

Report to / Rapport au:

**OTTAWA POLICE SERVICE BOARD
LA COMMISSION DE SERVICE DE POLICE D'OTTAWA**

28 April 2025 / 28 avril 2025

Submitted by / Soumis par:

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**SUBJECT: WORKPLACE INJURIES, ILLNESSES & INCIDENTS: 2024 ANNUAL
REPORT**

**OBJET: BLESSURES AU TRAVAIL, MALADIES ET INCIDENTS: RAPPORT
ANNUEL 2024**

REPORT RECOMMENDATIONS

That the Ottawa Police Service Board receive this report for information.

RECOMMANDATIONS DU RAPPORT

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

BACKGROUND

This report fulfills the Chief of Police's obligation under the Occupational Health & Safety Policy (CR-15) by providing an annual update to the Ottawa Police Service Board (Board) on workplace injuries, illnesses, and the effectiveness of health and safety programs.

The Ottawa Police Service (OPS) recognizes the inherent risks of policing and remains committed to ensuring a safe and healthy workplace for all members. 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 provides a data-driven analysis of workplace injuries and illnesses in 2024, including trends, comparisons to previous years, and key health and safety statistics. It also outlines OPS initiatives for 2025 aimed at reducing workplace injuries and illnesses. . This report also includes a summary of initiatives that will be undertaken in 2025 to help reduce workplace injury and illness rates in future years.

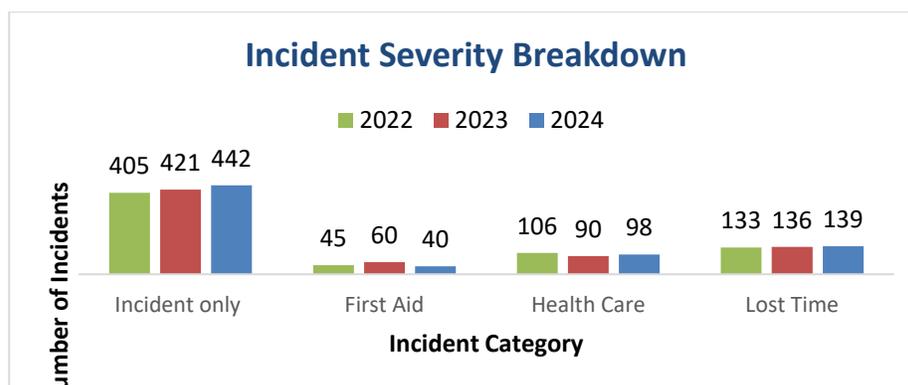
DISCUSSION

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 719 WIIIRFs that were submitted in 2024.

Table 1: Summary of all WIIIRFs Submitted from 2022 to 2024



Compared to 2023, submitted WIIRFs that identified an event as “Incident Only” increased by 5%. The number of Health Care and Lost Time events increased by 9% and 2% respectively. The number of First Aid events decreased by 33%. The total number of WIIRFs submitted increased by 2%.

Table 1: Legend

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

WSIB-reportable Injuries and Illnesses

“Health care” 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 237 WSIB-reportable injuries and illnesses that occurred in 2024.

