

**Report to / Rapport au:**

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

**26 April 2021 / 26 avril 2021**

**Submitted by / Soumis par:**

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**SUBJECT: WORKPLACE INJURIES, ILLNESSES & INCIDENTS: 2020 ANNUAL  
REPORT**

**OBJET: BLESSURES AU TRAVAIL, MALADIES ET INCIDENTS: RAPPORT  
ANNUEL 2020**

**REPORT RECOMMENDATIONS**

**That the Ottawa Police Services Board (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 aware of the inherent risks associated with policing and cares about the health and safety of the members of the Service. The OPS' commitment to the duty of care applies to both our community and our 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. 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 fewer OPS members available to serve the city of Ottawa. Indirect impacts include things like reduced member morale, sub-optimal resource use, and diminished operational performance.

This report contains a conventional analysis of incidents, injuries, and illnesses that occurred in OPS workplaces in 2020. Relevant information is summarized and tabulated. Some standard health and safety statistics are calculated and analyzed. Data from 2020 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 2021 and beyond.

## **DISCUSSION**

### **Injuries, Illnesses and 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 to 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 the Health and Safety Unit (HSU). HSU processes the reports, follows up with OPS stakeholders, and fulfills any third-party reporting requirements necessary for regulatory compliance.

Table 1 provides a summary of the 697 WIIIRFs that were submitted in 2020.

**Table 1: Summary of all WIIIRFs Submitted in 2020**

Incident Severity Category	Description	Number of Incidents
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Incident Only	An incident occurred that could have resulted in an injury or illness. These incidents are sometimes called “near misses” or “close calls”.	448
First Aid	An injury or illness occurred, and first aid was administered. No external health care was sought.	72
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.	76
Lost Time	An injury or illness occurred, health care was sought, and time was lost from work beyond the date of injury or illness.	101
Total		697

### **WSIB-reportable Injuries and Illnesses**

“Healthcare” and “Lost time” injuries and illnesses 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 177 WSIB-reportable injuries and illnesses that occurred in 2020.

**Table 2: Summary of WSIB-reportable Injuries and Illnesses from 2020**

Injury/Illness Category	Description	Number of Incidents
Musculoskeletal	Includes sprains, strains, physical overexertion, soft tissue injuries, or repetitive strain injuries	44
Slips Trips Falls	Occurs when a member slips, trips or falls	23
Contact	Occurs when a member strikes a person or object, (or when a member is struck by), cut, scratched or pinched by an object	25
Psychological	Occurs when a member is exposed to a	27

	psychological stressor(s)	
Exposure	Occurs when a member is exposed to a known or suspected biological, chemical, or physical agent	25
Motor Vehicle Incident	Occurs as a result of a motor vehicle accident	5
Assault	Occurs when a member is physically assaulted by another person	17
Other	Not covered by any other defined category	11
Total		177

The most frequent injury and illness category from 2020 was “musculoskeletal”. Causes of these types of events can include lifting, pushing, pulling, awkward postures, over-exertion and repetitive movements. Resulting injuries and illnesses include sprains, strains, soft tissue injuries, and repetitive strain injuries.

Other noteworthy findings from the 2020 WSIB-reportable injury and illness data include:

- 85% of injuries and illnesses involved sworn members;
- 26% of sworn injuries and illnesses were caused by musculoskeletal factors;
- 26% of sworn injuries and illnesses resulted from pursuing, arresting, or otherwise interacting with non-compliant individuals;
- 6% of injuries and illnesses to sworn members resulted from training activities;
- 15% of injuries and illnesses involved civilian members; and
- Out of all the civilian injuries and illnesses, 29% 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 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 2018 to 2020.

**Table 3: Frequency and Severity Rates for 2018-2020**

<b>Statistic</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>Interpretation</b>
Frequency (%)	10.76	10.33	6.72	In 2020, approximately 7% 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 35% in 2020 compared to 2019.
Severity (Hours)	804	1,261	1,707	If an OPS member missed work due to an injury or illness in 2020, the average amount of time away from work was 1,707 hours per injury or illness. Severity was 35% higher in 2020 compared to 2019.
FTEs Lost	41.3	69.1	82.9	When all 2020 lost time for all members is added together, the equivalent of 82.9 full-time employees was off work for the entire year due to injury or illness. Full Time Equivalent (FTEs) Lost was 20% higher in 2020 compared to 2019.

