

Ministry of Health

COVID-19 Guidance: Workplace Outbreaks

Version 2.0, October 5, 2021

Key Updates

- Clarified roles and responsibilities
- Testing and case and contact management
- Inclusion of information for POC antigen testing if used in the workplace
- Use of PPE
- Workplace closure information

This guidance document provides information for local public health units (PHUs) investigating cases associated with non-health care workplace settings. It is intended to supplement existing guidance documents including the [Management of Cases and Contacts of COVID-19 in Ontario](#) and the [COVID-19 Fully Vaccinated and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance](#). In the event of a conflict between this Guidance and a Directive of the Chief Medical Officer of Health, the Directive prevails.

- Please check the Ministry of Health (MOH) [COVID-19 website](#) regularly for updates to this document, the case definition, and reference document for symptoms, testing guidance, guidance documents, and other COVID-19 related information.

Prevention of COVID-19

- Please check the Ontario [Resources to Prevent COVID-19 in the Workplace](#)
- Additional resources for workplaces are available:
 - [Public Health Agency of Canada](#)
 - [Risk Mitigation Tool for Workplaces/Businesses Operating During the COVID-19 Pandemic](#)

Roles and Responsibilities

Role of Public Health Unit (PHU)

The level of PHU involvement in workplace outbreaks, beyond case and contact management, will depend on a number of factors such as: the epidemiology of the outbreak, number of cases and size of the workplace, IPAC practices in the workplace, evidence of ongoing transmission, transmission risk in the workplace and into the community, and resources of the workplace/employer to address the outbreak.

Case and contact management

- Receive, investigate, and manage reports of cases and contacts of COVID-19, including decisions on case and contact management, in accordance with the [Management of Cases and Contacts of COVID-19 in Ontario](#), the [COVID-19 Fully Vaccinated and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance](#) the [Health Protection and Promotion Act, 1990](#) (HPPA), and any other relevant [Ministry of Health guidance](#).

Outbreak assessment and management

- Investigate cases and clusters of cases associated with common workplace locations to determine potential for outbreak at or related to the workplace (e.g., common exposures in/out of the workplace, such as lunch rooms, locker rooms, carpooling, outside of work socializing including during lunch time).
- Determine if an outbreak exists in the workplace and declare the outbreak.
- Provide guidance and recommendations to the workplace on outbreak control measures, including isolation recommendations for cases and contacts, IPAC measures, and testing and immunization recommendations.
- Coordinate case and contact management of the outbreak with relevant PHUs where cases and contacts reside.
- Where feasible, assess individual level immunization and previous positive status of the outbreak population (through use of COVax via CCM).
- Make recommendations on who to test, appropriate testing modality, and frequency of repeat testing as part of an outbreak investigation, in alignment with

the [Provincial Testing Guidance](#). Where recommended, facilitate a coordinated, equitable, and accessible approach to testing (e.g., on-site, walkable, drop-in, time slots at nearby assessment centres, approved take-home kits), with consideration for optimizing uptake, in collaboration with Ontario Health/local testing partners, including provision of an investigation or outbreak number.

- Make recommendations on provision of immunization as part of overall outbreak prevention and response.
- Conduct an on-site investigation as part of the outbreak investigation, where necessary, in accordance with the HPPA and in coordination with the workplace, other relevant stakeholders (e.g., Ministry of Labour, Training and Skills Development (MLTSD), Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA), Canadian Food Inspection Agency (CFIA)).
- Issue orders by the medical officer of health or their designate in accordance with the HPPA, if necessary.
- Declare the outbreak over.

Surveillance

- Monitor and assess local epidemiology related to the burden of COVID-19 cases, transmission risk in the local community.
- Enter cases, outbreaks, and workplace exposures in the provincial surveillance system, in accordance with data entry guidance provided by Public Health Ontario (PHO).

Coordination and communication

- PHUs should assess need for communication to those at risk outside of the workplace.
- PHUs should ensure workers are provided [information on prevention of COVID-19 in the workplace](#) and [in the community](#) (including in other languages, as necessary).
- In the event that a case or contact resides in a PHU that is different than that of the workplace, discussion between the respective PHUs should take place to coordinate contact follow-up.
 - The PHU of the workplace is typically the lead PHU for workplace follow-up.

