

Report to / Rapport au:

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

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Submitted by / Soumis par:

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**SUBJECT: WORKPLACE INJURIES, ILLNESSES & INCIDENTS: 2022 ANNUAL
REPORT**

**OBJET: BLESSURES AU TRAVAIL, MALADIES ET INCIDENTS: RAPPORT
ANNUEL 2022**

REPORT RECOMMENDATIONS

That the Ottawa Police Services Board receive 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. Our commitment to promoting a healthy organization ultimately translates to a healthier membership to 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.

Workplace injuries and illnesses 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 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 2022. Relevant information is summarized and tabulated. Some standard health and safety statistics are calculated and analyzed. Data from 2022 are compared with data from previous years. This report also includes a summary of initiatives that will be undertaken in 2023 to help reduce workplace injury and illness rates in future years.

DISCUSSION

Injuries, illnesses and incidents

As per OPS Health and Safety Policy 3.06, a member is required to report an event to their supervisor when they become injured or ill due to a workplace event, or when they become aware of an incident that could have caused an injury or illness while in the workplace. As per the same policy, supervisors are responsible for attempting to identify contributing factors related to reported incidents and identifying corrective actions to help prevent similar incidents from occurring in the future. Supervisors must also document these events by completing Workplace Injury, Illness & Incident Report Forms (WIIIRFs). WIIIRFs 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 as needed, fulfilling any third-party reporting requirements necessary for regulatory compliance.

Table 1 provides a summary of the 689 WIIIRFs that were submitted in 2022.

Table 1: Summary of all WIIRFs Submitted in 2022

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”.	405
First Aid	An injury or illness occurred, and first aid was administered. No external healthcare was sought.	45
Healthcare	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.	106
Lost Time	An injury or illness occurred, healthcare was sought, and time was lost from work beyond the date of injury or illness.	133
Total		689

WSIB-reportable injuries and illnesses

“Healthcare” and “Lost time” injuries and illnesses, noted in Table 1, must be reported by the OPS to the Workplace, Safety and Insurance Board (WSIB). Consequently, these types of injuries and illnesses are referred to as “WSIB-reportable.” Table 2 provides a more detailed breakdown of the 239 WSIB-reportable injuries and illnesses that occurred in 2022.

Table 2: Summary of WSIB-reportable Injuries and Illnesses from 2022

Injury/Illness Category	Description	Number of Incidents
Musculoskeletal	Includes sprains, strains, physical overexertion, soft tissue injuries, or repetitive strain injuries	70

Slips Trips Falls	Occurs when a member slips, trips or falls	18
Contact	Occurs when a member strikes a person or object, (or when a member is struck by), cut, scratched or pinched by an object	27
Psychological	Occurs when a member is exposed to a psychological stressor(s)	53
Exposure	Occurs when a member is exposed to a known or suspected biological, chemical, or physical agent	35
Motor Vehicle Incident	Occurs as a result of a motor vehicle accident	14
Assault	Occurs when a member is physically assaulted by another person	15
Other	Not covered by any other defined category	7
Total		239

The most frequent injury and illness category in 2022 was “musculoskeletal”. Events causing these sorts of injuries include lifting, pushing, pulling, awkward postures, overexertion, and repetitive movements. Resulting injuries and illnesses include sprains, strains, soft tissue injuries, and repetitive strain injuries.

Other noteworthy findings from the 2022 WSIB-reportable injury and illness data include:

- 82 percent of injuries and illnesses involved sworn members;
- 20 percent of sworn injuries and illnesses were musculoskeletal in nature;
- 18 percent of sworn injuries and illnesses resulted from pursuing, arresting, or otherwise interacting with non-compliant individuals;
- 5 percent of sworn injuries and illnesses resulted from training activities;
- 18 percent of injuries and illnesses involved civilian members of which
- 50 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’ frequency and severity rates from 2020 to 2022.

Table 3: Frequency and Severity Rates for 2020-2022

Statistic	2020	2021	2022	Interpretation
Frequency (%)	6.72	10.7	11.8	In 2022, approximately 12 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 1 percent in 2022 compared to 2021.
Severity (Hours)	1,707	1,559	1,645	In 2022, the average amount of time away from work by OPS members who needed time due to an injury or illness was 1,645 hours per injury or illness. Severity increased by 5 percent in 2022 compared to 2021.
FTEs Lost	82.9	95.2	105.2	In 2022, when the lost time for all members was combined, it was equivalent to 105.2 full-time employees being off work for the entire year due to injury or illness. Full Time Equivalents (FTEs) Lost was 9.5 percent higher in 2022 compared to 2021.

