

1.0 INTRODUCTION

Alberta Employment and Immigration (E&I), is working with healthcare industry representatives and Alberta Health and Wellness (AHW) to develop strategies and best practices to reduce workplace injury and illness in the healthcare sector.

To help enact change within the healthcare industry E&I's Occupational Health and Safety Branch has been tasked to perform inspections to observe whether Alberta's healthcare industry work sites meet the minimum standards set out in the *Occupational Health and Safety (OHS) Act, Regulation and Code*. As part of making Alberta's workplaces world class, E&I will emphasize the importance of safe and healthy workplaces and work with stakeholders to reduce and eliminate work-related injury and illness through the implementation of effective health and safety programs. Work site employers, prime contractors, contractors, owners, suppliers and workers all have responsibilities for workplace health and safety. Experience has shown that awareness and education alone is not entirely effective to obtain compliance with OHS minimum standards at some Alberta work sites. There also needs to be enforcement action.

This plan outlines the compliance monitoring strategies that OHS officers will apply at work sites in this industry. This plan applies to owners, prime contractors, contractors, employers, suppliers and workers.

2.0 RATIONALE FOR INSPECTION PROGRAM

Through the introduction of the Work Safe Alberta initiative, Alberta's overall provincial injury rate has been declining since 2001 from a lost-time claim rate of 3.14 per 100 person-years worked to 2.12 in 2007. However, Alberta's healthcare industry has not experienced the same incremental reduction of its injury statistics. The lost-time claim rate for healthcare workers in 2001 was 4.19, which was 33.4% higher than the provincial average. The lost-time claim rate for healthcare workers in 2007 was 3.37. This is 58.9% higher than the provincial lost-time claim rate of 2.12 – almost doubling the spread between the provincial averages compared to the 2001 provincial and healthcare industry lost-time claim rate. Also, the disabling injury rate for this industry in 2007 was 4.28 disabling injuries per 100 person-years worked; this again is above the provincial disabling injury rate of 3.88.

The Alberta Healthcare Health and Safety Initiative (Initiative) is a multifaceted tripartite strategy with the goal to reduce workplace injuries to Alberta healthcare workers by 25% in three years. One of the strategies key to achieving the goals of the Initiative is the Healthcare Compliance Strategy inspection of healthcare work sites by E&I occupational health and safety officers. Other Initiative elements include (but are not limited to): development of Best Practice Documents for the health and safety of healthcare workers; a strategy to promote inclusion of engineering controls for health and safety in new buildings and major renovations; "No Unsafe Lift" provincial framework and an education strategy.

3.0 IDENTIFICATION OF HEALTHCARE WORK SITES TO BE INSPECTED

Alberta Employment and Immigration has identified healthcare work sites to be inspected in one of two program initiatives.

3.1 Industry Initiative

E&I will perform health and safety inspection at work sites within industry sectors having high injury statistics over several years. Until 2008 the healthcare industry was not included as one of these health and safety inspection program initiatives. Injury trends within each healthcare sub-sector industry code will be tracked to identify the sub-sector(s) where the greatest improvement in health and safety performance is needed. The sub-sectors with the highest injury statistics will be given priority for inspection purposes. Analysis of industry sub-sector Disabling Injury Rates (DIR) will be tracked to accommodate annual and semi-annual reviews of the need, if any, for select sub-sector inspections within each fiscal year quarter.

DIR statistics will be reviewed by Occupational Health and Safety and shared with industry as appropriate (see Appendix I: Disabling Injury Rates for Healthcare Sub-sector Industry Codes).

3.2 Targeted Employer Program

E&I partners with the Workers Compensation Board (WCB) which tracks employer DIR of nearly 130,000 employers' WCB accounts. Every year, a list of between 500 and 700 Alberta employers having the highest DIRs is provided to E&I OHS. OHS officers work with identified employers to attempt to reduce worker injuries through compliance-based activities. These activities can include one or more of the following:

- Collaborate with employers and workers to attempt to identify opportunities for employers to reduce injury/illness and in so doing, the employer's DIR,
- Conduct work site inspections to assess compliance with OHS legislation, and
- Meet with employer and worker groups/representatives to discuss obligations under the *OHS Act*, Regulation and Code.

