

# Personal Protective Equipment (PPE) FAQ



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## 1. Why should we use the ‘precautionary principle’ to dictate the PPE that healthcare workers are using?

The idea is that with this virus, if we are not absolutely sure how the virus is transmitted, the default is that you are given access to the highest protection and you would only work your way down based on any emerging evidence which demonstrates that it is safe to do so.

For example, we know that with SARS, there is some possibility of aerosol transmission. Every other virus has some degree of airborne transmission, given the right context. Despite mass confusion, there is a possibility for the COVID-19 virus to become airborne and therefore the use of the N95 respirator for healthcare workers is warranted.

In Ontario, we are witnessing healthcare employers providing their workers with the minimum level of protection required until scientific evidence demonstrates otherwise, however, in an environment that mandates infection prevention and controls best practices, this is simply irresponsible and inhumane.

For example, due to the high rate of infection in healthcare workers, Chinese authorities mandated higher levels of protection comparable to that of caring for Cholera patients. However, Ontario employers have been opting to downgrade their level of PPE protection.

## 2. What is the difference between the N95 respirator and a surgical mask?

There are two main types of masks: surgical mask and respirator

Surgical Mask	<ul style="list-style-type: none"><li>• Masks help protect the sterile field. They are designed to protect the patient from the exhaled microorganisms from the healthcare provider.</li><li>• Intended to <b>keep the wearer from spraying droplets</b> onto others</li><li>• <b>NOT intended for protection from inhaling microparticles</b>, which can come through the side gaps</li></ul>
Respirator (i.e. N95)	<ul style="list-style-type: none"><li>• Intended to <b>reduce the wearer’s exposure</b> to inhaled particles</li><li>• Tight fit, any air breathed must go through fibre filter which removes particles of all sizes</li><li>• For it <b>to be effective, it must be donned properly</b></li><li>• Must be fit-tested to determine appropriate size – should be re-tested every two years</li></ul>

## 3. How can I determine that I am wearing the appropriate PPE?

The Ontario Government has made an agreement with healthcare employers that they must respect the professional and clinical judgement of healthcare workers. If the healthcare worker conducts a Point of Care Risk Assessment (PCRA) and determines that they need to increase their PPE, they will have access to required PPE, which is inclusive of N95 respirator. If you are involved with providing direct patient care, please review the following chart to determine appropriate PPE that you should have access to.

Patient Care Risk Factors	Risk Description for COVID-19	Decision
Patient	If you are unsure about the condition and isolation requirements of a patient, before entering a room check with the registered staff involved in the circle of care and ask what PPE they use and make an assessment	<b>Strongly consider</b> the need to replace surgical/ procedure mask with at least N95 respirator or higher forms of respirators, PPE as may be required.
	Is the patient unable to follow instructions?  (e.g., infants/young children, patients not capable of self-care/hand hygiene, cognitively impaired, have poor-compliance with respiratory hygiene)	
	Is patient displaying or verbalizing symptoms of increasing risk? (e.g., excretions/secretions cannot be contained - respiratory secretions, frequent cough/sneeze)	
Activity	Will you be performing an activity that may induce significant respiratory secretions that cannot be contained? (e.g., cough inducing procedure)	<b>MUST</b> replace surgical/procedure mask with at least N95 respirator or higher forms of respirators, PPE as may be required.
Environment	Will AGMPs (aerosol-generating medical procedures) be performed, frequent or probable? Is the patient's condition changing? (e.g. manual or high frequency oscillatory or non-invasive ventilation, open endotracheal or airway suctioning, CPR, bronchoscopy, sputum induction, tracheostomy care, nebulized therapy/ aerosolized medication administration, high flow heated oxygen therapy devices, and autopsy)	<b>MUST</b> replace surgical procedure mask with at least N95 respirator, preferably higher form of respirator, PPE as may be required
	Will care be provided outside of a regular patient's room and the patient is not able to wear a surgical/ procedure mask? (e.g., hallway, public areas, an outpatient unit, non-traditional/ leased environment)	Consider the need to replace surgical/ procedure mask with at least N95 respirator or higher forms of respirators, PPE as may be required.

#### 4. How do I apply PPE appropriately?

Please review the following information card for appropriate donning and doffing procedures for PPE.