OPS Trends

Table 4 shows the number of WIIRFs received by OPS between 2020 and 2022.

Table 4: Number of WIIRFs: 2020-2022

Incident Severity Category	2020	2021	2022
Incident Only	453	496	405
First Aid	72	42	45
Healthcare	77	84	106
Lost Time	128	127	133
Total	730	749	689

Compared to 2021, submitted WIIRFs that identified an event as “Incident Only” decreased by 18 percent. The number of First Aid, Healthcare, and Lost Time events increased by 7 percent, 26 percent, and 5 percent respectively. The total number of WIIRFs submitted decreased by 8 percent.

Year-to-year variation in the number of incidents is expected. As 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 those costs that are incurred exclusively as a 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 2020 to 2022 are summarized in Table 5.

Table 5: Direct costs of workplace injuries and illnesses for 2020-2022

Year	Cost
2020	\$10,967,465
2021	\$13,148,290
2022	\$13,455,415

Direct costs in 2022 were \$13,455,415. These costs were approximately 2% higher than costs for 2021.

A portion of increased direct costs was attributable to the increase in both injury and illness frequency and severity. Increased frequency and severity, or FTE's lost, can result in higher costs associated with wages, increased medical costs, and increased WSIB-imposed administrative fees. The provisional administrative fees in 2022 were 20.7 percent as compared to the actual rate in 2021 which was 23.6 percent. The confirmed administrative fee for 2022 will not be provided until mid-year 2023. These fees are administrative in nature and are in addition to any WSIB claim-related costs.

A portion of costs (\$730,525) 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, can help reduce costs moving forward by taking measures to minimize the frequency and severity of new workplace injuries and illnesses.

The OPS' Wellness Program has helped to create an environment in which members are increasingly comfortable reporting psychological injuries and illnesses and seeking treatment for such psychological injuries and illnesses. As the OPS' wellness culture 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 will ultimately impact not only our culture of care but

will also positively affect our abilities to build public trust and confidence and meaningfully contribute to community safety and well-being.

Indirect Costs

Workplace injuries and illnesses can result in many indirect costs, including: decreased productivity; decreased worker morale; diminished service performance; and 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 commonly ranges from 1:1 up to 5:1. The range of this ratio underscores that it is not only the direct costs that are impactful but indirect costs as well.

Contributing Factors and Corrective Actions

WIIIRFs are designed to capture information about factors that may have contributed to incidents. Supervisors are expected to identify what corrective actions, if any, should be implemented to reduce the risk that similar incidents will occur in the future. Tables 6 and 7 summarize information about contributing factors and corrective actions gathered from WIIIRFs submitted in 2022.

Table 6: Contributing Factors Identified on WIIIRFS in 2022.

Type of Contributing Factors	% of WIIIRFs Indicating Contributing Factor Type
Environmental	13%
Equipment	7%
Policy/Procedure	0%
Training	1%
No Contributing Factors Identified	79%

Table 7: Corrective Actions Identified on WIIIRFS in 2022.

Corrective Actions Identified?	% of Completed WIIIRFS
Yes	17%
No	83%

Potential contributing factors were identified on 21 percent of WIIRFs. Corrective actions were identified on 17 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 improving the identification of corrective measures that could be taken to reduce injuries to our members. We continue to provide supervisors with tools that help them complete thorough investigations following workplace injuries, illnesses, and incidents. Investment of time and resources in continued monitoring of these factors has the potential to mitigate risk. Further analysis of the way OPS supervisors complete WIIRFs will provide insight into approaches that may be useful for improving the quality of post-incident investigations that occur.

Return to work strategies

At the end of Q4 2022, four disability case managers -- two for non-occupational injuries and illnesses, and two for occupational injuries and illnesses -- were managing 429 cases.

- 221 cases involved formal medical accommodations (170 involve the member working within their substantive position and 51 involve the member working outside of their substantive position); and
- 208 cases involved absences from work.