Until 2007 all proactive inspections of healthcare work sites were conducted within the Targeted Employer Program.

4.0 INSPECTION STRATEGY

4.1 Purpose of Inspection

E&I's occupational health and safety officers will conduct inspections at selected healthcare facilities to determine compliance with the *OHS Act*, Regulation and Code. Inspections will focus on specific hazards for the initial couple of years to try and influence this industry's DIR. A tripartite working group reviewed historical WCB injury data and determined these specific hazards have had an influence on the healthcare industry injury statistics. There were three top injuries/illnesses that were responsible for a majority of the DIRs and one specific hazard that all members of the working group agreed should be reviewed due to its potential harm to healthcare workers in certain situations. The OHS officers will be targeting the following primary issues during their inspection:

- Musculoskeletal injury patient/client/resident handling (a high DIR hazard issue)
- slips and trips (a high DIR hazard issue)
- biological hazards (a high DIR hazard issue)
- violence (physical violence during interactions with patients or their families or verbal abuse from patients, visitors or staff)

Officers will address additional hazards observed during their inspection walk-through.

OHS officers will also be determining if the facilities' health and safety program(s) and procedures have been fully implemented. Typically, during the inspection, the officer will be walking through the work site and will be observing and assessing work processes and equipment. The officer will then ask questions about specific procedures for certain work processes and the worker's general understanding of the facilities' health and safety program.

The inspection results will be tabulated by E&I and results will be provided to the healthcare industry.

4.2 Inspection Report (Client Contact Report)

After each inspection the appropriate party responsible for the work area will be provided with a report documenting the results of the officer's observations. An inspection report (Client Contact Report) will outline either if there were no observed compliance issues or itemizing the outages with the OHS legislation. Any compliance orders written to the party responsible will appear on the Client Contact Report. The party responsible will typically be the healthcare facility. Hazards identified that are attributed to other employers at the work site will be reflected in a separate Client Contact Report, containing orders to that party.

If the OHS officer identifies an imminent danger, the officer will issue a stop work or stop use order to the employer representative responsible for the process or condition. When evaluating whether a stop work order is required the OHS officer will consider the protection of all persons present, workers as well as patients/clients/residents. If the employer is willing and able to remedy the imminent danger immediately, the stop work or stop use order may be averted.

For non-imminent danger concerns the officer will engage the employer in a compliance process and determine a reasonably achievable compliance date by the employer or other party involved. Depending on the circumstances, the healthcare facility may not be the employer. It may be meeting the definition of another party within the *OHS Act*. As such, there are different obligations these other parties must meet. Please find these parties and their roles explained in Section 6.

Client Contact Reports must be posted in a conspicuous location readily accessible to the affected workers.

4.3 Follow-up Action

The officer will follow up to assess compliance with the issued orders by re-inspecting the work site on or after the negotiated compliance date.

As with the original inspection report, the follow-up re-inspection report must be posted in a conspicuous location readily accessible to the affected workers.

4.4 Non-Compliance

If compliance has not been achieved by the negotiated compliance date, E&I's Occupational Health and Safety Compliance Policy may be enacted. This policy can be found on E&I's web site at http://employment.alberta.ca/documents/WHS/WHS_compliance_policy.pdf.

4.5 Method of Contact by OHS Officer of Healthcare Facility

The officer will be in contact with a healthcare facility in one of two ways:

Proactive Healthcare Inspection Initiative

If the nature of the inspection is part of a proactive healthcare inspection initiative, the officer will attempt to contact the employer to explain the program prior to arrival. The officer will request a meeting with employer and worker groups/representatives to explain the proactive nature of the initiative, as well its benefit to the employer.