Table 2: Summary of WSIB-reportable Injuries and Illnesses from 2024

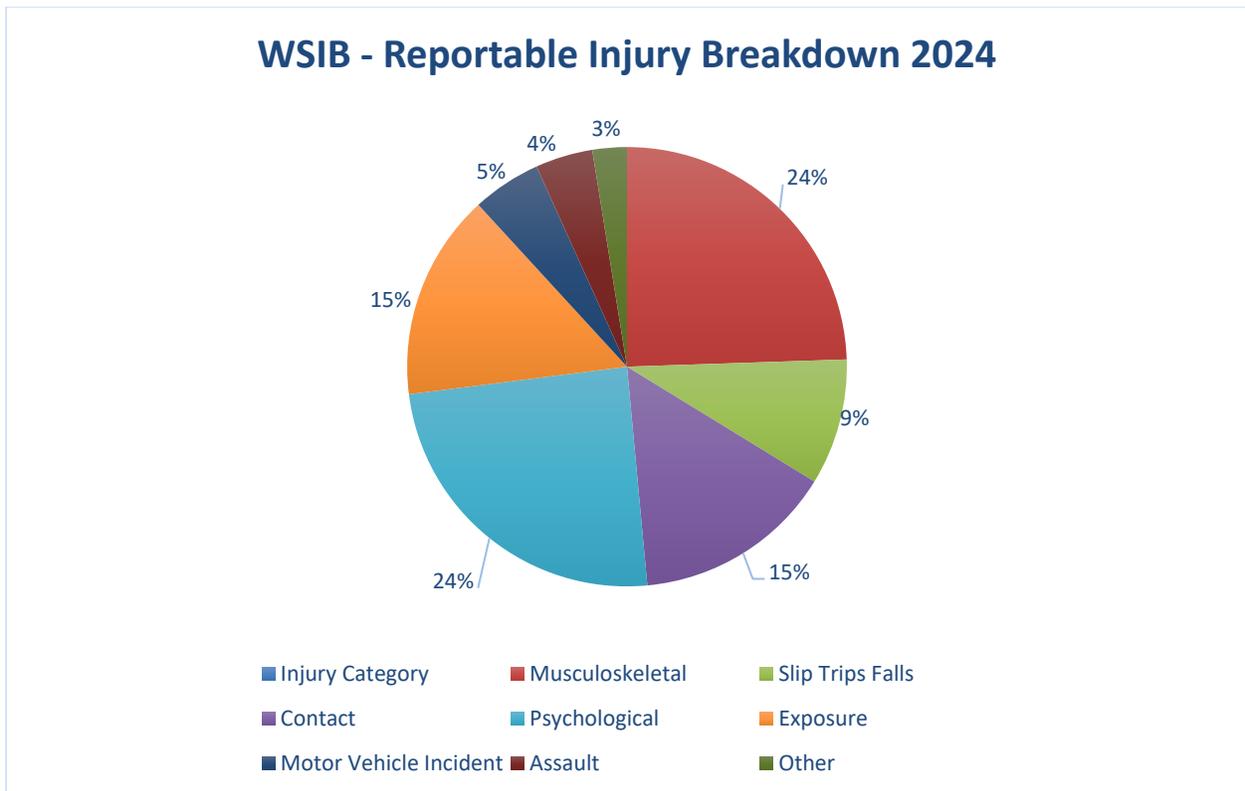


Table 2: Legend

Injury/Illness Category	Description	Number of Incidents
Musculoskeletal	Includes sprains, strains, physical overexertion, soft tissue injuries, or repetitive strain injuries	58
Slips Trips Falls	Occurs when a member slips, trips, or falls	22
Contact	Occurs when a member strikes a person or object, (or when a member is struck by), cut, scratched, or pinched by an object	35
Psychological	Occurs when a member is exposed to a psychological stressor(s)	58
Exposure	Occurs when a member is exposed to a known or suspected biological, chemical, or physical agent	36
Motor Vehicle Incident	Occurs because of a motor vehicle accident	12
Assault	Occurs when a member is physically assaulted by another person	10
Other	Not covered by any other defined category	6
		Total: 237

The most frequent injury and illness categories in 2024 were “musculoskeletal” and “psychological.” Events causing musculoskeletal 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. Events causing psychological injuries occur when members are involved with cases that are trauma-inducing. The difficult calls for service that members face daily can result in psychological injuries and illnesses.

Other noteworthy findings from the 2024 WSIB-reportable injury and illness data include:

- 84% of injuries and illnesses involved sworn members.
- 28% of sworn injuries and illnesses were musculoskeletal in nature.
- 29% of sworn injuries and illnesses resulted from pursuing, arresting, or otherwise interacting with non-compliant individuals.
- 13% of sworn injuries and illnesses resulted from training activities.
- 16% of injuries and illnesses involved civilian members of which 38% 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 2022 to 2024.

Table 3: Frequency and Severity Rates for 2022-2024

Statistic	2022	2023	2024	Interpretation
Frequency (%)	11.8	10.9	11.1	In 2024, approximately 11% 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 2% in 2024 compared to 2023.
Severity (Hours)	1,645	1,791	1,979	In 2024, the average amount of time away from work by OPS members who needed time due to an injury or illness

				was 1,979 hours per injury or illness. Severity increased by 11% in 2024 compared to 2023 partially due to an increase in psychological injury and critical injuries.
FTEs Lost	105.2	117.1	132.3	In 2024, when the lost time for all members was combined, it was equivalent to 132.3 full-time employees being off work for the entire year due to injury or illness. Full Time Equivalents (FTEs) Lost was 13% higher in 2024 compared to 2023 as a result of increased severity.

