Occupational Health Nursing in Canada

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ABSTRACT

This article discusses the Canadian health care system and the current practice of occupational health nursing.

Canada and the United States share a border of more than 5,500 miles, including 1,500 miles of border with the state of Alaska, the longest unprotected border in the world. Although Canada is the larger land mass of the two countries, its population of only 30 million is about 10% of the United States or just a little less than the population of the state of California. Although Canada and the United States share a border, a language, and a heritage, many differences in culture, especially occupational health culture, do exist. This article discusses the Canadian health care system and the current practice of occupational health nursing.

CANADIAN HEALTH CARE SYSTEM

Canada is divided into 10 provinces and three territories, each with its own government, not unlike the 50 states that compose the United States. Within each of the provinces, a Ministry of Health and a Ministry of Labour oversee occupational health and safety. Canada has “universal health care,” or what is usually referred to as “national health care,” for all provinces and territories.

The Ministries of Health and Labour in each province are responsible for issues related to health and labor, respectively, within the borders of each province. As a citizen of a province, an individual receives health care provided by a physician the individual chooses and by many other categories of health care practitioners. Residents also receive free ambulance, hospital, and nursing home care as required. The coverage does not include dental, pharmaceuticals, or many alternative health care practitioners. The cost of this plan is borne by employers through an employment tax or, if the individual is not employed, by the province. In some rare cases, these premiums are shared between the employee and the employer, but it is primarily employers’ responsibility to pay these premiums.

As in the United States, Canada’s Ministry of Labour has federal jurisdiction. However, the powers of this ministry are minimal because the powers and laws affecting labor fall within provincial jurisdiction.

In the United States, the laws and decrees come from the Occupational Safety and Health Administration, a federal agency with federal jurisdiction. The states, for
the most part, are required to adhere to federal laws and regulations.

In Canada, each province decides on its own health and safety regulations. Given that these regulations are similar to those of the United States and every other province in Canada, only minor differences exist. In the United States, occupational health and safety legislation travels from the top down; in Canada, legislation travels from the bottom up.

In Ontario, in which more than 75% of Canada’s population lives and works, the “Joint Occupational Health and Safety Committee” was initiated more than 20 years ago. The committee is responsible for health and safety in a specific workplace and, by law, must consist of at least one member from management and one member from labor. If more than two members are selected, the labor section, whether unionized or not, must have the extra member. This committee is often the most powerful tool the occupational health nurse can use in the workplace.

**OCCUPATIONAL HEALTH NURSING IN CANADA**

For the most part, occupational health nursing is similar in Canada and the United States. However, two major differences between the United States and Canada have been identified. First, the focus of most occupational health nurses is the care of employees. In Canada, however, workers usually have their own health care providers, who provide health care for workers and their families at no cost. Many workers in the United States have access to health care coverage, but insurance coverage often requires premiums, deductibles, and co-pays. These additional costs can limit health care access.

In Canada, it is unlikely that companies with fewer than 500 employees will have an occupational health service, and it is almost guaranteed these companies will not have an occupational health physician on the payroll. Apart from the usual “Wellness in the Workplace” programs, it is rare that occupational health nurses will be involved in non-occupational health treatment. The occupational health nurse may become involved in counseling employees, but health care issues are the responsibility of workers’ health care providers, whose services are paid for by the national health care plan.

Second, workplace injuries and illnesses are the responsibility of Provincial Workers’ Compensation Boards. These boards are an “arm’s length” division of the individual provincial governments.

No “private” or “for profit” companies provide workers’ compensation in Canada. The premiums for workers’ compensation insurance are paid by employers based on their incidence and severity rates compared to other “like” industries in their grouping. Individual companies can be given deductions in their premiums for good behavior (i.e., having no, or very few, workers’ compensation claims for a period of time), or assessed penalties for bad behavior (i.e., having a large number of such claims).

Employees may waive their rights to provincial compensation and personally sue their employers, but these law suits may take years and be costly to the worker; workers usually choose to avoid losing jobs, paying for the suit, and facing a loss in court.

In Canada, attorneys do not accept a percentage of the award. If, on the other hand, workers take the workers’ compensation route, the award is automatic, provided no fraud is found. Workers can receive up to 75% of their wages tax-free, including any ancillary needs (e.g., relocation and retraining).

Occupational health services, for the most part, are provided by occupational health nurses employed by individual companies. Several agencies also provide services to multiple corporations using a “menu of services.” Occupational health nurses and physicians, who operate as entrepreneurs, provide services to one or more corporations, but agency care is not as prevalent in Canada as it is in the United States.

In the past few years, nurses have experienced additional legal claims through the “Human Rights” channels, for which workers can sue for compensation. These incidents, although frightening, rarely result in nurses losing their licenses or paying fines.

Most professional nurses in Canada are baccalaureate prepared. This preparation has evolved during the past 10 years through collaborations between community colleges, which previously offered nursing training, and universities that created 4-year bachelor of science in nursing programs.

Universities are also offering programs whereby licensed practical nurses or diploma nurses can earn a baccalaureate degree. Some, but not all, nursing schools include occupational health in their curricula.

Unlike Europe, Canada does not have any prerequisites to practicing occupational health nursing. Once nurses graduate, many accept positions in occupational health settings and then update their education, focusing on learning needs and corresponding skills.

Canada, like the United States, has an occupational health nurse certification process. This process was first developed by occupational health nurses from across Canada and tailored to be similar, but not identical, to the American Board for Occupational Health Nurses, Inc., process. After 10 years of managerial struggles, the originating group transferred the certification process to the Canadian Nurses Association, which oversees 10 nursing specialty certification examination processes.

Shortly after inception of the certification process, the Canadian Nurses Association and the American Board for Occupational Health Nurses, Inc., agreed to reciprocity. Certified occupational health nurses in Canada can apply for certification in the United States without passing the examination, and vice versa. Reciprocity has not been accessed by many occupational health nurses, even though many U.S. corporations have branches or divisions in Canada. It was originally thought that due to the North American Free Trade Agreement, reciprocity would be popular.

Canadian occupational health legislation follows the National Institute for Occupational Safety and Health, Occupational Safety and Health Administration, and

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Centers for Disease Control and Prevention regulations. Canada does look to the International Labour Organization for guidance when writing occupational health and safety legislation.

More health care sector workplaces are hiring occupational health nurses since the SARS epidemic and the threat of bird influenza. Other future opportunities in occupational health nursing in Canada are based on new technology and relatively unknown associated health risks; characteristics of Generation X and Generation Y; Canada’s recent ruling allowing Canadians to work past the age of 65, increasing aging worker issues; and new laws and regulations that allow law suits against health professionals.

CONCLUSION

Although Canada and the United States share many things, including a border, they do have different approaches to occupational health and safety.

IN SUMMARY

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