Health and Safety Complaint or Incident Investigation

E&I will respond to complaints of unsafe working conditions, a serious injury incident, or disciplinary action. This response may cause the officer's visit to be without prior contact. The officer will identify who they are and request to speak to the senior representative in the facility responsible for Occupational Health and Safety. Depending on the scale of the facility the officer may ask the OHS representative's assistance to notify and include the party responsible for budgeting the employer's OHS program. In the event of local/provincial emergency impacting the healthcare industry, OHS Compliance will participate as part of the provincial emergency response as deemed necessary to establish compliance with OHS legislation, regulations and code.

Whether the inspection is part of a health and safety complaint or a proactive strategic initiative, the employer will be invited to include key personnel at the time of the inspection. Key personnel can include a departmental manager or supervisor, OHS Committee representative, and/or union representative. As conditions dictate at the time, prime contractor, contractor or supplier representation may be needed.

Depending on the circumstances, the healthcare facility may not be the employer. It may be meeting the definition of another party within the *OHS Act*.

5.0 ROLE AND RESPONSIBILITIES OF STAKEHOLDERS

OHS officers undertake compliance activities to ensure the effectiveness of the internal responsibility system at the work site. When assessing the internal responsibility system the OHS officer may need to meet with and conduct activities with one or more on-site stakeholders. A detailed description of the roles of the OHS officer and the different on-site stakeholders is provided in, “Appendix II: Roles of E&I’s Occupational Health and Safety Officer and Stakeholders.”

6.0 RECIPIENT OF INSPECTION REPORTS

As the officer inspects or investigates the work site, they will assess the role of the healthcare facility. In most instances the healthcare facility is the employer. Depending on the circumstances observed by the officer the healthcare facility may also find itself acting in multiple roles under the *OHS Act*. Each role carries its own obligations:

6.1 Employer

Typically the Client Contact Report is addressed to the person accompanying the officer on the inspection, and when they’re not present, the senior report responsible for the work. This means that in a healthcare setting the report may be addressed but not limited to one or more of the following individuals:

- Most Senior Dept/Division/Portfolio Leader (i.e. Manager, Director of Nursing of the specific department if dealing with reactive)
- Planning Dept Head (if there is indication of need for design/structural/equipment considerations)
- Maintenance Dept Head/Manager (maintenance/building operations related)
- Purchasing Dept Head/Manager (global equipment issue)
- Nursing Educator/Training & Staff Development (training/worker competency issue)
- OH&S Leader/Coordinator/Supervisor
- Site Disability/WCB Coordinator
- Security & Fire Prevention

- Infection Prevention & Control (IP&C) Coordinator
- Prime Contractor
- Union or Association Name (especially if the union or association is the employer)

6.2 Prime Contractor

The officer may issue orders under the sections of the *OHS Act*, Regulation and Code where the legislation specifically refers to the term, “prime contractor”. Orders to prime contractors may be issued under Section 3(3), 18, 30, 32, 33, and 34 of the *OHS Act* and under Sections 2, 178 and 179 of the OHS Code.

When the officer observes that the prime contractor on site did not ensure that the *OHS Act*, Regulation and Code are being complied with, and an order Section 3(3) of the *OHS Act* may be issued. Evidence of this violation may be that one or more of the employers or contractors on site are not adequately controlling hazards to protect their workers or the workers of other employers.

The issued order should contain a list of the violations observed to substantiate the order to the prime contractor. The order will require the prime contractor to provide evidence of how they will ensure overall compliance with the *OHS Act* by all parties on site.

6.3 Contractor

The issued order should contain a list of the violations observed to substantiate the order to the contractor. The order will require the contractor to provide evidence of how they will ensure compliance with the *OHS Act* by the contracted party at the work site.

An example would be where a linen contractor has been hired to come to the work site to conduct its work. As contractor, the healthcare facility has the obligation to ensure that the linen company complies with the legislation. Orders to contractors are written under Section 2(5) of the *OHS Act*.

