## Report to / Rapport au:

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

## 29 April 2019 / 29 avril 2019

Submitted by / Soumis par:
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SUBJECT: WORKPLACE INJURIES, ILLNESSES & INCIDENTS: 2018 ANNUAL

**REPORT** 

OBJET: BLESSURES AU TRAVAIL, MALADIES ET INCIDENTS: RAPPORT

**ANNUEL 2018** 

#### 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 (the 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 well aware of the inherent risks associated with policing and cares about the health and safety of the members of the service. Through policy, monitoring, training and practices the OPS seeks to reduce the impact of workplace injuries and illnesses. These events can affect individual members and the OPS in a variety of ways. Direct impacts include: pain and suffering experienced by affected members; monetary costs associated with compensation and treatment of affected members; and a decreased number of OPS members available to serve the City of Ottawa. Indirect impacts include things like reduced member engagement, suboptimal resource use and diminished operational performance.

This report contains a conventional analysis of incidents, injuries, and illnesses that occurred in OPS workplaces in 2018. Relevant information is summarized and tabulated. Some standard health and safety statistics are calculated and analyzed. Data from 2018 are compared with data from previous years. This report also includes a summary of initiatives that will be taken to help reduce workplace injury and illness rates in 2019 and beyond.

#### DISCUSSION

Injuries, Illnesses & Incidents

When a member becomes injured or ill due to a workplace event, or becomes aware of an incident that could have caused an injury or illness, the member is required to report the event to a supervisor. Supervisors are responsible for attempting to identify potential contributing factors related to incidents, and identifying potential corrective actions to help prevent similar incidents from occurring in the future. Supervisors must document these events by completing *Workplace Injury, Illness & Incident Report Forms (WIIIRFs)*. WIIIRFs are submitted to Health, Safety & Lifestyles (HS&L). HS&L processes the reports, follows up with OPS stakeholders, and fulfils any third-party reporting requirements necessary for regulatory compliance.

Table 1 provides a summary of the 557 WIIIRFs that were submitted in 2018.

Table 1: Summary of all WIIIRFs Submitted in 2018

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	291

	called "near misses" or "close calls".	
First Aid	An injury or illness occurred, and first aid was administered. No external health care was sought.	56
Health Care	An injury or illness occurred, and external health care was sought from a doctor, chiropractor, or physiotherapist, psychologist, or similar specialist.  No time was lost from work beyond the date of injury or illness.	103
Lost Time	An injury or illness occurred, health care was sought, and time was lost from work beyond the date of injury or illness.	107
	Total	557

# WSIB-reportable Injuries and Illnesses

"Health Care" and "Lost time" injuries and illnesses must be reported by OPS to the Workplace, Safety & 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 210 WSIB-reportable injuries and illnesses that occurred in 2018.

Table 2: Summary of WSIB-reportable Injuries and Illnesses from 2018

Injury/Illness Category	Description	Number of
		Incidents
Musculoskeletal	Includes sprains, strains, physical overexertion, soft tissue injuries, or repetitive strain injuries	73
Exposure	Member exposed to known or suspected biological, chemical, or physical agent	31
Contact	Occurs when a members strikes a person or object, (or when a member is struck by), cut, scratched or pinched by an object	29
Slips Trips Falls	Occurs when a member slips, trips or falls	28

Psychological	Occurs when a member is exposed to psychological stressor	18
Motor Vehicle Incident	Occurs as a result of a motor vehicle accident	14
Assault	Occurs when a member is physically assaulted by another person	10
Other	Not covered by any other defined category	7
	Total	210

The most frequent injury and illness category from 2018 was "musculoskeletal". Causes of these types of events can 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 2018 WSIB-reportable injury and illness data include:

- 91% of injuries and illnesses involved sworn members;
- 32% of sworn injuries and illnesses were caused by musculoskeletal factors;
- 29% of sworn injuries and illnesses resulted from pursuing, arresting, or otherwise interacting with non-compliant individuals;
- 8% of injuries and illnesses to sworn members resulted from training activities;
- 9% of injuries and illnesses involved civilian members; and
- 1% of civilian injuries and illnesses resulted from slips, trips and falls.

#### Frequency and Severity

Frequency refers to how often WSIB-reportable injuries and illnesses occur. Severity refers to how long injured and ill workers tend to stay away from work in the event of "Lost Time" injuries or illnesses. Table 3 summarizes OPS's frequency and severity rates from 2016 to 2018.

