

# Health & Safety Programs

**A Guide for Dental Practices  
2016-2017**





Copyright © PSHSA (Public Services Health and Safety Association) 2015  
4950 Yonge Street, Suite 1800 Toronto, Ontario M2N 6K1 Canada  
Telephone: (416) 250-7444  
Fax: (416) 250-7484  
Toll Free: 1-877-250-7444  
Website: [www.pshsa.ca](http://www.pshsa.ca)

This manual was prepared by the Public Services Health and Safety Association for the Ontario Dental Association. No person shall copy, alter, in any way reproduce, or provide to a third party either in whole or in part without express written permission of the Public Services Health and Safety Association and the Ontario Dental Association.

## **Acknowledgements**

The Ontario Dental Association and the Public Services Health and Safety Association extend appreciation to Dr. M. Goodman and Dr. S. Lipinski and their staff for their assistance in the development of this manual.

Appreciation is also extended to the members of the following ODA committees for their review of the manual:

Health Policy and Government Relations Advisory Committee  
Education Advisory Committee

# Table of Contents

<b>1.0</b>	<b>Introduction</b> .....	<b>5</b>
	Glossary .....	<b>7</b>
<b>2.0</b>	<b>Roles and Responsibilities</b> .....	<b>10</b>
	Duties of Employers .....	<b>10</b>
	Duties of Supervisors .....	<b>11</b>
	Duties of Workers .....	<b>12</b>
<b>3.0</b>	<b>Worker Rights</b> .....	<b>14</b>
<b>4.0</b>	<b>Health and Safety Policy</b> .....	<b>15</b>
<b>5.0</b>	<b>Health and Safety Program</b> .....	<b>16</b>
<b>6.0</b>	<b>Workplace Violence and Harassment Policy and Program</b> .....	<b>18</b>
<b>7.0</b>	<b>Health and Safety Representative (HSR)/Joint Health and Safety Committee (JHSC)</b> .....	<b>23</b>
<b>8.0</b>	<b>Orientation and Ongoing Training</b> .....	<b>26</b>
	Employer/Supervisor Training .....	<b>27</b>
<b>9.0</b>	<b>H&amp;S Fundamentals R.A.C.E</b> .....	<b>28</b>
	Hazard/Risk Assessment .....	<b>29</b>
	Hazard Management Tool .....	<b>33</b>
<b>10.0</b>	<b>Inspections</b> .....	<b>34</b>
<b>11.0</b>	<b>Incident/Hazard Reporting and Investigation</b> .....	<b>35</b>
	Reporting .....	<b>35</b>
	Investigations .....	<b>36</b>
	Incident Reporting .....	<b>36</b>
<b>12.0</b>	<b>Emergency Preparedness</b> .....	<b>38</b>
<b>13.0</b>	<b>Summary</b> .....	<b>40</b>
	<b>Other Sources of Information</b> .....	<b>41</b>
	<b>Appendix A: Action Checklist</b> .....	<b>42</b>
	<b>Appendix B: Overview of Health and Safety Regulation Relevant to Dental Practices</b> .....	<b>44</b>

<b>Appendix B2: Posting Requirements</b> .....	<b>47</b>
<b>Appendix C: Sample Responsibility Statements</b> .....	<b>48</b>
<b>Appendix D: Sample Content for a Right to Refuse Unsafe Work Policy</b> .....	<b>49</b>
<b>Appendix E: Sample Content for a Health and Safety Policy</b> .....	<b>51</b>
<b>Appendix F: Sample Sharps Safety Program</b> .....	<b>52</b>
<b>Appendix G: Safety-engineered needle information tracking form</b> .....	<b>55</b>
<b>Appendix H: Sample Workplace Violence and Harassment Prevention Policy</b> .....	<b>57</b>
<b>Appendix I: Sample Workplace Violence Risk Assessment</b> .....	<b>59</b>
<b>Appendix J1: Sample Terms of Reference for the Health and Safety     Representative (HSR)</b> .....	<b>65</b>
<b>Appendix J2: Sample Terms of Reference for the JHSC</b> .....	<b>66</b>
<b>Appendix K: Sample General Orientation Checklist</b> .....	<b>69</b>
<b>Appendix L: Sample Health and Safety Training Matrix</b> .....	<b>71</b>
<b>Appendix M: Hazard Assessment in the Dental Practice</b> .....	<b>72</b>
<b>Appendix N: Organizational Analysis of Incidents</b> .....	<b>74</b>
<b>Appendix O: Sample Content for a Workplace Inspection Policy</b> .....	<b>76</b>
<b>Appendix P: Sample Workplace Inspection Report form</b> .....	<b>77</b>
<b>Appendix Q: Sample Content for an Incident/Near-miss/ Hazard Reporting and     Investigation Policy</b> .....	<b>79</b>
<b>Appendix R: Sample Investigation Form</b> .....	<b>82</b>
<b>Appendix S: Sample Wording for a First Aid Procedure:</b> .....	<b>83</b>
<b>Appendix T: First Aid Kit Inspection Record</b> .....	<b>84</b>

## 1.0 Introduction

Every business in Ontario, regardless of the type, size or insurance coverage **MUST COMPLY** with the *Occupational Health and Safety Act* (OHSA) and its regulations.

This guide is intended for use by dentists in their dental practices in Ontario. Its purpose is to provide a framework for the development of a health and safety program that satisfies the requirements of the Ontario *Occupational Health and Safety Act* (OHSA).

Employers in Ontario are legally responsible for providing a healthy and safe workplace regardless of the number of workers employed. **This applies if the dental practice is incorporated or if the employer is the dental owner.** Employers need to know their responsibilities under the OHSA as well as all related regulations, and comply with them.

The OHSA is based on the concept of the *Internal Responsibility System* (IRS), in which everyone in the workplace shares responsibility for health and safety according to their authority and ability. **Since the employer has the greatest authority and ability, the employer bears the greatest responsibility for health and safety.**

Under the OHSA, dental offices are required to do a number of activities to ensure a safe workplace, such as:

1. Develop a Health and Safety Policy, and a Program to support the policy.
2. Develop a Workplace Violence and Harassment Policy, and a Program to support the policy.
3. Understand the employer responsibilities.
4. Communicate to workers their rights and responsibilities.
5. Recognize the hazards that exist in the work place and assess and control all hazards that have the potential to cause injuries or illness
6. Provide training and necessary equipment for workers to follow safe work practices and procedures at all times.

The OHSA gives the Ministry of Labour (MOL) broad powers that allow MOL inspectors to enter your workplace without warrant or notice. MOL inspectors can conduct:

- **random inspections** of workplaces, and
- **workplace investigations** in response to a specific event or complaint.

Additionally, the MOL conducts Ontario-wide inspection blitzes of specific sectors, including the healthcare sector. The MOL Blitz schedule is posted on [www.labour.gov.on.ca](http://www.labour.gov.on.ca).

A MOL inspector will show current identification and may ask that a worker representative accompany him or her on a tour of the workplace. The MOL inspector can also bring into the workplace a person with special, expert or professional knowledge.

**Denying a MOL inspector access to a workplace is considered a contravention of OHSA and may result in severe penalties.**

Non-compliance with the OHSA or regulations may result in orders, fines and/or penalties. If convicted of an offence under the Act, an individual can be fined up to \$25,000 and/or imprisoned for up to 12 months. The maximum fine for a corporation convicted of an offence is \$500,000.

If the workplace has six (6) or more workers, the following activities are also required:

1. Put the Health and Safety Policy and the Program in writing, and post it in the workplace where workers are likely to see it.
2. Put the Workplace Violence and Harassment Policy and the Program in writing, and post it in the workplace where workers are likely to see it.
3. Ensure there is a Health and Safety Representative (HSR) or Joint Health and Safety Committee (JHSC), if required (see page 23 for further information), to audit the Health and Safety Program at the dental practice.

**When calculating the number of workers at the dental practice, include both part time and full time staff.** It is important to note that regardless of the number of workers at the dental practice, subsection 25(2)(h) of the OHS Act requires that employers “take every precaution reasonable in the circumstances for the protection of a worker”. Subsection 27(2) repeats this obligation with regards to the duties of a supervisor.

## How to Use This Guide

The Health and Safety Programs guide provides general health and safety information pertinent to dental practices. Many samples and resources are provided, including an Action Checklist (Appendix A) to help monitor progress in implementing the Health and Safety Program. **Samples should be modified to suit the individual dental practice.**

Reference to specific sections of the OHS Act are provided to facilitate reviewing legislative requirements. Legislation cited in this guide is based on Ontario statutes and regulations current at the time of release. An overview of health and safety regulations relevant to dental practices is provided in Appendix B. Leading practices that move a dental practice beyond legislative compliance are included and identified by “LP”. Definitions are provided in text, and a glossary of terms.

The primary target of this document is the employer of the dental practice. However, employees and the Health and Safety Representative, or Joint Health and Safety Committee members may also find this guide helpful in understanding OHS Act requirements.

## Occupational Health & Safety Series

This manual is one of four *Guides for Dental Practices* developed by the ODA and PSHSA covering areas of occupational health and safety that impact dental offices. Check out the other manuals at <http://www.youroralhealth.ca/member/>

- [WHMIS Program](#)
- [Radiation Safety Program Manual](#)
- [Musculoskeletal Disorders \(MSD\)](#)

### Resources:

MOL, *A Guide to the Occupational Health and Safety Act*, October 2012. Available at <https://www.labour.gov.on.ca/english/hs/pubs/ohsa/>

RCDSO & ODA, Q+A: *Complying with the OHS Act*, October 2012. Available at <http://www.youroralhealth.ca/member/>.

## Glossary

**Competent Person:** a person who:

- is qualified because of knowledge, training and experience to organize the work and its performance,
- is familiar with the OHSA and the regulations that apply to the work, and
- has knowledge of any potential or actual danger to health or safety in the workplace OHSA s.1(1).

**“C” or Ceiling Limit** means a maximum airborne concentration of a biological or chemical agent to which a worker may be exposed at any time.

**Chief Prevention Officer (CPO):** means the Chief Prevention Officer appointed under subsection 22.3(1) OHSA s.1(1).

**Employer:** a person who employs one or more workers or contracts for the services of one or more workers OHSA s.1(1).

**Hazard:** a practice, behaviour, condition or situation that can contribute to and/or cause injury, illness or property damage.

**Hazard/risk assessment:** the process of evaluating the level of risk associated with identified workplace hazards.

**HSR:** Health and Safety Representative

**IRS:** Internal Responsibility System is known as the joint participation of workers and employers with equal powers to act on health and safety matters.

**Industrial Establishment:** means an office building, factory, arena, shop or office, and any land, buildings and structures appertaining thereto OHSA s.1(1).

**JHSC:** Joint Health and Safety Committee

**Lockout:** the process of de-energizing or disengaging machinery or equipment capable of movement before cleaning, servicing, adjusting, or setting up operations.

**LP:** leading practice

**MOL:** Ontario’s Ministry of Labour

**OHSA:** *Occupational Health and Safety Act*, R.S.O. 1990, CHAPTER O.1.

**Owner:** includes a trustee, receiver, mortgagee in possession, tenant, lessee, or occupier of any lands or premises used or to be used as a workplace, and a person who acts for or on behalf of an owner as an agent or delegate OHSA s.1(1).



**PSHSA:** Public Services Health and Safety Association

**Safety-Engineered Needle:** a hollow-bore needle that has been designed to eliminate or minimize the risk of a skin puncture or needle-stick injury to the worker and is licensed as a medical device by Health Canada. A safety-engineered needle may **be passive** (the safety feature is automatic and requires no additional action by the user, such as retracting the needle into the barrel of the syringe following the injection) or **active** (the safety feature requires a voluntary action by the user to engage the safety device, such as a flip down guard).

**Short-Term Exposure Limit (STEL):** the maximum airborne concentration of a biological or chemical agent to which a worker may be exposed in any 15 minute period.

**Supervisor:** a person who has charge of a workplace or authority over a worker OHSA s.1(1).

**Time-Weighted Average Limit (TWA):** means the time-weighted average airborne concentration of a biological or chemical agent to which a worker may be exposed in a work day or work week.

**Worker:** means a person who performs work or supplies services for monetary compensation. The definition of worker under the Occupational Health and Safety Act (OHSA) extends coverage of the OHSA to unpaid co-op students, and certain other learners and trainees participating in a work placement in Ontario.

Specifically, the definition of worker includes:

- Unpaid secondary school students who are participating in a work experience program, authorized by the school board that operates the school in which the students are enrolled,
- Other unpaid learners participating in a program approved by a post-secondary institution, and,
- Any unpaid trainees who are not employees for the purposes of the [Employment Standards Act, 2000](#) (ESA) because they meet certain conditions.

Volunteers are not covered by the definition of worker.

An unpaid co-op student, learner or trainee as described above has the same rights under the OHSA as paid workers, such as the right to know about hazards and to refuse unsafe work. They also have the same duties as a paid worker, such as wearing and using protective equipment and not doing anything that may harm or endanger themselves or others in the workplace.

The same duties an employer and/or supervisor has to paid workers in the workplace also apply to unpaid co-op students and other unpaid trainees and learners in the workplace.

**Workplace Harassment:**

- (a) engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or
- (b) workplace sexual harassment OHSA s.1(1).

**Workplace Sexual Harassment:**



- (a) engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- (b) making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome OHS s.1(1).

**Workplace Violence:**

- (a) the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
- (b) an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
- (c) a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker OHS s.1(1).
- Employers must take every reasonable precaution to protect a worker from domestic violence in the workplace that would likely expose a worker to physical injury.

**WSIA:** *Workplace Safety and Insurance Act*, S.O. 1997, Chapter 16.

**WSIB:** Workplace Safety and Insurance Board.

## 2.0 Roles and Responsibilities

The OHSA is based on the concept of the *Internal Responsibility System* (IRS), in which everyone in the workplace shares responsibility for health and safety according to their authority and ability. Since the employer has the greatest authority and ability, the employer bears the greatest responsibility for health and safety.

*The employer can delegate, but cannot transfer, overall responsibility to other workplace parties*

### Who is responsible for health and safety?

The OHSA establishes formal roles and responsibilities for the three workplace parties: employers, supervisors and workers. It is the employer's responsibility to make health and safety roles and responsibilities clear to ALL workplace parties. To achieve this, it is helpful to develop Responsibility Statements (samples are included in Appendix C).

Consider the following when developing Responsibility Statements.

#### *Duties of Employers*

- Ensure that equipment, materials and protective devices provided are maintained in good condition OHSA s.25(1)(b).
- Provide information, instruction and supervision to a worker to protect the health or safety of the worker OHSA s.25(2)(a).
- Appoint a *competent person* when selecting a supervisor. **In many cases, the dental practice owner is the supervisor** OHSA s.25(3).
- Acquaint a worker with any hazard in the workplace and in the handling, storage, use, disposal and transport of any article, device, equipment or a biological, chemical or physical agent OHSA s.25(2)(d).
- Afford assistance and co-operation to the HSR/JHSC OHSA s.25(2)(e).
- Take *every precaution reasonable* in the circumstances for the protection of a worker OHSA s.25(2)(h).
- Prepare and review, at least annually, a Health and Safety Policy and develop and maintain a Program to implement that policy. If there are six (6) or more workers in the workplace, the Policy and Program must be in writing and posted in the workplace OHSA s.25(2)(j).

**Competent person:** means a person who:

- is qualified because of knowledge, training and experience to organize the work and its performance,
- is familiar with the OHSA and the regulations that apply to the work, and
- has knowledge of any potential or actual danger to health or safety in the workplace OHSA s.1(1).

#### **Take every precaution**

**reasonable:** "Due diligence" in the workplace is closely linked to the employer and supervisor responsibility to take **every precaution reasonable** in the circumstances to protect the health and safety of all workers.

**OHSA subsection 66(3)** states "it shall be a defense for the accused to prove that every precaution reasonable in the circumstances was taken". *The main defense available to a person or corporation charged with an offence under the OHSA is proof they acted in a sufficiently careful and reasonable manner in the circumstances.* Documentation becomes vital when establishing due diligence and proving that the health and safety program is in place and functioning effectively.

- Prepare and review, at least annually, a Workplace Violence and Harassment Policy, and a Program to implement that policy that includes risk assessment, controls, emergency response and reporting. If there are six (6) or more workers in the workplace, the Policy and Program must be developed in consultation with the HSR/JHSC, be in writing, and posted in the workplace OHS s.32.0.1(1).
- Take every reasonable precaution to protect the worker from domestic violence in the workplace that would likely expose the worker to physical injury.
- Post in the workplace a copy of the OHS and relevant regulations (see Appendix B) OHS s.25(2)(i).
- Post in the workplace explanatory material prepared by the MOL (see Appendix B2), including the Health and Safety at Work: Prevention Starts Here poster.

The employer can satisfy OHS requirements by:

- Performing regular workplace inspections
- Developing written safe work practices
- Observing workers completing tasks to ensure correct processes are followed
- Correcting substandard acts and conditions
- Conducting employee training and information sessions
- Providing health and safety information to the HSR/JHSC including a summary of incidents occurring at the workplace.

For more information on the duties of employers, review OHS section 25 and 26.