- Request support from the Ministry of Health's Emergency Operations Centre (MEOC) and PHO if coordination between multiple PHUs is required for outbreak management.
- Notify the MEOC of:
 - Potential for significant media coverage or if media releases are planned by the PHU and/or workplace.
 - Any orders issued by the PHU's medical officer of health to the workplace and share a copy.
- Engage and/or communicate with relevant partners, stakeholders, and ministries, as necessary.
- May provide information to employers regarding their duty to provide notice of occupational illness to MLTSD and Workplace Safety and Insurance Board (WSIB) if they have not been notified.
- May share recommendations/orders issued to the employer with MLTSD for their awareness and provide a referral to MLTSD if they observe concerns of issues under the [Occupational Health and Safety Act, 1990](#) (OHSA) while attending the workplace. PHUs may request inspection reports from MLTSD through Regional Directors. PHUs must enforce their own orders under their own legislative authority.

Role of Ministry of Health (MOH)

- No direct role (i.e., would not inspect/investigate workplace).
- Provide legislative and policy oversight to Boards of Health.
- Issue provincial guidance to PHUs on the management of COVID-19 cases, contacts, and outbreaks.
- Support PHUs during investigations, through the MEOC and/or Office of the Chief Medical Officer of Health (OCMOH), with respect to coordination, communications, etc., if requested and as appropriate.
- Provide ongoing support to PHUs with partner agencies, ministries, health care professionals, and the public, as necessary.
- Support and coordinate teleconferences, as needed (e.g., if multiple PHUs are involved) via the MEOC.
- Receive notification through the MEOC:

- If the PHU believes there is potential for significant media coverage or if media releases are planned by the PHU and/or workplace.
- If the workplace outbreak involves multiple PHUs.
- If orders are issued by the PHU's medical officer of health or their designate to the workplace.

Role of Ministry of Labour, Training and Skills Development (MLTSD)

- Proactively inspect workplaces to monitor compliance with the OHS Act and its regulations.
- Investigate notices of occupational illness notifications under s. 52(2) of the OHS Act to determine if the employer is in compliance with the Act and that appropriate measures have been taken to prevent further illnesses.
- Investigate unsafe work practices, critical injuries, fatalities, work refusals, and occupational illnesses, all as related to worker health and safety. This may include investigation of notices of COVID-19 reported as an occupational illness to MLTSD.
- Issue orders under the OHS Act and its regulations, where applicable; and, take other enforcement action as appropriate.
- Operate the MLTSD Health and Safety Contact Centre (1-877-202-0008), available for anyone to report occupational health and safety concerns, complaints, or to provide notices of occupational illnesses.

While this document focuses in part on the role of the MLTSD's health and safety program, the ministry also administers the [Employment Standards Act, 2000](#). If workplace parties request information regarding employment standards, they can be referred to the Employment Standards Information Centre (1-800-531-5551).

Role of Ontario Health (OH)

- Coordinate local planning among health system partners for testing to ensure the availability of testing resources.
- Work with PHUs, workplaces, and local testing partners (e.g., designated assessment centres / hospitals) to develop plans for timely, accessible, local testing options (e.g., on site, walkable, drop in, time slots at nearby assessment

centres, approved take home kit) for workers, with consideration to the acceptability of specimen type, and their families (as appropriate), to support uptake of testing when testing is recommended by the local PHU (e.g., as part of testing in response to a case or outbreak investigation).

- Identify and support addressing equity considerations related to testing (e.g., minimize barriers to accessing timely testing and results) and coordinate with testing initiatives for high priority communities.
- Coordinate the deployment of testing resources and modalities to meet the priority testing needs identified by the PHU.
- Collaborate with PHU and workplaces to monitor testing demands and access.
- Work with [testing centres](#) to optimize sample collection and distribution to reduce turnaround times.

Role of Public Health Ontario (PHO)

- Provide scientific and technical advice and support to PHUs for case and contact management, outbreak investigations, and data entry.
- Provide scientific and technical advice, including on-site/virtual inspection as needed, for infection prevention and control measures.
- Advise on and support laboratory testing, as needed.
- Provide scientific and technical support to MOH and PHUs, including during multi-jurisdictional teleconferences.
- Coordinate inter-jurisdiction notifications for multi-jurisdictional workplace outbreaks when needed and as applicable.
- Produce provincial epidemiological and surveillance reports related to COVID-19 in workplaces to support PHUs and provincial ministries, and evidence-informed resources and learning opportunities relevant to workplaces.

