

Health and Safety in the Workplace

1.0 Summary

The *Occupational Health and Safety Act* (Act) is intended to protect workers from workplace health and safety hazards. It sets out the rights and duties of all parties in the workplace, establishes procedures for dealing with hazards, requires compliance with minimum standards, and provides for enforcement of the laws where compliance is not met. The Act applies to all workplaces in Ontario, except for workplaces regulated by the federal government. As a result, the Act covers approximately 6.6 million workers of the 7.4 million workers employed in Ontario. In 2018, 85 people in Ontario died at work and an additional 62,000 were absent from work because of a work-related injury. In addition, another 143 people died from an occupational disease. The Ministry of Labour, Training and Skills Development's Occupational Health and Safety Program is responsible for administering the Act, and it spent about \$200 million in 2018/19 for prevention and enforcement activities. Almost half of this funding goes to six external health and safety associations to consult with and train businesses and workers on how to maintain a safe workplace. The Ministry recovers its costs to administer the Act from the Workplace Safety and Insurance Board (WSIB), which derives its revenue primarily from premiums paid by employers to insure their workers.

Over the last five years (2014–2018), the number of employers, supervisors or workers prosecuted and convicted for violating the *Occupational Health and Safety Act* totalled 1,382, or about 276 annually. Financial penalties imposed totalled \$62.1 million.

Aside from the impact on a worker's health, livelihood and productivity, work-related deaths and injuries have a financial impact on employers. The Workplace Safety and Insurance Board pays about \$2.6 billion annually to claimants and their families in compensation for workplace deaths, injuries and illnesses.

Compared to other Canadian jurisdictions, Ontario has consistently had one of the lowest lost-time injury rates over the 10-year period from 2008 to 2017 (the most recent year for which data is available). In fact, it has had the lowest rate of any province since 2009. On a sector basis, we calculated that Ontario had either the lowest or second-lowest lost-time injury rates in the construction, health-care, and industrial sectors, in each year from 2014 to 2017. In the mining sector, Ontario's ranking among Canadian provinces improved each year from seventh place in 2014 to second-best in 2017.

With regard to fatalities from workplace injuries or occupational diseases, we calculated that Ontario had the second-lowest fatality rate in Canada on average from 2013 to 2017 (the most recent year for which data is available).

Although Ontario has consistently performed well compared to other provinces with regard to worker fatality and injury rates, Ontario should not become complacent when it comes to occupational health and safety. This is because within Ontario, injury rates for workers who lost time from work as a result of a workplace injury began to decrease from 2009, but have increased since 2016. Also, injury rates for workers who did not lose any time from work initially began to decrease following 2009, but have levelled off since 2016. The rate of traumatic workplace fatalities has not improved noticeably over the last decade and has also increased since 2017. Additionally, the rate of death from occupational diseases overall has trended downward but still far exceeds the number of traumatic workplace fatalities (that is, deaths due to accidents in the workplace). Further, the number of injuries in the industrial and health-care sectors has increased over the last five years by 21% and 29%, respectively.

Some of our significant audit findings include:

Enforcement

- **The Ministry's enforcement efforts are not preventing many employers from continuing the same unsafe practices.** We reviewed companies inspected at least three times during the past six fiscal years, and found that many of these companies have been issued orders for violations and contraventions relating to the same type of hazard in multiple years. For example, in the construction sector, 65% of companies we reviewed had repeatedly been issued orders relating to fall protection hazards. Furthermore, although under the Act the employer bears the most responsibility for ensuring the health and safety of its workers, almost all fines were issued to individuals such as workers and supervisors, rather than employers.
- **Ministry inspectors confirming employer's subsequent compliance with orders.** We reviewed 100 inspection files across the four Ministry sectors at the three regional offices we visited and noted that inspectors confirmed that employers had corrected the health and safety hazards and contraventions in 92% of 470 orders sampled.

Inspections

- **The Ministry's information system contains only 28% of all businesses in Ontario, leaving many workplaces uninspected.** The Ministry does not maintain an inventory of all businesses that are subject to inspection under the *Occupational Health and Safety Act*. This is because there is no requirement for businesses to register with or notify the Ministry when they start operating or close down. Instead, the inventory is updated only when the Ministry's contact centre receives a complaint or an incident report, or if an inspector happens to notice a new, unrecorded workplace in their area of inspection. We estimated that the Ministry's system contains only 28% of all businesses in Ontario and that it proactively inspects about 1% of Ontario businesses each year and investigates an additional 1% of businesses for incidents that have occurred. We reviewed a sample of fatalities and critical injuries reported to and investigated by the Ministry, and found that although all companies with critical injuries were in the system, in 40% of fatality cases there was no prior record of the associated business in the Ministry's system. Three-quarters of the cases not previously in the Ministry's system were in the construction sector.
- **The Ministry does not identify workplaces for inspection where workers are more likely to get injured, often leaving companies with the highest injury rates uninspected.** The Ministry uses WSIB injury data and its own compliance data to identify

high-risk hazards or workplace/worker characteristics for developing enforcement strategies. The data includes known incidents of worker injuries and the compliance history of firms in the same sector. However, the Ministry does not use this data to identify, rank and select specific higher-risk workplaces for inspection. Instead, inspectors select workplaces based largely on their own judgment and familiarity with activities within their assigned geographical areas. Along with the use of judgment and field intelligence, using compliance and injury-claims data could further refine the inspection-selection process. Also, the Ministry cannot identify affiliates of businesses found to have unsafe workplace practices because it does not consistently record ownership details.

- **The Ministry has made very little progress on preventative inspection initiatives for the mining sector.** In 2015, the Ministry began a comprehensive inspection program to assess all mining operations for health and safety purposes. In 2016, it also began an engineering review of all mining operations that focused on the top three hazards for underground and surface mines. However, as of July 2019, comprehensive inspections had been completed for only 23 of over 550 mining operations, and only one out of 39 underground mines had undergone an engineering review for all top three hazards.

Strategy

- **The Ministry has not measured the effectiveness of its 2013 *Healthy and Safe Ontario Workplaces Strategy*.** Although the Ministry established performance indicators to measure the effectiveness of the strategy's activities, it has not measured them. The Ministry determined that it lacked sufficient sources of data and the quality of its data was low, and this prevented it from being able to

measure the effectiveness of the strategy in a meaningful way.

Health and Safety Associations

- **Although the Ministry provides health and safety associations with about \$90 million in funding per year, it does not know how effective the associations have been at helping to prevent occupational injury or disease.** The Ministry provides about \$90 million annually to six health and safety associations, five that consult and train workers on occupational health and safety, and one that provides clinical services to treat workers' illnesses (see **Appendix 1**). The Ministry assesses the associations' performance using measures that are focused solely on outputs (for example, number of training hours provided) rather than measuring the impact or effectiveness of their prevention efforts (for example, changes in the rates of injuries and fatalities in businesses that received their consulting and training services).
- **The Ministry does not require health and safety associations to account for or repay surplus funding owed to the government.** Under the transfer-payment agreements with the Ministry, the associations are not allowed to retain any portion of unused funding at year's end. In addition to government funding, all five training associations also generate revenue from private sources. None of the associations, however, track what portion of expenses relate to activities funded by the government, and the Ministry does not require them to do so. Using the average percentage of revenue the Ministry's funding represented for each association over the last five-year period ending in 2018, we estimated the Ministry's share of the associations' total recoverable surplus to be approximately \$13.7 million. At the time of our audit, the Ministry had not recovered any surplus funds.

In January 2019, the Ministry reduced the fourth-quarter payment to health and safety associations by \$2.9 million and directed the associations to use accumulated surplus to cover any operational shortfalls that may arise from the reduction. In April 2019, a further reduction (\$12 million) in transfer payments was announced and again the health and safety associations were allowed to use their accumulated surplus to offset this.

- **The Ministry has not tried to recover interest income generated on funds it provided to the health and safety associations, even though this is required by the government’s Transfer Payment Accountability Directive.** We noted that the health and safety associations were reporting total interest income on their audited financial statements, but not identifying what portion of interest income was generated from Ministry-provided funding versus self-generated income. Using the average percentage of revenue the Ministry’s funding represented for each association over the last five-year period ending in 2018, we estimated the portion of interest income generated on Ministry-provided funding to be approximately \$3.1 million.

This report contains 13 recommendations, with 26 action items, to address our audit findings.

Overall Conclusion

Our audit concluded that the Ministry has been successful at consistently maintaining the lowest lost-time injury rate in comparison to other provinces. Further, the rates of injury in each sector are among the lowest in the country. However, the Ministry should not become complacent with these results, as Ontario’s rates have either levelled off or begun to climb in recent years. As well, the Workplace Safety and Insurance Board still pays about \$2.6 billion annually to claimants and their families for work-related deaths, injuries and illnesses.

The audit also concluded that the Ministry does not have assurance that it is identifying and inspecting all workplaces with a high risk for worker injury or illness. In addition, the Ministry’s enforcement and prosecution efforts are allowing some companies to continue their poor health and safety practices. Specifically, as evidenced by the number of repeat offenders, the Ministry needs to improve its efforts for ensuring workplaces take corrective action to achieve compliance with orders issued.

In 2013, the Ministry developed an overall strategy called *Healthy and Safe Ontario Workplaces* to help it set priorities for preventing injuries and illness and create a culture where health and safety is at the centre of all workplaces. However, six years on, the Ministry has not yet assessed whether the strategy is having an impact on workplace safety. The Ministry has also since developed four sector-specific action plans (in 2015, 2016 and 2017), and while it has made progress implementing some of the recommendations of its action plans, it is too early to assess their effectiveness.

The training and consulting services provided by the health and safety associations, which represent almost half of all Ministry costs for the Occupational Health and Safety Program, are not evaluated for their effectiveness. Therefore, the Ministry cannot ensure that it is receiving value for money from the funding it provides to the associations for prevention activities.

We noted that the Ministry publicly reports on the number of work-related deaths and injuries and the rate of their occurrence. Further, the Ministry has established targets for four key performance measures relating to occupational health and safety. However, the targets and accompanying results are only reported internally through the budgeting process to Cabinet, but not in the Ministry’s published Annual Report.

OVERALL MINISTRY RESPONSE

The Ministry of Labour, Training and Skills Development would like to thank the Auditor General and her staff with respect to their diligence in auditing the Ministry's business processes and oversight of Ontario's occupational health and safety system performance. We welcome feedback on how we are performing as a Ministry and recommendations for change that strengthen our ability to continue as a leader in workplace safety.

The Ministry takes oversight of its health and safety system partners seriously. We are committed to examining areas where oversight processes can be enhanced and to provide the public with greater assurances that these health and safety organizations are fulfilling their mandates in the interests of the employers and workers of Ontario.

The Ministry will continue to work closely with our health and safety organizations, Workplace Safety and Insurance Board and Ministry of Municipal Affairs and Housing to improve worker health and safety across the province.

The Ministry will develop an implementation plan that outlines specific steps it will take to improve oversight processes. The Ministry is currently in the process of replacing outdated information-technology applications and restructuring business systems to increase compliance, enhance evidence-based/risk-based decision-making, improve data collection and analytics, while enabling better customer service and transparency.

2.0 Background

2.1 Overview

The Ministry of Labour, Training and Skills Development (Ministry) administers the Occupational Health and Safety Program (Program),

in collaboration with the Workplace Safety and Insurance Board and six external Health and Safety Associations (described in **Appendix 1**) that receive funding from the Ministry. The Program aims to prevent fatalities, injuries and illnesses in Ontario workplaces.

The size of the workforce in Ontario as of March 31, 2019, was 7.4 million. In 2018, 85 people in Ontario died at work and an additional 62,067 missed time at work because of a work-related injury. Of those who died or were injured, 57% were males and 43% were females. Also, 13% were under the age of 25, which the Ministry defines as a young worker. In addition, another 143 people died in 2018 from diseases caused by their exposure to workplace hazards (occupational diseases). Many workplace injuries and deaths result from unsafe practices that are in violation of the *Occupational Health and Safety Act*. In 2018/19, 34% of 32,245 investigations conducted by the Ministry resulted in orders for corrective action being issued for violations of the Act. See **Appendix 2** for the top types and causes of workplace injuries.

In addition to the impact on a worker's health, livelihood and productivity, work-related deaths and injuries have a financial impact on employers. According to the Workplace Safety and Insurance Board (WSIB), over the last five years (2014–2018), there have been almost 1,500 claims for work-related deaths and over 900,000 claims for work-related injuries or illness, as shown in **Figure 1**. On an annual basis, the WSIB pays about \$2.6 billion to claimants or their families.

The Ministry checks for compliance with the *Occupational Health and Safety Act* and its regulations by inspecting workplaces and investigating workplace fatalities, critical injuries, employee work refusals and employer reprisals. In the 2018/19 fiscal year, the Ministry conducted over 70,000 inspections and investigations. See **Appendix 3** for a five-year trend of the number of inspections, investigations and consultations conducted by sector. The Ministry is also responsible for monitoring, evaluating and reporting on workplace

Figure 1: Number of Claims for Workplace Injuries and Occupational Disease, 2014–2018

Source of data: Workers Safety and Insurance Board

Type of Claims	2014	2015	2016	2017	2018	Total
Fatalities						
Traumatic ¹	65	61	64	72	74	336
Occupational Disease ²	209	212	231	215	260	1,127
Total Fatalities	274	273	295	287	334	1,463
Lost Time						
Injury ³	51,204	48,922	54,734	57,141	62,067	274,068
Occupational Disease ⁴	2,584	2,794	2,668	2,413	2,946	13,405
Total Lost Time	53,788	51,716	57,402	59,554	65,013	287,473
Non-Lost Time						
Injury ³	116,192	112,838	112,092	115,839	118,403	575,364
Occupational Disease ⁴	10,270	10,238	10,124	11,506	12,673	54,811
Total Non-Lost Time	126,462	123,076	122,216	127,345	131,076	630,175
Total	180,524	175,065	179,913	187,186	196,423	919,111

1. Based on year of death.

2. Based on year claim approved by WSIB.

3. Based on year injury occurred.

4. Based on year claim registered with WSIB.

safety in Ontario, and advising the Minister on the strategic direction and government priorities in this area. There are four occupational health and safety sector programs comprising 81 sectors. See **Figure 2** for a description of each program. In addition, the Ministry reviews and proposes amendments to the *Occupational Health and Safety Act* and regulations made under the Act.

2.1.1 Occupational Health and Safety Act

The *Occupational Health and Safety Act* (Act) forms the basis of the Occupational Health and Safety Program. The Act protects workers from workplace health and safety hazards; sets out the rights and duties of all workplace parties and rights for workers; establishes procedures for dealing with hazards; requires compliance with minimum standards to protect the health and safety of Ontario workers; and provides for enforcement of the laws where compliance is not met. See **Figure 3** for the duties of employers and the rights of workers under the Act.

The underlying philosophy of the *Occupational Health and Safety Act* and the Occupational Health and Safety Program is that each workplace has a well-functioning Internal Responsibility System. That is, all parties in the workplace (employers, workers, supervisors, etc.) share the responsibility for health and safety to the extent that each party has control over it.

The Act applies to all workplaces in Ontario, except for workplaces regulated by the federal government or work done in a private residence by an owner, occupant or servant. Federally regulated workplaces include post offices, airlines and airports, banks, some grain elevators, telecommunication companies, and interprovincial trucking, shipping, railway and bus companies. As of March 31, 2019, the Act covered approximately 6.6 million workers of the 7.4 million workers employed in Ontario.

There are 26 regulations under the Act that address hazards by sector (e.g., mining, construction, industrial establishment, health care facilities), by the type of work (e.g., window cleaning

Figure 2: Ministry of Labour, Training and Skills Development Occupational Health and Safety Sector Programs

Prepared by the Office of the Auditor General of Ontario

Sector Program	# of Sectors	Description
Construction	32	Applies to the construction, alteration, repair, demolition, installation of any machinery or plant, and any other work or undertaking in connection with a construction project.
Mining	12	Applies to underground mines, open pit mines and quarries, sand and gravel pit operations, mineral exploration sites, and oil and gas extraction sites and facilities (both onshore and offshore locations).
Health Care	7	Applies to workplaces that provide health or community care services, such as hospitals, long-term care homes, retirement homes, nursing services, medical laboratories, and professional offices and agencies.
Industrial	30	The largest and most diverse of the programs as it applies to all other sectors, such as automotive, restaurants, government, police service, and retail.

Figure 3: Employers' Duties and Workers' Rights under the *Occupational Health and Safety Act, 1990*Source: *Occupational Health and Safety Act, 1990***Duties of Employers**

- Take every reasonable precaution under the circumstances for the protection of a worker.
- Provide, maintain and ensure proper use of equipment, materials and protective devices.
- Ensure required measures and procedures are carried out, such as ensuring employees are using personal protective equipment when working with or around hazards.
- Provide information, instruction and supervision to workers. For example, Occupational Health and Safety Awareness and Training for every worker and supervisor, and Working at Heights Training for all employees in the construction sector.
- Acquaint workers and supervisors with workplace hazards.

Rights of Workers

- Know about any hazard to which they may be exposed.
- Participate in identifying and resolving health and safety concerns, for instance through membership on a joint health and safety committee.
- Refuse unsafe work.

and diving operations), and by the type of hazard (e.g., needle safety, x-rays, toxic substances, and noise). See **Appendix 4** for a list of the regulations and the sectors to which they apply.