### *Duties of Supervisors*

A supervisor must ensure that workers comply with the OHS and regulations (see Appendix B) and the policies and procedures of the dental practice. Supervisors must advise workers, in writing if necessary, of actual or potential hazards. They must also provide ongoing instruction and training. **In many cases, the dental practice owner is the supervisor.**

A supervisor shall:

- Ensure that a worker uses or wears the equipment, protective devices or clothing that the worker's employer requires to be used or worn OHS s.27(1)(b).
- Advise a worker of the existence of any potential or actual danger to the health and safety of the worker of which the supervisor is aware OHS s.27(2)(a).
- Take every precaution reasonable in the circumstances for the protection of a worker OHS s.27(2)(c).

The supervisor should be:

- Familiar with the applicable legislation and regulations
- Capable of organizing the workload in a safe manner
- Able to evaluate job performance
- Knowledgeable about actual or potential health and safety hazards.
- Able to communicate effectively with staff

For more information on the duties of supervisors, review OHS section 27.

### *Duties of Workers*

To be able to fulfill their responsibilities, workers must understand their responsibilities, have the authority to carry them out, and have received adequate training.

#### **Every worker actively contributes to the effectiveness of a health and safety program. Workers are responsible for:**

- Complying with the OHSA, its regulations, and the policies and procedures of the dental practice OHSA s.28(1)(a);
- Reporting violations of the OHSA, defective equipment, and actual or potential hazards to a supervisor or the employer OHSA s.28(1)(c)(d);
- Wearing protective clothing and using protective equipment correctly, as required and provided OHSA s.28(1)(b);
- Operating equipment and using devices safely;
- Applying knowledge learned at health and safety training.

For more information on the duties of workers, review OHSA section 28.

#### **BOARD OF DIRECTORS (OHSA S. 32)**

- Shall take all reasonable care to ensure that the corporation complies with: the OHSA and the regulations; the orders and requirements of Ministry of Labour inspectors and Directors; and the orders of the Minister.

#### **Board of Directors must:**

- Ensure an organization determines and applies proactive measures in the form of policies, procedures and programs to ensure the health and safety of workers in the workplace.

#### **ACTIONS:**

- 2.1** Develop Responsibility Statements for the employer, supervisors, and workers. (LP)
- 2.2** Post a copy of the OHSA and relevant regulations (such as Health Care Regulation, WHMIS 2015, Critical Injury, Needle Safety and First Aid) in the workplace.
- 2.3** Educate workplace parties about their responsibilities during orientation and periodically thereafter, perhaps at staff meetings or performance appraisals.

**Resources:**



Public Services Health and Safety Association (PSHSA)

Fast Facts:

Occupational Health and Safety Is Everyone's Business

<http://www.pshsa.ca/products/occupational-health-and-safety-is-everyones-business/>

The Leadership Factor: Occupational Health and Safety Begins With Us

<http://www.pshsa.ca/products/the-leadership-factor-occupational-health-and-safety-begins-with-us/>

Caught in the Middle: The Supervisor and Occupational Health and Safety <http://www.pshsa.ca/products/caught-in-the-middle-the-supervisor-and-occupational-health-and-safety/>

Empowerment and Self-Protection: Occupational Health and Safety for Workers

<http://www.pshsa.ca/products/empowerment-self-protection-occupational-health-and-safety-for-workers/>

Board of Directors: Know your liabilities <http://www.pshsa.ca/products/board-members-know-your-liabilities/>

## 3.0 Worker Rights

### What are the worker rights?

#### Workers have three basic rights under the OHSA:

1. Workers have the right to know:
  - a. About hazards in their job, like equipment, working conditions, processes, chemicals and violence

\*Note: WHMIS 2015 is often referred to as the Right to Know Legislation as it gives workers the right to know about hazardous materials used in their workplace and how they can work safely.

2. Workers have the right to participate:
  - a. Identify and report hazards to supervisors
  - b. Assist in resolving workplace health and safety concerns
  - c. Act in the role of HSR or as a JHSC member
3. Workers have the right to refuse unsafe work:
  - a. If they have reason to believe that the work may cause harm to any person OHSA s.43(1-13)
  - b. If workplace violence is likely to endanger himself or herself OHSA s.43(3)(b.1)
  - c. Ontario Human Rights Code indicates that a refusal to treat a patient cannot be based solely on the patient's health status.
  - d. Some workers have a limited right to refuse unsafe work. They cannot refuse if the hazard is inherent in the work, or if the refusal would directly endanger the life, health or safety of another person. OHSA s.43(1)(a)(b)

**There are specific steps to follow in the event of a work refusal and all workplace parties should understand these steps. A sample is provided in Appendix D.**

Workplaces with twenty or more workers must establish a Joint Health and Safety Committee (see **Section 7.0 Health and Safety Representative/Joint Health and Safety Committee**). Worker “certified members” have **the right to stop work** that is dangerous to any worker in certain circumstances. The Act provides more detail around these circumstances and how the right to stop work can be exercised.

#### **ACTIONS:**

- 3.1** Educate workers about their rights under the OHSA.

#### **Resources:**

For more information on the work refusal process, visit the MOL website:  
[http://www.labour.gov.on.ca/english/hs/pubs/liveperformance/gl\\_live\\_refuse.php](http://www.labour.gov.on.ca/english/hs/pubs/liveperformance/gl_live_refuse.php)

## 4.0 Health and Safety Policy

The Health and Safety Policy is a commitment by the employer that clearly outlines the dental practice's approach to health and safety. When communicated to all workplace parties, the policy guides the workplace towards a common goal of improved health and safety. **Dental practices with five (5) or fewer workers are exempt from preparing a written health and safety policy.**

If a written policy is required, it must be clearly written so that everyone understands the intent and meaning. The policy should contain at least the following elements:

- An employer commitment to providing a healthy and safe workplace
- A commitment to comply with the OHSA and associated regulations
- The health-and-safety-related responsibilities of the employer, workers, and *contracted workers*
- A commitment to consultation and co-operation between management and workers to improve health and safety

**Contracted workers** are external people who do not spend their entire day at the practice, but are contracted for periodic work, such as office cleaning, pest control or maintenance.

The policy should be dated and signed by the dental practice owner, and reviewed at least annually.

The policy must be posted in a conspicuous location where workers can see it and access it at all times. A copy of the policy can also be included in an employee handbook if one is provided to workers, in any health and safety training policy and procedure manual or as part of the orientation package for new workers. It should also be reviewed with all contracted workers.

*Since every business is different, a policy must be written to specifically suit the dental practice. A sample health and safety policy is provided in Appendix E.*

### ACTIONS:

- 4.1** Develop, and put in writing if required, a Health and Safety Policy for your Dental office, and review it at least annually OHSA s.25(2)(j).
- 4.2** If a written Health and Safety Policy is required, sign and post the policy in a conspicuous location where workers can see it in the workplace OHSAs.25(2)(k).

### Resources:



The *2015 Pocket Ontario OH&S Act & Regulations, consolidated edition*, containing Ontario statutes and regulations, can be purchased from PSHSA. Contact the PSHSA Head Office to order (Toll free: 1-877-250-7444). <http://www.pshsa.ca/product/2016-pocket-ontario-ohs-act-regulations/>

### Other

Health and safety statutes and regulations can be downloaded on an individual basis from <http://www.ontario.ca/laws> (direct links are given in Appendix B).



## 5.0 Health and Safety Program

The OHSA states that employers must have a Program in place to implement the Health and Safety Policy. **Dental practices with five (5) or fewer workers are exempt from preparing a written program.**

The Health and Safety Program will vary depending on the hazards identified in a specific workplace. Each component of the program should indicate the person responsible for that component. For most workplaces, health and safety information is kept together in a binder labelled Health and Safety Program. The information should be accessible to all workers.

Consider the following as a minimum when developing health and safety programs:

- Responsibility, accountability and authority for the success of the program
- HSR/JHSC responsibilities
- Analysis of injury and/or illness trends – risk assessment
- Workplace inspections
- A formal means of hazard/incident reporting
- Incident investigation
- Orientation and ongoing training
- Emergency preparedness including first aid

The remainder of this guide provides information on the elements in the above list.

Certain hazard-specific programs may be required, depending on the findings of the *risk assessment*. Consider the following:

- WHMIS 2015
- Chemical waste management
- Infection prevention and control (including immunization)
- Biohazardous waste; sharps use and disposal procedures
- Radiation protection
- Appropriate use of antiseptics, disinfectants and decontaminants
- Managing the risk of violence and harassment in the workplace
- Practices and procedures for working alone
- Musculoskeletal injuries/safe material handling
- Personal protective equipment (PPE)
- Electrical safety procedures (Lockout – see Glossary of terms)
- Preventive maintenance
- Slips, trips and falls prevention

**Risk assessment** is the process of evaluating the level of risk associated with identified workplace hazards. Assessing the risk makes it possible for the employer to prioritize health and safety concerns and plan for ongoing improvements to workplace health and safety.

To satisfy the requirements of the **Needle Safety Regulation**, a dental practice should have a written policy regarding the use of safety-engineered needles. See Appendix F for a sample Sharps Safety Program and Appendix G for an Information Tracking Form to report on sharps in use at the dental facility that have not been replaced with a safety-engineered needle.

**ACTIONS:**

- 5.1** Prepare a binder or file to hold the Health and Safety Program information such as the Responsibility Statements, Health and Safety Policy, and blank incident reports, and place it in a location accessible to all workers (LP).

**Resources:**

The following resources are available on the ODA Member website:

- [\*Dental Wastes – Best Management Practices Guide for the Dental Community, 2005\*](#)
- [\*MSD Awareness and Prevention: A Guide for Dental Practices, 2011\*](#)
- [\*Radiation Safety Program – A Guide for Dental Practices, 2011\*](#)
- [\*WHMIS Program: A Guide for Dental Practices\*](#)



The following is a partial list of free PSHSA downloads that may be of use:

- *Planning Guide to the Implementation of Safety Engineered Medical Sharps*  
<http://www.pshsa.ca/products/a-planning-guide-to-the-implementation-of-safety-engineered-medical-sharps-test/>
- *Protecting Workers Who Work Alone*, 2012. Available at  
<http://www.pshsa.ca/products/protecting-workers-who-work-alone/>
- *Hand Hygiene: Spread Protection, Not Infection*,  
[http://pshsa.ca/wp-content/uploads/2013/02/Hand\\_Hygine.pdf](http://pshsa.ca/wp-content/uploads/2013/02/Hand_Hygine.pdf)

## 6.0 Workplace Violence and Harassment Policy Program

Workplace violence is an occupational health and safety hazard. Since 2010, the OHSA has included requirements that address violence and harassment in the workplace. Employers are required to prepare (and post if the workplace has 6 or more regularly employed workers) workplace violence and harassment policies and review them annually. In 2016, the violence and harassment section of the OHSA was expanded to include sexual harassment (see Glossary for definition), among other amendments.

The law requires all employers to:

Prepare policies with respect to workplace violence and workplace harassment, including workplace sexual harassment. **In a workplace where there are six (6) or more regularly employed workers, the policies must be in writing and posted in the workplace where workers are likely to see them. Additionally, they must be developed and maintained in consultation with the Joint Health and Safety Committee or Health and Safety Representative.** A sample Workplace Violence and Harassment Policy and Program is provided in Appendix H.

Develop and maintain a program to implement the policy:

- Assess the risk of workplace violence
- Develop measures and procedures to prevent workplace violence and harassment
- Provide information and instruction on the contents of the policy and program
- Develop a complaint mechanism that is accessible to all workers
- Develop a process for conducting an investigation and reporting findings to appropriate parties
- Develop safeguards to protect sensitive or confidential information which may be received or uncovered during the complaint and investigation processes
- Ensure workers that are responsible for addressing/responding to a harassment incident or complaint are appropriately trained
- Support dental team members affected by workplace violence

It is important to note that a MOL inspector now has the power to order an employer to conduct an investigation by an impartial third party, and obtain a written report by that party, at the expense of the employer. Additionally, the OHSA gives MOL inspectors the authority to write an order for a workplace with five (5) or fewer workers, requiring the employer to prepare written policies for workplace violence and/or workplace harassment, or to assess the risk of violence for the workplace in a written form. [OHSA s.55.1 and s.55.2](#)

## Assess the Risk of Workplace Violence

As a leading practice, the risk assessment for workplace violence should include all four types of violence (see text box). The steps to complete an assessment follow:

- Review past incidents of workplace violence in the organization including:
  - employee incident reports and complaints/grievances
  - client/customer incidents/complaints
  - security reports
  - emergency response reports
  - unusual occurrence reports
- Review workplace violence risks specific to your workplace by using: the Sample Workplace Violence Risk Assessment (Appendix I); and assessing risks due to physical location (contact your local police department).
- Determine employee perception of workplace violence and harassment. This can be completed through a formal or informal employee survey. Results of the survey can assist when determining required measures and procedures for the dental practice.
- Assess environmental factors such as:
  - staff travel/parking lots
  - lighting
  - signage
  - building exterior/general appearance
  - access to the facility
  - security measures (panic buttons/surveillance/communication devices)
- Review risks related to work setting, patient base and work practices, including:
  - working alone or at night
  - working in the community
  - working with high-risk patients or the public
  - emergency response procedures
  - point-of-care work practices (effective communication strategies, identifying escalating behaviours)
  - employee training in appropriate work practices for the work setting or patient

Reassess the risk of workplace violence as often as necessary (e.g. expansion of services, changes in job tasks, move to another location) to ensure the policy and program continues to protect employees OHS s.32.0.2(1) and 32.0.3(1).

Share the assessment results with the HSR/JHSC. It is recommended that this assessment be completed in writing, and if so, provide the HSR/JHSC with a copy.

### Types of workplace violence

The literature recognizes four types of workplace violence (UIIPRC, 2001):

- Type I:** External perpetrator (thefts, vandalism, assaults by a person with no relationship to the work place)
- Type II:** Client/Customer (physical or verbal assault of an employee by a client/family member or customer)
- Type III:** Employment Related (physical or verbal assault from an employee or former employee; includes harassment, stalking and bullying)
- Type IV:** Domestic violence (personal relationship)

### *Develop Measures and Procedures to Prevent Workplace Violence and Harassment*

- Introduce measures and procedures to control risks of workplace violence that were identified in the assessment. Suggested controls are provided in the Sample Workplace Violence Risk Assessment tool (Appendix I).
- Provide information and instruction to employees on the contents of the Workplace Violence and Harassment Policy and Program. This information may include personal information (history of violence) about a person if an employee may encounter the person and may be exposed to physical injury (the employer may not disclose more information than is necessary to protect a worker from physical injury). Many of the resources listed at the end of this section can be used when training employees.
- Ensure that workplace violence and harassment are included in your employee orientation program. In addition, all employees should receive an annual review of the program's general and site-specific components. Any training developed, established and provided will be done in consultation with, and in consideration of, the recommendations of the HSR/JHSC.
- Instruct dental team members to report all violence-related incidents or hazards to the employer. This report can be made confidentially at the employee's request. However, sharing information to ensure the safety of others and prevent recurrence may be necessary (e.g., contents of a police report). Dental team members can also report incidents to the Ministry of Labour if they feel unable to report to the employer.
- Respond to all reports of workplace violence and harassment. Investigate all reports of workplace violence or harassment and take appropriate measures to safeguard employees and prevent violence or harassment.
- Outline emergency response procedures for dental team members to take if they are confronted by a violent person. These procedures might include:
  - a method at reception for calling for back-up using a code word or alarm button
  - if the operatory already has a button/buzzer to call the dentist or front desk, develop a signal for a violent incident (such as two quick alarms)
  - train someone at the dental practice in de-escalation techniques
  - train administrative staff on how to deal with phone threats and in-person threats or aggression
- Notify the HSR/JHSC within four days if an employee is disabled from performing his/her own work or receives medical attention resulting from an incident of workplace violence.
- Take every reasonable precaution to protect an employee from physical injury in the workplace, if the employer becomes aware or ought reasonably to be aware that domestic violence is a risk.

#### **Domestic Violence in the Workplace**

“If an employer becomes aware, or ought reasonably to be aware, that domestic violence that would likely expose a worker to physical injury may occur in the workplace, the employer shall take every precaution reasonable in the circumstances for the protection of the worker.”

#### **OHSA s32.0.4**

It is in the best interest of the employer to be able to recognize the signs of domestic violence, assess the potential risk to the victim, co-workers and other bystanders, and have measures and procedures in place to control the risk. Providing information on community resources can contribute to a healthier, more productive workforce.

