PM	Email	WESTWOOD, TINA (3475)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Internal Responsibility System	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex (SOLGEN)

Event Location

661 Martin Street, Milton, ON L9T 2Y3

Event Information

As per complaint form 20201111142506867

Concerns for the lack of information on hazards and the subsequent lack of PPE being worn.

Event Details and Conclusion

Case ID 01283PVFT518
2021-Jan-08 9:13 AM BEASLEY, DEBBIE (1283)
closed.

Event entered into ICE on: 13-Nov-2020 9:11 AM
Event entered into ICE by: WESTWOOD, TINA (3475)

Report printed on: 16-Feb-2021 11:26 AM
Report printed by: HUTTON, LINDSAY (4329)

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
If this is an emergency call 911 immediately.

The ministry responds to health and safety complaints submitted through this form during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m, excluding holidays.

If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

(SOLGEN) Maplehurst Correctional Complex

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	661	Martin	Street

Street direction	City/town *	Province	Postal code
	Milton	ON	L9T 2Y3

Complete address for program area (This field is visible only for the program area to extract the full address)

661 Martin Street, Milton, ON L9T 2Y3

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

S.21

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☐ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name * First name *

S.21

Ways we can reach you (must provide at least one) *

Telephone number

S.21

Email address (Please provide an email address if you wish to receive confirmation of your complaint.)

S.21

Date of complaint (yyyy/mm/dd) Time of complaint (HH:MM)

2020/11/11 14:23

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVFT519 Visit Date: 2020-NOV-18 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE); MR. PETER FIGLIOLA, OPSEU PRESIDENT LOCAL 234.

Visit Purpose: INVESTIGATION INTO AN WORKPLACE INCIDENT THAT OCCURRED IN UNIT 9E ON NOVEMBER 6, 2020.

Visit Location: 661 MARTIN ST., CONFERENCE ROOM

Visit Summary: INSPECTOR REQUIREMENT ISSUED.

Detailed Narrative:

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training and Skills Development.

The alleged health and safety concerns include the following:
- On Nov.07, 2020, at the Maplehurst Correctional Complex a serious weapons hazard to the workers existed that was not forwarded by MHCC supervisors to oncoming day shift correctional officers.
- The two primary concerns raised included: 1) Workers had not been advised of the hazard; 2) Lack of appropriate PPE being worn by staff on the shift.

Discussed an altercation that took place between multiple inmates on Unit 9E on November 6, 2020, where staff intervened. A series of events stemming from the initial incident on November 6, 2020, were discussed.

The employer provided the following documentation:
1) Weapons Search Protocol - Checklist (dated: 11-07-2020 & amended: Oct. 9), 5-pages;
2) Weapons Search Protocol - Checklist (dated: 11-06-2020), 3-pages;
3) Weapons Search Protocol - Checklist (blank copy), 3-pages & Ministry of Solicitor General Institutional Services Policy & Procedures Manual (Security & Controls; release date: March 2, 2020), 7-pages;
4) email from J.Gallagher (date: November 6, 2020 @ 1:44pm), 1-page;
5) OTIS Unit Assignment List (date: 06 Nov 2020 @ 11:41), page 33 of 47;
6) Maplehurst Correctional Complex Cell Location Sheet Unit 9E-Wing; 1-page;
7) black & white photographs of shanks (identified as 1-3), 3-pages & 1-page identification of Sgt. Battaglia;
8) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing; 3-pages;
9) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing & update: S.Maltby; 5-pages (2 pages - Appendix);
10) emails from S.Maltby, dated November 7, 2020 @ 12:14AM and 1:18AM, 2-pages;
11) Briefing Form (SMEAC), dated: Nov-06-2020, author: N. Dearing; 2-pages;
12) Briefing Form (SMEAC), dated: Nov-06-2020, author: C.Grahek, 2-pages;

Recipient	Inspector Data	Worker Representative
Name: JOHN ILIKA	DEBBIE BEASLEY	Name: J. Wilson.
Title: DEPUTY SUPERINTENDENT	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Title: JOHSC Co-Chair.
Signature:	PROVINCIAL OFFENCES OFFICER	Signature:
	119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7	
	MOLIHSHamiltonWest@ontario.ca	
	Tel: (905) 317-6591	
	Fax: (905) 577-1324	
	Signature: Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:34:33 -05'00'	

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.

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVFT519 Visit Date: 2020-NOV-18 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

13) email from N.Dearing, 3-pages;
14) Ministry of Solicitor General Occurrence Reports (10 total), 14-pages;
15) Misconduct Notice, 1-page.

The employer has been requested to provide copy of the current workplace violence policy; Inspector Requirement issued.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / Inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

Recipient	Inspector Data	Worker Representative
Name	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. Wilson
Title		Title JOHSC Co-Chair
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:14:54 -05'00'	Signature

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.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVFT519 Visit Date: 2020-NOV-18 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

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

To: MINISTRY OF THE SOLICITOR GENERAL
Org/Ind Role: Primary Employer

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PVFV520	Rqmt	OHSA	1990	54	1	c	In accordance with section 54(1)(c) of the Occupational Health and Safety Act (1990), the employer shall provide copy of the current workplace violence policy, in existence, for inspection and examination. This Inspector Requirement shall be completed by: November 20, 2020.	2020-NOV-20

Recipient	Inspector Data	Worker Representative
Name	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name
Title		Title
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:35:16 -05'00'	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: **01283PVFT518**
Field Visit No: **01283PVFT519**
Visit Date : **2020-NOV-18**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
1	Rqmt	OHSA	1990	54	1	c		☐ Agree ☐ Disagree	2020-NOV-20
01283PVFV520									

(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: _____

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.

83798

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVFT519 Visit Date: 2020-NOV-18 Field Visit Type: INITIAL
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE); MR. PETER FIGLIOLA, OPSEU PRESIDENT LOCAL 234.

Visit Purpose: INVESTIGATION INTO AN WORKPLACE INCIDENT THAT OCCURRED IN UNIT 9E ON NOVEMBER 6, 2020.

Visit Location: 661 MARTIN ST., CONFERENCE ROOM

Visit Summary: INSPECTOR REQUIREMENT ISSUED.

Detailed Narrative:

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training and Skills Development.

The alleged health and safety concerns include the following:
- On Nov.07, 2020, at the Maplehurst Correctional Complex a serious weapons hazard to the workers existed that was not forwarded by MHCC supervisors to oncoming day shift correctional officers.
- The two primary concerns raised included: 1) Workers had not been advised of the hazard; 2) Lack of appropriate PPE being worn by staff on the shift.

Discussed an altercation that took place between multiple inmates on Unit 9E on November 6, 2020, where staff intervened. A series of events stemming from the initial incident on November 6, 2020, were discussed.

The employer provided the following documentation:
1) Weapons Search Protocol - Checklist (dated: 11-07-2020 & amended: Oct. 9), 5-pages;
2) Weapons Search Protocol - Checklist (dated: 11-06-2020), 3-pages;
3) Weapons Search Protocol - Checklist (blank copy), 3-pages & Ministry of Solicitor General Institutional Services Policy & Procedures Manual (Security & Controls; release date: March 2, 2020), 7-pages;
4) email from J.Gallagher (date: November 6, 2020 @ 1:44pm), 1-page;
5) OTIS Unit Assignment List (date: 06 Nov 2020 @ 11:41), page 33 of 47;
6) Maplehurst Correctional Complex Cell Location Sheet Unit 9E-Wing; 1-page;
7) black & white photographs of shanks (identified as 1-3), 3-pages & 1-page identification of Sgt. Battaglia;
8) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing; 3-pages;
9) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing & update: S.Maltby; 5-pages (2 pages - Appendix);
~~10) emails from S.Maltby, dated November 7, 2020 @ 12:14AM and 1:18AM; 2-pages;~~
11) Briefing Form (SMEAC), dated: Nov-06-2020, author: N. Dearing; 2-pages;
12) Briefing Form (SMEAC), dated: Nov-06-2020, author: C.Grahek, 2-pages;

COPY

Recipient	Inspector Data	Worker Representative
Name: JOHN ILIKA	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name: J. Wilson.
Title: DEPUTY SUPERINTENDENT		Title: JOHSC Co-Chair.
Signature	Signature: Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:54:35 -05'00'	Signature

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.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PVFT518**

Field Visit no: **01283PVFT519** Visit Date: **2020-NOV-18** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PVFV520	Rqmt	OHSA	1990	54	1	c	In accordance with section 54(1)(c) of the Occupational Health and Safety Act (1990), the employer shall provide copy of the current workplace violence policy, in existence, for inspection and examination. This Inspector Requirement shall be completed by: November 20, 2020.	2020-NOV-20

Recipient

Name: JOHN ILIKA

Title: DEPUTY SUPERINTENDENT

Signature:

Inspector Data

DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Signature: Debbie Beasley Digitally signed by Debbie Beasley ON: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:35:16 -05'00'

Worker Representative

Name: J. Wilson.

Title: Co-Chair JOHSC.

Signature:

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
DEBBIE BEASLEY
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 317-6591
Fax: (905) 577-1324

Ontario

Notice of Compliance

OHS Case ID: **01283PVFT518**
Field Visit No: **01283PVFT519**
Visit Date : **2020-NOV-18**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

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: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
1	Rqmt	OHSA	1990	54	1	c		☑ Agree ☐ Disagree	2020-NOV-20
01283PVFV520									

(Signature)

ON TUESDAY NOVEMBER 24, 2020 A COPY OF THE OCCURRENCE REPORT FILED BY SGT. J. RAMIREZ, SEARCH REPORTS FOR YARDS SEARCHED FROM NOVEMBER 6 - 10, 2020 AS WELL AS PHOTOS OF YARD DOOR, WEATHER STRIPPING WAS PROVIDED TO MOL INSPECTOR D. BEASLEY.
ADDITIONALLY TO STREAMLINE COMMUNICATION, AN EMAIL WAS SENT AT 1413 HRS ON NOV. 24, 2020 DIRECTING SISGT'S TO COMMUNICATE ANY H&S RELATED MATTER TO EMPLOYEE & EMPLOYER CO-CHAIRS.

Form completed by: JOHN INIKA

Title: DEPUTY SUPERINTENDENT

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: J. Wilson

Signature:

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.

83798

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PVFT518**
Field Visit no: **01283PVFT519** Visit Date: **2020-NOV-18** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE); MR. PETER FIGLIOLA, OPSEU PRESIDENT LOCAL 234.**

Visit Purpose: **INVESTIGATION INTO AN WORKPLACE INCIDENT THAT OCCURRED IN UNIT 9E ON NOVEMBER 6, 2020.**

Visit Location: **661 MARTIN ST., CONFERENCE ROOM**

Visit Summary: **INSPECTOR REQUIREMENT ISSUED.**

Detailed Narrative:

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training and Skills Development.

The alleged health and safety concerns include the following:
- On Nov.07, 2020, at the Maplehurst Correctional Complex a serious weapons hazard to the workers existed that was not forwarded by MHCC supervisors to oncoming day shift correctional officers.
- The two primary concerns raised included: 1) Workers had not been advised of the hazard; 2) Lack of appropriate PPE being worn by staff on the shift.

Discussed an altercation that took place between multiple inmates on Unit 9E on November 6, 2020, where staff intervened. A series of events stemming from the initial incident on November 6, 2020, were discussed.

The employer provided the following documentation:
1) Weapons Search Protocol - Checklist (dated: 11-07-2020 & amended: Oct. 9), 5-pages;
2) Weapons Search Protocol - Checklist (dated: 11-06-2020), 3-pages;
3) Weapons Search Protocol - Checklist (blank copy), 3-pages & Ministry of Solicitor General Institutional Services Policy & Procedures Manual (Security & Controls; release date: March 2, 2020), 7-pages;
4) email from J.Gallagher (date: November 6, 2020 @ 1:44pm), 1-page;
5) OTIS Unit Assignment List (date: 06 Nov 2020 @ 11:41), page 33 of 47;
6) Maplehurst Correctional Complex Cell Location Sheet Unit 9E-Wing; 1-page;
7) black & white photographs of shanks (identified as 1-3), 3-pages & 1-page identification of Sgt. Battaglia;
8) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing; 3-pages;
9) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing & update: S.Maltby, 5-pages (2 pages - Appendix);
10) emails from S.Maltby, dated November 7, 2020 @ 12:14AM and 1:18AM, 2-pages;
11) Briefing Form (SMEAC), dated: Nov-06-2020, author: N. Dearing; 2-pages;
12) Briefing Form (SMEAC), dated: Nov-06-2020, author: C.Grahek, 2-pages;

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:34:33 -05'00'	Signature

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.

OHS Case ID: **01283PVFT518**
Field Visit no: **01283PVFT519** Visit Date: **2020-NOV-18** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

13) email from N.Dearing, 3-pages;
14) Ministry of Solicitor General Occurrence Reports (10 total), 14-pages;
15) Misconduct Notice, 1-page.

The employer has been requested to provide copy of the current workplace violence policy; Inspector Requirement issued.

NOTES:
All orders / Inspector requirements contained in this report have been explained to the workplace parties.

The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

NOTICE OF COMPLIANCE FORM:
The "Notice of Compliance" form shall be returned to the Ministry of Labour, Training and Skills Development within 3 days of having achieved compliance with any order / Inspector requirement.

The Notice of Compliance will require written comments on how, when (date) and what was done to comply with the order(s) / Inspector requirement(s).

The Notice of Compliance must be signed by a management member representing the employer and Joint Health and Safety Committee worker member / worker representative.

If the worker member / representative agrees that compliance has been achieved with an order / Inspector requirement, the checkbox beside the order should be marked (AGREEMENT INDICATED BY CHECK BOX).

A copy of the completed Notice of Compliance must be posted in the workplace along with the order / Inspector requirement issued for a period of at least 14 days following the submission of the Notice of Compliance to the Ministry of Labour, Training and Skills Development.

Fax the Notice of Compliance to (905) 577-1324 or email at MOLIHSHamiltonwest@ontario.ca

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:34:54 -05'00'	Signature

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.

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PVFT518**
Field Visit no: **01283PVFT519** Visit Date: **2020-NOV-18** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 01283PVFV520	Rqmt	OHSA	1990	54	1	c	**In accordance with section 54(1)(c) of the Occupational Health and Safety Act (1990), the employer shall provide copy of the current workplace violence policy, in existence, for inspection and examination. This Inspector Requirement shall be completed by: November 20, 2020.**	**2020-NOV-20**

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.18 16:35:16 -05'00'	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PSTQ445
Field Visit no: 01283PVNL528 Visit Date: 2020-NOV-24 Field Visit Type: FOLLOW-UP

Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE).

Visit Purpose: RETURN DOCUMENTATION.

Visit Location: 661 MARTIN ST.; CONFERENCE ROOM

Visit Summary: EMPLOYEE / OTHER INFORMATION REPORT (2-PAGES) RETURNED FROM OCTOBER 21, 2020 (FV: 01283PSTQ446).

Detailed Narrative:

Recipient	Inspector Data	Worker Representative
Name JOHN ILIKA	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. DeLacio
Title DEPUTY SUPERINTENDENT		Title Coo Health and Safety
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.25 13:45:57 -05'00'	Signature

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.

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVGM521 Visit Date: 2020-NOV-24 Field Visit Type: CONTINUATION
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	Active	800	

Persons Contacted: MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE).

Visit Purpose: CONTINUED INVESTIGATION

Visit Location: 661 MARTIN ST.; CONFERENCE ROOM

Visit Summary: CONTINUED INVESTIGATION

Detailed Narrative:

Further discussion of the incident occurrence on November 6, 2020 and the subsequent actions taken.

The workplace parties were advised of sections 9(18) and 9(20) of the Occupational Health and Safety Act.

Documentation available at the time of visit:
1) Search Records for the Yard dated November 6 and November 7.
2) Occurrence Report dated 11/07/2020 at 0023.

Documentation returned from November 18, 2020, included the following:
1) Weapons Search Protocol - Checklist (dated: 11-07-2020 & amended: Oct. 9), 5-pages;
2) Weapons Search Protocol - Checklist (dated: 11-06-2020), 3-pages;
3) Weapons Search Protocol - Checklist (blank copy), 3-pages & Ministry of Solicitor General Institutional Services Policy & Procedures Manual (Security & Controls; release date: March 2, 2020), 7-pages;
4) email from J.Gallagher (date: November 6, 2020 @ 1:44pm), 1-page;
5) OTIS Unit Assignment List (date: 06 Nov 2020 @ 11:41), page 33 of 47;
6) Maplehurst Correctional Complex Cell Location Sheet Unit 9E-Wing; 1-page;
7) black & white photographs of shanks (identified as 1-3), 3-pages & 1-page identification of Sgt. Battaglia;
8) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing; 3-pages;
9) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing & update: S.Maltby, 5-pages (2 pages - Appendix);
10) emails from S.Maltby, dated November 7, 2020 @ 12:14AM and 1:18AM, 2-pages;
11) Briefing Form (SMEAC), dated: Nov-06-2020, author: N. Dearing; 2-pages;
12) Briefing Form (SMEAC), dated: Nov-06-2020, author: C.Grahek, 2-pages;
13) email from N.Dearing, 3-pages;
14) Ministry of Solicitor General Occurrence Reports (10 total), 14-pages;
15) Misconduct Notice, 1-page.

Recipient	Inspector Data	Worker Representative
Name: JOHN ILIKA	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name: J. Wilson
Title: DEPUTY SUPERINTENDENT		Title: Co-Chair JHSC
Signature	Signature: Debbie Beasley (Digitally signed by Debbie Beasley, Dn: cn=Debbie Beasley, o, ou, email=Debbie.Beasley@ontario.ca, c=CA, Date: 2020.11.24 19:09:45 -05'00')	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 01283PVFT518
Field Visit no: 01283PVGM521 Visit Date: 2020-NOV-24 Field Visit Type: CONTINUATION
Workplace Identification: MAPLEHURST CORRECTIONAL COMPLEX Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Documentation taken into receipt:
- email dated November 24, 2020 at 2:13pm, from J.Ilika, 1-page.

No orders issued.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name JOHN ILIKA	DEBBIE BEASLEY OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca Tel: (905) 317-6591 Fax: (905) 577-1324	Name J. Wilson
Title DEPUTY SUPERINTENDENT		Title Co-Chair JOHSC.
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=Debbie.Beasley@ontario.ca, c=CA Date: 2020.11.24 19:18:19 -05'00'	Signature

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

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PVFT518**
Field Visit no: **01283PVGM521** Visit Date: **2020-NOV-24** Field Visit Type: **CONTINUATION**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**800**	

Persons Contacted: **MR. JOHN ILIKA, DEPUTY OF SHARED SERVICES, MR. STUART WILSON, CO / JHSC WORKER CO-CHAIR; MR. STEVEN BARTOLO, SGT. / JHSC MANAGEMENT CO-CHAIR (PHONE).**

Visit Purpose: **CONTINUED INVESTIGATION**

Visit Location: **661 MARTIN ST.; CONFERENCE ROOM**

Visit Summary: **CONTINUED INVESTIGATION**

Detailed Narrative:

Further discussion of the incident occurrence on November 6, 2020 and the subsequent actions taken.

The workplace parties were advised of sections 9(18) and 9(20) of the Occupational Health and Safety Act.

Documentation available at the time of visit:
1) Search Records for the Yard dated November 6 and November 7.
2) Occurrence Report dated 11/07/2020 at 0023.

Documentation returned from November 18, 2020, included the following:
1) Weapons Search Protocol - Checklist (dated: 11-07-2020 & amended: Oct. 9), 5-pages;
2) Weapons Search Protocol - Checklist (dated: 11-06-2020), 3-pages;
3) Weapons Search Protocol - Checklist (blank copy), 3-pages & Ministry of Solicitor General Institutional Services Policy & Procedures Manual (Security & Controls; release date: March 2, 2020), 7-pages;
4) email from J.Gallagher (date: November 6, 2020 @ 1:44pm), 1-page;
5) OTIS Unit Assignment List (date: 06 Nov 2020 @ 11:41), page 33 of 47;
6) Maplehurst Correctional Complex Cell Location Sheet Unit 9E-Wing; 1-page;
7) black & white photographs of shanks (identified as 1-3), 3-pages & 1-page identification of Sgt. Battaglia;
8) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing; 3-pages;
9) Ministry of the Solicitor General Inmate Incident Report (Nov-06-2020 @ 09:40), author: N.Dearing & update: S.Maltby, 5-pages (2 pages - Appendix);
10) emails from S.Maltby, dated November 7, 2020 @ 12:14AM and 1:18AM, 2-pages;
11) Briefing Form (SMEAC), dated: Nov-06-2020, author: N. Dearing; 2-pages;
12) Briefing Form (SMEAC), dated: Nov-06-2020, author: C.Grahek, 2-pages;
13) email from N.Dearing, 3-pages;
14) Ministry of Solicitor General Occurrence Reports (10 total), 14-pages;
15) Misconduct Notice, 1-page.

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.24 19:09:45 -05'00'	Signature

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.

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **01283PVFT518**
Field Visit no: **01283PVGM521** Visit Date: **2020-NOV-24** Field Visit Type: **CONTINUATION**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX** Notice ID:
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Documentation taken into receipt:
- email dated November 24, 2020 at 2:13pm, from J.Ilika, 1-page.

No orders issued.

NOTES:
The employer shall post a copy of this report in the workplace in a conspicuous location where it will come to the attention of the workers, as per section 57(10) of the Occupational Health and Safety Act (1990).

Recipient	Inspector Data	Worker Representative
Name _____	**DEBBIE BEASLEY** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 317-6591** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature Debbie Beasley Digitally signed by Debbie Beasley DN: cn=Debbie Beasley, o, ou, email=debbie.beasley@ontario.ca, c=CA Date: 2020.11.24 15:10:10 -05'00'	Signature

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.

Ministry of Labour,
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Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2021-Jan-04	9:29 AM		No Field Visit	WEAVER, RICK (3144)	**04687QBGL827**

OHS Case ID	Lead Inspector	Case Status
03144QBJS482	WEAVER, RICK (3144)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2021-Jan-04	09:37 AM	Telephone	Pacitto, Elena (4687)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	(Anonymous), (Anonymous)		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin Street, Milton, Ontario L9T 3V9, Canada

Event Information

No covid protocol is being followed.

Event Details and Conclusion

Event entered into ICE on: 04-Jan-2021 9:37 AM
Event entered into ICE by: Pacitto, Elena (4687)

Report printed on: 16-Feb-2021 11:27 AM
Report printed by: HUTTON, LINDSAY (4329)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2021-Feb-06	10:20 AM	2021-Feb-06	Field Visit	JOHNSTONE, JOHN (3786)	**03404QCZP786**

OHS Case ID	Lead Inspector	Case Status
03786QCWR330	JOHNSTONE, JOHN (3786)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2021-Feb-06	10:30 AM	Telephone	CRUMP, STUART (3404)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Other	4		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Steven	(905) 878-8141 Ext: 7343	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Steven	(905) 878-8141 Ext: 7343	No

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin St, Milton, ON L9T 2Y3 (postal code per Google).