2.1.2 Parties Involved in Occupational Health and Safety in Ontario

The Occupational Health and Safety Program is delivered through the Ministry's head office, five regional offices and 17 district offices. There are 843 Ministry employees working in the Occupational Health and Safety Program. A total of 373 frontline staff are involved in inspection and enforcement activity, made up of 321 inspectors,

22 engineers, 20 hygienists, nine ergonomists and one medical consultant. Other staff include management and support staff at the five regional offices (176); a policy division (38); a prevention office (67); and other support functions (86). About 100 other employees work partly on other Ministry programs such as Employment Standards and Labour Relations. See **Appendix 5** for an organizational chart of the Ministry of Labour, Training and Skills Development's Occupational Health and Safety Program.

Other outside parties assist the Ministry with its workplace health and safety activities, including health and safety associations, advisory committees, the WSIB, and a prevention council. See **Figure 4**

Figure 4: Key Parties Responsible for Occupational Health and Safety

Prepared by the Office of the Auditor General of Ontario

Ministry of Labour, Training and Skills Development

- Sets strategic direction for the occupational health and safety system.
- Administers and enforces the *Occupational Health and Safety Act* and regulations through inspections and investigations.
- Develops legislation and regulation under the *Occupational Health and Safety Act*.

Advisory Committees

Appointed by the Minister of Labour, there are 11 committees, each related to a specific industry, such as firefighters, police, film and television, mining and health care. Members of the committees include representatives from the Ministry, Health and Safety Associations, industry, and employee associations. There are 181 members in total on all committees combined.

Key responsibilities include:

- inquire into and report on workplace health and safety matters as requested by the Ministry and considered advisable by the committees.

Prevention Office—Chief Prevention Officer

A division of the Ministry of Labour responsible for carrying out prevention activities related to occupational health and safety.

Key responsibilities include:

- establish a provincial occupational health and safety strategy;
- set province-wide training and safety programs standards and oversee training providers;
- report to the Minister of Labour on the performance of Ontario's occupational health and safety system;
- provide funding and oversight through transfer-payment agreements to Health and Safety Associations; and
- provide funding for occupational health and safety research to universities and other associations with a focus on occupational health and safety.

Prevention Council

Composed of nine members appointed by the Minister with equal representation from trade unions and provincial labour organizations. This group typically meets four times a year.

Key responsibilities include advising the Minister of Labour and the Chief Prevention Officer on occupational health and safety issues, including:

- prevention of workplace injuries and illnesses;
- development of the provincial occupational health and safety strategy; and
- any significant proposed changes to funding and delivery of services under the Act.

Health and Safety Associations

Funded by the Ministry of Labour, there are six not-for-profit Health and Safety Associations (four sector-based associations, a medical clinic, and a designated training centre).

Key responsibilities include:

- provide occupational health and safety training, education and awareness to workers and businesses; and
- provide specialized clinic services to identify and treat work-related illnesses.

See **Appendix 1** for further descriptions and information for each Health and Safety Association.

Research and Program Grant Recipients

Funded through transfer payment agreements from the Ministry of Labour.

Key responsibilities include:

- conduct research projects that focus on identified occupational health and safety system priorities set by the Ministry.

Workplace Safety and Insurance Board

An agency of the Ministry of Labour.

Key responsibilities include:

- administer compensation and no-fault insurance to 75% of Ontario workplaces; and
- promote occupational health and safety (OHS) in alignment with the provincial OHS Strategy.

for the key parties involved in the Ministry's administration of the occupational health and safety system. Also, see **Appendix 6** for a jurisdictional comparison of who is accountable for Occupational Health and Safety regulations and related functions in other provinces and territories in Canada.

Up to March 2012, prevention activities for occupational health and safety were the responsibility of the Workplace Safety and Insurance Board. Effective April 1, 2012, the Ministry accepted the recommendations of the Expert Advisory Panel on Occupational Health and Safety and assumed all prevention responsibilities from the Workplace Safety and Insurance Board, including funding responsibility for Health and Safety Associations and prevention grants.

2.1.3 Provincial Occupational Health and Safety Strategy and Other Action Plans

On December 16, 2013, the Ministry released the province's first integrated strategy to prevent injuries and improve workplace health and safety. Called *Healthy and Safe Ontario Workplaces*, the strategy is to guide the Ministry and its safety-system partners—including the Workplace Safety and Insurance Board, and Ontario's six health and safety

associations—toward setting priorities to prevent injuries and illnesses, and to create a culture where health and safety is at the centre of every workplace. The strategy outlines two major goals, each with three specific priorities, as seen in **Figure 5**.

The Ministry has also developed four separate action plans. The implementation status of recommendations contained in the action plans is listed in **Appendix 7**. The action plans are as follows:

- **Mining Health, Safety and Prevention Review (March 2015)**—The goal of this plan was to ensure that those who work in Ontario's mines come home healthy and safe at the end of every shift and to maintain a productive and innovative mining industry. The plan focused on six key health and safety issues in underground mining, namely: health and safety hazards; the impact of new technology; emergency preparedness and mine rescue; training, skills and labour-supply issues; the capacity of the occupational health and safety system; and the Internal Responsibility System (which puts in place an employee-employer partnership where everyone in an organization has direct responsibility for health and safety as an essential part of his or her job). The plan made 18 recommendations,

Figure 5: Goals and Priorities of the Provincial Health and Safety Strategy

Source of data: Ministry of Labour, Training and Skills Development

Goal	Priorities	Performance Measure
Target the areas of greatest need	Assist the most vulnerable workers	• Number of occupational injuries, illnesses and fatalities among young workers
	Support occupational health and safety improvements in small businesses	• Number of small businesses engaged • Number of occupational injuries, illnesses and fatalities among workers in small businesses
	Address the greatest hazards that resulting in workplace injuries, illnesses or fatalities	• Number of occupational injuries, illnesses and fatalities associated with the conditions of work with the highest rates of injuries, illnesses and fatalities
Enhance service delivery	Integrate service delivery and system-wide planning	• Budget allocated to cross-sector priorities (e.g., supporting vulnerable workers, supporting small businesses)
	Build collaborative partnerships between occupational health and safety service delivery partners	• Activities to increase stakeholder reach and foster partnerships
	Promote a culture of health and safety	• Number of requests for information made to service delivery providers

of which eight, or 44%, had been implemented at the time of our audit.

- **Preventing Workplace Violence in Health Care (December 2016)**—The goal of this plan was to reduce the risk of violence towards nurses in hospitals. The plan provided 23 recommendations across four areas: leadership and accountability; hazard prevention and control; communications and knowledge translations; and indicators, evaluations and reporting directed to the then Ministry of Labour and the then Ministry of Health and Long-Term Care, hospitals, and other partners in the health-care sector. At the time of our audit, 10 or 43% of the recommendations had been implemented.
- **Occupational Disease Action Plan (January 2017)**—The goal of this plan was to reduce illnesses and fatalities associated with occupational diseases in Ontario workplaces. The plan focused on general occupational disease awareness, noise, allergens and irritants leading to skin and lung disease, diesel exhaust emissions, and emerging exposures where knowledge exchange and research may not be fully developed. The plan outlines 28 specific activities to be undertaken of which 14, or 50%, had been implemented.
- **Construction Health and Safety Action Plan (May 2017)**—The goal of this plan was to increase the construction sector's compliance with occupational health and safety regulations, by focusing on developing a more knowledgeable and skilled system and sector. The plan recommended 41 actions, of which 36, or 88%, were implemented.

2.1.4 Enforcement Activities

The Ministry's enforcement activities are delivered through its five regional offices (Central East, Central West, Northern, Eastern, and Western), primarily through field visits to workplaces to conduct inspections or investigations.

Inspectors are appointed under the *Provincial Offences Act* and have the power to conduct inspections and investigations of workplaces, order compliance with the Act and its regulations, and commence a prosecution, when warranted.

The Ministry's enforcement strategy, called *Safe at Work Ontario*, consists of the following activities:

- creating annual sector enforcement plans, including inspection initiatives (based on areas of focus) conducted by occupational health and safety inspectors in workplaces;
- consulting and collaborating with other health and safety program partners;
- engaging stakeholders to help shape Ontario's occupational health and safety compliance strategy; and
- publicly reporting inspection and enforcement results.

There are three types of field visits:

- **Consultations** may occur before an actual workplace inspection, most often at the request of the business. An inspector discusses with the employer and/or joint health and safety committee member the purpose of their visit and may request information for the workplace parties to prepare for their next visit.
- **Unannounced inspections** are intended to ensure compliance with the *Occupational Health and Safety Act* and its regulations, particularly in workplaces where greater hazards exist (such as high levels of noise or working from heights), and to ensure parties in the workplace maintain an effective Internal Responsibility System.
- **Investigations** look into fatalities, critical injuries, work refusals, complaints of a hazardous situation, or other health and safety events in the workplace. These are brought to the attention of the Ministry through its Health and Safety Contact Centre, a 24/7 hotline where workplace incidents are to be reported and complaints involving unsafe work practices or conditions can be made.

Investigations take priority over proactive inspections planned or under way. The Ministry does not typically receive referrals from WSIB.

Annually over the last five fiscal years (2014/15–2018/19), the Ministry has conducted on average about 67,400 field visits at approximately 36,000 workplaces or 25,000 companies. The majority of visits are inspections (54%), followed by investigations (44%). As well, the majority of field visits have been carried out in the industrial (54%) and construction (37%) sectors. See **Appendix 3** for the number of field visits by program sector and type between 2014/15 and 2018/19.

2.1.5 Enforcement Tools and Penalties

Enforcement tools available to an occupational health and safety inspector include issuing an order, issuing a fine (through a ticket or summons to appear in court), and recommending cases for prosecution.

When a contravention to the Act is found, the inspector is required to record the contravention and issue an order that explains the contravention and the corrective action required, or issue a fine or pursue prosecution if warranted. An order can be issued to an owner, employer, contractor, supervisor or worker. See **Appendix 8** for a description of the types of orders an inspector can issue, and the number of orders issued by sector program and type in the last five fiscal years.

Between 2014/15 and 2018/19, on average the Ministry issued 126,000 orders per year. More than 90% of the orders were in the industrial and construction sectors, similar to the proportion of inspections conducted. See **Appendix 8** for the number of orders issued by sector program and type. The Ministry may initiate prosecutions when there have been serious contraventions, including gross disregard of the legislation, failure to comply with orders, and obstruction of an inspector.

For serious violations, such as those that result in a worker's death or critical injury, individuals

Figure 6: Prosecutions with Convictions and Financial Penalties Imposed under the *Occupational Health and Safety Act* and Regulations, 2014–2018

Source of data: Ministry of Labour, Training and Skills Development

Year	# of Convictions	Financial Penalties Imposed (\$ million)
2014	261	9.9
2015	283	12.8
2016	288	13.2
2017	296	13.1
2018	254	13.1
Total	1,382	62.1

and/or corporations are prosecuted by the Ontario courts under the *Provincial Offences Act*. These prosecutions can result in lengthy, complex trials. If convicted of an offence, an individual employer, supervisor or worker can be fined up to \$100,000 and/or imprisoned for up to 12 months. The maximum fine for a corporation is \$1.5 million. As shown in **Figure 6**, over the last five years (2014–2018), the number of employers, supervisors or workers prosecuted and convicted under the *Provincial Offences Act* totalled 1,382, or about 276 annually, and the financial penalties imposed totalled \$62.1 million. In cases where an inspector, in consultation with their superiors, recommends prosecution, the Ministry's legal staff review the investigation report to determine if prosecution is warranted. Legal staff assess whether there is a reasonable prospect of conviction and, if so, whether it is in the public interest to proceed with prosecution.

For other lesser violations, individuals are fined up to a maximum of \$1,000. Municipalities collect and retain amounts resulting from all fines and prosecutions.

Over the last five calendar years (2014–2018), about 9,100 fines were issued. As seen in **Figure 7**, 95% of all fines were issued in the construction sector.

Figure 7: Fines Charged Under the *Provincial Offences Act*, by Sector Program, 2014–2018

Source of data: Ministry of Labour, Training and Skills Development

Sector Program	2014	2015	2016	2017	2018	Total	% of Total	Total Fines Issued (\$ 000)
Construction	1,397	1,350	1,921	1,798	2,178	8,644	95.1	2,481.2
Industrial/Health Care	47	68	91	47	150	403	4.5	142.6
Mining	–	–	–	11	5	16	0.2	7.0
Uncategorized	6	12	2	–	2	22	0.2	1.4
Total	1,450	1,430	2,014	1,856	2,335	9,085	100.0	2,632.2

2.1.6 Inspector Training and Qualifications

All newly hired inspectors complete a nine-month training program that involves alternating classroom training and in-the-field training shadowing an experienced inspector. The initial training is mandatory for all new recruits and includes common components for all inspectors on the Act and Regulations, use of the Ministry database (ICE—Inspection, Compliance, Enforcement), writing orders, each section of the policy and procedures manual, overviews of each health and safety program, investigations and prosecutions, and employee health and safety.

Following training on the common elements, inspectors branch off into specific training tailored to the health and safety program for which they were hired, where the Industrial including Health Care, Construction and Mining programs have specific training based on applicable regulations.

2.2 Funding and Financial Information

The Occupational Health and Safety Program cost an average of \$204 million per year over the period 2014/15 to 2018/19. About 60% is for prevention activities through the Prevention Office and the other 40% is for enforcement and its supporting functions.

Almost 90% of the prevention expenditures (\$100 million) is funding provided to transfer payment recipients, most notably the six Health and Safety Associations. Of the \$113 million allocated

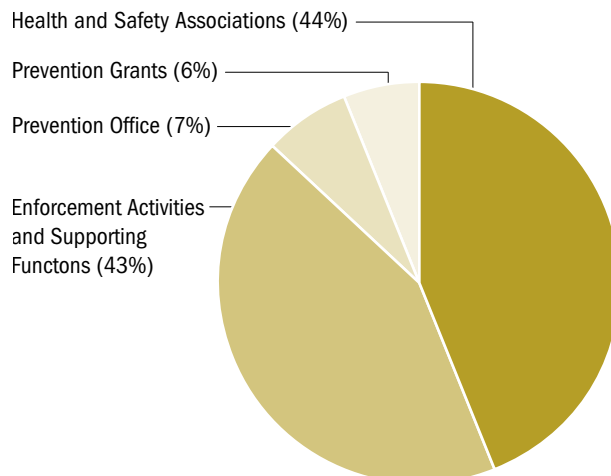
to the Prevention Office in 2018/19, about 80% or \$90 million was used to fund the Health and Safety Associations. See **Figure 8** for expenditures of the Occupational Health and Safety Program.

The *Occupational Health and Safety Act* (Act) allows the Ontario Government to recover the full cost of administering the Act from the Workplace Safety and Insurance Board (WSIB). The repayment arrangements are noted in a Memorandum of Understanding between the Ministry and the WSIB. The WSIB derives its revenue primarily from premiums paid by employers to insure their workers and survivors.

For fiscal 2019/20, the government mandated a \$16-million reduction in funding to the occupational health and safety program. The Ministry

Figure 8: Expenditures of the Occupational Health and Safety Program, 2018/19

Source of data: Ministry of Labour, Training and Skills Development



determined that \$12 million would be a reduction in funding to the Health and Safety Associations because the associations had accumulated surpluses and have the ability to generate revenue from other sources. The other \$4-million reduction would be in the area of grants for other prevention activities.

3.0 Audit Objective & Scope

The objective of the audit is to assess whether the Ministry of Labour, Training and Skills Development (Ministry) has effective systems and procedures in place to:

- ensure regulated workplaces are operating in accordance with the *Occupational Health and Safety Act* and Ministry policies, in order to prevent or reduce workplace injuries, fatalities and illnesses;
- provide awareness and prevention activities that prevent or reduce workplace health and safety incidents; and
- measure and publicly report periodically on the results and effectiveness of its workplace health and safety initiatives.

Before starting our work, we identified the audit criteria we would use to address our audit objective. These criteria were established based on a review of applicable legislation, policies and procedures, internal and external studies, and best practices. Senior management at the Ministry reviewed and agreed with the suitability of our audit objective and related criteria as listed in **Appendix 9**.

We conducted our audit from January to July 2019, and obtained written representation from the Ministry that, effective November 8, 2019, it has provided us with all the information it was aware of that could significantly affect the findings or the conclusion of this report.

The focus of the audit was on assessing the adequacy of the Ministry's procedures to enforce the *Occupational Health and Safety Act*, in accordance

with its applicable regulations, and key Ministry policies. Focus was also placed on whether the prevention activities conducted by the Ministry and its transfer-payment agencies are measured and effective in reducing poor workplace health and safety.

Specifically, we reviewed inspection files to determine whether workplace inspections and investigations were conducted in a thorough and consistent manner and that enforcement tools were appropriately applied. This included an assessment of the inspections being done through the Ministry's regional and district offices, as well as analysis of data maintained by the Ministry. Data analysis included examining both Ministry and Workplace Safety and Insurance Board (WSIB) data to determine the types and causes of fatalities, critical injuries and contraventions to the Act taking place, by industry sector, geographic region, and employer.

We also assessed whether the Ministry had appropriate procedures in place—through both its own initiatives and those it funds through associations that deliver training—to reduce the risk and incidents of workplace injury or abuse. This included an examination of the measures in place to assess the effectiveness of prevention activities conducted by six Health and Safety Associations funded by the Ministry, and the impact of initiatives conducted by the Ministry outlined in its sector enforcement plans.

We reviewed whether the Ministry had a risk-based process in selecting workplaces to inspect on a proactive basis and the efficiency and effectiveness of its inspections process. We also reviewed similarities and differences between Ontario and other provinces in conducting both prevention and enforcement activities.

We conducted our work primarily at the Ministry's head office in Toronto and three regional offices, namely Central East Region (Toronto), Western Region (Hamilton) and Northern Region (Sudbury). We accompanied inspectors on inspections in each of the Ministry's programs. We also met with and discussed prevention initiatives with those responsible at all six Health and Safety Associations

(see **Appendix 1**) to understand the value they add to the system and examined how funding is spent. We reviewed coroners' inquest reports relating to workplace deaths and reviewed the Ministry's response to injury recommendations.