OPS Trends

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 those costs that are incurred exclusively because 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.

Psychological injuries are the most prevalent type of injury within the OPS. These injuries often result in longer absences from work compared to physical injuries. Additionally, the healthcare costs associated with psychological injuries tend to be significantly higher than those related to physical injuries.

Direct costs associated with injuries and illnesses from 2022 to 2024 are summarized in Table 4.

Table 4: Direct costs of Workplace Injuries and Illnesses for 2022-2024

Year	Cost
2022	\$13,455,415
2023	\$15,871,171
2024	\$18,162,386

Direct costs in 2024 were \$18,162,386. These costs were approximately 14% higher than costs for 2023.

A portion of increased direct costs were attributable to the increase in both injury and illness frequency and severity. Increased frequency and severity, or FTEs lost, can result in higher costs associated with wages, increased medical costs, and WSIB-imposed administrative fees. The provisional administrative fees in 2024 were 16.9% as compared to the actual rate in 2023 that was 18.6%. The confirmed administrative fee for 2024 will not be provided until mid-year 2025. These fees are administrative in nature and are in addition to any WSIB claim-related costs.

A portion of costs (\$510,067) are 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. 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 range 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 5 and 6 summarize information about contributing factors and corrective actions gathered from WIIIRFs submitted in 2024.

Table 5: Contributing Factors Identified on WIIIRFS in 2024

Type of Contributing Factors	% of WIIIRFs Indicating Contributing Factor Type
Environmental	12%
Equipment	1%
Policy/Procedure	0%
Training	0%
No Contributing Factors Identified	87%

Table 6: Corrective Actions Identified on WIIIRFS in 2024

Corrective Actions Identified?	% of Completed WIIIRFS
Yes	4%

No	96%
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Potential contributing factors were identified on 13% of WIIRFs. Corrective actions were identified on 4% 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. One approach would be to provide OPS supervisors with incident investigation training that can equip the supervisor with the necessary skills to determine root causes and contributing factors, as well as implementing the appropriate corrective actions to prevent similar incidents in the future.

Return to Work Strategies

At the end of Q4 2024, four disability case managers -- two for non-occupational injuries and illnesses, and two for occupational injuries and illnesses -- were managing 489 cases.

- 242 cases involved formal medical accommodations (159 involve the member working within their substantive position and 83 involve the member working outside of their substantive position); and
- 247 cases involved absences from work.

100% of accommodated members were successfully engaged in meaningful work.

Return-to-Work Specialist:

In 2024, a Return-to-Work Specialist was introduced to the AMU team to facilitate the return-to-work process, ensuring members feel supported and achieve a successful reintegration. The Return-to-Work Specialist is dedicated to addressing potential challenges promptly. Collaborating closely with disability case managers, WSIB, and the Wellness team, the Return-to-Work Specialist plays a key role in delivering a seamless and effective transition back to work.

The WSIB Specialists are actively working with WSIB to obtain updates and return members to work. In 2024, 12 individuals who had been absent from the workplace for over three years due to WSIB-related injuries successfully returned to work.

In 2024, 100% of these members are employed at the end of their WSIB Return to Work plan. The WSIB prioritizes returning members to their positions within the OPS whenever possible. However, when a member's medical limitations prevent them from resuming their role at OPS, the WSIB will explore alternative employment opportunities within the open job market. The goal is to reintegrate workers into safe, sustainable, and meaningful work, which not only supports the member's well-being but also helps reduce OPS costs by minimizing or eliminating loss of earnings entitlement.

In February 2025, the OPS strengthened its WSIB team by adding an additional WSIB Specialist to enhance our capacity in managing WSIB claims effectively moving forward.

Support and Reintegration Program:

In 2023, OPS implemented the Support and Reintegration program. This program is a comprehensive, supportive, and interactive initiative designed to assist employees coping with emotional, cognitive, or physical reactions to critical incidents and/or exposure to stressful events. This program has been pivotal in supporting members as they return to work after long-term absences, ensuring they are provided with the resources and care needed for a successful transition.