Event Information

Per SAC report 3217:
Work refusal unable to reach a resolution // Employer is requesting workers conduct an internal escort movement within Unit 1 in order to cohort positive Covid 19 inmates together and cohort negative inmates // this requires movement within the area // worker members are refusing to make those movements, because they believe they require specific training to work with Covid positive inmates // CO - Grace Hefley is representing 4 workers (Corrections Officers) JHSC Rep on behalf of Workers - Robert Capone same ph # // at this time at an impass.

Event Details and Conclusion

Event entered into ICE on: 08-Feb-2021 12:05 PM
Event entered into ICE by: CRUMP, STUART (3404)

Report printed on: 16-Feb-2021 11:29 AM
Report printed by: HUTTON, LINDSAY (4329)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2021-Feb-10	4:45 PM	2021-Feb-10	Field Visit	JOHNSTONE, JOHN (3786)	**04688QDCV315**

OHS Case ID	Lead Inspector	Case Status
03786QDCB335	JOHNSTONE, JOHN (3786)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2021-Feb-10	04:45 PM	Telephone	Ryan, Carolyn (4688)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Steven	(905) 878-8141 Ext: 7343	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Bartolo, Steven	(905) 878-8141 Ext: 7343	No

Reported Employer / Constructor

Maplehurst correctional complex

Event Location

661 Martin St, Milton, ON L9T 3V9

Event Information

Workers are refusing to do inside tours and go into the areas
Endangers the well being of another person

Event Details and Conclusion

Event entered into ICE on: 10-Feb-2021 4:47 PM
Event entered into ICE by: Ryan, Carolyn (4688)

Report printed on: 16-Feb-2021 11:30 AM
Report printed by: HUTTON, LINDSAY (4329)

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **03786QDCB335**
Field Visit no: **03786QDCB336** Visit Date: **2021-FEB-10** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**500**	

Persons Contacted: **SEE DETAILED NARRATIVE.**
Visit Purpose: **WORK REFUSAL INVESTIGATION.**
Visit Location: **THIS INVESTIGATION WAS CONDUCTED BY TELEPHONE.**
Visit Summary: **NO ORDERS ISSUED AT THE TIME OF THIS VISIT. SEE DETAILED NARRATIVE.**

Detailed Narrative:

This field visit took place over the telephone and the following people were contacted:

STEVEN BARTOLO, CERTFIED EMPLOYER MEMBER, JOINT HEALTH AND SAFETY COMMITTEE (JHSC);
ZACH FILDEY, CERTIFIED WORKER MEMBER, JHSC;
JOSUE RAMIREZ, MANAGER; and
REFUSING WORKER (REPRESENTING FIFTEEN (15) TOTAL REFUSING WORKERS).

This Inspector followed up with the persons contacted by telephone regarding a report of a work refusal in progress (at the workplace, Maplehurst Correctional Complex, 661 Martin st., Milton, ON) to the Ontario Ministry of Labour, Training, and Skills Development (MLTSD) Contact Centre and to determine compliance with the requirements of the Occupational Health and Safety Act, 1990 (OHSA/90) and related legislation.

SUMMARY

The work refusal was described to this Inspector as follows:

Fifteen (15) workers were refusing to go into areas of the workplace where inmates are showing visible signs and symptoms of COVID-19. The reason given for the refusal by the 15-workers was that the refusing workers had not been provided adequate information and instruction on how to safely don and doff the required personal protective equipment (PPE) when conducting this work, that PPE being source control (SC) face masks, eye protection and skin protection (gowns and gloves).

THIS INSPECTOR'S OBSERVATIONS; FINDINGS; AND ACTIONS TAKEN:

This Inspector met with the persons contacted by telephone. At the start of the telephone conversation, the workplace parties stated that a stage 1 investigation into the initial refusal had not been completed. The

Recipient	Inspector Data	Worker Representative
Name _____	**JOHN JOHNSTONE** INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7	Name _____
Title _____	MOLIHSHAMILTONEAST@ontario.ca **Tel: (519) 494-5948** **Fax: 905-577-1324**	Title _____
Signature	Signature *John Johnstone*	Signature

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

OHS Case ID: **03786QDCB335**
Field Visit no: **03786QDCB336** Visit Date: **2021-FEB-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

workplace parties were reminded of the refusing workers' and employer's duty as stated under section 43(4) of the OHSA/90:

Upon refusing to work or do particular work, the worker shall promptly report the circumstances of the refusal to the worker's employer or supervisor who shall forthwith investigate the report in the presence of the worker and, if there is such, in the presence of one of,

(a) a committee member who represents workers, if any;
(b) a health and safety representative, if any; or
(c) a worker who because of knowledge, experience and training is selected by a trade union that represents the worker, or if there is no trade union, is selected by the workers to represent them,
who shall be made available and who shall attend without delay.

The workplace parties put the telephone conversation on hold, proceeded to investigate at stage 1, and provided a copy of the written stage 1 internal investigation report back to this inspector. This inspector then resumed the telephone conversation and proceeded to investigate the refusal.

At the time of this visit, the work refusal did not meet the intent of section 43(3) of the OHSA/90. The health and safety concerns of the work refusal are to be investigated by the MLTSD as a complaint.

NO ORDERS ISSUED AT THE TIME OF THIS VISIT. COMPLAINT INVESTIGATION IS ON-GOING.

ASSISTANCE:

For more information on the Occupational Health and Safety Act, 1990 and all regulations under the OHSA/90 call 1-877-202-0008 (to also report a fatality, critical injury, complaint or work refusal in your workplace) for the western region contact centre. You may visit the Ontario Government website at: http://www.ontario.ca

For external assistance that may help you and your company on matters of compliance with Health and Safety, see the yellow pages in your phone book or contact:

Public Services Health and Safety Association (PSHSA)
4950 Yonge Street
18th floor, Suite 1800

Recipient	Inspector Data	Worker Representative
Name _____	**JOHN JOHNSTONE** INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (519) 494-5948** **Fax: 905-577-1324**	Name _____
Title _____		Title _____
Signature	Signature *John Johnstone*	Signature

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.

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **03786QDCB335**
Field Visit no: **03786QDCB336** Visit Date: **2021-FEB-10** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

Toronto, Ontario
Canada
M2N 6K1

Tel: 416-250-2131
Toll free: 1-877-250-7444
Fax: 416-250-7484

Pursuant to OHSA/90 section 57, subsection (10 a), THE EMPLOYER SHALL FORTHWITH POST A COPY OF THIS ENTIRE REPORT IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF WORKERS AND SHALL A FURNISH COPIES OF THIS REPORT TO THE MEMBERS OF THE JHSC.

Recipient	Inspector Data	Worker Representative
Name _____	**JOHN JOHNSTONE** INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (519) 494-5948** **Fax: 905-577-1324**	Name _____
Title _____		Title _____
Signature	Signature *John Johnstone*	Signature

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.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **03786QCWR330**
Field Visit no: **03786QCWR331** Visit Date: **2021-FEB-06** Field Visit Type: **INITIAL**

Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 878-8141	**Active**	**500**	

Persons Contacted: **SEE DETAILED NARRATIVE**
Visit Purpose: **WORK REFUSAL INVESTIGATION.**
Visit Location: **THIS INVESTIGATION WAS CONDUCTED BY TELEPHONE.**
Visit Summary: **NO ORDERS ISSUED. SEE DETAILED NARRATIVE.**

Detailed Narrative:

This field visit took place over the telephone at the workplace and the following people were contacted:

STEVEN BARTOLO, CERTIFIED EMPLOYER MEMBER, JOINT HEALTH AND SAFETY COMMITTEE (JHSC);
ROBERT CAPONE, CERTIFIED WORKER MEMBER, JHSC;
BRETT ASHLEY, SARGEANT; and
REFUSING WORKER (REPRESENTING THREE (3) TOTAL REFUSING WORKERS).

This inspector followed up with the persons contacted by telephone regarding a report of a work refusal in progress (at the workplace, Maplehurst Correctional Complex, 661 Martin st., Milton, ON) to the Ontario Ministry of Labour, Training, and Skills Development (MLTSD) Contact Centre and to determine compliance with the requirements of the Occupational Health and Safety Act/ 90 (OHSA/90) and related legislation.

SUMMARY

The work refusal was described to this inspector as follows:

Three (3) workers were refusing to move approximately seventy (70) inmates within the facility who were suspect to be positive for COVID-19 infection. The reason given for the refusal by the 3-workers was the following:
- the refusing workers had not been provided information and instruction on how to safely don and doff the required personal protective equipment (PPE) when conducting this work, that PPE being source control (SC) face masks, eye protection and skin protection (gowns and gloves);
- the refusing workers had not been provided with information and instruction on the cleaning and disinfecting practices regarding high-touch areas and shared equipment, surfaces and places in the workplace; and
- the refusing workers had not been provided with information and instruction on signs and symptoms of COVID-19 infection.

Recipient	Inspector Data	Worker Representative
Name: S. BARTOLO	JOHN JOHNSTONE INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (519) 494-5948 Fax: 905-577-1324	Name: P. FIGLIOLA
Title: Sgt. JOHSC EMP CO-CHAIR		Title: Local President
Signature: S L	Signature: John Johnstone	Signature:

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

OHS Case ID: **03786QCWR330**
Field Visit no: **03786QCWR331** Visit Date: **2021-FEB-06** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9
Notice ID:

THIS INSPECTOR'S OBSERVATIONS; FINDINGS; AND ACTIONS TAKEN:

1. The workplace parties acknowledged at the time of this visit that a recent MLTSD visit had been conducted on February 1, 2021 regarding a COVID-19 infection outbreak, and that the direction given to the employer by the MLTSD regarding that visit was completed or was still in progress.

2. This Inspector met with the persons contacted by telephone. The workplace parties stated that a stage 1 investigation into the initial refusal had been completed. At the time of this visit, the persons contacted provided a copy of the written stage 1 internal investigation report to this Inspector.

At the time of this visit, the persons contacted were not able to confirm that all elements of the refusal had been investigated at stage 1.

Because the internal investigation did not meet the intent of section 43(4) of the OHSA/90, this Inspector informed the persons contacted that the internal investigation still needed to be completed by the employer and the work refusal was on-going. The persons contacted were notified by this Inspector that where, following the internal investigation or any steps taken to deal with the circumstances that caused the worker to refuse to work, and the worker has reasonable grounds to believe that their health and safety is still endangered as per section 43(6) (a), (b), (b.1) or (c) and continues to refuse work, then, this Inspector is to be contacted immediately.

NO ORDERS ISSUED.

ASSISTANCE:

For more information on the Occupational Health and Safety Act, 1990 and all regulations under the OHSA/90 call 1-877-202-0008 (to also report a fatality, critical injury, complaint or work refusal in your workplace) for the western region contact centre. You may visit the Ontario Government website at: http://www.ontario.ca

For external assistance that may help you and your company on matters of compliance with Health and Safety, see the yellow pages in your phone book or contact:

Public Services Health and Safety Association (PSHSA)

Recipient	Inspector Data	Worker Representative
Name S. BARTOLO.	JOHN JOHNSTONE INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca Tel: (519) 494-5948 Fax: 905-577-1324	Name P. FIGLIOLA
Title Sgt. JOHSC Emp Co-Chair		Title Local President JOHSC
Signature	Signature John Johnstone	Signature

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OHS Case ID: **03786QCWR330**
Field Visit no: **03786QCWR331** Visit Date: **2021-FEB-06** Field Visit Type: **INITIAL**
Workplace Identification: **MAPLEHURST CORRECTIONAL COMPLEX**
661 MARTIN STREET, MILTON, ON, CANADA L9T 3V9 Notice ID:

4950 Yonge Street
18th floor, Suite 1800
Toronto, Ontario
Canada
M2N 6K1

Tel: 416-250-2131
Toll free: 1-877-250-7444
Fax: 416-250-7484

Pursuant to OHSA/90 section 57, subsection (10 a), THE EMPLOYER SHALL FORTHWITH POST A COPY OF THIS ENTIRE REPORT IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF WORKERS AND SHALL A FURNISH COPIES OF THIS REPORT TO THE MEMBERS OF THE JHSC.

Recipient	Inspector Data	Worker Representative
Name S. BRANTFORD.	**JOHN JOHNSTONE**	Name P. FIGLIOLA
Title Sgt. JOHSC Emp. Co-Chair	INDUSTRIAL HEALTH AND SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (519) 494-5948** **Fax: 905-577-1324**	Title Local President
Signature S	Signature John Johnstone	Signature

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.

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83798

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2021-Jan-19	9:18 AM		No Field Visit	Moore, Cliff (4039)	**04499QCLN053**

OHS Case ID	Lead Inspector	Case Status
04039QDFQ362	Moore, Cliff (4039)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2021-Jan-19	09:19 AM	Email	McCabe, Samantha (4499)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Other	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	[redacted] S.21		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Maplehurst Correctional Complex

Event Location

661 Martin Street Street, Milton, ON L9T 2Y3

Event Information

Complaint form 20210119092002879
Multiple concerns listed regarding COVID-19

Event Details and Conclusion

Event entered into ICE on: 28-Jan-2021 11:19 AM
Event entered into ICE by: McCabe, Samantha (4499)

Report printed on: 16-Feb-2021 11:28 AM
Report printed by: HUTTON, LINDSAY (4329)

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
If this is an emergency call 911 immediately.

The ministry responds to health and safety complaints submitted through this form during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m, excluding holidays.

If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

SWDC

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

South West Detention Centre

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	4819	8th Concession	Road

Street direction	City/town *	Province	Postal code
	Maidstone	ON	N0R 1S0

Complete address for program area (This field is visible only for the program area to extract the full address)

4819 8th Concession Road, Maidstone, ON N0R 1S0

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

[redacted] s.21

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☑ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name * [redacted] s.21

First name *

Ways we can reach you (must provide at least one) *

Telephone number [redacted] s.21

Email address (Please provide an email address if you wish to receive confirmation of your complaint.) [redacted] s.21

Date of complaint (yyyy/mm/dd) 2020/03/16

Time of complaint (HH:MM) 17:43

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
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Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

SWDC

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

South West Detention Centre (Solicitor General)

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	4819	8th Concession	Other

Street direction	City/town *	Province	Postal code
	Windsor	ON	N0R 1K0

Complete address for program area (This field is visible only for the program area to extract the full address)

4819 8th Concession Other, Windsor, ON N0R 1K0

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

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Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

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- Is the equipment used in a particular part of the workplace or for a particular process?
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The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☐ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

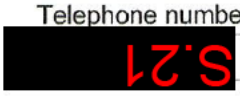
Section 6 - Contact information

Last name * Anonymous

First name * Anonymous

Ways we can reach you (must provide at least one) *

Telephone number



Email address (Please provide an email address if you wish to receive confirmation of your complaint.)

Date of complaint (yyyy/mm/dd) 2020/03/16

Time of complaint (HH:MM) 23:45

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

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Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-09	10:18 AM		No Field Visit	LEPERA, GIOVANNI (1248)	04643PHBN027

OHS Case ID	Lead Inspector	Case Status
01248PHBQ291	LEPERA, GIOVANNI (1248)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-09	10:33 AM	Telephone	SIPPEL, LISA (4643)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Reported Employer / Constructor

South West Detention Centre

Event Location

4819 8th Concession, Maidstone, N0R 1K0

Event Information

-Building trades who work for subcontractor BJCI in the detention centre have been directed by their employer to wear N95 masks while in the detention centre.
-Yesterday a CO was sent home for wearing her personal mask.
-Complaintant asked management why BJCI are allowed to wear masks, management responded that they were directed by their employer.
-Complaintant has requested a N95 from their employer, the employer denied the request.
**Complaintant requests the inspector to attend the facility in person. Will not accept a phone call or fax from the inspector and is requesting to see the inspctors credentials as per 7(2) of the OHSA

Event Details and Conclusion

Case ID 01248PHBQ291
2020-Apr-14 12:48 PM LEPERA, GIOVANNI (1248)
April 9/20; Spoke with Erica Aresenault-MLTSD via telephone who advised that health & safety concern is being addressed and discussed (via teleconference) at a higher level with Senior Management, and that she will contact me to advise if issue gets resolved. Contacted by E. Arsenault in afternoon to advise that field visit report will be issued. At 4:35pm, field visit report completed by MLTSD-Anthony Burzese was e-mailed which included detailed narrative and 2 orders issued to the employer. April 14/20-Contact complainant R. Simpraga via telephone to advise of MLTSD field visit report issued. Reviewed report and advised complainant to contact his employer representatives & JHSC and/or MLTSD Inspector that issued the report if further interpretation is required. No further action required at this time-Case closed.

Event entered into ICE on: 09-Apr-2020 10:38 AM
Event entered into ICE by: SIPPEL, LISA (4643)

Report printed on: 14-Apr-2020 12:53 PM
Report printed by: LEPERA, GIOVANNI (1248)

OHS Case ID: **04249PHBR581**
Field Visit no: **04249PHBR582** Visit Date: **2020-APR-09** Field Visit Type: **INITIAL**

Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**250**	

Persons Contacted: **JASON STROUD - JHSC WORKER REPRESENTATIVE, TAMEKA WILLIAMSON - HEALTHCARE COORDINATOR, BRIAN JANISSE - DEPUTY SUPERINTENDENT OF SERVICES, PAUL KITCHEN - DEPUTY SUPERINTENDENT OF FEMALE OPERATIONS, DON DAVIS - SUPERINTENDENT**

Visit Purpose: **PERSONAL PROTECTIVE EQUIPMENT RELATED TO COVID-19**

Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**

Visit Summary: **ORDERS ISSUED**

Detailed Narrative:

Ministry of Labour staff involved in the teleconference:
- Erica Arsenault - Provincial Specialist
- Ron Landry - Provincial Coordinator

A teleconference was held regarding the following:
Correctional officers, during the course of their duties, not being able to maintain the appropriate physical distance and not being provided with personal protective equipment (PPE) as follows:

1. Correctional officers are conducting strip searches and frisk searches without appropriate PPE
2. Nursing staff administering medication where a visual inspection of the inmates' mouth is required is not provided with appropriate PPE

Inspector's findings / actions:

Correctional officers in the units are provided gloves to perform duties such as strip searches and frisk searches. The employer states physical distance is unable to be maintained in the units as there is the expectation that the worker may need to physically engage an inmate for several different reason including take-downs and physical searches. The employer has not provided a means of droplet protection to the workers in these circumstances.

Nursing staff are required to administer medications to inmates. This process may include a visual search of the inmates' mouth. The employer has not provided a means of droplet protection to the workers in these circumstances.

SEE ORDERS ISSUED

Selection of PPE required to protect workers should be based on the tasks and potentials for exposure. PPE is

Recipient	Inspector Data	Worker Representative
	ANTHONY BURZESE	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca	Title _____
	Tel: (905) 515-6221 **Fax: (905)577-1324**	
Signature	Signature	Signature

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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OHS Case ID: **04249PHBR581**
Field Visit no: **04249PHBR582** Visit Date: **2020-APR-09** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

used alone or in combination to prevent exposure, by placing a barrier between one's mucous membranes, skin and clothing.

- PPE accessible to workers should be appropriate for the task and/or risk of exposure to infectious agents spread by contact, droplet and/or airborne routes.
- Potential splashes and sprays can be a source of infection to workers. Facial protection consists of PPE (e.g. face shield, goggles, mask) that protect the mucous membranes of the eyes, nose and mouth from infectious splashes or sprays.
- Reusable PPE must be cleaned and disinfected after each use and between users.
- PPE must be stored in a manner to prevent cross contamination of infectious agents.

The employer has policies in place regarding physical distancing for staff. These policies are not being enforced by the employer at this facility. Discussions were held around enforcing the employers' policy.

Comment:
Currently there are no confirmed cases of COVID-19 at this workplace or with the inmates.

Resources that may assist workers and employers:
- Ministry of Health Emergency Planning and Preparedness:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx
-Public Health Ontario :
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus
- Health and Safety System Partners: http://www.healthandsafetyontario.ca/
- Additional Guidance: www.ontario.ca/coronavirus

A copy of this report is to be posted in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name _____
Title _____		Title _____
Signature	Signature AB	Signature

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.

