

Report to / Rapport au:

**OTTAWA POLICE SERVICES BOARD
LA COMMISSION DE SERVICES POLICIERS D'OTTAWA**

25 April 2022 / 25 avril 2022

Submitted by / Soumis par:

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**SUBJECT: WORKPLACE INJURIES, ILLNESSES & INCIDENTS: 2021 ANNUAL
REPORT**

**OBJET: BLESSURES AU TRAVAIL, MALADIES ET INCIDENTS: RAPPORT
ANNUEL 2021**

REPORT RECOMMENDATIONS

**That the Ottawa Police Services Board (Board) receives this report for
information.**

RECOMMANDATIONS DU RAPPORT

**Que la Commission de services policiers d'Ottawa prenne connaissance du
présent rapport à titre d'information.**

BACKGROUND

This report is provided to the Ottawa Police Services Board (Board) to meet the Chief's requirements under the Occupational Health & Safety Policy (Policy CR-15). The policy states that:

"On an annual basis, the Chief of Police shall provide an Occupational Health and Safety Report to the Board that reports on the frequency and severity of injuries, and the effectiveness of the policy and programs in place."

The Ottawa Police Service (OPS) is aware of the inherent risks associated with policing and cares about the health and safety of the members of the Service. The OPS' commitment to its duty of care applies to both our community and our members. Our commitment to promoting a healthy organization ultimately translates into a healthier membership that can better-serve our community. Through policy, monitoring, training, and practices, the OPS seeks to reduce the impact of workplace injuries and illnesses and strives to provide a healthy and safe environment for all members. These events can affect individual members and the OPS in a variety of ways. Direct impacts include: pain and suffering experienced by affected members; monetary costs associated with compensation and treatment of affected members; and fewer OPS members available to serve the City of Ottawa. Indirect impacts include things like reduced member morale, sub-optimal resource use, and diminished operational performance.

This report contains a conventional analysis of incidents, injuries, and illnesses that occurred in OPS workplaces in 2021. Relevant information is summarized and tabulated. Some standard health and safety statistics are calculated and analyzed. Data from 2021 are compared with data from previous years. This report also includes a summary of initiatives that will be taken to help reduce workplace injury and illness rates in 2022 and beyond.

EXECUTIVE SUMMARY

The Health, Safety and Wellness Branch is mandated to support and serve members, families, and retirees. The focus on our active members is to support them while at work. For members who are off work, due to medical reasons, our focus is to support them in maximizing their potential, which hopefully leads to a return to work in their full capacity. This report speaks to the metrics associated with our members being off work due to work and non-work-related reasons.

Workplace injuries, illnesses and incidents are recorded by the submission of a Workplace Injury, Illness and Incident Report Form (WIIIRF). When comparing year-over-year from 2020, Incident Only and Health Care metrics increased by 9 percent. The Incidents Only events observed in 2021 can be attributed to the COVID-19 pandemic. Members were reporting potential exposure to COVID-19 scenarios when they were on duty. The increased reporting of Incident Only events can also be attributed to the fact that members are increasingly aware of the importance of reporting near-miss events to prevent actual incidents from occurring that could lead to an injury or illness. The number of First Aid and Lost Time events decreased by 42 percent and 1 percent respectively.

Although the frequency of members reporting an injury or illness increased over 2020, the severity of the amount of time required away from work decreased.

The OPS' experience is not unlike other police services with respect to the increasing demand for Workplace Safety and Insurance Board (WSIB) services. To help mitigate time away, for both occupational and non-occupational reasons, the Service continues to build and promote wellness programs and services which will support our members, families and retirees. This includes the initiation of the Board-approved Turnout Rate project, the launch of our new Wellness Portal, the building of our Support and Reintegration program, as well as continuing to promote the benefits of Early Intervention and Peer Support. It is through promotion, prevention, and active intervention that we aim to positively impact the lives of our members and families, which ultimately creates a positive value on investment for OPS and the City.

DISCUSSION

Injuries, Illnesses and Incidents

When a member becomes injured or ill due to a workplace event or becomes aware of an incident that could have caused an injury or illness while in the workplace, the member is required to report the event to a supervisor, as per OPS Health & Safety Policy 3.06. Supervisors are responsible for attempting to identify potential contributing factors related to incidents and identifying corrective actions to help prevent similar incidents from occurring in the future. Supervisors, as per OPS Health & Safety Policy 3.06, must document these events by completing a WIIIRF. These forms are submitted to the Abilities Management Unit (AMU) and the Wellness & Safety Branch. AMU processes the reports, and Wellness & Safety follows up with OPS stakeholders, fulfilling any third-party reporting requirements necessary for regulatory compliance.