6.4 Supplier

The issued order should contain a list of the violations observed to substantiate the order to the supplier. The order will require the supplier to provide evidence of how they will ensure compliance with the *OHS Act* with regard to the equipment or hazardous material.

An example would be faulty piece of food or analytical equipment being given to another party for use at another work site. Another example may be the disposal of unlabeled biomedical waste to an off-site service provider. Either of these examples could present a health or safety hazard to the eventual intended worker who uses or handles the material. Orders to suppliers are written under Section 2(3) and 2(4) of the *OHS Act*.

6.5 Worker

If a worker has been made aware of their obligations under the *OHS Act*, Regulation and Code and there is evidence that a worker is willfully disregarding an obligation, an order may be written to a worker. The worker must have personal contact information available if requested by the officer. In making a decision whether to issue the order, an officer must also assess whether the Employer has met their obligations under the *Act*, Regulations and Code.

Where a section of the legislation has been contravened where both the employer and the worker have a shared obligation (such as OHS Code Section 189 on securement of materials) the employer and a worker may share an order.

6.6 Legislative Web Links and Locations

The officer will assess compliance and apply the:

- [Occupational Health and Safety Act Chapter 0-2](#),
- [Occupational Health and Safety Regulation 62/2003](#), and
- [Occupational Health and Safety Code \(2006\)](#).

Legislation is also available at the Alberta Queen's Printer: <http://www.qp.gov.ab/index.cfm> or:

Edmonton

Main Floor, Park Plaza
10611 – 98 Avenue
Edmonton, AB T5K 2P7
Phone: 780 427-4952
Fax: 780 452-0668

Calgary

602, 620 – 7 Avenue SW
John J. Bowlen Building
Calgary, AB T2P 0Y8
Phone: 403 297-6251
Fax: 403 297-8450

7.0 INDUSTRY DESCRIPTION

Healthcare Industry encompasses industry sub-sectors involved in medical treatment/care and illness prevention. Industry sub-sectors and their corresponding industry codes currently included are as follows:

- Hospitals and Acute Care Centers – 82100
- Home Support Services – 82704
- Supply of Medical Personnel – 82710
- Rehabilitation Services for the Mentally or Physically Disadvantaged – 82806
- Long Term Care Facilities – 82808
- Community Health Services – 82705
- Medical Centre – Private – 82500
- Seniors Supportive Living/Lodges – 82800

A description of each industry is provided in Appendix I.

Data provided by WCB is analyzed by Alberta Employment and Immigration to determine the lost time claims (LTC), lost time claim rates (LTCR) and disabling injury rates (DIR) for each industry sub-sector. These claim and injury rates are reported in the Alberta Employment and Immigration publication entitled “*Occupational Injuries and Diseases in Alberta – Health Services Industries (2003-2007)*”.

E & I - OHS identifies healthcare facilities inspected by their registered WCB industry code. These industry codes are inserted into the OHS Compliance electronic database “*Work site Inspection Tracking System (WITS)*”. OHS Compliance uses healthcare industry codes in conjunction with LTCR and DIR to measure the effectiveness of inspections, improvement of OHS programs and to identify common compliance issues

8.0 CONCLUSION

E&I’s inspections of healthcare work sites will provide focus on several key hazards; musculoskeletal injury/patient, client, resident handling, slips and trips, infectious disease and physical violence during interactions with patients or their families or verbal abuse from patients, visitors or staff. The department’s occupational health and safety officers will observe whether Alberta healthcare industry’s work sites meet the minimum standards set out in the *Occupational Health and Safety (OHS) Act, Regulation and Code*. The officers will provide the work site with inspection reports outlining their observations of these key hazards and other items they may note during their inspection. Officers will be educated on the details of these hazards and how to effectively communicate with the healthcare personnel. This inspection program was developed by a tripartite working group consisting of representatives from healthcare employers and unions, AHW and E&I. By focusing on prevalent hazards within the healthcare industry it is hoped the high injury/illness statistics this industry has experienced will be lowered.