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OHS Case ID: **04249PHBR581**
Field Visit no: **04249PHBR582** Visit Date: **2020-APR-09** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

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

To: **MINISTRY OF THE SOLICITOR GENERAL**
Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 04249PHBT583	Time	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers that may be exposed to COVID-19 and are unable to maintain physical distancing while working in close proximity to inmates. Workers were unable to maintain physical distancing and there were no other precautions being taken to prevent COVID-19 exposure while working in close proximity to inmates.	2020-APR-09
2 04249PHBT584	Time	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect worker from exposure to mucous membranes of the eyes, nose and mouth from infectious splashes or spray while conducting searches of an inmates' mouth. There are no precautions being taken to prevent mucous transfer to the worker.	2020-APR-09

Recipient	Inspector Data	Worker Representative
Name _____	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

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1759537

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-29	6:55 AM	2020-Mar-30	Field Visit	BROWN, STEPHEN (2816)	**02667PGNM001**

OHS Case ID	Lead Inspector	Case Status
02816PGMK300	BROWN, STEPHEN (2816)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-29	07:17 AM	Telephone	BROWN, SHIRANN (2667)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Reported Employer / Constructor

Southwest Detention Centre

Event Location

4819 8th Concession Rd., Maidstone,

Event entered into ICE on: 30-Mar-2020 10:14 AM
Event entered into ICE by: BROWN, SHIRANN (2667)

Report printed on: 11-Feb-2021 2:11 PM
Report printed by: Durocher, Ashley (4103)

Event Information

Caller reports:
- The affected worker is a correctional officer who is refusing to work on a unit where inmates are allowed to walk around freely
- The worker stated he cannot practice social distancing while around inmates
- The worker would work the unit if he was provided an N95 mask but that request has not been granted
- The worker is in a safe place now while alternative duties are trying to be found for him

07:26 SAC(jt) to Heather Leask
- Briefed on the incident
- Inspector to be paged

Caller Details
Incident Occurrence

Type Work Refusal
MOL Office
1 - Windsor
MOLProgram Industrial
MOL Inspector Called Out ? Yes
MOLMangerContacted ? Yes
No
Reference # 32896 Received By Jonathan Tse Date and Time Reported 03/29/2020 7:17
Address 4819 8th Concession Rd.
Postal Code
Municipality Essex, County Of
Essex, County Of
Complaint ? Bill168 ?
Caller Name Pete Spourdalakis Remain Anonymous?
Incident Details
Municipality
City Maidstone
Postal Code
March 29, 2020 Page 1 of 2
07:28 SAC(jt) to Steve Brown
- Briefed and report sent

Event Details and Conclusion

Case ID 02816PGMK300
2020-Apr-03 1:44 PM BROWN, STEPHEN (2816)
Completed

Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **02816PGMK300**
Field Visit no: **04482PGNR984** Visit Date: **2020-MAR-30** Field Visit Type: **FOLLOW-UP**

Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**250**	

Persons Contacted: **BRIAN JANISSE - DEPUTY SUPERINTENDENT**
PAUL KITCHEN - DEPUTY SUPERINTENDENT
STEFAN MILLER - JHSC UNION REP
S.21

Visit Purpose: **TO INVESTIGATE A COMPLAINT REGARDING COVID-19**
Visit Location: **CONFERENCE CALL**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:

Brian Janisse - Deputy Superintendent
Paul Kitchen - Deputy Superintendent
Stefan Miller - JHSC Union Rep
S.21

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complaint alleges the following:

Follow-up to work refusal on March 29, 2020 regarding social distancing

Inspector Findings:

Social/Physical Distancing Measures in Place:

The workplace parties stated they have the following in place:
- the staff fitness centre has been close
- day shift daily briefings have been cancelled
- emails are sent discussing social distancing
- inmates are being transferred to different units
- no volunteer programs are running
- all lawyer visits are being completed through video conferencing
- all court appearances are being completed through video conferencing
- all new inmates are being placed in a separate unit for a period of 14 days prior to being placed in other units

Recipient	Inspector Data	Worker Representative
Name _____	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

OHS Case ID: **02816PGMK300**
Field Visit no: **04482PGNR984** Visit Date: **2020-MAR-30** Field Visit Type: **FOLLOW-UP**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

- discussions with the inmates regarding social distancing is being held in each unit

No further action is required at this time regarding this complaint.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
	Suzanne Platt	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5	
Title _____	MOLOHSWINDSOR@ONTARIO.CA	Title _____
	Tel: (519) 551-4218	
	Fax: (519) 258-1321	
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **02816PGMK300**
Field Visit no: **04482PGNR984**
Visit Date: **2020-MAR-30**
Field Visit Type: **FOLLOW-UP**
Notice ID:

Workplace Identification: **SOUTH WEST DETENTION CENTRE**
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**250**	

Persons Contacted: **BRIAN JANISSE - DEPUTY SUPERINTENDENT**
PAUL KITCHEN - DEPUTY SUPERINTENDENT
STEFAN MILLER - JHSC UNION REP
S.21 [redacted]

Visit Purpose: **TO INVESTIGATE A COMPLAINT REGARDING COVID-19**
Visit Location: **CONFERENCE CALL**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:

Brian Janisse - Deputy Superintendent
Paul Kitchen - Deputy Superintendent
Stefan Miller - JHSC Union Rep
S.21 [redacted]

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complaint alleges the following:

Follow-up to work refusal on March 29, 2020 regarding social distancing

Inspector Findings:

Social/Physical Distancing Measures in Place:

The workplace parties stated they have the following in place:
- the staff fitness centre has been close
- day shift daily briefings have been cancelled
- emails are sent discussing social distancing
- inmates are being transferred to different units
- no volunteer programs are running
- all lawyer visits are being completed through video conferencing
- all court appearances are being completed through video conferencing
- all new inmates are being placed in a separate unit for a period of 14 days prior to being placed in other units

Recipient	Inspector Data	Worker Representative
Name B. Janisse	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name S. Miller
Title Deputy Superintendent		Title JHSC
Signature	Signature	Signature

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OHS Case ID: **02816PGMK300**
Field Visit no: **04482PGNR984** Visit Date: **2020-MAR-30** Field Visit Type: **FOLLOW-UP**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

- discussions with the inmates regarding social distancing is being held in each unit

No further action is required at this time regarding this complaint.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

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Name	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name
Title		Title
Signature	Signature	Signature

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Incident Details for 1 - Windsor *29-Mar-20*

Reference # 32896 **Received By** Jonathan Tse **Date and Time Reported** 03/29/2020 7:17

Caller Details

☐ **Complaint ?** ☐ **Bill168 ?**

Caller Name S.21 ☐ **Remain Anonymous?**

Company Southwest Detention Centre

Phone Number(s) S.21

Position S.21

Company Involved

Company Name Southwest Detention Centre

Address 4819 8th Concession Rd.

Municipality Essex, County Of

Postal Code

Contact Name S.21

Phone Number(s) S.21

Incident Occurrence

Date and Time 03/29/2020 6:55

MOL Inspector Called Out ? Yes

Time Inspector Paged 7:28

Time Inspector Called Back 7:28

MOLMangerContacted ? Yes

MOLProgram Industrial

Type Work Refusal

MOL Office

1 - Windsor

Incident Details

Location 4819 8th Concession Rd. **City** Maidstone

Municipality Essex, County Of **Postal Code**

	Affected Workers Name	*Birth Date YYYY/MM/DD*	*Hospitalized ?*
1.	S.21		No
2.			
3.			
4.			
5.			
6.			

Incident Summary Work Refusal at Correctional Facility

Details

Caller reports:

- The affected worker is a correctional officer who is refusing to work on a unit where inmates are allowed to walk around freely
- The worker stated he cannot practice social distancing while around inmates
- The worker would work the unit if he was provided an N95 mask but that request has not been granted
- The worker is in a safe place now while alternative duties are trying to be found for him

07:26 SAC(jt) to Heather Leask
- Briefed on the incident
- Inspector to be paged

07:28 SAC(jt) to Steve Brown
- Briefed and report sent

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-27	11:27 AM		No Field Visit	Platt, Suzanne (4482)	**03866PGKP402**

OHS Case ID	Lead Inspector	Case Status
04482PGKT983	Platt, Suzanne (4482)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-27	11:54 AM	Telephone	PILLAI, ROY (3866)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	McDonald, Srgt	(519) 967-3100 Ext: 6100	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	McDonald, Srgt	(519) 967-3100 Ext: 6100	No

Reported Employer / Constructor

South West Detention Centre

Event Location

4819 Eight Concession, Maidstone, ON

Event Information

Employer wants inmates to be seen for medical examination in the multipurpose rooms of each units to reduce potential cross contamination in the jail. Nurses are refusing to do that and wants to continue seeing inmates in the medical examination rooms due to following reasons in the multipurpose rooms: No sink to wash hands, inmate privacy concerns as other inmates can see them, Unknown infections/ conditions until initial medical screening is done and might need additional equipment stored in the medical exam room to complete the examination. Stage one was completed without resolution this morning.

Event Details and Conclusion

Case ID 04482PGKT983
2020-Mar-31 9:30 AM Platt, Suzanne (4482)
no orders issued

Event entered into ICE on: 27-Mar-2020 11:56 AM
Event entered into ICE by: PILLAI, ROY (3866)

Report printed on: 11-Feb-2021 2:32 PM
Report printed by: Durocher, Ashley (4103)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-23	4:00 PM	2020-Mar-23	Field Visit	BRINK, DOUG (4222)	**04606PGFV330**

OHS Case ID	Lead Inspector	Case Status
04222PGFW606	BRINK, DOUG (4222)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-23	04:08 PM	Telephone	Ekron, Beth (4606)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	3		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	White, Shannon	(519) 967-3100 Ext: 2205	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	White, Shannon	(519) 967-3100 Ext: 2205	No

Reported Employer / Constructor

Southwest Detention Centre

Event Location

4819 8th Concession Road, Maidstone, ON N0R 1K0

Event Information

Employer is reporting a stage two work refusal:
-An inmate was removed for a health care assessment, upon removal a number of units saw the inmate with a mask on. Complaints occurred regarding potential contamination of COVID-19. Workers are concerned
-3 workers are refusing and are on site

Event Details and Conclusion

Case ID 04222PGFW606
2020-Mar-26 8:13 PM BRINK, DOUG (4222)
Case closed. read WR determination form.

Event entered into ICE on: 23-Mar-2020 4:13 PM
Event entered into ICE by: Ekron, Beth (4606)

Report printed on: 11-Feb-2021 2:31 PM
Report printed by: Durocher, Ashley (4103)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-May-05	3:00 PM	2020-May-05	Field Visit	Kempster, Matt (4481)	**03404PJJR055**

OHS Case ID	Lead Inspector	Case Status
04481PJJV905	Kempster, Matt (4481)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-May-05	03:21 PM	Telephone	CRUMP, STUART (3404)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	4		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Wall, Les	(519) 967-3100 Ext: 3420	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Wall, Les	(519) 967-3100 Ext: 3420	No

Reported Employer / Constructor

South West Detention Centre

Event Location

4819 8th Concession Road, Maidstone, ON, N0R 1K0.

Event Information

Stage one complete: workers in food services are refusing regarding inmates from a unit under droplet precaution regarding Covid-19 coronavirus working in the kitchen.
Refusing workers: Barbara Parker, Gilbert Gouthro, Dylan Blondin, Jenna Campbell.
Please would the inspector assigned contact Les Wall at 519-967-3100, x 3420.

Event Details and Conclusion

Case ID 04481PJJV905
2020-May-06 11:39 AM Kempster, Matt (4481)
No orders

Event entered into ICE on: 05-May-2020 3:28 PM
Event entered into ICE by: CRUMP, STUART (3404)

Report printed on: 11-Feb-2021 2:15 PM
Report printed by: Durocher, Ashley (4103)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 04481PJJV905
Field Visit no: 04481PJJV906 Visit Date: 2020-MAY-05 Field Visit Type: INITIAL

Workplace Identification: SOUTH WEST DETENTION CENTRE
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	Active	250	

Persons Contacted: SGT CARL SIMARD - MANAGEMENT REP
LES WALL - FOOD SERVICES MANAGER
S.21
STEFAN MILLER- JHSC WORKER REP (CERT. PART1)

Visit Purpose: INVESTIGATION OF WORK REFUSAL REPORTED TO THE MINISTRY OF LABOUR

Visit Location: CONFERENCE CALL

Visit Summary: NO ORDERS

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:
Sgt Carl Simard - Management Rep
Les Wall - Food Services Manager
S.21
Stefan Miller- JHSC Worker Rep (Cert. Part1)

The reason for this visit is to respond to a report of a work refusal made to the Ministry of Labour, Training, and Skills Development. (MOLTSD)
DETAILS OF WORK REFUSAL: (Reported the the MOL Call centre on 5.May.2020)
- Stage one complete: workers in food services are refusing regarding inmates from a unit under droplet precaution regarding Covid-19 coronavirus working in the kitchen.
- Refusing workers listed

Discussions/Finding by the Ministry of Labour:
At the time of this investigation, a discussion occurred with the employer and a worker rep about the particulars of the work refusal. A JHSC worker rep and a refusing worker from the kitchen were also on the conference call. The work refusal was based on a COVID-19 concern in the workplace.

The employer is reporting that there are no COVID-19 positive workers or inmates at this workplace.

Under normal conditions, up to 6 inmates assist kitchen workers in the kitchen but due to COVID-19 there has been no inmates working in the kitchen. On today's date, at approximately 3:00pm management instructed Corrections Officers (CO's) to escort 2 inmates from Unit B3 to work in the kitchen. A work refusal was initiated by the food services workers due to the fact that the inmates working in the kitchen are from Unit B3 and this Unit is a droplet precautionary unit. Unit B3 had one inmate that had COVID-19 symptoms yesterday and he and his cellmate were moved to segregation yesterday where they were tested for COVID-19. The test results

Recipient	Inspector Data	Worker Representative
Name: G. McDonald	Matt Kempster OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 551-6353 Fax: (519) 258-1287	Name: S. Miller
Title: S/Sgt		Title: CO - JHSC - MEMBER
Signature	Signature	Signature

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OHS Case ID: 044B1PJJV905
Field Visit no: 044B1PJJV906 Visit Date: 2020-MAY-05 Field Visit Type: INITIAL
Workplace Identification: SOUTH WEST DETENTION CENTRE
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0 Notice ID:

are due back tomorrow morning. The workplace parties conducted an investigation and contacted the MOLTSD.

Contact precautions are being used, social distancing rules are enforced and PPE is available for inmates and kitchen staff. Currently in the kitchen, the kitchen staff wear surgical / procedural masks and inmates wear surgical / procedural masks. The employer has instructed kitchen staff and inmates to social distance. Medical gloves are also available for the kitchen staff.

The employer has indicated that there are no workers or inmates at this workplace that have tested positive for COVID-19. This Inspector has determined that this is not a work refusal because section 43(3) of the OHSA does not apply and therefore will be treated as a complaint.

On April 3, 2020 a Field Visit was made to this workplace by MOL Inspector S Platt and the following COVID-19 topics were discussed:

Information & Instruction to Workers:
The employer indicated information and awareness regarding COVID-19 had been communicated to workers via posters, handouts, emails and information talks.
The workplace parties stated there have been no confirmed cases of COVID-19 from staff or inmates.

Personal Protective Equipment:
The workplace parties stated the following:
- PPE inventory is being managed differently to monitor quantities
- Bulk quantities of PPE are in a locked room, the Staff Sergeant on shift has the key so it can be accessed at any time
- PPE is provided at each location that it is required, for example near a isolation room that has an inmate under droplet precautions
- as PPE gets used it is refilled from the bulk storage room
- All workers are using surgical / procedural masks at all times in all parts of the workplace

Screening Measures:
The workplace parties stated the following:
- maintaining 6 feet of physical distance between individuals is promoted when possible
- there are screening questions posted on entrance door, workers self-affirm they pass the screening questions
- plans are being made to expand the screening process

Recipient	Inspector Data	Worker Representative
Name G. McDonald	Matt Kempster OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 551-6353 Fax: (519) 258-1322	Name S. Mella
Title S/Sgt.		Title CO-OHSC MEMBER
Signature	Signature	Signature

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OHS Case ID: 044B1PJJV905
Field Visit no: 044B1PJJV906 Visit Date: 2020-MAY-05 Field Visit Type: INITIAL
Workplace Identification: SOUTH WEST DETENTION CENTRE
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0 Notice ID:

- workers are sent home if they are not feeling well
- workers who travelled are self-isolating for 14 days
- new workers who worked in the US have chosen to stay in Canada, and self-isolate for 14 days prior to attending work
- Doctors had worked in the assessment centre but have not done so in the last 14 days of self-isolating
- Doctors were available through OTN while not at the facility
- inmates are screened when they enter the facility, if symptoms are present they are provided a mask and transferred to isolation with droplet precautions and monitored
- testing would be completed if recommended in consultation with Public Health

Social/Physical Distancing Measures in Place:
The workplace parties stated they have the following in place:
- the staff fitness centre has been close
- day shift daily briefings have been cancelled
- emails are sent discussing social distancing
- inmates are no longer being transferred to different units
- no volunteer programs are running
- all lawyer visits are being completed through video conferencing
- all court appearances are being completed through video conferencing
- all new inmates are being placed in a separate unit for a period of 14 days prior to being placed in other units
- discussions with the inmates regarding social distancing is being held in each unit

Cleaning and Disinfecting:
The workplace parties indicated that housekeeping has increased their cleaning and are responsible for refilling soap in washrooms and hand sanitizer dispensers. They are not aware of any soap or hand sanitizer running out except on one occasion when they requested more soap in a health care washroom that was refilled immediately.

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

Recipient	Inspector Data	Worker Representative
Name G. McDONALD	Matt Kempster OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr. Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 551-6353 Fax: (519) 258-1321	Name S. Mah
Title SUPT		Title CO JHSC - MEMBER
Signature	Signature	Signature

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, direction 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

1759537

OHS Case ID: 044B1PJJV905
Field Visit no: 044B1PJJV906 Visit Date: 2020-MAY-05 Field Visit Type: INITIAL
Workplace Identification: SOUTH WEST DETENTION CENTRE
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0
Notice ID:

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus

Here is the COVID 19 Guidance to Industry Operators link:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_operators_guidance.pdf

You may also contact Telehealth Ontario at 1-866-797-0000

Pursuant to OHSA/90 section 57, subsection (10 a). THE EMPLOYER SHALL FORTHWITH POST A COPY OF THIS ENTIRE REPORT IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF WORKERS AND SHALL PROVIDE COPIES OF THIS REPORT TO THE JHSC.

Recipient	Inspector Data	Worker Representative
Name: G McDonald	Matt Kempster OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 551-6353 Fax: (519) 258-1321	Name: S. Mellen
Title: Sgt		Title: CO-JHSC - MEMBER
Signature:	Signature:	Signature:

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Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04481PJJV905**
Field Visit no: **04481PJJV906** Visit Date: **2020-MAY-05** Field Visit Type: **INITIAL**

Workplace Identification: **SOUTH WEST DETENTION CENTRE**
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**250**	

Persons Contacted: **SGT CARL SIMARD - MANAGEMENT REP**
LES WALL - FOOD SERVICES MANAGER
S.21 [redacted]
STEFAN MILLER- JHSC WORKER REP (CERT. PART1)

Visit Purpose: **INVESTIGATION OF WORK REFUSAL REPORTED TO THE MINISTRY OF LABOUR**

Visit Location: **CONFERENCE CALL**

Visit Summary: **NO ORDERS**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:
Sgt Carl Simard - Management Rep
Les Wall - Food Services Manager
S.21 [redacted]
Stefan Miller- JHSC Worker Rep (Cert. Part1)

The reason for this visit is to respond to a report of a work refusal made to the Ministry of Labour, Training, and Skills Development. (MOLTSD)
DETAILS OF WORK REFUSAL: (Reported the the MOL Call centre on 5.May.2020)
- Stage one complete: workers in food services are refusing regarding inmates from a unit under droplet precaution regarding Covid-19 coronavirus working in the kitchen.
- Refusing workers listed

Discussions/Finding by the Ministry of Labour:
At the time of this investigation, a discussion occurred with the employer and a worker rep about the particulars of the work refusal. A JHSC worker rep and a refusing worker from the kitchen were also on the conference call. The work refusal was based on a COVID-19 concern in the workplace.

The employer is reporting that there are no COVID-19 positive workers or inmates at this workplace.

Under normal conditions, up to 6 inmates assist kitchen workers in the kitchen but due to COVID-19 there has been no inmates working in the kitchen. On today's date, at approximately 3:00pm management instructed Corrections Officers (CO's) to escort 2 inmates from Unit B3 to work in the kitchen. A work refusal was initiated by the food services workers due to the fact that the inmates working in the kitchen are from Unit B3 and this Unit is a droplet precautionary unit. Unit B3 had one inmate that had COVID-19 symptoms yesterday and he and his cellmate were moved to segregation yesterday where they were tested for COVID-19. The test results

Recipient	Inspector Data	Worker Representative
Name _____	**Matt Kempster** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-6353** **Fax: (519) 258-1321**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **04481PJJV905**
Field Visit no: **04481PJJV906** Visit Date: **2020-MAY-05** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

are due back tomorrow morning. The workplace parties conducted an investigation and contacted the MOLTSD.

Contact precautions are being used, social distancing rules are enforced and PPE is available for inmates and kitchen staff. Currently in the kitchen, the kitchen staff wear surgical / procedural masks and inmates wear surgical / procedural masks. The employer has instructed kitchen staff and inmates to social distance. Medical gloves are also available for the kitchen staff.

The employer has indicated that there are no workers or inmates at this workplace that have tested positive for COVID-19. This Inspector has determined that this is not a work refusal because section 43(3) of the OHSA does not apply and therefore will be treated as a complaint.

On April 3, 2020 a Field Visit was made to this workplace by MOL Inspector S Platt and the following COVID-19 topics were discussed:

Information & Instruction to Workers:
The employer indicated information and awareness regarding COVID-19 had been communicated to workers via posters, handouts, emails and information talks.
The workplace parties stated there have been no confirmed cases of COVID-19 from staff or inmates.

Personal Protective Equipment:
The workplace parties stated the following:
- PPE inventory is being managed differently to monitor quantities
- Bulk quantities of PPE are in a locked room, the Staff Sergeant on shift has the key so it can be accessed at any time
- PPE is provided at each location that it is required, for example near a isolation room that has an inmate under droplet precautions
- as PPE gets used it is refilled from the bulk storage room
- All workers are using surgical / procedural masks at all times in all parts of the workplace

Screening Measures:
The workplace parties stated the following:
- maintaining 6 feet of physical distance between individuals is promoted when possible
- there are screening questions posted on entrance door, workers self-affirm they pass the screening questions
- plans are being made to expand the screening process

Recipient	Inspector Data	Worker Representative
	Matt Kempster	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Name _____
	PROVINCIAL OFFENCES OFFICER	
	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5	
Title _____	MOLOHSWINDSOR@ONTARIO.CA	Title _____
	Tel: (519) 551-6353	
	Fax: (519) 258-1321	
Signature	Signature	Signature

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OHS Case ID: **04481PJJV905**
Field Visit no: **04481PJJV906** Visit Date: **2020-MAY-05** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

- workers are sent home if they are not feeling well
- workers who travelled are self-isolating for 14 days
- new workers who worked in the US have chosen to stay in Canada, and self-isolate for 14 days prior to attending work
- Doctors had worked in the assessment centre but have not done so in the last 14 days of self-isolating
- Doctors were available through OTN while not at the facility
- inmates are screened when they enter the facility, if symptoms are present they are provided a mask and transferred to isolation with droplet precautions and monitored
- testing would be completed if recommended in consultation with Public Health

Social/Physical Distancing Measures in Place:
The workplace parties stated they have the following in place:
- the staff fitness centre has been close
- day shift daily briefings have been cancelled
- emails are sent discussing social distancing
- inmates are no longer being transferred to different units
- no volunteer programs are running
- all lawyer visits are being completed through video conferencing
- all court appearances are being completed through video conferencing
- all new inmates are being placed in a separate unit for a period of 14 days prior to being placed in other units
- discussions with the inmates regarding social distancing is being held in each unit

Cleaning and Disinfecting:
The workplace parties indicated that housekeeping has increased their cleaning and are responsible for refilling soap in washrooms and hand sanitizer dispensers. They are not aware of any soap or hand sanitizer running out except on one occasion when they requested more soap in a health care washroom that was refilled immediately.

