

**Report to / Rapport au:**

**HUMAN RESOURCES COMMITTEE  
COMITÉ DES RESSOURCES HUMAINES**

**14 April 2026 / 14 avril 2026**

**Submitted by / Soumis par:**

**Chief of Police, Ottawa Police Service / Chef de police, Service de police d'Ottawa**

**Contact Person / Personne ressource:**

**Deputy Chief Steve Bell - Chief Administrative Officer/ Agent administratif  
principal**

**Bells@ottawapolice.ca**

**SUBJECT: WORKPLACE INJURIES, ILLNESSES & INCIDENTS: 2025 ANNUAL  
REPORT**

**OBJET: BLESSURES AU TRAVAIL, MALADIES ET INCIDENTS: RAPPORT  
ANNUEL 2025**

**REPORT RECOMMENDATIONS**

**That the Ottawa Police Service Board's Human Resources Committee receive this report for information.**

**RECOMMANDATIONS DU RAPPORT**

**Que la Comité des ressources humaines de 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 Service Board (Board) Human Resources Committee 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.

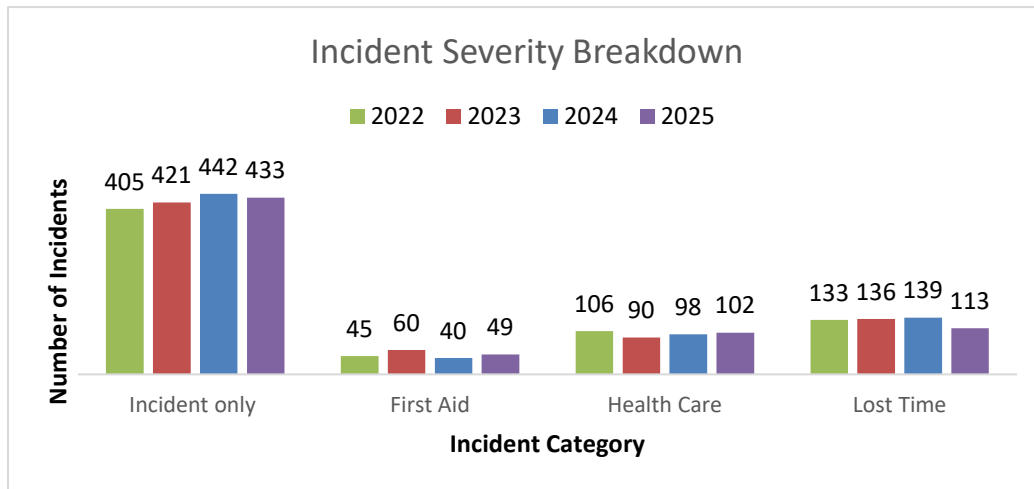
This report contains standard health and safety data that has been collected, summarized, and tabulated. A conventional analysis of incidents, injuries, and illnesses that occurred in OPS workplaces in 2025 has been conducted. . Data from 2025 are compared with data from previous years for comparative analysis purposes. This report also includes a summary of initiatives that will be undertaken in 2026 to help reduce workplace injury and illness rates in future years and mitigate impacts to OPS members as well.

## **DISCUSSION**

### **Injuries, Illnesses, and Incidents**

As per OPS Health and Safety Policy 4.09, 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 697 WIIIRFs that were submitted in 2025.

**Table 1: Summary of all WIIRFs Submitted from 2022 to 2025**

Compared to 2024, submitted WIIRFs that identified an event as “Incident Only” decreased by 2%. The number of First Aid events increased by 23%. The number of Health Care events increased by 4%. The number of Lost Time events decreased by 19%. The total number of WIIRFs submitted decreased by 3%.

**Table 1: Legend**

Incident Severity Category	Description	2025
Incident Only	An incident occurred that could have resulted in an injury or illness. These incidents are sometimes called “near misses” or “close calls”.	433
First Aid	An injury or illness occurred, and first aid was administered. No external health care was sought.	49
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.	102
Lost Time	An injury or illness occurred, health care was sought, and time was lost from work beyond the date of injury or illness.	113

## 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 215 WSIB-reportable injuries and illnesses that occurred in 2025.