4.0 Detailed Audit Observations

4.1 Performance of the Worker Occupational Health and Safety Program

4.1.1 Ontario Is Performing Well Overall Compared to Other Provinces

Based on information we obtained from the Association of Workers' Compensation Boards of Canada, compared to other Canadian jurisdictions, Ontario has consistently had one of the lowest lost-time injury rates over the 10-year period between 2008 and 2017 (the latest period for which information was available), as shown in **Figure 9**.

On a sector-program basis, we calculated the injury rate per 100,000 workers across Canada using the number of lost-time injuries from the Association of Workers' Compensation Boards of Canada and labour-force data from Statistics Canada for each province. We found that Ontario had the lowest or second-lowest lost-time injury rates in the construction, health-care, and industrial sectors, in each year from 2014 to 2017. With regards to the mining sector, Ontario's ranking improved each year from seventh place in 2014 to second in 2017 (the most recent year for which data was available).

Additionally, although no comparison across Canada was available, we calculated the provincial fatality rates per 100,000 workers using the number of fatalities in each jurisdiction reported by the Association of Workers' Compensation Boards of Canada in relation to labour-force data from Statistics Canada. Over the five-year period from 2013 to 2017 (the latest period for which information was available), on average Ontario had the second lowest annual fatality rate in Canada. See **Figure 10**.

Figure 9: Allowed Lost-Time Injury Rates per 100 Workers, by Province and Territory of Canada, 2008–2017

Source of data: Association of Workers Compensation Boards of Canada

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	Average Annual Ranking (Best to Worst)
ON	1.51	1.27	1.15	1.05	1.01	0.95	0.92	0.85	0.94	0.95	1
NB	1.36	1.29	1.35	1.26	1.18	1.13	1.15	1.15	1.33	1.46	2
PE	1.35	1.33	1.21	1.28	1.35	1.22	1.39	1.28	1.44	1.47	3
AB	1.73	1.51	1.42	1.49	1.39	1.34	1.31	1.25	1.25	1.39	4
NL	2.15	2.07	2.03	1.99	1.76	1.78	1.73	1.70	1.58	1.54	5
QC	2.32	2.02	1.97	1.93	1.85	1.82	1.80	1.74	1.80	1.89	6
NS	2.59	2.33	2.21	2.08	2.01	1.92	1.90	1.94	1.81	1.83	7
YK	2.73	2.38	2.12	2.28	2.14	1.87	2.07	2.00	2.10	2.05	8
NT/NU	2.51	2.17	2.45	2.37	2.13	2.21	2.33	2.02	2.03	2.21	9
BC	2.96	2.35	2.27	2.33	2.34	2.30	2.27	2.22	2.20	2.18	10
SK	3.57	3.33	3.15	2.90	2.81	2.57	2.24	2.04	2.11	2.00	11
MB	4.08	3.54	3.37	3.27	3.33	3.12	3.17	2.99	2.91	2.82	12
Canada	2.12	1.82	1.76	1.72	1.65	1.60	1.56	1.51	1.54	1.58	n/a

Note: Areas shaded in grey denote the province with the lowest (best) lost-time injury rate for the year.

Figure 10: Fatality¹ Rates per 100,000 Workers, Canadian Provinces, 2013–2017

Prepared by the Office of the Auditor General using injury data from the Association of Workers Compensation Boards of Canada and labour-force data from Statistics Canada.

Province ²	2013	2014	2015	2016	2017	5-Year Average Rate	Ranking Based on Average Rate
Manitoba	3.6	2.3	2.8	2.4	2.5	2.7	1
Ontario	3.6	3.9	3.8	3.9	3.8	3.8	2
New Brunswick	3.0	3.3	4.9	5.1	3.9	4.1	3
Quebec	4.2	3.7	4.4	4.9	5.1	4.5	4
Nova Scotia	5.2	3.7	5.7	4.9	2.9	4.5	5
Saskatchewan	5.9	6.6	5.3	5.1	4.5	5.5	6
British Columbia	5.3	7.1	5.0	5.7	6.1	5.8	7
Alberta	8.1	7.1	5.1	5.8	6.7	6.6	8
Newfoundland	10.9	10.7	8.9	4.8	9.5	9.0	9

1. Fatality is defined as a death resulting from a work-related incident (including contracting a disease) that has been accepted for compensation by a Board or Commission.
2. Prince Edward Island and the Yukon and Northwest Territories did not provide the data needed to calculate the fatality rate. The reason is that the actual number of deaths in a year is usually three or less, and providing the data could breach the privacy of the individuals and families involved.

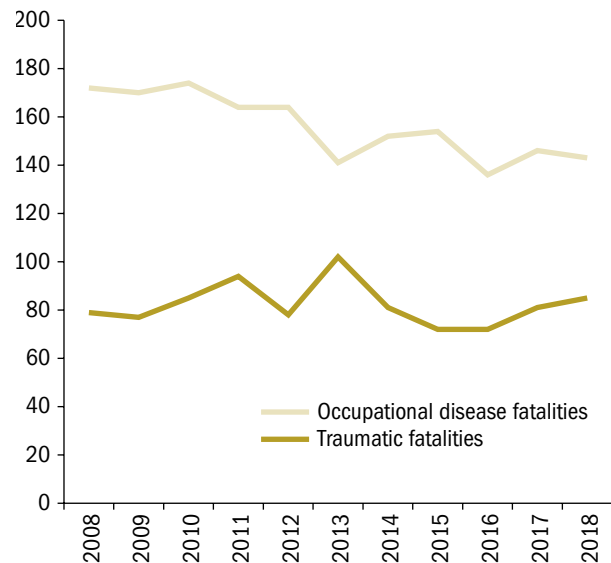
4.1.2 Overall Rates of Occupational-Related Deaths and Injuries Have Improved from a Decade Ago, but Have Either Levelled Off or Begun to Climb in Recent Years

On an annual basis, the Ministry publicly reports on the number of work-related deaths and injuries and the rate of their occurrence. Results for the last 10 years are shown in **Figure 11** and **Figure 12** (with detailed data in **Appendix 10**). There has been no noticeable improvement in the rate of traumatic workplace fatalities in the last decade, and it has been increasing each year since 2017. For occupational diseases, the rate of death has fluctuated, but overall it has shown a downward trend and has started to level off since 2017. Similarly, the rate of injuries has improved from a decade ago, although the rate has levelled off since 2016 for injuries that did not result in time off work, and the rate has increased each year since 2016 for injuries that did result in time off work.

Despite Ontario having one of the lowest lost-time injury rates in Canada, the number of injuries in the industrial and health-care sectors, as seen in **Figure 13**, has generally increased over the last five years by 21% and 29%, respectively. The types of

Figure 11: Trend in Traumatic Workplace Fatalities and Deaths from Occupational Diseases

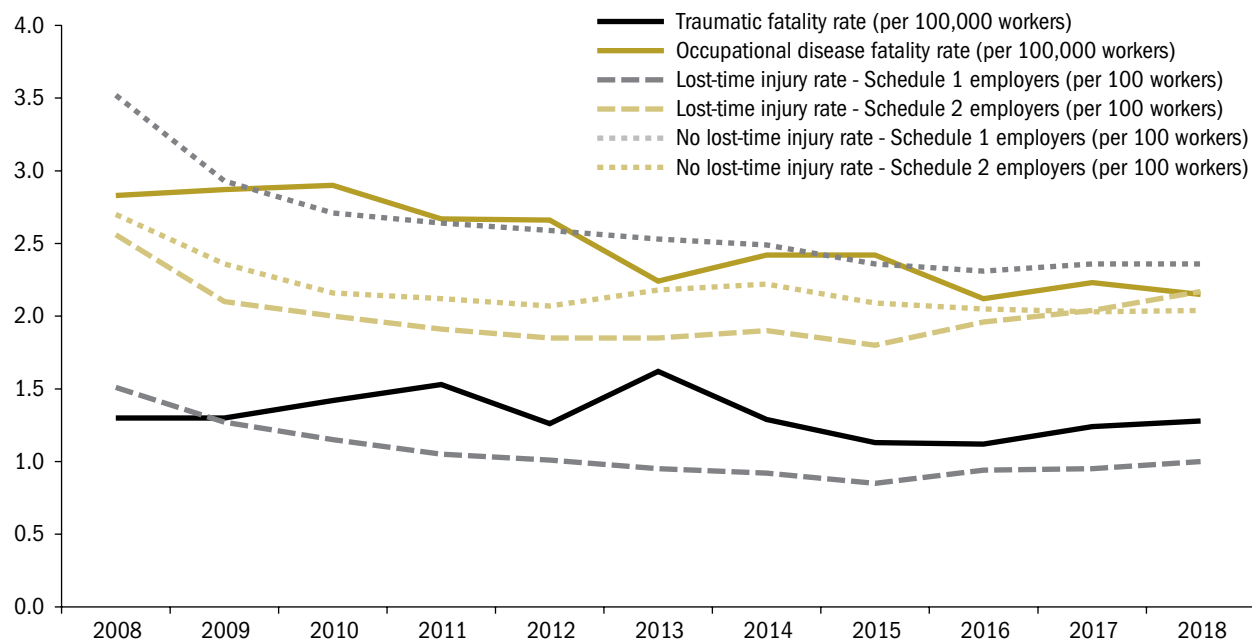
Source of data: Workplace Safety and Insurance Board and Ministry of Labour, Training and Skills Development



entities within the industrial sector that have seen the largest increase in lost-time injuries include provincial ministries and related government organizations (40%), education (35%), retail services (27%) and municipal governments (21%).

Figure 12: Trend in Occupational-Related Fatality and Injury Rates

Source of data: Workplace Safety and Insurance Board and Ministry of Labour, Training and Skills Development



1. Schedule 1 employers refer to those that pay premiums to the WSIB and, in return, the WSIB pays benefits to injured workers out of money pooled in the insurance fund.
2. Schedule 2 employers refer to those that self-insure the payment of compensation benefits for workers' claims, and are individually responsible for the full cost of the accident claims filed by their workers; for example, large municipalities and the provincial government.

Figure 13: Lost-Time Injuries* by Sector Program, 2014–2018

Source of data: Workplace Safety and Insurance Board

Program Sector	2014	2015	2016	2017	2018	Total	% Change
Industrial	41,345	39,311	44,225	46,042	50,173	221,096	21
Retail and Services	12,252	12,181	13,735	14,295	15,536	67,999	27
Manufacturing	5,880	5,485	6,224	6,282	6,964	30,835	18
Municipal	5,136	4,929	5,296	5,719	6,201	27,281	21
Education	4,324	4,159	4,886	5,346	5,857	24,572	35
Transportation	4,594	4,040	4,516	4,622	5,095	22,867	11
Federal Government	1,952	1,733	1,881	1,789	1,822	9,177	(7)
Automotive	1,577	1,390	1,655	1,621	1,798	8,041	14
Other Provincial Ministries and Government Organizations	1,350	1,316	1,495	1,749	1,891	7,801	40
Other	4,280	4,078	4,537	4,619	5,009	22,523	17
Health Care	5,434	5,262	5,837	6,098	7,028	29,659	29
Construction	4,249	4,180	4,511	4,810	4,695	22,445	10
Mining	176	169	161	191	171	868	(3)
Total	51,204	48,922	54,734	57,141	62,067	274,068	21

* Based on the year injury occurred. Data does not include illness related to occupational disease.

Figure 14: Ministry of Labour’s Internal Key Performance Indicators for the Occupational Health and Safety Program

Source of data: Ministry of Labour, Training and Skills Development

Expected Outcome/Goal	Baseline ¹		Target Rate	Target Met			
	Established	Rate		2015	2016	2017	2018
Reduce the rate of fatalities by 2% over five years ²	2014	1.44	1.41	Yes	Yes	Yes	Yes
Reduce the rate of allowed lost-time injuries by 10% over five years ³	2014	0.92	0.83	No	No	No	No
Reduce the rate of fatalities due to falls from heights by 10% over five years ⁴	2015	2.20	1.98	n/a	Yes	— ⁵	— ⁵
Reduce the rate of lost-time injuries in small businesses by 10% ³	2015	1.03	0.92	n/a	No	— ⁵	— ⁵

1. The baseline rates used for key performance indicators are based on WSIB reported fatalities among schedule 1 employers divided by estimates of the number of schedule 1 employees. This rate will not agree to the fatality rate seen on **Figure 11** which is based on fatalities of all employers divided by Statistics Canada provincial employment numbers.

2. Per 100,000 workers.

3. Per 100 workers.

4. Per 1 million workers.

5. Not measured.

4.1.3 Limited Public Reporting of Performance Results

We noted that the Ministry has established outcome-based targets for four key performance measures relating to occupational health and safety. These targets for improvement were established using baseline data in either 2014 or 2015, depending on the measure, as shown in **Figure 14**. Only two of these measures are reported publicly in the Ministry’s annual report. However, the Ministry does not report any targets in its annual report. The targets and accompanying results are only reported internally through the government budgeting process.

Provincial Occupational Health and Safety Strategy

In the Ministry’s provincial strategy developed in 2013, *Healthy and Safe Ontario Workplaces Strategy* (see **Section 2.1.3**), the Ministry originally included 13 performance indicators to measure the effectiveness of the strategy’s activities. These indicators were based on six strategic priority areas. However, the Ministry determined that it could

not effectively measure the indicators because of insufficient data sources and low data quality. As a result, the Ministry reduced the number of indicators to seven, but it still has not reported on them. See **Figure 5** for a listing of the priority areas and related performance measures.

Enforcement Initiatives

We noted that for each focus area in its annual enforcement plans, the Ministry publicly reports the number of inspections conducted and the number and type of orders issued. However, it does not indicate whether the orders that were issued were in connection with the focus areas or whether they addressed other areas of concern.

RECOMMENDATION 1

In working toward a continuous reduction in worker injuries and fatalities, we recommend that the Ministry of Labour, Training and Skills Development set meaningful targets, and track and publicly report performance measures that demonstrate the impact of its prevention efforts and strategies.

MINISTRY RESPONSE

The Ministry agrees that a strengthened performance measurement framework that includes tracking and public reporting on performance measures will allow for improved measurement and the ability to better demonstrate the impact of its health and safety programs. This will be given increased focus by the Ministry.

The Ministry makes a range of occupational health and safety performance data available to the public on the open-data catalogue on Ontario.ca. This data includes the number of inspections and field visits conducted, the number of orders issued, as well as fatality rates and critical-injury rates.

The Ministry is currently developing Ontario's next five-year Occupational Health and Safety Strategy. It will include the introduction of an evidence-based and outcomes-focused approach and a commitment to developing and tracking performance indicators. The Ministry will also set appropriate targets for the implementation of the strategy.

4.2 Ministry Oversight of Health and Safety Associations

4.2.1 Health and Safety Associations Not Consistently Meeting Their Performance Measures, and Effectiveness of Activities Is Unclear

From our review of the reporting provided by the Health and Safety Associations to the Ministry, we noted the Ministry does not know how effective the associations have been at helping to prevent occupational injury or disease. The transfer-payment agreements outline performance measures that focus solely on outputs (for example, the number of training and consulting hours provided, the number of in-person and online training courses held, and the number of materials distributed), and not on

the impact or effectiveness of prevention efforts provided by the Health and Safety Associations.

Nevertheless, when we reviewed their performance against their targeted service levels, we noted that two associations (Infrastructure Health and Safety Association, and Public Services Health and Safety Association) had not been able to meet all their targets in any of the last five years (see **Figure 15**), as they did not consistently provide the contracted amount of services agreed to for training, consulting and providing resource products. The Ministry informed us that it has never reduced an association's funding when performance targets were not met.

Tracking only the number of training hours provided, consulting sessions held, and training materials produced, does not help the Ministry assess whether the associations are having an impact on health and safety in their targeted sectors. While the Ministry has access to data such as WSIB claims information or orders issued by inspectors to workplaces, it does not use it to determine if the associations' activities are succeeding in preventing workplace injuries and ensuring compliance with the Act for businesses that received their consulting and training services.

We attempted to assess the correlation between services provided by the Health and Safety Associations and the change in occupational health and safety incidents. For each of the four associations that provide consulting services, we analyzed the number of WSIB claims submitted by the five businesses they consulted with most frequently. There was no clear downward trend in WSIB claims for the period 2013/14–2017/18 and no correlation between the number of times a business received consulting services from a Health and Safety Association and the number of WSIB claims submitted by that business. The Ministry indicated that rather than the frequency of consultation, a better measure would be the type and level of consulting received, for example, conducting a risk assessment for a business rather than an email or phone call.

Figure 15: Achievement of Key Performance Measures, by Health and Safety Association, 2013/14–2017/18

Prepared by the Office of the Auditor General of Ontario

	2013/14 (%)	2014/15 (%)	2015/16 (%)	2016/17 (%)	2017/18 (%)
Infrastructure Health and Safety Association					
Training ¹	69	67	83	57	33
Consulting ²	67	50	90	91	57
Products ³	100	50	100	50	50
Public Services Health and Safety Association					
Training ¹	60	33	29	71	0
Consulting ²	100	50	0	36	71
Products ³	80	50	50	0	0
Workplace Safety and Prevention Services					
Training ¹	0	100	80	100	100
Consulting ²	40	100	100	100	100
Products ³	71	100	100	100	100
Workplace Safety North					
Training ¹	n/a	100	71	56	60
Consulting ²	50	100	64	36	43
Products ³	n/a	100	100	100	0
Occupational Health Clinics for Ontario Workers					
Clinical ⁴	n/a	75	100	100	100
Consulting ²	100	n/a	100	100	100
Products ³	n/a	n/a	100	100	100
Workers Health and Safety Centre					
Training ¹	n/a	100	100	100	100

1. Develop, deliver, measure and evaluate safety education for work environment, for example in the number of in-person training sessions provided, and the number of participant hours.
2. Provide consulting services that help firms evaluate and implement controls for workplace hazards, in addition to engaging safety partners/stakeholders, for example in the number of firms consulted and consulting hours provided.
3. Provide occupational health and safety products that promote exposure to hazards, for example in the number of materials distributed, and the number of products developed.
4. Provide resources to front-line health-care providers on development of prevention, for example in the number of written articles for discussion, and the number of responses to enquiries.