Compared to 2019, the frequency of WSIB-reportable injuries and illnesses decreased by 35% and the severity of lost time injuries increased by 35%. Approximately 20% more FTEs were lost to injuries and illnesses in 2020 compared to the previous year.

### **OPS Trends**

Table 4 shows the number of WIIRFs received by OPS between 2018 and 2020.

**Table 4: Number of WIIRFs: 2018-2020**

<b>Incident Severity Category</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Incident only	291	305	448
First Aid	56	99	72

Health Care	103	90	76
Lost Time	107	114	101
Total	557	608	697

Compared to 2019, the numbers of Incident only incidents increased by 47%. The number of First Aid, Healthcare, and Lost Time incidents decreased by 27%, 16%, and 11% respectively. The total number of WIIRFs submitted increased by 15%. The increase in Incidents Only observed this year can be attributed to the COVID-19 pandemic where OPS members are reporting potential exposure to COVID-19 scenarios when they are on-duty. The observed increasing trend of Incident only events can be attributed to the fact that there is an increased awareness for members to report near-misses events to prevent actual incidents from occurring that could lead to an injury or illness.

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 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 Workplace Safety and Insurance Board 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 incurred as the result of workplace injuries and illnesses. Direct costs include things such as; wages, healthcare costs, pensions, survivor benefits, non-economic loss costs; and administrative fees. While the direct costs vary year-to-year due to variance and healthcare costs, these are largely comprised of factors that the OPS does not have direct control over, including legislative and contractual obligations.

Direct costs associated with injuries and illnesses from 2018 to 2020 are summarized in Table 5.

**Table 5: Direct costs of Workplace Injuries and Illnesses for 2018-2020**

Year	Cost
2018	\$6,918,457
2019	\$9,104,700
2020	\$10,967,465

Direct costs for 2020 were \$10,967,465. These costs were approximately 20% higher than costs for 2019.

A significant portion of increased direct costs were attributable to the OPS' injury/illness severity rate (35% higher in 2020 compared to 2019). Increased severity resulted in higher costs associated with wages and increased medical costs and increased WSIB-imposed administrative fees. The provisional administrative fees in 2020 were 22.2%.

The OPS' Wellness Program 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 the OPS' culture of wellness 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 ultimately impact not only our duty of care, but it will also positively affect the building of public trust and community safety and well being.

A portion of costs (\$729,353) is associated with permanent WSIB awards related to individuals who are away from work indefinitely due to workplace injuries or illnesses. These injuries or illnesses occurred before the amalgamation of the OPS, and some of those individuals will never return to work. The OPS cannot affect those costs. However, 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 2020 were between \$10,967,465 and \$54,837,325.

### **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 2020.

**Table 6: Contributing Factors Identified on WIIRFS in 2020.**

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

**Table 7: Corrective Actions Identified on WIIRFS in 2020.**

<b>Corrective Actions Identified?</b>	<b>% of Completed WIIRFS</b>
Yes	4%
No	96%

Potential contributing factors were identified on 21% 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 continue to improve in the identification of corrective measures that could be taken to reduce injuries to our members. We 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 to potential to help mitigate safety and financial risks. 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.

### **Return to work strategies**

At the end of Q4 2020, four disability case managers -- two for non-occupational injuries and illnesses, and two for occupational injuries and illnesses -- were managing 460 cases;

- 253 cases involved formal medical accommodations (including 15 related to COVID-19); and
- 207 cases involved absences from work.

Of the cases which HSU managed in 2020, there were 168 cases closed

- 77 occupational (45.8%) / 91 non-occupational (54.2%)
- 77 of those cases (45.8%) returned to pre-injury status and/or substantive duty without any accommodation requirement
  - 35 cases coded as occupational / 42 cases coded as non-occupational
- 55 of the 168 closures (32.7%) returned to pre-injury status and/or substantive duty with some form of modified duty placement beginning in 2020
  - 18 cases coded as occupational / 37 cases coded as non-occupational
- An additional 8 occupational and 13 non-occupational cases started modified duty in 2020 and have since returned in 2021 (not included in the 168 closures for 2020)
- 36 of the 168 closures (21.4%) returned to pre-injury status and/or substantive duty with some form of modified duty placement beginning PRIOR TO 2020
  - 24 cases coded as occupational / 12 cases coded as non-occupational

Total cases of modified duty starting in 2020 = 158

- 55 closed in 2020
- 21 closed in 2021

- 82 started in 2020 and still ongoing

Identifying modified duties for our members, when formal medical accommodations are validated, is not only required by the Ontario Human Rights Commission under its Duty to Accommodate, it also allows our members to stay engaged with work, support their recovery, and mitigate the financial and resource impact of a member being away from work.