### Support for dental team members affected by workplace violence

If a violent incident occurs at the workplace, take the steps listed below:

- obtain medical attention if required
- complete incident reports, and any required reports to the MOL (critical injury or fatality) or WSIB reports, if applicable
- report to police if the incident is a contravention of the Criminal Code

Depending on the severity of the incident or the severity of the employee's response, consider the following actions as well:

- debriefing by skilled professional for the individual or the team as required, and
- referral to community agencies and/or the treating practitioner

**Critical injury** means an injury of a serious nature that,

- (a) Places a life in jeopardy,
- (b) Produces unconsciousness,
- (c) Results in substantial loss of blood,
- (d) Involves the fracture of a leg or arm but not a finger or toe,
- (e) Involves the amputation of a leg, arm, hand or foot but not a finger or toe,
- (f) Consists of burns to a major portion of the body, or
- (g) Causes the loss of sight in any eye. **O. Reg. 834**

#### ACTIONS:

- 6.1** Develop (in consultation with the HSR/JHSC if required), a Workplace Violence and Harassment Policy and Program for the dental practice.
- 6.2** If a written Workplace Violence and Harassment Policy and Program is required, post it in a conspicuous location in the workplace where workers can see it.
- 6.3** Train employees on the content of the Workplace Violence and Harassment Policy and Program, including the right to refuse work if workplace violence is likely to endanger himself or herself.
- 6.4** Complete a risk assessment for workplace violence at the dental practice.
- 6.5** Share the results of any risk assessment with the HSR/JHSC.



- Public Services Health and Safety Association (PSHSA) – HWE Portal, available at [www.healthyworkenvironments.ca](http://www.healthyworkenvironments.ca).
- PSHSA's Workplace Violence Prevention free web tutorial – great quick overview education session of legislation, prevalence, and violence types. <http://www.pshsa.ca/elearning/workplace-violence/>

#### PSHSA Fast Facts:

- Workplace Violence: Complying with the OH&S Act, 2010. Available at <http://www.pshsa.ca/products/workplace-violence-complying-with-the-ohs-act/>
- Domestic Violence, 2010. Available at <http://www.pshsa.ca/products/domestic-violence/>



- Workplace Bullying, 2010. Available at <http://www.pshsa.ca/products/workplace-bullying/>
- Protecting Workers Who Work Alone, 2012. Available at <http://www.pshsa.ca/products/protecting-workers-who-work-alone/>

#### PSHSA Booklets:

- Bullying in the Workplace: A Handbook for the Workplace, 2010. Available at <http://www.pshsa.ca/products/bullying-in-the-workplace/>
- Addressing Domestic Violence in the Workplace: A Handbook, 2010. Available at <http://www.pshsa.ca/products/addressing-domestic-violence-in-the-workplace/>
- Assessing Violence in the Community: A Handbook for the Workplace, 2009. Available at <http://www.pshsa.ca/products/assessing-violence-in-the-community-a-handbook-for-the-workplace/>

#### PSHSA Posters:

- Workplace Bullying. Available at <http://pshsa.ca/2013/02/04/bullying-poster/>
- Domestic Violence. Available at <http://pshsa.ca/2013/02/04/domestic-violence-poster-8-5-x-11/>
- Reporting incidents of workplace violence. Available at <http://pshsa.ca/2013/01/29/violence-in-the-workplace-poster-8-5-x-11/>
- Safe and respectful workplace (English and French). Available at <http://pshsa.ca/2013/02/05/respectful-workplace-poster/>

#### **Other**

##### Occupational Health & Safety Council of Ontario (OHSCO) Workplace Violence Prevention Series

- Protecting Workers from Workplace Violence: What Employers Need to Know. Available at <http://pshsa.ca/2013/02/07/protecting-workers-from-workplace-violence-what-employers-need-to-know/>
- Domestic Violence Doesn't Stop When Your Worker Arrives at Work: What Employers Need to Know to Help, 2010. Available at <http://pshsa.ca/2013/01/28/domestic-violence-doesnt-stop-when-your-worker-arrives-at-work-what-employers-need-to-know/>
- Domestic Violence Doesn't Stop When You go to Work: How to get Help or Support a Colleague who may need Help, 2010. Available at <http://pshsa.ca/2013/01/28/domestic-violence-doesnt-stop-when-your-worker-arrives-at-work-how-to-get-help-or-support-a-colleague-who-may-need-help/>

#### **MOL Resources:**

- Workplace Violence and Harassment
  - <http://www.labour.gov.on.ca/english/hs/topics/workplaceviolence.php>
    - Violence and Harassment in Healthcare Workers
    - Workplace Violence and Harassment: Understanding the Law
    - Guide to the OHSA



## 7.0 Health and Safety Representative (HSR)/ Joint Health and Safety Committee (JHSC)

If there are **six (6) or more workers** *regularly employed* at the dental practice a HSR, and possibly a JHSC, is required. The table below outlines the requirements under the OHSA to help with this determination. The primary functions of the HSR and JHSC are to identify workplace hazards and to make recommendations to the employer regarding ways to control the hazards. See section 8 and 9 of the OHSA for full details.

**Regularly employed** means the worker is on the payroll on a permanent or on-going basis.

Requirement	Dental Practice with 6-19 Workers <sup>a</sup>	Dental Practice with 20-49 Workers
Type	H&S Representative	JHSC
Minimum Number of Members <sup>b</sup>	At least 1 member	2 members <sup>c</sup>
Composition	Non-management	At least half non-management
Co-chair Selection	N/A	1 selected by management and 1 by non-management members
Member Selection	Selected by workers they represent	Management: Appointed by management Non-management: Selected by the workers they represent
Certification Training	Not required under OHSA	At least 1 management and 1 non-management member
Meeting Frequency	N/A	At least once every three months
Minutes	N/A	Kept on file
Remuneration	Entitled to time from work as necessary and carry out duties outlined in the Act	Entitled to time from work as necessary to attend meetings and carry out duties outlined in the Act. Time spent is considered with pay at the regular or premium rate.

a. Unless the workplace is subject to the *Designated Substances Regulation* (O.Reg. 490/09) or subject of a Director's or Minister's order, workplaces with fewer than 20 regularly employed workers are not required to have a JHSC.

b. There is no maximum number of members.

c. With 50 or more employees, the minimum number of JHSC members is four.

### The employer has the following obligations to the HSR/JHSC:

- Provide information and assistance during a workplace inspection, incident investigation or work refusal investigation
- Allow the HSR/JHSC worker member to accompany a Ministry of Labour inspector during a workplace inspection

Dental practices with five or fewer workers should take note that employers and supervisors still have a responsibility to *“take every precaution reasonable in the circumstances for the protection of a worker”*.

**OHSA s.25(1)**

- Respond in writing to written recommendations received from the HSR/JHSC within 21 days; the written response should include a timetable for implementing the accepted recommendation(s), and/or reasons why the employer is not accepting a recommendation.

The OHSA is based on the concept of self-governance – also known as the Internal Responsibility System (IRS). Under the IRS, all workplace parties share responsibility for health and safety to the extent of their authority and ability.

### **What is the role of the HSR/JHSC?**

While the OHSA places certain duties and responsibilities on the HSR/JHSC (OHSA s.8 & 9), it is important to understand that the day-to-day health and safety functions and corrective actions to be taken in the workplace are the responsibility of the employer, supervisor and worker.

The HSR/JHSC is responsible for:

- Inspecting the workplace monthly OHSA s.8(6) and 9(26)
- Identifying health and safety hazards and making recommendations OHSA s.8(10) and 9(18)
- Assisting in critical or fatal incident investigations OHSA s.8(14) and 9(31)
- Making written recommendations for improvements OHSA s.8(12) and 9(20)
- Participating in situations of workplace refusals

**In addition to the above, the JHSC must meet at least once every three months at the workplace** OHSA s.9(33)

### **The employer has the following obligations to the HSR/JHSC:**

- Assist during a workplace inspection, incident investigation or work-refusal investigation OHSA s.8(9) & 9(29)
- Provide notice when health-and-safety-related tests are occurring, in order that the HSR/JHSC worker member may be present at the beginning of testing OHSA s.8(11)(a-b) & 9(18)
- Provide known information about existing or potential hazards OHSA s.8(11)(c) & 9(18)
- Allow the HSR/JHSC worker member to accompany a Ministry of Labour inspector OHSA s.54(3)
- Respond in writing to written recommendations within 21 days OHSA s.8(12) & 9(20)

### **Certification training**

Unless otherwise prescribed, a constructor or employer shall ensure that at least one member of the committee representing the constructor or employer and at least one member representing workers are certified members. OHSA s.9(12)

Certification training consists of two parts.

- **Part I**, or Basic Certification, provides an overview of the OHSA, an introduction to hazard awareness and control, and an understanding of the purpose and function of a JHSC.
- **Part II**, or Workplace-specific Hazard Training, provides JHSC members with awareness training on hazards present in the workplace.

The Ministry of Labour (MOL) implemented new legislated Joint Health and Safety Committee (JHSC) training requirements that came into effect on **March 1, 2016**. Individuals who received certification – both Part 1 (Basic Certification) and Part 2 (Workplace Specific) – under the **old standards** will not require further training; certification status under the old standards does not expire. Alternately, individuals who receive certification status under the **new standards** will require refresher training every three years to maintain their status.

- Include a timetable for implementing recommendations if accepted or reason for not accepting (employer is not required to implement all recommendations) OHS s. 8(13) & 9(21)
- Allow time from work to attend meetings and carry out HSR/JHSC duties OHS s.8(15) & 9(34)
- Provide training to HSR/JHSC members as prescribed OHS s.8(5.1) & 9(12)

PSHSA recommends a Terms of Reference be developed for the HSR/JHSC to clearly outline the duties and responsibilities of the position. Sample content is provided in Appendices J1 and J2.

At the present time, the OHS does not require that the Health and Safety Representative be specifically trained. However, there have been amendments to the OHS which relate to training requirements for the Health and Safety Representative, but which have not been put into effect. When these amendments do come into effect, they will require that, unless otherwise prescribed, the employer or constructor ensure that the Health and Safety Representative receive training that enables him or her to effectively exercise the powers and perform the duties of a Health and Safety Representative. OHS 8(5.1)  
For more information, visit [www.labour.gov.on.ca](http://www.labour.gov.on.ca).

## ACTIONS:

- 7.1** Determine if a HSR or JSHC is required at the dental practice.
- 7.2** Allow worker members to select a HSR, or JHSC members, as required.
- 7.3** Post the name(s) of the HSR/JHSC members.
- 7.4** Develop Terms of Reference to outline the processes for a HSR or JHSC (LP).
- 7.5** If a JHSC is required, ensure at least one non-management member and one management member attend *certification training*.

## Resources:



- Fast Fact – Introduction to the JHSC <http://www.pshsa.ca/products/an-introduction-to-the-joint-health-and-safety-committee/>

### Other

- Ontario Ministry of Labour, *A Guide for Joint Health and Safety Committees (JHSCs) and Representatives in the Workplace*, available to download from the MOL website. <http://www.labour.gov.on.ca/english/hs/pubs/ohsa/>

## 8.0 Orientation and Ongoing Training

A successful Health and Safety Program requires the participation and support of all the workplace parties. Programs that are developed with input from the workplace parties are likely to have greater success and compliance. Therefore it is important to educate all workplace parties about the **Health and Safety Policy and Program. Health and safety education should focus on training for workers, supervisors and the employer.** While the Act may require that workers receive certain occupational health and safety training and education, ODA dentists should be aware that much of this can be completed in-house by the employer or by knowledgeable employees.

Health and safety education should start with **employee orientation.** Although the content of the employee orientation training program will vary in each dental practice according to the hazards, consider these topics:

- Worker health and safety awareness
- Supervisor health and safety awareness
- Health and safety responsibilities
- Hazard and incident reporting
- Workplace violence and harassment
- Workplace inspections
- Emergency procedures and location of first aid stations (see Section 12.0 of this guide)
- An introduction to the HSR/JHSC members and their role (if applicable)

Health and safety orientation should also include a workplace-specific component. The supervisor, who may be the dental practice owner, has the responsibility for training the worker in the specific hazards of the job and controls that are required, including personal protective equipment. Training may also be required when there is a change in process, equipment, or procedures. There may also be a need for re-training if an employee demonstrates inadequate performance according to the standard set for safe procedures.

Workplace-specific procedures might include:

- Use of the nitrous oxide scavenging system
- Use of hazardous chemicals, such as high-level disinfectants
- Use of equipment such as sterilizers, X-Ray film developers, etchers, grinders or ultrasonic cleaners
- Infection prevention and control practices

### Mandatory Health & Safety Training

As of July 1, 2014, all employers in Ontario must ensure that their workers and supervisors have completed a *basic occupational health and safety awareness training program*. This is a result of *O.Reg. 297/13*, a new regulation under the Occupational Health and Safety Act. While various consultants and organizations offer training programs as required by the new regulation, all of the training can be provided **in-house** without engaging a third party, at additional cost.

For more information, visit:  
[www.labour.gov.on.ca](http://www.labour.gov.on.ca)

- Safe disposal of hazardous wastes
- X-ray safety
- Musculoskeletal disorder prevention
- Slips, trips and falls prevention
- Workplace violence prevention

A record of all training should be maintained (a Sample General Orientation Checklist is provided in Appendix K). Untrained workers must never perform a job that requires workplace specific training.

Periodically, employees will need refresher training to ensure procedures are being carried out correctly. A sample schedule for ongoing training is provided in Appendix L.

### **Employer/Supervisor Training**

The success of the Health and Safety Program depends on the commitment from the employer/supervisor and their ability to meet the definition of competent person (see definition on page 7). Therefore, the employer/supervisor should receive training in health and safety that may include:

- OHSA and regulations
- Roles and responsibilities
- Due diligence
- Offences and penalties
- Hazard awareness
- Workplace hazard-specific training
- Workplace inspections
- Hazard/incident reporting
- Health and Safety Awareness training for Workers & Supervisors
- Investigation

#### **ACTIONS:**

**8.1** Include a basic occupational health and safety awareness training program in new employee orientation.

**8.2** Develop an orientation checklist for new hires (LP).

**8.3** Develop a schedule for necessary ongoing training in health and safety (LP).

**8.4** Identify needs and schedule required training for workers.

**8.5** Ensure supervisors are competent and have been properly trained.

#### **Resources:**



The following resources are available on the ODA Member website:

- [\*Dental Wastes – Best Management Practices Guide for the Dental Community, 2005\*](#)
- [\*MSD Awareness and Prevention: A Guide for Dental Practices, 2016-2017\*](#)
- [\*Radiation Safety Program – A Guide for Dental Practices, 2011\*](#)
- [\*WHMIS Program: A Guide for Dental Practices\*](#)

## 9.0 H&S Fundamentals

### R.A.C.E.:

The **RACE** model is a four step approach for managing hazards.

<b>R</b>	<b>A</b>	<b>C</b>	<b>E</b>
<b>Recognize</b>	<b>Assess</b>	<b>Control</b>	<b>Evaluate</b>
<ul style="list-style-type: none"> <li>• Workplace/Inspection</li> <li>• Hazard/Identification Tool</li> <li>• Job Hazard Analysis</li> <li>• Observations</li> <li>• Problems/concerns of anyone</li> <li>• Use your senses</li> <li>• Review of documents</li> </ul>	<ul style="list-style-type: none"> <li>• Compare to a standard</li> <li>• RISK ASSESSMENT                             <ul style="list-style-type: none"> <li>• Identify how the individual might be harmed</li> <li>• Identify how likely the hazard is going to cause harm</li> <li>• Identify how severe the harm could be</li> <li>• Identify Hazard Priority</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• LOCATIONS                             <ul style="list-style-type: none"> <li>• At the Source</li> <li>• Along the Path</li> <li>• At the Worker</li> </ul> </li> <li>• TYPE OF CONTROLS                             <ul style="list-style-type: none"> <li>• Elimination or substitution</li> <li>• Engineering</li> <li>• Work Practices</li> <li>• Administrative</li> <li>• Personal Protective Equipment (PPE)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The control is working as expected</li> <li>• The control has been communicated to effected workers</li> <li>• Reduce the risk</li> <li>• Reduce complaints /injuries</li> <li>• Does not create new hazards</li> </ul>

### Who Must Identify Hazards?

Under OHSA, many parties share responsibility for identifying hazards:

<b>Employer and Supervisors</b>	Under OHSA, the employer must take every precaution reasonable in the circumstances to protect workers from harm by making sure that: measures and procedures, if prescribed, are carried out; competent supervisors are appointed; workers are properly trained and supervised for their jobs and for the equipment they use on the job; protective equipment, if prescribed, is provided; workers know about any hazardous materials that they will be working with or near.
<b>Workers</b>	Workers must report hazards that they are aware of to their supervisors.
<b>JHSC</b>	It is the function of all JHSC members to identify health and safety hazards and recommend solutions. Worker members of the JHSC must also inspect the workplace.
<b>MOL</b>	MOL inspectors may recognize hazards during inspections.



## Hazard/Risk Assessment

Due diligence requires that the employer identify all risks or hazards that are foreseeable in the workplace, including risks identified in the OHSA and regulations. Once hazards are identified, due diligence requires that employers assess and control these hazards.

A **hazard** is defined as a practice, behaviour, condition or situation that can contribute to and/or cause injury, illness or property damage. Common workplace hazards for dental practices are included in the table on the following page.

Employers can identify hazards:

1. During workplace inspections
2. When reviewing reported incidents and
3. As part of an incident investigation

**Hazard assessment** is the process of evaluating the level of risk associated with identified workplace hazards. Assessing the risk makes it possible for the employer to prioritize health and safety concerns and to recommend appropriate controls.

To properly assess hazards, the employer and/or supervisors should:

- Observe tasks
- Inspect work areas, equipment and materials
- Interview workers
- Examine records
- Review written job tasks and procedures

General hazard categories to consider are listed in the following table. Appendix M may be used to list hazards in the dental practice.