Role of Employer

- General duty under the OHSA to take every precaution reasonable in the circumstances for the protection of a worker. This includes protecting them from infectious diseases like COVID-19.
- Under the OHSA, an employer must provide written notice to MLTSD within four days of being advised that a worker has an occupational illness. Under the

[Workplace Safety and Insurance Act, 1997](#), an employer must report to WSIB within 72 hours of receiving notification of occupational illness.

- Develop a [workplace safety plan](#) that implements prevention (e.g., infection prevention and control) measures found in guidance or as directed by the MOH, MLTSD, or the local PHU.
- Coordinate with the local PHU and other stakeholders (e.g., MLTSD OHS inspectors) as appropriate, as part of the investigation of cases, contacts, and outbreaks.
- Maintain accurate shift records and up-to-date contact information for workers. For public health purposes, all individuals working in the facility, regardless of the relationship to the employer, are considered workers. This includes temporary workers who are hired through secondary employment agencies. This information should be available to be accessed and shared with the local PHU in a timely manner (within 24 hours) for investigations and communications.
 - Keep a log of all visitors (e.g., contractors) who enter the workplace, location(s) visited, and the dates/times of the visit to facilitate contact follow-up, as needed.
- In collaboration with the PHU, communicate proactively with workers and other stakeholders about COVID-19 prevention measures, including immunization and any screening measures (e.g., use of [antigen screening](#)), and about how ill individuals, cases, and outbreaks will be handled.
 - Develop a communication plan for managing concerns in the workplace and use this proactively and responsively as needed in the workplace.
- Workplaces that utilize antigen screening testing should adhere to any PHU specific requests for sharing of antigen testing results.
- Provide information and training to workers with respect to outbreak prevention and control measures, including IPAC measures and the use of PPE. See [resources to prevent COVID-19 in the workplace](#).

Outbreak Identification and Management

Outbreak Identification

Potential outbreaks may be identified to the PHU through various means, such as:

- Identification of a confirmed case or cases associated with a workplace;
- Identification of potential cases if employer notifies PHU that multiple workers tested positive on antigen screening;
- Complaints of illness at a workplace from workers;
- Request for assistance from an employer;
- Information received through the MLTSD, such as a referral from a workplace complainant; and/or
- Notification through other ministries, provincial, or federal partners.

The **purpose** of PHUs identifying an outbreak in a workplace is based on the Ontario [Infectious Diseases Protocol](#), and [Appendix A: Diseases caused by a novel coronavirus including Severe Acute Respiratory Syndrome \(SARS\) and Middle East Respiratory Syndrome \(MERS\)](#). The **goal** of outbreak management is to identify the source of illness, control the outbreak, and limit secondary transmission.

As COVID-19 is a sustained human viral infection and global pandemic, there will be cases in workers and workplaces where infection may have occurred in the workplace, in the community, or brought into the workplace or community by a person returning from travel outside of Canada.

Notification of a case or cases associated with a workplace should prompt initial investigation by the PHU to determine if an outbreak exists, and to recommend infection prevention and control measures.

PHUs are not required to necessarily make a determination for every individual case that their acquisition is attributed to exposure/transmission within the workplace as the goal is communicable disease control broadly for the workers and their contacts. However, for public health declaration and management of an outbreak at the workplace, there should be reasonable likelihood that cases have acquired their infection due to exposures in the workplace versus outside of the workplace.

Outbreak Definition

- An outbreak in a workplace is defined as two or more laboratory-confirmed COVID-19 cases in workers and/or other visitors, with an epidemiological link

(e.g., same work area, same shift) within a 14-day period, where at least one case could have reasonably acquired their infection in the workplace.

Examples of reasonably having acquired infection in the workplace include:

- No known source of infection outside of the workplace (i.e., no known contact with a probable or confirmed case/outbreak outside of the workplace); OR
- Known exposure in the workplace.

When cases have common exposures outside of the workplace (e.g., two COVID-19 positive workers who carpool to work together), additional evidence of transmission risk in the workplace may be required to establish whether an outbreak exists.

PHUs should follow CCM data entry guidance regarding entry of secondary cases and contacts who are not part of the outbreak setting. Household and other high-risk contacts of cases should not be linked to the outbreak number unless they themselves are directly part of the outbreak (e.g., transmitted to other in the workplace or acquired in the workplace). However, they may be linked to an outbreak-related case via an exposure location in CCM to indicate the total exposures in a workplace.