Original Signed by:

Dan Clarke
Director of OHS Programs

July 8, 2009

Date

Appendix I: Industry Sectors Included in the Inspection Program

Healthcare Industry refers to employers and occupations in the following industries (note these descriptions were obtained from WCB Alberta, Rate and Industry Description Manual):

82100 – Hospitals and Acute Care Centres

Health care facilities in this industry sub-sector are usually referred to as "active or acute treatment" hospitals, community health centres, health care centres, or tertiary care.

Their primary activity is to diagnose patients and provide medical treatment for disease or injury. This typically involves physical handling of the patient for treatment or post-treatment purposes. Services may include, but are not limited to, ambulance transportation, emergency care, surgery, post surgery care, laboratory tests, radiology, physical or occupational therapy, maternity care, pediatric care, psychiatric services, dental surgery, pharmaceutical services and medical research. Hospitals may have support services such as maintenance, laundry, housekeeping, laboratory services and dietary departments.

Psychiatric or mental health facilities, administered by the Alberta Health Services, provide facilities for the diagnosis and treatment of patients with mental illnesses or conditions. Services are provided on either a short-term or extended care basis and include: inpatient treatment; forensic units; outpatient therapy; patient support services in the community; and research and education.

Cancer treatment facilities operated by the Alberta Health Services are covered under this industry sub-sector. These facilities provide services including: diagnosis, treatment, research and education.

The air ambulances services classified in this industry sub-sector provide emergency medical treatment for the critically ill. These businesses employ physicians, nurses or emergency medical technicians.

Acute care centres or hospitals operated by private or religious organizations under contract to Alberta Health Services are covered in this industry.

Workers in this subsector may include but are not limited to: personal care attendants, licensed practical nurses, registered nurses, radiologists, physiotherapists, dietitians, kitchen staff, janitorial staff, laundry workers, laboratory technicians, occupational therapists, physicians, psychologists, and maintenance workers.

82704 – Home Support Services

This industry sub-sector consists of employers who provide personal medical care or assisted living services to convalescing individuals.

Individuals, recovering from surgery or illness; with limited mobility or disabilities may require some medical or personal care services. The care may include administering medicine, changing dressings, providing physiotherapy, attending to personal needs, housekeeping, preparing meals, and providing child care.

Workers in this subsector may include but are not limited to: homemakers, personal care attendants, licensed practical nurses, and registered nurses.

82705 – Community Health Services

This industry sub-sector consists of health units that are established and funded by the province to promote illness prevention and improved health within the community. The operation of health units is administered by Alberta Health Services to promote illness prevention and improve health within the community; and operate the Primary Care Networks.

The services provided include preventative dental services, environmental health inspections and education, immunization, home care, speech and language therapy, aids to daily living, mental health and health promotion initiatives.

Most workers work out of community-based health centres or clinics, but may also travel to urban and rural locations, in schools, private homes, public institutions, and businesses or other public spaces.

Workers in this sub-sector may include but are not limited to: registered nurses, dental hygienists, speech pathologists, dietitians, physical therapists, occupational therapists, environmental health officers and mental health workers.

82710 – Supply of Medical Personnel

This industry sub-sector consists of businesses that supply medical personnel and first-aid attendants to a variety of work locations that require on-site first aid or emergency medical attention.

Workers in this sub-sector may include but are not limited to: first aiders, emergency medical responders, paramedics, and registered nurses.

82800- Seniors' Supportive Living/Lodges

This industry covers businesses that offer living accommodations, maid/laundry services, activity coordination, daily meal preparation, etc. exclusively for seniors.

Seniors' lodges, enhanced lodges and apartment-style accommodation for seniors may be government funded, privately funded or operated by a not-for-profit association or a management body.

Workers in this sub-sector may include but are not limited to: contracted home-care services, personal care attendants, maid/laundry services, activity coordination, daily meal preparation, shuttle services.