**Table 2: Summary of WSIB-Reportable Injuries and Illnesses from 2025**



**Table 2: Legend**

<b>Injury/Illness Category</b>	<b>Description</b>	<b>Number of Incidents</b>
Musculoskeletal	Includes sprains, strains, physical overexertion, soft tissue injuries, or repetitive strain injuries.	47
Psychological	Occurs when a member is exposed to a psychological stressor(s).	44
Contact	Occurs when a member strikes a person or object, (or when a member is struck by), cut, scratched, or pinched by an object.	39
Exposure	Occurs when a member is exposed to a known or suspected biological, chemical, or physical agent.	33
Slips Trips Falls	Occurs when a member slips, trips, or falls.	22
Motor Vehicle Incident	Occurs because of a motor vehicle accident.	12
Other	Not covered by any other defined category.	10
Assault	Occurs when a member is physically assaulted by another person.	8
		Total: 215

The most frequent WSIB-reportable injury and illness categories in 2025 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 2025 WSIB-reportable injury and illness data include:

- 80% of injuries and illnesses involved sworn members.
- 17% of sworn injuries and illnesses were musculoskeletal in nature.
- 28% of sworn injuries and illnesses resulted from pursuing, arresting, or otherwise interacting with non-compliant individuals.
- 9% of sworn injuries and illnesses resulted from training activities.
- 15% of injuries and illnesses involved civilian members of which 47% 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 2023 to 2025.

**Table 3: Frequency and Severity Rates for 2023-2025**

Statistic	2023	2024	2025	Interpretation
Frequency (%)	10.9	11.1	10.0	In 2025, approximately 10% of OPS members reported an injury or illness that resulted in the need for medical care and/or time away from work. Frequency decreased by approximately 1% in 2025 compared to 2024.
Severity (Hours)	1,791	1,979	1,550	In 2025, the average amount of time away from work by OPS members who needed time due to an injury or illness was 1,550 hours per injury or illness. Severity decreased by 22% in 2025 compared to 2024.
FTEs Lost	117.1	132.3	84.3	In 2025, when the lost time for all members was combined, it was equivalent to 84.3 full-time employees being off work for the entire year due to injury or illness. Full Time Equivalents (FTEs) Lost was 36% lower in 2025 compared to 2024 as a result of decreased severity.

## OPS Trends

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 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 expensive type of injury within the OPS. The healthcare costs associated with psychological injuries tend to be significantly higher than those related to physical injuries. These injuries often result in longer absences from work compared to physical injuries..

Direct costs associated with injuries and illnesses from 2023 to 2025 are summarized in Table 4.

**Table 4: Direct costs of Workplace Injuries and Illnesses for 2023-2025**

Year	Cost
2023	\$15,871,171
2024	\$18,162,386
2025	\$18,812,821

Direct costs in 2025 were \$18,812,821. These costs were approximately 4% higher than costs for 2024. While this number continues the upward year over year trend, the year over year increase for 2025 has declined significantly relative to previous periods.

Increased frequency and severity, or FTEs lost, can result in higher costs associated with wages, increased medical costs, and WSIB-imposed administrative fees. This was not a significant driver of increased costs in 2025 as frequency, severity and FTE hours lost was down.

Drivers of increased costs included the provisional administrative fees in 2025 being 17.4% as compared to the actual rate in 2024 that was 17.24%. The confirmed administrative fee for 2025 will not be provided until mid-year 2026. These fees are administrative in nature and are in addition to any WSIB claim-related costs.

A portion of costs (\$367,802 in 2025 compared to \$510,067 in 2024) 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. This commitment was clearly demonstrated through the introduction and adoption of the 2025-2030 Wellness Operational Framework.

### **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 2025.

**Table 5: Contributing Factors Identified on WIIIRFS in 2025.**

<b>Type of Contributing Factors</b>	<b>% of WIIIRFs Indicating Contributing Factor Type</b>
Environmental	12%
Equipment	3%
Policy/Procedure	0%
Training	16%
No Contributing Factors Identified	69%

**Table 6: Corrective Actions Identified on WIIIRFS in 2025.**

<b>Corrective Actions Identified?</b>	<b>% of Completed WIIIRFS</b>
Yes	5%
No	95%

Potential contributing factors were identified on 31% of WIIIRFs. Corrective actions were identified on 5% of WIIIRFs. 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.