» [English<sup>6</sup>](#) | [French<sup>7</sup>](#) | [Tagalog<sup>8</sup>](#)

6 <https://seiuhealthcare.ca/wp-content/uploads/2020/03/donning-and-doffing-card-english.pdf>

7 <https://seiuhealthcare.ca/wp-content/uploads/2020/03/donning-and-doffing-card-french.pdf>

8 <https://seiuhealthcare.ca/wp-content/uploads/2020/03/donning-and-doffing-card-tagalog.pdf>

Under the Occupational Health and Safety Act, your employer has a responsibility to provide you with proper training and fit testing to ensure full protection.

SEIU Healthcare, along with certain public health agencies recommends that every nurse or healthcare worker screening or treating a suspected or confirmed COVID-19 patient should have access to the following.

- Alcohol-based hand sanitizer
- A procedural mask (preferably an N95 respirator)
- Disposable gowns
- Gloves
- Face shield/eye protection (face shield is appropriate when wearing a surgical mask to act as a barrier to droplets, goggles are only appropriate if the worker is wearing an N95)

In their professional opinion, if the nurse believes she should have an N95 respirator, then we agree.

A worker can safely wear the same PPE until it is damaged, soiled, or causing noticeably increased breathing resistance. The key consideration for safe extended use is that the respirator must maintain its fit and function.

### **Three Key Factors for a Respirator to be Effective:**

- 1) The respirator must be put on correctly and worn during the exposure
- 2) The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal
- 3) The respirator filter must capture more than 95% of the particles from the air that passes through it.

### **First Time N95 Respirator Use<sup>6</sup>**

- Donning - Once the disposable N95 respirator is donned and the seal check is performed, a face shield will be placed over the N95 to protect it from surface contamination when providing care.
  - » a procedure mask should be applied over the N95 respirator, goggles will be used too or,
  - » a full-face shield should be applied over the N95 respirator.
- During patient care, avoid TOUCHING your masks or eye protection.

### **When to Discard N95 Respirators<sup>7 8</sup>**

- After 6 hours of extended use without removal (when caring for a cohort of COVID-19 patients).
- Following the use of the mask during an aerosol-generating procedures.
- If respirator becomes wet, soiled, damaged, or difficult to breathe through.
- If exposed to splash of chemicals, infectious substances, or body fluids such as blood, respiratory or nasal secretions.
- If displaced from the face for any reason.
- If the front of the respirator is touched to adjust it
- Following close contact with or exit from, the care area of any patient infected with SARS-CoV-2, to then be in close contact with or provide care for a patient who does not have COVID-19 (not recommended owing to the risk of transmission to another patient who would be susceptible to the virus)

**IMPORTANT:** The removal, storage, re-donning, and reuse of the same, potentially contaminated PPE items is one of the principal sources of risk to health care workers. Due to the lack of evidence, SEIU Healthcare can not support the decontamination of N95 masks for reuse in any healthcare setting.

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<sup>6</sup> [Lowe, J. J. et al. N95 filtering facemask respirator ultraviolet germicidal irradiation \(uvgi\) process for decontamination and reuse. Tech. Rep., Nebraska Medicine \(2020\).](#)

<sup>7</sup> [The National Institute for Occupational Health & Safety - Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings](#)

<sup>8</sup> [World Health Organization \(2020\). Rational use of personal protective equipment for coronavirus disease \(COVID-19\) and considerations during severe shortages. Interim Guidance. WHO reference number: WHO/2019-nCov/IPC\\_PPE\\_use/2020.3](#)

## 5. Do I need an N95 respirator if I am conducting nasal swabs?

Yes. Since there is a risk of the possible COVID-19 case to cough or sneeze, healthcare workers conducting nasal swabs require full PPE. You should discuss with your supervisor that based on your PCRA that you have determined that you require a higher level of PPE.

The Ontario Government has made an agreement with healthcare employers that they must respect the professional and clinical judgement of healthcare workers. If the healthcare worker conducts a PCRA and determines that they need to increase their PPE, they will have access to required PPE, which is inclusive of N95. If you are involved with providing direct patient care, please review the chart in [Question 3](#) to determine appropriate PPE that you should have access to.