82806 – Rehabilitation Services for the Mentally or Physically Disadvantaged

This industry sub-sector consists of organizations established to assist in rehabilitating or retraining mentally and/or physically disadvantaged individuals.

These organizations help clients to reach their maximum potential in vocational and life skills. These organizations may operate group homes to provide room and board for their clients.

Workers in this sub-sector may include but are not limited to: personal care attendants, mental health workers, physiotherapists, and occupational therapists.

82808 – Long Term Care Facilities

This industry sub-sector consists of employers who provide continuing treatment and extended care of patients. This type of facility may be administered by Alberta Health Services a religious organization, a private operator or a home-based care operator.

These services are generally provided for the elderly and patients with long-term illness. Care is also provided for patients requiring longer recovery periods after surgery or medical services received in a hospital.

Facilities may have services including, but are not limited to: nursing, physiotherapy, recreational, pharmaceutical, maintenance, laundry, housekeeping and dietary.

Workers in this sub-sector may include but are not limited to: dietitians, personal care attendants, nurses, pharmacists, janitorial staff, kitchen staff, physiotherapists, occupational therapists, laundry workers and maintenance workers.

82500 – Medical Centre - Private

This industry sub-sector consists of physicians who operate a private practice, activities of which include examination, diagnosis and treatment. This sub-sector includes (but is not limited to): private medical and dental services, psychology, chiropractic and dietary consulting, audiology clinics, research laboratories, physical therapy clinics, etc. Private clinics that offer minor surgical procedures/day surgery and primary care networks would also be included.

Appendix II: Roles of E&I's Occupational Health and Safety Officers and Stakeholders

Occupational Health and Safety Officer

Inspections of work sites by E&I's occupational health and safety (OHS) officers is based on the concept that the responsible parties at the work site have instituted an internal responsibility system(s). This means that employers, workers, contractors, prime contractors, owners and suppliers share responsibilities and accountabilities for the health and safety of persons at the workplace. OHS officers undertake compliance activities to ensure the effectiveness of the internal responsibility system and ensuring all parties are adhering to the minimum standards set out in the *OHS Act*, Regulation and Code.

The OHS officer will primarily perform work site inspections and provide the stakeholders with a report of their observations concerning what situations did not in their review meet the minimum requirements as set out in the *OHS Act*, Regulation and Code. The report will provide observations that will help stakeholders obtain information about hazards they may not have addressed and health and safety controls that could be implemented. The OHS officer will also provide feedback to the work site stakeholders on the effectiveness of their health and safety program(s). OHS officers will provide an inspection report to the work site representatives and meet with the stakeholders to provide feedback and information/educational material on observed conditions.

The type of inspection report issued by an OHS officer depends on the conditions found at the work site by the officer. Where conditions were observed that met the minimum standards set out in the *OHS Act*, Regulation and Code the officer will issue a "Client Contact Report" stating that observed health and safety practices were within the standards; the OHS officer may provide additional information about general health and safety practices.

Where the OHS officer observes minimum standards not being met as set out in the OHS legislation the responsible stakeholder will receive a "Client Contact Report" detailing the compliance items.

Employer

The employer is defined in the *Occupational Health and Safety Act* as a person who is self employed, employs one or more workers, the employer's representative, or a director or officer of a corporation who oversees the occupational health and safety of the workers employed by the corporation. The employer must do what is reasonably practicable to protect the health and safety of all workers at the work site, both healthcare facility workers and non-healthcare workers alike. The employer must also ensure that workers employed by the healthcare facility are aware of their responsibilities and duties under the *OHS Act*, Regulation and Code. These employer obligations also extend to volunteers and their activities at the facility. The employer must ensure minimum health and safety standards as set out in the *OHS Act*, Regulation and Code are being met at the work site.

Prime Contractor

A prime contractor must be designated for any work site if there are two or more employers involved in work at the same time. If no prime contractor is designated, the owner of the work site assumes prime contractor obligations.