### **Health and Wellness Programming:**

#### **Return to Work Strategies**

At the end of Q4 2025, four disability case managers – two for non-occupational injuries and illnesses, and two for occupational injuries and illnesses – were managing 528 cases.

- 235 cases involved formal medical accommodations (167 involve the member working within their substantive position and 68 involve the member working outside of their substantive position); and
- 293 cases involved absences from work.

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

Strategies utilized to successfully return members to work are detailed below.

#### *Return-to-Work Specialist*

The Return-to-Work Specialist (RTW Specialist) within the Abilities Management Unit plays a critical role in supporting members through safe, respectful, and sustainable returns to work. The RTW Specialist meets with members both prior to and throughout their return-to-work process, taking a trauma-informed and member-centered approach that prioritizes listening, trust, and dignity. Working closely with the Wellness Unit, the RTW Specialist connects members to appropriate supports, including wellness resources and reintegration services, to ensure a coordinated and holistic approach to recovery and return to work. By collaborating with supervisors, WSIB, and internal stakeholders, the RTW Specialist helps translate medical information into practical, individualized return-to-work plans. This hands-on support has contributed to successful reintegration outcomes and has strengthened member confidence in the return-to-work process.

#### **Evaluation-Informed Wellness Framework Launch**

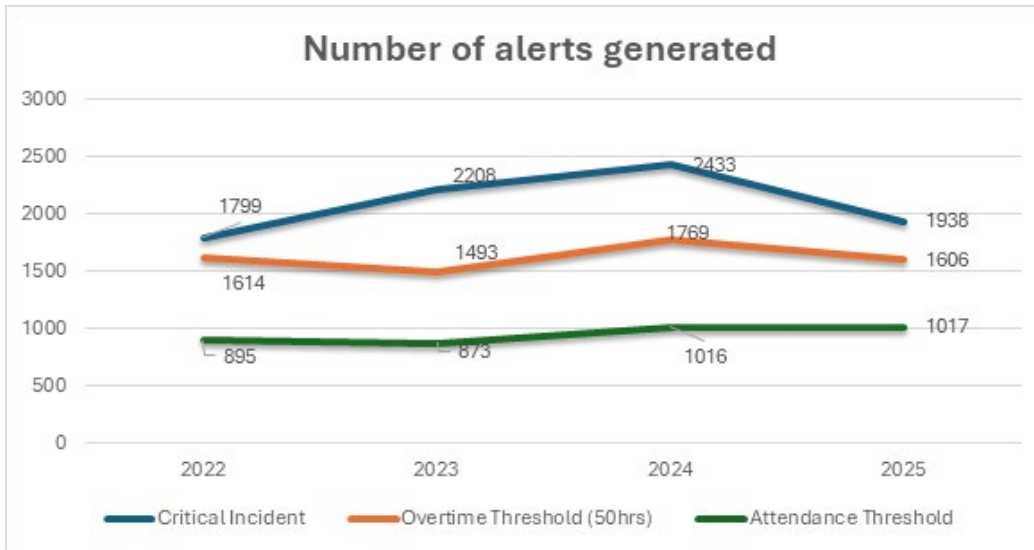
A key milestone in 2025 was the launch of the renewed Wellness Strategic Framework. The framework was developed in direct response to the Wellness Evaluation and insights gathered through the organizational needs assessment. The

evaluation confirmed member trust in the Wellness Program but identified critical capacity issues, and that governance, performance measurement, and prevention efforts require strengthening. The findings highlighted the need for clearer service navigation, earlier access to support, stronger supervisor engagement, and improved outcome-based focused metrics. Informed by these findings, the new framework shifts OPS wellness from a primarily reactive approach to a proactive, prevention focused system that incorporates trauma-informed training, reintegration support, clearer communication pathways, and enhanced oversight. This evolution positions the Wellness Unit as an integrated organizational function embedded in workforce sustainability, operational readiness and aligned with OPS' long-term strategic priorities.