## 6. What do I do if my employer is not giving me the appropriate PPE?

If the healthcare worker conducts a PCRA and determines that they need to increase their PPE, they will have access to required PPE, which is inclusive of N95. However, SEIU Healthcare is advocating on your behalf to ensure that our members also can be guaranteed the PPE that they determine necessary. If you are involved with providing direct patient care, please review the chart in [Question 3](#) to determine appropriate PPE that you should have access to.

### **Step 1: A point-of-care risk assessment (PCRA) must be performed by every healthcare worker before every patient interaction (Question 3)**

A point of care risk assessment (PCRA) assesses the task, the patient, and the environment. A PCRA is a dynamic risk assessment completed by the HCW before every patient interaction in order to determine whether there is a risk of being exposed to an infection. A PCRA will help determine the correct PPE required to protect the healthcare worker in their interaction with the patient and patient environment.

### **Step 2: If a healthcare worker determines, based on the PCRA and based on their professional and clinical judgement, that they require greater PPE than currently being provided, the employer should not unreasonably deny access to the appropriate PPE. Talk to your immediate supervisor about the need to obtain appropriate PPE and their obligation to provide it.**

If your clinical judgement determines when applying the precautionary principle that you need more appropriate PPE to provide care, contact your supervisor immediately. The supervisor and employee should review whether there are additional health and safety measures that should be implemented.

Identify possible alternatives or solutions other than refusing the assignment or discontinuing:

- Are other similar or better resources available? i.e. N100, P100, Elastometric Respirators
- Can you ask the administrators for help?
- Can another floor provide the N95 mask or better that we don't have on this unit?
- Can we get access to appropriate PPE from another department?
- Could the patient be transferred to a unit in which staff have the appropriate PPE to provide care?

These questions are key to an early resolution to acquire the PPE you need based on your PCRA.

### **Step 3: If you are not satisfied with your supervisor's response, complete a workplace incident report and contact Joint Health and Safety worker representative immediately and the Occupational Health Department (it is important that you email and call to escalate the objection and have the work assignment, resources, and PPE in question investigated)**

Your Occupational Health Department should review whether there are additional health and safety measures that should be implemented.

Identify possible alternatives or solutions other than refusing the assignment or discontinuing:

- Are other resources available? add i.e. N100, P100, Elastometric Respirators
- Can you ask the administrators for help?
- Can another floor provide the N95 mask or better that we don't have on this unit?
- Can we get access to appropriate PPE from another department?
- Should the patient be transferred to a unit in which staff have the appropriate PPE to provide care?

If there are other options, these should be implemented first.

If you are not satisfied with the outcomes of this process, as a last resort, you can exercise your rights under the Occupational Health and Safety Act to refuse work.

If you are a nurse, please review the 'Nurses' Guide to Advocating in the SARS-CoV-2 Pandemic' before triggering a work refusal process.

If there are workers who are cleaning, transporting, and/or screening without training OR without the appropriate PPE:

- Report to the Occupational Health Department
- Report to the Joint Health and Safety Committee and request a Health and Safety representation onsite to initiate the IRS

Flag concerns related to PPE to the Ministry of Health by emailing them at [EOCLogistics.moh@ontario.ca](mailto:EOCLogistics.moh@ontario.ca).

Call the healthcare professional hotline **(1-866-212-2272)** to report safety concerns

## **7. I am using an expired N95 mask, should I be worried?**

Some brands of expired N95 have shown to be functional, while others have not. The filter on the N95 will not expire and therefore is not the problem.

There are two main concerns:

- The elasticity of the elastic band
- The foam piece by the nose may deteriorate and fall apart

If it is determined through your PCRA that you require an N95 mask to provide patient care, SEIU Healthcare does not recommend that you wear an expired N95 mask. In this case, you must speak with your supervisor to find access to the appropriate PPE or take steps to transfer the accountability of care ([Question 6](#)).

If you are unaware whether your N95 mask is expired or not, always ensure that the structural integrity of the mask remains intact.

## **8. When should the member be fitted for an N95 mask?**

- Under R.R.O. 1990, Regulation 833 (Control of Exposure to Biological or Chemical Agents) in Ontario's Occupational Health and Safety Act, anyone required to use an N95 respirator must be properly trained and fit tested to ensure full protection.
- In the course of his/her regular duties, should the member be providing direct care to patients, the member must be fitted for an N95 respirator.
- 95% of airborne particles are prevented from getting through a NIOSH approved N95 respirator filter. Another 10-15% of the particles CAN STILL get around the outside edges of the filter where it does not perfectly fit the face. If a person has not been trained on how to properly wear an N95 respirator or

received a fit test, they may only be about 30-40% effective in keeping particles out.