The OPS is currently working both individually and with several provincial partners to identify mechanisms to support our members' return to work while they are engaged in the WSIB process. These new processes and supports have been implemented to access information through WSIB to obtain a better understanding of the member's needs. This will assist in fully utilizing our members within their restrictions, as well as assist members to return to work when they are able.

The addition of two sergeants to the Wellness Unit in 2017, with the added permanent resources of another sergeant and a civilian member in 2020, have allowed the team to extend its reach beyond our active members to families and retirees. The development and implementation of wellness programming like Peer Support, Early Intervention, and Return to Work/Re-integration planning has had an impact to our members at work, away from work, retirees and families in varying ways, both qualitative and quantitative.

The OPS is also committed to the development of a Wellness Portal. The purpose of the portal will be to allow members and families to access information/programs and services via the portal. This allows members who are away from work to stay engaged, and for families to have a path to understand what benefits, programs and services are available to both the member and the family.

The portal was one of the 14 recommendations delivered within the Ontario Chief Coroner's Expert Panel on Police Officer Deaths by Suicide "Staying Visible, Staying Connected for Life".

### **Recommendations**

The OPS should take all reasonable precautions to create and maintain healthy and safe workplaces. This, in turn, will help minimize workplace injuries and illness rates. As outlined by the Occupational Health and Safety Act and OPS Policy 3.06: Health and Safety, everyone at the OPS has a role to play in the creation and maintenance of healthy and safe work places.

Table 8 summarizes some specific initiatives being undertaken by the OPS in 2021 in an effect to help reduce injury and illness rates.

**Table 8: Selected 2021 Health & Safety-related Initiatives.**

<b>Initiative</b>	<b>Anticipated Outcome</b>
The Wellness Unit	Holistically improve the health of members, helping reduce the frequency and severity of workplace injuries and illnesses.
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 should always be considered within the context of other strategic OPS initiatives. It is also recommended for the OPS to increase senior management oversight of health and safety performance. Regular reporting of leading and lagging health and safety performance metrics will allow OPS' senior leadership to make informed decisions about managing health and safety risks.
Ergonomic assessments for individual workstations and specialized applications.	Identification and mitigation of risk factors that can contribute to musculoskeletal injuries.
Annual Ergonomic Assessments Summary Report	Review of data will assist with improved consideration of ergonomic principles during workspace design and equipment procurement to reduce risks of musculoskeletal injuries.
Continued focus on Early & Safe Return to Work	Minimize the amount of lost time without increasing the risk of further harm.
Incident investigation training and	Improved understanding of methods for

<p>continued review of incident contributing factors and corrective actions.</p>	<p>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 and also implement corrective actions that can mitigate similar incidents from occurring in the future. Accident investigation was originally scheduled for 2020, but due to the Pandemic, the training will be rolled out in 2021.</p>
<p>Collaborating with specialty 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. For example, members are educated on the importance of proper respirator fit testing and the effectiveness of respirators against COVID-19.</p>

## **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 Ottawa Police Joint Health & Safety Committee will be scheduled before the end of Q2, 2021.

## **LEGAL IMPLICATIONS**

Not applicable.

## **RISK MANAGEMENT IMPLICATIONS**

Not Applicable

## FINANCIAL IMPLICATIONS

Total direct costs from 2020 were as follows:

<b>Budgetary Line Item</b>	<b>Amount Paid</b>
501093 – WSIB Admin Charges	\$127,541
501094 – WSIB Permanent Awards	\$729,353
501194 – WSIB Payments	\$3,818,754
Salary advances (wages)	\$5,348,045
Salary advances top-off	\$943,772
<b>Total</b>	<b>\$10,967,465</b>

Total direct costs in 2020 were \$10,967,465. 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.

## 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. The OPS' commitment to a duty of care applies to both our community and our members. Our commitment to promoting a healthy organization ultimately translates into a healthier membership to better-serve the city of Ottawa.