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

Recipient	Inspector Data	Worker Representative
	Matt Kempster	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Name _____
	PROVINCIAL OFFENCES OFFICER	
	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5	
Title _____	MOLOHSWINDSOR@ONTARIO.CA	Title _____
	Tel: (519) 551-6353	
	Fax: (519) 258-1321	
Signature	Signature	Signature

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OHS Case ID: **04481PJJV905**
Field Visit no: **04481PJJV906** Visit Date: **2020-MAY-05** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE**
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0
Notice ID:

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus

Here is the COVID 19 Guidance to Industry Operators link:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_operators_guidance.pdf

You may also contact Telehealth Ontario at 1-866-797-0000

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Recipient	Inspector Data	Worker Representative
Name _____	**Matt Kempster** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-6353** **Fax: (519) 258-1321**	Name _____
Title _____		Title _____
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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-May-04	5:00 PM	2020-May-04	Field Visit	Kempster, Matt (4481)	**02667PJJL032**

OHS Case ID	Lead Inspector	Case Status
04481PJHB903	Kempster, Matt (4481)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-May-04	06:45 PM	Telephone	BROWN, SHIRANN (2667)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

South West Detention Centre

Event Location

4819 Eighth Concession Road, Maidstone, N0R 1K0

Event Information

SAC report 187 Details - ON CALL OFFICER HAS DETERMINED THIS IS A COMPLAINT
There is an on-going Stage 2 work refusal. They have asked Correctional Officers to let out 3 inmates at a time. But Officers want to let out only one cell / 1 inmate at a time. This is for the droplet precaution unit.
18:55 SACfj to Vince La Tona, On-call Manager: briefed. Vince requests to call-out the on-call inspector and have the Inspector contact him.
19:00 SACfj to Matt Kempster, on-call Inspector: briefed on request and event details.

Event Details and Conclusion

Case ID 04481PJHB903
2020-May-05 3:47 PM Kempster, Matt (4481)
Not a work refusal- no orders

Event entered into ICE on: 05-May-2020 8:27 AM
Event entered into ICE by: BROWN, SHIRANN (2667)

Report printed on: 11-Feb-2021 2:25 PM
Report printed by: Durocher, Ashley (4103)

Ministry of Labour, Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04481PJHB903**
Field Visit no: **04481PJHB904** Visit Date: **2020-MAY-04** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**250**	

Persons Contacted: **SGT CARL SIMARD - MANAGEMENT REP**
PAUL PETRONI - WORKER REP
Visit Purpose: **INVESTIGATION OF WORK REFUSAL REPORTED TO THE MINISTRY OF LABOUR**
Visit Location: **CONFERENCE CALL**
Visit Summary: **NO ORDERS**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:
Sgt Carl Simard - Management Rep
Paul Petroni - Worker Rep

The reason for this visit is to respond to a report of a work refusal made to the Ministry of Labour, Training, and Skills Development. (MOLTSD)
DETAILS OF WORK REFUSAL: (Reported the the MOL Call centre on 4.May.2020)
- There is an on-going Stage 2 work refusal. They have asked Correctional Officers to let out 3 cells / 6 inmates at a time. But Officers want to let out only one cell / 2 inmates at a time.
- This is for the droplet precaution unit.

Discussions/Finding by the Ministry of Labour:
At the time of this investigation, a discussion occurred with the employer and a worker rep about the particulars of the work refusal. A JHSC worker rep was not available. The work refusal was based on a COVID-19 concern in the workplace.

The employer is reporting that there are no COVID-19 positive workers or inmates at this workplace. At the start of this investigation, there were no refusing workers in the workplace.

On today's date at approximately 7:00am, an inmate in Unit B3 showed symptoms of COVID-19 at this detention center. This inmate and their cellmate were moved into the segregation unit where they were tested for COVID-19. Test results are pending. Unit B3 is a droplet precautionary unit and only 1 cell / 2 inmates are allowed out of their cell for 1 hour a day. There are 16 cells total in Unit B3. At 3:36 pm, an e-mail from management has directed the Correctional Officers (CO's) in Unit B3 to allow 3 cells / 6 inmates out at a time. Shortly after, at 3:48pm an e-mail from Corporate Health Care has directed the CO's in Unit B3 to only allow 1 cell / 2 inmates out of their cell at a time. Then the Deputy Chief of the jail directed jail staff to return to the previous direction and allow 3 cells / 6 inmates out at a time The CO's working in Unit B3 have refused work

Recipient	Inspector Data	Worker Representative
Name G. McDonald	**Matt Kempster** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-6353** **Fax: (519) 258-1321**	Name P. Petroni
Title Sgt Sgt		Title COR Union Steward
Signature	Signature	Signature

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1759537

OHS Case ID: **04481PJHB903**
Field Visit no: **04481PJHB904** Visit Date: **2020-MAY-04** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

due to the greater number of inmates being allowed out of their cells at the same time.

Contact precautions are being used, social distancing rules are enforced and PPE is available for inmates and CO's. Currently in Unit B3, the CO's wear surgical / procedural masks and inmates wear surgical / procedural masks while out of their cells. Medical gloves are also available for the CO's. After inmates use common touch surfaces, like the telephone, they use a supplied cleaner to disinfect the phone themselves.

The employer has indicated that there are no workers or inmates at this workplace that have tested positive for COVID-19. This Inspector has determined that this is not a work refusal because section 43(3) of the OHSA does not apply and therefore will be treated as a complaint.

On April 3, 2020 a Field Visit was made to this workplace by MOL Inspector S Platt and the following COVID-19 topics were discussed:

Information & Instruction to Workers:
The employer indicated information and awareness regarding COVID-19 had been communicated to workers via posters, handouts, emails and information talks.
The workplace parties stated there have been no confirmed cases of COVID-19 from staff or inmates.

Personal Protective Equipment:
The workplace parties stated the following:
- PPE inventory is being managed differently to monitor quantities
- Bulk quantities of PPE are in a locked room, the Staff Sergeant on shift has the key so it can be accessed at any time
- PPE is provided at each location that it is required, for example near a isolation room that has an inmate under droplet precautions
- as PPE gets used it is refilled from the bulk storage room
- All workers are using surgical / procedural masks at all times in all parts of the workplace

Screening Measures:
The workplace parties stated the following:
- maintaining 6 feet of physical distance between individuals is promoted when possible
- there are screening questions posted on entrance door, workers self-affirm they pass the screening questions
- plans are being made to expand the screening process
- workers are sent home if they are not feeling well

Recipient	Inspector Data	Worker Representative
Name: McDonald	**Matt Kempster** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-6353** **Fax: (519) 258-1321**	Name: P. Petrini
Title: S/Sgt		Title: Union Steward
Signature:	Signature:	Signature:

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OHS Case ID: 04481PJHB903
Field Visit no: 04481PJHB904 Visit Date: 2020-MAY-04 Field Visit Type: INITIAL
Workplace Identification: SOUTH WEST DETENTION CENTRE Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

- workers who travelled are self-isolating for 14 days
- new workers who worked in the US have chosen to stay in Canada, and self-isolate for 14 days prior to attending work
- Doctors had worked in the assessment centre but have not done so in the last 14 days of self-isolating
- Doctors were available through OTN while not at the facility
- inmates are screened when they enter the facility, if symptoms are present they are provided a mask and transferred to isolation with droplet precautions and monitored
- testing would be completed if recommended in consultation with Public Health

Social/Physical Distancing Measures in Place:
The workplace parties stated they have the following in place:
- the staff fitness centre has been close
- day shift daily briefings have been cancelled
- emails are sent discussing social distancing
- inmates are no longer being transferred to different units
- no volunteer programs are running
- all lawyer visits are being completed through video conferencing
- all court appearances are being completed through video conferencing
- all new inmates are being placed in a separate unit for a period of 14 days prior to being placed in other units
- discussions with the inmates regarding social distancing is being held in each unit

Cleaning and Disinfecting:
The workplace parties indicated that housekeeping has increased their cleaning and are responsible for refilling soap in washrooms and hand sanitizer dispensers. They are not aware of any soap or hand sanitizer running out except on one occasion when they requested more soap in a health care washroom that was refilled immediately.

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

Recipient	Inspector Data	Worker Representative
Name McDonald	Matt Kempster OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA Tel: (519) 551-6353 Fax: (519) 258-1321	Name P. Petroni
Title Sgt.		Title Union Steward
Signature	Signature	Signature

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OHS Case ID: **04481PJHB903**
Field Visit no: **04481PJHB904** Visit Date: **2020-MAY-04** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

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Additional Guidance
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Recipient	Inspector Data	Worker Representative
Name McDonald	**Matt Kempster**	Name P. Petrini
Title SSA	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-6353** **Fax: (519) 258-1321**	Title Union Steward
Signature	Signature	Signature P. Petrini

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1759537

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04481PJHB903**
Field Visit no: **04481PJHB904** Visit Date: **2020-MAY-04** Field Visit Type: **INITIAL**

Workplace Identification: **SOUTH WEST DETENTION CENTRE**
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**250**	

Persons Contacted: **SGT CARL SIMARD - MANAGEMENT REP**
PAUL PETRONI - WORKER REP

Visit Purpose: **INVESTIGATION OF WORK REFUSAL REPORTED TO THE MINISTRY OF LABOUR**

Visit Location: **CONFERENCE CALL**

Visit Summary: **NO ORDERS**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:
Sgt Carl Simard - Management Rep
Paul Petroni - Worker Rep

The reason for this visit is to respond to a report of a work refusal made to the Ministry of Labour, Training, and Skills Development. (MOLTSD)
DETAILS OF WORK REFUSAL: (Reported the the MOL Call centre on 4.May.2020)
- There is an on-going Stage 2 work refusal. They have asked Correctional Officers to let out 3 cells / 6 inmates at a time. But Officers want to let out only one cell / 2 inmates at a time.
- This is for the droplet precaution unit.

Discussions/Finding by the Ministry of Labour:
At the time of this investigation, a discussion occurred with the employer and a worker rep about the particulars of the work refusal. A JHSC worker rep was not available. The work refusal was based on a COVID-19 concern in the workplace.

The employer is reporting that there are no COVID-19 positive workers or inmates at this workplace. At the start of this investigation, there were no refusing workers in the workplace.

On today's date at approximately 7:00am, an inmate in Unit B3 showed symptoms of COVID-19 at this detention center. This inmate and their cellmate were moved into the segregation unit where they were tested for COVID-19. Test results are pending. Unit B3 is a droplet precautionary unit and only 1 cell / 2 inmates are allowed out of their cell for 1 hour a day. There are 16 cells total in Unit B3. At 3:36 pm, an e-mail from management has directed the Correctional Officers (CO's) in Unit B3 to allow 3 cells / 6 inmates out at a time. Shortly after, at 3:48pm an e-mail from Corporate Health Care has directed the CO's in Unit B3 to only allow 1 cell / 2 inmates out of their cell at a time. Then the Deputy Chief of the jail directed jail staff to return to the previous direction and allow 3 cells / 6 inmates out at a time The CO's working in Unit B3 have refused work

Recipient	Inspector Data	Worker Representative
Name _____	**Matt Kempster** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-6353** **Fax: (519) 258-1321**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **04481PJHB903**
Field Visit no: **04481PJHB904** Visit Date: **2020-MAY-04** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

due to the greater number of inmates being allowed out of their cells at the same time.

Contact precautions are being used, social distancing rules are enforced and PPE is available for inmates and CO's. Currently in Unit B3, the CO's wear surgical / procedural masks and inmates wear surgical / procedural masks while out of their cells. Medical gloves are also available for the CO's. After inmates use common touch surfaces, like the telephone, they use a supplied cleaner to discinfect the phone themselves.

The employer has indicated that there are no workers or inmates at this workplace that have tested positive for COVID-19. This Inspector has determined that this is not a work refusal because section 43(3) of the OHSA does not apply and therefore will be treated as a complaint.

On April 3, 2020 a Field Visit was made to this workplace by MOL Inspector S Platt and the following COVID-19 topics were discussed:

Information & Instruction to Workers:
The employer indicated information and awareness regarding COVID-19 had been communicated to workers via posters, handouts, emails and information talks.
The workplace parties stated there have been no confirmed cases of COVID-19 from staff or inmates.

Personal Protective Equipment:
The workplace parties stated the following:
- PPE inventory is being managed differently to monitor quantities
- Bulk quantities of PPE are in a locked room, the Staff Sergeant on shift has the key so it can be accessed at any time
- PPE is provided at each location that it is required, for example near a isolation room that has an inmate under droplet precautions
- as PPE gets used it is refilled from the bulk storage room
- All workers are using surgical / procedural masks at all times in all parts of the workplace

Screening Measures:
The workplace parties stated the following:
- maintaining 6 feet of physical distance between individuals is promoted when possible
- there are screening questions posted on entrance door, workers self-affirm they pass the screening questions
- plans are being made to expand the screening process
- workers are sent home if they are not feeling well

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Field Visit no: **04481PJHB904** Visit Date: **2020-MAY-04** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
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- workers who travelled are self-isolating for 14 days
- new workers who worked in the US have chosen to stay in Canada, and self-isolate for 14 days prior to attending work
- Doctors had worked in the assessment centre but have not done so in the last 14 days of self-isolating
- Doctors were available through OTN while not at the facility
- inmates are screened when they enter the facility, if symptoms are present they are provided a mask and transferred to isolation with droplet precautions and monitored
- testing would be completed if recommended in consultation with Public Health

Social/Physical Distancing Measures in Place:
The workplace parties stated they have the following in place:
- the staff fitness centre has been close
- day shift daily briefings have been cancelled
- emails are sent discussing social distancing
- inmates are no longer being transferred to different units
- no volunteer programs are running
- all lawyer visits are being completed through video conferencing
- all court appearances are being completed through video conferencing
- all new inmates are being placed in a separate unit for a period of 14 days prior to being placed in other units
- discussions with the inmates regarding social distancing is being held in each unit

Cleaning and Disinfecting:
The workplace parties indicated that housekeeping has increased their cleaning and are responsible for refilling soap in washrooms and hand sanitizer dispensers. They are not aware of any soap or hand sanitizer running out except on one occasion when they requested more soap in a health care washroom that was refilled immediately.

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

Recipient	Inspector Data	Worker Representative
	Matt Kempster	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA	Title _____
	Tel: (519) 551-6353 **Fax: (519) 258-1321**	
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Title _____	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA	Title _____
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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Apr-10	9:00 AM	2020-Apr-10	Field Visit	Kempster, Matt (4481)	**02667PHHK013**

OHS Case ID	Lead Inspector	Case Status
04481PHCF871	Kempster, Matt (4481)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-11	09:14 AM	Telephone	BROWN, SHIRANN (2667)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Southwest Detention Centre

Event Location

4819 8th Concession, Maidstone, N0R

Event Information

Incident Date: Non compliance with order as of April 10, 2020, 00:00 Maximum security jail, there has been policy changes for PPE, for dealing with inmates and exposure to covid19. Initial complaint was for being able to use PPE in any location of the institution, and second complaint for nurses delivering medication (need to do a check of the inmates mouth to makes sure it was swallowed)- need PPE to do so, they are within 6ft of them. Two orders issues – S25.2.h (take every protection reasonable to protect) – workers unable to prevent physical distance, ref# 04249PHBT583 - 25.2.h – looking in the mouth for multiple search types by nurses and Correctional officers – take every precaution reasonable to protect worker of mucus membranes. No precautions being taken. Ref# 04249PHBT584 Three deputies and the managers went over the visit with the caller. They were going to allow PPE use in high risk areas in the institution – male and fem admitting and discharge, A4 intake unit, a3 insolation unit, infirmary, C3 isolation unit, and C5 intake unit. In other areas other reg living units, nurses and COs not allowed to use PPE (masks and goggles) Field visit # 0424PHBR582 Caller is not at work, facility is operation 24/7 Staff sergeant ext 2205, available 24/7 20:44 SACmp to Oncall manager: SACmp to send email

Event Details and Conclusion

Case ID 04481PHCF871
2020-Apr-15 11:10 AM Kempster, Matt (4481)
No orders

Event entered into ICE on: 14-Apr-2020 8:03 AM
Event entered into ICE by: BROWN, SHIRANN (2667)

Report printed on: 11-Feb-2021 2:17 PM
Report printed by: Durocher, Ashley (4103)

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 04481PHCF871
Field Visit no: 04481PHCF872 Visit Date: 2020-APR-10 Field Visit Type: INITIAL
Workplace Identification: SOUTH WEST DETENTION CENTRE Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	Active	250	

Persons Contacted: STAFF SGT GEORGE MCDONALD - MANAGEMENT REP
DARREN CARTHER - CORRECTIONS OFFICER - WORKER REP
Visit Purpose: COMPLAINT INVESTIGATION
Visit Location: CONFERENCE CALL
Visit Summary: NO ORDERS

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:
STAFF SGT GEORGE MCDONALD - MANAGEMENT REP
DARREN CARTHER - CORRECTIONS OFFICER - WORKER REP

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development.

DETAILS OF THE COMPLAINT: (Reported the the MOL Call centre on 10.Apr.2020)
- Caller is reporting the Employer was going to allow PPE use in high risk areas in the institution– male and female admitting and discharge, A4 intake unit, a3 isolation unit, infirmary, C3 isolation unit and C5 intake unit.
- In other regular living units, nurses and COs not allowed to use PPE.

Inspector Findings:
The employer and worker rep confirm the following:

Information & Instruction to Workers:
The Employer has given the staff the following instructions as of 10.Apr.2020

- Nursing staff have direction from the employer to wear PPE including medical gloves, surgical masks and face shields while working in close proximity to inmates.
- The Employer has provided to the workers, 10 surgical style masks to every unit that has staff and inmates.

No further action is required at this time regarding this complaint.

Recipient	Inspector Data	Worker Representative
Name G. McDONALD	**Matt Kempster** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-6353** **Fax: (519) 258-1321**	Name D. CARTHER
Title COM2		Title C.O.2.
Signature	Signature	Signature

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1759537

OHS Case ID: **04481PHCF871**
Field Visit no: **04481PHCF872** Visit Date: **2020-APR-10** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Resources that may assist workers and employers:

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http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

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Name: G. McDONALD	**Matt Kempster** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-6353** **Fax: (519) 258-1321**	Name: D. CARTHER
Title: COR.		Title: COR.
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04481PHCF871**
Field Visit no: **04481PHCF872** Visit Date: **2020-APR-10** Field Visit Type: **INITIAL**

Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**250**	

Persons Contacted: **STAFF SGT GEORGE MCDONALD - MANAGEMENT REP**
DARREN CARTHER - CORRECTIONS OFFICER - WORKER REP

Visit Purpose: **COMPLAINT INVESTIGATION**

Visit Location: **CONFERENCE CALL**

Visit Summary: **NO ORDERS**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:
STAFF SGT GEORGE MCDONALD - MANAGEMENT REP
DARREN CARTHER - CORRECTIONS OFFICER - WORKER REP

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development.

DETAILS OF THE COMPLAINT: (Reported the the MOL Call centre on 10.Apr.2020)
- Caller is reporting the Employer was going to allow PPE use in high risk areas in the institution– male and female admitting and discharge, A4 intake unit, a3 isolation unit, infirmary, C3 isolation unit and C5 intake unit.
- In other regular living units, nurses and COs not allowed to use PPE.

Inspector Findings:
The employer and worker rep confirm the following:

Information & Instruction to Workers:
The Employer has given the staff the following instructions as of 10.Apr.2020

- Nursing staff have direction from the employer to wear PPE including medical gloves, surgical masks and face shields while working in close proximity to inmates.
- The Employer has provided to the workers, 10 surgical style masks to every unit that has staff and inmates.

No further action is required at this time regarding this complaint.

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Name _____	**Matt Kempster** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-6353** **Fax: (519) 258-1321**	Name _____
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Title _____		Title _____
Signature	Signature	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-17	12:00 AM			Platt, Suzanne (4482)	04606PFXQ237

OHS Case ID	Lead Inspector	Case Status

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-18	12:48 PM	Email	Ekron, Beth (4606)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

South West Detention Centre

Event Location

4819 8th Concession Road, Maidstone, ON N0R 1K0

Event Information

As per complaint form 2026E_20200316180923851:
"As per the 14 day quarantine set out by the Federal and Provincial Government , at our workplace we have certain employees that have reported to work without taking the 14 day quarantine after travelling abroad."

Event Details and Conclusion

See case 04482 PWN932 from March 17 2020 for same concerns

Event entered into ICE on: 18-Mar-2020 12:50 PM
Event entered into ICE by: Ekron, Beth (4606)

Report printed on: 18-Mar-2020 1:10 PM
Report printed by: Platt, Suzanne (4482)

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
If this is an emergency call 911 immediately.

The ministry responds to health and safety complaints submitted through this form during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m, excluding holidays.

If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

South West Detention Centre

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	4819	8th Concession	Road

Street direction	City/town *	Province	Postal code
	Maidston	ON	N0R 1K0

Complete address for program area (This field is visible only for the program area to extract the full address)

4819 8th Concession Road, Maidston, ON N0R 1K0

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

As per the 14 day quarantine set out by the Federal and Provincial Government , at our workplace we have certain employees that have reported to work without taking the 14 day quarantine after travelling abroad.

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☑ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name * First name *

S.21 [redacted]

Ways we can reach you (must provide at least one) *

Telephone number

S.21 [redacted]

Email address (Please provide an email address if you wish to receive confirmation of your complaint.)

S.21 [redacted]

Date of complaint (yyyy/mm/dd) Time of complaint (HH:MM)

2020/03/16 18:09

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-17	12:00 AM			Platt, Suzanne (4482)	04606PFZL249

OHS Case ID	Lead Inspector	Case Status

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-19	08:08 AM	Email	Ekron, Beth (4606)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

South West Detention Centre

Event Location

4819 8th Concession Road, MaidStone, ON N0R 1K0

Event Information

As per complaint form 2026E_20200317105534508
"Employees who have been out of the country and should be quarantined for 14 days in regards to COVID-19 are being told by management that they have to come in, and do not have to quarantine.

I feel as if those individuals who have gone out of the country should not be returning to work right away until atleast the 14 day period to ensure that they have not contracted the coronavirus.

As an individual who has not traveled outside of Canada at this time, I do not want my health to be risked, especially when there are more than enough staff to cover day to day operations."

Event Details and Conclusion

See case 04482PFWN932 on March 17 2020
for same concern + fu

Event entered into ICE on: 19-Mar-2020 8:10 AM
Event entered into ICE by: Ekron, Beth (4606)

Report printed on: 19-Mar-2020 9:34 AM
Report printed by: Platt, Suzanne (4482)

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
If this is an emergency call 911 immediately.

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If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

South West Detention Centre

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	4819	8th Concession	Road

Street direction	City/town *	Province	Postal code
	MaidStone	ON	N0R 1K0

Complete address for program area (This field is visible only for the program area to extract the full address)

4819 8th Concession Road, MaidStone, ON N0R 1K0

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

Employees who have been out of the country and should be quarantined for 14 days in regards to COVID-19 are being told by management that they have to come in, and do not have to quarantine.

I feel as if those individuals who have gone out of the country should not be returning to work right away until atleast the 14 day period to ensure that they have not contracted the coronavirus.

As an individual who has not traveled outside of Canada at this time, I do not want my health to be risked, especially when there are more than enough staff to cover day to day operations.

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☑ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name * First name *

S.21 [redacted]

Ways we can reach you (must provide at least one) *

Telephone number

Email address (Please provide an email address if you wish to receive confirmation of your complaint.)

