

OHS Case ID: **8897FLVSJHK**
Field Visit no: **8897FLVSJHK-8897-FV001**

Visit Date: **2026-JUN-26**

Field Visit Type: **INITIAL**

Workplace Identification: **FLEMING COLLEGE**
599 BREALEY DRIVE, PETERBOROUGH, ON CA K9J 7B1

Notice ID:

Telephone:
(705) 749-5530

JHSC Status:
Active

Work Force #:
750

Completed %:

Persons Contacted: **Mariah Wickert, Health and Safety manager;
JHSC cert. worker rep (Elane Kalavrias) was not available.**

Visit Purpose: **Investigation of reported Critical Injury.**

Visit Location: **Board room (F1003) In farmhouse on Groomsbridge Way.**

Visit Summary: **Order and requirements issued. See narrative.**

Detailed Narrative:

This workplace was visited today by the Ministry of Labour, Immigration, Training and Skills Development (MLITSD) to investigate a incident that was reported to the MLITSD on June 24, 2026 involving a student (worker).

The incident was reported as follows:

- Student was assisting with repositioning a patient, at Ross Memorial Hospital when the student fell backwards landing on their bottom.
- ER reported the student sustained a fractured coccyx. No loss of consciousness.
- Scene was not held by employer.

Upon meeting with the employer, the following was established:

- The incident was discussed. The incident occurred on June 16, 2026 at approximately 3:43 PM.
- The incident scene is located at Ross Memorial Hospital and second visit to occur at that work location.
- The employer has reported this incident to the JHSC and an investigation is ongoing.
- The employer has indicated that the clinical instructors are provided training responding to medical emergencies involving students on placement and students are provided education and hands on training on repositioning of patients. The employer reported the clinical instructor was present at the time of the incident.

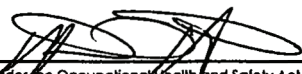
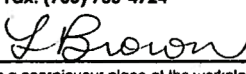
Under OHSA, definitions, a "worker" means any of the following: 3. A person who performs work or supplies services for no monetary compensation under a program approved by a college of applied arts and technology, university, career college or other post-secondary institution.

Under O. Reg. 420/21, NOTICES AND REPORTS UNDER SECTIONS 51 to 53.1 OF THE ACT - fatalities, critical INJURIES, OCCUPATIONAL ILLNESSES AND OTHER INCIDENTS, s. 3 (1) The information listed in subsection (2) is prescribed as information the employer must provide in a written report or written notice if, (b) a worker is disabled from performing his or her usual work or requires medical attention because of an accident, explosion, fire or incident of workplace violence at a workplace, but no person dies or is critically injured because of that occurrence .

The employer is reminded under OHSA, s. 52(1) Notice of accident, explosion, fire or violence causing injury, (1) If a person is disabled from performing his or her usual work or requires medical attention because of an accident, explosion, fire or incident of workplace violence at a workplace, but no person dies or is critically injured because of that occurrence, the employer shall, **within four days of the occurrence**, give written notice of the occurrence containing the prescribed information and particulars to the following:

1. The committee, the health and safety representative and the trade union, if any.
2. The Director, if an inspector requires notification of the Director.

This inspector discussed the requirement for the employer to forward to this inspector a copy of the following via email to:

Recipient	Inspector Data	Worker Representative
Name <u>Mariah Wickert</u>	Inspector Data Lynda F. Brown O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER	Name <u>not available</u>
Title <u>H&S Manager</u>	300 Water St 3rd Flr, Peterborough ON K9J 8M5 HSPeterboroughDistrict@ontario.ca Tel: (705) 761-5236 Fax: (705) 755-4724	Title <u>(spoke on phone)</u>
Signature 	Signature 	Signature

You are required under the Occupational Health and Safety Act to post a copy of this report in a conspicuous place at the workplace and provide a copy to the health and safety representative or the joint health and safety committee if any. Failure to comply with an order, decision or requirement of an inspector is an offence under Section 66 of the Occupational Health and Safety Act. You have the right to appeal any order or decision within 30 days of the date of the order issued and to request suspension of the order or decision by filing your appeal and request in writing on the appropriate forms with the Ontario Labour Relations Board, 505 University Ave., 2nd Floor, Toronto, Ontario M5G 2P1. You may also contact the Board by phone at (416) 326-7500 or 1-877-339-3335 (toll free), mail or by website at <http://www.ourb.gov.on.ca/> for more information.

