



ALBERTA'S OCCUPATIONAL HEALTH AND SAFETY BRANCH TARGETS THE HEALTH CARE SECTOR

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In the eyes of many, occupational health and safety legislation is in place to protect the blue-collar worker. The notion of an injury in the workplace brings up images of horrifying industrial or mining accidents or construction-related losses. What is less well-understood is that the scope of occupational health and safety extends much beyond those areas and encompasses almost all workplaces, including those in the healthcare sector.



To the point, less than a year ago, Workplace Health and Safety (WHS) (which is essentially the monitoring and enforcement branch of occupational health and safety) was tasked with reducing the number of injuries sustained by workers in the healthcare industry. On April 27, 2009 the government published a formal Healthcare Industry Compliance Strategy ("the Strategy") which targets the healthcare sector.

According to governmental sources the medical initiative is necessary. These sources claim that the lost-time claims rate in the healthcare sector is 58.9% higher than the provincial average, and at least three times higher than the mining industry (which historically has been considered very dangerous).

WHS has targeted both the medical profession and employers within the profession. To ensure compliance, it will perform random workplace inspections, or follow-up inspections as a result of complaints/incidents.

Inspectors are responsible for enforcing the Occupational Health and Safety legislation which consists of three parts: the *Occupational Health & Safety Act*, ("the Act"); the Regulations passed under the Act; and the *Occupational Health & Safety Code* (which contains detailed technical requirements for safety in the workplace). The legislation places obligations on employers, workers, suppliers, contractors, prime contractors and owners – all of which are defined in the Act. In essence, the obligations create a complex web of accountability to ensure the safety of the worker. In many cases doctors can be considered both an employer and a worker and will be bound by the relevant duties.

According to the government's compliance strategy, the inspections will focus on several key hazards in the workplace, including musculoskeletal injury to the worker arising from patient or resident handling, slips and trips, accidental jabs/cuts, infectious diseases and even physical violence. There is also a special initiative relating to the exposure of workers to the risk of H1N1 infection.



The inspectors will initially seek compliance through the use of inspection reports which can contain compliance orders, stop work orders and stop use orders, failing which charges can be laid.

The government has also indicated that it will start publishing both the safety statistics and particulars of the worst performers on its Employment and Immigration website. For some, this publicity may be quite damaging.

In summary, it is no longer safe to assume that OHS legislation relates only to blue-collar industries such as mining and construction. H1N1, biological risks and lifting hazards (just to mention a few) have taken on new significance and the government's formal policy of targeting the medical sector will have long reaching effects for patient care, employee relations and internal policy development. Physicians who are owners/operators of clinics should be aware of their duties and responsibilities and seek advice regarding compliance.