Table 3: Frequency and Severity Rates for 2016-2018

Statistic	2016	2017	2018	Interpretation
Frequency (%)	10.41	10.62	10.76	In 2018, 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 less than 1% in 2018 compared to 2017.
Severity (Hours)	294	550	804	If an OPS member missed work due to an injury or illness in 2018, the average amount of time away from work was 804 hours per injury or illness. Severity was 46% higher in 2018 compared to 2017.
FTEs Lost	15.7	25.9	41.3	When all 2018 lost time for all members is added together, the equivalent of 41.3 full-time employees were off work for the entire year due to injury or illness. FTEs Lost was 59% higher in 2018 compared to 2017.

Compared to 2017, the frequency of WSIB-reportable injuries and illnesses increased by less than 1% and the severity of lost time injuries increased by 46%. Approximately 59% more FTEs were lost to injuries and illnesses in 2018 compared to the previous year.

## **OPS Trends**

Table 4 shows the number of WIIIRFs received by OPS between 2016 and 2018.

Table 4: Number of WIIIRFs: 2016-2018

Incident Severity Category	2016	2017	2018
Incident Only	282	225	291

First Aid	100	67	56
Health Care	88	106	103
Lost Time	111	98	107
Total	581	496	557

Compared to 2017, the numbers of Incident Only and Lost Time incidents increased by 29% and 9%, respectively. The numbers of First Aid and Health Care incidents decreased by 16% and 3%, respectively. The total number of WIIIRFs submitted increased by 12%.

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 enable for objective determination of whether or not 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 OPS can compare workplace injury and illness statistics. Provincial associations (e.g. Public Services Health & Safety Association of Ontario, Ontario Police Health & Safety Association) are working with the Workplace Safety & Insurance Board in an attempt to produce data against which individual police services can compare their own frequency and severity rates in a meaningful way. In the interim, OPS will continue to reach out to other Ontario police services to try to gather information about intra-industry injury and illness rates.

#### **Direct Costs**

Direct costs are incurred as the result of workplace injuries and illnesses. Direct costs include things such as; wages, health care costs, pensions, survivor benefits, non-economic loss costs; and administrative fees.

Direct costs associated with injuries and illnesses from 2016 to 2018 are summarized in Table 5.

Table 5: Direct costs of Workplace Injuries and Illnesses for 2016-2018

Year	Cost
2016	\$3,324,618
2017	\$5,420,653
2018	\$6,918,457

Direct costs for 2018 were \$6,918,457. These costs were approximately 28% higher than costs for 2017.

A significant portion of increased direct costs were attributable to OPS's injury/illness severity rate (46% higher in 2018 compared to 2017). Increased severity resulted in higher costs associated with wages and increased medical costs, and increased WSIB-imposed administrative fees. Administrative fee rates increased from 29.7% in 2017 to 29.9% (provisional rate) in 2018.

One factor that has contributed significantly to rising WSIB costs over the last three years has been the adoption of PTSD presumptive cause legislation for first responders in April 2016. The number of WSIB-reportable psychological illnesses and injuries increased from two in 2015 to eighteen in 2018. Psychological injury and illness claims often result in long-duration absences that influence injury severity rates and associated costs.

OPS's Wellness Strategy has helped to create an environment in which members are increasingly comfortable reporting psychological injuries and illnesses and seeking much-needed treatment for psychological injuries and illnesses. As OPS's culture of wellness continues to evolve, it is expected that the Wellness Initiative will help reduce WSIB costs through prevention and by decreasing the severity of psychological injuries and illnesses.

A portion of costs (\$778,033) 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 Ottawa Police Service, and some of those individuals will never return to work. The OPS cannot affect those costs. However, the OPS can help reduce costs moving forward by taking

measures to minimize the frequency and severity of new workplace injuries and illnesses.

## **Indirect Costs**

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

## Contributing Factors and Corrective Actions

WIIRFs are designed to capture information about factors that may have contributed to incidents. Supervisors are also expected to identify what corrective actions, if any, should be implemented to reduce the risk that similar incidents will occur in the future. The following Tables 6 and 7 summarize information about contributing factors and corrective actions gathered from WIIRFs submitted in 2018.

Table 6: Contributing Factors Identified on WIIIRFS in 2018.

Type of Contributing Factors	% of WIIIRFs Indicating Contributing Factor Type
Environmental	29%
Equipment	6%
Policy/Procedure	1%
Training	1%
No Contributing Factors Identified	63%

Table 7: Corrective Actions Identified on WIIIRFS in 2018.