- SEIU Healthcare Tool: Please review the following Question 4 for appropriate Donning and doffing procedures for PPE.

## 9. What should I do when my employer says to reuse the N95 mask after doffing?

### Extended Use

- Extended use refers to wearing the same PPE for a group of patients in the same cohort/diagnosis without doffing and redonning between patient visits<sup>6</sup>.
- With the use of administrative controls, a group of healthcare workers caring for presumed and/or positive COVID-19 patients are not required to doff and don appropriate PPE several times within their shift, except for bathroom and meal breaks.
- Extended use is considered a minimal risk when coupled with training and education to promote proper use (e.g., don't touch the N95 mask surface) and adherence to hand hygiene recommendations<sup>7</sup>.
- Follow recommendations to wear PPE appropriately ([Refer to Question 4](#))
- Disposable N95 respirators may be worn for a maximum of 6 hours of extended use as long as they as long as they do not meet the criteria for disposing N95 respirators listed in [Question 4](#).

### Re-Use

- Surgical masks and N95 masks may pose a risk with the indirect transmission when doffing
- Reusing disposable respirators provides multiple opportunities for the hands of HCWs to come in contact with any infectious microbes on the respirator surface and thus involves a higher level of risk compared to extended use<sup>8</sup>
- Currently there is no certainty regarding scientific evidence that supports reusing N95 masks to care for positive COVID-19 patients and therefore, at this time, the re-use of masks does not meet SEIU Healthcare's standards for safe use in healthcare settings.<sup>9</sup>

### In Crisis Situations:

- In our efforts to be stewards of the conservation of PPE,
- Wherever possible, extended use should be favoured over re-use since it involves less touching of the mask, therefore less risk for contact transmission (CDC)
- The decision to re-use should only be done, on a case-by-case basis, in consultation with:
  - » Respiratory protection professionals
  - » Occupational health
  - » Infection control departments
  - » Federal/provincial/local authorities
- Any instances in which an N95 mask is being reprocessed/decontaminated for re-use, MUST be returned to the original wearer.
- Employers must be transparent regarding their process for the preservation, use, and re-use of N95 masks.

For further information on the exact methods of appropriate decontamination of N95 masks, refer to our [position on the decontamination and reuse of N95 respirators](#).

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<sup>6</sup> Edward M. Fisher and Ronald E. Shaffer, *Commentary Considerations for Recommending Extended Use and Limited Reuse of Filtering Facepiece Respirators in Healthcare Settings*; *Journal of Occupational and Environmental Hygiene*. 2014; 11(8): D115-D128

<sup>7</sup> *Ibid.*

<sup>8</sup> Edward M. Fisher and Ronald E. Shaffer, *Commentary Considerations for Recommending Extended Use and Limited Reuse of Filtering Facepiece Respirators in Healthcare Settings*; *Journal of Occupational and Environmental Hygiene*. 2014; 11(8): D115-D128

<sup>9</sup> *Ibid.*

## 10. How long can I wear my surgical mask?

Surgical/procedure or “medical” facemasks are designed to help keep spit and mucous generated by the wearer from reaching a patient or medical equipment. Some surgical/procedure masks do contain filter media but as they may not be designed to form a seal to the face, and have not been certified to meet all of the performance standards of a respirator, they should not be used to help reduce exposures to airborne particles.

Respirators are the only option that can ensure protection for frontline workers dealing with COVID-19 cases.

Please refer to [Question 3](#) (the Point-of-care Risk Assessment) to determine the appropriate PPE that you require.

Please refer to [Question 6](#) (What to Do when my Employer is not providing proper PPE?)