S.21 [redacted]

Date of complaint (yyyy/mm/dd) Time of complaint (HH:MM)

2020/03/17 10:49

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

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Ministry of Labour, Training and Skills Development

Safe At Work

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-17	12:00 AM		No Field Visit	Platt, Suzanne (4482)	04606PFWV232

OHS Case ID	Lead Inspector	Case Status
04482PFXQ937	Platt, Suzanne (4482)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-17	04:34 PM	Email	Ekron, Beth (4606)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

Southwest Detention Centre - Solicitor General Ministry of Corrections and Community Safety

Event Location

4819 8th Concession Road, Maidstone, ON N0R 1K0

Event Information

As per complaint form 2026E_20200316180139480:
-Complainant alleges worker returned from abroad with no precautions in place
"Concerned for the safety of all persons in custody as well as the essential staff members across this province"

Event Details and Conclusion

See case 04482PFWN932 on 17 March 2020 for same concern + FS

Event entered into ICE on: 17-Mar-2020 4:36 PM
Event entered into ICE by: Ekron, Beth (4606)

Report printed on: 19-Mar-2020 9:41 AM
Report printed by: Platt, Suzanne (4482)

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

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Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

Corrections

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

Southwest Detention Centre - Solicitor General Ministry of Corrections and Community Safety

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	4819	8th Concession Rd.	

Street direction	City/town *	Province	Postal code
	Maidstone	ON	N0R 1K0

Complete address for program area (This field is visible only for the program area to extract the full address)

4819 8th Concession Rd., Maidstone, ON N0R 1K0

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
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Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

S.21

Section 5 - Confidentiality

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☑ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name *

S.21

First name *

Ways we can reach you (must provide at least one) *

Telephone number

S.21

Email address (Please provide an email address if you wish to receive confirmation of your complaint.)

S.21 [redacted]

Date of complaint (yyyy/mm/dd)	Time of complaint (HH:MM)
2020/03/16	18:00

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

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Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04482PFWN932**
Field Visit no: **04482PFWN933** Visit Date: **2020-MAR-17** Field Visit Type: **INITIAL**

Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:

4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**275**	

Persons Contacted: **CAROLE DESCHAINE - DEPUTY SUPERINTENDENT OF ADMIN**
BRIAN JANESSE - DEPUTY SUPERINTENDENT OF SERVICES
WILLIAM HEGGIE - DEPUTY SUPERINTENDENT OF OPS
GEORGE MCDONALD - JHSC MANAGEMENT CHAIR
LEEANN CROSSEY - VP OF UNION LOCAL
JHSC WORKER NOT ON SHIFT

Visit Purpose: **TO AUDIT COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT AND ITS APPLICABLE REGULATIONS**

Visit Location: **CONFERENCE CALL**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The purpose of the teleconference call was to discuss a concern regarding the potential exposure to CORONA VIRUS - 2019 (COVID-19) from workers returning from vacation.

INSPECTOR'S ACTIONS/FINDINGS:

The employer reported that the following actions had been taken with respect to COVID-19, including:

- they were following recommended practices for protection by the World Health Organization (WHO) and Public Health and that they were monitoring the Public Health website to ensure that the most current information and practices were being communicated and followed by workers
- information and awareness regarding COVID-19 had been communicated to workers via posters, handouts and information talks
- increased cleaning is being conducted
- all public visitations have been suspended
- all professional visitations are being asked to used video conferencing as available
- all people who enter are being screening using the public health guidelines

No orders issued.

RESOURCES:

The following resources may assist workers and employer:

Recipient	Inspector Data	Worker Representative
Name G. McDONALD	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name L Crossey
Title co-chair JOHSC		Title COR V.P.
Signature	Signature	Signature

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place in the workplace or provide a copy to your health and safety representative or the joint health and safety committee if any. Failure to comply with an order, direction or requirement of an inspector under the Occupational Health and Safety Act is an offence. You have the right to appeal any order or decision within 30 days after the order is issued or the decision is made. You may appeal in writing to the appropriate Director with the Ontario Labour Relations Board (OLRB). You can get a copy of the OLRB's rules of practice and information about appeals by contacting the Board by phone at (416) 326-7500 or 1-877-339-3339 (toll-free), mail, or by website at http://www.olrb.gov.on.ca/. Filing an appeal does not necessarily stay the order or decision.

OHS Case ID: **04482PFWN932**
Field Visit no: **04482PFWN933**
Visit Date: **2020-MAR-17**
Field Visit Type: **INITIAL**
Notice ID:

Workplace Identification: **SOUTH WEST DETENTION CENTRE**
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Ministry of Health Emergency Planning and Preparedness

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario

https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Additional Guidance: available at www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A COPY OF THIS REPORT SHALL BE POSTED IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF THE WORKERS.

Recipient	Inspector Data	Worker Representative
Name G. McDONALD	**Suzanne Platt**	Name L. CROSSEN
Title Co Chair JOHSC	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Title CAW 002 V.P
Signature	Signature	Signature

...required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place at the workplace and provided 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 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, decision or requirement. To request an appeal and request in writing on the appropriate forms with the Ontario Labour Relations Board, 505 University Ave., 2nd Floor, Toronto, Ontario M5G 1X4. Appeals must be filed by phone at (416) 326-7500 or 1-877-339-3595 (toll free), mail or by website at http://www.olrb.gov.on.ca/english/about/appeals.asp

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

Ministry of Labour, Training and Skills Development

Safe At Work

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04482PFWN932**
Field Visit no: **04482PFWN933** Visit Date: **2020-MAR-17** Field Visit Type: **INITIAL**

Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**275**	

Persons Contacted: **CAROLE DESCHAINE - DEPUTY SUPERINTENDENT OF ADMIN**
BRIAN JANESSE - DEPUTY SUPERINTENDENT OF SERVICES
WILLIAM HEGGIE - DEPUTY SUPERINTENDENT OF OPS
GEORGE MCDONALD - JHSC MANAGEMENT CHAIR
LEEANN CROSSEY - VP OF UNION LOCAL
JHSC WORKER NOT ON SHIFT

Visit Purpose: **TO AUDIT COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT AND ITS APPLICABLE REGULATIONS**

Visit Location: **CONFERENCE CALL**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The purpose of the teleconference call was to discuss a concern regarding the potential exposure to CORONA VIRUS - 2019 (COVID-19) from workers returning from vacation.

INSPECTOR'S ACTIONS/FINDINGS:

The employer reported that the following actions had been taken with respect to COVID-19, including:

- they were following recommended practices for protection by the World Health Organization (WHO) and Public Health and that they were monitoring the Public Health website to ensure that the most current information and practices were being communicated and followed by workers
- information and awareness regarding COVID-19 had been communicated to workers via posters, handouts and information talks
- increased cleaning is being conducted
- all public visitations have been suspended
- all professional visitations are being asked to used video conferencing as available
- all people who enter are being screening using the public health guidelines

No orders issued.

RESOURCES:

The following resources may assist workers and employer:

Recipient	Inspector Data	Worker Representative
Name _____	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

OHS Case ID: **04482PFWN932**
Field Visit no: **04482PFWN933** Visit Date: **2020-MAR-17** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Ministry of Health Emergency Planning and Preparedness

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario

https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Additional Guidance: available at www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A COPY OF THIS REPORT SHALL BE POSTED IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF THE WORKERS.

Recipient	Inspector Data	Worker Representative
Name _____	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-16	12:00 AM		No Field Visit	Platt, Suzanne (4482)	04548PFVT531

OHS Case ID	Lead Inspector	Case Status

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-16	03:58 PM	Telephone	Paul, Rajneesh (4548)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	300		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	McDonald, George	(519) 967-3100 Ext: 2205	No

Reported Employer / Constructor

Ministry of Solicitor General

Event Location

South West Detention Centre
4819 8th Concession Road, Maidstone, ON N0R 1K0 (Postal as per Google)
2 Managers who have travelled to infected area...cuba and florida...

Event Information

Caller alleges that there are a few officers and 2 managers who have recently returned from affected countries like Cuba and Florida (USA) and despite of them being asked to self-isolate for 14 days on their papers, the employer has called them back to work.
- Alleges concerns have been raised to the employer by the Union, but they are not being looked into.
- Alleges that in the next couple of weeks there are 12 more officers returning from Florida and they have already been asked to report to work without self-isolating them.

Event Details and Conclusion

Event entered into ICE on: 16-Mar-2020 4:06 PM
Event entered into ICE by: Paul, Rajneesh (4548)

Report printed on: 17-Mar-2020 12:21 PM
Report printed by: Platt, Suzanne (4482)

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
If this is an emergency call 911 immediately.

The ministry responds to health and safety complaints submitted through this form during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m, excluding holidays.

If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

Corrections

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

South West Detention Centre

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	4819	8th Concession	Road

Street direction	City/town *	Province	Postal code
	Maidstone	ON	N0R 1S0

Complete address for program area (This field is visible only for the program area to extract the full address)

4819 8th Concession Road, Maidstone, ON N0R 1S0

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

S.21 [redacted]

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☑ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name * First name *

S.21 [redacted]

Ways we can reach you (must provide at least one) *

Telephone number

S.21 [redacted]

Email address (Please provide an email address if you wish to receive confirmation of your complaint.)

S.21 [redacted]

Date of complaint (yyyy/mm/dd) Time of complaint (HH:MM)

2020/03/16 17:43

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 04482PFWN932
Field Visit no: 04482PFWN933 Visit Date: 2020-MAR-17 Field Visit Type: INITIAL

Workplace Identification: SOUTH WEST DETENTION CENTRE
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	Active	275	

Persons Contacted: CAROLE DESCHAINE - DEPUTY SUPERINTENDENT OF ADMIN
BRIAN JANESSE - DEPUTY SUPERINTENDENT OF SERVICES
WILLIAM HEGGIE - DEPUTY SUPERINTENDENT OF OPS
GEORGE MCDONALD - JHSC MANAGEMENT CHAIR
LEEANN CROSSEY - VP OF UNION LOCAL
JHSC WORKER NOT ON SHIFT

Visit Purpose: TO AUDIT COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT AND ITS APPLICABLE REGULATIONS

Visit Location: CONFERENCE CALL

Visit Summary: NO ORDERS ISSUED

Detailed Narrative:

The purpose of the teleconference call was to discuss a concern regarding the potential exposure to CORONA VIRUS - 2019 (COVID-19) from workers returning from vacation.

INSPECTOR'S ACTIONS/FINDINGS:

The employer reported that the following actions had been taken with respect to COVID-19, including:

- they were following recommended practices for protection by the World Health Organization (WHO) and Public Health and that they were monitoring the Public Health website to ensure that the most current information and practices were being communicated and followed by workers ← NOT FACTUAL,
- information and awareness regarding COVID-19 had been communicated to workers via posters, handouts and information talks
- increased cleaning is being conducted
- all public visitations have been suspended
- all professional visitations are being asked to used video conferencing as available
- all people who enter are being screening using the public health guidelines ← NOT FACTUAL - employees walking in w/o any screening.

No orders issued.

RESOURCES:

The following resources may assist workers and employer:

Recipient	Inspector Data	Worker Representative
Name G. McDONALD	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name L Crossey
Title co-chair JOHSC		Title COR V.P.
Signature	Signature	Signature

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1759537

OHS Case ID: **04482PFWN932**
Field Visit no: **04482PFWN933** Visit Date: **2020-MAR-17** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE**
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0 Notice ID:

Ministry of Health Emergency Planning and Preparedness

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario

https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Additional Guidance: available at www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A COPY OF THIS REPORT SHALL BE POSTED IN THE WORKPLACE WHERE IT WILL COME TO THE ATTENTION OF THE WORKERS.

Recipient	Inspector Data	Worker Representative
Name G. McQUAID	**Suzanne Platt**	Name L. GROSSEN
Title CO CHAIR JOINT	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr. Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Title CO2 V.P
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division — Occupational Health and Safety

Field Visit Report

OHS Case ID: **04482PGSR004**
Field Visit no: **04482PGSR005** Visit Date: **2020-APR-03** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**250**	

Persons Contacted: **BRIAN JANISSE - DEPUTY SUPERINTENDENT**
MICHELLE HARVEY - DEPUTY SUPERINTENDENT
STEFAN MILLER - JHSC UNION REP
KATIE GALLAWAY - RN
TAMEKA WILLIAMSON - HC MANAGER

Visit Purpose: **TO INVESTIGATE A COMPLAINT REGARDING COVID-19**
Visit Location: **CONFERENCE CALL**
Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:

Brian Janisse - Deputy Superintendent
Michelle Harvey - Deputy Superintendent
Stefan Miller - JHSC Union Rep
Katie Gallaway - RN
Tameka Williamson - HC Manager

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complaint alleges the following:
The nursing staff at SWDC are:
- being refused masks, gowns, N95 masks regarding COVID 19 --> employee was tested positive (in the Windsor Star)
- new nursing staff starting Monday--> previously working with COVID 19 (in the US and CAN)
- Doctors are working at the assessment centres for COVID 19 and coming into the building without being checked
- not monitoring any staff that come into the building with coughing and flu like symptoms
- no testing being done on inmates that are coming into the facility with active symptoms
- removed keys for the storage closets were all the PPE is stored
- unable to get sanitizers, soap not being filled in washrooms
- unsafe work place for all staff
- not doing 6 meters of social distancing

Inspector Findings:

Recipient	Inspector Data	Worker Representative
Name T. Janisse	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 651-4218** **Fax: (519) 258-1321**	Name M. Dunsmuir
Title Deputy Superintendent		Title JHSC Co-Chair
Signature	Signature	Signature

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1759537

OHS Case ID: **04482PGSR004**
Field Visit no: **04482PGSR005** Visit Date: **2020-APR-03** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Information & Instruction to Workers:
The employer indicated information and awareness regarding COVID-19 had been communicated to workers via posters, handouts, emails and information talks.
The workplace parties stated there have been no confirmed cases of COVID-19 from staff or inmates.

Personal Protective Equipment:
The workplace parties stated the following:
- PPE inventory is being managed differently to monitor quantities
- Bulk quantities of PPE are in a locked room, the Staff Sergeant on shift has the key so it can be accessed at any time
- PPE is provided at each location that it is required, for example near a isolation room that has an inmate under droplet precautions
- as PPE gets used it is refilled from the bulk storage room

Screening Measures:
The workplace parties stated the following:
- maintaining 6 feet of physical distance between individuals is promoted when possible
- there are screening questions posted on entrance door, workers self-affirm they pass the screening questions
- plans are being made to expand the screening process
- workers are sent home if they are not feeling well
- workers who travelled are self-isolating for 14 days
- new workers who worked in the US have chosen to stay in Canada, and self-isolate for 14 days prior to attending work
- Doctors had worked in the assessment centre but have not done so in the last 14 days of self-isolating
- Doctors were available through OTN while not at the facility
- inmates are screened when they enter the facility, if symptoms are present they are provided a mask and transferred to isolation with droplet precautions and monitored
- testing would be completed if recommended in consultation with Public Health

Social/Physical Distancing Measures in Place:
The workplace parties stated they have the following in place:
- the staff fitness centre has been close
- day shift daily briefings have been cancelled
- emails are sent discussing social distancing

Recipient	Inspector Data	Worker Representative
Name _____	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **04482PGSR004**
Field Visit no: **04482PGSR005** Visit Date: **2020-APR-03** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
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- inmates are no longer being transferred to different units
- no volunteer programs are running
- all lawyer visits are being completed through video conferencing
- all court appearances are being completed through video conferencing
- all new inmates are being placed in a separate unit for a period of 14 days prior to being placed in other units
- discussions with the inmates regarding social distancing is being held in each unit

Cleaning and Disinfecting:
The workplace parties indicated that housekeeping has increased their cleaning and are responsible for refilling soap in washrooms and hand sanitizer dispensers. They are not aware of any soap or hand sanitizer running out except on one occasion when they requested more soap in a health care washroom that was refilled immediately.

No further action is required at this time regarding this complaint.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name _____	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name _____
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1759537

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04482PGSR004**
Field Visit no: **04482PGSR005** Visit Date: **2020-APR-03** Field Visit Type: **INITIAL**

Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
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Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**250**	

Persons Contacted: **BRIAN JANISSE - DEPUTY SUPERINTENDENT**
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Visit Location: **CONFERENCE CALL**

Visit Summary: **NO ORDERS ISSUED**

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- Doctors are working at the assessment centres for COVID 19 and coming into the building without being checked
- not monitoring any staff that come into the building with coughing and flu like symptoms
- no testing being done on inmates that are coming into the facility with active symptoms
- removed keys for the storage closets were all the PPE is stored
- unable to get sanitizers, soap not being filled in washrooms
- unsafe work place for all staff
- not doing 6 meters of social distancing

Inspector Findings:

Recipient	Inspector Data	Worker Representative
Name _____	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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OHS Case ID: **04482PGSR004**
Field Visit no: **04482PGSR005** Visit Date: **2020-APR-03** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Information & Instruction to Workers:
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Personal Protective Equipment:
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- Bulk quantities of PPE are in a locked room, the Staff Sergeant on shift has the key so it can be accessed at any time
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Screening Measures:
The workplace parties stated the following:
- maintaining 6 feet of physical distance between individuals is promoted when possible
- there are screening questions posted on entrance door, workers self-affirm they pass the screening questions
- plans are being made to expand the screening process
- workers are sent home if they are not feeling well
- workers who travelled are self-isolating for 14 days
- new workers who worked in the US have chosen to stay in Canada, and self-isolate for 14 days prior to attending work
- Doctors had worked in the assessment centre but have not done so in the last 14 days of self-isolating
- Doctors were available through OTN while not at the facility
- inmates are screened when they enter the facility, if symptoms are present they are provided a mask and transferred to isolation with droplet precautions and monitored
- testing would be completed if recommended in consultation with Public Health

Social/Physical Distancing Measures in Place:
The workplace parties stated they have the following in place:
- the staff fitness centre has been close
- day shift daily briefings have been cancelled
- emails are sent discussing social distancing

Recipient	Inspector Data	Worker Representative
Name _____	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

OHS Case ID: **04482PGSR004**
Field Visit no: **04482PGSR005** Visit Date: **2020-APR-03** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

- inmates are no longer being transferred to different units
- no volunteer programs are running
- all lawyer visits are being completed through video conferencing
- all court appearances are being completed through video conferencing
- all new inmates are being placed in a separate unit for a period of 14 days prior to being placed in other units
- discussions with the inmates regarding social distancing is being held in each unit

Cleaning and Disinfecting:
The workplace parties indicated that housekeeping has increased their cleaning and are responsible for refilling soap in washrooms and hand sanitizer dispensers. They are not aware of any soap or hand sanitizer running out except on one occasion when they requested more soap in a health care washroom that was refilled immediately.

No further action is required at this time regarding this complaint.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
	Suzanne Platt	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5	
Title _____	MOLOHSWINDSOR@ONTARIO.CA	Title _____
	Tel: (519) 551-4218	
	Fax: (519) 258-1321	
Signature	Signature	Signature

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.

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Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division — Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-26	3:50 PM			Platt, Suzanne (4482)	03475PGRX604

OHS Case ID	Lead Inspector	Case Status

Notification Date	Notification Time	Notification Method	Event Originator
2020-Apr-02	06:26 PM	Email	WESTWOOD, TINA (3475)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	confidential (Anonymous), confidential(Anonym	S.21 [redacted]	Yes

Event Contact(s)

Type	Name	Telephone	Anonymity Requested

Reported Employer / Constructor

South West Detention Center

Event Location

4819 8th CONCESSION West, MAIDSTONE, ON N0R 1K0

Event Information

As per complaint form 20200326155018668
The nursing staff at SWDC are:
1) being refused masks, gowns, N95 masks regarding COVID 19 --> employee was tested positive (in the Windsor Star)
2) new nursing staff starting Monday--> previously working with COVID 19 (in the US and CAN)
3) no testing being done on inmates that are coming into the facility with active symptoms
4) removed keys for the storage closets were ALL the PPE is stored
5) unable to get sanitizers, soap not being filled in washrooms
6) unsafe work place for ALL STAFF
7) NOT monitoring any staff that come into the building with coughing and flu like symptoms
8) NOT doing 6 meters of social distancing
9) Doctors are working at the ASSESSMENT CENTERS for COVID 19 and coming into the building without being checked --> or any proper PPE

Event Details and Conclusion

Event entered into ICE on: 02-Apr-2020 6:27 PM
Event entered into ICE by: WESTWOOD, TINA (3475)

Report printed on: 03-Apr-2020 8:30 AM
Report printed by: Platt, Suzanne (4482)

Ontario

Ministry of Labour, Training and Skills Development
File a workplace health and safety complaint

Instructions

Complete and submit this form to file a complaint with the Health and Safety Contact Centre about a workplace health and safety concern. **Note:** We monitor online submissions only during business hours.

What if you need help right away?
If this is an emergency call 911 immediately.

The ministry responds to health and safety complaints submitted through this form during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m, excluding holidays.

If the identified issue or hazard poses an immediate threat to the health and safety of a worker, please call us instead of completing this form.

Health and Safety Contact Centre 1-877-202-0008 | TTY: 1-855-653-9260

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Fields marked with an asterisk (*) are mandatory.

Section 1 - Workplace information

Involved employer name (company name). If unknown, enter 'Unknown' *

South West Detention Center

Workplace location

Is there a street address? *

☑ Yes ☐ No

Unit number	Street number *	Street name *	Street type
	4819	8th CONCESSION	

Street direction	City/town *	Province	Postal code
West	MAIDSTONE	ON	N0R 1K0

Complete address for program area (This field is visible only for the program area to extract the full address)

4819 8th CONCESSION West, MAIDSTONE, ON N0R 1K0

Section 2 - Complaint type

Is your complaint about workplace harassment? * ☐ Yes ☑ No

Is your complaint about workplace violence? * ☐ Yes ☑ No

Section 3 - Complaint reporting

Have you reported your workplace health and safety concerns to a supervisor or your employer?

☑ Yes ☐ No ☐ Not applicable

Have you reported your concerns to the joint health and safety committee (JHSC) or health and safety representative at your workplace?

☑ Yes ☐ No ☐ Not applicable

Section 4 - Description of complaint

Please provide specific details about the workplace health and safety hazards or issues you have identified. For example:

- If you have concerns about equipment, what type of equipment is it?
- Is the equipment used in a particular part of the workplace or for a particular process?
- Why do you believe this equipment or situation is unsafe or breaks the law?
- How were you harassed or what violence took place in the workplace?

Please **do not** provide more personal information than is necessary to describe the complaint. For example, don't give the name of someone you believe is harassing you, but use words such as my boss, a supervisor, a co-worker, etc. (You can enter a maximum of 2,500 characters) *

S.21

Section 5 - Confidentiality

Although the ministry will not give your name to anyone in your workplace, we cannot guarantee that your employer won't guess that you are the complainant. We also cannot guarantee that you will remain anonymous if there is a prosecution.