### **Early Intervention**

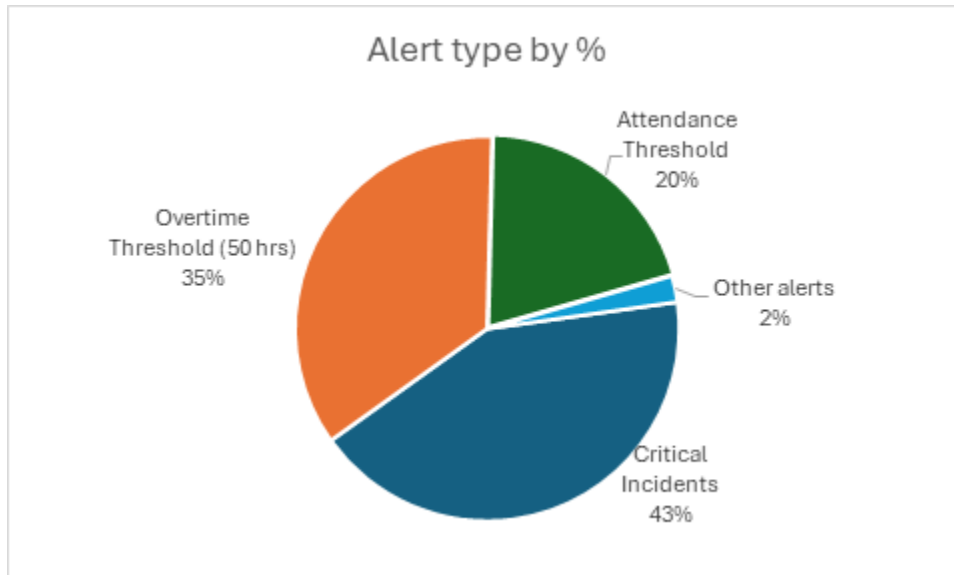
In 2025, the Ottawa Police Service continued to experience sustained operational pressures that directly impacted member well-being. Early Intervention (EI) data illustrates that the dominant stressors affecting members are exposure-driven and workload-related, with critical incidents, overtime thresholds, and attendance pressures representing the majority of alerts generated throughout the year. A total of 730 Early Intervention Reports were opened, generated from 4,664 alerts. 79% of reports were attributable to critical incident exposure, overtime exceeding 50 hours per month, and attendance thresholds being met or surpassed. Although the overall volume of alerts has declined, data trends indicate that cumulative operational strain remains the principal risk to members, as opposed to conduct-related concerns. Importantly, levels in critical incident and overtime alerts have not translated proportionally into WSIB lost-time claims, suggesting that earlier outreach, trauma-informed training, and reintegration efforts are helping mitigate against more severe outcomes. Early Intervention continues to function as a leading approach, allowing the Service to act proactively rather than react after injury or illness occurs.

**Table 7: Number of EI Alerts Generated**



Non-wellness matters such as public complaints, internal investigations, or external oversight referrals represented a very small proportion of EI alerts. This distribution confirms that the dominant risks facing members in 2025 were exposure-driven and workload-driven, rather than behaviour-driven. Peer and self-identification, while still low in volume, appeared within the EI data, reflecting gradual cultural shifts toward help-seeking and shared responsibility for wellness.

**Table 8: EI Alert Type by Percentage**



## **Physical Readiness and Fitness**

In 2025, the Ottawa Police Service continued to prioritize physical readiness as a foundational component of member wellness, operational safety, and public confidence. A total of 520 PIN (Physical Readiness) tests were administered and completed in 2025, representing a notable increase from 485 tests completed in 2024. This growth reflects both sustained compliance with provincial fitness requirements and improved internal capacity to deliver testing efficiently and consistently. The increase also signals strong member engagement and the Service's commitment to maintaining frontline readiness standards.

Recognizing that physical readiness extends beyond annual testing, OPS completed a comprehensive gym and fitness facility evaluation in 2025. This review assessed equipment condition, layout, accessibility, and alignment with injury prevention principles. The evaluation is informing targeted improvements to ensure members have access to safe, modern, and ergonomically sound training environments that support both performance and injury mitigation. Equipment was systematically upgraded and replaced as necessary to maintain operational standards.