The Government of Ontario wants to hear from you. You can provide feedback on this visit at 1-888-745-8888

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599 BREALEY DRIVE, PETERBOROUGH, ON CA K9J 7B1

Notice ID:

lynda.f.brown@ontario.ca **(REQUIREMENT ISSUED):**

1. Incident report.
2. A copy of the investigation report, including all witness statements upon completion.
3. Form 7/8
4. Policy/Procedures for clinical instructors on reporting and responding to medical emergencies for students.
5. Clinical Instruction material provided to students on procedures for repositioning of patients and bariatric patients.
6. Training records for the clinical instructor involved in the incident, specifically regarding procedures for reporting and responding to medical emergencies for students.
7. Training records for the student involved in the incident, specifically regarding procedures for repositioning of patients, including bariatric patients.

At the time of this visit, three fire extinguishers were observed just inside the entrance sitting on top of a shredding machine unsecured **(ORDER ISSUED)**.

A follow up visit will occur to this workplace to meet with workplace parties to review and discuss the investigation report.

Investigation ongoing.

A copy of this report is to be posted in the workplace where it may come to the attention of workers.

A Notice of Compliance form has been provided which shall be completed and returned to this inspector upon compliance with the orders issued in the time provided for each. The employer and the worker representative (health and safety rep) must sign the Notice of Compliance form and complete the details of the action to achieve compliance.

Recipient	Inspector Data	Worker Representative
Name <u> </u>	Lynda F. Brown	Name <u> </u>
Title <u> </u>	O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER 300 Water St 3rd Flr, Peterborough ON K9J 8M5 HSPeterboroughDistrict@ontario.ca Tel: (705) 761-5236 Fax: (705) 755-4724	Title <u> </u>
Signature <u> </u>	Signature <u> </u>	Signature <u> </u>

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Occupational
Health and Safety

Field Visit Report

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Field Visit Type: **INITIAL**

Order(s) /Requirement(s) Issued:

To:
THE BOARD OF GOVERNORS OF SIR SANDFORD FLEMING COLLEGE

Org/Ind Role:
Primary Employer

Mailing Address:
599 BREALEY DRIVE, PETERBOROUGH, ON, CA K9J7B1

Order(s) /Requirement(s) Description:

You are required to comply with the order(s) /requirement(s) by the Comply by dates listed below.

No	Type Code	Act/Reg	Year	Sec.	Sub Sec.	Clause	Text of Order/Requirement	Comply by Date
1	Rqmt-T	OHSA	1990	54	1	c	The employer shall provide this Inspector the following reports: 1. Incident report, 2. A copy of the investigation report, including all witness statements upon completion. 3. Form 7/8 4. Policy/Procedures for clinical instructors on reporting and responding to medical emergencies for students. 5. Clinical instruction material provided to students on procedures for repositioning of patients and bariatric patients. 6. Training records for the clinical instructor involved in the incident, specifically regarding procedures for reporting and responding to medical emergencies for students. 7. Training records for the student involved in the incident, specifically regarding procedures for repositioning of patients, including bariatric patients.	2026-JUL-06
8897FLVSJHK-8897-OR001								
2	Time	OHSA	1990	25	2	h	The employer shall, take every precaution reasonable in the circumstances for the protection of a worker of missile-like hazard from tipping and falling of compressed gas. Three fire extinguishers were observed just inside the entrance of the farmhouse, sitting on top of a shredding machine unsecured.	2026-JUN-29
8897FLVSJHK-8897-OR002								

Recipient	Inspector Data	Worker Representative
Name <u> </u>	Lynda F. Brown	Name <u> </u>
Title <u> </u>	O.H.S.A. & B.O.S.T.A INSPECTOR PROVINCIAL OFFENCES OFFICER 300 Water St 3rd Flr, Peterborough ON K9J 8M5 HSPeterboroughDistrict@ontario.ca Tel: (705) 761-5236 Fax: (705) 755-4724	Title <u> </u>
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