Corrective Actions Identified?	% of Completed WIIIRFS
Yes	7%
No	93%

Potential contributing factors were identified on 37% of WIIIRFs. Corrective actions were identified on 7% 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.

OPS will continue to strive to provide supervisors with tools that will help increase appreciation of the value of completing thorough investigations following workplace injuries, illnesses, and incidents. Investment of time and resources in continued monitoring of these factors has the potential to help mitigate safety and financial risks. Further analysis of the way OPS supervisors complete WIIIRFs will provide supplemental insight into specific approaches that may be useful for improving the quality of post-incident investigations that occur.

OPS is increasing senior management oversight of health and safety performance. Regular reporting of leading and lagging health and safety performance metrics will allow OPS's senior leadership to make informed decisions about managing health and safety risks.

#### 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 OPS has a role to play in the creation and maintenance of healthy and safe workplaces. Examples of that effort is outlined in the Wellness report which is part of this Board Agenda.

Table 8 summarizes some specific initiatives being undertaken by OPS in 2019 in an effect to help reduce injury and illness rates.

Table 8: Selected 2019 Health & Safety-related Initiatives.

Initiative	Anticipated Outcome
The Wellness Strategy	Holistically improve the health of
	members, helping reduce the frequency
	and severity of workplace injuries and
	illnesses. We continue to build our
	Wellness Strategy by developing and

	enhancing programs that meet the needs of our Members. Some of these programs include the Real You, Peer Support, Early Intervention, Road to Mental Readiness and EFAP offerings.
Continued Refinement of OPS's	Foster use of systematic methods for
Occupational Health and Safety	helping identify and manage risks to help
Management System	reduce the number of injuries and
	illnesses. Integration of health and safety improvements is being considered
	within the context of other strategic OPS
	initiatives such as the Member
	Information System as part of the
	Modernization Roadmap, and the
	Corporate Space Standards
	Modernization Project.
Ergonomic assessments for individual	Identification and mitigation of risk
workstations and specialized applications.	factors that can contribute to
	musculoskeletal injuries.
Annual Ergonomic Assessments Summary	Review of data that will assist with
Report	improved consideration of ergonomic
	principles during workspace design and
	equipment procurement to reduce risks
	of musculoskeletal injuries.
Continued focus on Early & Safe Return to	Minimize the amount of lost time without
Work	increasing the risk of further harm.
Continued review of incident contributing	Improved understanding of methods for
factors and corrective actions.	enhancing incident investigations with
	the intention of reducing frequency and
	severity of workplace incidents and
	illnesses.
Collaborating with specialty sections to	Members are educated regarding the
raise awareness for specific occupational	risks of exposure to occupational
	hazards and the control measures that

hazards.	can help reduce exposure.

#### CONSULTATION

There has been no formal public consultation regarding the contents of this report. The *Occupational Health and Safety Act* prescribes that reports of this nature must be shared with specific stakeholders. Consequently, consultation with the Ottawa Police Joint Health & Safety Committee will be scheduled before the end of Q2, 2019.

#### **LEGAL IMPLICATIONS**

Not applicable.

#### **RISK MANAGEMENT IMPLICATIONS**

Not Applicable

#### FINANCIAL IMPLICATIONS

Total direct costs from 2018 were as follows:

Budgetary Line Item	Amount Paid 2017	Amount Paid 2018	Change from 2017 to 2018
501093 – WSIB Admin Charges	\$219,282	\$171,837	↓ 22%
501094 – WSIB Permanent Awards	\$744,394	\$778,033	↑ 5%
501194 – WSIB Payments	\$2,311,783	\$2,729,840	↑ 18%
Salary advances (wages)	\$1,823,415	\$2,752,935	↑ 51%
Salary advances top-off	\$321,779	\$485,812	↑ 51%
Total	\$5,420,653	\$6,918,457	↑ 28%

Total direct costs in 2018 were \$6,918,457. Payment of fees in full was mandatory on a monthly basis for regulatory compliance reasons. Non-compliance will result in fines imposed by the Workplace Safety & Insurance Board. There are no options for choosing

different levels of service for WSIB coverage. A portion of costs is recurring and constant. A portion of costs varies with WSIB usage rates.

## SUPPORTING DOCUMENTATION

Not applicable

## **CONCLUSION**

The OPS is committed to safe-guarding 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.