Identifying modified duties for members when formal medical accommodations are validated is required by the Ontario Human Rights Commission under its Duty to Accommodate; however, the practice also allows for members to stay engaged in work, be supported in their recovery, and mitigate the financial and resource impact of a member being away from work.

In 2023, the OPS implemented the Support and Reintegration program. This program is a comprehensive, supportive, and interactive program designed to assist an employee who is experiencing an emotional, cognitive or physical reaction to a critical incident and/or exposure to a stressful event(s). In addition, the program supports members returning to work after a long-term absence.

It is this type of member-centric program that will assist our members in reaching their full potential state of health. The member-centric focus is also our approach in assisting our members to identify suitable work when restrictions are identified.

The Health, Safety and Wellness Unit works collaboratively with other sections in seeking the best outcome for the member. The OPS remains committed to delivering on

recommendations outlined within the Ontario Chief Coroner's Expert Panel on Police Officer Deaths by Suicide "Staying Visible, Staying Connected for Life". In fact, it was this report that resulted in the implementation of the Wellness Portal and the hiring of the Wellness Resource Liaison position.

The Wellness Portal has allowed members at work or on leave, as well as their families, and retirees to stay connected to the myriad of services and programs available.

The Wellness Resource Liaison plays a critical role in supporting members who are on medical leave. This position serves as a supportive "bridge" between the member and the service by way of reach-outs offering health and wellness supports. The Wellness Resource Liaison role has also proactively implemented innovative ways to connect with members across the organization. This work meaningfully contributes to a healthier and psychologically safer workplace. These initiatives include but are not limited to: information sessions, assisting with wellness presentations, attending parade, patrol ride-a-longs, connecting with recruits and their families, establishing stronger partnerships with the Ottawa Police Association (OPA) and building relationships with outside services and police agencies.

These initiatives in conjunction with the development and implementation of wellness programming like Peer Support, Early Intervention, the Support and Re-integration program demonstrate OPS' commitment to the health and well-being of our members and their families, and retirees.

In 2022, the Early Intervention program resulted in a 43 percent increase in the number of thresholds alerted over 2021. The threshold for critical incidents was triggered 36 percent more times in 2022 than 2021. Another interesting metric is that the number of peer or self-identified early intervention notifications increased by 83 percent. This significant shift is another indicator that we are starting to witness positive, non-stigmatizing attitudes towards illness and injury most especially surrounding mental health.

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 2022 in an effect to help reduce injury and illness rates.

Table 8: Selected 2022 Health & Safety-related Initiatives.

Initiative	Anticipated Outcome
The Wellness Unit	Continue to build awareness for programs and services available to support members and families. Holistically improve the health of members, helping reduce the frequency and severity of workplace injuries and illnesses in addition to keeping those at work, well at work.
Commitment to improve the OPS' Occupational Health and Safety Management System	Foster 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. The training of the Support and Reintegration team in November 2022 will assist in supporting this initiative.
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. In addition, 2023 will include collaborating with the City to create a more informative Injury on Duty Report.
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 2023, the service will be pursuing the following activities to further protect and better the health, safety, and wellness of members:

- Revising industrial hygiene programs such as: lead control program, hearing conservation program, and respiratory protection program.

- Updating the OPS' Designated Officers program and recruiting members to become Designated Officers to provide 24/7 support for members.
- Continuing to provide training sessions to our operational leaders on accident investigation.
- Continuing to support members, retirees, and families through wellness programs like: Early Intervention, Peer Support, Health Promotion, Support and Reintegration 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 OPS Joint Health & Safety Committee will be scheduled before the end of Q2, 2023.

FINANCIAL IMPLICATIONS

Total direct costs from 2020 to 2022 were as follows:

Budgetary Line Item	Amount Paid		
	2020	2021	2022
501093 – WSIB Admin Charges	\$127,541	\$231,105	\$234,214
501094 – WSIB Permanent Awards	\$729,353	\$2,525,485	\$730,525
501194 – WSIB Payments	\$3,818,754	\$3,509,205	\$4,747,849
Salary advances (wages)	\$5,348,045	\$5,850,121	\$6,581,403
Salary advances top-off	\$943,772	\$1,032,374	\$1,161,424
Total	\$10,967,465	\$13,148,290	\$13,455,415

Total direct costs in 2022 were \$13,455,415. Payment of fees in full is 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.

CONCLUSION

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 finance 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.