Further strengthening this area, OPS added a certified fitness trainer to the Wellness Team in 2025. This role enhances the Service's ability to deliver evidence-based fitness programming, injury prevention guidance, and individualized support to members. The integration of certified fitness expertise within the wellness structure reinforces a proactive approach to musculoskeletal injury reduction, return-to-work conditioning, and long-term physical resilience. Together, these initiatives reflect a shift toward a more comprehensive physical wellness model, one that supports compliance, performance, injury prevention, and sustainable operational capacity.

## ***Trauma Resiliency Training***

In 2025, Trauma Resiliency Training (TRT) continued to expand significantly across the organization, building on the strong foundation established through the partnership with Wounded Warriors Canada. The program has now reached 72% of members, with full organizational completion anticipated in 2026. TRT remains embedded in frontline training and recruit onboarding, ensuring members are equipped early with practical tools to navigate operational stress.

This sustained rollout reflects a broader shift toward proactive, trauma-informed practice, strengthening resilience before injuries occur. By continuing to prioritize mental health and equipping members with evidence-based strategies, the organization is

fostering a more supportive culture, reducing burnout risk, and enhancing long-term operational effectiveness and sustainability.

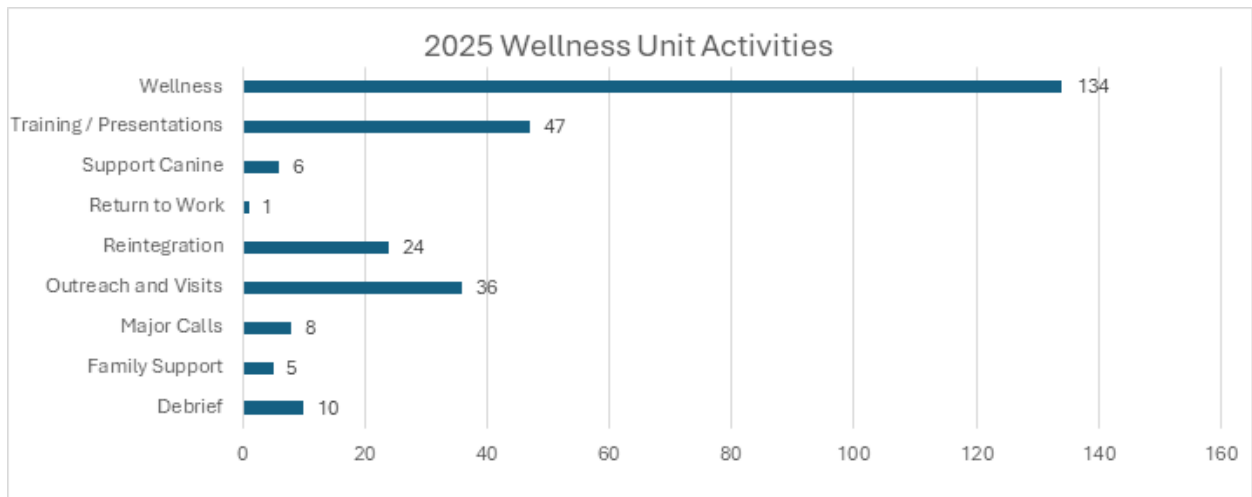
**Family Focused Programming**

In addition, 2025 saw significant expansion in education and family-focused programming. The launch of the online Wellness Resource Guide created a centralized, accessible document for members and families to navigate available supports more easily. Wellness hosted targeted events to address topics that are often experienced privately but have significant workplace impact, including a Menopause Awareness Night, a Spousal/Partner Engagement Event, and Substance Use education session delivered in partnership with clinical and community experts. These initiatives provided evidence-informed information, practical tools, and open dialogue, reinforcing the Service’s commitment to supporting members across the full continuum of health and family life.

**Wellness Unit**

As operational demands intensified, so too did engagement with the Wellness Unit. In 2025, the team delivered 134 direct wellness interventions, supported 24 reintegration cases, conducted 47 training sessions and presentations, and completed 36 outreach visits across units. Recognizing the need for efficiency and accessibility, the Wellness Unit expanded its communication methods to better meet members where they are, ensuring timely support and follow-up. The continued use of BlueBuddy and peer-driven identification signals ongoing cultural progress toward shared responsibility and help-seeking.