Application of Outbreak Measures

- All cases of COVID-19 should be investigated and managed according to the [Public Health Management of Cases and Contacts of COVID-19 in Ontario](#) and [Fully Vaccinated and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance](#).
- Outbreak measures may be scaled up/down based on the transmission risk and outbreak epidemiology in the workplace and the assessment of outbreak control measures.
- When an outbreak is identified, the following considerations should be applied to the PHU investigation and management in the workplace:
 - **Assessing risk of transmission** to a broader set of contacts than those identified through individual level case management based on the increased risk associated with an outbreak scenario. For example:
 - Assessing potential exposures in the workplace related to shared work area/break areas/common areas/washroom facilities/locker

rooms/worker schedules with the known case(s) in their period of communicability.

- Assessing potential exposures to clients/customers/visitors in the workplace from known case(s) in their period of communicability.
 - Investigating other potential sources of infection in the workplace that were not identified during individual case follow-up.
 - Reassessing risk of exposure of potential contacts in the workplace, defining an 'outbreak area' in the workplace, and identifying those at risk. A broad and inclusive approach should be applied when identifying an outbreak area and may include the entire workplace. Naturally (or purposely created) "cohorts" of workers should be utilized for assessing potentially exposed individuals in the workplace.
 - Working with the employer to obtain the list of workers, and where applicable, clients/customers/visitors, at risk of exposure within a timely manner.
 - Assessing context of workplace and whether others outside of the workplace are at risk due to shared building/common spaces with the workplace (e.g., shared elevators, washrooms).
 - Assessing vaccination status and previous positive status of workers/ potential contacts in the workplace based on lists provided.
- **Testing and identifying additional cases (e.g., cohort-based contact identification, dismissal and testing).** PHUs are responsible for making recommendations on and facilitating outbreak testing to identify additional cases associated with the outbreak, as per [Provincial Testing Guidelines](#) and the [Quick Reference Public Health Guidance on Testing and Clearance](#). In some circumstances, testing may need to be mandated by the PHU, whereby individuals who do not comply with testing recommendations would be required to extend their self-isolation period. By declaring an outbreak, an investigation or outbreak number can be used to identify and track additional cases, as per CCM entry guidance. Additional testing related to the outbreak should be under the direction of the local PHU, and conducted under the outbreak number, where feasible. The PHU should ensure timely communication on testing recommendations has been provided to all workers and others at risk

associated with the workplace as part of the outbreak investigation, and as necessary, employ other means to require compliance with testing (or extended self-isolation if testing is not completed) as part of outbreak management.

- Prioritize testing of any symptomatic individuals associated with the workplace, and any symptomatic close contacts of individuals associated with the workplace.
- Point prevalence testing (initial and repeated as necessary over the course of the outbreak for those without symptoms who have previously tested negative, e.g., every 3 to 7 days as feasible), should be at the direction of the PHU.
 - Any individual may refuse testing, and should be managed based on their risk of exposure regardless of testing, as per [Management of Cases and Contact of COVID-19 in Ontario](#) and the [COVID-19 Fully Vaccinated and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance](#).
 - A negative result also does not exempt individuals from public health management as the individual may still be in their incubation period. In some circumstances (e.g., uncontrolled transmission), PHUs may consider use of extended self-isolation periods (i.e., up to 24 days from last exposure), may be used if never tested during 14 days from last exposure.
 - Positive results should be managed in accordance with the [Management of Cases and Contact of COVID-19 in Ontario](#), [COVID-19 Fully Vaccinated and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance](#), and the [Quick Reference Guidance on Testing and Clearance](#).
 - Where it is challenging and/or not timely enough to determine the level of exposure risk for individuals during a workplace outbreak, assigning a broader cohort of individuals that may have been exposed (e.g., based on shift timing, location of work) as high risk may be necessary until additional information can be gathered. For timeliness of

intervention (e.g., dismissal, testing), initial public health action for cohorts should be irrespective of vaccination status or previous positive status of individuals that will require time to assess.