However, the Ministry does not require the associations to track the nature of consulting provided.

We reviewed how other provinces measure performance and noted that many are moving toward more outcome-driven targets. For example, health and safety associations in British Columbia are required to define the safe-work behaviours or practices they are trying to create or change and set target objectives linked to these goals. At the end of the year, they are then required to provide evidence that the objectives were accomplished. This can be done, for example, through a survey or

a focus group, or by visiting the workplaces that the health and safety association worked closely with to observe their work practices for safety.

RECOMMENDATION 2

To better measure the effectiveness of the Health and Safety Associations' prevention activities, we recommend that the Ministry of Labour, Training and Skills Development develop a well-documented, outcome-focused performance measurement model including

relevant, quantitative metrics that Health and Safety Associations must be accountable for meeting as demonstrated through annual performance measurement.

MINISTRY RESPONSE

The Ministry accepts the recommendation and agrees that evidence-based, outcome-focused performance measurement is ideal for effective program management. To implement such an approach will require improved data requirements and system-wide collaboration.

The Ministry has begun revising the management of funding Health and Safety Associations to ensure the relevance and effectiveness of their initiatives and accountability to the Ministry of Labour, Training and Skills Development. This is anticipated to occur over a three-year period (2019–2022) with incremental changes in reporting requirements year over year.

All modernization efforts will require collaborative inputs from other ministries and ministry stakeholders, and will align with the new Occupational Health and Safety Strategy currently under development.

4.2.2 Health and Safety Associations Allowed to Retain Surpluses and Interest Income Earned on Government Funds

Our audit identified concerns with the Ministry's practice of not recovering surplus government funding, as stipulated under the funding agreement with the health and safety associations, and interest income generated on these government funds.

Surpluses

Prior to April 2013, when agreements with the Health and Safety Associations were administered through the WSIB, associations were allowed to retain their excess revenue over expenses, to a limit of 6% of total prior-year revenue. Under the transfer-payment agreements with the Ministry, the

associations are not allowed to retain any portion of unused funding at year-end, in accordance with the provincial Transfer Payment Accountability Directive. However, the Ministry has not recovered any surplus funding since it began to administer these agreements in 2013.

In addition to government funding, all five training associations also generate revenue from private sources. The associations co-mingle all their revenue regardless of the revenue source, and none have mechanisms in place for tracking what portion of expenses relates to activities funded by the government. This limits the Ministry's ability to track and recover government funding that is not used by the associations for prevention activities.

At March 31, 2018, the accumulated surplus for all health and safety associations combined was \$17.9 million. Using the average percentage of revenue the Ministry's funding represented for each association over the five-year period ending 2018, we estimated that the recoverable surplus to the Ministry could be approximately \$13.7 million. In January 2019, however, the Ministry announced it would not pursue the recovery of prior surplus amounts, and instead reduced the fourth-quarter payment to health and safety associations by \$2.9 million and directed the associations to use accumulated surplus to cover any operational shortfalls that may arise from the reduction. In April 2019, the Ministry announced a further \$12-million reduction in transfer payments and again allowed the health and safety associations to use their accumulated surplus to offset the funding cuts to begin in 2019/20.

Interest Income Generated with Government Funding

In addition to surplus funding, interest income generated on Ministry-provided funds is to either be returned to the Ministry or used to reduce future funding instalments to the Association, according to the government's Transfer Payment Accountability Directive and the transfer-payment agreements in

place between the Ministry and Health and Safety Associations. At the time of our audit, we noted that associations were reporting total interest income on their audited financial statements, but the associations were not identifying what portion of interest income is generated from Ministry-provided funding versus self-generated income, because they co-mingled their funding from all sources. Furthermore, the associations were not expecting to repay the Ministry, as there was no payable to the province recorded on their financial statements.

Using the average percentage of revenue the Ministry's funding represented for each association over the last five-year period ending 2018, we estimated that the portion of interest income generated on Ministry-provided funding from 2013/14 to 2017/18 could be approximately \$3.3 million.

Operating Grant Being Used for Capital Purposes

Two of the associations (Workplace Safety and Prevention Services and Infrastructure Health and Safety Association) jointly and wholly own the Centre for Health and Safety Innovation (Centre), which provides facilities for occupational health and safety training. In 2012, the Centre commissioned a reserve-funding study, which laid out an annual-reserve contribution that would be required to maintain the building it leases according to a maintenance schedule. As of the fiscal year ending in 2018, the two associations have collectively transferred \$3.1 million of unrestricted funds to the Centre's restricted capital-improvement fund. Although a majority of the Centre's funding is indirectly received from the Ministry through the associations, the Centre does not need to comply with the government's Transfer Payment Accountability Directive when it uses these funds.

The Ontario Internal Audit Division completed a review in 2016 and found that the Ministry had not approved this restricted fund or any of the subsequent funds transferred.

At the time of our audit, the Workplace Safety and Prevention Services had not responded to the

Ministry's request to conduct a full reconciliation of the amount of transferred funds attributable to Ministry funding and to self-generated revenue, and has continued transferring funds to the reserve fund. For this reason, the Ministry does not know if government funding was used for the reserve fund. Non-Ministry approved expenditure on capital improvements rather than prevention efforts goes against the spirit of the transfer-payment agreements between the Ministry and the Health and Safety Associations, which state that the funds are only to be used for prevention activities.

RECOMMENDATION 3

So that government funding is both used and recovered in accordance with the Transfer Payment Accountability Directive, we recommend that the Ministry of Labour, Training and Skills Development:

- require Health and Safety Associations to track government funding and how that money is used, separately from other revenue and expenses;
- recover any surplus funding not used by year-end;
- collect interest income earned by associations on government funds; and
- follow up and recover any Ministry funding that may have been inappropriately transferred to the Centre for Health and Safety Innovation.

MINISTRY RESPONSE

The Ministry agrees with and accepts the recommendations. The Ministry will work toward improving accountability and oversight of the health and safety associations.

The Ministry has already begun addressing the issue of co-mingling of funds and this will continue to be a Ministry priority. The Ministry recognizes that addressing this issue is paramount to the recovery of surplus funding.

The Ministry will recover its portion of surplus funding, recover its portion of interest income, and follow up to recover any Ministry funding that may be inappropriately transferred to the Centre for Health and Safety Innovation.

4.3 Identifying Workplaces for Inspection

4.3.1 Ministry Does Not Have a Complete Inventory of Workplaces from Which to Select Sites for Inspection

The Ministry does not have a complete inventory of workplaces because there is no requirement for businesses to register with or notify the Ministry when they start operating or close down (only construction projects costing \$50,000 or more are required to register a Notice of Project). Instead, the inventory is updated when the Ministry's contact centre receives a complaint or an incident report, or if an inspector happens to notice a new, unrecorded workplace in their area of inspection. Therefore, the Ministry's information system contains information primarily on workplaces that have already been visited, either through an inspection or investigation.

In comparison, the provinces of British Columbia, Manitoba, and New Brunswick maintain a database of all companies registered with their respective workers' compensation boards to assist with the selection of workplaces for inspection.

Using 2018 data from Statistics Canada, we estimated that the Ministry's system contains only 28% of businesses in Ontario. We compared the average number of workplaces in the Ministry's system inspected in each of the last six years, 2013/14–2018/19, with the number of businesses in Ontario according to Statistics Canada data. We estimated that the Ministry proactively inspects about 1% of Ontario businesses each year, and investigates an additional 1% of businesses.

Further, we reviewed a sample of fatalities and critical injuries reported to and investigated by the Ministry between 2014 and 2018, and found that

although all companies with critical injuries were in the Ministry's system, there had been no previous record of businesses in the system for 40% of fatalities reviewed. As they were not in the Ministry's system, these companies had never been inspected.

Lack of Co-ordination across the Government

It may be difficult to maintain a real-time up-to-date inventory of all workplaces, but there are ways for the Ministry to identify new businesses and workplaces in the province in order to maintain a more complete inventory. For example, businesses are required to register with the Ontario Business Registry through Service Ontario, and with the Workplace Safety and Insurance Board.

At the time of our audit, the Ministry told us that for fixed-site workplaces (that is, excluding temporary workplaces like construction and mining sites), it was working on a strategy to use information from the Ontario Business Registry and the WSIB's firm-registration system to develop a more complete list of businesses that could be used for planning purposes. The Ministry had also developed a draft plan of the needed IT changes to allow systems to interface with one another. The new design is expected to combine information about employers from multiple sources, such as employer profile information from the Ontario Business Registry, injury claims data from the WSIB and inspection results from the Ministry.

Ministry Unaware of All Construction Projects (a High-Risk Sector)

Prior to starting a construction project with an expected total cost of at least \$50,000 (labour and materials), or that meets other specific conditions, the general contractor (or, in the absence of a contractor, the owner of the building under construction) must provide a Notice of Project to the Ministry.

Municipalities require that a building permit be filed for the construction of any new building and

have inspectors who are responsible for ensuring these permits are in place. However, the Ministry has noted that contractors are applying for building permits with municipalities, but not always filing a Notice of Project with the Ministry. For example, the Ministry's Western regional office analyzed data from the municipality of Oakville for the period 2016 to 2018, and found that approximately 30% of sites or projects that filed a building permit with the municipality had failed to provide a Notice of Project to the Ministry. The Ministry told us this was due to a lack of awareness by contractors of the requirement to file a Notice of Project.

Municipal building permits would be a good source of information for the Ministry to identify where and what type of construction projects are planned or under way. In fact, we noted that four of the five Ministry regional offices were receiving building permits on an informal basis from some municipalities in their regions. Permits were usually received monthly through inspectors or other regional staff who have well-developed relationships with local municipalities, but these were not used to update the inventory of workplaces, unless the inspector ended up visiting it to conduct an inspection. The Ministry has not formalized an official arrangement to capture this building permit information consistently across all regions.

We reviewed building permits from various municipalities (Oakville, Burlington and Sudbury) and noted that they required much of the same information as the Ministry's Notice of Project, including the name of the contractor. It would therefore be useful for municipalities to send information on new permits to the Ministry on a regular basis in lieu of a separate Notice of Project being filed.

Furthermore, we found that having only a financial threshold, like the \$50,000 reporting threshold for construction companies, as a measure of risk may not capture worksites that pose a risk for workers. For example, the Ministry has identified roofing as high-risk given the hazard posed by falling from heights. In the five years ending 2018, there have been 21 deaths as a result of falling

while working on a roof. This represents 8% of all workplace deaths over this period. Moreover, 5% of all WSIB lost-time injury claims in the construction sector were from roofing companies. Yet, since most roofing projects do not usually meet the \$50,000 threshold, a Notice of Project is not typically filed with the Ministry, with the result that these types of high-risk work sites are not proactively inspected.

Another gap in identifying construction work sites and the businesses associated with them comes from the Ministry's reporting system itself. The Notice of Project that must be filed for a construction project identifies the general contractor as the employer; however, this is not the case where portions of the work are sub-contracted out to other companies that are not identified.

RECOMMENDATION 4

To maintain a more complete inventory of businesses in areas demonstrating a high risk of worker injuries or fatalities, including construction projects, from which to assess risk and prioritize inspections, we recommend the Ministry of Labour, Training and Skills Development:

- review business registration information captured by Ministry of Government and Consumer Services and the Workplace Safety and Insurance Board to determine the most useful source of information for the program's needs, and develop an information-sharing agreement with the appropriate party that could include use of their IT systems;
- develop, in collaboration with the Ministry of Municipal Affairs and Housing, an information-sharing agreement for municipalities to provide a listing of building permits on a regular basis, such as weekly or monthly;
- assess whether the \$50,000 reporting threshold is reasonable and whether other factors should be considered for construction work in order to sufficiently capture all worksites that pose a high risk for workers; and

- amend the threshold and add any other criteria needed based on the results of the assessment.

MINISTRY RESPONSE

The Ministry will work with our partners at the Ministry of Government and Consumer Services and the Workplace Safety and Insurance Board to establish information-sharing agreements to ensure the Ministry is provided with relevant business information digitally for inspection-planning purposes.

The Ministry will work with the Ministry of Municipal Affairs and Housing to formalize arrangements to obtain permit information from municipalities that inform enforcement efforts.

The Ministry is planning to consult publicly on the threshold and potential changes to the Notice of Project form to ensure high hazards are appropriately captured regardless of dollar value.

In the interim, the Ministry will continue to use our enforcement data, local field intelligence and sector plans to identify workplaces for proactive inspection.

4.3.2 Not All Companies with the Highest Number of Injuries Were Selected for Inspection

Each fiscal year, the Ministry identifies high-risk areas of focus when it develops enforcement initiatives for each of its sector programs. However, the Ministry does not use a similar risk-based approach to identify, rank and select specific higher-risk workplaces or businesses that should be visited for inspection.

The Ministry identifies its enforcement initiatives based on various sources of information, including WSIB lost-time injury data, feedback from stakeholders, the Ministry's own non-compliance data (orders issued), input from field staff, and the Ministry's strategic priorities. Initiatives could focus, for example, on a particular hazard inherent

to the operation of businesses in a particular sector, such as falling from heights or being injured by improperly guarded machinery. Or they could focus on a particular type of worker or workplace, such as new or small businesses or new and young workers. Once the Ministry sets the initiatives for the year, inspectors are responsible for selecting which specific workplaces or businesses to inspect based on the initiatives.

However, the Ministry does not have a risk-based approach to identify, rank and select other higher-risk workplaces or businesses that may not be otherwise inspected under the Ministry's enforcement initiatives. At the regional offices visited, we found that inspectors selected other workplaces largely based on their own judgment and field intelligence (that is, their knowledge of local workplaces and familiarity with activities within their assigned geographical areas). We noted that the Ministry's current IT system does not allow inspectors to generate reports showing the hazard type, severity, or frequency of violations by workplace. In addition, although the WSIB provides the Ministry with access to its claims data, the Ministry has not yet been able to link this data to its own inspection and compliance data so that inspectors can select workplaces based on their compliance history and employee-claims history, or the history of other businesses in the same sector. Along with the use of judgment and field intelligence, using compliance and injury-claims data could further refine the inspector selection process.

A better risk-based approach to selecting workplaces for inspection could help identify workplaces that would otherwise not appear on an inspector's radar. For example, in our audit, we reviewed a sample of 100 companies (25 companies with 50 or more employees with the highest number of lost-time claims per full-time-equivalent for each of the four sector programs), and found that 14% had never been inspected or investigated.

We also noted some cases where the Ministry only became aware of a workplace after a worker

was fatally injured on the job. These workplaces had never been inspected by the Ministry. In one case, a worker fell nine feet inside an elevator shaft when the supporting platform they were on collapsed. The inspector determined that the platform being used did not meet the requirements under the Act, resulting in the worker's death.

RECOMMENDATION 5

To help prevent and minimize future injuries to workers, we recommend that the Ministry of Labour, Training and Skills Development:

- improve its case-management system to allow inspectors to extract compliance data from the system so that they can analyze trends and compare workplaces;
- link and compare compliance data in its case-management system with claims data from the Workplace Safety and Insurance Board; and
- select workplaces for inspection across all sectors based on their compliance history and employee-claims history.

MINISTRY RESPONSE

The Ministry is developing a work-planning model to combine enforcement data from our case-management system and claims information from the Workplace Safety and Insurance Board. This will result in work-planning tools that can be used by inspectors to identify workplaces for proactive planning purposes.

The work planning will be further informed using compliance information from other ministries to improve risk-based planning.

The Ministry is currently gathering requirements for a new software application to replace its ageing system and will ensure the system links and compares data across sectors and compliance histories.

4.3.3 Ministry Cannot Identify and Inspect Affiliated Businesses with Unsafe Work Practices

While the Ministry's system records the names of businesses, information identifying owners or boards of directors is not consistently recorded, even though the Ministry's system has a data field for this information. Because an individual or corporation could own several businesses with different names, the Ministry cannot always identify and inspect affiliates with common ownership that might be using the same unsafe practices. We reviewed a sample of businesses in the Ministry's system and found that 44% of records did not contain details about the owner(s) or board of directors.

For example, a news publication reported in July 2019 that a company had a fatality at one of its plants in October 2018. The newspaper reported that, previous to this death, there had been three fatalities at companies affiliated with this company in 1999, 2011, and 2016. Had the Ministry been able to identify the affiliated companies and taken action to inspect all affiliates, health-and-safety concerns may potentially have been identified and proactively addressed. Following this newspaper report, an additional fatality occurred at this company in September 2019.

The Ministry told us this is even more problematic in the high-risk construction sector. As noted in **Section 4.3.1**, contractors are required to file a Notice of Project with the Ministry for projects costing \$50,000 or more. For these projects, the Ministry typically registers in its system the name of the business, but not the owner, to track inspection results relating to the project. If the contractor operates under different business names, it is difficult to follow the inspection results and records of the same contractor over time, given the short-term and temporary nature of construction projects.