### Assessing the risk of workplace violence (OHSA s.32.0.3)

Employers are required to assess the risk of workplace violence as it applies to the workplace and type of work, as well as in other places doing similar work.

Assessment results must be shared with the JHSC/HSR, and the assessment must be repeated as often as necessary to ensure that the violence policy and program continue to protect workers from workplace violence. See Section 6.0 for details.

### Reprisals by Employer Prohibited

The OHSA prohibits employers from penalizing workers in reprisal for obeying the law or exercising their rights. Subsection OHSA 50(1) states:

No employer or person acting on behalf of an employer shall,

- (a) dismiss or threaten to dismiss a worker;
- (b) discipline or suspend or threaten to discipline or suspend a worker;
- (c) impose any penalty upon a worker; or
- (d) intimidate or coerce a worker, because the worker has acted in compliance with this Act or the regulations or an order made thereunder, has sought the enforcement of this Act or the regulations or has given evidence in a proceeding in respect of the enforcement of this Act or the regulations or in an inquest under the *Coroners Act*.

Amendments to the OHSA give MOL inspectors the power to refer worker reprisal complaints directly to the Ontario Labour Relations Board (OLRB). Previously, only employees could refer complaints.



Hazard category	Examples in dental practices
<p><b>Chemical</b></p> <ul style="list-style-type: none"> <li>• Solids, liquids or gases</li> <li>• Exposure to controlled, consumer, medical products, etc</li> </ul>	<p>Disinfectants, nitrous oxide, mercury, sealants, develop/fixer, lead foil</p>
<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Disinfectants, nitrous oxide, mercury, sealants, develop/fixer, lead foil</li> </ul>	<p>X-ray radiation, hand tool vibration, equipment using heat to melt plastics or sterilize tools, UV light sources and lasers, noise from instruments</p>
<p><b>Biological</b></p> <ul style="list-style-type: none"> <li>• Pathogenic organisms capable of causing illness or disease</li> <li>• Bacteria, viruses, fungi (moulds, yeasts), parasites, etc.</li> </ul>	<p>Exposure to persons who may be ill or carriers of pathogenic organisms, sharps use and disposal</p>
<p><b>Musculoskeletal</b></p> <ul style="list-style-type: none"> <li>• The design or organization of the work may place stress and strain on the musculoskeletal system</li> </ul>	<p>Working in static or awkward postures; repetitious movement</p>
<p><b>Equipment</b></p>	<p>Moving parts, pinch points</p>
<p><b>Work practices</b></p> <ul style="list-style-type: none"> <li>• Failure to establish safe work practices or failure to follow safe work practices</li> </ul>	<p>Improper sharps disposal; improper chemical waste disposal; improper personal protective measures such as use of gloves or masks/respirators</p>
<p><b>Organizational stressors</b></p> <ul style="list-style-type: none"> <li>• Excessive workload, role uncertainty, responsibility for others, job satisfaction, job security</li> </ul>	<p>Examples would be based on the organizational climate at the time of the assessment</p>
<p><b>Workplace violence/harassment</b></p> <ul style="list-style-type: none"> <li>• Hitting, pushing, physical assault, sexual assault, stalking, criminal harassment, robbery and threats.</li> <li>• Domestic violence is workplace violence if it enters the workplace</li> </ul>	<p>Can include children, adults, colleagues or anyone who can enter the workplace or come in contact with a worker on the job, while in a workplace</p>
<p><b>Energy</b></p> <ul style="list-style-type: none"> <li>• Electricity, steam, heat, pneumatic or hydraulic pressure</li> </ul>	<p>Usually associated with maintenance or repair of equipment Any equipment that requires a lockout procedure</p>

Once hazards are identified and assessed, controls must be developed. If the **controls** are not appropriate or if they do not eliminate the risks, injuries will result.

To develop effective controls, apply them at the source, along the path to the worker, and/or at the worker. Controls may eliminate hazards, introduce a less dangerous alternative material or process, be applied between the hazard and the worker (such as guards or shields), or be applied at the worker through the use of personal protective equipment or well-defined safe practices.

An annual summary of workplace incidents can be used as part of the risk assessment, identifying workplace hazards. A sample form is provided in Appendix N. The completed report can be shared with the HSR/JHSC and posted in the workplace to increase awareness of safety. This information can be used to compare the number, type and severity of incidents from one year to the next and determine if health and safety initiatives are successful.

### **Methods of controlling hazards**

Many control options may be available for the employer to choose from.

**Engineering controls:** These controls include: eliminating the hazard altogether, re-design of processes, areas, tasks and/or equipment, substituting a less hazardous substance or process, isolation or enclosure of the process, local exhaust ventilation, general ventilation, wetting-down processes, shielding, shock/vibration mountings and machinery or workplace re-design.

**Work practice controls:** These control methods involve activities such as ongoing worker education and training, written job procedures including details of the use of personal protective equipment, housekeeping programs, labelling, proper storage methods, hand hygiene, rules/standards compliance and behavior reinforcement.

**Administrative controls:** These controls include re-scheduling workers to minimize the potential hazards of shift work, rotating workers to reduce the risk of musculoskeletal injuries, continual revision of inspection checklists to reflect the dynamic nature of the workplace, management support of health and safety initiatives, mandatory reporting of deficiencies/hazards and follow-up by supervisors to ensure that procedures are followed.

**Personal Protective Equipment:** This control measure occurs at the worker and involves the use of personal protective equipment such as gloves, masks, respirators, gowns or other barriers to protect the worker from coming in contact with a hazard that cannot be eliminated or enclosed.

### **ACTIONS:**

- 9.1** List the hazards identified at the dental practice in the column provided on the hazard table (Appendix M). Once completed, this table can be included in the Health and Safety Binder (LP).
- 9.2** Record control measures for the hazards identified in the table (LP).
- 9.3** Review the hazard table annually (LP).
- 9.4** Prepare an annual summary of incidents (LP).

## **Hazard Management Tool:**

### **Introduction**

This Hazard Management Tool was developed by the Workplace Safety and Insurance Board (WSIB) in collaboration with the Health and Safety Ontario members, including:

- Infrastructure Health and Safety Association
- Public Services Health & Safety Association
- Workplace Safety North
- Workplace Safety & Prevention Services

The purpose of this Hazard Management Tool is to provide workplaces with a step-by-step approach to the recognizing, assessing, and control of hazards, and monitor the ongoing effectiveness of controls.

There are many hazard and risk assessment tools available. If you already have one in place, compare your tools to this tool when considering modifications or improvements. For workplaces that do not have a hazard assessment tool, using this tool will help you to get start a process. The information in this tool is generic and not targeted to any specific type of workplace, industry sector or work task.

OHSA establishes legal duties and minimum responsibilities for employers, supervisors and workers. If these duties are not followed, injuries, illness or even the death of a worker can result.

The legal duties and responsibilities of employers, supervisors and workers overlap and complement each other. Employers have a duty to actively ensure workers are safe. Every worker with a health and safety concern has a duty to report the situation to their supervisor or employer. Workers may also report these concerns to their health and safety representative. Once a hazard has been identified, the employer and supervisor have a duty to assess and eliminate any potential harm for workers.

## HAZARD MANAGEMENT TOOL

Risk Evaluation Chart				
		Probability of Injury		
		High	Medium	Low
Severity of Injury	Major	High	High	Medium
	Moderate	High	Medium	Low
	Minor	Medium	Low	Low

Name of Firm:	Assessment Date:	
Person Completing:	JHSC/Representative Review Date:	
Work Area/Department:	Sr. Manager Review Date:	Sr. Manager Signature:

RECOGNIZE			ASSESS			CONTROL			EVALUATE		
A	B	C	D	E	F	G	H	I	J	K	L
What activity can cause injury or illness?  • Job Titles • Work Activities	What hazard groups (categories) can cause injury or illness? • Physical • Biological • Chemical • MSD • Psychosocial • Safety	What potential hazards can cause the worker injury and illness?	How likely are the hazards to cause injury or illness?  • High • Medium • Low	How serious could the harm be?  • Major • Moderate • Minor	What is the risk level for this hazard?  • High • Medium • Low  (Use the answers from D & E and plot on the above risk evaluation chart)	What legal requirements / standards apply to the identified hazards, work processes, work activities?	What is currently being done to eliminate or control the hazard?	What future actions are needed to eliminate or control hazards?	How likely is the hazard to cause injury or illness now?  • High • Medium • Low	How serious could the harm be now?  • Major • Moderate • Minor	What is the risk level for this hazard now?  • High • Medium • Low  (Use the answers from J & K and plot on the above risk evaluation chart)
Service bay techs working under cars	Physical	Car falling off hoist/car jacks	Medium	Major	High	OHSA TSSA Industrial Regulation	Safe Operating Procedures  Maintenance on hoist	Increase Inspections, revise maintenance & Safe Operating Procedures, Revise Worker training	Low	Major	Medium

Guide on How to use the tool: <http://www.pshsa.ca/products/hazard-management-tool/>

## 10.0 Inspections

Routine inspection of the workplace by supervisors is a method of ensuring that hazards, including improper technique, are identified and controlled. The completed risk assessment will help to identify high-risk tasks and work areas that should be inspected on a regular basis.

Supervisors must ensure compliance with safe work practices. Compliance is only the beginning of the safety process. Safety practices must be continually updated to ensure they match all changes and identified hazards in the workplace. Routine inspections and any findings or directions stemming from them should be documented.

In addition to documented supervisor inspections, **the OHSA requires the HSR/JHSC to inspect the workplace at least once a month**, identify hazards and recommend improvements. Again, all inspections should be documented.

Sample wording for a Workplace Inspection Policy is provided in Appendix O and a Sample Workplace Inspection Report is provided in Appendix P.

**As a reminder, the OHSA gives the MOL the power to inspect your workplace without warrant or notice. For more information on inspections, please visit [www.labour.gov.on.ca](http://www.labour.gov.on.ca).**

### **ACTIONS:**

**10.1** Develop a process for documented supervisor inspections.

**10.2** Develop a process for monthly HSR/JHSC inspections.

## 11.0 Incident/Hazard Reporting and Investigation

### Reporting

The employer must maintain records of all incidents at the workplace. Prudent employers also document “near misses”, as these provide insight into potential hazards that, if corrected, can prevent incidents and injury. All employees should be encouraged to immediately report any hazardous conditions that they observe, as this is an effective method of preventing incidents and injuries. Incidents of violence must be reported to the employer.

A procedure outlining the reporting requirements should be developed and reviewed with employees. Sample wording is provided in Appendix Q.

Examples of the types of incidents that might be reported at a dental practice are listed in the table below.

*Near misses* are incidents or hazardous conditions that did not result in injury, but could have under certain circumstances. For instance, an employee trips on a wrinkle in the carpet but does not fall. If this is reported, the carpet can be fixed. If it is not identified as a hazard, perhaps the next time someone will trip and fall, sustaining an injury.

Type of Incident	Example from a dental practice
Overexertion	<ul style="list-style-type: none"> <li>• Back injury from lifting a heavy box of supplies</li> <li>• Neck injury from sustained awkward posture bending over a patient</li> </ul>
Repetition	<ul style="list-style-type: none"> <li>• Wrist injury from repetitious movement during keyboarding or use of instruments</li> </ul>
Slip/Trip	<ul style="list-style-type: none"> <li>• Slip in water on the floor of the cleaning room</li> <li>• Trip over a cord on the floor</li> </ul>
Harmful Substances/ Environmental	<ul style="list-style-type: none"> <li>• Nitrous oxide leak</li> <li>• A needle stick or other sharps exposure</li> </ul>
Fall	<ul style="list-style-type: none"> <li>• Fall from a step stool</li> <li>• Fall down stairs</li> </ul>
Struck/contact	<ul style="list-style-type: none"> <li>• Bumping head on an open cupboard door</li> <li>• Dropping a heavy item on the foot</li> <li>• Splashed by a corrosive chemical</li> </ul>
Workplace Violence	<ul style="list-style-type: none"> <li>• Being hit, scratched, bitten, threatened, yelled at, etc., by a patient, family member or colleague while working. Also includes domestic violence that enters the workplace.</li> </ul>

## Investigations

All workplace incidents and reported hazards should be investigated to determine the root cause(s) so that recommendations can be made to reduce or eliminate these hazards. A good investigation will prevent future injuries. It is important that the people investigating incidents realize that the goal is to identify the root cause and not simply the immediate events. All persons conducting investigations should have training. Appropriate and standardized investigation procedures and techniques are critical in identifying the root causes of incidents. All reported incidents of workplace violence must be investigated.

For most incidents, the supervisor, who may be the dental practice owner, conducts the investigation. However, section 8(14) of the OHSA states that the HSR and section 9(31) states that the JHSC should investigate critical injuries or fatalities. Sample wording for an Incident Investigation Policy is provided in Appendix Q. A Sample Investigation Form is included in Appendix R.

## Incident Reporting

The following table outlines instances where internal and external reporting is required depending on the result of worker incident. The employer must submit an external report if a patient is fatally or critically injured due to a workplace cause (not a treatment cause). See sections 51 and 52 of the OHSA, and section 5 of the Industrial Regulation for full details.

Type of Injury/Definition	Dentistry Example	Reporting Requirement
<p><b>Medical/Health Care Aid:</b> The injury results in a visit to a doctor, dentist or other health care provider for the purpose of diagnosing and prescribing medical care as a result of an injury at work.</p>	<ul style="list-style-type: none"> <li>• A cut that requires stitches</li> <li>• Physiotherapy for a neck injury from bending over patients</li> <li>• Medical follow up to a needle stick injury or an incident of workplace violence</li> </ul>	<p>Written notice to the HSR/JHSC within <b>four days</b> of the occurrence.</p> <p><b>Report to contain the following information:</b></p> <ul style="list-style-type: none"> <li>• The name, address and type of business of the employer</li> </ul>
<p><b>Lost-time Injury:</b> An employee does not return for their next scheduled shift due to inability to work resulting from an injury that occurred in the workplace.</p>	<ul style="list-style-type: none"> <li>• A severe back injury from lifting a heavy piece of equipment</li> <li>• An incident of workplace violence</li> </ul>	<ul style="list-style-type: none"> <li>• The nature and the circumstances of the occurrence and the bodily injury or illness sustained</li> <li>• A description of the machinery or equipment involved</li> <li>• The time and place of the occurrence</li> <li>• The name and address of the person suffering the injury or illness</li> <li>• The names and addresses of all witnesses to the occurrence</li> <li>• The name and address of the physician or surgeon, if any, by whom the person was or is being attended for the injury or illness</li> <li>• The steps taken to prevent a recurrence</li> </ul>
<p><b>Occupational Illness:</b> A condition that results from exposure in the workplace to a physical, chemical or biological agent.</p>	<ul style="list-style-type: none"> <li>• Occupational asthma from on-going exposure to latex</li> <li>• Skin sensitization from long-term exposure to glutaraldehyde in high-level disinfectants</li> </ul>	<p>Written notice to the MOL and HSR/JHSC within <b>four days</b> of being notified by the employee of the occupational illness.</p> <p>Report to contain the same information as for lost time injury.</p>



<p><b>Fatality or Critical Injury:</b></p> <ul style="list-style-type: none"> <li>• Places life in jeopardy</li> <li>• Produces unconsciousness</li> <li>• Results in a substantial loss of blood</li> <li>• Involves the fracture of an arm or leg (not a finger or toe)</li> <li>• Involves the amputation of an arm, leg, hand or foot (not a finger or toe)</li> <li>• Involves burns to a major portion of the body, or</li> <li>• Causes the loss of sight in an eye</li> </ul> <p><b>(Critical Injury regulation 834)</b></p>	<ul style="list-style-type: none"> <li>• A broken leg from falling off a step stool</li> <li>• A splash of corrosive chemical in the eye resulting in lost vision</li> <li>• A worker becomes unconscious after slipping in water and hitting her head on a counter-top</li> </ul>	<p><b>Immediate notice</b> (by telephone or other direct method) to the MOL and HSR/JHSC.</p> <p>Written report to the MOL within <b>48 hours</b> of the occurrence containing the following information:</p> <ul style="list-style-type: none"> <li>• The name and address of the employer</li> <li>• The nature and the circumstances of the occurrence and the bodily injury or illness sustained</li> <li>• A description of the machinery or equipment involved</li> <li>• The time and place of the occurrence</li> <li>• The name and address of the person who was killed or critically injured</li> <li>• The names and addresses of all witnesses to the occurrence</li> <li>• The name and address of the physician or surgeon, if any, by whom the person was or is being attended for the injury or illness</li> <li>• The steps taken to prevent a recurrence</li> </ul>
--	--	--

**ACTIONS:**

- 11.1** Develop a process for reporting incidents, hazards and near misses.
- 11.2** Adopt a standard incident reporting form for capturing this information.
- 11.3** Develop a process for investigating incidents, hazards and near misses.
- 11.4** Adopt a standard investigation form for capturing this information (LP).
- 11.5** Develop a process for required reporting of workplace incidents to external organization (LP).