**Table 9: 2025 Wellness Unit Activities**



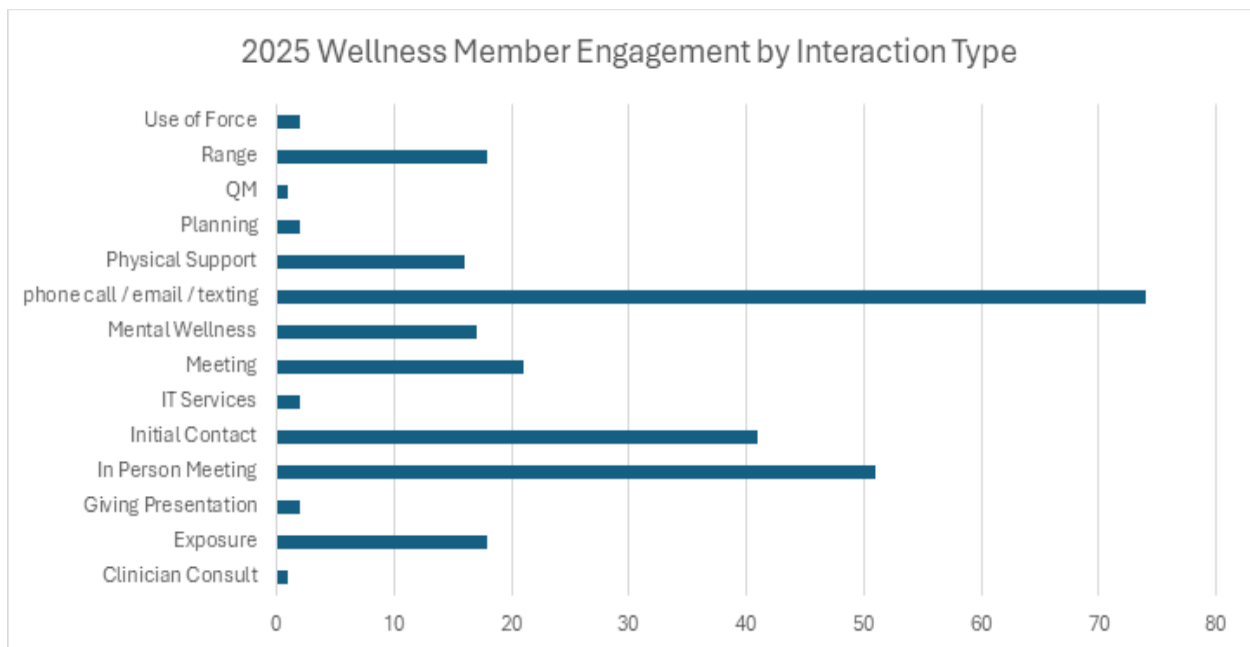
The 2025 engagement data, noted above, demonstrates that the Wellness Unit’s work is predominantly relationship-based and member-centered. The majority of interactions occurred through direct communication methods such as phone calls, emails, and text messaging, reflecting the need for responsive, ongoing contact rather than one-time interventions.

A significant proportion of activity involved initial contacts and in-person meetings, underscoring the importance of early engagement and face-to-face support in addressing emerging wellness concerns. Mental wellness and exposure-related discussions also represent a notable portion of interactions, aligning with Early Intervention trends that identify cumulative operational stress as the primary risk driver across the organization.

The data further illustrates that wellness support is not limited to crisis response. Engagement spans planning discussions, physical support, clinician consultations, presentations, and operational contexts such as range and use-of-force environments. This distribution reflects a comprehensive approach in which wellness is embedded across operational settings rather than isolated within a single support function.

Overall, the below chart demonstrates that wellness delivery in 2025 was sustained, multi-modal, and proactive. The volume of communication-based interactions highlights the importance of accessibility and trust, while the diversity of engagement types reflects an integrated model supporting members across operational, psychological, and physical domains.