Since 2024, the program has expanded to collaborate closely with the Abilities Management and Return-to-Work specialists, strengthening our ability to support members during their reintegration process. This integrated approach ensures a seamless transition back to duty, tailored to each member's specific needs, and helps identify suitable work when restrictions are in place.

Supporting first responders as they return to work is critical, given the unique challenges they face in their roles. Their well-being directly impacts not only their health but also the overall effectiveness and safety of the organization. This member-centric approach is central to helping our members reach their full health potential, fostering a healthier, more resilient workforce, and ensuring long-term success for both the individual and the organization.

Collaboration:

In 2024, the Health, Safety, and Wellness Unit continued its commitment to supporting our members by strengthening collaborations with key sections across the organization. This year, we significantly enhanced our partnership with the Workplace Conflict Resolution Unit, providing targeted support to units facing ongoing challenges. By

working together, we are ensuring that struggling teams receive the resources and guidance necessary to foster a healthier and more cohesive work environment.

Response to Coroner's Report:

The OPS remains steadfast in its commitment to implementing the recommendations outlined in the Ontario Chief Coroner's Expert Panel on Police Officer Deaths by Suicide report, "*Staying Visible, Staying Connected for Life.*" This report was instrumental in the creation of the Wellness Portal and the establishment of the Wellness Resource Liaison position—critical steps in supporting our members' mental and physical well-being. Through these efforts and continued collaboration, we are dedicated to delivering comprehensive, member-centric solutions that improve the overall health and resilience of our workforce.

Digital Expansion:

The Wellness Portal is a vital resource, enabling members—whether at work or on leave, along with their families and retirees—to stay connected to the wide array of services and programs available to them. Having accessible, centralized information is crucial as it ensures that our members can easily access the support they need, regardless of their current work status. This immediate access empowers individuals to take proactive steps toward their well-being, whether they are actively working on extended leave, or transitioning out of active duty. Utilization metrics demonstrate the Wellness Portal continues to have new users visit the site to access available information. We also continue to increase our social media presence, expanding our reach to individuals who may be away from work for long periods, as well as to families seeking resources to support their loved ones. This digital expansion ensures that our resources are accessible to a broader audience, fostering a culture of support that transcends physical workspaces. Additionally, we continue to explore opportunities to collaborate with other units and sections to share wellness resources with those who are not actively at work. Ensuring that wellness support is accessible, both on and off duty, reinforces our commitment to the health and resilience of our entire OPS community—no matter where they are in their journey.

Wellness Resource Liaison:

The Wellness Resource Liaison plays a pivotal role in supporting not only members, but also their families, retirees, and fostering key relationships with other OPS units and external stakeholders. Acting as a vital "bridge" between the service and our people, this position is focused on reaching out to offer essential health and wellness support. The Wellness Resource Liaison has taken a proactive approach by implementing innovative strategies to engage with members across the organization, ensuring that no one is left without the necessary resources during times of need. This work is fundamental to creating a healthier, more psychologically safe workplace that supports the well-being of all employees and their families.

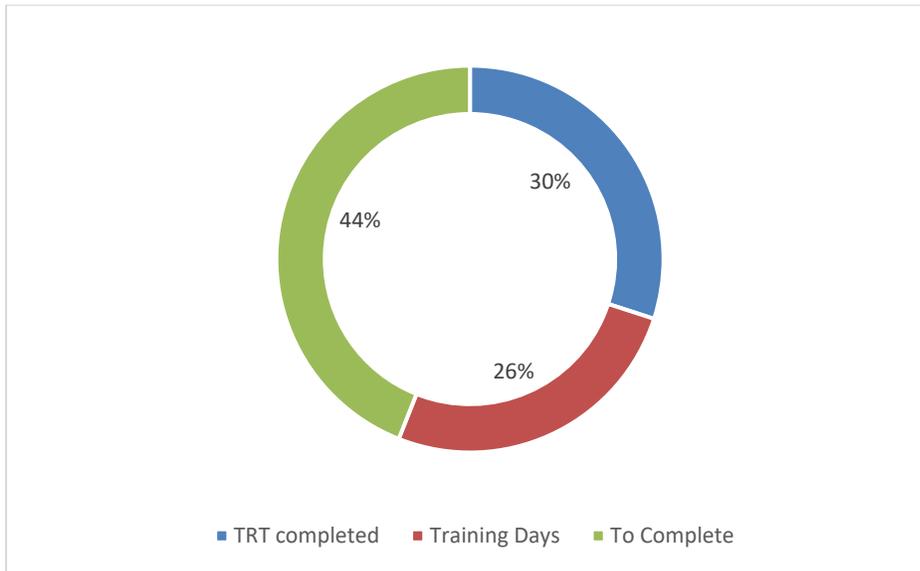
In 2024, the Wellness Resource Liaison's role continued to evolve with the addition of family and couples' events. These events are designed to foster greater understanding and resilience within families, recognizing the critical role they play in supporting our members. By strengthening family bonds and providing targeted resources, we are ensuring that members' support systems are well-equipped to help them navigate the unique challenges of first responder life.