- Recommendations for testing should address any barriers workers or others at risk may have to accessing testing, such as transportation to testing centres, paid time off to get tested, and misperceptions about testing:
 - The PHU should ensure accessible options are available in their community for outbreak testing of the workplace and others at risk. This may include specific assessment centres, occupational health services, or mobile testing units at the workplace.
 - The PHU should work with the employer to identify options and recommendations for addressing other barriers to testing.
- Inclusion of individuals in outbreak testing should follow the [Management of Cases and Contact of COVID-19 in Ontario](#) and [COVID-19 Fully Vaccinated and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance](#)
- **On-site inspections**
 - Focus of [MLTSD inspections](#) is enforcement of the OHSA and its regulations, and inspecting for compliance with requirements that all precautions reasonable in the circumstances to protect the workers are in place. This includes those to prevent risk of occupational illness.
 - MLTSD inspectors involved in workplace outbreak investigations may also have an interest in how a workplace implements these controls as many of the items listed above may be related to compliance with provisions of the OHSA and its regulations.
 - Focus of PHUs is communicable disease control associated with the outbreak, which includes risk within the workplace, as well as risk to others in the workplace, and associated risks outside of the workplace that may be contributing to the outbreak.
 - On-site inspections may or may not be necessary for the PHU's

outbreak investigation and management. On-site attendance may be coordinated with other regulatory agencies (e.g., MLTSD, OMAFRA, CFIA) if possible; however, each agency must make their own determination regarding need for inspection to fulfil their regulatory duties and determination of any enforcement action that is necessary.

- **Assessing existing prevention measures** in the workplace, and any additional measures implemented in response to the case(s) identified.
- **Assessing control measures** to reduce the risk of transmission in the workplace, and worker training on, and adherence to those measures. The PHU may make recommendations or issue orders in respect to communicable disease control in the workplace. Some aspects of the PHU assessing control measures in respect to issuing orders or providing education on the implementation of additional measures, may overlap with OHS requirements and MLTSD enforcement of those requirements, as appropriate to their mandate under the OHS. PHUs should consider the application of the hierarchy of controls within the workplace to prevent transmission:

Engineering Controls:

- Use of engineering controls to reduce transmission (e.g., barriers, adjustments to workstations, ventilation).

Administrative Controls:

- Use of administrative policies, which are worker-level factors that may impact adherence to control measures. Administrative controls include adjusting procedures, policies, and providing enhanced education and training.
 - For example, policies concerning use of common room spaces (e.g., meeting rooms, break rooms).
- Employer promotion of vaccination among workers.
 - While COVID-19 vaccine is not currently recommended for use as post-exposure prophylaxis, opportunistic immunization should be provided for partially immunized and unimmunized individuals in the workplace as part of the overall outbreak response, where feasible.

- Use of [physical distancing](#) and other administrative controls to limit congregation of people (e.g., staggered shifts and breaks, adjustments to production schedules, [worker screening](#) on entry to the workplace, staggering of entry and break times, instituting uni-directional flows in common areas, policies for managing workers who develop symptoms in the workplace).
- Where employers are utilizing an antigen screening program as a participant in the [Provincial Antigen Screening Program](#) (PASP), employers should NOT be using antigen testing as part of outbreak testing or for testing of symptomatic individuals.
- Use of administrative policies aimed at reducing the number of physical locations individual workers work at, particularly when working in settings where physical distancing is difficult to maintain.
- [Environmental cleaning](#) protocols (e.g., frequency of general cleaning and cleaning of high touch surfaces including barriers with appropriate cleaning products).
- Availability of [hand hygiene](#) stations and promoting the frequent use of hand hygiene.
- Assessing content and comprehensibility of communications to workers regarding outbreak management measures (e.g., need for translation).

Personal Protective Equipment/Source Controls:

- Assessing the training on use of personal protective equipment (PPE) and the workplace's compliance of their actual use during workplace operations (PPE as relevant to COVID-19 prevention and exclusive of PPE for other purposes). If PPE has been introduced in response to the outbreak, assessment of training and use of PPE.
 - During an outbreak, the PHU may make PPE or source control recommendations, such as use of eye protection, if not already in place, as part of outbreak control measures. .
- **Workplace Restrictions or Closures**
 - Workplace restrictions or temporary closures can facilitate rapid self-isolation of workers to interrupt transmission, allow testing of workers, contact tracing assessment, assessment of worker

vaccination history/previous positive history, provision of vaccine, and implementation of additional outbreak control measures prior to resumption of operations.

