

Report to / Rapport au:

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

27 April 2020 / 27 avril 2020

Submitted by / Soumis par:

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

Contact Person / Personne ressource:

**Jeffrey Letourneau, Chief Administration Officer/agent administratif principal
*LetourneauJ@ottawapolice.ca***

**SUBJECT: WORKPLACE INJURIES, ILLNESSES & INCIDENTS: 2019 ANNUAL
REPORT**

**OBJET: BLESSURES AU TRAVAIL, MALADIES ET INCIDENTS: RAPPORT
ANNUEL 2019**

REPORT RECOMMENDATIONS

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

RECOMMANDATIONS DU RAPPORT

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

BACKGROUND

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

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

The Ottawa Police Service (OPS) is 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 morale, suboptimal resource use and diminished operational performance.

This report contains a conventional analysis of incidents, injuries, and illnesses that occurred in OPS workplaces in 2019. Relevant information is summarized and tabulated. Some standard health and safety statistics are calculated and analyzed. Data from 2019 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 2020 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 608 WIIIRFs that were submitted in 2019.

Table 1: Summary of all WIIIRFs Submitted in 2019

Incident Severity Category	Description	Number of Incidents
Incident Only	An incident occurred that could have resulted in an injury or illness. These incidents are sometimes called “near misses” or “close calls”.	305
First Aid	An injury or illness occurred, and first aid was administered. No external health care was sought.	99

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.	90
Lost Time	An injury or illness occurred, health care was sought, and time was lost from work beyond the date of injury or illness.	114
Total		608

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 204 WSIB-reportable injuries and illnesses that occurred in 2019.

Table 2: Summary of WSIB-reportable Injuries and Illnesses from 2019

Injury/Illness Category	Description	Number of Incidents
Musculoskeletal	Includes sprains, strains, physical overexertion, soft tissue injuries, or repetitive strain injuries	77
Slips Trips Falls	Occurs when a member slips, trips or falls	28
Contact	Occurs when a members strikes a person or object, (or when a member is struck by), cut, scratched or pinched by an object	27
Psychological	Occurs when a member is exposed to psychological stressor	21
Exposure	Member exposed to known or suspected biological, chemical, or physical agent	15
Motor Vehicle Incident	Occurs as a result of a motor vehicle accident	15

Assault	Occurs when a member is physically assaulted by another person	13
Other	Not covered by any other defined category	8
Total		204

The most frequent injury and illness category from 2019 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 2019 WSIB-reportable injury and illness data include:

- 84% of injuries and illnesses involved sworn members;
- 21% of sworn injuries and illnesses were caused by musculoskeletal factors;
- 23% 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;
- 16% of injuries and illnesses involved civilian members; and
- 44% of civilian injuries and illnesses were psychological in nature, and resulted from traumatic/stressful events.

90% of OPS injuries and illnesses are a result of something other than a psychological injury. That is why we must also focus on other interventions to keep our members safe when they come to work including in their workspace at the office, in their cruiser, on their bikes or walking in neighborhoods.

We work in our communities, so there are limitations on the environmental controls we can put in place for our members. But we can do some things, like ensuring we provide the proper Personal Protective Equipment – from gas masks and safety eye wear, to ensuring our officers have a proper duty belt and boots that don’t cause discomfort and could ultimately result in an injury. OPS invests in ergonomics, both in the car and in our offices. We ensure our officers receive the best training in de-escalation in order to reduce injury to members of our community and themselves.

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 2017 to 2019.

Table 3: Frequency and Severity Rates for 2017-2019

Statistic	2017	2018	2019	Interpretation
Frequency (%)	10.62	10.76	10.33	In 2019, 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 4% in 2019 compared to 2018.
Severity (Hours)	550	804	1,261	If an OPS member missed work due to an injury or illness in 2019, the average amount of time away from work was 1,261 hours per injury or illness. Severity was 57% higher in 2019 compared to 2018. (see below for further comments)
FTEs Lost	25.9	41.3	69.1	When all 2019 lost time for all members is added together, the equivalent of 69.1 full-time employees was off work for the entire year due to injury or illness. FTEs Lost was 67% higher in 2019 compared to 2018.

Compared to 2018, the frequency of WSIB-reportable injuries and illnesses decreased by 4% and the severity of lost time injuries increased by 57%. Approximately 67% more FTEs were lost to injuries and illnesses in 2019 compared to the previous year.

Severity hours: The average number of hours a member is away from work is approximately 6 weeks. We understand that, because this is an average, some cases will resolve quickly (1- 2 shifts) and other illnesses/injuries will take months to recover from – like a torn ACL, a concussion or PTSD. Our commitment to adding resources to

the Health, Safety and Wellness team will allow us to increase our reach out to our members. Staying connected is critical.

The increased capacity of the team will also allow the OPS to help our members navigate through external systems (like WSIB, LTD and our health care system), to develop supervisory training on areas like incident investigations and designated officer training. The OPS will continue to consider auditing our internal Health and Safety practices against internationally recognized Occupational Health and Safety Management Systems and we will continue to grow our peer support outreach to our families and retirees. All this will help to contribute to lowering our WSIB costs and, most importantly, improve the health and safety of our members.

OPS Trends

Table 4 shows the number of WIIRFs received by OPS between 2017 and 2019.

Table 4: Number of WIIRFs: 2017-2019

Incident Severity Category	2017	2018	2019
Incident Only	225	291	305
First Aid	67	56	99
Health Care	106	103	90
Lost Time	98	107	114
Total	496	557	608

Compared to 2018, the numbers of Incident Only, First Aid, and Lost Time incidents increased by 5%, 77%, and 7%, respectively. The number of Health Care incidents decreased by 13%. The total number of WIIRFs submitted increased by 9%.