Contractor

A contractor directs the activities of another employer on the work site. When acting in the role of contractor, the healthcare facility must ensure that the other employer complies with the *OHS Act*, Regulation and Code. As with prime contractor obligations, the contractor must ensure that compliance with the legislation is maintained.

Supplier

A supplier is a person who rents, sells or otherwise provides equipment or hazardous materials to be used by another party for use on any work site. When acting in the role of supplier the healthcare facility must ensure that the equipment is in safe operating condition and that the equipment or hazardous material being supplied, complies with the *OHS Act*, Regulation and Code.

Worker

A worker is defined in the *OHS Act* as any person engaged in an occupation. Occupations are defined in the *OHS Act* as every occupation, employment, business calling or pursuit over which the Legislature has jurisdiction, except farming and ranching and owners of private dwellings or their servants. In a healthcare facility, this means that all healthcare facility and contracted staff must fulfill worker obligations under the *OHS Act*. Workers must take reasonable care to protect themselves and others, and to cooperate with the employer for the purposes of protecting themselves, their co-workers and other (including contracted) workers present at the work site. Volunteers are considered as workers under the *OHS Act*, and must fulfill worker obligations.

Union Representative

Union representatives are not defined in the *OHS Act*. Union representatives are elected or appointed by the local membership or by the union, as spokespersons to discuss in part, health and safety concerns with employer representatives.

Professional Association Member

All health professionals, as outlined under the *Alberta Health Professions Act*, are responsible for the roles and responsibilities outlined in the *Alberta Occupational Health and Safety Act*, Regulations and Code

Patient/Resident/Client

The person in care, the patient, resident or client, is not defined under the *OHS Act*. Nevertheless, these individuals are stakeholders in a healthcare facility, as their care plans often involve hazard assessments and care methods that impact worker health and safety. Procedures and protocols affecting the person in care, can also impact the worker. Care plans cannot expose workers to hazards. Rather, stakeholders, the worker and person in care must be protected.

**Occupational Health and Safety
Healthcare Compliance Strategy
Working Group Membership**

Barbara Holloway	Alberta Health Services (The Alberta Cancer Board)
Barry Burns	Alberta Employment and Immigration (Occupational Health and Safety)
Belinda Johnson	Alberta Employment and Immigration (Occupational Health and Safety)
Bernice Doyle	Alberta Employment and Immigration (Occupational Health and Safety)
Cailin Mills	Alberta Employment and Immigration (Occupational Health and Safety)
Carol Nieman	Alberta Health Services (Palliser Health)
Christine Markin	Alberta Employment and Immigration (Occupational Health and Safety)
Colleen Swenson	Home Care Representative (Bayshore Home Health)
Deb Taylor	Alberta Health Services (David Thompson)
Dennis Malayko	Alberta Union of Provincial Employees
Don MacKenzie	Alberta Employment and Immigration (Occupational Health and Safety)
Eric Reitsma	Chair, Alberta Employment and Immigration
Grace Bowditch	Alberta Employment and Immigration (Occupational Health and Safety)
Janice Peterson	United Nurses of Alberta
Joanne Garton	Alberta Employment and Immigration (Occupational Health and Safety)
Joanne Munro	Health Sciences Association
Karen MacDonald	Alberta Employment and Immigration (Occupational Health and Safety)
Karlene Johner	Alberta Employment and Immigration (Occupational Health and Safety)
Ken Clarke	Alberta Employment and Immigration (Occupational Health and Safety)
Laurel Kimber	Alberta Health and Wellness (Legislative and Health Standards Compliance, Program Monitoring and Compliance)
Roberta Parker	Alberta Health and Wellness (Health Workforce)
Sandra Anholt	Long Term Care Safety Association
Sarita Balderson	Alberta Employment and Immigration (Occupational Health and Safety)
Steven Kovacic	Alberta Health Services (Capital Health)

Appendix III:

OHS officer observes workers at a work site.