- PHUs may require dismissal of 'cohorts' of workers (e.g., based on shifts, locations in the workplace), or the entire workplace, for a period of time.
- PHUs may consider temporary closure of a workplace regardless of an outbreak being declared if there are sufficient numbers of cases identified in the workplace within a 14 day period. PHU determined thresholds for the number of cases to consider temporary closure are based on the overall level of COVID-19 activity in the community and the size of the workplace.
- PHUs should follow [COVID-19 Fully Vaccinated and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance](#) for considerations on individual exemptions from work restrictions.
- Workers who have been restricted from work or sent home due to a temporary closure due to an outbreak should be self-isolating as a high risk contact, unless advised otherwise.
- In exceptional circumstances, PHUs may consider the use of work self-isolation as described in the [Quick Reference Guidance on Testing and Clearance](#).
- Based on the results of the PHU investigation, including (if available) results of workplace testing, PHUs may consider workplace restrictions or closures if there is evidence suggestive of widespread, rapid, and/or ongoing transmission at the workplace, which may include:
 - The workplace notifying the PHU of a higher than usual proportion of individuals identified as antigen screening positive.
 - More than one "cohort" or defined work area/shift line in the workplace is affected.
 - Multiple cases reasonably likely to have been acquired at the workplace (e.g., no known exposure to a probable/confirmed

case outside the workplace) for whom NO epidemiological link (i.e., acquisition source) at the workplace has been identified.

- Symptomatic cases are occurring among fully vaccinated individuals.
- There is low coverage of individuals with at least one dose of COVID-19 vaccine in the setting.
- The decision to recommend a workplace restriction or closure for public health purposes is at the discretion of the PHU. In addition to the considerations above, there may be additional, context-specific considerations related to specific PHU investigations of workplace cases/outbreaks and particular workplace settings/populations that inform PHU decisions to recommend workplace restrictions/closures.
- The PHU's investigation should also assess potential non-workplace factors that may be contributing to transmission/ongoing cases (e.g., workers carpooling to work, multiple workers living in the same household/similar close contact, and household contacts with a high risk of exposure to COVID-19).
- The PHU may make recommendations on the implementation of additional measures as appropriate to reduce the risk of transmission associated with activities outside of the workplace (e.g., limiting carpooling).

Declaring the Outbreak Over

The outbreak may be declared over by the local PHU when:

- At least 14 days have passed with no evidence of ongoing transmission that could reasonably be related to exposures in the workplace;
- AND
- No further ill or symptomatic individuals have been reported by the workplace who are associated with the initial exposed cohorts.

PHUs are encouraged to consult with MOH and/or PHO as needed for situations where it is challenging to assess whether these criteria have been met.

Occupational Health & Safety

Infection Prevention and Control

- [Immunization, physical distancing](#) (maintaining at least a 2-metre distance), appropriate PPE and face masks for source control, active screening, hand hygiene and environmental cleaning, and well-functioning ventilation are effective in controlling the spread of COVID-19.
- Workplaces should ensure proper environmental cleaning and workplace sanitation.

Reporting Worker Illness

- Workers who are unwell, required to self-isolate, or who have tested positive on a screening test should not attend at a workplace. They should report their absence to their supervisor or employer.
 - See resources on support for time off on the [Government of Canada website](#) and the [Ontario.ca](#) website.
- In accordance with the [OHSA](#) and its regulations (i.e., [Ontario Regulation 420/ 21 – Notices and Reports under Sections 51 to 53.1 of the Act – Fatalities, Critical Injuries, Occupational Illnesses and Other Incidents.](#)), if an employer is advised that a worker has an occupational illness, or that a claim has been made to the WSIB by or on behalf of the worker with respect to an occupational illness, the employer must provide written notice within four days to:
 - [A Director appointed under the OHSA of the Ministry of Labour, Training and Skills Development;](#)
 - The workplace's Joint Health and Safety Committee (or health and safety representative); and
 - The worker's trade union, if any.
- This may include providing notice for an infection that is acquired in the workplace.
- The employer must also report any instances of an occupationally acquired illness to WSIB within 72 hours of receiving notification of said illness.
- For more information please contact the MLTSD:

- Employment Standards Information Centre: Toll-free: 1-800-531-5551.
- Health and Safety Contact Centre: Toll-free: 1-877-202-0008.
- For more information from the WSIB, please refer to the following:
 - Telephone: 416-344-1000 or Toll-free: 1-800-387-0750.