If your complaint is about workplace harassment

If you wish to remain anonymous, the ministry investigation of your complaint will be limited to determining if your employer is complying with the workplace harassment policy, program, information and instruction requirements.

The ministry cannot investigate to see if your employer is meeting their duty to investigate harassment if you wish to remain anonymous to your workplace. The reason is that the inspector may have to release your name and the details of the complaint in order to find out whether your employer is investigating.

☑ I want my name to be confidential and remain anonymous to the workplace, but understand the limitations.

Section 6 - Contact information

Last name *

Confidential

First name *

Confidential

Ways we can reach you (must provide at least one) *

Telephone number

S.21

Email address (Please provide an email address if you wish to receive confirmation of your complaint.)

Date of complaint (yyyy/mm/dd)

2020/03/26

Time of complaint (HH:MM)

15:50

Before submitting your complaint, we recommend that you print a copy of the form for your records.

After you submit your complaint we will send you an email with a confirmation number if you provided an email address. This email **will not** include a copy of the information submitted on this form.

We may be in contact with you if we need more information about your complaint.

Please do not file another complaint to provide additional information. You can call the Health and Safety Contact Centre at 1-877-202-0008 during business hours, Monday to Friday from 8:30 a.m to 5:00 p.m to ask about your complaint or provide additional information.

Privacy of information

Personal information on this form is collected for the administration of the *Occupational Health and Safety Act* (OHSA), pursuant to section 4.1 of that Act, and is in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act* (FIPPA).

This personal information will be used by the ministry to be able to respond to your complaint and may be used to contact you should we require further information or clarification regarding the submitted information.

Questions or concerns specific to the collection of personal information on this form can be directed in writing to the Freedom of Information and Privacy Office, Ministry of Labour, Training and Skills Development, 400 University Ave., 10th Floor, Toronto, ON, M7A 1T7 or by telephone at 416-326-7786.

Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

The Ministry of Labour uses this form to record the details of a work refusal reported under Section 43 of the *OHSA* by telephone and sends the form with a determination of the ministry's response to the work refusal.

Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/18	13:00	03404PFXQ738

Employer/Constructor*
Southwest Detention Centre

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
	4819	8th Concession	Road

Street Direction	City/Town*	Province*	Postal Code
	Maidstone	ON	N0R 1K0

Employer Representative

Last Name*	First Name*	Position/Title*
McDonald	George	Sergeant

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Worker Representative

Last Name*	First Name*	Position/Title*
Jenner	Joel	JHSC Worker Rep

Reason for work refusal*

Workers in segregation area A3 are refusing work relating to the exposure to Covid-19 coronavirus and a recent intake of 3 inmates: one inmate has been isolated due to being symptomatic, and the other two inmates who were transported with the first inmate are remaining under observation separately. The employer wants to move the two (asymptomatic) inmates to A2 unit

Ministry of Labour determination*

☑ The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the *OHSA*. This will be investigated by the Ministry as a complaint.

Ministry of Labour representative

Last Name*	First Name*	
Platt	Suzanne	
Position	**Office**	
Inspector	Windsor	
Email Address*	**Fax Number***	**Date of determination (yyyy/mm/dd)***
Suzanne.Platt@ontario.ca	519 258-1321	2020/03/18

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Kitchen	Lisa	519 967-3100 ext. 2215

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ☑ Email		Lisa.Kitchen@ontario.ca	2020/03/18

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Section B (To be completed by Employer representative)

This form must be returned to the Ministry of Labour representative

If returning the form by email:

1. Check the acknowledgement box below and fill in first and last name.
2. Send the email to the Ministry of Labour representative at the email address above.

If returning the form by fax:

1. Check the acknowledgment box below and fill in first and last name.
2. Print and sign the form.
3. Fax a copy to the Ministry of Labour representative at the fax number above.

Acknowledgement*

☑ **I confirm that I received a copy of this form with the *OHSA* Section 43 determination from the Ministry of Labour representative and provided a copy to the refusing worker(s) and the worker representative(s).**

Last Name*	First Name*
KITCHEN	LISA

Signature (if returning by fax)

L. Kitchen.

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 ON M5G 2P1. You may also contact the Board by telephone at 416 326-7500 or 1 877 339-3335 (toll free), mail or by website at www.olrb.gov.on.ca for more information.

JOEL JENNER COR (REP)

S.21

Ministry of Labour, Training and Skills Development

Safe At Work

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-18	11:00 AM			Platt, Suzanne (4482)	03404PFXQ738

OHS Case ID	Lead Inspector	Case Status

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-18	12:41 PM	Telephone	CRUMP, STUART (3404)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	3		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	McDonald, George	(519) 967-3100 Ext: 2215	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	McDonald, George	(519) 967-3100 Ext: 2215	No

Reported Employer / Constructor

Southwest Detention Centre

Event Location

4819 8th Concession Road, Maidstone, ON N0R 1K0.

Event Information

Stage one complete: three workers in segregation area A3 are refusing work relating to the Covid-19 coronavirus and a recent inmate transfer; one inmate has been isolated due to stating she's symptomatic, and the other two inmates are remaining under observation separately. The employer wants to move the two (asymptomatic) now inmates to another area as per public health direction. Officers Riley Nixon, Jose Ravel, and Randy Mascarin are those refusing. Please would the inspector assigned contact George McDonald at 519-967-3100, x 2215.

Caller has already been in contact with MOL inspector Suzanne Platt.

Event Details and Conclusion

Event entered into ICE on: 18-Mar-2020 12:56 PM
Event entered into ICE by: CRUMP, STUART (3404)

Report printed on: 18-Mar-2020 1:09 PM
Report printed by: Platt, Suzanne (4482)

Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04482PFXW938**
Field Visit no: **04482PGGV963** Visit Date: **2020-MAR-24** Field Visit Type: **INITIAL**

Workplace Identification: **SOUTH WEST DETENTION CENTRE**
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**275**	

Persons Contacted: **CAROLE DESCHAINE - DEPUTY SUPERINTENDENT OF ADMIN**
GEORGE MCDONALD - JHSC MANAGEMENT CHAIR
JULIE MACVOY - NURSE PRACTITIONER
JHSC WORKER NOT ON SHIFT

Visit Purpose: **TO AUDIT COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT AND ITS APPLICABLE REGULATIONS**

Visit Location: **CONFERENCE CALL**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:

Carole Deschaine - Deputy Superintendent of Admin
George McDonald - JHSC Management Chair
Julie MacVoy - Nurse Practitioner

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complaint alleges the following:

Follow-up to work refusal on March 18, 2020

Inspector Findings:

Further discussions with the above parties found no contraventions.

No further action is required at this time regarding this complaint.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Recipient	Inspector Data	Worker Representative
	Suzanne Platt	
Name _____	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
	4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5	
Title _____	MOLOHSWINDSOR@ONTARIO.CA	Title _____
	Tel: (519) 551-4218	
	Fax: (519) 258-1321	
Signature	Signature	Signature

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

OHS Case ID: **04482PFXW938**
Field Visit no: **04482PGGV963** Visit Date: **2020-MAR-24** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name _____	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04482PFXW938**
Field Visit no: **04482PGGV963** Visit Date: **2020-MAR-24** Field Visit Type: **INITIAL**

Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**275**	

Persons Contacted: **CAROLE DESCHAINE - DEPUTY SUPERINTENDENT OF ADMIN**
GEORGE MCDONALD - JHSC MANAGEMENT CHAIR
JULIE MACVOY - NURSE PRACTITIONER
JHSC WORKER NOT ON SHIFT

Visit Purpose: **TO AUDIT COMPLIANCE WITH THE OCCUPATIONAL HEALTH AND SAFETY ACT AND ITS APPLICABLE REGULATIONS**

Visit Location: **CONFERENCE CALL**

Visit Summary: **NO ORDERS ISSUED**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:

Carole Deschaine - Deputy Superintendent of Admin
George McDonald - JHSC Management Chair
Julie MacVoy - Nurse Practitioner

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complaint alleges the following:

Follow-up to work refusal on March 18, 2020

Inspector Findings:

Further discussions with the above parties found no contraventions.

No further action is required at this time regarding this complaint.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

Recipient	Inspector Data	Worker Representative
Name G McDonald	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519)-258-1321**	Name JASON STROUD
Title Joint Co Chair		Title President Local 135
Signature	Signature	Signature

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.

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OHS Case ID: **04482PFXW938**
Field Visit no: **04482PGGV963** Visit Date: **2020-MAR-24** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name G. McDougall	**Suzanne Platt** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 4510 Rhodes Dr, Ste 610, Windsor, ON N8W 5K5 MOLOHSWINDSOR@ONTARIO.CA **Tel: (519) 551-4218** **Fax: (519) 258-1321**	Name Jason Stroud
Title Joint Co-Chair		Title Pres Local 135
Signature	Signature	Signature

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 pending 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

1765537

Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

The Ministry of Labour uses this form to record the details of a work refusal reported under Section 43 of the *OHSA* by telephone and sends the form with a determination of the ministry's response to the work refusal.

Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/27	11:27	03866PGKP402

Employer/Constructor*
South West Detention Centre

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
4819		8th Concession	

Street Direction	City/Town*	Province*	Postal Code
	Maidstone	ON	N0R 1K0

Employer Representative

Last Name*	First Name*	Position/Title*
McDonald	George	Sergeant

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Worker Representative

Last Name*	First Name*	Position/Title*
Dunscombe	Matt	JHSC Certified Worker Rep

Reason for work refusal*
Worker feels the inmates should be examined in the multi-purpose rooms on each unit for minor medical issues rather than transfered to the exam room which would reduce possible cross-contamination between units

Ministry of Labour determination*

☑ The refusing worker(s) confirmed that the circumstances leading to the work refusal have been corrected. No further Ministry action is required.

Ministry of Labour representative

Last Name*	First Name*	
Platt	Suzanne	
Position	**Office**	
Inspector	Windsor	
Email Address*	**Fax Number***	**Date of determination (yyyy/mm/dd)**
Suzanne.Platt@ontario.ca	519 258-1321	2020/03/27

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Janisse	Brian	ext.

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)
☐ Fax ☑ Email		Brian.Janisse@ontario.ca	2020/03/27

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Section B (To be completed by Employer representative)

This form must be returned to the Ministry of Labour representative

If returning the form by email:

1. Check the acknowledgement box below and fill in first and last name.
2. Send the email to the Ministry of Labour representative at the email address above.

If returning the form by fax:

1. Check the acknowledgment box below and fill in first and last name.
2. Print and sign the form.
3. Fax a copy to the Ministry of Labour representative at the fax number above.

Acknowledgement*

☒ **I confirm that I received a copy of this form with the *OHSA* Section 43 determination from the Ministry of Labour representative and provided a copy to the refusing worker(s) and the worker representative(s).**

Last Name* JANISSE

First Name* BRIAN

Signature (if returning by fax)

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 ON M5G 2P1. You may also contact the Board by telephone at 416 326-7500 or 1 877 339-3335 (toll free), mail or by website at www.olrb.gov.on.ca for more information.

Ministry Use Only:

Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

The Ministry of Labour uses this form to record the details of a work refusal reported under Section 43 of the *OHSA* by telephone and sends the form with a determination of the ministry's response to the work refusal.

Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/27	11:27	03866PGKP402

Employer/Constructor*
South West Detention Centre

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
4819		8th Concession	

Street Direction	City/Town*	Province*	Postal Code
	Maidstone	ON	N0R 1K0

Employer Representative

Last Name*	First Name*	Position/Title*
McDonald	George	Sergeant

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Worker Representative

Last Name*	First Name*	Position/Title*
Dunscombe	Matt	JHSC Certified Worker Rep

Reason for work refusal*
Worker feels the inmates should be examined in the multi-purpose rooms on each unit for minor medical issues rather than transfered to the exam room which would reduce possible cross-contamination between units

Ministry of Labour determination*

☑ The refusing worker(s) confirmed that the circumstances leading to the work refusal have been corrected. No further Ministry action is required.

Ministry of Labour representative

Last Name*	First Name*	
Platt	Suzanne	
Position	Office	
Inspector	Windsor	
Email Address*	Fax Number*	Date of determination (yyyy/mm/dd)*
Suzanne.Platt@ontario.ca	519 258-1321	2020/03/27

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Janisse	Brian	ext.

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ☑ Email		Brian.Janisse@ontario.ca	2020/03/27

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Section B (To be completed by Employer representative)

This form must be returned to the Ministry of Labour representative

If returning the form by email:

1. Check the acknowledgement box below and fill in first and last name.
2. Send the email to the Ministry of Labour representative at the email address above.

If returning the form by fax:

1. Check the acknowledgment box below and fill in first and last name.
2. Print and sign the form.
3. Fax a copy to the Ministry of Labour representative at the fax number above.

Acknowledgement*

☐ **I confirm that I received a copy of this form with the *OHSA* Section 43 determination from the Ministry of Labour representative and provided a copy to the refusing worker(s) and the worker representative(s).**

Last Name*	First Name*

Signature (if returning by fax)

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 ON M5G 2P1. You may also contact the Board by telephone at 416 326-7500 or 1 877 339-3335 (toll free), mail or by website at www.olrb.gov.on.ca for more information.

Ministry Use Only:

Ministry of Labour, Training and Skills Development

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Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-27	11:27 AM		No Field Visit	Platt, Suzanne (4482)	**03866PGKP402**

OHS Case ID	Lead Inspector	Case Status
04482PGKT983	Platt, Suzanne (4482)	Open

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-27	11:54 AM	Telephone	PILLAI, ROY (3866)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	McDonald, Srgt	(519) 967-3100 Ext: 6100	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	McDonald, Srgt	(519) 967-3100 Ext: 6100	No

Reported Employer / Constructor

South West Detention Centre

Event Location

4819 Eight Concession, Maidstone, ON

Event Information

Employer wants inmates to be seen for medical examination in the multipurpose rooms of each units to reduce potential cross contamination in the jail. Nurses are refusing to do that and wants to continue seeing inmates in the medical examination rooms due to following reasons in the multipurpose rooms: No sink to wash hands, inmate privacy concerns as other inmates can see them, Unknown infections/ conditions until initial medical screening is done and might need additional equipment stored in the medical exam room to complete the examination. Stage one was completed without resolution this morning.

Event Details and Conclusion

Event entered into ICE on: 27-Mar-2020 11:56 AM
Event entered into ICE by: PILLAI, ROY (3866)

Report printed on: 27-Mar-2020 4:00 PM
Report printed by: Platt, Suzanne (4482)

Field Visit Report

OHS Case ID: **04249PHBR581**
Field Visit no: **04249PHBR582** Visit Date: **2020-APR-09** Field Visit Type: **INITIAL**

Workplace Identification: **SOUTH WEST DETENTION CENTRE**
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0 Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(519) 967-3100	**Active**	**250**	

Persons Contacted: **JASON STROUD - JHSC WORKER REPRESENTATIVE, TAMEKA WILLIAMSON - HEALTHCARE COORDINATOR, BRIAN JANISSE - DEPUTY SUPERINTENDENT OF SERVICES, PAUL KITCHEN - DEPUTY SUPERINTENDENT OF FEMALE OPERATIONS, DON DAVIS - SUPERINTENDENT**

Visit Purpose: **PERSONAL PROTECTIVE EQUIPMENT RELATED TO COVID-19**

Visit Location: **THIS FIELD VISIT TOOK PLACE OVER THE PHONE**

Visit Summary: **ORDERS ISSUED**

Detailed Narrative:

Ministry of Labour staff involved in the teleconference:
- Erica Arsenault - Provincial Specialist
- Ron Landry - Provincial Coordinator

A teleconference was held regarding the following:
Correctional officers, during the course of their duties, not being able to maintain the appropriate physical distance and not being provided with personal protective equipment (PPE) as follows:
1. Correctional officers are conducting strip searches and frisk searches without appropriate PPE
2. Nursing staff administering medication where a visual inspection of the inmates' mouth is required is not provided with appropriate PPE

Inspector's findings / actions:

Correctional officers in the units are provided gloves to perform duties such as strip searches and frisk searches. The employer states physical distance is unable to be maintained in the units as there is the expectation that the worker may need to physically engage an inmate for several different reason including take-downs and physical searches. The employer has not provided a means of droplet protection to the workers in these circumstances.

Nursing staff are required to administer medications to inmates. This process may include a visual search of the inmates' mouth. The employer has not provided a means of droplet protection to the workers in these circumstances.

SEE ORDERS ISSUED

Selection of PPE required to protect workers should be based on the tasks and potentials for exposure. PPE is

Recipient	Inspector Data	Worker Representative
Name P/Kitchen	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name M. Dunscombe
Title Dep Ops		Title JHSC Co-Chair
Signature	Signature	Signature

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

OHS Case ID: **04249PHBR581**
Field Visit no: **04249PHBR582** Visit Date: **2020-APR-09** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

used alone or in combination to prevent exposure, by placing a barrier between one's mucous membranes, skin and clothing.

- PPE accessible to workers should be appropriate for the task and/or risk of exposure to infectious agents spread by contact, droplet and/or airborne routes.
- Potential splashes and sprays can be a source of infection to workers. Facial protection consists of PPE (e.g. face shield, goggles, mask) that protect the mucous membranes of the eyes, nose and mouth from infectious splashes or sprays.
- Reusable PPE must be cleaned and disinfected after each use and between users.
- PPE must be stored in a manner to prevent cross contamination of infectious agents.

The employer has policies in place regarding physical distancing for staff. These policies are not being enforced by the employer at this facility. Discussions were held around enforcing the employers' policy.

Comment:
Currently there are no confirmed cases of COVID-19 at this workplace or with the inmates.

Resources that may assist workers and employers:
- Ministry of Health Emergency Planning and Preparedness:
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx
-Public Health Ontario :
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus
- Health and Safety System Partners: http://www.healthandsafetyontario.ca/
- Additional Guidance: www.ontario.ca/coronavirus

A copy of this report is to be posted in the workplace where it is likely to come to the attention of the workers.

Recipient	Inspector Data	Worker Representative
Name P Kitchen	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name M. Desjarde
Title Dep Ops		Title Co-chair
Signature	Signature AB	Signature

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.

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OHS Case ID: **04249PHBR581**
Field Visit no: **04249PHBR582** Visit Date: **2020-APR-09** Field Visit Type: **INITIAL**
Workplace Identification: **SOUTH WEST DETENTION CENTRE** Notice ID:
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

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

To: **MINISTRY OF THE SOLICITOR GENERAL**

Org/Ind Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 04249PHBT583	Time	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers that may be exposed to COVID-19 and are unable to maintain physical distancing while working in close proximity to inmates. Workers were unable to maintain physical distancing and there were no other precautions being taken to prevent COVID-19 exposure while working in close proximity to inmates.	2020-APR-09
2 04249PHBT584	Time	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect worker from exposure to mucous membranes of the eyes, nose and mouth from infectious splashes or spray while conducting searches of an inmates' mouth. There are no precautions being taken to prevent mucous transfer to the worker.	2020-APR-09

Recipient	Inspector Data	Worker Representative
Name P Kitchen	**ANTHONY BURZESE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHamiltonWest@ontario.ca **Tel: (905) 515-6221** **Fax: (905)577-1324**	Name M. Duncombe
Title Dep O/S		Title Co-chair
Signature	Signature AB	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Operations Division | Occupational Health and Safety

Return To:
ANTHONY BURZESE
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHamiltonWest@ontario.ca
Tel: (905) 515-6221
Fax: (905)577-1324

Ontario

Notice of Compliance

OHS Case ID: **04249PHBR581**
Field Visit No: **04249PHBR582**
Visit Date : **2020-APR-09**

Workplace Identification: **SOUTH WEST DETENTION CENTRE**
4819 8 TH CONCESSION, MAIDSTONE, ON, CANADA N0R 1K0

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: **MINISTRY OF THE SOLICITOR GENERAL**

Role: **Primary Employer**

Mailing Address:
25 GROSVENOR ST, TORONTO, ON, CA M7A 1Y6

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 / Worker Representative	Comply by Date:
1 **04249PHBT583**	**Time**	**OHSA**	**1990**	**25**	**2**	**h**	Completed Apr 09/20	☐ Agree ☑ Disagree (Signature)	**2020-APR-09**
2 **04249PHBT584**	**Time**	**OHSA**	**1990**	**25**	**2**	**h**	Completed Apr 09/20	☐ Agree ☑ Disagree (Signature)	**2020-APR-09**

M. Dussande
Co- Chair

Form completed by: Pkitchen

Title: Dep Ops

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: M. Dussande

Signature:

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.

1759537

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04379PGZM458**
Field Visit no: **04379PGZM459** Visit Date: **2020-APR-08** Field Visit Type: **INITIAL**

Workplace Identification: **HAMILTON WENTWORTH DETENTION CENTRE**
165 BARTON STREET EAST, HAMILTON, ON, CANADA L8L 2W6
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 523-8800	**Active**	**400**	

Persons Contacted: **SRGT. CODY PRINCE; MICHELLE MACLEAN - WORKER CO-CHAIR OF THE JOINT HEALTH AND SAFETY COMMITTEE; JAMES VAREY - OFFICER; SRGT. ROBERT LONG; LINDA OGILVIE - MANAGER OF CORPORATE HEALTH CARE**

Visit Purpose: **WORK REFUSAL**

Visit Location: **VISIT CONDUCTED VIA TELECONFERENCE**

Visit Summary: **NO ORDERS ISSUED.**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:

Srgt. Cody Prince; Michelle MacLean - Worker Co-Chair of the Joint Health and Safety Committee; James Varey - Officer and Spokeperson for Refusing Workers as selected by the workers; Srgt. Robert Long; Linda Ogilvie - Manager of Corporate Health Care

Accompanied on this visit by: John Johnstone - Ministry of Labour, Training and Skills Development - Occupational Health and Safety Inspector.

The reason for this visit is for a work refusal, called in to the Ministry of Labour, Training and Skills Development by the employer.

There were 3 refusing workers.

The workers identified the following as the refusal:

Refused to move inmates classified as institutional workers from a unit with infection control precautions in place, Unit 5C-Left, to the kitchen because of potential exposure to other inmates and workers to unspecified infectious agents.

Ministry of Labour Determination:

The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the OHSA. This will be investigated by the Ministry as a complaint.

Complaint:

Recipient	Inspector Data	Worker Representative
Name _____	**Sherry Simo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (905) 481-2746** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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.

OHS Case ID: **04379PGZM458**
Field Visit no: **04379PGZM459** Visit Date: **2020-APR-08** Field Visit Type: **INITIAL**
Workplace Identification: **HAMILTON WENTWORTH DETENTION CENTRE**
165 BARTON STREET EAST, HAMILTON, ON, CANADA L8L 2W6
Notice ID:

As stated by the employer representative, there is one inmate on Unit 5C-left who presented with a fever yesterday. That inmate was isolated from the population and is receiving medical attention to assess cause of symptoms, which remains indeterminate at the time of this visit. There are no other inmates on Unit 5C-Left at this time who have any symptoms of an infectious disease.