RECOMMENDATION 6

In order to identify risks of poor health-and-safety practices that may extend to organizations and associated companies under common ownership, we recommend that the Ministry of Labour, Training and Skills Development:

- consistently record the names of business owners in its system and analyze reported incidents and inspection results by common ownership, in addition to the business name; and
- inspect affiliates with common ownership that might be using the same or similar unsafe practices.

MINISTRY RESPONSE

The Ministry will implement a data-sharing arrangement with the Ontario Business Information System to collect corporate information about Ontario businesses and corporations.

Efforts are being made to merge organizational information from multiple systems to allow for potential analysis based on common corporate directors.

4.3.4 Not All Critical Injuries Are Being Reported to the Ministry

In September 2016, the Ministry clarified its interpretation of the definition of critical injury to include fractures of the wrist, hand, ankle, foot, and multiple fingers and toes. According to the Ministry, it did so based on case law and decisions of the Ontario Labour Relations Board and stakeholder feedback.

In 2017, the Ministry conducted a pilot project because it was concerned that critical injuries were being underreported to the Ministry. In order to verify if underreporting had occurred, the Ministry reviewed a sample of WSIB claims from three different regions submitted between January and August 2017 and contacted workplaces where

necessary. The Ministry concluded that out of this sample of 69 critical-injury claims, 33, or 48%, had not been reported to the Ministry as required.

According to the Ministry, the most common reasons why employers failed to notify the Ministry were because they:

- were not aware of the new interpretation of the critical-injury definition;
- were not aware of their obligations under the Act; and
- thought that by submitting their claims forms to the WSIB they had let the Ministry know of the incident and had fulfilled their obligations.

At the time of our audit, the Ministry had not taken any specific actions to address the reasons employers failed to notify the Ministry of critical injuries, following the exercise it undertook in 2017.

RECOMMENDATION 7

To obtain more complete information on critical injuries for investigation that could contribute to preventing future incidents, we recommend that the Ministry of Labour, Training and Skills Development (Ministry) develop a process with the Workplace Safety and Insurance Board to inform the Ministry of claims that meet the Ministry's definition of a critical injury.

MINISTRY RESPONSE

While not all injuries that are reportable to the Workplace Safety and Insurance Board would meet the definition of a critical injury under the Occupational Health and Safety Act, the Ministry recognizes that there is some under-reporting that occurs. The Ministry will work with the Workplace Safety and Insurance Board on technology or process to improve injury reporting, to both simplify the reporting process for stakeholders and to ensure that the Ministry receives all required reports.

4.4 Recording of Field Visit Reports and Orders

4.4.1 No Formal Checklist of Items to Be Reviewed and Documented by Inspectors during Inspections

The Ministry's policy and procedure manual provides guidance on how to plan for inspections, which key personnel to talk to on site, and which records to review to verify workers' occupational health-and-safety training. The guidance for planning for inspections includes reviewing results of prior inspections and investigations. Although the Ministry has checklists for inspection of specific equipment (such as mobile cranes and material hoists), the manual does not provide a checklist of specific criteria that inspectors should assess when conducting field visits for all health-and-safety areas (for example, assessing certain electrical hazards in construction sites, ensuring protective equipment is worn by employees or proper procedures are being followed for heavy-equipment handling).

We reviewed a sample of inspection reports, and noted inconsistencies in the level of detail documented. Some documented in detail what areas were inspected, what the inspector was looking for, and what they found. Others had much less detail, such that it was unclear which relevant areas were inspected, which made it difficult for the reviewing manager to ensure that all relevant areas of the inspection were actually covered by the inspector. The use of a checklist could lead to a more efficient documentation process with consistent information on inspections collected.

RECOMMENDATION 8

To assist inspectors in efficiently assessing and documenting all health and safety hazards in a workplace, we recommend the Ministry of Labour, Training and Skills Development develop checklists specific to each sector and require that inspectors use and include the checklists in their inspection reports.

MINISTRY RESPONSE

The Ministry has developed detailed checklists for "technical" inspections of tower cranes, and man and material hoists. We will conduct a review of the sectors and our processes to determine the feasibility and appropriateness of developing additional checklists.

4.4.2 Inspectors Confirming Employer's Subsequent Compliance with Orders Issued

We reviewed 100 inspection files across the four sectors at the three regional offices we visited. The inspections occurred between 2013/14 and 2018/19, and resulted in 470 orders. We found that inspectors confirmed that employers had corrected the health and safety hazards and contraventions in 92% of these orders.

We further reviewed whether workers suffered critical injuries subsequent to the initial inspection for the 8% where compliance was not confirmed. We noted injuries at four workplaces; however, the injuries were not related to the initial violation that gave rise to the orders.

4.4.3 Quality-Assurance Process Not Assessing Quality of Inspections

We reviewed the Ministry's quality-assurance process, which is intended to assess whether inspections are done consistently and effectively, including whether inspection results are communicated to workplaces in a consistent manner. We found that the quality-assurance process itself focused on administrative accuracy rather than whether an inspection covered all relevant areas of the Act and regulations, and the hazards present at the workplace.

The Ministry's quality-assurance process involves reviewing the notebook an inspector uses while conducting inspections, reviewing a sample of two to four inspection reports for each inspector, and having a senior staff member accompany inspectors on an inspection, all on an annual basis.

More significantly, we found that the inspection reports were not assessed for quality. Instead, the reviewer looked at whether the inspector noted the purpose of the field visit; whether the inspector recorded the location within the workplace where the inspection was carried out; and whether an order issued was referenced to the appropriate section of the Act and its regulations. The reviewer was not, however, required to assess the content of the reports, for example whether the inspector included information necessary to understand what was looked at and what was found during an inspection. This could include the types of hazards the inspector looked for, a full account of observations, and relevant discussions with workplace parties.

Ministry policy also requires that each inspector be accompanied by senior staff on an inspection at least once a year to ensure inspections are being conducted adequately and consistently. The senior staff member marks the inspector on seven metrics of performance. All of these metrics, however, are based on whether an inspector had completed an element of an inspection, rather than how well they had completed the task. For example, did the inspector request to be accompanied by management and worker representatives, or a worker, in carrying out the field visit? Or did the inspector record information in their notebook? The assessment does not, for example, evaluate whether the inspection covered all applicable hazards and legislative requirements. Such overly simple assessments limit the Ministry in more critically assessing inspectors' capabilities to identify their training needs.

RECOMMENDATION 9

To improve the quality-assurance process for inspections, we recommend that the Ministry of Labour, Training and Skills Development develop and implement metrics to use when assessing whether an inspection has covered applicable hazards and legislative requirements.

MINISTRY RESPONSE

The Ministry will review the current quality-assurance processes and add metrics and new tools to evaluate whether applicable hazards and legislative requirements have been thoroughly addressed.

The Ministry will reinforce direction to inspectors to review sector plans and blitz materials to identify highest-risk hazards prior to proactive inspections. The Ministry will ensure any available data on violations that give rise to most non-administrative orders in each sector are included in sector materials for inspectors.

4.5 Ministry Enforcement of Occupational Health and Safety

4.5.1 High Rate of Repeat Offenders Issued Stop-Work Orders

For each of the Ministry's four sector programs, we reviewed companies that were inspected or investigated at least three times during the past six fiscal years (2013/14–2018/19), and found that many of these companies had been issued orders for violations and contraventions relating to the same type of hazard at least twice in the six-year period. Our review focused on five areas of hazards for each sector program where multiple violations were noted to have occurred (see **Appendix 11**). Many of these violations and hazards have been identified in Ministry action plans and sector enforcement plans as being high-risk for causing injury to workers or as important to a well-functioning Internal Responsibility System. For example, in the construction sector, 65% of 4,165 companies had repeatedly been issued orders relating to fall-protection hazards.

We also reviewed stop-work orders separately, and similarly found that many companies had contraventions for the same type of hazard multiple times. For example, in the mining sector, 31% of 95 companies had repeatedly been issued stop-work

orders relating to a lack of protective guarding on machinery or equipment. These offenders are of more concern, because stop-work orders are only issued by an inspector when there is an immediate danger or risk to the health or safety of workers.

There are no consequences to a company or individual if they do not comply with an order, or if they comply temporarily, unless the Ministry considers issuing the company a fine or pursuing prosecution.

Ministry policy requires inspectors to consider issuing fines or recommending prosecution where stop-work orders have been issued, or orders have been issued to repeat offenders. We attempted to analyze fines and prosecution data for each sector program over the six calendar years 2013–2018, to assess whether the Ministry was effective in deterring repeat offenders. However, we could not determine if the companies with repeat offences were issued fines or prosecuted for those repeat offences we identified in **Appendix 11**, as both the Ministry's database of fines issued and information received from the Ministry of the Attorney General regarding prosecutions did not contain the required information, including a common identifier such as a business registration number to link the information and perform this analysis.

According to the Ministry, the employer should bear most of the responsibility with respect to health and safety in the workplace, and under the Act the employer is responsible for taking every precaution reasonable in the circumstances for the protection of its workers. However, we found that almost all fines were issued to individual workers, including supervisors, rather than employers. For example, in the construction sector, 95% of fines were issued to workers or supervisors, while 5% were issued to employers.

The following cases illustrate the importance of deterring repeat offences:

- In 2018, a worker died when they fell from a damaged scaffold that was in poor condition and did not have adequate guarding to prevent the worker from falling. The inspector found the scaffold from which the worker fell was not safe and the employer did not meet

the requirements under the Act for using scaffolds. The employer was ordered to immediately stop using the scaffold until a scaffold that met the requirements in the Act was put in place. The employer had previously been issued four orders for similar safety concerns relating to scaffolding, but the Ministry did not pursue prosecution against this employer to deter the continued safety violations until this latest incident in 2018, for which the supervisor in charge of the work was convicted in July 2019.

- In March 2017, a worker fell, hit his head and lost consciousness because the platform he was working on did not have a guardrail to prevent him from falling. The investigation into this incident found that the contractor had violated the Act and the inspector issued a stop-work order on the platform until a guardrail system was put in place to protect workers. In February 2018, the Ministry began prosecution proceedings for this incident. However, prior to this incident, the contractor had twice been issued orders for the same violation, beginning in October 2015, but the Ministry had not pursued prosecution. After this incident, the same contractor was again found to have improper guardrails in place on another occasion and was issued an order to correct the contravention.
- In December 2018, a worker broke his arm when it was caught in a piece of equipment. The inspector determined that the equipment was not adequately guarded to prevent access to moving parts, which contributed to the worker's injury. The employer was ordered to stop using the machine until it was equipped with a proper guard and could provide the Ministry with a report by a professional engineer stating that the equipment was not likely to endanger a worker again. In the five years prior to this incident, the employer had been issued orders for inadequate guarding of equipment three times.

However, prosecution relating to guard equipment has not been pursued.

In comparison to other jurisdictions in Canada, Ontario, along with Saskatchewan, impose the highest maximum fine on corporations, at \$1.5 million. However, the maximum fine for individuals in Ontario is \$100,000, which is much lower than many provinces. For example, both Newfoundland and Manitoba can fine an individual up to \$250,000.

We also noted inconsistencies in the number of orders issued during an inspection and fines charged to employers or individuals. We found that in 2018/19, 25% of inspectors were responsible for almost 50% of all the orders issued. As well, we noted that 61% of inspectors did not issue any fines during 2018/19. Ten inspectors alone were responsible for issuing 35% of all fines. One-third of those inspectors who did not issue any fines in 2018/19 were working in the Western Region.

RECOMMENDATION 10

To increase the accountability of employers that have continued violations of the same hazard and to deter future infractions, we recommend that the Ministry of Labour, Training and Skills Development:

- analyze enforcement data to determine which employers or individuals are repeatedly in contravention of the Occupational Health and Safety Act (Act) for the same hazard;
- for employers or individuals who are responsible for repeat offences, use escalating measures to deter future infractions, such as issuing more fines through tickets and summonses or recommending prosecution; and
- analyze the effectiveness of the various measures used to deter violations of the Act.

MINISTRY RESPONSE

The Ministry agrees with this recommendation. The Ministry will review and revise our policies and procedures and inspector training related to:

- reviewing compliance history before proactive inspections;
- repeat contraventions; and
- when to consider prosecution.

The Ministry plans to undertake a compliance project, which reinforces the Ministry's commitment that enforcement action be proportionate to the health-and-safety risks and to the seriousness of any contraventions of the Act and its accompanying regulations. Inspectors will receive refresher training on the enforcement tools available and receive direction on using escalating measures where there is a history of non-compliance or higher-risk contraventions.

The Ministry will develop a formal "repeat violator strategy" to identify high-risk organizations and conduct proactive inspections.

The Ministry actively promotes achievement of results through evidence-based reporting and will commit to developing a review plan for enforcement initiatives, including the development of measures to assess their effectiveness.

The Ministry will engage with research partners to evaluate the effectiveness of the various measures (orders, tickets, prosecutions) used to deter violations.

4.5.2 Occupational Diseases Taking the Lives of More People than Traumatic Workplace Events

According to WSIB data, in 2018, there were 143 deaths from occupational diseases, compared to 85 deaths from traumatic injuries at work. Deaths from occupational diseases have outnumbered traumatic workplace-fatality claims for at least the past decade (see **Figure 11**). This illustrates that the impact from continued exposure to health-and-safety hazards, although not immediate, is greater.

Occupational illness that may contribute to death or disability normally develops over a period of time because of workplace conditions, and can occur in all sectors across various workplaces and occupations

(see **Appendix 12** for occupational-disease claims by sector). Such conditions might include exposure to disease-causing agents, such as particles, fumes, gases or smoke. Under the *Occupational Health and Safety Act*, occupational illness is defined as a condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired.

Close to half of all WSIB claims relating to occupational diseases that affect health, but did not necessarily contribute to death, for the five years ending in 2018 were because of exposure to noise-induced hearing loss or communicable-disease such as hepatitis and tuberculosis. For a list of the top 10 causes of occupational disease, see **Figure 16**. Accounting for a quarter of occupational-disease claims with WSIB over the five years 2014–2018 were nurse aides, orderlies and registered nurses, as shown in **Figure 17**.

The Occupational Disease Action Plan (Plan) was developed in 2016 by various parties including the then Ministry of Labour (Prevention, Operations and Policy divisions), Health and Safety Associations, Specialized Research Centres (such as the Centre for Research Expertise in Occupational Disease and the Occupational Cancer Research Centre) and the Workplace Safety and Insurance

Board, as well as the Ontario Lung Association, Public Health Ontario and the Ministry of Health and Long-Term Care. The objective of the plan is to prevent hazardous exposures in Ontario workplaces in order to reduce the incidence and burden of occupational disease. The plan outlines 28 specific activities to be undertaken in eight focus areas (for example, research and data management, and raising awareness). See **Appendix 7** for the implementation status of the Plan's activities.

The Plan noted that its effectiveness and priorities would be reviewed annually starting in fall 2017 and adjustments may be made. At the time of our audit, the Ministry had not yet evaluated the plan's effectiveness. One of the Ministry's funded health-and-safety associations, the Occupational Health Clinic for Ontario Workers Inc., references the Occupational Disease Action Plan in its annual report and mainly reports on the actions taken by the five working groups established under the Plan.

We followed up with the Ministry on the status of activities that were to be undertaken under the Plan, and noted that as of July 2019, half (50%) had been completed, including those recommendations that have to occur on an ongoing basis. The other 50% had either not been started, were on hold, or were in progress. Those actions still in progress were typically in focus areas relating to

Figure 16: Top 10 Types of Occupational Disease WSIB Claims, 2014–2018

Source of data: Workplace Safety and Insurance Board

Types of Occupational Disease Claims	2014	2015	2016	2017	2018	Total	%
Contact/exposure to communicable diseases	3,787	3,803	3,625	3,947	2,803	17,965	26
Noise-induced hearing loss	2,988	2,955	2,962	3,343	3,785	16,033	23
Toxic effects of venom (e.g., bees or wasp sting)	821	871	812	983	580	4,067	6
Effect of exposure to a chemical agent	493	508	680	1,004	596	3,281	5
Colitis, enteritis, and gastroenteritis	480	878	764	572	577	3,271	5
Allergic reactions	268	350	351	482	486	1,937	3
Rash and other skin eruptions	215	212	292	231	236	1,186	2
Heat exhaustion	62	127	266	98	222	775	1
Toxic effect of gases, fumes, and vapours	4	46	15	65	594	724	1
Dyspnoea and respiratory abnormalities	149	158	158	120	89	674	1
Other (includes 584 other types of illness and disease)	3,587	3,124	2,867	3,074	5,651	18,303	27

Note: Based on year claim registered with WSIB.

Figure 17: Top 10 Occupations for Occupational Disease Loss-Time WSIB Claims, 2014-2018

Source of data: Workplace Safety and Insurance Board

Occupation	2014	2015	2016	2017	2018	Total	%
Nurse Aides, Orderlies and Other Health Services Support Workers	495	503	532	417	427	2,374	18
Nurse Supervisors and Registered Nurses	207	212	155	158	225	957	7
Other Technical Occupations in Health Care (except Dental)	165	200	165	135	75	740	6
Cleaners	149	146	123	135	108	661	5
Police Officers and Firefighters	123	132	128	120	141	644	5
Motor Vehicle and Transit Drivers	70	89	103	81	128	471	4
Childcare and Home-Support Workers	82	84	98	90	108	462	3
Paralegals, Social Service Workers, and Occupations in Education	75	84	101	88	81	429	3
Other Occupations in Protective Service	43	69	76	101	115	404	3
Labourers in Processing, Manufacturing and Utilities	63	64	67	60	80	334	2
Other (includes 122 other occupations)	1,112	1,211	1,120	1,028	1,458	5,929	44

obtaining information on which to base decisions. Examples of these are developing and using existing exposure and disease-surveillance data (such as WSIB data, or the Occupational Cancer Research Centre's Occupational Disease Surveillance System Project) to inform priorities, better target prevention efforts and generate research questions; identifying what the current research reveals regarding emerging exposures to inform the health-and-safety prevention system; and exploring and evaluating workplace-exposure assessment tools (for all priority exposures).