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 2017 to 2019 are summarized in Table 5.

Table 5: Direct costs of Workplace Injuries and Illnesses for 2017-2019

Year	Cost
2017	\$5,420,653
2018	\$6,918,457
2019	\$9,104,700

Direct costs for 2019 were \$9,104,700. These costs were approximately 32% higher than costs for 2018.

A significant portion of increased direct costs were attributable to OPS's injury/illness severity rate (57% higher in 2019 compared to 2018). Increased severity resulted in higher costs associated with wages and increased medical costs, and increased WSIB-imposed administrative fees. The provisional administrative fees in 2019 were 23.2%.

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 twenty one in 2019. Psychological injury and illness claims often result in long-duration absences that influence injury severity rates and associated costs.

Once a member realizes they need to take an extended time away from work for a psychological injury or illness, they are faced with working through an insurance company (long term disability or WSIB) for adjudication of their claim and treatment. These processes can feel overwhelming.

Just like any health care, these systems can have capacity challenges for timely and effective treatment response. We all know that the longer someone is off work, the harder it is to return, for whatever that illness is – but especially if you are challenged with a mental illness. That is why we have committed resources to our Dis(ability) management section to aid our members in navigating insurance processes, aiding in accessing community resources and staying connected with our members.

We also know that once a member goes off work, it is harder for them to return. This is why we have invested in developing and implementing an Early Intervention Program. Many police services have this type of program. The OPS has had the benefit of looking at other programs, delivering a pilot program, learning from this pilot and now building a program that works best for our members. Early Intervention (EI) programs recognize that employees of a police service are exposed to a variety of traumatic events and stressors as a result of their work. They are designed to provide managers with a way to identify members who are exposed to these types of incidents and stressors and provide timely and meaningful support to the member with the goal of assisting the member to maintain good mental health. EI programs are non-disciplinary in nature and participation on the part of the member is completely voluntary.

OPS's Wellness Initiative 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 (\$774,062) 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.

It is difficult to quantitatively evaluate these indirect costs. However, conventional estimates suggest that the ratio of indirect costs to direct costs may commonly range from 1:1 up to 5:1. That means for every \$1 spent on payment of direct costs, it would be reasonable to estimate that between \$1 and \$5 is lost due to the types of indirect costs. This ratio suggests that indirect costs from 2019 were between \$9,104,700 and \$45,523,500.

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 2019.

Table 6: Contributing Factors Identified on WIIRFS in 2019.

Type of Contributing Factors	% of WIIRFs Indicating Contributing Factor Type
Environmental	14%
Equipment	6%
Policy/Procedure	0%
Training	1%
No Contributing Factors Identified	79%

Table 7: Corrective Actions Identified on WIIRFS in 2019.

Corrective Actions Identified?	% of Completed WIIRFS
Yes	6%

No	94%
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Potential contributing factors were identified on 21% of WIIRFs. Corrective actions were identified on 6% of WIIRFs. These results are comparable with the 2018 Annual Report. 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. Presently, the WIIRF's are reviewed by the Accident Review Committee who are also members of the Joint Health and Safety Committee's

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. A commitment to allocating resources to develop a modern Occupational Health and Safety Management system is a strong step towards mitigating the continued growth of direct and indirect workplace injuries, illness and incident costs. OPS would begin by developing e-learning resources and training related to injury, illness and incident investigations. Further analysis of the way OPS supervisors complete WIIRFs will provide supplemental insight into specific approaches that may be useful for improving the quality of post-incident investigations that occur.

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.

The goal of these Wellness investments is to better support our members, reduce lost time and direct costs by 25% thus saving \$2M in annual costs and provide better service to the community.

Recommendations

The OPS should take all reasonable precautions to create and maintain healthy and safe workplaces. This includes, but not limited to the delivery of accident investigation training, performance tracking for health and safety indicators and support by the chain of command to ensure proper completion of the WIIRF. 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.

Table 8 summarizes some specific initiatives being undertaken by OPS in 2020 in an effect to help reduce injury and illness rates.

Table 8: Selected 2020 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. This includes the delivery of the Early Intervention program and the introduction of a formal Reintegration program in 2020.
Building human resource capacity in the Health, Safety and Wellness Section	The addition of resources for this section will allow for improved proactive and reactive support to our members. This resource allocation includes the addition of: a WSIB Coordinator, a Wellness Analyst (for Early Intervention) and a Sgt Wellness Coordinator.
Continued Refinement of OPS's Occupational Health and Safety Management System	Foster use of systematic methods for helping identify and manage risks to help reduce the number of injuries and illnesses. Integration of health and safety improvements 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 workstations and specialized applications.	Identification and mitigation of risk 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 Work	Minimize the amount of lost time without increasing the risk of further harm.
Continued review of incident contributing factors and corrective actions.	Improved understanding of methods for enhancing incident investigations with the intention of reducing frequency and severity of workplace incidents and illnesses.
Collaborating with specialty sections to raise awareness for specific occupational hazards.	Members are educated regarding the risks of exposure to occupational hazards and the control measures that can help reduce exposure.

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, 2020.

LEGAL IMPLICATIONS

Not applicable.

RISK MANAGEMENT IMPLICATIONS

Not Applicable

FINANCIAL IMPLICATIONS

Total direct costs from 2019 were as follows:

Budgetary Line Item	Amount Paid
501093 – WSIB Admin Charges	\$152,053

501094 – WSIB Permanent Awards	\$774,062
501194 – WSIB Payments	\$3,057,584
Salary advances (wages)	\$4,352,851
Salary advances top-off	\$768,150
Total	\$9,104,700

Total direct costs in 2019 were \$9,104,700. 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.