**Table 10: 2025 Wellness Member Engagement by Interaction Type**



Collectively, the 2025 initiatives reflect a Service that is responding deliberately to rising operational pressures. The evaluation-informed framework, expanded outreach, strengthened prevention programming, family engagement efforts, and enhanced physical readiness supports position the Ottawa Police Service to better anticipate wellness risks, intervene earlier in the stress-injury continuum, and sustain a healthy, resilient workforce capable of meeting the complex demands of modern policing.

### **2026 Outlook: Upcoming Health and Safety Initiatives**

The OPS remains committed to taking 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, the prevention of workplace injuries and illnesses is a shared responsibility across the organization. Building on the work undertaken in 2025, several initiatives will continue in 2026 to strengthen prevention, enhance wellness supports, and further improve the service's occupational health and safety management system.

Table 12 summarizes some specific initiatives that will be undertaken by the OPS in 2026 in an effect to help reduce injury and illness rates.

**Table 12: Selected 2026 Health & Safety-Related Initiatives.**

<b>Initiative</b>	<b>Anticipated Outcome</b>
Prevention and Resilience	In 2026, the Service will continue expanding prevention-focused initiatives designed to help members build resilience and manage the cumulative impacts of operational stress before injuries occur. This includes the continued delivery and expansion of Trauma Resiliency Training across the organization, the implementation of the Wellness digital platform, and the promotion of proactive wellness practices that support both psychological and physical well-being. These initiatives aim to equip members with tools and strategies to manage the demands of policing while strengthening long-term workforce sustainability.
Member Support and Reintegration	OPS will continue strengthening the supports available to members who may be experiencing injury, illness, or operational stress. The StayConnected

	<p>initiative will enhance engagement with members who are off work or recovering, ensuring they remain connected to available resources and supports. Enhancements to the reintegration and return-to-work processes, including improvements to the formulize the system, will further streamline case management and support members' safe and sustainable return to meaningful work.</p>
<p>Access to Wellness Resources</p>	<p>To improve awareness and accessibility of wellness supports, OPS will expand both peer-based and digital resources. The introduction of a Wellness Representative program will establish designated wellness contacts across operational areas to promote available services and encourage early help-seeking. The continued development of the Wellness External Platform will provide members and their families with centralized access to information, while the expansion of BlueBuddy will further strengthen confidential peer-to-peer support across the Service.</p>
<p>System Strengthening and Governance</p>	<p>OPS will also continue enhancing the overall wellness and occupational health system to ensure it remains sustainable and evidence informed. This includes exploring expanded mental health consultation services to strengthen clinical expertise within the wellness program, as well as developing medical surveillance initiatives to better monitor occupational health risks associated with policing. These efforts support improved oversight, stronger performance measurement, and continued alignment with the Service's evolving wellness framework.</p>
<p>Continue building of the OPS' Occupational Health and Safety Management System to become COR® Certified.</p>	<p>Certificate of Recognition (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).</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 2025, 150 ergonomic assessments were completed. Recommendations to improve individual workstations were provided in all 150 assessments.</p>
<p>Incident investigation training and occupational health &amp; safety training for supervisors 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. Supervisors will also understand their roles and responsibilities as per the Ontario <i>Occupational Health &amp; Safety Act</i>.</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>
<p>Implementation of Personal Protection Equipment Programs</p>	<p>The OHS Section is working establishing programs with the Service that allow members to have access to specialized personal protection equipment (PPE) when working in specific sections. This includes prescription safety eyewear and custom-moulded hearing protection. Instead of putting the financial burden of purchasing this equipment on the individual members or their sections, this will incentivize members to procure the necessary PPE for their health and safety while they are on duty.</p>

## Wellness Evaluation Update

The 2025 Wellness Evaluation marked an important step in understanding how the Ottawa Police Service can better support the evolving needs of its members. The findings highlighted both the impact of existing initiatives and clear opportunities to strengthen how wellness supports are designed, delivered, and experienced across the organization.

To move from insight to action, the recommendations have been aligned within the 2025-2030 OPS Wellness Operational Framework and organized under four key pillars: Holistic Well-Being Support, Early Engagement and Supportive Transitions, Physical Health and Lifestyle Supports, and Engagement and Continuous Improvement. Together, these pillars provide a clear framework for advancing a more proactive, inclusive, and evidence-based approach to wellness, one that supports members from recruitment through retirement and strengthens resilience across the organization.