Regarding data collected for occupational diseases, we found that WSIB data was not entirely useful because it had incomplete information on the occupation and employer of affected workers. Steps to be taken under the Plan may address this shortfall, including embedding a patient's occupation in the Electronic Medical Record maintained by their doctor to improve data on the relationship between work and health.

The ministries of Labour, Health, and Long-Term Care, jointly with the Public Health Agency of Canada, funded the Occupational Cancer Research Centre to develop a system to monitor patterns and

trends in occupational disease in Ontario. The Ministry of Labour, Training and Skills Development's annual contribution is \$475,000. The Occupation Disease Surveillance System, which was developed in 2016, is being used to study the link between occupation and certain types of cancer and non-cancerous diseases. The system combines data from the following sources: WSIB lost-time claims to identify persons with occupational illness; the Ontario Cancer Registry to identify persons diagnosed with malignant disease; and the OHIP database and the National Ambulatory Care Reporting System (which contains data for all outpatient medical services) to identify cases of non-malignant disease.

RECOMMENDATION 11

To continue to gain knowledge about and limit hazardous exposures in Ontario workplaces, and in order to reduce the incidence and burden of occupational disease, we recommend that the Ministry of Labour, Training and Skills Development continue completing the activities outlined in the Occupational Disease Action Plan (as listed in **Appendix 7** of this report), assess

the Plan's effectiveness periodically, and make adjustments if necessary.

MINISTRY RESPONSE

The Ministry agrees with the recommendation. The Ministry plans to continue to implement the Occupational Disease Action Plan. The Ministry will also use findings from the review being conducted by a consultant affiliated with the Occupational Cancer Research Centre to inform the Occupational Disease Action Plan.

The Ministry is currently developing Ontario's next five-year Occupational Health and Safety Strategy. The Ministry will incorporate the Occupational Disease Action Plan into the Strategy.

It is expected that in aligning with the objectives of the next strategy, the Ministry will be able to measure and report on effectiveness achieved.

4.6 Very Little Progress on Newer Initiatives Aimed at Reducing Health and Safety Risks at Mines in Ontario

In September 2014, the Ministry, in collaboration with employers, conducted a formal risk assessment to identify and rank the top areas posing health and safety hazards in underground mining operations in Ontario. The top three areas identified were ground-control stability (that is, avoiding a cave-in), occupational disease resulting from inadequate ventilation, and water management (that is, minimizing water accumulation to avoid ground erosion). In 2016, the Ministry conducted a similar risk assessment of surface-mining operations (which includes open-pit mines and quarries) and identified ground-control stability, water management, and traffic control as the hazard areas that pose the greatest risk to the health and safety of workers.

Following the initial review, the Ministry introduced two initiatives for the mining sector:

- **Comprehensive inspections:** In 2015, the Ministry began a large-scale inspection program to assess all mines for health-and-safety purposes. Whereas a regular inspection involves an inspector showing up unannounced and usually focusing on one area of the mine in a single day, this more comprehensive inspection involves a team of at least two mining inspectors and other technical-resource staff (such as hygienists, ergonomists, engineers, or electrical mechanical inspectors) inspecting the entire mining property over several days. Mine officials are notified six to eight weeks in advance of a comprehensive inspection.
- **Engineering reviews:** In 2016, the Ministry began an initiative to have all mining operations in the province undergo a mining engineering review focused on the top three hazards identified for underground mines and surface mines. Ministry engineers, accompanied by Ministry inspectors, were to conduct these reviews. The purpose of the reviews was to confirm that:
 - appropriate engineering studies and analyses were carried out at the design stage;
 - mitigating controls were in place to effectively address identified risks; and
 - operations were compliant with the mining regulation.

While both initiatives are valuable in assessing the health and safety of mining operations in the province, we noted that few comprehensive inspections and engineering reviews had been done in the three and four years since they began. The Ministry told us this was because it did not have the complement of mining inspectors available to complete these in addition to other inspections and investigations.

As of July 2019, the Ministry had completed comprehensive inspections for 15 of the 39 underground mines operating in the province and for eight surface mines. The Ministry does not know

the exact number of surface-mining operations in the province; however, we noted that the Ministry's information system identifies 548 open-pit and quarry sites. Meanwhile, the Ministry had completed engineering reviews of all three top hazards for only one of 39 underground mines and none of the surface-mining operations. The Ministry's plan was to complete all engineering reviews by July 2020. The Ministry confirmed that this plan was too ambitious to complete by that date.

For the engineering reviews that were done, we noted inconsistencies in the level of detail in reports completed by different engineers, even though the Ministry had developed a reporting template. Some reports ranged from a few pages with very little details while other reports gave a more comprehensive description of the review.

With respect to comprehensive inspections, we noted that there was no standard template for reporting results or checklists that clearly directed inspectors and other technical staff on what they should be evaluating. The Ministry told us that it is in the process of developing formal procedures for comprehensive inspections.

RECOMMENDATION 12

To help identify and correct health-and-safety risks to workers at mining operations, we recommend that the Ministry of Labour, Training and Skills Development:

- reassess the benefits of conducting further engineering reviews and comprehensive inspections and if these are determined to be beneficial, prioritize resources to conduct engineering reviews and/or comprehensive inspections for all underground mining operations and high-risk surface mining operations; and
- develop procedures for conducting engineering reviews and documenting results in a consistent manner.

MINISTRY RESPONSE

The Ministry will reassess the benefits of engineering reviews and comprehensive inspections from the lenses of benefit to employers; impact on reducing health-and-safety risks to workers; review of the volume and nature of orders issued (administrative orders versus high-risk hazard-related orders); and value with respect to informing ongoing enforcement activities.

The Ministry is currently developing procedures for conducting comprehensive inspections and plans to do the same for engineering reviews, with a view to maximize efficiency, standardize reporting, incorporate peer review and reduce the demand on resources.

4.7 Work Needed to Address Recommendations of Ministry's Action Plans to Reduce Workplace Health-and-Safety Incidents

As noted in **Section 2.1.3**, the Ministry has developed action plans for three of the sector programs—construction (2017), mining (2015) and health care (2016) regarding workplace-violence prevention). At the time of our audit, none of the plans had been fully implemented. Implementation rates ranged from 43% to 88%. See **Appendix 7** for the implementation status of each recommendation in the various plans.

We reviewed WSIB claims data for the period since each plan's implementation to determine whether the plans have had an impact on their respective sectors:

- With respect to the mining sector, from 2014 to 2018, the number of injury claims from workers decreased by 5% for lost-time injuries and non-lost injuries combined.
- In the health-care sector, the number of injury claims due to violence or harassment for nursing staff increased by 29% from 2016 to 2018. Most incidents occurred in hospitals, followed by long-term-care homes. In 2018,

90% of injuries resulted in lost-time claims. In the health-care sector overall, only 43% of the recommendations have been implemented.

- The impact of the other two plans was too early to assess. Given that both plans were released in 2017, only one year of claims data was available to assess impact. Furthermore, in the case of the occupational-disease plan, more time is necessary to assess the impact between the time of exposure to a workplace hazard and the time an illness appears.

RECOMMENDATION 13

To help prevent and reduce the occurrence of occupational-related fatalities and injuries in workplaces across the province, we recommend that the Ministry of Labour, Training and Skills Development:

- continue to implement the recommendations outlined in the various sector-specific action plans;
- measure the impact each plan has had toward achieving its objective; and
- based on the results of the impact achieved, assess a future course of action.

MINISTRY RESPONSE

The Ministry agrees and will work with our partners to implement recommendations from the sector-specific Action Plans.

The Ministry is currently developing Ontario's next five-year Occupational Health and Safety Strategy, and where appropriate, will incorporate the recommendations outlined in the various sector-specific Actions Plans.

It is expected that in aligning with the objectives of the next Strategy, the Ministry will be able to measure and report on effectiveness achieved.

Appendix 1: Health and Safety Associations Funded by the Ministry

Prepared by the Office of the Auditor General of Ontario

Health and Safety Association	Sector Served	Services Provided	Representation of the Oversight Board	Ministry Funding (\$ million)					2017/18 Ministry Funding as % of Associations' Total Revenue
				2014/15	2015/16	2016/17	2017/18	2018/19*	
Designated Safe Workplace Associations									
Infrastructure Health and Safety Association (2010) 179 staff	Construction, electrical, utilities, aggregates, natural gas, ready-mix concrete, and transportation sectors.	Training, consulting, and information products. Only Ontario provider of the Certificate of Recognition (COR) accreditation program, which verifies that a construction-related company's health and safety program has reached a national standard.	57% union 43% private sector	25.1	23.9	23.9	24.1	24.9	73
Public Services Health and Safety Association (2010) 75 staff	Education, culture, community, health care, municipal and provincial government, and emergency services sectors.	Training, consulting, and information products.	47% private 33% public 20% union	8.2	8.3	8.8	9.5	8.5	75
Workplace Safety and Prevention Services (2009) 267 staff	Agricultural, industrial, manufacturing, and services sectors.	Training, consulting, and information products.	75% private 17% public 8% union	32.0	30.4	30.6	30.5	30.5	72
Workplace Safety North (2009) 77 staff	Mining and forest products industries, as well as businesses across northern Ontario.	Training, consulting, and information products. Ontario Mine Rescue Program: staffs, equips and maintains a network of mine rescue stations across the province to provide emergency response capability.	84% private 8% public 8% union	11.0	11.5	11.8	12.4	11.6	76

Health and Safety Association	Sector Served	Services Provided	Representation of the Oversight Board	Ministry Funding (\$ million)					2017/18 Ministry Funding as % of Associations' Total Revenue
				2014/15	2015/16	2016/17	2017/18	2018/19*	
Designated Medical Clinic									
Occupational Health Clinics for Ontario Workers (1989) 46 staff	All workers and employers in Ontario	Clinical services to determine and treat work-related illnesses. Provide research information and online resources for outreach and education.	100% union	7.1	7.5	7.9	8.8	7.8	100
Designated Training Centre									
Workers Health and Safety Centre (1989) 56 staff	All workers and employers in Ontario	Training.	100% union	9.9	9.2	9.2	9.2	9.2	79

* Based on amounts in transfer payment agreements.

Appendix 2: Top 10 Lost-Time Injuries by Type, Cause, and Occupation of Worker, 2014–2018

Source of data: Workplace Safety and Insurance Board

Top 10	# of Injuries ¹	% of All Injuries 2014–2018
Type of Injury		
1. Sprains and strains	121,761	44
2. Bruises, contusions	25,432	9
3. Fractures	23,720	9
4. Cuts, lacerations, punctures	19,414	7
5. Traumatic injuries, disorders, complications	18,206	7
6. Concussions	15,006	6
7. Multiple traumatic injuries	6,496	2
8. Mental disorders or syndromes	5,943	2
9. Abrasions, scratches and other superficial injuries	5,162	2
10. Burn or scald (heat)	4,180	2
Other (45 other types of injuries)	28,748	10
Total	274,068	100
Causes of Injury		
1. Bodily reaction and exertion ²	50,758	19
2. Overexertion ³	48,310	18
3. Fall on same level	43,324	16
4. Struck by objects or equipment	40,443	15
5. Struck against objects or equipment	17,360	6
6. Fall/jump to lower level	16,275	6
7. Assaults, violent acts, harassment	13,338	5
8. Caught in or compressed by equipment or objects	9,459	3
9. Repetitive motion	7,962	3
10. Highway accidents	6,243	2
Other (17 other causes of injuries)	20,596	7
Total	274,068	100
Occupation		
1. Motor Vehicle and Transit Drivers	20,320	7
2. Labourers in Processing, Manufacturing and Utilities	13,787	5
3. Cleaners	12,941	5
4. Assisting Occupations in Support of Health Services	12,916	5
5. Longshore Workers and Material Handlers	9,596	4
6. Trades Helpers and Labourers	9,463	3
7. Childcare and Home Support Workers	9,238	3
8. Retail Salespersons and Sales Clerks	9,237	3
9. Secondary and Elementary School Teachers and Counsellors	8,430	3
10. Police Officers and Firefighters	7,109	3
Other (131 other occupations)	161,031	59
Total	274,068	100

1. Based on the year injury occurred. Data does not include illnesses related to occupational disease.

2. Non-impact injuries resulting from assuming an unnatural position, whether from voluntary movements like climbing or twisting or from involuntary motions induced by sudden noise, fright, or efforts to recover from slips or loss of balance (but not resulting in falls).

3. Injuries that occur when an employee pulls, lifts, pushes, or throws something, and the joint is forced to move beyond its normal range of motion or a muscle is pulled.

Appendix 3: Number of Field Visits by Sector Program and Type, 2014/15–2018/19

Source of data: Ministry of Labour, Training and Skills Development

Type of Field Visit	2014/15	2015/16	2016/17	2017/18	2018/19	Total	%
Consultations	844	895	901	1,045	4,726*	8,411	2
Industrial Health and Safety Program	434	496	454	577	3,896	5,857	
Construction Health and Safety Program	269	267	303	325	658	1,822	
Mining Health and Safety Program	80	90	91	86	53	400	
Health Care Unit	61	42	53	57	119	332	
Inspections	36,557	36,256	34,877	35,527	37,825	181,042	54
Construction Health and Safety Program	17,391	15,282	17,443	17,426	17,614	85,156	
Industrial Health and Safety Program	15,984	17,939	14,784	15,077	16,886	80,670	
Mining Health and Safety Program	1,775	1,472	1,218	1,807	1,991	8,263	
Health Care Unit	1,407	1,563	1,432	1,217	1,334	6,953	
Investigations	25,449	27,960	30,422	31,264	32,245	147,340	44
Construction Health and Safety Program	6,326	7,275	8,610	8,521	8,035	38,767	
Industrial Health and Safety Program	16,878	18,404	19,230	20,080	21,348	95,940	
Health Care Unit	1,810	1,793	1,966	2,126	2,283	9,978	
Mining Health and Safety Program	435	488	616	537	579	2,655	
Total Field Visits	62,850	65,111	66,200	67,836	74,796	336,793	100

* Increase in consultations in 2018/19 compared to prior years is the result of a project by the Ministry to offer consultation and resources to small businesses newly registered with WSIB. To conduct this project, the WSIB provided the Ministry with a list of over 20,000 newly registered businesses.

Appendix 4: List of Regulations and Applicable Sectors under the Occupational Health and Safety Act

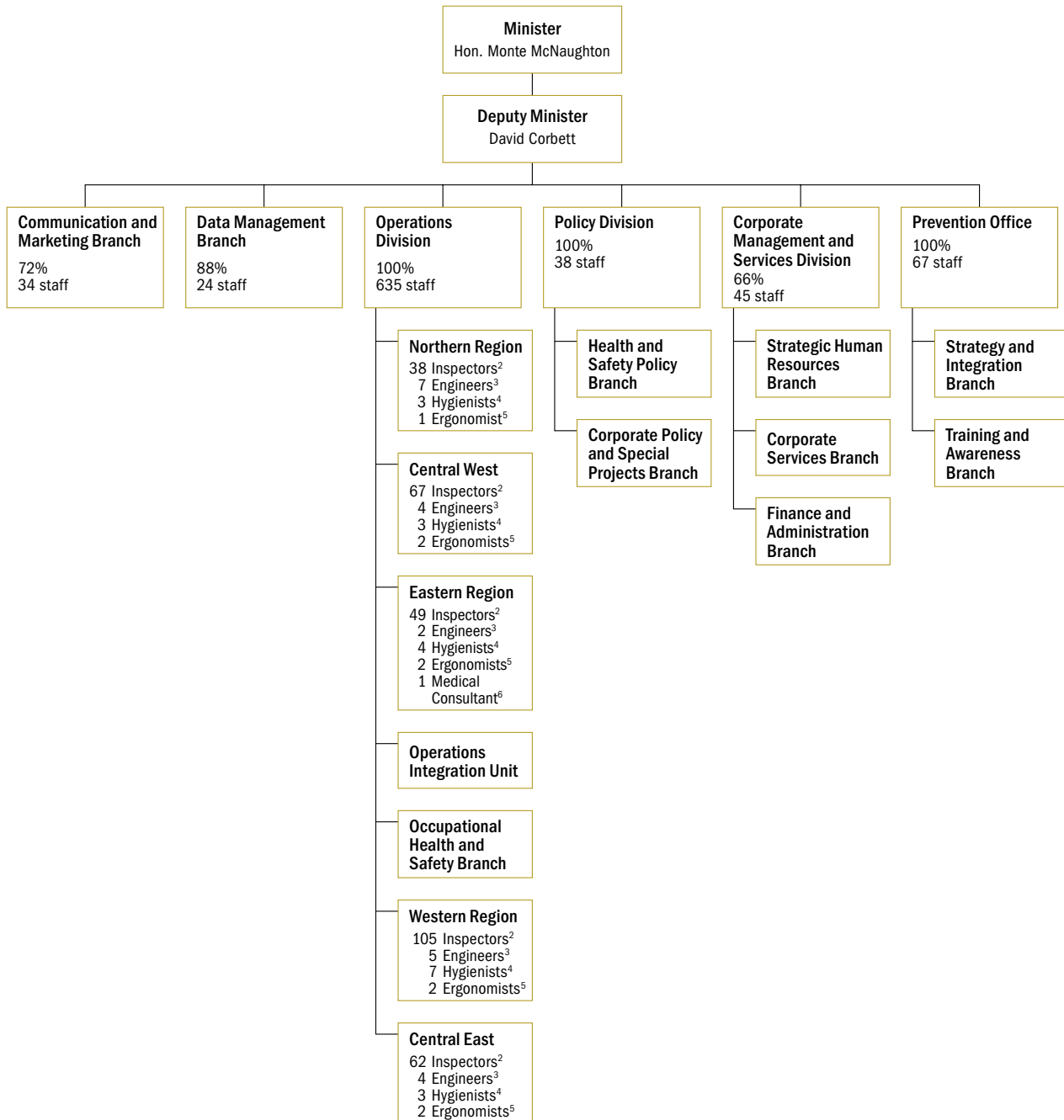
Source of data: Ministry of Labour, Training and Skills Development