Workplace parties verified that workers who enter Unit 5C-Left are required to wear Personal Protective Equipment consistent with droplet/precaution protocols - specifically, surgical masks (or other form of respiratory protection that provides equal or greater protection to the worker), gowns, gloves and goggles. At the time of this visit, workplace parties verified that this personal protective equipment was available for worker use on the unit. Workplace parties advised that workers have been provided information and instruction on the care, use and limitations of Personal Protective Equipment.

Workplace parties advised that inmates on the unit are being actively screened utilizing the questions developed in line with Public Health screening tools and by checking inmate temperature at minimum twice daily. There are no further admissions to the unit or transfers out until further notice.

Measures and procedures specific to the movement of inmates classified as institutional workers from Unit 5C-Left to the kitchen were developed by the Corporate Health Unit in consultation with the Primary Care Physician for Hamilton-Wentworth Detention Centre, utilizing information available from the Ministry of Health and Public Health Ontario. Workplace parties advised that inmates classified as institutional workers moving from Unit 5C-Left to the kitchen would be required to wear a surgical mask and gloves when working in the kitchen. The employer representative advised that this would be provided to the inmate worker prior to their leaving the unit. In addition, the employer representative advised that information and instruction on the care, use and limitation of this personal protective equipment is being provided to the inmates classified as institutional workers in the kitchen prior to their movement off the unit.

The employer representative advised that they consulted on the additional measures and procedures with Hamilton Public Health, and that a report confirming this is pending from the Hamilton Public Health department.

During discussion with workplace parties, it was identified that there are other inmates who are classified by the employer as institutional workers, being moved from Unit 5C-left to other areas of the workplace, such as laundry and housekeeping. The same screening tools and monitoring practices are being utilized for these inmates. If an inmate is identified through screening as possibly having an infectious disease, they are isolated

Recipient	Inspector Data	Worker Representative
Name _____	**Sherry Simo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER	Name _____
Title _____	119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (905) 481-2746** **Fax: (905) 577-1324**	Title _____
Signature	Signature	Signature

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.

OHS Case ID: **04379PGZM458**
Field Visit no: **04379PGZM459** Visit Date: **2020-APR-08** Field Visit Type: **INITIAL**
Workplace Identification: **HAMILTON WENTWORTH DETENTION CENTRE**
165 BARTON STREET EAST, HAMILTON, ON, CANADA L8L 2W6 Notice ID:

from the other inmate population. The Standing Order titled 'Communicable Disease Outbreak Prevention and Control - Section 03-10' is in place at this workplace outlining the measures and procedures to be followed by workplace parties.

No orders issued.

No further ministry action required with respect to this complaint.

Recipient	Inspector Data	Worker Representative
Name _____	**Sherry Simo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (905) 481-2746** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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Ministry of Labour,
Training and Skills Development

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Operations Division | Occupational Health and Safety

Field Visit Report

OHS Case ID: **04510PGXD304**
Field Visit no: **04510PGXD306** Visit Date: **2020-APR-07** Field Visit Type: **INITIAL**
Workplace Identification: **HAMILTON WENTWORTH DETENTION CENTRE** Notice ID:
165 BARTON STREET EAST, HAMILTON, ON, CANADA L8L 2W6

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 523-8800	**Active**	**50**	

Persons Contacted: S.21 [redacted]
Visit Purpose: **INVESTIGATION INTO ANONYMOUS COMPLAINT.**
Visit Location: **165 BARTON STREET EAST**
Visit Summary: **INVESTIGATION INTO ANONYMOUS COMPLAINT. NO ORDERS ISSUED.**

Detailed Narrative:

The field visit took place over the phone and the following people were spoken to:

S.21 [redacted]

COPY

The reason for this visit is to respond to a complaint made to the Ministry of Labour, Training, and Skills Development. The complaint alleges the following:
-Inmates who had contact with someone experiencing flu like symptoms are not being isolated and are left in dorm

Inspector Findings:
An inmate on the 3rd floor was put in isolation after experiencing flu like symptoms. That inmate previously shared a dorm with 7 other inmates.
All workplace parties spoken with stated they are not aware of any positive COVID-19 tests at the workplace.
The workplace parties indicated they have measures and procedures in place addressing the following:
Social/Physical Distancing Measures in Place: Workplace parties stated that distancing is occurring between workers and inmates in question. Correctional officers are not to enter the dormitory and are conducting visual checks only. PPE, including masks, gowns, and gloves are available if officers need to enter the dorm in the event of an emergency.

Screening Measures: The Shift Coordinator has stated that new inmates are screened upon entering the facility, in accordance with the employers COVID-19 screening program

Cleaning and Disinfecting: The Shift Coordinator has stated increased cleaning on common surfaces has been undertaken

Personal Protective Equipment: The workplace parties have stated that PPE is available to workers, including gowns, gloves and masks.

Recipient	Inspector Data	Worker Representative
Name _____	**Peter Rickus** CONSTRUCTION HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLCHSHamilton@ontario.ca **Tel: (905) 515-1926** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

OHS Case ID: **04510PGXD304**
Field Visit no: **04510PGXD306** Visit Date: **2020-APR-07** Field Visit Type: **INITIAL**
Workplace Identification: **HAMILTON WENTWORTH DETENTION CENTRE** Notice ID:
165 BARTON STREET EAST, HAMILTON, ON, CANADA L8L 2W6

It is understood through a conversation with the Shift Coordinator that the 7 inmates who had contact with the individual isolated for displaying flu like symptoms are being left in their dorm until further information is gathered on the isolated individual. This is in accordance with the directions they received from their corporate health department.

No further action required for this complaint at this time.

Resources that may assist workers and employers:

Ministry of Health Emergency Planning and Preparedness
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/Default.aspx

Public Health Ontario
https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus

COPY

Health and Safety System Partners
http://www.healthandsafetyontario.ca/

Additional Guidance
www.ontario.ca/coronavirus.

You may also contact Telehealth Ontario at 1-866-797-0000

A copy of this report is to be posted in the workplace.

Recipient	Inspector Data	Worker Representative
Name _____	**Peter Rickus** CONSTRUCTION HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 13th Flr., Hamilton, ON, L8P 4Y7 MOLCHSHamilton@ontario.ca **Tel: (905) 515-1926** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Incident Details for 5 - Hamilton-Halton *07-Apr-20*

Reference # 33172 **Received By** Haiden McDonald **Date and Time Reported** 04/07/2020 21:58

Caller Details

☑ **Complaint ?** ☐ **Bill168 ?**

Caller Name - ☑ **Remain Anonymous?**

Company -

Phone Number(s) -

Position -

Company Involved

Company Name Hamilton-Wentworth Detention Centre

Address 165 Barton Street East, Hamilton

Municipality Hamilton, City Of

Postal Code

Contact Name Sgt On-Duty

Phone Number(s) 905-523-8800 X215

Incident Occurrence

Date and Time 04/07/2020 21:58

MOL Inspector Called Out ? Yes

Time Inspector Paged 22:10

Time Inspector Called Back 22:10

MOLMangerContacted ? Yes

MOLProgram Industrial

Type Notification (Non-Critical)

MOL Office

5 - Hamilton-Halton

Incident Details

Location 165 Barton Street East, Hamilton **City** Hamilton

Municipality Hamilton, City Of **Postal Code**

	Affected Workers Name	*Birth Date YYYY/MM/DD*	*Hospitalized ?*
1.			
2.			
3.			
4.			
5.			
6.			

Incident Summary Hamilton-Wentworth Detention Centre; COVID-19 concerns

Details

Caller to SAC(hm) reporting COVID-19 concerns. Caller says they had an inmate with influenza like symptoms and based on policy and procedures, they are to be locked in an droplet isolation unit behind a steel door. Caller says that occurred for the inmate displaying symptoms, but corporate health called and wanted everyone that was with that person in the dorm to also go on isolation. Caller says they did not want shuffle people around this late at night and instead are having everyone stay in the dorm setting overnight. Caller had health and safety concerns with this. Caller says they have voiced their concerns and management is continuing with it. Caller says there is enough room for people to go into isolation and they are going against policy and procedures. Caller notes they do have PPE.

22:07 SAC(hm) to MOL Manager Jullie-Anne Ritchie - Briefed. Page inspector.

22:10 SAC(hm) to MOL Peter Rickus - Briefed.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **04379PHKW471**
Field Visit no: **04379PHKW472** Visit Date: **2020-APR-16** Field Visit Type: **INITIAL**

Workplace Identification: **HAMILTON WENTWORTH DETENTION CENTRE**
165 BARTON STREET EAST, HAMILTON, ON, CANADA L8L 2W6
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 523-8800	**Active**	**400**	

Persons Contacted: **SRGT. CODY PRINCE; MICHELLE MACLEAN - WORKER CO-CHAIR OF THE JOINT HEALTH AND SAFETY COMMITTEE**
Visit Purpose: **WORK REFUSAL**
Visit Location: **VISIT CONDUCTED VIA TELECONFERENCE**
Visit Summary: **NO ORDERS ISSUED.**

Detailed Narrative:

The Ministry of Labour was notified of a work refusal at this workplace by the employer.

The worker representative and employer representative confirmed that the circumstances leading to the work refusal have been addressed internally.

No further Ministry action is required.

Recipient	Inspector Data	Worker Representative
Name _____	**Sherry Simo** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: (905) 481-2746** **Fax: (905) 577-1324**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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 form 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

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **02889PVRV756**
Field Visit no: **02889PVRV757** Visit Date: **2020-NOV-28** Field Visit Type: **INITIAL**

Workplace Identification **HAMILTON WENTWORTH DETENTION CENTRE** Notice ID:
165 BARTON STREET EAST, HAMILTON, ON, CANADA L8L 2W6

Telephone:	JHSC Status:	Work Force #:	Completed %:
(905) 523-8800	**Active**	**150**	

Persons Contacted: **CHRIS ZIZZO - SGT 2) KYLE SMITH - UNION EXECUTIVE 3) S.21 4) ANGELA MACDONALD - WORKER REP JHSC 5) PATTY GRAHAM - SGT**

Visit Purpose: **COMPLIANCE REVIEW OF EVENT.**

Visit Location: **FIELD VISIT CONDUCTED BY PHONE**

Visit Summary: **NO DECISION RENDERED. STAGE 1 INCOMPLETE. ****ADDENDUM; SECTION 43(3) DOES NOT APPLY. SEE BELOW*****

Detailed Narrative:

Event details & work refusal;

This inspector was tasked with reviewing the following work refusal;

"Wear provided eye protection and unlock the day room".

Reasons;
30 inmates are brought to the area at one time
Fogging of the protective eye wear and able to see (risks to the worker)

Summary of visit;

It could not be determined that the employer has completed a thorough stage one investigation in to the work refusal. Items not investigated but not limited to;

Measures to prevent anti fogging
Measures for use under various conditions found in a correctional facility
Measures and procedures for social distancing

When determining social distancing measures, the employer is advised to consider the hierarchy of implementing measures to control risk of infection and transmission;

1. Elimination/Substitution, 2. Engineering 3. Administrative 4.Personal Protective equipment

Consideration for employers to follow but not limited to;
- Limit the number of workers/inmates occupancy by staggering schedules and job rotation.
- Site planning to facilitate appropriate physical distancing for inmates and workers.
- Delineate, separate work and common spaces.

Recipient	Inspector Data	Worker Representative
Name: Not received Signed	**PETER COUTLEE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: 905-912-1244** **Fax: 905-577-1324**	Name:
Title:		Title:
Signature:	Signature: Peter Coutlee	Signature:

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 https://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

OHS Case ID: **02889PVRV756**
Field Visit no: **02889PVRV757** Visit Date: **2020-NOV-28** Field Visit Type: **INITIAL**
Workplace Identification **HAMILTON WENTWORTH DETENTION CENTRE** Notice ID:
165 BARTON STREET EAST, HAMILTON, ON, CANADA L8L 2W6

- Barriers/shields where close contact may occur. Where physical barriers are impractical, the employer will be required to implement droplet protection for the eyes with glasses, goggles or shield.
- Establish rules for any work that requires workers within two metres of another preson. Include the required personal protective equipment or source masking.

It is important to note that source masks are not meant to protect a worker from infection, but to control the potential of spread.

legislative references;

ROA 364/20;
(7) A person shall wear appropriate personal protective equipment that provides protection of the person's eyes, nose and mouth if, in the course of providing services, the person,
(a) is required to come within 2 metres of another person who is not wearing a mask or face covering in a manner that covers that person's mouth, nose and chin during any period when that person is in an indoor area; and
(b) is not separated by plexiglass or some other impermeable barrier from a person described in clause (a).

OHSA
The employer shall take "all precautions reasonable in the circumstance" to protect a workers health & Safety.

For implementation of this section, the employer would be required to implement one or more of social distance measures where practicable. Protective equipment maybe relied upon where one of the measures is not obtainable or practical. Risk assessments maybe required in some circumstances and be done in consultation with the JHSC.

Under section 28 a worker is required to use or wear the personal protective equipment the employer requires to be used or worn.

Addendum to original report for re-call of the work refusal;

The above work refusal as recorded and written above does not meet one of the prescribed requirements found in section 43(3). Under section 43(1), the opening of a door is inherent in the worker's work or is a normal condition of the worker's employment for care control and custody of an inmate.

A COPY OF THIS REPORT SHALL BE POSTED IN THE WORKPLACE.

Recipient	Inspector Data	Worker Representative
	PETER COUTLEE OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: 905-912-1244** **Fax: 905-577-1324**	
Name _____		Name _____
Title _____		Title _____
Signature	Signature PETER COUTLEE	Signature

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

83804

OHS Case ID: **02889PVRV756**
Field Visit no: **02889PVRV757** Visit Date: **2020-NOV-28** Field Visit Type: **INITIAL**
Workplace Identification **HAMILTON WENTWORTH DETENTION CENTRE** Notice ID:
165 BARTON STREET EAST, HAMILTON, ON, CANADA L8L 2W6

Recipient	Inspector Data	Worker Representative
Name _____	**PETER COUTLEE** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7 MOLIHSHAMILTONEAST@ontario.ca **Tel: 905-912-1244** **Fax: 905-577-1324**	Name _____
Title _____		Title _____
Signature	Signature Peter Coutlee	Signature

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

83804

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 02791PJTT150
Field Visit no: 02791PKKQ169
Visit Date: 2020-MAY-26
Field Visit Type: CONTINUATION
Notice ID:

Workplace Identification: SPRUCEDALE YOUTH CENTRE
660 IRELAND ROAD, SIMCOE, ON, CANADA N3Y 4K2

Telephone: (519) 426-3561
JHSC Status: Active
Work Force #: 200
Completed %:

Persons Contacted: S.21 (VIA TELEPHONE) - S.21 - JHSC WORKER MEMBER
Visit Purpose: FOLLOW UP MEETING RE: ISOLATION OF NEW INTAKES
Visit Location: ADMINISTRATOR'S OFFICE
Visit Summary: ORDER ISSUED

Detailed Narrative:

INSPECTOR'S COMMENTS:

PURPOSE OF VISIT:

The Ministry of Labour visited this workplace May 14th 2020 in response to a complaint with respect to the lack of measures and procedures to protect workers from the spread of COVID-19 and lack of isolation of new intakes at this facility. At the time of the visit it was determined that the employer had measures in place including, pre-screening and temperature readings of all individuals entering the facility, social distancing, self isolation if symptomatic, heightened cleaning, personal protective equipment provisions for staff, hand hygiene posters and training of staff.

It was determined that the employer does not isolate or test new intakes for the virus. A return visit was made to further discuss this. This inspector was accompanied to the workplace by Don McInnes, (A) Regional Program Coordinator. The following was discussed:

- new intakes at this facility could come from a variety of other facilities including other youth facilities, corrections or via the courts.
- Currently youths are asked the standard pre-screen questions and their temperature is taken. If the youth does not have symptoms and passes the pre-screen, they are put into a living unit with all the other youth and staff with no further monitoring of temperature or other measures such as 14 day isolation or testing. It was noted that these youths may come from areas deemed as "hot spots" where there are higher number of COVID-19 cases. The procedures in place do not take into account that a youth may be asymptomatic or not yet showing any signs of having the virus when they are placed in the living units with other youth putting staff at risk of being infected. SEE ORDER ISSUED
- The use of surgical masks by staff who are assigned to a unit being used to isolate youth was discussed
- Isolating youths who arrive at the facility on different days and being housed in one unit was also discussed at the time of this visit.

S.21

Inspector Data
SUZETTE EARHART
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7
MOLIHSHAMILTONEAST@ontario.ca
Tel: 519-732-6896
Fax: 905-5771324

Worker Representative
Name: Sara Reitzel
Title: JHSC
Signature:

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 1-877-339-1555 (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

85779

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: 02791PJTT150
Field Visit no: 02791PKKQ169
Visit Date: 2020-MAY-26
Field Visit Type: CONTINUATION
Notice ID:

Workplace Identification: SPRUCEDALE YOUTH CENTRE
660 IRELAND ROAD, SIMCOE, ON, CANADA N3Y 4K2

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

To:
MINISTRY OF CHILDREN COMMUNITY AND SOCIAL SERVICES

Org/Ind Role
Primary Employer

Mailing Address:
6711 MISSISSAUGA RD, SUITE 700, MISSISSAUGA, ON, CA L5N 2W3

Order(s) /Requirement(s) Description:

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

No	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
1 02791PKKR170	Time	OHSA	1990	25	2	h	The employer shall take every precaution reasonable in the circumstances to protect workers from the spread of COVID-19 from new intake youths. At the time of this visit no surveillance or control measures were in place to identify or manage new intakes if COVID-19 suspected or diagnosed after their admission. This order shall be complied with by June 5, 2020.	2020-JUN-05

Recipient

Name: S.21

Title:

Signature:

Inspector Data

SUZETTE EARHART
OCCUPATIONAL HEALTH & SAFETY INSPECTOR
PROVINCIAL OFFENCES OFFICER
119 King St W, 14th Flr., Hamilton, ON, L8P 4Y7
MOLI-SHAMILTONEAST@ontario.ca
Tel: 519-732-6896
Fax: 905-5771324

Signature:

Worker Representative

Name: Sara Peitzel

Title: JHSC

Signature: Sara Peitzel

You are required 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 form with the Ontario Labour Relations Board, 505 University Ave., 3rd Floor, Toronto, Ontario M5G 2P1. You may also contact the Board by phone at (416) 326-7500 or 1-877-339-3339 (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

8279

Heather

Get Outlook for iOS

From: Stephen (M TCS) _____
Sent: Thursday, August 13, 2020 11:11:12 AM
To: Rocheleau, Heather (M TCS) <Heather.Rocheleau@ontario.ca>; Allen, Jordan Thomas (M TCS) <Thomas.Allen@ontario.ca>; Stewart, Erica (M TCS) <Erica.Stewart@ontario.ca>; Cardinal, Jennifer (M TCS) <Jennifer.Cardinal@ontario.ca>; Wilson, Shane (M TCS) <Shane.Wilson@ontario.ca>; Sand, Anne (M TCS) <Anne.Sand@ontario.ca>; Hall, John (M TCS) <John.Hall@ontario.ca>
Subject: RE: In re: Ian Carl et al Ray McNally et y

hanks Hea he

As we discussed depending on you ndings we may have o set up a call wi h ou COVA con acts

I have no ified a ew o them to p ov de a heads up

Stephen

From: Rocheleau, Heather (M TCS) <Heather.Rocheleau@ontario.ca>

Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

The Ministry of Labour uses this form to record the details of a work refusal reported under Section 43 of the *OHSA* by telephone and sends the form with a determination of the ministry's response to the work refusal.

Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/19	7:00	04548PFZM561

Employer/Constructor*: Ottawa Carleton Detention Centre

Workplace Location

Does the workplace have a street address?* ✓ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
	2244	Innes	Road

Street Direction	City/Town*	Province*	Postal Code
	Ottawa	ON	K1B 4C4

Employer Representative

Last Name*	First Name*	Position/Title*
Nolet	Francis	Sgt

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Add Worker | Remove Worker

Worker Representative

Last Name*	First Name*	Position/Title*
Murphy	Brian	CO - JHSC worker Co-Chair

Reason for work refusal*

Inmate showing symptoms, healthcare placed that unit into precautions - worker concerned that inmate could have spread/contaminated other inmates/units prior to inmate being segregated and feels all units should be on precautions.

Ministry of Labour determination*

✓ The procedures described in Section 43(4) of the *OHSA* have not been completed. The Ministry will await confirmation that an investigation has been completed and is unresolved.

Ministry of Labour representative

Last Name*	First Name*	
Eikelboom	Christopher	
Position	**Office**	
Inspector	Ottawa East	
Email Address*	**Fax Number***	**Date of determination (yyyy/mm/dd)***
christopher.eikelboom@ontario.ca	613 727-2900	2020/03/19

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Richer	Christian	ext.

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ✓ Email		christian.richer@ontario.ca	2020/03/19

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Section B (To be completed by Employer representative)

This form must be returned to the Ministry of Labour representative

If returning the form by email:

1. Check the acknowledgement box below and fill in first and last name.
2. Send the email to the Ministry of Labour representative at the email address above.

If returning the form by fax:

1. Check the acknowledgment box below and fill in first and last name.
2. Print and sign the form.
3. Fax a copy to the Ministry of Labour representative at the fax number above.

Acknowledgement*

☐ **I confirm that I received a copy of this form with the *OHSA* Section 43 determination from the Ministry of Labour representative and provided a copy to the refusing worker(s) and the worker representative(s).**

Last Name*	First Name*

Signature (if returning by fax)

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 ON M5G 2P1. You may also contact the Board by telephone at 416 326-7500 or 1 877 339-3335 (toll free), mail or by website at www.olrb.gov.on.ca for more information.

Ministry Use Only:

Clear Form | Save Form | Print Form | Email Form

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division | Occupational Health and Safety

Field Visit Report

OHS Case ID: **04577PQGZ734**
Field Visit no: **04577PQGZ735** Visit Date: **2020-AUG-31** Field Visit Type: **INITIAL**
Workplace Identification: **OTTAWA-CARLETON DETENTION CENTRE**
2244 INNES ROAD, GLOUCESTER, ON, CANADA K1B 4C4
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(613) 824-6080	**Active**	**2**	

Persons Contacted: **SCOTT FORD - UNION PRESIDENT AND MATT WATSON - WORKER REPRESENTATIVE.**
Visit Purpose: **TO GATHER INFORMATION IN REGARDS TO WORKER CONCERNS.**
Visit Location: **THE FOLLOWING WAS CONDUCTED OVER THE PHONE AND NOT IN PERSON.**
Visit Summary: **NO ORDERS ISSUED.**

Detailed Narrative:

On August 1st, 2020 this inspector received a SAC report with the following:
- Worker representative reported there was a positive case of COVID-19 for an inmate.
- Worker representative reported that they are trying to trace back the inmate's movements and contact history in the facility by using video footage and management is not allowing them to use the footage to tract the inmate's history.
- Worker representative alleged the reason management was not allowing them to view the footage was due to privacy concerns.
- Worker representative reported that the video is supposed to be a joint process between management and the workers and caller feels that this is not the case.