Trauma Resilience Training:

In 2024, the Wellness Unit forged a strategic partnership with Wounded Warriors Canada to train 25 OPS members in Trauma Resiliency Training (TRT), empowering them to deliver this vital training within the organization. This collaboration is part of our broader initiative to integrate trauma-informed practices into our workforce, and we have successfully incorporated TRT into front-line training days as well as scheduled training sessions for various units across the organization.

To date, 30% of our members have completed TRT, with plans to extend the program until all members have been trained. Additionally, we have scheduled TRT sessions for new recruits, ensuring they are equipped with the tools and knowledge to thrive in high-stress environments from the outset of their careers.

Table 7 indicates the percentage of the organization that has received the TRT.

Table 7: Trauma Resiliency Training Completion Rates

The implementation of TRT offers significant benefits to the organization; it enhances member ability to manage the psychological toll of their work, reducing burnout, and fostering a more resilient and supportive work culture. By prioritizing mental health and well-being, we are not only improving the effectiveness of our teams but also promoting long-term organizational success and sustainability.

External Partnerships and Relationships:

In 2024, the OPS is actively collaborating with a range of external vendors and specialized providers, including PSPNet, Wounded Warriors Canada, and other mental health professionals, to deliver tailored programs that specifically address the unique challenges faced by first responders, their families, and retirees. These partnerships are crucial in ensuring that our members receive the highest quality support, with programs designed to help them navigate the mental, emotional, and psychological toll of their work.



By expanding our network of external partners and focusing on the holistic support of both our members and their families, we are demonstrating OPS's commitment to fostering a sustainable, healthy, and resilient workforce, prepared to handle the unique demands of first responder roles.

Beyond providing support to members, families, and retirees, we recognized the growing need to engage their expertise in new and meaningful ways. Peer supporters actively contributed to fostering a supportive environment by participating in events like 9RunRun, Recruit Dinners, and debriefs, further enhancing the sense of community and connection.

In addition to these efforts, we also held a dedicated event for retirees, where we informed them about the resources available to them, including how the Wellness Unit can assist and the peer support services they can access. This initiative provided valuable information on how retirees can benefit from ongoing support, promoting their well-being long after they leave active service.

We continue to explore opportunities for collaboration with other First Responder agencies, ensuring our members, families, and retirees have access to a broad range of resources and support. These initiatives, alongside the development and implementation of wellness programs such as Peer Support, Early Intervention, and the Support and Reintegration program, underscore OPS's unwavering commitment to the health and well-being of our members, their families, and retirees.

Onboarding:

We are also taking proactive steps to enhance the well-being of new recruits and new members to the organization by developing future presentations that will equip them with essential tools and strategies to manage stress, build resilience, and maintain mental health throughout their careers. In addition, we are creating comprehensive "welcome packages" for recruits, their families, Special Constables and civilian hires, ensuring that they are fully informed about the resources and support systems available to them from day one. These packages will include information on wellness programs, peer support, mental health resources, and strategies for balancing personal and professional life, providing new members of our organization with the foundation they need for long-term success and well-being.