Regulation	Last Update	Applicable Sector					
		Construction Projects	Industrial Establishments	Health Care and Residential Facilities	Mines and Mining Plants	Farming Operations	Other Workplaces
Sector-Based							
1. Construction Projects (O. Reg. 213/91)	Jul 1, 2019	✓					
2. Farming Operations (O. Reg. 424/05)	Jul 1, 2016					✓	
3. Firefighters – Protective Equipment (O. Reg. 714/91)	Mar 2, 2018						✓
4. Health Care and Residential Facilities (O. Reg. 67/93)	Apr 30, 2018			✓			
5. Industrial Establishments (Reg. 851)	Jul 1, 2019		✓				
6. Mines and Mining Plants (Reg. 854)	Jul 1, 2019				✓		
7. Oil and Gas Offshore (Reg. 855)	Jul 1, 2019						✓
Hazard-Based							
8. Confined Spaces (O. Reg. 632/05)	Jul 1, 2016	✓	✓	✓	✓		✓
9. Control of Exposure to Biological or Chemical Agents (Reg. 833)	Jan 1, 2018	✓	✓	✓	✓		✓
10. Designated Substance – Asbestos on Construction Projects and in Buildings and Repair Operations (O. Reg. 278/05)	Mar 2, 2018	✓	✓	✓	✓		✓
11. Designated Substances (O. Reg. 490/09)	Jan 1, 2018	✓	✓	✓	✓		✓
12. Needle Safety (O. Reg. 474/07)	Jul 1, 2010		✓	✓			✓
13. Noise Regulation (O. Reg. 381/15)	Jul 1, 2016	✓	✓	✓	✓	✓	✓
14. Roll-Over Protective Structures (Reg. 856)	Jun 28, 1991	✓	✓	✓	✓		✓
15. Workplace Hazardous Materials Information System (WHMIS) (Reg. 860)	Jan 21, 2019	✓	✓	✓	✓		✓

Regulation	Last Update	Applicable Sector						
		Construction Projects	Industrial Establishments	Health Care and Residential Facilities	Mines and Mining Plants	Farming Operations	Other Workplaces	
Activity-Based								
16. X-Ray Safety (O. Reg. 861)	Mar 15, 2018	✓	✓	✓	✓		✓	
17. Diving Operations (O. Reg. 629/94)	Mar 1, 2014						✓	
18. Window Cleaning (O. Reg. 859)	Aug 28, 1992						✓	
Administrative								
19. Criteria to be Used and Other Matters to Be Considered by the Board Under Subsection 46(6) of the Act (O. Reg. 243/95)	Jan 26, 2009	✓	✓	✓	✓	✓	✓	
20. Critical Injury – Defined (O. Reg. 834)	Jun 28, 1991	✓	✓	✓	✓	✓	✓	
21. Joint Health and Safety Committees – Exemption from Requirements (O. Reg. 385/96)	Jan 26, 2009	✓	✓	✓	✓		✓	
22. Inventory of Agents or Combinations of Agents for the Purpose of Section 34 of the Act (O. Reg. 852)	Aug 28, 1992	✓	✓	✓	✓	✓	✓	
23. Offices of the Worker and Employer Advisors (O. Reg. 33/12)	Apr 1, 2012	✓	✓	✓	✓	✓	✓	
24. OHS Awareness and Training (O. Reg. 297/13)	Jul 1, 2019	✓	✓	✓	✓	✓	✓	
25. Teachers (Reg. 857)	Jun 28, 1991						✓	
26. University Academic and Teaching Assistants (Reg. 858)	Jun 28, 1991						✓	

Appendix 5: Organizational Structure of Ministry of Labour - Occupational Health and Safety Staff

Source of data: Ministry of Labour, Training and Skills Development, data as of September 30, 2019



1. Total Staff - 843

2. Inspectors - 321

3. Engineers - 22

4. Hygienists⁷ - 20

5. Ergonomists⁸ - 9

6. Medical Consultant - 1

7. An occupational hygienist evaluates worker exposure to health hazards to help workers avoid sickness, impairment or discomfort.

8. An occupational ergonomist assesses whether the designs of systems, equipment and facilities provide the best levels of efficiency, comfort and health and safety for workers using them.

Appendix 6: Jurisdictional Comparison of Accountability for Occupational Health and Safety Functions

Source: Ministry of Labour, Training and Skills Development

	Regulation-Making	Prevention	Investigations	Enforcement	Prosecution	Insurance
British Columbia	WorkSafe British Columbia	WorkSafe British Columbia	WorkSafe British Columbia	WorkSafe British Columbia	Government	WorkSafe British Columbia
Alberta	Government	Government	Government	Government	Government	Workers Compensation Board
Saskatchewan	Government	WorkSafe Saskatchewan	Government	Government	Government	Workers Compensation Board
Manitoba	Government	SAFE Manitoba (Government/ WCB Partnership)	Government	Government	Government	Workers Compensation Board
Ontario	Government	Government	Government	Government	Government	Workplace Safety and Insurance Board
Quebec	Committee on Standards, Equity, Health and Safety	Committee on Standards, Equity, Health and Safety	Committee on Standards, Equity, Health and Safety	Committee on Standards, Equity, Health and Safety	Government	Committee on Standards, Equity, Health and Safety
Newfoundland and Labrador	Government	Workplace Health, Safety and Compensation Commission	Government	Government	Government	Workplace Health, Safety and Compensation Commission
New Brunswick	WorkSafe New Brunswick	WorkSafe New Brunswick	WorkSafe New Brunswick	WorkSafe New Brunswick	Government	WorkSafe New Brunswick
Prince Edward Island	Workers Compensation Board	Workers Compensation Board	Workers Compensation Board	Workers Compensation Board	Government	Workers Compensation Board
Nova Scotia	Government	Workers Compensation Board	Government	Government	Government	Workers Compensation Board
Yukon	Workers Compensation Board	Workers Compensation Board	Workers Compensation Board	Workers Compensation Board	Government	Workers Compensation Board
Northwest Territories/ Nunavut	Workers' Safety and Compensation Commission	Workers' Safety and Compensation Commission	Workers' Safety and Compensation Commission	Workers' Safety and Compensation Commission	Government	Workers' Safety and Compensation Commission

Note: Functions performed outside the respective ministry are shaded. These organizations are all government agencies.

Appendix 7: Implementation Status of Ministry Action Plans

Source: Ministry of Labour, Training and Skills Development

Action Item #	Recommendation	No Work Begun	Planning	In Progress	On Hold	Complete	Ongoing
Preventing Workplace Violence in Health Care							
1.	Create transition teams – sustainable groups of experts that can assist and provide advice with the implementation of workplace violence prevention (WVP) tools and leading to improve a hospital's WVP journey to excellence.			✓			
2.	Create a workplace safety environmental standard for healthcare workplaces.	✓					
3.	Develop resources and supports to help hospitals create a psychologically safe and healthy workplace based on the CSA standard.			✓			
4.	Amend the Occupational Health and Safety Act to allow a designated worker member of the Joint Health and Safety Committee to be included in workplace violence investigations under certain circumstances.	✓					
5.	Amend the Occupational Health and Safety Act to create a requirement about the information to be provided to a worker who experienced a violent incident.	✓					
6.	Include more details on legislative compliance and requirements in the workplace violence section of the Ministry of Labour's (MOL) health-care sector plan.					✓	
7.	Strengthen workplace-violence language in Accreditation Canada's Required Organizational Practice.					✓	
8.	Strengthen workplace-violence language in Accreditation Canada's Standard.					✓	
9.	Amend the Ministry of Labour Policy and Procedure manual to ensure all risk assessments conducted by hospitals are adequate.					✓	
10.	Promote the use of all existing and future Public Service Health and Safety Association (PSHSA) Violence, Aggression and Responsive Behaviour tools in all Ontario hospitals.					✓	
11.	Ask the PSHSA, in collaboration with stakeholders, to develop additional tools to support: <ul style="list-style-type: none"> a. incident reporting and investigation (root-cause analysis); b. a code white (violent person); c. patient transit (inside the facility) and transfer (outside of the facility); and d. work-refusal procedures. 			✓			
12.	Develop specific supplementary tools through the Leadership Table in the second phase and out-years of the project.					✓	

Action Item #	Recommendation	No Work Begun	Planning	In Progress	On Hold	Complete	Ongoing
13.	Provide more supports for patients with known aggressive or violent behaviour within health-care facilities and in the community.	✓					
14.	Create and implement a standard provincial form/process to engage a patient and/or family/caregiver in developing a patient's care plan that includes safety for workers.	✓					
15.	Work with the College of Nurses of Ontario to provide more clarity related to nurses' right to refuse to provide care to patients in hazardous situations, where the hazard is workplace violence.					✓	
16.	Require post-secondary institutions to provide students with enhanced training in workplace violence and prevention before entering the workforce.					✓	
17.	Develop and implement a consistent minimum provincial training standard for those performing the role or function of providing security in hospitals.					✓	
18.	Address issues related to workplace-violence incident reporting systems.			✓			
19.	Include workplace-violence prevention in Quality Improvement Plans.					✓	
20.	Create consistent communication protocols between hospitals and external care environments to limit the risk of violence to health-care workers and patients.			✓			
21.	Expand an existing communication protocol to prepare a health-care facility to receive an incoming patient for a psychiatric assessment.			✓			
22.	Implement a joint ministry public campaign regarding the Workplace Violence Prevention in Health Care project.			✓			
23.	Post information about all MOL fines against employers in health care under \$50,000.		✓				
Total		5	1	7	0	10	0
Construction Health and Safety Action Plan							
1.	Infrastructure Health and Safety Association (IHSA) to develop an advanced training program – Communications Skills for Supervising Health and Safety.						✓
2.	IHSAs Keep Your Promise campaign.						✓
3.	Occurrence information on fatality incidents, and relevant prevention resources, posted on the MOL website post-event.						✓
4.	MOL to develop annual enforcement plans that focus on workplace hazards and health-and-safety issues for different sectors, including construction.						✓
5.	Construction supervisors added as a topic in Canadian Centre for Occupational Health and Safety (CCOHS)/IHSA web tool.						✓
6.	System partners prioritize noise in the workplace, including year-long campaign.						✓

Action Item #	Recommendation	No Work Begun	In Progress	On Hold	Complete	Ongoing
7.	Working at Heights (WAH) communications campaign to raise awareness about WAH training requirements.				✓	
8.	IHSA initiative to communicate health-and-safety information to consumers and contractors throughout the supply chain.					✓
9.	Creation of resources that can be used by supervisors.				✓	
10.	MOL and partners to promote Foundations of Safety Leadership Module.				✓	
11.	MOL to help build a knowledge base through Prevention Office's Research Opportunities Program.			✓		
12.	Leadership and worker participation toolkit for small construction companies.				✓	
13.	MOL to promote employee recognition programs that encourage workers to report unsafe work practices.		✓			
14.	Partner with construction associations and labour groups to distribute resources to construction employers, supervisors and workers.					✓
15.	Translate IHSA's Working at Heights material into 10 different languages, and pilot the delivery of WAH in those languages using translators.				✓	
16.	Partner with the City of Toronto to promote health-and-safety resources and information.				✓	
17.	MOL to work with other municipalities to expand relationships based on the model with the City of Toronto.		✓			
18.	MOL to explore partnering with approved training providers to utilize existing registries of learners as a means to distribute health-and-safety resources.				✓	
19.	MOL to work with system partners to complete a scan of existing system resources in priority areas and create resources where needed.				✓	
20.	Develop a small-business tool-kit based upon small construction employers' priorities.				✓	
21.	The MOL to partner with the Ontario Cooperative Education Association (OCEA), IHSA and PSHSA to gather occupational health-and-safety resources for teachers.					✓
22.	The MOL to work with Ministry of Education regarding training requirements under the Occupational Health and Safety Act and the Regulation for Construction projects.					✓
23.	The MOL to create a strategy for career-long health-and-safety learning for the construction sector.				✓	
24.	The MOL to work with the Ministry of Advanced Education and Skills Development and the Ontario College of Trades to develop opportunities to include more health-and-safety training into apprenticeship training.			✓		

Action Item #	Recommendation	No Work Begun	Planning	In Progress	On Hold	Complete	Ongoing
25.	MOL to develop guidance information when proposing regulatory changes and work with partners and stakeholders to ensure its development as needed.						✓
26.	MOL will work with CCOHS and IHSA to ensure that topics included in the H&S mobile app are updated should there be amendments or new requirements.						✓
27.	University-level engineering students will collaborate with residential construction and roofing-industry stakeholders and fall-protection-system experts to find innovative approaches to the use of existing equipment.						✓
28.	CCOHS and IHSA to develop a web tool to include health-and-safety resources to assist employers and workers in understanding what the law requires.					✓	
29.	The MOL has focused on working at heights and residential roofing through WAH training, enforcement initiatives and the Underground Economy Residential Roofing Pilot Project.					✓	
30.	The MOL to work with partners to create plain-language resource materials to assist in the interpretation of existing legislative and regulatory requirements.					✓	
31.	The Chief Prevention Officer (CPO) to work with stakeholders and the Ministry of Municipal Affairs to explore opportunities and implementation challenges to enhance health and safety in the residential-construction sector.						✓
32.	The MOL to develop a resource kit on key construction OHS issues for small employers that can be provided by Ministry Inspectors at time of inspection.						✓
33.	The MOL to review the current schedule of offences for tickets related to contraventions of the construction regulations and set fine amounts.					✓	
34.	The MOL to explore the use of Administrative Monetary Penalties (AMPs) and consider the penalty amounts that would be recommended under such a system and to which contraventions they would apply.					✓	
35.	The CPO to consult with stakeholders regarding the implementation of an "Accreditation" program.					✓	
36.	MOL to initiate partnerships with municipalities to pilot a web-based application that allows municipal building inspectors to report unsafe work practices.					✓	
37.	The MOL Central West Region to partner with the IHSA, the OMCA, and the MCAT to run their Falls from Elevation: Scaffolding and Platform Initiative.					✓	
38.	The MOL to partner with the IHSA and ESA to deliver orientation sessions for inspectors on specific electrical hazards that will be the focus of inspections.					✓	
39.	Safe At Work Ontario consultations have identified possible inspection initiatives for the construction program in 2017-18.					✓	

Action Item #	Recommendation	No Work Begun	Planning	In Progress	On Hold	Complete	Ongoing
40.	Ministry of Labour to develop inspection priorities and strategies based upon the risk assessments that were conducted for construction and residential renovations with worker and employer representatives.						✓
41.	The MOL to explore opportunities to include additional notification requirements of high-risk construction activities, such as residential roofing.			✓			
Total		0	2	0	3	22	14
Mining Health, Safety and Prevention Review							
1.	The Ministry of Labour supported by all relevant health-and-safety system partners and subject matter experts, to undertake a Mining Sector Risk Assessment with employers and labour every 3 years.					✓	
2.	The Ministry of Labour to require employers in the mining sector to conduct risk assessments, which would include measures and procedures to control the risks identified in the assessment as likely to expose a worker to injury and illness. The joint health and safety committee, health and safety representative or workers, are to be consulted on the risk assessment. Employer risk reassessments are to be done as often as necessary to ensure programs that result from the assessment continue to protect workers.					✓	
3.	The Ministry of Labour to work with its Research Advisory Council to focus its grants and research on topics that address the priority hazards identified in the Mining Sector Risk Assessment, and disseminate and act upon the findings where appropriate.			✓			
4.	The Mining Legislative Review Committee to align the majority of its work with the major hazards identified in the sector level risk assessment exercise.					✓	
5.	The Ministry of Labour to require that mining employers address the priority hazards identified in the risk-ranking exercise.			✓			
6.	The Ministry of Labour to review existing occupational exposure limits for a number of key airborne and chemical hazardous substances in underground mines with a view to giving further consideration to the limits for those substances and, if appropriate and advisable, amend Regulation 833. Priority to be given to a review of the occupational exposure limits for silica, nitrogen dioxide and diesel particulate matter (DPM). Other hazards to be considered include sulfur dioxide and radon.			✓			
7.	The Ministry of Labour to require mine operators to establish and implement a written management of change procedure, to include workers and the joint health and safety committee or health and safety representative.			✓			