**Resources:**



*PSHSA Employee Incident Report.* Available at [pshsa.ca/2013/01/28/employee-incident-report/](http://pshsa.ca/2013/01/28/employee-incident-report/)

**Other**

- Ministry of Labour, Report an Incident, 2015. Available at <https://www.labour.gov.on.ca/english/hs/incident.php>
- Hazard Management Tool. Available at <http://www.pshsa.ca/products/hazard-management-tool/>
- WSIB, How do I Report to WSIB? Available at [www.wsib.on.ca/](http://www.wsib.on.ca/)

## 12.0 Emergency Preparedness

Emergency procedures are plans for dealing with such sudden unexpected situations as fires, explosions, major releases of hazardous materials, violent occurrences or natural hazards. The objective of the plan is to prevent or minimize fatalities, injuries and damage.

The extent of the response will vary depending on the nature of the business and the types of emergencies that may exist. For most dental practices, an emergency response program would include:

- Fire prevention
- Toxic gas leak or chemical spill
- Violent encounter (including domestic violence that enters the workplace)
- Evacuation
- First aid

The plan should be in writing, be readily accessible to all workers, and include specific responsibilities.

The employer should prepare a contact list of all workers and their home/cell phone numbers, with permission, to be used in the event emergency information must be quickly communicated.

Emergency contact numbers for fire, police, ambulance, etc. should be readily available at the reception desk, including specific numbers, not only 911.

For fire prevention consider:

- Inspecting fire equipment monthly and arranging for an external inspection annually
- Conducting and documenting regular fire drills
- Ensuring fire equipment and exits are not blocked

For toxic gas leaks or chemical spills consider:

- Planning ahead by reviewing the material safety data sheets for any gases and chemicals in use
- Developing spill-response procedures based on the information provided
- Obtaining any specific spill clean-up materials needed
- Ensuring staff are aware of the procedures for and location of equipment
- Making prior arrangements with an external company, if workers do not have the ability or capacity to deal with a leak or spill

For a violent encounter consider:

- Educating workers in what to do if confronted by a violent person
- Educating workers in how to minimize contact with a violent person
- Pre-programming a speed dial for the police

### **Accessibility**

The *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* requires all organizations to make accessible, upon request, emergency and public safety information.

Organizations are also required to develop individualized emergency response information for employees with disabilities.

For more information on the AODA, visit [www.accesson.ca](http://www.accesson.ca) or [www.youroralhealth.ca/accessibility](http://www.youroralhealth.ca/accessibility).

For evacuation consider:

- Identifying emergency exits
- Determining how patients will be evacuated
- Listing any equipment that needs to be powered down before leaving the building

For first aid consider (sample wording appears in Appendix S):

- The first aid supplies required for the location based on the First Aid Requirements regulation 1101 under the Workplace Safety and Insurance Act
- Who will act as first aid responder and whether they have appropriate training
- How first aid events will be documented
- How the required first aid kit quarterly inspection will be conducted and documented (a sample checklist is provided in Appendix T)
- How workers injured on the job will be transported to a medical facility

It is the expectation of the Royal College of Dental Surgeons of Ontario (RCDSO) that all Ontario dentists and their support staff are prepared to deal with medical emergencies when they arise. This means that dentists and all clinical staff must have the training and ability to perform basic cardiac life support techniques. The RCDSO also provides direction on the six basic drugs that must be included in the emergency kit of every dental office. Visit [www.rcdso.org](http://www.rcdso.org) for more details.

### **ACTIONS:**

- 12.1** Prepare an emergency services contact list (LP).
- 12.2** Prepare a worker contact information list, with permission (LP).
- 12.3** Develop emergency response procedures.
- 12.4** Train all staff in emergency response procedures.
- 12.5** Obtain and maintain appropriate supplies for a first aid kit.

## 13.0 Summary

This guide outlines the basic components of a health and safety program and provides a starting point for the employer to establish a written health and safety policy and program. **But it is not enough just to have the program in writing; it must be effectively implemented by the employer and communicated to all employees.** As well, the employer must demonstrate commitment to health and safety by:

- Acting on HSR/JHSC recommendations
- Co-operating with and supporting the HSR/JHSC
- Ensuring health and safety information is distributed and communicated
- Holding supervisors and employees accountable for health and safety
- Holding meetings at which health and safety is a regular part of the agenda
- Allocating adequate resources
- Fulfilling their legislated obligation to take every reasonable precaution to protect the health and safety of the workforce (that is, “exercising due diligence”)

The action checklist in Appendix A can be used to document progress as various elements of the health and safety program are completed.

## Other Sources of Information

Many documents available from the Ontario Dental Association, Public Services Health and Safety Association, the Workplace Safety and Insurance Board and the Ministry of Labour can assist an employer to establish and communicate the health and safety program. Only a few documents have been referenced in this guide.

Contact these organizations or visit their web sites to review the information available.

Ontario Dental Association (ODA)  
4 New Street  
Toronto, Ontario M5R 1P6  
Tel.: 416-922-3900  
Toll free: 1-800-387-1393  
Fax: 416-922-9005  
Website: [www.youroralhealth.ca](http://www.youroralhealth.ca)

Public Services Health and Safety Association (PSHSA)  
4950 Yonge Street, Suite 902  
Toronto, Ontario M2N 6K1  
Tel.: 416-250-7444  
Toll free: 1-877-250-7444  
Fax: 416-250-7484  
<http://www.pshsa.ca>

Workplace Safety and Insurance Board (WSIB)  
200 Front Street West, 6th Floor  
Toronto, Ontario M5V 3J1  
Tel.: 416-344-1000  
Toll free: 1-800-387-0750  
<http://www.wsib.on.ca>

Ontario Ministry of Labour – Occupational Health and Safety Branch  
Toll Free (Ontario): 1-877-202-0008  
<http://www.labour.gov.on.ca/>

## Appendix A: Action Checklist

Section	Action	Person Responsible	Date Completed
2.1	Develop Responsibility Statements for the employer, supervisors and employees (LP).		
2.2	Post a copy of the OHSA and relevant regulations (such as Industrial Establishments, WHMIS, Critical Injury, Needle Safety and First Aid) in the workplace.		
2.3	Educate workplace parties about their responsibilities during orientation and periodically thereafter, perhaps at staff meetings or performance appraisals.		
3.1	Educate workers about their worker rights under the OHSA, including a procedure outlining how the right to refuse unsafe work will be exercised at your workplace.		
4.1	Write a Health and Safety Policy for the dental practice, if required, and review it at least annually.		
4.2	If a written Health and Safety Policy is required, post it in the workplace where workers can see it.		
5.1	Prepare a binder or file to hold the Health and Safety Program information such as the Responsibility Statement, Health and Safety Policy, and blank incident reports, and place it in a location accessible to all workers (LP).		
6.1	Develop, and put in writing if required, a Workplace Violence and Harassment Policy and Program for the dental practice.		
6.2	If a written Workplace Violence and Harassment Policy and Program is required, post it in a conspicuous location in the workplace where workers can see it.		
6.3	Train employees on the content of the Workplace Violence and Harassment Policy and Program, including the right to refuse work if workplace violence is likely to endanger himself or herself.		
6.4	Complete a risk assessment for workplace violence at the dental practice.		
6.5	Share the results of any risk assessment with the HSR/JHSC.		
7.1	Determine if an HSR or JHSC is required at the dental practice.		
7.2	Allow worker members to select an HSR, or JHSC members, as required.		
7.3	Post the name(s) of the HSR/JHSC members.		
7.4	Develop Terms of Reference to outline the processes for an HSR or JHSC. (LP)		
7.5	If a JHSC is required, ensure at least one non-management member and one management member attend certification training.		
8.1	Include a basic occupational health and safety awareness training program in new employee orientation.		
8.2	Develop an orientation checklist for new hires. (LP)		
8.3	Develop a schedule for necessary ongoing training in health and safety. (LP)		
8.4	Identify needs and schedule required training for workers.		
8.5	Ensure supervisors are competent and have been properly trained.		
9.1	List the hazards identified at the dental practice in the column provided on the hazard table (Appendix M). Once completed, this table can be included in the Health and Safety Binder (LP).		

<b>Section</b>	<b>Action</b>	<b>Person Responsible</b>	<b>Date Completed</b>
<b>9.2</b>	Record control measures for the hazards identified in the table (LP).		
<b>9.3</b>	Review the hazard table annually (LP).		
<b>9.4</b>	Prepare an annual summary of incidents (LP).		
<b>10.1</b>	Develop a process for documented supervisor inspections.		
<b>10.2</b>	Develop a process for monthly HSR/JHSC inspections.		
<b>11.1</b>	Develop a process for reporting incidents, hazards and near misses.		
<b>11.2</b>	Adopt a standard incident reporting form for capturing this information.		
<b>11.3</b>	Develop a process for investigating incidents, hazards and near misses.		
<b>11.4</b>	Adopt a standard investigation form for capturing this information (LP).		
<b>11.5</b>	Develop a process for required reporting of workplace incidents to external organization (LP).		
<b>12.1</b>	Prepare an emergency services contact list (LP).		
<b>12.2</b>	Prepare a worker contact information list, with permission (LP).		
<b>12.3</b>	Develop emergency response procedures.		
<b>12.4</b>	Train all staff in emergency response procedures.		
<b>12.5</b>	Obtain and maintain appropriate supplies for a first aid kit.		

Leading practices that move a dental practice beyond legislative compliance are included and identified by (LP).



## Appendix B: Overview of Health and Safety Regulation Relevant to Dental Practices

This section provides an overview of main regulations under the Occupational Health and Safety Act, outlining specific relevance to the dental industry. These regulations include:

- Control of Exposure to Biological or Chemical Agents (Regulation 833)
- Critical Injury (Regulation 834)
- Health Care Regulation 67/93
- Industrial Establishments (Regulation 851)
- Needle Safety (Regulation 474)
- WHMIS (Regulation 860)
- X-Ray Safety (Regulation 861)

### Control of Exposure to Biological or Chemical Agents (Regulation 833)

[www.e-laws.gov.on.ca/html/regs/english/elaws\\_regs\\_900833\\_e.htm](http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900833_e.htm)

**Regulation 833** is designed to protect workers from being exposed to over 600 potentially hazardous biological or chemical agents. Employers must take every reasonable precaution to protect workers from exposure due to handling, storing, processing or using these agents in the workplace. For example, an employer may have to install hygiene facilities and implement specific engineering controls and safe work practices, and provide medical surveillance and other such measures to limit exposure of a worker to these hazardous agents. This regulation uses three types of exposure limits:

- Time-weighted average (TWA)
- Short-term exposure limit (STEL)
- Ceiling exposure limit (C)

### Critical Injury (Regulation 834)

[www.e-laws.gov.on.ca/html/regs/english/elaws\\_regs\\_900834\\_e.htm](http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900834_e.htm)

The definition of a critical injury is found in **Regulation 834** under the OHSA. It is defined as an event that:

- Places life in jeopardy
- Produces unconsciousness
- Results in a substantial loss of blood
- Involves the fracture of an arm or leg (but not a finger or toe)
- Results in the amputation of an arm, leg, hand or foot (but not a finger or toe)
- Involves burns to a major portion of the body, or
- Causes the loss of sight in an eye

Critical injury reports must be completed to fulfill reporting requirements specified by the Ministry of Labour and the WSIB. Section 5 of the Industrial Establishments Regulation 851 lists the information that must be included in the notice of critical injury.

When a critical injury occurs, the employer must notify a Ministry of Labour inspector immediately by telephone, and contact a member of the JHSC or the HSR. Together, they must conduct a thorough investigation. Section 51 of the OHSA requires that all critical injuries be investigated. A written report must be prepared and forwarded to the Ministry of Labour within 48 hours.

## Industrial Establishments (Regulation 851)

[www.e-laws.gov.on.ca/html/reg/english/elaws\\_regs\\_900851\\_e.htm](http://www.e-laws.gov.on.ca/html/reg/english/elaws_regs_900851_e.htm)

An **industrial establishment** is defined as *an office building, factory, arena, shop or office, and any land, buildings and structures appertaining thereto*. **Regulation 851** applies to dental practices.

Section 5 provides the prescribed information to report in the event of a critical injury and other reportable events. This regulation contains a number of safety standards that require compliance. Some provisions in this regulation may not apply to every workplace. However, employers in dental practices must be familiar with them and ensure that they comply with applicable provisions.

### Some sections that may apply are:

- Fire – s.22
- Industrial hygiene (eye wash, ventilation, noise) – s.124
- Lighting – s.21
- Machine guarding – s.24
- Maintenance and repairs – s.72
- Material handling – s.45
- Premises – s.11
- Protective equipment – s.79

## Needle Safety (Regulation 474/07)

[http://www.e-laws.gov.on.ca/html/reg/english/elaws\\_regs\\_070474\\_e.htm](http://www.e-laws.gov.on.ca/html/reg/english/elaws_regs_070474_e.htm)

The needle safety regulation outlines requirements for the provision and use of safety-engineered needles. This regulation applies to dental offices where a worker is to use hollow-bore needles on patients. It requires conventional hollow-bore needles to be replaced with safety-engineered needles that are appropriate for the task.

The regulation allows for exceptions on a case by case basis where the use of a safety-engineered needle will result in a risk of harm to a person or to a worker, or where a safety-engineered needle is not available.

## WHMIS

[http://www.e-laws.gov.on.ca/html/reg/english/elaws\\_regs\\_900860\\_e.htm](http://www.e-laws.gov.on.ca/html/reg/english/elaws_regs_900860_e.htm)

*The Workplace Hazardous Materials Information System (WHMIS)*, developed by the government, industry and labour groups, requires all employers to provide workers with the information they need to protect themselves from risks related to hazardous products.

The goal of the WHMIS is to reduce or eliminate injuries and illnesses resulting from exposure to hazardous materials in the workplace.

**Regulation 860** places many responsibilities on the employer. It requires the appropriate labelling of all hazardous materials in a workplace. Material safety data sheets (MSDSs) must be made available for each controlled product, and workers must receive regular WHMIS training that includes both general and site-specific components.

Although this regulation doesn't clearly define the frequency of this training, section 42(3) of the OHSA states that an employer has a responsibility to ensure that training and instruction are provided to a worker exposed or likely to be exposed to a hazardous material or agent, and to ensure familiarity at least annually.

## **WHMIS 2015**

In 2015, WHMIS adopted new international standards for classifying hazardous chemicals and providing information on labels and safety data sheets. The amendments to federal WHMIS legislation (Hazardous Products Act and Hazardous Products Regulations) came into force in 2015. Ontario is in the process of amending their WHMIS requirements to reflect the federal changes, however, the new WHMIS Regulation has not been introduced or come into force.

During the transition from WHMIS 1988 to WHMIS 2015, employers must ensure that workers are trained on:

- Products with WHMIS 1998 labels and MSDSs for as long as they are still used in the workplace; **and**,
- Products with WHMIS 2015 labels and safety data sheets, as soon as practicable after these products enter the workplace and, in some cases, before they are used.

## **Consumer Products**

It is important to note that consumer products (those used for personal, family or household purposes) are partially exempt from the WHMIS requirements. The employer still has the responsibility to ensure that all workers who may come in contact with consumer products receive training in how to:

- Read consumer product labels
- Recognize consumer product symbols
- Properly use, handle, store and dispose of the products

## **X-Ray Safety (Regulation 861)**

[http://www.e-laws.gov.on.ca/html/regis/english/elaws\\_regs\\_900861\\_e.htm](http://www.e-laws.gov.on.ca/html/regis/english/elaws_regs_900861_e.htm)

**Regulation 861** applies to all workplaces where an X-ray machine is present. Only a portion of this regulation affects X-ray machines used in clinical (i.e. for the irradiation of human for diagnostic or therapeutic purpose) settings. The sections pertinent to dental practices include requirements regarding:

- Designation of an X-ray worker – s.9
- Dose limits – s.10
- Safety practices – s.11
- Personal dosimeters for X-ray worker – s.12
- Overexposure reporting requirements – s.13
- Further action required following overexposure – s.14

X-ray sources operating at energies above 10 million electron volts (10 MeV) are subject to licensing under the **Nuclear Safety and Control Act** (Canada). X-ray devices operating at less than 10 MeV in the healthcare sector, such as machines used for dental X-rays, are governed by the **Healing Arts Radiation Protection** (HARP) Act.