## 11. How long can I wear my N95 mask?

- The short answer is it depends.
- The user must ensure that the structural integrity of the mask remains intact if you continue to wear it for extended periods of time. Some are molded to the face while others are rigid and can last longer.
- A disposable facemask can be worn for several hours if not wet or distorted, and not touched while delivering patient care (Nebraska Medicine).
- Extended use is preferred over re-use. You can continue to wear the N95 respirator and eye protection for your entire shift, with the exception of bathroom and meal breaks.
- Refer to [Question 4](#) on When to Discard N95 respirators.
- If it’s unsafe for you to provide care with the employer provided PPE, please take steps to transfer the accountability of care ([Question 6](#)).
- The employer should have provided you with training on when to discard the PPE.

## 12. What is SEIU Healthcare’s stance on Reuse and Decontamination of N95 Masks?

- Given the global shortage of PPE, there is emerging evidence that says there may be various methods of retaining, sterilizing, reprocessing, and reusing PPE, including N95 respirators.
- At this time, there is no certainty regarding scientific evidence that supports reusing N95 masks.
- Until there is clear evidence and science on safety, we must deem that the re-use of masks does not meet the standards for safe use in healthcare settings.
- For further information on the exact methods of appropriate decontamination of N95 masks, refer to [our position on the decontamination and reuse of N95 respirators](#).

## 13. As a nurse with ethical obligations to ensure Quality Practice Settings in this environment, what action must I take?

When PPE usage is restricted/limited, ask for policies to be in place around reuse and decontamination strategies.

## 14. Does my employer have the right equipment to decontaminate the N95 mask for reuse?

For further information on the exact methods of appropriate decontamination of N95 masks, refer to [this document](#).

## 15. What happens if my N95 mask gets damaged or soiled?

Please refer to [Question 4](#).

## 16. What type of protection does a surgical mask provide?

Surgical/procedure or “medical” facemasks are designed to help keep spit and mucous generated by the wearer from reaching a patient or medical equipment. Some surgical/procedure masks do contain filter media but as they may not be designed to form a seal to the face, and have not been certified to meet all of the performance standards of a respirator, they should not be used to help reduce exposures to airborne particles.

Respirators, though, are the only option that can ensure protection for frontline workers dealing with COVID-19 cases.

Please refer to [Question 3](#) (the Point-of-care Risk Assessment) to determine the appropriate PPE that you require.

Please refer to [Question 6](#) (What to Do when my Employer is not providing proper PPE)

## 17. What if I only get two surgical masks for my entire shift?

Respirators are the only option that can ensure protection for frontline workers dealing with COVID-19 cases.

Please refer to [Question 3](#) (the Point-of-care Risk Assessment) to determine the appropriate PPE that you require.

Please refer to [Question 6](#) (What to Do when my Employer is not providing proper PPE)

## 18. I’m not a nurse, but I have contact with positive COVID-19 patients, what PPE should I have?

Please refer to [Question 3](#) (the Point-of-care Risk Assessment) to determine the appropriate PPE that you require.

## 19. I’m being provided with a reusable mask made from cotton fabric, is this appropriate?

The effectiveness of these cotton face masks is unproven and may put you further at risk. Our best advice is to respectfully decline the offer of these cotton face masks. We strongly advise you to continue to use only approved personal protective equipment.

If it is determined through your PCRA that you require an N95 mask to provide patient care, SEIU Healthcare does not recommend that you wear an expired cotton fabric mask. In this case, you must speak with your supervisor to find access to the appropriate PPE or take steps to transfer the accountability of care.

## 20. What are the manufacturer’s recommendations for wearing a mask?

### 3M recommendations <sup>10</sup>

- Masks must be in direct contact of wearers skin
  - » No facial hair that would compromise the seal
- A respirator may be used until damaged, breathing becomes difficult or contaminated with blood or body fluids. Otherwise, it may be stored and reused according to the facility’s infection control policy.
- Discard after every use for surgical procedures
- Masks with enlarged holes around the stapled area and/or torn material should be disposed
- May be re-used and stored as per the facility’s infection control policy

## Honeywell recommendations <sup>11</sup>

- Masks must be in direct contact of wearers skin
  - » No facial hair that would compromise the seal
  - » Do not modify or misuse
  - » Do not use in atmospheres with less than 19.5% oxygen
  - » Do not use if exceeds max use by OSHA standards, or applicable government regulations, or 10 times the Permissible Exposure Limit, whichever is lower

## 21. How does the work refusal process look for workers in homecare?

All workers have obligations under OHSA to report to their supervisors or employers any hazards they are aware of and any contraventions of OHSA or its regulations (OHSA s. 28(1)(d)).