Wellness Support:

In 2023, 174 members engaged with the wellness team, resulting in 413 support communications—though this number is likely underreported. In 2024, the number of support communications rose to 481, with 362 members being supported by these contacts. While these numbers are still likely underestimated, they clearly reflect a significant increase in both the volume and complexity of the cases we are addressing. This trend highlights the growing challenges our members face and the escalating demand for support.

Table 8 highlights the increase in contacts and complexity of wellness support provided by the unit to the organisation.

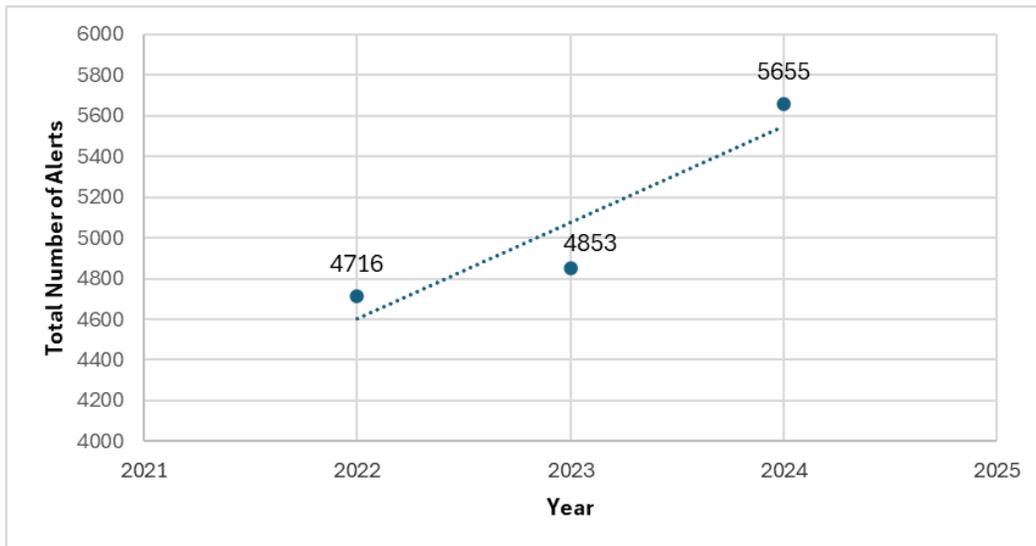
Table 8: Total number of contact and individuals support indicated by year with a trendline



Early Intervention:

Table 9 indicates the number of alerts received in the Early Intervention (EI) program visualizing the year over year increase that is being into by the program.