Table 1 provides a summary of the 749 WIIIRFs that were submitted in 2021.

Table 1: Summary of all WIIRFs Submitted in 2021

Incident Severity Category	Description	Number of Incidents
Incident Only	An incident occurred that could have resulted in an injury or illness. These incidents are sometimes called “near misses” or “close calls.”	496
First Aid	An injury or illness occurred, and first aid was administered. No external healthcare was sought.	42
Health Care	An injury or illness occurred, and external healthcare was sought from a doctor, chiropractor, physiotherapist, psychologist, or similar specialist. No time was lost from work beyond the date of injury or illness.	84
Lost Time	An injury or illness occurred, healthcare was sought, and time was lost from work beyond the date of injury or illness.	127
Total		749

WSIB-reportable Injuries and Illnesses

“Healthcare” and “lost time” injuries and illnesses must be reported by the OPS to the WSIB. Consequently, these types of injuries and illnesses are referred to as “WSIB-reportable.” Table 2 provides a more detailed breakdown of the 211 WSIB-reportable injuries and illnesses that occurred in 2021.

Table 2: Summary of WSIB-reportable Injuries and Illnesses from 2021

Injury/Illness Category	Description	Number of Incidents
Musculoskeletal	Includes sprains, strains, physical overexertion, soft tissue injuries, or repetitive strain injuries	49

Slips Trips Falls	Occurs when a member slips, trips or falls	27
Contact	Occurs when a member strikes a person or object, (or when a member is struck by), cut, scratched or pinched by an object	16
Psychological	Occurs when a member is exposed to a psychological stressor(s)	34
Exposure	Occurs when a member is exposed to a known or suspected biological, chemical, or physical agent	51
Motor Vehicle Incident	Occurs as a result of a motor vehicle accident	6
Assault	Occurs when a member is physically assaulted by another person	15
Other	Not covered by any other defined category	13
Total		211

The most frequent injury and illness category in 2021 was “exposure.” This was a result of the COVID-19 pandemic as members often faced potential exposure scenarios with individuals who may have been COVID-19 positive when responding to calls for service. The second most frequent injury and illness category in 2021 was “musculoskeletal.” Events causing these sorts of injuries include lifting, pushing, pulling, awkward postures, overexertion, and repetitive movements. The resulting injuries and illnesses include sprains, strains, soft tissue injuries, and repetitive strain injuries.

Other noteworthy findings from the 2021 WSIB-reportable injury and illness data include:

- 85 percent of injuries and illnesses involved sworn members;
- 19 percent of sworn injuries and illnesses were caused by musculoskeletal factors;
- 20 percent of sworn injuries and illnesses resulted from pursuing, arresting, or otherwise interacting with non-compliant individuals;
- 8 percent of sworn injuries and illnesses resulted from training activities; and

- 14 percent of injuries and illnesses involved civilian members of which 42 percent were psychological in nature and resulted from traumatic/stressful events.

Frequency and Severity

Frequency refers to how often WSIB-reportable injuries and illnesses occur. Severity refers to how long injured and ill workers were away from work due to “Lost Time” injuries or illnesses. Table 3 summarizes OPS’s frequency and severity rates from 2019 to 2021.

Table 3: Frequency and Severity Rates for 2019-2021

Statistic	2019	2020	2021	Interpretation
Frequency (%)	10.33	6.72	10.7	In 2021, approximately 11 percent of OPS members reported an injury or illness that resulted in the need for medical care and/or time away from work. Frequency increased by approximately 59 percent in 2021 compared to 2020.
Severity (Hours)	1,261	1,707	1,559	If an OPS member missed work due to an injury or illness in 2021, the average amount of time away from work was 1,559 hours per injury or illness. Severity was 9 percent lower in 2021 compared to 2020.
FTEs Lost	69.1	82.9	95.2	When 2021 lost time for all members is added together, the equivalent of 95.2 full-time employees were off work for the entire year due to injury or illness. Full Time Equivalents (FTEs) lost was 15 percent higher in 2021 compared to 2020. This was driven by an increase in frequency despite the decline in severity.

OPS Trends

Table 4 shows the number of WIIRFs received by OPS between 2019 and 2021.