## Appendix B2: Posting Requirements

[http://www.labour.gov.on.ca/english/atwork/posting\\_training.php](http://www.labour.gov.on.ca/english/atwork/posting_training.php)

	Required Postings	Legislation
1.	<p><a href="#">“Health &amp; Safety at Work: Prevention Starts Here”</a></p> <p>The <a href="#">Employment Standards Act, 2000</a>, the <a href="#">Occupational Health and Safety Act</a>, and the <a href="#">Workplace Safety and Insurance Act, 1997</a> specify posting requirements.</p>	OHSA s.25(2)(i)
2.	<p>Occupational Health and Safety Policy</p> <p>The <a href="#">Guide to the Occupational Health and Safety Act</a> has detailed information about <a href="#">how to prepare a health and safety policy</a>.</p>	OHSA s.25 (2)(k)
3.	<p>Workplace Violence and Harassment Policy</p> <p>The MOL’s guideline entitled <a href="#">Workplace Violence and Harassment: Understanding the Law</a> includes examples of workplace violence and workplace harassment policies</p>	OHSA s.32
4.	First Aid Certificates	WSIA
5.	<p><a href="#">In Case of Injury Poster</a> (Form 82)</p> <p>Provided free of charge to employers by the WSIB. Employers can get the poster online or by calling the WSIB at 416-344-1000 or 1-800-387-0750.</p>	R. 1101 1(1)(b)(1), 1(3)
6.	Fire Plan	Fire Code R. 454
7.	MSDS information/binders	OHSA s.38(5)
8.	<p><a href="#">OHSA and Regulations</a></p> <p>Also available from <a href="#">Service Ontario Publications</a> for a cost of \$8, plus HST.</p>	OHSA s.25(2)(i)
9.	Name of HSR or JHSC members	OHSA s.9(32)
10.	Ministry of Labour Orders	OHSA s.57(10)
	Optional Postings	Legislation
1.	Return to Work Policy	
2.	Workplace Inspection Results	
3.	Annual WSIB injury report	OHSA 12
4.	First Aid Regulations	R. 1101
5.	Emergency Plan	CSA Emergency Planning
6.	OHS Posters	OHSA s.57(10)
7.	Emergency Numbers	CSA Emergency Planning

## Appendix C: Sample Responsibility Statements

### **Employer:**

The employer shall:

- Perform regular workplace inspections.
- Develop written safe work practices.
- Observe workers completing tasks to ensure correct processes are followed.
- Correct substandard acts and conditions.
- Conduct employee training and information sessions.
- Provide health and safety information to the HSR/JHSC including a summary of incidents occurring at the workplace.

### **Supervisor:**

The supervisor shall:

- Ensure that a worker uses or wears the required equipment, protective devices or clothing.
- Identify actual or potential hazards in the workplace and control the hazards as necessary.
- Advise the worker of any actual or potential hazards of which the supervisor is aware.
- Organize the workload in a safe manner and instruct the worker in safe work procedures.
- Take every precaution reasonable in the circumstances for the protection of a worker.

### **Worker:**

The worker shall:

- Comply with the OHSA, its regulations, and the policies and procedures of the dental practice.
- Report violations of the OHSA, defective equipment, and actual or potential hazards to a supervisor or the employer.
- Wear protective clothing and use protective equipment correctly, as required and provided.
- Operate equipment and use devices safely.
- Apply knowledge learned at health and safety training.

## Appendix D: Sample Content for a Right to Refuse Unsafe Work Policy

An employee of **(Dental Practice Name)** may refuse to work or do particular work where he or she has reason to believe that:

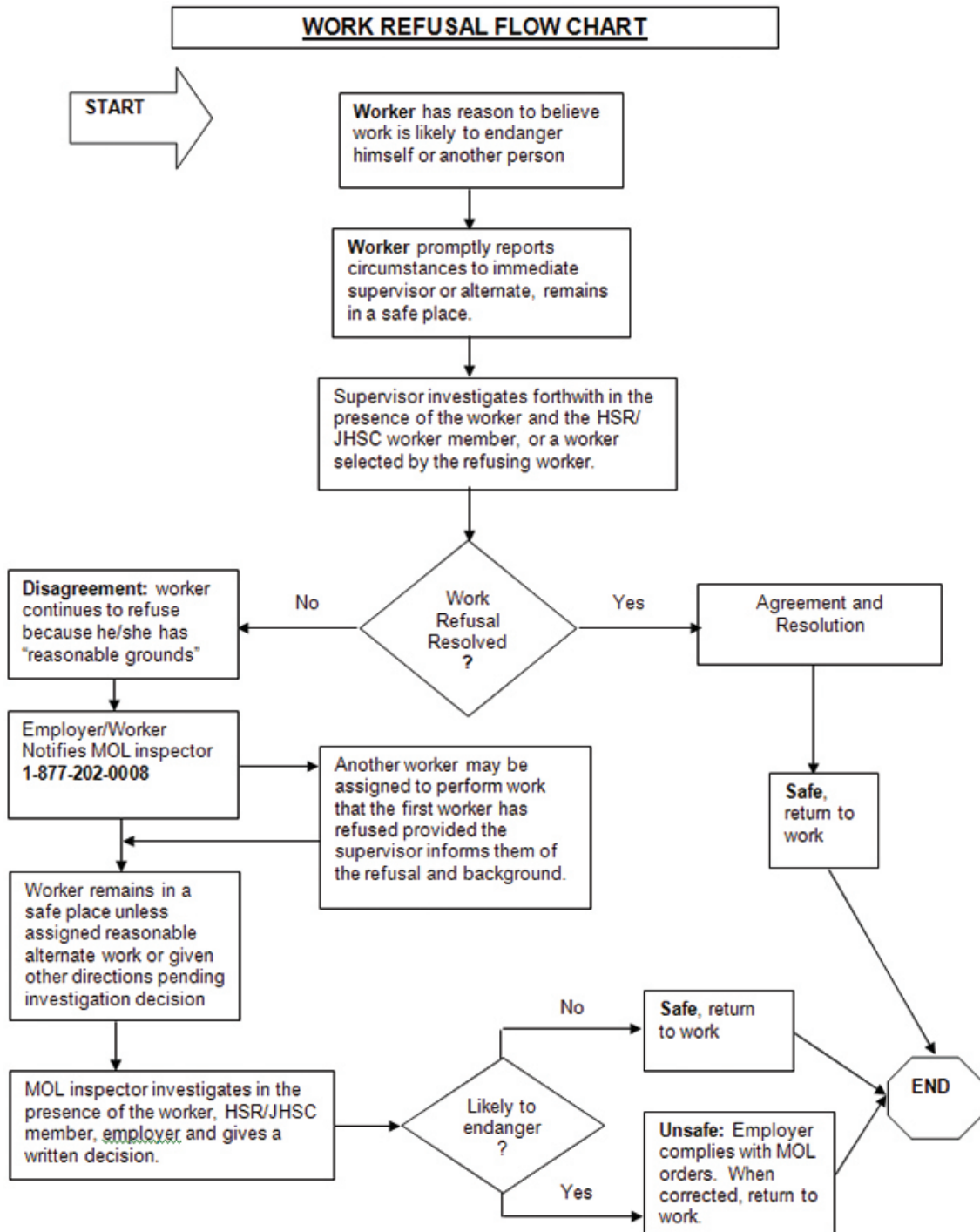
- Any equipment, machine, device or thing the worker is to use or operate is likely to endanger himself, herself or another employee.
- The physical condition of the workplace or part thereof in which he/she works or is to work is likely to endanger himself/herself.
- Workplace violence is likely to endanger himself/herself.
- Any equipment, machine, device or thing he/she is to use or operate or the physical condition of the workplace or part thereof in which he/she works or is to work is in contravention of the OHSA and associated regulations and such contravention is likely to endanger himself/herself, or another employee.

Upon refusal, the employee will report to his/her supervisor who will immediately investigate the report in the presence of the HSR/JHSC member, or in the event that he/she is not available, a fellow employee.

The employee will remain at a safe place near his/her workstation until the investigation is completed unless the employer assigns the employee to alternative work, or gives other directions to the employee.

If, following the investigation and corrective actions, the employee still has reasonable grounds to believe that the situation remains dangerous, the employee may refuse to work or do the particular work and **(Dental Practice Name)**, the employee, or a person acting on behalf of **(Dental Practice Name)** or the employee, will notify a Ministry of Labour Inspector.

NOTE: No employee will be assigned to the work being refused unless that employee has been advised of the first employee's refusal and reasons for the refusal.





## Appendix E: Sample Content for a Health and Safety Policy

**(Dental Practice Name)** recognizes that the maintenance of a safe and healthy environment is a cornerstone to providing our services to our patients. As such, at a minimum **(Dental Practice Name)** will meet all legislated standards, rules and regulations as set out in the Ontario OHSA, and all other related regulations and standards. It is the policy of **(Dental Practice Name)** to implement and maintain safe work practices to safeguard all employees, and provide the best care to our patients.

All employees, contractors/subcontractors, and contract workers have a responsibility to observe all rules and procedures of **(Dental Practice Name)** as well as all applicable legislated standards and guidelines.

**(Dental Practice Name)** is accountable for the health and safety of the employees, including providing and maintaining safe operating equipment.

**(Dental Practice Name)** recognizes and supports the efforts of the HSR/JHSC. **(Dental Practice Name)** firmly believes that all accidents and illness can be controlled, reduced or eliminated. **(Dental Practice Name)** will take all measures to investigate accidents to determine root causes and take a preventive approach to accident reduction.

Health and safety training and education will play a key role in informing the employer, supervisor and workers of their health and safety rights and responsibilities so they may be empowered to participate in our health and safety program.

**Dated: (annually)**

**Signed: (by Dental Practice Owner)**

## Appendix F: Sample Sharps Safety Program

### Commitment Statement

**[Dental Practice Name]** is committed to providing a safe and healthy working environment for all staff and patients. Our organization will demonstrate its commitment by providing financial, physical and human resources to reduce the risks of injury from sharp medical devices and exposure to blood and body fluid. To this end, the organization will implement the use of safety-engineered needles where possible, and other safe work practices aimed at reducing the risks of injury from sharp objects wherever possible.

### Goals

- To decrease the risk of transmission of blood-borne pathogens through injuries from sharp medical devices
- To promote and support the health and safety of all dental team members through a comprehensive sharps safety program
- To provide equipment, resources and effective training
- To achieve compliance with relevant legislation including The Occupational Health and Safety Act, The Health Care and Residential Facilities Regulations (O. Reg. 67/93) and the Needle Safety Regulation (O. Reg. 474/07).

### Definitions

Sharp: Any sharp object used during the care, treatment or diagnosis of patients that could cause an injury to a worker or other person.

“safety-engineered needle” means:

- (a) a hollow-bore needle that,
  - (i) is designed to eliminate or minimize the risk of a skin puncture injury to the worker, and
  - (ii) is licensed as a medical device by Health Canada, or
- (b) a needleless device that,
  - (i) replaces a hollow-bore needle, and
  - (ii) is licensed as a medical device by Health Canada.

### Roles and Responsibilities of Workplace Parties

#### Employer

- Enforce the policy, procedures and program
- Provide equipment, necessary resources and initial and ongoing staff training
- Maintain the sharps safety program through continuous quality improvement
- With respect to hollow bore needles, provide in the workplace only safety-engineered needles when suitable needles are commercially available.
- Ensure that all staff use safety-engineered medical sharps when such devices are available and provided
- Ensure that an appropriate training program on sharps safety, including the use of safety-engineered medical sharps, is developed in consultation with the joint health and safety committee and implemented in the workplace.
- Evaluate and update the program annually

## Dental Team Members

- Comply with policy and procedures at all times
- Participate in regular training as established by the organization
- Report any unsafe acts, hazards, equipment problems or any other untoward issue immediately to the supervisor or delegate
- Report any incidents, accidents and near misses to the supervisor immediately and co-operate in the investigation as required by management
- Report any use of non-safety-engineered medical sharps which have not been previously approved for use in the workplace.

## Evaluation

The sharps safety program will be evaluated annually, as per HCRFR, sec.9(2). The following indicators will be collected in a timely manner by the designated authority and forwarded to the program leader, who will collate, analyze and summarize the data and make recommendations for program enhancements to senior management:

- Employee incidents/accidents
- Incident investigations
- Near misses/hazards
- Planned monthly inspections – auditing of worker practice

Any changes to the program will be documented and communicated immediately to all affected dental team members.

## General Provisions

- All needles and sharps shall be handled and disposed of in a manner that will not endanger the health or safety of the user or others.
- It is the responsibility of the user to ensure appropriate handling and safe disposal of needles and medical sharps.
- Needle-less products and products with inherent safety features shall be used when such alternatives are available.
- Needles will not be recapped, bent or removed.
- Uncapped needles or other medical sharps must not be left unattended or covered up.
- All needles and medical sharps shall be disposed of properly in appropriate sharps containers by the person who used the device.
- All sharps injuries must be reported immediately to the employer. A risk assessment shall be performed and appropriate follow-up measures taken as per policies and procedures related to blood and body fluid exposures.

**Failure to comply with provisions of this policy may result in disciplinary action being taken as outlined in the organization's progressive discipline policy.**

## **Procedures**

The workplace should have or develop specific procedures to support this policy and program, which may include:

- The reporting of blood borne pathogen (BBP) exposures and sharps injuries.
- The process for follow-up of BBP exposures and sharps injuries.
- The purchasing of safety-engineered medical sharps.
- The process for reporting on the use of non-safety-engineered needles.
- The documentation of investigation related to devices that cannot be converted to safety-engineered needles.
- The content and delivery of staff training related to safety-engineered needles and the Needle Safety Regulations.

# Appendix G: Safety-Engineered Needle Information Tracking Form

Information Tracking Form – Sharps not converted to safety-engineered needles

## A. Background

Date Investigation Completed: \_\_\_\_\_

Name of medical sharp: \_\_\_\_\_

Purpose/Use of medical sharp: \_\_\_\_\_

A safety-engineered version was not found to be commercially available:

**Go to Section B**

A safety-engineered version was found to be available but was determined to be unsuitable at this time:

**Go to section C**

## B. Commercial Availability

The following sources of information were reviewed or investigated, but a safetyengineered version of the device was not identified:

Internet

Peers

Product/supplier brochure

Literature search

The following suppliers were contacted:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

### C. Suitability of Safety-engineered Needles

A safety-engineered version was identified but was considered unsuitable at this time due to the reasons that were identified during investigation:

The device is not yet licensed by Health Canada as a Medical Device in Canada

#### Impact on Patient Care

- Needle penetration not comparable (unfavorable) to conventional device
- Requires increased number of needle penetrations during use
- Patients report a higher degree of pain or discomfort
- Device is not compatible with other equipment currently used
- An infection control concern has been documented

#### Technique

- Requires change in technique that has yet to be adopted

#### Safety Features

- Activates prematurely during difficult procedures
- Causes pain or discomfort to staff using the device

#### **Other concerns raised and considered valid:**

\_\_\_\_\_

### D. Follow up

Action Items for follow-up: \_\_\_\_\_

\_\_\_\_\_

Bring forward date for re-evaluation: \_\_\_\_\_

Approved by committee: \_\_\_\_\_

## Appendix H: Sample Workplace and Harassment Prevention Violence Policy

**[Dental Practice Name]** recognizes the potential for violence and harassment in the workplace.

**[Dental Practice Name]** will not tolerate any type of violence or harassment within the workplace or during work-related activities. This might include being hit, scratched, bitten, threatened, yelled at, etc., by a patient, family member or colleague while working. We will therefore make every reasonable effort to identify all potential sources of such risk to eliminate or minimize them through our workplace violence and harassment prevention program. **[Dental Practice Name]** will take every reasonable precaution to protect an employee from physical injury while working, if we become aware, or believe, that domestic violence is a risk.

**[Dental Practice Name]** has developed a workplace violence and harassment prevention program that implements this policy. It includes measure and procedures to protect workers, a means of summoning immediate assistance and a process for workers to report incidents or raise concerns. **[Dental Practice Name]** will ensure that the program is implemented and maintained and that all employees have the appropriate information and instruction to protect them from workplace violence and harassment.

### **Accountability**

All workplace parties are accountable for complying with the policy, program, measures and procedures related to workplace violence and harassment. All employees are responsible for reporting acts of violence and harassment that threaten or perceive to threaten a safe work environment. The dentist/office supervisor will investigate all incidents of violence and harassment in a timely manner. Everyone is expected to work together towards prevention of workplace violence and harassment.

### **Definitions**

- **Workplace Violence:**
  - the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker;
  - an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; or,
  - a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker.
- **Workplace Harassment:**
  - a) engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome, or
  - b) workplace sexual harassment



• **Workplace Sexual Harassment:**

- a) engaging in a course of vexatious comment or conduct against a worker in a workplace because of sex, sexual orientation, gender identity or gender expression, where the course of comment or conduct is known or ought reasonably to be known to be unwelcome, or
- b) making a sexual solicitation or advance where the person making the solicitation or advance is in a position to confer, grant or deny a benefit or advancement to the worker and the person knows or ought reasonably to know that the solicitation or advance is unwelcome

**Records [this section contains a recommendation]**

All records of reports and investigations of workplace violence and harassment are kept for five years.

**Policy Review**

This workplace violence and harassment prevention policy and program will be reviewed annually, or as necessary.

Dated at \_\_\_\_\_ on \_\_\_\_\_, 20\_\_

Signed \_\_\_\_\_  
(Dental Practice Owner to sign)

## Appendix I: Sample Workplace Violence Risk Assessment

**This assessment is provided as an example that can be used by workplaces. However, use of this particular assessment is not required under the *Occupational Health and Safety Act*. Employers choosing to use this assessment are encouraged to reproduce and/or customize it to meet the particular needs of their workplace.**

There are spaces for you to note the controls that are already in place, and to identify what additional controls may be suitable for your workplace. **You are not required to use all or any of the examples of controls.** There may be other controls that are more suitable to your workplace's circumstances and to controlling the risks of workplace violence that you identify.