Table 9: Total number of Alerts received by year



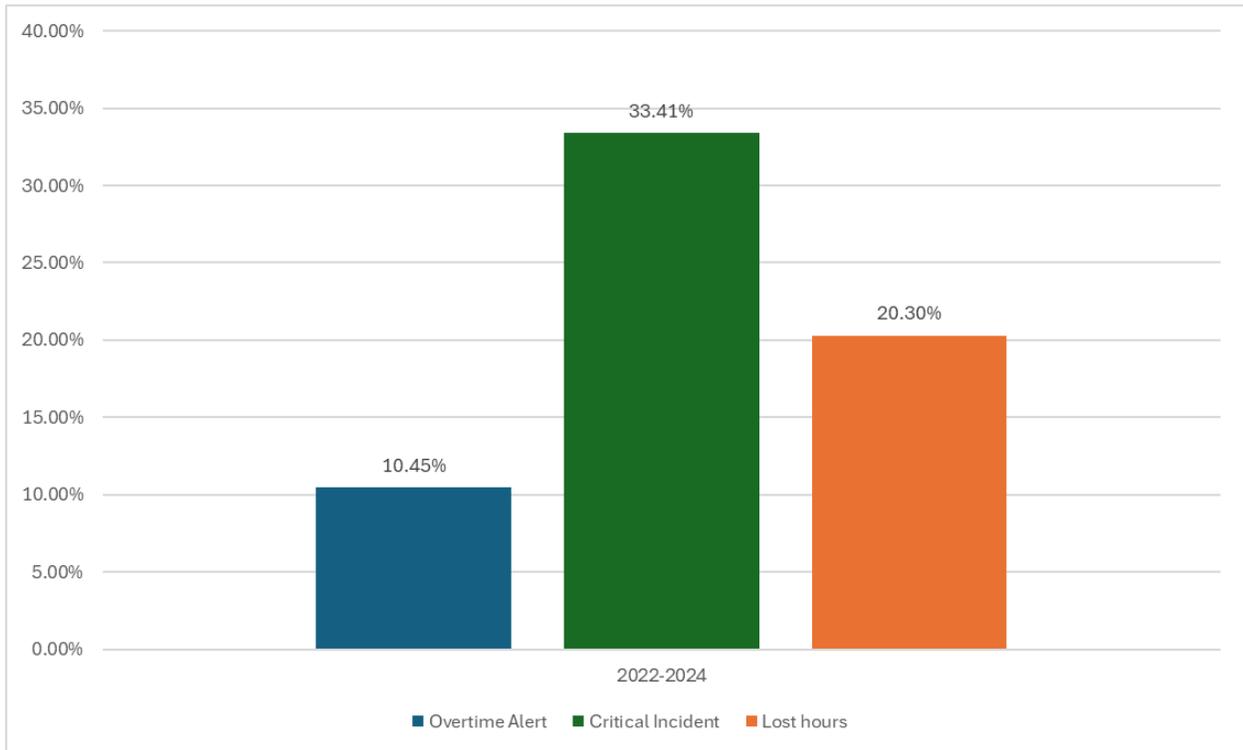
In 2023, the Early Intervention program saw a 2.9% increase across all threshold alert types, but the trend escalated dramatically in 2024, with a significant rise of 16.5%. By the end of 2024, the total number of threshold alerts had reached 5,655. Most concerning, critical incident alerts surged by 33.4% from 2022 to 2024, reflecting 4,726 instances in the past two years where members—including Communications Centre personnel—responded to three or more critical incidents within just 30 days. Critical incidents, defined as any call for service involving death, are the most extreme cases our members face. Calls that are disturbing but don't meet this definition are not categorized as critical incidents. This alarming increase underscores the intensifying pressures on our workforce and the growing complexity of the challenges they are confronting.

Over the course of 2024, an average of 149 members exceeded 50 hours of overtime each month, driving a 19% increase in the number of members that alerted for overtime. These EI metrics clearly highlight the direct correlation between service demand and the strain it places on our membership.

Between 2022 and 2024, the Early Intervention alert rates have shown a significant increase, particularly due to overtime and critical incidents. Overtime alert rates rose by 10.5%, while critical incidents spiked by a substantial 33.4%. These increases suggest that members are facing growing demands and challenges in their operations, possibly due to heightened levels of stress, workload, or external pressures that have led to a rise in overtime and more frequent critical incidents. However, despite these increases, the rate of lost hours due to WSIB (Workplace Safety and Insurance Board) claims has not experienced a proportional rise. Lost hours only increased by 20.3%, indicating that, while the intensity and frequency of critical incidents and overtime have escalated, the rate at which these situations are leading to workplace injuries or illnesses has not grown at the same pace. This could imply improvements in injury prevention, more effective wellness interventions, or better management of work-related health risks, despite the increasing operational strain on police members.

Table 10 demonstrates the rising trend in both critical incidents and overtime alerts for the Early Intervention program in relation to the WSIB hours lost.

Table 10: 2022-2024 hours lost % increase in comparison to overtime and critical incident % increase



Health and Safety Initiatives

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 12 summarizes some specific initiatives that were undertaken by the OPS in 2024 in an effect to help reduce injury and illness rates.

Table 12: Selected 2024 Health & Safety-related Initiatives

Initiative	Anticipated Outcome
The Wellness Unit	Continue to build awareness for programs and services available to support members and families including the managerial response to the Wellness Evaluation.