Table 4: Number of WIIRFs: 2019-2021

Incident Severity Category	2019	2020	2021
Incident Only	305	453	496
First Aid	99	72	42
Healthcare	90	77	84
Lost Time	114	128	127
Total	608	730	749

Compared to 2020, Incident Only events and Health Care events both increased by 9 percent. The number of First Aid and Lost Time events decreased by 42 percent and 1 percent respectively. The total number of WIIRFs submitted increased by 3 percent. As previously noted, the increase in Incidents Only events observed in 2021 can be attributed to the COVID-19 pandemic as OPS members were reporting potential exposure to COVID-19 scenarios when they were on duty. The observed increasing trend of Incident Only events can be attributed to the fact that there is an increased awareness for members to report near-miss events to prevent actual incidents from occurring that could lead to an injury or illness.

Year-to-year variation in the number of incidents is expected. As the OPS continues to collect and analyze data in future years, the ability to provide meaningful statistical analysis will improve. This will allow for objective determination of whether observed year-to-year variations are significant in nature, or simply within normal variation.

Comparisons to Other Employers

There is very limited public or published police-specific data against which the OPS can compare workplace injury and illness statistics. Provincial associations (e.g. Public Service's Health and Safety Association of Ontario, Ontario Police Health & Safety Association) are working with the WSIB to produce data against which individual police services can compare their own frequency and severity rates in a meaningful way. In the interim, the OPS will continue to reach out to other Ontario police services to try to gather information about intra-industry injury and illness rates.

Direct Costs

Direct costs are incurred as the result of workplace injuries and illnesses. Direct costs include things such as: wages, healthcare costs, pensions, survivor benefits, non-economic loss costs, and administrative fees. While the direct costs vary year-to-year due to variance and healthcare costs, these are largely comprised of factors that the OPS does not have direct control over, including legislative and contractual obligations.

Direct costs associated with injuries and illnesses from 2019 to 2021 are summarized in Table 5.

Table 5: Direct costs of Workplace Injuries and Illnesses for 2019-2021

Year	Cost
2019	\$9,104,700
2020	\$10,967,465
2021	\$13,148,290

Direct costs related to WSIB in 2021 were \$13,148,290, including member salaries. The OPS budgeted \$4.1 million for WSIB-related case files. In 2021, the fees for those case files increased to \$6.2 million, not including member salaries. These costs were approximately 20 percent higher than costs for 2020.

A significant portion of increased direct costs was attributable to the OPS' injury/illness increased frequency (59 percent higher in 2021 compared to 2020), and increased FTEs lost (15 percent higher in 2021 compared to 2020). Increased frequency and FTEs lost can result in higher costs associated with wages and increased medical costs and increased WSIB-imposed administrative fees. The provisional administrative fees in 2021 were 24.6 percent. These fees are administrative in nature and are in addition to any WSIB claim-related costs.

In terms of Long Term Disability (LTD), insurance typically covers the salary costs associated with a member being away for a prolonged period due to medical absences.

While LTD and WSIB incidents may impact the demand for overtime from other members and sections, there are also other reasons why overtime costs increase; for example responding to the illegal protest in January and February 2022, parental leave, court appearances or annual leave. Of the 242 members absent on LTD, 181 (75%) were sworn members.

The OPS' Wellness Program has helped to create an environment in which members are increasingly comfortable reporting psychological injuries and illnesses and seeking much-needed treatment for psychological injuries and illnesses. As the OPS' culture of wellness continues to evolve, it is expected that the Wellness Program will help reduce WSIB costs through prevention and by decreasing the severity of psychological injuries and illnesses. The commitment to building wellness programs, resources, and supports for our members, families, and retirees ultimately impact not only our duty of care, but it will also positively affect the building of public trust and community safety and well-being.

A portion of costs (\$2,525,485) is associated with permanent WSIB awards related to individuals who are away from work indefinitely due to workplace injuries or illnesses. These injuries or illnesses occurred before the amalgamation of the OPS, and some of those individuals will never return to work. The OPS cannot affect those costs. However, the OPS can help reduce costs moving forward by taking measures to minimize the frequency and severity of new workplace injuries and illnesses.

Indirect Costs

Workplace injuries and illnesses can cause many indirect costs, including: decreased worker productivity; loss of operational efficiency; decreased worker morale; diminished service performance; increased administrative effort spent on early and safe return to work efforts.