Action Item #	Recommendation	No Work Begun	Planning	In Progress	On Hold	Complete	Ongoing
8.	The Ministry of Labour to require mining companies to conduct risk assessments to establish Emergency Response Plans for exploration sites, new mines, surface mines and mining plants.			✓			
9.	Workplace Safety North to revise the Mine Rescue Handbook to include guidelines for fitness of crew members, critical-incident stress management and acclimatization of emergency responders.			✓			
10.	The Ministry of Labour to work with stakeholders to develop proposed recommendations regarding the responsibilities of mine rescue crew members and mine owners/employers, with respect to mine-rescue operations.	✓					
11.	Requiring the Mining Tripartite Committee, which supports the development of Common Core training, to present to the ministries of Labour and Training, Colleges and Universities options and recommendations to enhance supervisor and management health-and-safety training. Requesting the Mining Tripartite Committee to review the pre-requisites for Supervisor Common Core training and determine the best format for this training (e.g., classroom learning, hands-on experience).			✓			
12.	The Ministry of Labour to engage in discussions with the Ministry of Training, Colleges and Universities about the quality and consistency of Common Core training in the underground mining sector, evaluate the current state of that training delivery and identify circumstances where refresher training may be appropriate.			✓			
13.	The Ministry of Labour and the relevant Health and Safety Associations to increase their capacity to ensure the health-and-safety system has the resources to address mining hazards effectively – particularly the priority hazards identified in the risk-ranking exercise.					✓	
14.	The Ministry of Labour to review its policies and procedures that apply to mining inspectors related to unannounced field visits, reprisals, repeat orders, the training of inspectors and the provision of information to workplace parties and how those policies and procedures are implemented. Take appropriate actions based on the findings of that review.					✓	
15.	The Ministry of Labour and its partners to review the health-and-safety system's ability to meet the needs of the mining sector, especially related to providing services to remote communities, training small numbers of trainees, and aligning their training activities to the priority hazards. Take appropriate actions based upon the findings of that review.			✓			

Action Item #	Recommendation	No Work Begun	Planning	In Progress	On Hold	Complete	Ongoing
16.	The Ministry of Labour to work with the Ministry of Community Safety and Correctional Services to enhance the information supplied to the Chief Coroner's Office and build better linkages between both ministries.					✓	
17.	The Ontario Mining Association to work with labour representatives to develop an Internal Responsibility System best practice guideline as an industry benchmark and to be endorsed by the Ontario Mining Association for implementation by its members.					✓	
18.	The health-and-safety system to share information both on emerging injury and illness trends, and information on incidents causing serious injury across the industry to trigger preventative actions by workplace parties.					✓	
Total		1	0	9	0	8	0
Occupational Disease Action Plan							
1.	Develop a strategy to embed "Occupation" and potentially other links to work into the Electronic Medical Record being led by e-Health Ontario and OntarioMD, to improve data on the relationship between work and health.			✓			
2.	Develop a plan for obtaining occupational-exposure baseline data from Ontario workplaces to focus and support action to prevent occupational disease.			✓			
3.	Develop and use existing exposure- and disease-surveillance data (e.g., WSIB data, OCRC Occupational Disease Surveillance System Project) to inform priorities, better target prevention efforts and generate research questions.			✓			
4.	Conduct a jurisdictional scan to review occupational-disease legislation, regulations and guidelines in other jurisdictions.						✓
5.	Conduct a jurisdictional scan of prevention initiatives aimed at reducing workplace exposure to hazardous levels of noise, to explore potential prevention initiatives for Ontario.			✓			
6.	Identify priority irritants and allergens for skin and lung disease to focus action-plan activities.					✓	
7.	Identify what the current research reveals regarding emerging exposures to inform the health-and-safety prevention system; and develop future research questions (to fill knowledge gaps).			✓			
8.	Explore and evaluate workplace-exposure assessment tools (for all priority exposures).			✓			
9.	Assess worker knowledge of allergens and irritants (skin and lung) to target awareness efforts (e.g., survey tool).	✓					

Action Item #	Recommendation	No Work Begun	Planning	In Progress	On Hold	Complete	Ongoing
10.	Integrate Action Plan priorities into MOL Research Programs (e.g., Research Opportunities Program).				✓		
11.	Develop and implement a communications and marketing plan focusing on raising awareness of harm and prevention with respect to the priority exposures: noise and/or allergens and irritants and/or diesel hazards in the workplace, with an underlying theme of general occupational-disease prevention.					✓	
12.	Target specific sectors to raise awareness of priority allergens and irritants (potential for focus on employers).					✓	
13.	Deliver educational opportunities and resources to increase the health-and-safety knowledge of individuals within the health-and-safety system on priority exposures (noise, allergens and irritants, and diesel) and general occupational-disease incidence and prevention (e.g., Occ-tober).					✓	
14.	Target advisory and support services to workplaces falling under the expanded noise regulation.					✓	
15.	Target advisory and support services to the action plan priority exposures for specific sectors.						✓
16.	Inventory and align system educational resources to promote occupational-disease prevention. Initially focusing on the priorities of noise, allergens/irritants, diesel and general occupational-disease awareness.					✓	
17.	Identify any gaps and a process to develop new resources to address them and/or support ODAP and system partners' ongoing occupational-disease efforts.			✓			
18.	Review mandatory training initiatives and standards to identify opportunities to add or strengthen occupational-disease prevention content.			✓			
19.	Inventory and align existing system-training initiatives to promote occupational-disease prevention, initially focusing on the priorities of noise, allergens/irritants, diesel and general occupational-disease awareness.					✓	
20.	Identify any gaps and a process to develop new training initiatives or standards to address them and/or support ODAP and system partners' ongoing occupational-disease efforts.					✓	
21.	Develop and deliver health-care practitioner education on general and specific occupational-disease topics (e.g., work-related asthma).			✓			
22.	Integrate awareness of occupational-disease exposures (irritants and allergens-skin and lung) into career counselling and vocational services.			✓			
23.	Provide/recommend tools to JHSC for health-hazard identification and management.					✓	

Action Item #	Recommendation	No Work Begun	Planning	In Progress	On Hold	Complete	Ongoing
24.	Develop enforcement strategies for occupational-disease priorities.						✓
25.	Explore the National Institute for Occupational Health and Safety's "Buy Quiet" program and potential applicability for Ontario.			✓			
26.	Explore the integration of occupational-disease and priority exposures with WSIB on premium or prevention program projects (e.g., Workwell).						✓
27.	Explore opportunities to incorporate occupational-disease elements into accreditation programs (e.g., assurance of controls, proper equipment/ventilation).			✓			
28.	Review and consider opportunities for regulatory changes.						✓
Total		1	0	12	1	9	5
Total # for all plans combined		7	3	28	4	49	19
Total % for all plans combined		6	3	25	4	45	17

Appendix 8: Types of Compliance Orders and the Number Issued by Program Sector and Type

Source of data: Ministry of Labour, Training and Skills Development

Types of Compliance Orders	
Type of Orders (by severity)	Description of Order
Stop-work order	Stops work or the use of any place, equipment, machine, device or thing or any process or material until the related contravention order is complied with.
Forthwith order	Issued to comply immediately with a provision of the Act, or a Regulation. Compliance must be achieved by the time the inspector leaves the workplace.
Time-based order	Specifies the period of time within which compliance must be achieved. The length of time given to comply is at the discretion of the inspector.
Time-unknown order	Does not specify a date for completion. This order must be accompanied by a stop-work or compliance plan order.
Compliance-plan order	Specifies the date by which a compliance plan must be received by the Ministry. The compliance plan must specify how the workplace plans to comply with the order and the date by which compliance will be achieved. The inspector is to make a field visit to verify compliance has been achieved.
Requirement	Issued to gather further information, or to determine/verify compliance, e.g., conduct a noise assessment and provide documentation.

Orders Issued by Sector, 2014/15–2018/19							
Sector Program	2014/15	2015/16	2016/17	2017/18	2018/19	Average	%
Industrial	65,465	70,151	54,839	60,894	63,119	62,894	50
Construction	55,967	47,291	55,372	55,348	57,100	54,216	43
Mining	4,804	4,248	3,773	5,749	5,854	4,886	4
Health Care	4,259	4,885	4,086	3,186	3,527	3,989	3
Total	130,495	126,575	118,070	125,177	129,600	125,983	100

Orders Issued by Type, 2014/15–2018/19					
Order Type (in order of severity)	2014/15	2015/16	2016/17	2017/18	2018/19
Stop-use/Stop-work order	7,908	6,923	6,923	7,179	7,384
Forthwith order	35,764	27,006	29,443	31,209	31,241
Time-based order	70,269	76,993	66,124	70,505	74,611
Time-unknown order	10,679	9,588	9,188	9,834	9,911
Compliance-plan order	932	1,036	874	857	784
Requirements	4,943	5,029	5,518	5,593	5,669
Total	130,495	126,575	118,070	125,177	129,600

Type of Orders Issued by Sector, 2018/19					
Order Type (in order of severity)	Construction	Industrial	Health Care	Mining	Total
Stop-use/Stop-work order	5,071	1,858	23	432	7,384
Forthwith order	25,799	4,605	198	639	31,241
Time based order	16,575	51,435	3,024	3,577	74,611
Time-unknown order	6,970	2,138	28	775	9,911
Compliance-plan order	61	507	44	172	784
Requirements	2,624	2,576	210	259	5,669
Total	57,100	63,119	3,527	5,854	129,600

Appendix 9: Audit Criteria

Prepared by the Office of the Auditor General of Ontario

1. Processes are in place to identify regulated workplaces and a risk-based approach is used to identify from these workplaces candidates for proactive inspections.
2. Inspections and investigations are conducted by qualified and well-trained staff. There is effective oversight of the inspection process to ensure efficient and quality occupational health and safety inspections are conducted consistently and on a timely basis across the province.
3. Processes are in place to promptly investigate all workplace fatalities and critical injuries, and to effectively prioritize inspections of less serious work-related incidents and complaints based on the level of urgency.
4. Inspections are completed in accordance with ministry policy and key regulatory requirements, and issues identified during inspections are documented and followed up to ensure corrective action is taken on a timely basis. Enforcement tools and penalties are applied consistently and in accordance with legislation to deter future occurrences.
5. Procedures are in place to ensure that funding to health and safety associations and other transfer payment recipients for prevention activities is being used as intended with due regard for economy and efficiency, and that unspent funding is recovered.
6. Appropriate measures are in place to monitor the performance of the Occupational Health and Safety Program against established expectations and to assess the effectiveness of the program in achieving legislated and stated goals. Performance results are publicly reported.
7. Systems are in place to collect and maintain timely, accurate and complete information for decision making on occupational health and safety programs and enforcement.

Appendix 10: Publicly Reported Occupational Health and Safety Performance Measures

Source of data: Ministry of Labour, Training and Skills Development, Annual Reports

Performance Measures	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Measures Relating to Worker Deaths										
Traumatic Fatalities ¹	77	85	94	78	102	81	72	72	81	85
Traumatic Fatality Rate (per 100,000 workers)	1.32	1.43	1.55	1.28	1.64	1.29	1.13	1.12	1.24	1.28
Occupational-Disease Fatalities ²	170	174	164	164	141	152	154	136	146	143
Occupational-Disease Fatality Rate (per 100,000 workers)	2.91	2.93	2.70	2.68	2.26	2.42	2.43	2.12	2.23	2.15
Measures Relating to Worker Injuries										
Critical Injuries ³ Reported	1,166	1,104	966	1,147	1,130	1,095	873	938	1,898	2,115
Critical-Injury Rate (per 100,000 workers)	19.94	18.57	15.91	18.77	18.13	17.41	13.75	14.62	28.97 ⁴	31.78
Lost-time Injury Claims ⁵	64,843	60,200	56,672	55,525	54,430	53,688	51,570	57,368	59,529	64,855
Lost-time Injury Rate - Schedule 1 Employers ⁶ (per 100 workers)	1.27	1.15	1.05	1.01	0.95	0.92	0.85	0.94	0.95	1.00
Lost-time Injury Rate - Schedule 2 Employers ⁷ (per 100 workers)	2.10	2.00	1.91	1.85	1.85	1.90	1.80	1.96	2.04	2.17
No Lost-time Injury Claims ⁸	131,843	123,852	123,675	124,019	125,328	125,524	122,133	121,500	126,251	129,759
No Lost-time Injury Rate - Schedule 1 Employers ⁶ (per 100 workers)	2.93	2.71	2.64	2.59	2.53	2.49	2.36	2.31	2.36	2.36
No Lost-time Injury Rate - Schedule 2 Employers ⁷ (per 100 workers)	2.36	2.16	2.12	2.07	2.18	2.22	2.09	2.05	2.03	2.04

1. Traumatic Fatalities—Workers who died of a work-related traumatic incident in the year specified. Excludes claims from workers who died while in receipt of 100% permanent disability benefits granted under a pre-1990 legislative framework.

2. Occupational-Disease Fatalities—Death of a worker due to a health problem caused by exposure to a workplace health hazard, in the year specified.

3. Critical Injuries Reported—Injuries include only those that have been reported to the Ministry and not necessarily critical injuries as defined by the Occupational Health and Safety Act. The Ministry investigates workers covered by the Occupational Health and Safety Act. Critical injuries in the Ministry's data systems may include non-workers who were injured at a workplace because the hazard that injured the non-worker may also pose a threat to workers.

4. According to the Ministry, the increase in critical injuries in 2017/18 was due to the Ministry expanding the definition of a "critical injury" in September 2016 to include fractures of the wrist, hand, ankle, foot, multiple fingers and toes. Legislation defines a critical injury as an "injury of a serious nature" that "involves the fracture of a leg or arm but not a finger or toe." The Ministry decided to interpret the definition to include fractures to the above-named body parts. The Ministry's data does not allow for isolation of the variance due to the definition change.

5. Lost-Time Injury Claims—Created when a worker suffers a work-related injury/disease that results in one of the following: being off work past the day of accident, loss of wages/earnings or a permanent disability/impairment.

6. Schedule 1 Employer—These employers pay premiums to WSIB and in return WSIB is liable to pay benefit compensation for workers' claims.

7. Schedule 2 Employer—These employers self-insure the payment of compensation benefits for workers' claims.

8. No Lost-Time Injury Claim—Results from a work-related injury where no time is lost from work other than on the day of accident, but where health-care is required. The health-care costs resulting from the injury are paid by the Workplace Safety and Insurance Board.

Appendix 11: Number and Percentage of Companies with the Same Contravention on at Least Two Occasions, 2013/14–2018/19

Source of data: Ministry of Labour, Training and Skills Development

	Total # of Businesses Issued Orders	# of Business Issued Orders for the Same Type of Offence on Multiple Occasions	% of Total Businesses with Repeat Offences
Construction Sector			
Orders Issued (excluding stop-work orders)			
Falls Protection	4,165	2,698	65
Lack of Personal Protective Equipment	4,314	2,502	58
Improper Access and Egress	3,499	1,923	55
Improper Use and Handling of Ladders and Scaffolding	2,592	1,044	40
Electrical Hazards	2,267	926	41
Stop-Work Orders Issued			
Falls Protection	1,986	651	33
Improper Access and Egress	1,165	332	28
Improper Use and Handling of Ladders and Scaffolding	710	125	18
Other Equipment Contraventions	504	80	16
Electrical Hazards	405	43	11
Industrial Sector			
Orders Issued (excluding stop-work orders)			
Workplace Violence and Harassment	4,011	1,413	35
Health and Safety Representative and Joint Health and Safety Committee Contraventions	3,881	1,383	36
Lack of Equipment, Material, and Protective Device Maintenance	3,453	1,099	32
Lack of Machine and Equipment Guarding	2,575	813	32
Improper Material Handling	2,633	754	29
Stop-Work Orders Issued			
Lack of Equipment, Material, and Protective Device Maintenance	801	101	13
Lack of Machine and Equipment Guarding	668	83	12
Other Equipment	251	8	3
Improper Material Handling	206	9	4
Lack of Training	157	10	6
Health-Care Sector			
Orders Issued (excluding stop-work orders)			
Workplace Violence and Harassment	462	184	40
Lack of Measures and Procedures	332	169	51
Equipment, Materials, Protective Devices not Maintained in Good Condition	270	100	37
Health and Safety Representative and JHSC Contraventions	272	81	30
Housekeeping and Work Surfaces	203	54	27

	Total # of Businesses Issued Orders	# of Business Issued Orders for the Same Type of Offence on Multiple Occasions	% of Total Businesses with Repeat Offences
Stop-Work Orders Issued			
Equipment, Materials, Protective Devices not Maintained in Good Condition	15	2	13
Lack of Machine and Equipment Guarding	14	2	14
Improper Use and Handling of Ladders and Scaffolding	8	0	0
Mining Sector			
Orders Issued (excluding stop-work orders)			
Poorly Maintained or Unguarded Conveyors	301	162	54
Lack of Equipment, Material, and Protective Device Maintenance	290	159	55
Traffic Management	377	201	53
Electrical Hazards	205	98	48
Lack of Machine/Equipment Guarding	260	129	50
Stop-Work Orders Issued			
Poorly Maintained or Unguarded Conveyors	130	34	26
Lack of Equipment, Material, and Protective Device Maintenance	113	31	27
Lack of Machine/Equipment Guarding	95	29	31
Electrical Hazards	56	11	20
Improper Access and Egress	58	15	26

Appendix 12: Occupational-Disease Claims by Sector Program, 2014-2018*

Source of data: Workplace Safety and Insurance Board and Statistics Canada

Program Sector	2014	2015	2016	2017	2018	Total
Industrial	8,025	8,336	8,421	9,282	10,636	44,700
Municipal	1,749	1,817	1,947	2,017	2,215	9,745
Manufacturing	1,464	1,534	1,474	1,470	1,790	7,732
Retail and Services	1,127	1,203	1,201	1,417	1,586	6,534
Education	770	772	760	896	1,063	4,261
Other Provincial Ministries and Government Organizations	455	535	599	753	844	3,186
Transportation	515	536	498	558	675	2,782
Automotive	336	291	331	406	446	1,810
Food	244	278	267	269	343	1,401
Other	1,365	1,370	1,344	1,496	1,674	7,249
Health Care	3,600	3,396	2,971	3,199	3,382	16,548
Construction	1,002	1,056	1,184	1,208	1,343	5,793
Mining	227	244	216	230	258	1,175
Total	12,854	13,032	12,792	13,919	15,619	68,216

* Based on year claim was registered with WSIB