COPY

This inspector called the Worker Representative who was accompanied by the Union President and spoke with both.

The following was discussed/confirmed:
- No guards had tested positive of COVID-19, and the inmate was in isolation.
- Employer was actively conducting an investigation for contact tracing in conjunction with Public Health.

No contraventions identified, no further action required.

Recipient	Inspector Data	Worker Representative
Name _____	**Thomas Smith** OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 347 Preston St. 4th flr, Ottawa, ON, K1S 3J4 HSOttawaDistrict@ontario.ca **Tel: (613) 218-9581** **Fax: (613) 727-2900**	Name _____
Title _____		Title _____
Signature	Signature	Signature

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

Ministry of Labour,
Training and Skills Development

Safe At Work

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Aug-01	12:00 AM	2020-Aug-31	Field Visit	EIKELBOOM, CHRISTOPHER (2917)	**04673PNWN059**

OHS Case ID	Lead Inspector	Case Status
02917PNWS355	EIKELBOOM, CHRISTOPHER (2917)	Closed
04577PQGZ734	Smith, Thomas (4577)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Aug-01	07:05 PM	Email	Martin, Sarah (4673)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Complaint//Exposure to Chemical, Biological or Physical Agent	2		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Worker - Complainant	S.21 [redacted]		No

Reported Employer / Constructor

Ottawa-Carleton Regional Detention Centre

Event Location

2244 Innes Road, Ottawa ON, K1B 4C4

Event Information

Caller reports to SACnh that: -There is a positive case of C-19 for an inmate. -Caller reports that they are trying to trace back the inmates movements and contact history in the facility by using video footage and management is not allowing them to use the footage to tract the inmates history. The reason they are not allowing them to view the footage due to privacy concerns. -Caller reports that the video is supposed to be a joint process between management and the workers and caller feels that this is not the case. 1823h SACnh to Kelly Howe, MOL Manager: -Briefed and advised to call out the inspector. 1824h SACnh to Thomas Smith, On Call Inspector: -Briefed.

Event Details and Conclusion

Case ID 04577PQGZ734
2020-Sep-24 12:15 PM Smith, Thomas (4577)
No workers tested positive for COVID-19, Employer performing full investigation in conjunction with Public Health. Non contraventions identified therefore no orders issued. No further action required.
Case ID 02917PNWS355
2020-Aug-17 10:35 AM EIKELBOOM, CHRISTOPHER (2917)
closed

Event entered into ICE on: 04-Aug-2020 11:15 AM
Event entered into ICE by: Martin, Sarah (4673)

Report printed on: 09-Feb-2021 7:39 AM
Report printed by: LAWTHER, SUSAN (1113)

Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

The Ministry of Labour uses this form to record the details of a work refusal reported under Section 43 of the *OHSA* by telephone and sends the form with a determination of the ministry's response to the work refusal.

Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/19	7:00	04548PFZM561

Employer/Constructor*
Ottawa Carleton Detention Centre

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
	2244	Innes	Road

Street Direction	City/Town*	Province*	Postal Code
	Ottawa	ON	K1B 4C4

Employer Representative

Last Name*	First Name*	Position/Title*
Nolet	Francis	Sgt

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Worker Representative

Last Name*	First Name*	Position/Title*
Murphy	Brian	CO - JHSC worker Co-Chair

Reason for work refusal*
Inmate showing symptoms, healthcare placed that unit into precautions - worker concerned that inmate could have spread/contaminated other inmates/units prior to inmate being segregated and feels all units should be on precautions.

Ministry of Labour determination*

☑ The procedures described in Section 43(4) of the *OHSA* have not been completed. The Ministry will await confirmation that an investigation has been completed and is unresolved.

Ministry of Labour representative

Last Name*	First Name*	
Eikelboom	Christopher	
Position	**Office**	
Inspector	Ottawa East	
Email Address*	**Fax Number***	**Date of determination (yyyy/mm/dd)***
christopher.eikelboom@ontario.ca	613 727-2900	2020/03/19

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Richer	Christian	ext.

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ☑ Email		christian.richer@ontario.ca	2020/03/19

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Section B (To be completed by Employer representative)

This form must be returned to the Ministry of Labour representative

If returning the form by email:

1. Check the acknowledgement box below and fill in first and last name.
2. Send the email to the Ministry of Labour representative at the email address above.

If returning the form by fax:

1. Check the acknowledgment box below and fill in first and last name.
2. Print and sign the form.
3. Fax a copy to the Ministry of Labour representative at the fax number above.

Acknowledgement*

☑ **I confirm that I received a copy of this form with the *OHSA* Section 43 determination from the Ministry of Labour representative and provided a copy to the refusing worker(s) and the worker representative(s).**

Last Name*	First Name*
Richer	Christina

Signature (if returning by fax)



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 ON M5G 2P1. You may also contact the Board by telephone at 416 326-7500 or 1 877 339-3335 (toll free), mail or by website at www.olrb.gov.on.ca for more information.

Ministry Use Only:

Operations Division
Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-18	9:15 AM	2020-Mar-27	Field Visit	RODRIGUES, EMLYN (2201)	**04544PFXP396**

OHS Case ID	Lead Inspector	Case Status
02201PGKM083	RODRIGUES, EMLYN (2201)	Reopen

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-18	11:30 AM	Telephone	Girard, Daniel (4544)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Richer, Christian	(613) 551-0861	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Richer, Christian	(613) 551-0861	No

Reported Employer / Constructor

Ottawa Caleton Detention Centre

Event Location

2244 Innes Road, Gloucester, ON K1B 4C4, Canada

Event Information

Employer reporting work refusal by one worker so far: Part one - workers state that pandemic plan was dated to 2014. Employer has a meeting with JHSC to review the Pandemic Plan. Part two - worker is concerned about social distancing as recommended by WHO and is wondering how it will be implemented. Part three - staff gym was still accessible (to only staff) but public gyms were closed - The employer has shut down the gym so this part is resolved. Part four - no direction, procedures, or PPE for staff to conduct daily searches. Part five - Employer has not provided or posted contingency plan to quell the panic. Part six - employer not providing plan for safe tours/rounds of units to maintain the 2m distance.

Event Details and Conclusion

Case ID 02201PGKM083
2020-Apr-03 5:46 PM RODRIGUES, EMLYN (2201)
Work refusal did not meet the conditions set out in section 43, to be handled as complaint. Determination form was provided to the workplace parties. Workplace parties were to have a JHSC meeting and review pandemic plan and to resolve issues internally. Inspector was provided update and documented in narrative of field visit report.
No further action required.

Ministry of Labour,
Training and Skills Development

Safe At Work Ontario

Ontario

Operations Division: Occupational Health and Safety

Field Visit Report

OHS Case ID: **02773PGPS767**
Field Visit no: **02773PGPS768** Visit Date: **2020-MAR-31** Field Visit Type: **INITIAL**

Workplace Identification: **OTTAWA-CARLETON DETENTION CENTRE**
2244 INNES ROAD, GLOUCESTER, ON, CANADA K1B 4C4
Notice ID:

Telephone:	JHSC Status:	Work Force #:	Completed %:
(613) 824-6080	**Active**	**300**	

Persons Contacted: **SEE NARRATIVE SECTION FOR A LIST OF INDIVIDUALS CONTACTED DURING THIS VISIT**
Visit Purpose: **TO AUDIT COMPLIANCE WITH THE OCCUPATIONAL HEALTH & SAFETY ACT AND ASSOCIATED REGULATIONS**
Visit Location: **NO PHYSICAL INSPECTION WAS CONDUCTED AS VISIT WAS CONDUCTED BY TELEPHONE**
Visit Summary: **NO ORDERS ISSUED WITH THIS REPORT**

Detailed Narrative:

INDIVIDUALS CONTACTED DURING THIS VISIT:

- Frank Nolet – Sergeant, Nicholas Beauchamp – Sgt / Management JHSC Co-chair, Peter Pawlikowski – Correctional Officer, Brian Murphy – Worker JHSC Co-chair, Matt Watson – Worker JHSC Member, Scott Ford – Union Stewart

BACKGROUND:

- The Ministry of Labour, Training and Skills Development received notification of a work refusal in progress in the workplace. This inspector contacted the employer representative and refusing worker by phone to gather information related to the work refusal.

NATURE OF WORK REFUSAL

- Correctional officers on the incoming day shift are refusing to work as they believe that the Staff Self Screening and Affirmation protocol currently in place in inadequate to prevent the spread of COVID-19 in the facility.
- Concerns related to some workers are not using or failing to use the screening protocol properly due to the fears of loss of wages due to being sent home.
- The refusing workers would like to see active screening implemented for the staff complete with taking of staff temperatures prior to starting their shift, similar to what is being done with new inmates coming into the facility.
- The employer, refusing worker, union representative, and worker committee members attempted to resolve the issue but failed to do so internally.

Recipient	Inspector Data	Worker Representative
Name Nicolas Beauchamp	**WILLIAM GUBBELS**	Name
Title A/Deputy Superintendent	OCCUPATIONAL HEALTH & SAFETY INSPECTOR	Title Joint Health & Safety co. Chair
Signature	PROVINCIAL OFFENCES OFFICER	Signature BRIAN MURPHY
	347 Preston St. 4th flr, Ottawa, ON, K1S 3J4	
	HSOttawaDistrict@ontario.ca	
	Tel: (613) 296-0045	
	Fax: 613-727-2900	

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

OHS Case ID: 02773PGPS767
Field Visit no: 02773PGPS768 Visit Date: 2020-MAR-31 Field Visit Type: INITIAL
Workplace Identification: OTTAWA-CARLETON DETENTION CENTRE Notice ID:
2244 INNES ROAD, GLOUCESTER, ON, CANADA K1B 4C4

FINDINGS:

- This inspector received a copy of the Notice of Possible Health & Safety Concern for the above noted concerns and a copy of the Staff Self Screening and Affirmation dated March 20, 2020.
- The employer indicated to this inspector that the topic of active screening for staff has been discussed with the Joint Health & Safety Committees and with upper management. The employer stated that thermometers have been purchased and are on site at this facility and that they are just waiting for the go ahead from head office (Solicitor General) to implement the active screening. This directive to start active screening for staff has not yet been communicated to the management representatives at this facility.

RULING:

- This inspector informed the employer and the refusing workers that the circumstances reported by the refusing worker do not meet the conditions of Section 43(3) of the Occupational Health & Safety Act. No further Ministry action is required.
- A Work Refusal Determination Form was forwarded to the employer after the ruling was verbally provided over the phone to all the workplace parties. The employer has since signed and returned the determination form.

- A copy of this report must be posted in the workplace for a minimum of 14 days.

DOCUMENTATION RECEIVED:

- Notice of Possible Health & Safety Concern dated March 31, 2020
- Staff Self Screening and Affirmation dated March 20, 2020

Recipient	Inspector Data	Worker Representative
Name Nicolas Beaudoin	WILLIAM GUBBELS	Name BRIAN MURPHY
Title A/Deputy Superintendent	OCCUPATIONAL HEALTH & SAFETY INSPECTOR PROVINCIAL OFFENCES OFFICER 347 Preston St. 4th flr, Ottawa, ON, K1S 3J4 HSOttawaDistrict@ontario.ca Tel: (613) 296-0045 Fax: 613-727-2900	Title Joint Health & Safety Co Chair
Signature	Signature	Signature

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.

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Ministry of Labour, Training and Skills Development

Safe At Work

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-31	8:30 AM	2020-Mar-31	Field Visit	GUBBELS, WILLIAM (2773)	**03475PGPM562**

OHS Case ID	Lead Inspector	Case Status
02773PGPS767	GUBBELS, WILLIAM (2773)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-31	09:11 AM	Telephone	WESTWOOD, TINA (3475)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	60		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Nolet, Francis	(819) 923-3277	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Nolet, Francis	(819) 923-3277	No

Reported Employer / Constructor

OCDC

Event Location

2244 Innes Rd Ottawa K1B 4C4

Event Information

Workers 60+ have not come in the facility but available
Stage one finished 0840
Workers ordered to assume post
Refusing worker indicated that the employer failed to provide active screening for covid-19 found that the algorithm of self screening in place is not working
Staff have not followed the self assessment
Workers report that the ER has an obligation with temperature taken to all staff entering the building
Management has something in place which is a self assessment and affirmation

Event Details and Conclusion

Case ID 02773PGPS767
2021-Jan-14 11:35 AM GUBBELS, WILLIAM (2773)
Case reopened to attached Work Refusal Determination Form. Case closed.

2020-Jun-05 3:48 PM GUBBELS, WILLIAM (2773)
No further action required at this time.

Event entered into ICE on: 31-Mar-2020 9:12 AM
Event entered into ICE by: WESTWOOD, TINA (3475)

Report printed on: 09-Feb-2021 7:37 AM
Report printed by: LAWTHER, SUSAN (1113)

Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

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Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/31	8:30	03475PGPM562

Employer/Constructor*
Ottawa-Carleton Detention Centre

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
	2244	Innes	Road

Street Direction	City/Town*	Province*	Postal Code
	Ottawa	ON	K1B 4C4

Employer Representative

Last Name*	First Name*	Position/Title*
Nolet	Frank	Sgt

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Worker Representative

Last Name*	First Name*	Position/Title*
Murphy	Brian	Worker JHSC representative

Reason for work refusal*

Workers do not believe that the staff self assessment screening procedure currently in place before entering the facility is adequate to prevent the COVID-19 virus from entering the facility. They would like to see active screening.

Ministry of Labour determination*

☑ The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the *OHSA*. No further Ministry action is required.

Ministry of Labour representative

Last Name*	First Name*	
Gubbels	William	
Position	**Office**	
Occupational Health & Safety Officer	Ottawa East	
Email Address*	**Fax Number***	**Date of determination (yyyy/mm/dd)***
william.gubbels@ontario.ca	613 727-2900	2020/03/31

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Beauchamp	Nicolas	ext.

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ☑ Email		nicolas.beauchamp@ontario.ca	2020/03/13

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Section B (To be completed by Employer representative)

This form must be returned to the Ministry of Labour representative

If returning the form by email:

1. Check the acknowledgement box below and fill in first and last name.
2. Send the email to the Ministry of Labour representative at the email address above.

If returning the form by fax:

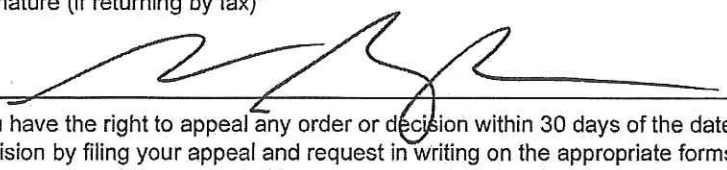
1. Check the acknowledgment box below and fill in first and last name.
2. Print and sign the form.
3. Fax a copy to the Ministry of Labour representative at the fax number above.

Acknowledgement*

☑ **I confirm that I received a copy of this form with the *OHSA* Section 43 determination from the Ministry of Labour representative and provided a copy to the refusing worker(s) and the worker representative(s).**

Last Name*	First Name*
BEAUCHAMP.	NICOLAS

Signature (if returning by fax)



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Ministry Use Only:

Ontario Ministry of Labour

Work Refusal Determination

Occupational Health and Safety Act (OHSA)

The Ministry of Labour uses this form to record the details of a work refusal reported under Section 43 of the *OHSA* by telephone and sends the form with a determination of the ministry's response to the work refusal.

Please acknowledge receipt of the form and return to the Ministry of Labour representative by fax or email.

Fields marked with an asterisk (*) are mandatory.

Section A (To be completed by Ministry of Labour representative)

Event Date (yyyy/mm/dd)*	Event Time (in 24 hour format, hh:mm)*	Event ID
2020/03/13	9:30	03404PFRN697

Employer/Constructor*
Ottawa-Carleton Detention Centre

Workplace Location

Does the workplace have a street address?* ☑ Yes ☐ No

Unit Number	Street Number*	Street Name*	Street Type
	2244	Innes	Road

Street Direction	City/Town*	Province*	Postal Code
	Ottawa	ON	K1B 4C4

Employer Representative

Last Name*	First Name*	Position/Title*
Nolet	Frank	Sgt

Refusing Worker(s)

Last Name*	First Name*	Position/Title*
S.21 [redacted]		

Worker Representative

Last Name*	First Name*	Position/Title*
Murphy	Brian	H&S representative

Reason for work refusal*

Workers do not believe that the procedure currently in place to screen new admittances to the facility is adequate to prevent the COVID-19 virus from entering the facility.

Ministry of Labour determination*

☑ The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of the *OHSA*. No further Ministry action is required.

Ministry of Labour representative

Last Name*	First Name*	
Gubbels	William	
Position	**Office**	
Occupational Health & Safety Officer	Ottawa East	
Email Address*	**Fax Number***	**Date of determination (yyyy/mm/dd)***
william.gubbels@ontario.ca	613 727-2900	2020/03/13

Sent to:

Who agreed to provide copies to the refusing worker(s) and their representative(s).

Last Name*	First Name*	Telephone Number
Beauchamp	Nicolas	ext.

Sent by*	Fax Number	Email Address	Date (yyyy/mm/dd)*
☐ Fax ☑ Email		nicolas.beauchamp@ontario.ca	2020/03/13

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Section B (To be completed by Employer representative)

This form must be returned to the Ministry of Labour representative

If returning the form by email:

1. Check the acknowledgement box below and fill in first and last name.
2. Send the email to the Ministry of Labour representative at the email address above.

If returning the form by fax:

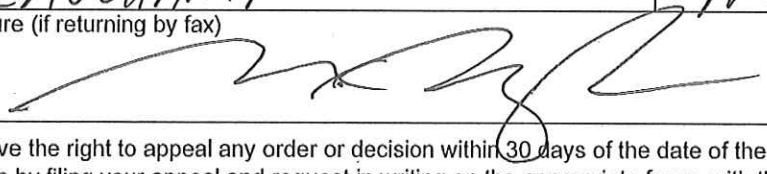
1. Check the acknowledgment box below and fill in first and last name.
2. Print and sign the form.
3. Fax a copy to the Ministry of Labour representative at the fax number above.

Acknowledgement*

☑ **I confirm that I received a copy of this form with the *OHSA* Section 43 determination from the Ministry of Labour representative and provided a copy to the refusing worker(s) and the worker representative(s).**

Last Name*	First Name*
BEAUCHAMP	Nicolas

Signature (if returning by fax)



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 ON M5G 2P1. You may also contact the Board by telephone at 416 326-7500 or 1 877 339-3335 (toll free), mail or by website at www.olrb.gov.on.ca for more information.

Ministry Use Only:

Ministry of Labour, Training and Skills Development

Safe At Work

Ontario

Operations Division | Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-13	9:30 AM		No Field Visit	GUBBELS, WILLIAM (2773)	**03404PFRN697**

OHS Case ID	Lead Inspector	Case Status
02773PFVL744	GUBBELS, WILLIAM (2773)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-13	11:04 AM	Telephone	CRUMP, STUART (3404)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agen	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Nolet, Francis 'Frank'	(613) 824-6080 Ext: 222	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Nolet, Francis 'Frank'	(613) 824-6080 Ext: 222	No

Reported Employer / Constructor

Ottawa Carleton Detention Centre

Event Location

2244 Innes Road, Ottawa, ON, K1B 4C4 (postal code per Google).

Event Information

Stage one complete: four work areas are refusing work regarding concerns about the Covid-19 coronavirus. Inappropriate preventative measures for staff and inmates. No information provided to staff to protect their health & safety. Four inmates are presenting symptoms. Workers stated that PPE (face masks etc.) provided are not of an appropriate type. Please would the inspector assigned contact Frank Nolet at 613-824-6080 Ext: 222.

Update: March 16/20
The circumstances reported by the refusing worker(s) do not meet the conditions of Section 43(3) of OHSA - No further Ministry action is required

Event Details and Conclusion

Case ID 02773PFVL744
2021-Jan-14 11:35 AM GUBBELS, WILLIAM (2773)
Case reopened to attached Work Refusal Determination Form. Case closed.

2020-Jun-05 3:42 PM GUBBELS, WILLIAM (2773)
No further action required at this time.

Event entered into ICE on: 13-Mar-2020 11:13 AM
Event entered into ICE by: CRUMP, STUART (3404)

Report printed on: 09-Feb-2021 7:36 AM
Report printed by: LAWTHER, SUSAN (1113)

Operations Division
Occupational Health and Safety

Event Information Form

Event Date	Event Time	Response Date	Response Type	Last Assigned To	Event ID
2020-Mar-19	7:00 AM		No Field Visit	EIKELBOOM, CHRISTOPHER (2917)	04548PFZM561

OHS Case ID	Lead Inspector	Case Status
02917PGGM201	EIKELBOOM, CHRISTOPHER (2917)	Closed

Notification Date	Notification Time	Notification Method	Event Originator
2020-Mar-19	09:20 AM	Telephone	Paul, Rajneesh (4548)

Event Type / Sub-type	No. of Workers Involved	No. of Workers Affected	High Profile	Hot Issue Report Issued
Work Refusal//Exposure to Chemical, Biological or Physical Agent	1		No	No

Event Reporter(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Nolet, Francis	(819) 923-3277	No

Event Contact(s)

Type	Name	Telephone	Anonymity Requested
Employer Representative	Nolet, Francis	(819) 923-3277	No

Reported Employer / Constructor

Ottawa Carleton Detetion Centre

Event Location

2244 Innes Rd, Ottawa, ON K1B 4C4 (Postal as per Google)

Event Information

Stage 2 work refusal:
ER called to report work refusal of one worker at the detention centre.

- Reported that the worker has concerns regarding COVID-19.
- Reported that one inmate has been showing symptoms on Saturday and was tested on Monday for coronavirus and waiting for the result . The precautions are being taken and the inmate has been segregated.
- Reported that the concern is that other inmates and other areas might be infected and the worker is refusing to unlock any inmates till the time results are received. Concerns regarding cross contamination.
- ER mentioned that healthcare placed that unit into precautions and the worker has appropriate PPE. The worker is asking for all the units to be on precaution because of cross contamination and quarantined.
- ER mentioned that they have procedures in place and the inmates are being screened by nursing.

Event Details and Conclusion

Case ID 02917PGGM201
2020-Jun-01 12:18 PM EIKELBOOM, CHRISTOPHER (2917)
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