It is difficult to quantitatively evaluate these indirect costs. However, conventional estimates suggest that the ratio of indirect costs to direct costs may commonly range from 1:1 up to 5:1. This range of this ratio underscores that employers need to acknowledge not only the direct costs to their organization but ultimately the impact that indirect costs can have on their employees.

Contributing Factors and Corrective Actions

WIIIRFs are designed to capture information about factors that may have contributed to incidents. Supervisors are also expected to identify what corrective actions, if any, should be implemented to reduce the risk that similar incidents will occur in the future. The following Tables 6 and 7 summarize information about contributing factors and corrective actions gathered from WIIIRFs submitted in 2021.

Table 6: Contributing Factors Identified on WIIRFS in 2021.

Type of Contributing Factors	% of WIIRFs Indicating Contributing Factor Type
Environmental	16%
Equipment	4%
Policy/Procedure	1%
Training	1%
No Contributing Factors Identified	78%

Table 7: Corrective Actions Identified on WIIRFS in 2021.

Corrective Actions Identified?	% of Completed WIIRFS
Yes	3%
No	97%

Potential contributing factors were identified in 22 percent of WIIRFs. Corrective actions were identified on 3 percent of WIIRFs. Increasing the frequency at which contributing factors and corrective actions are identified has the potential to reduce the frequency and severity of future workplace injuries and illnesses.

The OPS is committed to continuing to improve in the identification of corrective measures that could be taken to reduce injuries to our members. We continue to strive to provide supervisors with tools that will help increase appreciation of the value of completing thorough investigations following workplace injuries, illnesses, and incidents. Investment of time and resources in continued monitoring of these factors has the potential to help mitigate safety and financial risks. Further analysis of the way OPS supervisors complete WIIRFs will provide supplemental insight into specific approaches that may be useful for improving the quality of post-incident investigations that occur.

Return to work strategies

At the end of Q4 2021, four disability case managers -- two for non-occupational injuries and illnesses, and two for occupational injuries and illnesses -- were managing 484 cases;

- 242 cases involved formal medical accommodations (i.e. those working in a modified position or a modified way); and
- 242 cases involved absences from work.

Identifying modified duties for our members, when formal medical accommodations are validated, is not only required by the Ontario Human Rights Commission under its Duty to Accommodate, it also allows our members to stay engaged with work, support their recovery, and mitigate the financial and resource impact of a member being away from work.

The OPS is currently working both individually and with several provincial partners to identify mechanisms to support our members' return to work while they are engaged in the WSIB process. These new processes and supports have been implemented to access information through WSIB to obtain a better understanding of the member's needs. This will assist in fully utilizing our members within their restrictions, as well as assist members to return to work when they are able.

Working collaboratively with the Wellness Unit has allowed increased communication, assistance and programming available to members. The development and implementation of wellness programming like Peer Support, Early Intervention, and Return to Work/Re-integration planning has had an impact on our members at work, away from work, retirees, and families in varying ways, both qualitative and quantitative.

The OPS committed to the development of a Wellness Portal, which was recently launched in March 2022. The purpose of the portal is to allow members, retirees, and families to access resources, information, and services. This allows members who are away from work to stay engaged, and for families to have a path to understand what benefits, programs and services are available to both the member and the family.

The portal was one of the 14 recommendations delivered within the Ontario Chief Coroner's Expert Panel on Police Officer Deaths by Suicide "Staying Visible, Staying Connected for Life."

Recommendations

The OPS should take all reasonable precautions to create and maintain healthy and safe workplaces. This, in turn, will help minimize workplace injuries and illness rates. As outlined by the Occupational Health and Safety Act and OPS Policy 3.06: Health and Safety, everyone at the OPS has a role to play in the creation and maintenance of healthy and safe workplaces.

Table 8 summarizes some specific initiatives that were undertaken by the OPS in 2021 in an effect to help reduce injury and illness rates.

Table 8: Selected 2021 Health & Safety-related Initiatives.

Initiative	Anticipated Outcome
The Wellness Unit	Holistically improve the health of members, helping reduce the frequency and severity of workplace injuries and illnesses.
Continued Refinement of the OPS' Occupational Health and Safety Management System	Foster the use of systematic methods for helping identify and manage risks to help reduce the number of injuries and illnesses. Integration of health and safety improvements should always be considered within the context of other strategic OPS initiatives. It is also recommended for the OPS to increase senior management oversight of health and safety performance. Regular reporting of leading and lagging health and safety performance metrics will allow OPS' senior leadership to make informed decisions about managing health and safety risks.
Ergonomic assessments for individual workstations and specialized applications.	Identification and mitigation of risk factors that can contribute to musculoskeletal injuries.
Annual Ergonomic Assessments Summary Report	Review of data will assist with improved consideration of ergonomic principles during workspace design and equipment procurement to reduce risks of musculoskeletal injuries.