### 1. Holistic Well-Being Support

*Supporting the full spectrum of member health.*

#### Key Focus Areas:

- Development of Mental Health Consultation program
- Expansion of peer support (formalized roles, SOPs)
- Integration of trauma-informed and evidence-based practices
- Exploration of additional supports (e.g., support animal, specialized services)

#### 2025 Progress:

- Continued expansion of Trauma Resiliency Training (TRT) has strengthened psychological resilience across the organization, with 72% of members trained
- Increased integration of trauma-informed approaches into training and wellness programming
- Ongoing exploration of Mental Health Consultation Program to enhance internal supports

## 2. Early Engagement & Supportive Transitions

*Reaching members before, during and after challenges.*

### **Key Focus Areas:**

- Consideration of psychological check-ins (phased approach)
- Strengthening early intervention practices
- Formalization of reintegration processes and criteria
- Ongoing engagement with members on leave to maintain connection and support (StayConnected Program)
- Enhanced outreach to recruits, families, and retirees
- Supervisor training to support early identification and intervention

### **2025 Progress:**

- TRT embedded into recruit training and frontline training days, ensuring early exposure to resilience skills
- Continued emphasis on prevention and early intervention, reinforcing a shift from reactive to proactive wellness
- Advancing work to strengthen reintegration processes and member engagement during leave

## 3. Physical Health & Lifestyle Supports

*Promoting overall health and operational readiness*

### **Key Focus Areas:**

- Expansion of fitness and wellness programming
- Exploration of additional health supports:
  - Physiotherapy
  - Dietetics
  - Kinesiology
  - Occupational therapy
- Integration of holistic wellness approaches beyond mental health
- Alignment of programs to support long-term health and resilience

**2025 Progress:**

- Ongoing efforts to enhance holistic wellness programming, recognizing the connection between physical and psychological health
- Exploration of additional support services to broaden the scope of wellness beyond mental health

**4. Engagement & Continuous Improvement**

*Building a responsive, data-driven, and member-informed wellness system*

**Key Focus Areas:**

- Regular member needs assessments and feedback mechanisms
- Establishment of a Wellness Advisory Panel
- Enhanced engagement with diverse member groups (DE&I focus)
- Development of clear program mandate (mission, vision, values)
- Improved communication and outreach strategies
- Creation of accessible wellness platforms/resources
- Development of KPIs and performance measurement frameworks
- Expansion of data collection, analytics, and reporting (dashboard)
- Ongoing program evaluation and refinement
- Improvements to transparency, fairness, and inclusivity in access to supports
- Optimization of organizational structure and resource allocation

**2025 Progress:**

- Completion of the comprehensive Wellness Needs Assessment, providing critical insight into member experiences, gaps in service, and priority areas for growth
- Development of a structured Wellness Program framework, aligning services, priorities, and delivery with member needs and organizational objectives
- Establishment of clear mission, vision, and values, strengthening the foundation and direction of the Wellness Program
- Advancement of a defined program mandate, providing clarity on the role, scope, and purpose of wellness services across the organization

- Ongoing work to strengthen governance structures, including roles, responsibilities, and accountability mechanisms to support effective program oversight and sustainability
- Continued transition from evaluation to implementation following the MNP Wellness Evaluation, with early steps taken to embed data-informed decision-making and performance measurement

## 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 2025.

## FINANCIAL IMPLICATIONS

Total direct costs from 2023 to 2025 were as follows:

Budgetary Line Item	Amount Paid		
	2023	2024	2025
501093 – WSIB Admin Charges	\$2,119,498	\$65,872	\$245,920
501094 – WSIB Permanent Awards	\$725,846	\$ 510,067	\$367,802
501194 – WSIB Payments	\$3,322,135	\$ 6,174,923	\$7,354,431
Salary advances (wages)	\$8,248,139	\$9,699,796	\$9,217,968
Salary advances top-off	\$1,455,553	\$1,711,728	\$1,626,700
<b>Total</b>	<b>\$15,871,171</b>	<b>\$18,162,386</b>	<b>\$18,812,821</b>

Total direct costs in 2025 were \$18,812,821. 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.