<p>Commitment to improve the OPS' Occupational Health and Safety Management System</p>	<p>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. Further, a comprehensive audit on the OPS' current health & safety performance metrics will reveal deficiencies and allow for further improvement of the health and safety management system.</p>
<p>Ergonomic assessments for individual workstations and specialized applications.</p>	<p>Identification and mitigation of risk factors that can contribute to musculoskeletal injuries. In 2024, 97 ergonomic assessments were completed. Recommendations to improve individual workstations were provided in all 97 assessments.</p>
<p>Annual Ergonomic Assessments Summary Report</p>	<p>Review of data will assist with improved consideration of ergonomic principles during workspace design and equipment procurement to reduce risks of musculoskeletal injuries.</p>

<p>Continued focus on Early & Safe Return to Work</p>	<p>The growth of the Reintegration program and a dedicated Return to Work Specialist in the Abilities Management Unit will assist with Early and Safe Return to Work, thereby aiding in the reduction of Severity metrics.</p>
<p>Incident investigation training and continued review of incident contributing factors and corrective actions.</p>	<p>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, 2025 will include collaborating with the City to create a more informative Injury on Duty Report.</p>
<p>Collaborating with OPS sections to raise awareness for specific occupational hazards.</p>	<p>Members are educated regarding the risks of exposure to occupational hazards and the control measures that can help reduce exposure. Members are also educated on how to identify and evaluate specific occupational hazards based on the duties of their operations. Based on the results of the hazard evaluations, current control measures will also be evaluated to determine its effectiveness for the protection of OPS members.</p>

Wellness Evaluation:

In addition to the ongoing Health, Safety, and Wellness initiatives, the OPS, OPA, and SOA collaborated to secure an external vendor (MNP) in 2024 to conduct a comprehensive Wellness Evaluation.

This Wellness Program evaluation assessed the effectiveness of current programming and identified areas of opportunity and growth for future development and long-term sustainment, including the following considerations:

1. Member Engagement & Effectiveness of Current Programs & Services
2. Equity, Diversity, and Inclusion (DE&I)
3. Effectiveness of the Current Organizational Structure of the Wellness Unit
4. Current Trends of Evidence-based Wellness Programs
5. Need for a Mental Health Clinician within the Wellness Unit
6. Need for a Dedicated Support Animal
7. Metric for Assessment of KPI 'Improved Turn-Out Rate'
8. Performance Indicators to Assess Member Morale / Members Feeling Valued & Supported, to Assess

Effectiveness of Deployment of Accommodated Members, and to Assess Improved Workplace Culture

9. Recommendations on Support Programming, Prevention Programming, Alternative Programs Outside of Mental Health, How to Empower & Enable Chain of Command Regarding Role in Wellness Promotion, Civilian Specific Resources, Maintaining Employee Engagement (when Members are off work / on leave), & Ottawa Police Service | Wellness Program Review to Inform Updates on the OPS PTSD Prevention Plan. The final report was received in January 2025. The OPS, OPA, and SOA are fully committed to working together to address the recommendations provided in a collaborative manner, with the goal of enhancing the health, safety, and wellness of our members and their families, from recruitment beyond retirement.

In addition to responding to the recommendations that emanated from the Wellness Evaluation, the Service will be pursuing the following activities in 2025 to further protect and better the health, safety, and wellness of members:

- Revising health & safety programs such as: lead control program, hearing conservation program, and respiratory protection program.

- Updating the existing risk assessment process to better assist sections across the Service for risk mitigation.
- Beginning the process to become a Certificate of Recognition (COR) certified organization. COR is a national accreditation standard, governed and granted by the Infrastructure Health and Safety Association (IHSA), that verifies full implementation of an employer’s occupational health and safety management system (OHSMS).

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, 2024.

FINANCIAL IMPLICATIONS

Total direct costs from 2022 to 2024 were as follows:

Budgetary Line Item	Amount Paid		
	2022	2023	2024
501093 – WSIB Admin Charges	\$234,214	\$2,119,498	\$65,872
501094 – WSIB Permanent Awards	\$730,525	\$725,846	\$ 510,067
501194 – WSIB Payments	\$4,747,849	\$3,322,135	\$ 6,174,923
Salary advances (wages)	\$6,581,403	\$8,248,139	\$9,699,796
Salary advances top-off	\$1,161,424	\$1,455,553	\$1,711,728
Total	\$13,455,415	\$15,871,171	\$18,162,386

Total direct costs in 2024 were \$18,162,386. Monthly full payment of fees is mandatory 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 OPS is dedicated to safeguarding the health and safety of its members. We continuously review and monitor our efforts to optimize member health and safety, aiming to reduce the human and financial costs of workplace injuries and illnesses. Our duty of care extends to both our members and the community. By fostering a healthy organization, we ultimately ensure a healthier workforce, better equipped to serve the City of Ottawa.