Continued focus on Early & Safe Return to Work	Minimize the amount of lost time without increasing the risk of further harm.
Incident investigation training and continued review of incident contributing factors and corrective actions.	Improved understanding of methods for enhancing incident investigations performed by all supervisors across the Service with the intention of reducing frequency and severity of workplace incidents and illnesses. Supervisors who successfully complete accident investigation training will be able to identify root causes and contributing factors of incidents, as well as implement corrective actions that can mitigate similar incidents from occurring in the future.
Collaborating with OPS sections to raise awareness for specific occupational hazards.	Members are educated regarding the risks of exposure to occupational hazards and the control measures that can help reduce exposure. For example, members are educated on the importance of proper respirator fit testing and the effectiveness of respirators against chemical and biological hazards.

In 2022, the Service will be pursuing the following activities to further protect and better the health, safety and wellness of members:

- The development of a Turnout Rate Strategy (i.e. Turnout Rate project) that will expand upon efforts to build member resilience, maintain member health and wellness, and assist those on medical leave in returning to work in a safe, healthy, and meaningful way as soon as possible;
- Launching the OPS Wellness Portal;
- Formally launching its Support and Reintegration Program;
- Revising the OPS' lead control program;

- Continuing to provide training sessions to our operational leaders on accident investigation;
- Continuing to highlight OPS's IH programs: Hearing Protection, Respiratory Protection, Lead program and Ergonomics; and
- Continuing to support members, retirees, and families through the various wellness programs like: Early Intervention, Peer Support, Employee and Family Assistance Program, and the Abilities Management Unit.

CONSULTATION

There has been no formal public consultation process regarding the contents of this report. The Occupational Health and Safety Act prescribes that reports of this nature must be shared with specific stakeholders. Consequently, consultation with the Ottawa Police Joint Health & Safety Committee will be scheduled before the end of Q2, 2021.

FINANCIAL IMPLICATIONS

Total direct costs from 2019 to 2021 were as follows:

Budgetary Line Item	Amount Paid		
	2019	2020	2021
501093 – WSIB Admin Charges	\$152,053	\$127,541	\$231,105
501094 – WSIB Permanent Awards	\$774,062	\$729,353	\$2,525,485
501194 – WSIB Payments	\$3,057,584	\$3,818,754	\$3,509,205
Salary advances (wages)	\$4,352,851	\$5,348,045	\$5,850,121
Salary advances top-off	\$768,150	\$943, 772	\$1,032,374
Total	\$9,104, 700	\$10,967,465	\$13,148,290

Total direct costs in 2021 were \$13,148,291. Payment of fees in full was mandatory on a monthly basis for regulatory compliance reasons. Non-compliance will result in fines imposed by the Workplace Safety & Insurance Board. There are no options for choosing different levels of service for WSIB coverage. A portion of costs is recurring and constant. A portion of costs varies with WSIB usage rates.

SUPPORTING DOCUMENTATION

The supporting documentation for this report is the Annual Ergonomic Assessments Summary Report.

CONCLUSION

The increased costs associated with WSIB drive the need for greater attention to the support and active intervention required for our members at work and those who are away from work. Through the addition of personnel and programs, the OPS has demonstrated its commitment to its duty of care for members and their families.

The OPS is committed to safeguarding the health and safety of its members. We continue to review and monitor our progress, to optimize member health and safety, and minimize the various human and financial costs associated with workplace injuries and illnesses. The OPS' commitment to a duty of care applies to both our community and our members. Our commitment to promoting a healthy organization ultimately translates into a healthier membership to better-serve the city of Ottawa.

We will continue to build on the programs we offer and look for efficiencies on how to better-serve all our members. The Canadian Institute for Public Safety Research and Treatment (CIPSRT) acknowledges that public safety personnel can experience extremely high levels of job-related stress. Their exposures to job-related stressors can increase their risk of developing mental health symptoms associated with generalized anxiety disorder, major depressive disorder, and posttraumatic stress disorder. It is the responsibility of the OPS to ensure our members are supported throughout their careers. It serves not only our members, but their families and our larger community.