When a worker identifies a health and safety hazard, he/she must report that hazard to their supervisor. Workers are expected to take this step, before initiating a work refusal. If the supervisor cannot or will not resolve the concern in a timely fashion and the worker believes the hazard is likely to endanger himself, herself, or another worker, then the worker may consider initiating a work refusal under s.43 of the OHSA.

### Work Refusal

Note: Homecare and community workers do not have limitations on their right to refuse unsafe work, however, other provincial legislation may apply. A worker who exercises his or her right to refuse work and who is a health professional subject to the Regulated Health Professions Act, 1991 should also be aware of statutory obligations that they may have as members of their respective regulatory bodies.

### Stage I

The worker must immediately tell the supervisor or employer about the circumstances of the refusal. The worker should document the details pertaining to the work refusal.

- » Complete a PCRA ([Question 3](#))

The worker does not have to say they are refusing work under the OHSA for it to be considered a work refusal under the OHSA. Supervisors/employers should be alert to situations where a worker reports he/she will not do specific work due to occupational health and safety concerns. These situations might be a work refusal under the OHSA and must be investigated immediately and before the work can be reassigned.

The supervisor or employer must investigate the situation immediately, in the presence of the refusing worker and a worker representative from the Joint Health and Safety Committee (if any), health and safety representative (if any in workplaces with 6 to 19 workers) or another worker chosen by the union, or where there is no union, chosen by the workers, because of her or his knowledge, experience and training (hereinafter referred to as the worker representative).

It is good practice in situations where workers are working in clients' homes, for the union(s) in that workplace to select worker representative(s) who can be made available and are able to attend work refusals in person without delay. Where there is no union,

workers should select representatives accordingly. It is a good practice in homecare workplaces, for employers and/or supervisors to request a list of those pre-selected representatives who can be called upon to attend work refusals in person without delay.

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<sup>11</sup> Honeywell - N95 Masks Explained

The refusing worker must remain in a safe place that is as near as reasonably possible to the worker's workstation and remain available to the employer or supervisor for the investigation until the investigation is completed.

In situations where a worker is working in a client's home at the time of the work refusal, the worker must remain in a safe place. This may be inside or outside of the client's home, depending on the nature of the hazard. The worker must remain available to the employer or supervisor for the investigation until the investigation is completed.

If the situation is resolved after the employer or supervisor and worker representative have completed their investigation, the worker will return to work.

## **Stage II**

If the worker has reasonable grounds to believe that the work is still unsafe following the supervisor/ employer's investigation, answers and/or corrective measures then the worker can continue to refuse.

Where the worker continues to believe the work is unsafe, the employer, refusing worker, or the worker representative, must then notify the Ministry of Labour (MOL).

Please call **1-866-212-2272** to report all safety concerns (Healthcare Professional Hotline).

A Ministry of Labour inspector will come to the workplace to investigate the refusal in consultation with all three parties.

While waiting for the MOL inspector's investigation to be completed, the worker must remain in his or her safe place as described above, unless the employer (subject to any collective agreement) assigns some other reasonable work during the worker's regularly scheduled working hours. If no such work exists, subject to section 50 of the OHS Act (no reprisals), the employer can give other directions to the worker.

While waiting for the MOL inspector to complete his/her investigation, no other worker shall be assigned to do the work that has been refused unless, in the presence of the worker representative, the second worker has been advised of the first worker's refusal and of his or her reasons for the refusal. This must be done in the presence of a committee member who represents workers and, if possible, who is a certified member, a health and safety representative; or the worker chosen because of his/her knowledge, experience and training by the union (if any) or the other workers.

The inspector must decide whether the work is likely to endanger the worker or another person. The inspector's decision must be given, in writing, to the refusing worker, the employer and the worker representative.

## **No Reprisals**

The supervisor/employer is prohibited under section 50 of the OHS Act from penalizing, dismissing, disciplining, suspending, or threatening to dismiss, discipline, or suspend a worker who has exercised his/her right to refuse unsafe work in good faith. Note that to exercise an initial right to refuse, the worker does not need to be correct; she or he only needs to have "reason to believe" that those unsafe circumstances exist (See Appendix A for additional resources).