<b>Job / Department / Location:</b>	<b>Completed by:</b>	<b>Date:</b>
-------------------------------------	----------------------	--------------

A √ in the shaded column indicates an elevated risk

General Physical Environment Assessment (GA)						
Physical Environment	Yes	No	N/A	Examples of Controls	Existing Controls	Recommended Controls (person(s) responsible and expected completion dates)
Have you assessed the following?						
• Outside building and parking lot				<ul style="list-style-type: none"> <li>Bolted entries / locks</li> <li>Designated public entry doors</li> <li>Good lighting</li> </ul>		
• Entry control and security system				<ul style="list-style-type: none"> <li>Coded doors / security doors</li> <li>Employee ID cards with sign-in/out</li> <li>Clearly labelled staff areas</li> <li>Mirrors</li> </ul>		
• Reception and waiting areas				<ul style="list-style-type: none"> <li>Clear sightlines</li> <li>Signage (re: hours)</li> <li>No heavy or sharp objects</li> </ul>		

General Physical Environment Assessment (GA)						
Physical Environment	Yes	No	N/A	Examples of Controls	Existing Controls	Recommended Controls <small>(person(s) responsible and expected completion dates)</small>
<ul style="list-style-type: none"> <li>Public counters</li> </ul>				<ul style="list-style-type: none"> <li>Widened service desks</li> <li>Barriers (e.g., un-breakable screens)</li> <li>Silent, concealed alarms</li> <li>Other means to summon help</li> </ul>		
<ul style="list-style-type: none"> <li>Interior design, hidden areas and lighting</li> </ul>				<ul style="list-style-type: none"> <li>Restricted public access</li> <li>Clear sightlines</li> <li>Locked doors</li> </ul>		
<ul style="list-style-type: none"> <li>Elevators and washrooms</li> </ul>				<ul style="list-style-type: none"> <li>Restricted public access</li> <li>Communication devices or alarms</li> <li>Locks that can be accessed by security</li> </ul>		
<ul style="list-style-type: none"> <li>Treatment rooms</li> </ul>				<ul style="list-style-type: none"> <li>Clear sight lines</li> <li>Communication devices or alarms</li> <li>Access to exit</li> </ul>		
<ul style="list-style-type: none"> <li>Location of cash, goods, and medicines</li> </ul>				<ul style="list-style-type: none"> <li>Locked and hidden storage</li> </ul>		
<ul style="list-style-type: none"> <li>Do you have a security system?</li> </ul>				Investigate the need for security systems such as: <ul style="list-style-type: none"> <li>personal alarms</li> <li>fixed alarms connected to security services</li> <li>regular security patrols</li> <li>Develop and implement regular alarm checks.</li> </ul>		

General Physical Environment Assessment (GA)						
Physical Environment	Yes	No	N/A	Examples of Controls	Existing Controls	Recommended Controls <small>(person(s) responsible and expected completion dates)</small>
<ul style="list-style-type: none"> <li>Is there a designated safe area where workers can go during a workplace violence incident?</li> </ul>				For emergency purposes, a safe area (for example, a safe room, the business next door, etc.) should be identified. If using a safe room, it should: <ul style="list-style-type: none"> <li>have clear entry</li> <li>have a lock that can be used from the inside, but which can also be accessed by security</li> <li>have a means of summoning immediate assistance</li> </ul>		
<ul style="list-style-type: none"> <li>Are workers and supervisors trained in relevant measures and procedures aimed to protect them from violence associated with the:                             <ul style="list-style-type: none"> <li>Physical Environment</li> <li>Working Alone</li> <li>Handling Cash</li> <li>Working in the Community</li> </ul> </li> </ul>				Information, instruction, or training could include: <ul style="list-style-type: none"> <li>how workers will be informed about potentially violent people or situation</li> <li>signs of behaviour escalation</li> <li>recognition of potentially violent situations</li> <li>recommended actions and reactions,</li> <li>appropriate responses to incidents, including defusing hostile or aggressive behaviours</li> </ul>		
<ul style="list-style-type: none"> <li>Can workers summon immediate assistance when workplace violence occurs or is likely to occur?</li> </ul>				Measures and procedures could include: <ul style="list-style-type: none"> <li>providing internal and external numbers for workers to call at all hours of operations</li> </ul>		

General Physical Environment Assessment (GA)						
Physical Environment	Yes	No	N/A	Examples of Controls	Existing Controls	Recommended Controls <small>(person(s) responsible and expected completion dates)</small>
<ul style="list-style-type: none"> <li>Do workers work alone at times of increased vulnerability, such as late at night, early in the morning?</li> </ul>				Assess higher-risk times and the need for additional measures to protect workers, such as: <ul style="list-style-type: none"> <li>having workers leave the building in groups</li> <li>arranging for security patrols</li> </ul>		
<ul style="list-style-type: none"> <li>Do you have procedures for opening, closing, or securing the workplace prior to starting and at the end of shifts?</li> </ul>				Develop and implement procedures for opening, closing, or securing the workplace prior to starting and at the end of shifts. <ul style="list-style-type: none"> <li>include procedures for responding to and dealing with unusual circumstances.</li> </ul>		
<ul style="list-style-type: none"> <li>Do you maintain regular contact with workers who are working alone?</li> </ul>				Maintain regular contact with workers by: <ul style="list-style-type: none"> <li>establishing regular contact times or check-in points</li> </ul>		
<ul style="list-style-type: none"> <li>Do you have procedures for workers to follow when dealing with strangers or intruders?</li> </ul>				Develop and implement such procedures, which could include: <ul style="list-style-type: none"> <li>how to question strangers about the appropriateness of their presence in a non-confrontational manner</li> <li>recommended actions and responses</li> <li>when to call for assistance or go to a safe area</li> </ul>		

**General Physical Environment Assessment (GA)**

Physical Environment	Yes	No	N/A	Examples of Controls	Existing Controls	Recommended Controls <small>(person(s) responsible and expected completion dates)</small>
<ul style="list-style-type: none"> <li>Do you have procedures for workers to follow when dealing with aggressive or violent patients or members of the public?</li> </ul>				Develop and implement such procedures, which could include: <ul style="list-style-type: none"> <li>recommended actions and responses</li> <li>when to call for assistance or go to a safe area</li> </ul>		
<ul style="list-style-type: none"> <li>Do workers use locked drop safes or time-lock safes?</li> </ul>				Consider the following measures: <ul style="list-style-type: none"> <li>depositing cash in a locked drop safe/ time-lock safe</li> <li>establishing the maximum amount of cash that can be stored on site</li> </ul>		
<ul style="list-style-type: none"> <li>Do workers handling cash work at times of increased vulnerability, such as late at night, early in the morning, or at very quiet times of day?</li> </ul>				Assess higher-risk times and the need for additional measures to protect workers, such as: <ul style="list-style-type: none"> <li>having workers leave the building in groups</li> </ul>		
<ul style="list-style-type: none"> <li>Do workers make cash deposits outside the workplace?</li> </ul>				Consider the following measures: <ul style="list-style-type: none"> <li>using a buddy system or escorts when carrying money</li> <li>providing appropriate communications for summoning help</li> </ul>		
<ul style="list-style-type: none"> <li>Have workers received training in robbery prevention and response?</li> </ul>				Consider establishing a robbery prevention and response program. <ul style="list-style-type: none"> <li>Training could include:                             <ul style="list-style-type: none"> <li>techniques for preventing robberies</li> <li>safe responses to robbery</li> </ul> </li> </ul>		

General Physical Environment Assessment (GA)						
Physical Environment	Yes	No	N/A	Examples of Controls	Existing Controls	Recommended Controls <small>(person(s) responsible and expected completion dates)</small>
<ul style="list-style-type: none"> <li>Do workers carry medications, syringes, or other valuable medical equipment?</li> </ul>				Develop measures and procedures to protect workers and prevent robbery.		
<ul style="list-style-type: none"> <li>Do you have procedures to identify, evaluate, and inform workers about specific high-risk patients, situations, or locations?</li> </ul>				Develop and implement procedures to identify, evaluate, and inform workers about risks of violence related to location, the specific patient, a history of violent behaviour, possible triggers for violence, presence of weapons or pets.		
<ul style="list-style-type: none"> <li>Do you require a safe-visit plan before workers visit high-risk situations?</li> </ul>				Develop, implement, and communicate safe-visit plans for high-risk situations. A plan could include: <ul style="list-style-type: none"> <li>a buddy system</li> <li>deferral of visit until proper safety measures can be met</li> </ul>		
<ul style="list-style-type: none"> <li>Do you have procedures for workers to follow when dealing with aggressive or violent patients, customers, or members of the public?</li> </ul>				Develop and implement such procedures, which could include: <ul style="list-style-type: none"> <li>recommended actions and responses</li> <li>when to call for assistance or go to a safe area</li> </ul>		
<ul style="list-style-type: none"> <li>Are there other measures or procedures needed to protect workers from the risks of working in the community?</li> </ul>				Measures and procedures will depend on the specific workplace.		

Extract from Developing Workplace Violence and Harassment Policies and Programs: A Toolbox  
Occupational Health and Safety Council of Ontario (OHSCO) April 2010



# Appendix J1: Sample Terms of Reference for the Health and Safety Representative (HSR)

(for dental practices with 6-19 employees)

## Responsibilities

- The employer is responsible for ensuring that an HSR is elected and maintained.
- The HSR is responsible for completing duties.

## Composition:

- The HSR shall be elected by the workers that he/she represents.
- The HSR will fill this role for a minimum **X**-year term of office [*you may choose to include a maximum for the term of office*].”
- The name and work location of the HSR will be posted on the health and safety bulletin board.
- The HSR shall receive training in order to carry out his/her required duties.

## Duties of the Employer

- Provide information and assistance to the HSR in the completion of their duties.
- Provide health-and-safety-related information to the HSR, including information on the hazards identified and incidents reported to the employer.

## General Duties of the Health and Safety Representative

- Conduct monthly workplace inspections documenting all substandard acts and working conditions.
- Review information on incidents occurring and make recommendations to reduce recurrences.
- Complete an investigation when a person is killed or critically injured.
- Obtain information from the employer regarding:
  - Hazardous materials, processes or equipment
  - Designated substances and the respective control-program reports
  - Workplace testing that is being carried out for health and safety purposes
- Be present at the beginning of health and safety related testing in the workplace.
- Provide advice and recommendations to management on health and safety programs in general.
- Encourage fellow employees to work safely and to report hazardous or unsafe conditions immediately to their supervisors.
- Identify areas of health and safety training for all employees.
- Be present for, or assist in, work-refusal investigations.
- Be available to accompany a Ministry of Labour Officer on his/her inspection tour of the workplace.

## Written recommendations:

- The HSR will provide written recommendations to the employer as needed, that include:
  - Nature of concern with background information and justification
  - Recommended remedial action, listing suggested solutions and methods of implementation
  - Date and signature
- The employer is responsible for responding to written recommendations within 21 days, providing in writing:
  - A timetable for implementation, if the employer agrees with the recommendation
  - Reasons for disagreement, if the recommendation is not acceptable
  - Alternative resolutions(s) with timetable for implementation if the recommendation is not acceptable

**Employer Signature:**

**Date:**

**HSR Signature:**

**Date:**

## Appendix J2: Sample Terms of Reference for the JHSC

(for dental practices with 20 or more employees, or a designated substance in use)

These terms of reference will be reviewed, approved and come into effect when a Joint Health and Safety Committee (JHSC) is established at **Dental Practice** to eliminate, prevent or mitigate workplace and job hazards and health and safety problems. This committee will be constituted in accordance with the Ontario OHSA.

### Objectives

The JHSC will strive to achieve the following:

- Act as a focal point for information, advice and expertise on health and safety matters.
- Identify, analyze and document all actual or potential sources of hazards, including those that can be attributed to people, equipment, materials, environmental conditions and organizational factors in the workplace.
- Identify, analyze and propose solutions for all hazardous conditions and situations in the workplace.
- Promote the establishment, maintenance and monitoring of an Internal Responsibility System (IRS) and health and safety policies, programs, procedures, controls and preventive measures to protect the health and safety of workers.
- Conduct workplace inspections, incident/accident investigations, research and other activities in order to make meaningful recommendations to the employer for improving health and safety in the workplace.
- Actively participate in all internal health and safety programs and collaborate as required with external resources.

### Membership

In accordance with the OHSA, the JHSC will comprise # members who will represent management and # members who will represent the workers. At least half of the members shall represent workers.

Management members will be selected by the employer. Worker members will be selected by the workers that they represent in a majority vote.

The JHSC will be co-chaired by one representative selected by members from the management sub-group and one representative selected by members from the worker sub-group. These co-chairs will represent the JHSC and their members in all JHSC activities.

The term of office for all members of the JHSC will be X years. Representatives may serve for more than one consecutive term.

The number of members for a quorum will be at least X% of the total number of worker members. In the event that there is an insufficient number of members present for a quorum, the proceedings will be postponed for no more than X days.

One management member and one worker member will attend certification training.

### Functions

The JHSC will perform the following primary functions:

**Workplace Inspections:** The workplace will be inspected on a monthly basis by a designated worker member. The findings from an inspection and any recommended corrective actions or preventive measures will be documented in a workplace inspection report and submitted to the employer. The same designated worker member will represent the JHSC and participate in all workplace inspections by the MOL.

**Fatality, Critical-injury and Incident Investigations:** The designated worker member will represent the JHSC and participate in all fatality, critical-injury and incident investigations.

**Work-refusal Investigations:** The (same or another) designated worker member will represent the JHSC and participate in all work-refusal investigations.

**Recommendations:** The JHSC will document meaningful recommendations in a written report and present them to the employer as required. All recommendation reports will contain:

- Date and purpose of the recommendation
- Complete description of the recommendation, including any options or temporary measures
- Full justification for the recommendation
- Names of all people who will be responsible for implementing the recommendation
- Methodology and timeline for implementing the recommendation
- Implementation costs
- Response time in writing (if not within 21 days)
- Background, supplementary and/or reference material

## Meetings

The JHSC will meet and conduct business using the following guidelines.

**Frequency:** The JHSC will meet at least once every three months.

**Preparation Time:** Co-chairs and committee members will be entitled to no less than one hour of paid preparation time for a regularly scheduled meeting.

**Agendas and Minutes:** Agendas will be prepared and approved by the co-chairs and distributed to all members at least **X** working days prior to a scheduled meeting. A specific committee member (on a rotation basis in alphabetical order) will record the minutes for a meeting and provide the approved minutes to all members within **X** working days of the meeting.

## Document Retention

All JHSC agendas, minutes and inspection, investigation and recommendation reports will be maintained (in hard and soft copy) in a secure file cabinet for **X** years.

## Voting

JHSC decisions and recommendations will be made by a majority vote. All decisions and recommendations made in this manner will be final.

## Remuneration

JHSC members will be deemed to be at work and paid at their regular rate for the duration of all meetings and to perform the functions previously outlined.

### **Orientation, Ongoing Skills and Certification Training**

The JHSC will be responsible for providing suitable orientation training to all new members. An orientation package containing the following items will be prepared and maintained by the co-chairs of the JHSC:

- *A Guide to the OHSA and a Guide for Joint Health and Safety Committees and Representatives in the Workplace*, published by the MOL
- The approved terms of reference for their JHSC
- The agenda and minutes for the previous three meetings
- Sample workplace inspection forms
- A summary of the incidents/accidents at the dental practice for the previous/current year
- The schedule for upcoming meetings and workplace inspections

Certification training will be made available to one management and one worker member. The employer will cover the cost of approved training. All members will be deemed to be at work and paid at their regular rate for the duration of approved training.

### **Collaboration and Consultation**

Upon request or at his/her discretion, the employer may authorize the services of an occupational health and safety professional or external consultant to assist and advise the JHSC.

## Appendix K: Sample General Orientation Checklist

EMPLOYEE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

EMPLOYEE STATUS:  New Hire  Temporary Worker  Promotion  Return to work  Student/Co-Op Placement

JOB TITLE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

Program	Timeline for completion	Date Completed	Applicable Resources	Trainer Initials	Worker Initials	Comments
<b>1. RESPONSIBILITIES</b>						
i. Duties of Employer						
ii. Duties of Supervisor						
iii. Duties of Worker						
iv. Duties of JHSC/HSR						
v. Internal Resp.						
<b>2. WORKERS RIGHTS</b>						
i. Right to know						
ii. Right to Participate						
iii. Right to Refuse						
iv. Work Refusal Procedure						
<b>3. REPORTING PROCEDURES</b>						
i. Workplace Hazards						
ii. Near Misses						
iii. Workplace injuries/ incidents						
iv. Critical Injury						

Program	Timeline for completion	Date Completed	Applicable Resources	Trainer Initials	Worker Initials	Comments
<b>4. ENFORCEMENT</b>						
i. Progressive Discipline Approach						
<b>5. EMERGENCY PROCEDURES</b>						
i. Fire						
ii. Spill						
iii. Violence/ Harassment (including domestic violence in the workplace)						
iv. Bomb Threat						
<b>6. RETURN TO WORK</b>						
i. Responsibilities						
ii. Processes						
<b>7. WHMIS</b>						
i. Symbols						
ii. Labels						
iii. MSDS						

\_\_\_\_\_  
Supervisor's

\_\_\_\_\_  
Signature Date

## Appendix L: Sample Health and Safety Training Matrix

Staff Names	Training Elements	Nitrous Oxide Scavenging System	High-Level Disinfectants	Sterilizer	X-Ray Film Developer	X-Ray Protection	Grinder	Etcher	Disposal of Hazardous Wastes	Infection Prevention & Control	Workplace Violence and Harassment	Musculoskeletal Disorders	Mandatory H&S Training	Other	Other	Other	Other
J. Smith		X	X	X		X				X							

Training topics listed here are provided only as a sample — customize to the dental practice based on hazards identified in Appendix M

**Legend:**

'X' = Employer initials indicating worker has completed training



## Appendix M: Hazard Assessment in the Dental Practice

General hazard categories to consider are listed in the table below.

Hazard category	Examples in dental practices	List Hazards Present at the Workplace	Record Controls in Place or Required
Chemical <ul style="list-style-type: none"> <li>Solids, liquids or gases</li> <li>Exposure to controlled, consumer, medical products, etc.</li> </ul>	Disinfectants, nitrous oxide, mercury, sealants, develop/fixer, lead foil		
Physical <ul style="list-style-type: none"> <li>Includes noise, vibration, temperature and radiation</li> </ul>	X-ray radiation, hand tool vibration, equipment using heat to melt plastics or sterilize tools, UV light sources and lasers		
Biological <ul style="list-style-type: none"> <li>Pathogenic organisms capable of causing illness or disease</li> <li>Bacteria, viruses, fungi (moulds, yeasts), parasites, etc.</li> </ul>	Exposure to persons who may be ill or carriers of pathogenic organisms, sharps use and disposal		
Musculoskeletal <ul style="list-style-type: none"> <li>The design or organization of the work may place stress and strain on the musculoskeletal system</li> </ul>	Working in static or awkward postures; repetitious movement		
Equipment	Moving parts, pinch points		
Work practices <ul style="list-style-type: none"> <li>Failure to establish safe work practices or failure to follow safe work practices</li> </ul>	Improper sharps disposal; improper chemical waste disposal; improper personal protective measures such as use of gloves or masks/respirators		

<p>Organizational stressors</p> <ul style="list-style-type: none"> <li>Excessive workload, role uncertainty, responsibility for others, job satisfaction, job security</li> </ul>	<p>Examples would be based on the organizational climate at the time of the assessment</p>		
<p>Workplace violence/harassment</p> <ul style="list-style-type: none"> <li>Use of force or aggressive behaviour, such as hitting, kicking, punching, pushing, pulling hair, etc. May also include threats.</li> <li>Domestic violence that enters the workplace</li> </ul>	<p>Can include children, adults or anyone who can enter the workplace or come in contact with a worker on the job, while in a workplace</p>		
<p>Energy</p> <ul style="list-style-type: none"> <li>Electricity, steam, heat, pneumatic or hydraulic pressure</li> </ul>	<ul style="list-style-type: none"> <li>Usually associated with maintenance or repair of equipment</li> <li>Any equipment that requires a <i>lockout</i> procedure</li> </ul>		

# Appendix N: Organizational Analysis of Incidents

Year \_\_\_\_\_

Date	Employee Name	Type of Incident										Result of Incident				Total Number of Days Lost
												No WSIB Claim		WSIB Claim		
		Stuck/Caught	Fall	Slip/Trip	Overexertion	Harmful Substance / Environment	Workplace Violence/ Harassment	Repetition	Fire / Explosion	Motor Vehicle Accident	Other	Total Hazard Situation (No injury)	Total First Aid Injuries	Total Health Care Claims	Total Lost Time Claims	
<b>Totals</b>																
Totals for same period last year																

## Instructions for Completion

### Organization Monthly Analysis of Incidents

1. To be completed by supervisor or dental practice owner.
2. List the date of injury and employee name.
3. Place a check in the appropriate cell to indicate type of incident.
4. For each type of incident, record the corresponding "Result of Incident". It should be noted as a hazardous situation, first aid, health care, or lost time (see sidebar for definitions). If more than one "Results of Incident" applies, record only the most serious result.
5. For all incidents resulting in an injury or illness, causing the employee to lose one or more calendar days from work BEYOND the day of injury, total the number of days lost and record them under the heading "Days Lost."
6. At the end of the year, total the cells and place the count in the "Totals" row.
7. To complete the last row in the form, transfer the **previous** year's corresponding "Totals" in the cells for "Totals for Same Period Last Year".

### Definitions

#### **Hazardous Situation – No Injury**

An incident in the work environment caused by an unsafe act, an unsafe condition, or a combination of both, that has the potential to result in property loss and/or physical harm.

#### **First Aid Injury**

A work-related injury of such minor nature that it can be treated onsite without cost to the Workplace Safety & Insurance Board (WSIB).

#### **Health Care Claim**

A work-related injury/illness that requires treatment or service resulting in a cost to the WSIB but does not result in time lost from work.

#### **Lost Time Claim**

A work-related injury/illness that results in time lost from work beyond the day of the injury, thus requiring the WSIB to make payment in lieu of lost wages.

## Appendix O: Sample Content for a Workplace Inspection Policy

### Planned Documented Inspections

#### The Employer

- The employer/dental practice owner will prepare a workplace inspection checklist to include health and safety issues in the workplace. Inspections will be conducted (monthly/ semi-annually), depending on the risk associated with the hazard.
- Inspections will include employee contacts.
- Findings are to be recorded on the *Workplace Inspection Report* form.
- Completed checklists will be reviewed monthly and any outstanding concerns will be addressed.
- Completed checklists and report forms will be retained for a period of **X** years.

**(For dental practices with six or more employees, include the following information)**

#### HSR / JHSC

- Inspections are to be conducted on a monthly schedule by the HSR/JHSC using a checklist. The inspections are to combine observation, documentation, and employee interviews with the objective of identifying hazardous and unsafe conditions in the workplace.
- The findings are to be recorded on the Workplace Inspection Report and reported. Copies will be kept on file for a minimum of **X** years following the inspection.
- Any significant findings and recommendations as a result of inspections shall be presented to the employer.
- The employer will review the report and recommendations and respond in writing. The response should put forth a plan to address any hazardous conditions identified and timelines for completion.
- The response will be directed to and discussed with HSR/ JHSC.

## Appendix P: Sample Workplace Inspection Report form

Dental practice: \_\_\_\_\_ Date:(dd/mm/yy) \_\_\_\_\_ Return to: \_\_\_\_\_ By: \_\_\_\_\_  
(Name & Location of Inspector) (Date)

Unsafe Acts & Conditions				Corrective Action				
Item #*	Hazards Observed	Unsafe Act	Unsafe Condition	Made	Pending	Ordered	Assigned to	Due date
Inspected by: _____ Date: _____				Above Noted Action taken Supervisors signature: _____ Date: _____				
Inspected by: _____ Date: _____								

**\*Immediate Action Required – Record Corrective Action**

## Workplace Inspection Report

**The Workplace Inspection Report is designed to ensure that accident hazards observed during division inspections of work and patient care areas are corrected in an orderly fashion. The form should be used to report inspections carried out by the HSR/ JHSC.**

The following suggestions may assist you in making your inspection activity more effective.

- A representative of the work area being inspected should always accompany the inspecting person or group, so as to observe and/or explain certain situations.
- Hazards observed by the Inspector should be recorded in the section marked “Unsafe Acts and Conditions”.
- Hazards should be itemized (e.g., 1, 2, 3, ...). If an unsafe action or condition requires immediate attention, flag it with an asterisk (\*).
- For each hazard, indicate whether it is an unsafe act or unsafe condition. An unsafe act is an action being taken by one or more workers. An unsafe condition is something that exists in the surroundings or environment.
- The Corrective Action Section is to be completed by the supervisor of the division and returned to the Inspector within 21 days of the inspection.
- The corrective action should indicate if: (1) the correction has been completed (made), (2) a decision is pending, or (3) corrective action has been ordered and will soon be done. All items flagged with an asterisk (\*) must be addressed with corrective action immediately.

**The original and second copy of this report should be retained by the Division Head at the time of the inspection. The second copy, with the completed corrective action plan should be returned to the Inspector at the location and date indicated on the top within 21 working days of the inspection. This returned copy should be reviewed and dated. The third copy should be retained by the Inspector.**



## Appendix Q: Sample Content for an Incident/Near-miss/ Hazard Reporting and Investigation Policy

### Responsibilities

- All employees must report workplace incidents, illnesses, hazardous conditions, near misses and non-injury property damage. These should be reported to the immediate supervisor, who may be the dental practice owner, as soon as possible after the incident has occurred. Consider reporting incidents (e.g. violent behavior or property damage) to the local police as well. Employees involved in incidents with a potential for a complaint to be filed against them may wish to report the incident to their own professional liability program.
- The employer will implement the reporting system, review reports and recommendations of preventive and corrective actions, and maintain records.
- Supervisors are responsible for completing the appropriate forms and distributing them to the designated parties, in a punctual manner and in accordance with legislative requirements.

### Reporting Procedures

#### Definitions

- Incident – a workplace injury or illness that in some cases may require professional medical treatment or lost time from work.
- Near miss – a situation which potentially could have resulted in an accident or incident but did not.
- Hazardous condition – a situation that is identified as having the potential to cause an accident, incident or near miss.
- Occupational illness – A condition that results from exposure in the dental practice to a physical, chemical or biological agent.
- Non-injury property damage – any damage to facility property and equipment.
- Critical injury – a workplace related injury of a serious nature that:
  - Places life in jeopardy
  - Produces unconsciousness
  - Results in substantial loss of blood
  - Involves the fracture of a leg or arm (but not a finger or a toe)
  - Involves amputation of a leg, arm, hand or foot (but not a finger or toe)
  - Consists of burns to a major portion of the body, or
  - Causes the loss of sight in an eye

All injuries that require first aid treatment only must be recorded on the first aid reporting form and kept with the first aid kit.

#### Employees

Employees who experience a work-related injury or illness should seek immediate medical attention and promptly report to their supervisor. If transportation to a hospital, doctor's office or an employee's home is necessary, the employer will arrange it.

**All work related incidents, illnesses, near misses and hazardous conditions, no matter how slight, must be reported to the employer/supervisor.**

### **Supervisors (often the dental practice owner)**

Once notified of the incident or illness, the supervisor must complete an incident report form, notify the employer and begin an investigation of the root cause(s).

### **Investigation Procedures**

- All reported incidents and hazards will be investigated by the direct supervisor to determine the root cause(s).
- Investigations will begin immediately. A statement from the injured person may be collected at a later date if he/she cannot provide a statement immediately.
- All contributing factors including hazardous conditions, unsafe actions and root causes will be recorded on an investigation form so that a decision can be made as to which conditions and circumstances contributed to the accident.
- Identifying the contributing factors will include direct observations and interviews with the injured employee and any witnesses to the accident.
- The supervisor shall summarize the information gathered and propose an action plan.
- The supervisor must ensure the proposed action is implemented to prevent further accidents/incidents. If the solution is beyond the authority or resources of the supervisor, they must make the employer aware of the problem and put interim procedures in place. The hazards identified in the investigation process must not be allowed to remain without attention while proposed action is pending.
- The employer will review the incident report and investigation forms and ensure appropriate action has been taken.

### **Reporting to the MOL and HSR/JHSC**

If a worker or patient is critically injured or dies because of a workplace cause (not a treatment cause):

- No person shall interfere with, disturb, alter or carry away any wreckage, article or thing at the scene of or connected with the occurrence until permission to do so has been given by the MOL. The only exceptions are to save a life or relieve human suffering, to maintain an essential public utility service or transportation system, or to prevent unnecessary damage to equipment and other properties.
- The employer will immediately notify the Ministry of Labour (877-202-0008) and the HSR/JHSC, and submit a written report within 48 hours. The written report must contain the following information:
  - The name and address of the employer
  - The nature and the circumstances of the occurrence and the bodily injury or illness sustained
  - A description of the machinery or equipment involved
  - The time and place of the occurrence
  - The name and address of the person who was killed or critically injured
  - The names and addresses of all witnesses to the occurrence
  - The name and address of the physician or surgeon, if any, by whom the person was or is being attended for the injury or illness
  - The steps take to prevent a recurrence

In the case of medical aid or lost time from work because of an accident, explosion, fire or incident of workplace violence at a workplace, but no person dies or is critically injured:

- Provide written notice to the HSR/JHSC within four days of the occurrence, including the information listed above.

In the case of an occupational illness:

- Provide written notice to the HSR/JHSC within four days of learning of the illness, including the information list above.

#### Records

- A summary of reported incidents will be prepared and provided to the HSR/JHSC monthly.
- Copies of the incident report and investigation forms will be kept on file for a period of **X** years following the occurrence [*a period from 3-5 years is recommended*].

## Appendix R: Sample Investigation Form

<b>Names of investigators:</b>		<b>Date of investigation:</b>
<b>Additional Accident Information</b>		
<b>Details on how the incident/accident occurred:</b>		
<b>Name of witness(es):</b>		
<b>List controls in place and indicate if the controls were working at the time of the incident:</b>		
<b>Circumstances and conditions that the injured party feels caused the incident/accident:</b>		
<b>Circumstances and conditions that the supervisor feels caused the incident/accident:</b>		
<b>Immediate and root causes of the incident/accident that the injured party and supervisor agree on:</b>		
<b>Hazard control measures</b>		
<b>Action required</b>	<b>By whom and when</b>	<b>Date completed</b>
<b>Signature of investigator:</b>		
<b>Reviewed by:</b>		
<b>Review date:</b>		

## Appendix S: Sample Wording for a First Aid Procedure:

1. The employer will maintain a first aid station suitable for the number of employees. The contents of the first aid box are outlined in the following sections of the regulations, and are based on the number of employees in any one shift:  
*List the actual contents required for the first aid box based on the number of employees in any one shift at the facility as outlined in the First Aid Regulation 1101*
  - Section 8 (up to 5 employees)
  - Section 9 (more than 5 and up to 15 employees)
  - Section 10 (more than 15 and up to 200 employees)
2. The following will be posted at the first aid station:
  - A valid First Aid Certificate of the trained worker on duty
  - The WSIB poster known as Form 82, In All Cases of Injury/Disease
  - An inspection card with spaces for recording the date of the most recent inspection of the first aid box and the signature of the person making the inspection  
*Identify the person or persons (preferably by title) responsible for checking first aid supplies quarterly (at a minimum) and completing the inspection card. Identify if this person(s) is also responsible for restocking the first aid supplies.*
3. *Identify who will attend first aid training (preferably by title), the type of training required (i.e., St. John Ambulance Emergency First Aid or St. John Ambulance Standard First Aid – see sections 8-11 of the regulations), and the person at the facility who will receive and maintain copies of the certificates obtained.*
4. All first aid treatment, including the date and time of the occurrence, the names of witnesses, the nature and exact location of the injury, and the date, time and nature of the first aid administered will be kept.
5. Transportation to a hospital, doctor's office or the employee's home will be provided if necessary.

## Appendix T: Sample First Aid Kit Inspection Record

<p style="text-align: center;"><b>DENTAL PRACTICE NAME</b></p> <p style="text-align: center;"><b>First Aid Box Location</b></p> <div style="background-color: #ADD8E6; width: 150px; height: 20px; margin: 10px auto;"></div> <p style="text-align: center;">For sites with 5-15 workers on one shift</p> <p>Employers shall inspect first aid boxes and their contents at least quarterly and shall mark the inspection card for each box with the date of the most recent inspection and the signature of the person making the inspection.</p> <p>9(1) Every employer employing more than 5 and not more than 15 workers in any one shift at a place of employment shall provide and maintain at the place of employment a first-aid station with a first-aid box containing as a minimum:</p>		Signature								
		Date Inspected								
A current edition of a First Aid Manual	1 each									
1 card of safety pins	1 each									
Adhesive dressings	24 each									
Adhesive tape 1" wide	2 rolls									
Sterile gauze pads (3" square)	12 each									
Gauze bandage 2" wide	4 rolls									
Gauze bandage 4" wide	4 rolls									
Sterile surgical pads (pressure dressing)	4 each									
Triangular bandages	6 each									
Roll up splint	1 each									
Splint padding	2 rolls									
Poster (Form 82)	1									
Valid First Aid Certificates										
First aid incident recording sheet										
Inspection Card										

For more information regarding first aid requirements, review the *First Aid Requirements Regulation 1101* at [www.e-laws.gov.on.ca/html/regs/english/elaws\\_regs\\_901101\\_e.htm](http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_901101_e.htm).





# Health & Safety Programs

**A Guide for Dental Practices  
2016-2017**

Developed by the Public Services Health & Safety Association in collaboration with the Ontario Dental Association.



1800 - 4950 Yonge Street  
Toronto, ON M2N 6K1

Tel: 416-250-2132 or 1-877-250-7444  
Fax: 416-250-7484 • [www.pshsa.ca](http://www.pshsa.ca)



4 New Street  
Toronto, ON M5R 1P6

Tel: 416-922-3900 or 1-800-387-1393  
Fax: 416-922-9005 • [www.youroralhealth.ca](http://www.youroralhealth.ca)