

**Report to / Rapport au:**

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

**24 April 2017 / 24 avril 2017**

**Submitted by / Soumis par:**

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**SUBJECT: WORKPLACE INJURIES, ILLNESSES & INCIDENTS: 2016 ANNUAL  
REPORT**

**OBJET: BLESSURES AU TRAVAIL, MALADIES ET INCIDENTS: RAPPORT  
ANNUEL 2016**

**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 (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 women and men who are 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 2016. Relevant information is summarized and tabulated. Some standard health and safety statistics are calculated and analyzed. Data from 2016 is 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 2017 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 581 WIIIRFs that were submitted in 2016. A total of 382 incidents did not require external health care services. A total of 199 incidents required health care services; 111 of those occurrences resulted in time lost from work beyond the date of injury.

**Table 1: Summary of all WIIRFs Submitted in 2016**

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”.	282
First Aid	An injury or illness occurred, and first aid was administered. No external health care was sought.	100
Health Care	An injury or illness occurred and external health care was sought from a doctor, chiropractor, physiotherapist, psychologist, or other specialist. No time was lost from work beyond the date of injury or illness.	88
Lost Time	An injury or illness occurred, health care was sought, and time was lost from work beyond the date of injury or illness.	111
Total		581

**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 199 WSIB-reportable injuries and illnesses that occurred in 2016.

**Table 2: Summary of WSIB-reportable Injuries and Illnesses from 2016**

Injury/Illness Category	Description	Number of Incidents
Musculoskeletal	Includes sprains, strains, physical overexertion, soft tissue injuries, or repetitive strain injuries	61
Contact	Occurs when a members strikes a person or object, (or when a member is struck by), cut, scratched or pinched by an object	34
Slips Trips Falls	Occurs when a member slips, trips or falls	33
Exposure	Member exposed to known or suspected	26

Injury/Illness Category	Description	Number of Incidents
	biological, chemical, or physical agent	
Psychological	Occurs when a member is exposed to psychological stressor	19
Motor Vehicle Incident	Occurs as a result of a motor vehicle accident	11
Assault	Occurs when a member is physically assaulted by another person	10
Other	Not covered by any other defined category	5
Total		199

The most frequent injury and illness category from 2016 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 2016 WSIB-reportable injury and illness data include:

- 86% of injuries and illnesses involved sworn members;
- 38% of sworn injuries and illnesses resulted from pursuing, arresting, or otherwise interacting with non-compliant individuals;
- 27% of sworn injuries and illnesses were caused by musculoskeletal factors;
- 24% of injuries and illnesses to sworn members resulted from training activities;
- 14% of injuries and illnesses involved civilian members; and
- 24% 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 2014 to 2016.

**Table 3: Frequency and Severity Rates for 2014-2016**

<b>Statistic</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2015/2016 Change</b>	<b>Interpretation</b>
Frequency (%)	10.35	11.23	10.41	- 7%	In 2016, 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 7% in 2016 compared to 2015.
Severity (Hours)	180	173	294	70%	If an OPS member missed work due to an injury or illness in 2016, the average amount of time away from work was 294 hours per injury or illness. Severity was 70% higher in 2016 compared to 2015.
FTEs Lost	7.1	9.2	15.7	71%	When all 2016 lost time for all members is added together, the equivalent of 15.7 full-time employees were off work for the entire year due to injury or illness. FTEs Lost was 71% higher in 2016 compared to 2015.

Compared to 2015, the frequency of WSIB-reportable injuries and illnesses decreased by 7%, but the severity of lost time injuries increased by 70%. Approximately 71% more FTEs were lost to injuries and illnesses in 2016 compared to the previous year.

### **OPS Trends**

Table 4 shows the number of WIIRFs received by OPS between 2014 and 2016. Compared to 2015, the numbers of Incident Only, First Aid, and Lost Time incidents increased by 44%, 52%, and 1%, respectively. The number of Health Care incidents decreased by 14%. The total number of WIIRFs submitted increased by 23%.

**Table 4: Number of WIIRFs: 2014-2016**

<b>Incident Severity Category</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2015/2016 Change</b>
Incident Only	161	196	282	44%
First Aid	41	66	100	52%
Health Care	110	102	88	-14%
Lost Time	82	110	111	1%
<b>Total</b>	<b>394</b>	<b>474</b>	<b>581</b>	<b>23%</b>

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 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 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 2014 to 2016 are summarized in Table 5.

**Table 5: Direct costs of Workplace Injuries and Illnesses for 2014-2016**

Year	Cost
2014	\$2,335,146
2015	\$2,609,548
2016	\$3,324,618

Direct costs for 2016 were \$3,324,618. These costs were approximately 27% higher than costs for 2015. The increased severity rate for workplace injuries and illnesses in 2016 contributed to increased direct costs.

A portion of costs (\$720,733) 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 2016 were between \$3,324,618 and \$16,623,090.

### **Contributing Factors and Corrective Actions**

WIIIRFs 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 2016.

**Table 6: Contributing Factors Identified on WIIRFS in 2016.**

Type of Contributing Factors	% of WIIRFs Indicating Contributing Factor Type
Environmental	19%
Equipment	4%
Policy/Procedure	2%
Training	1%
No Contributing Factors Identified	74%

**Table 7: Corrective Actions Identified on WIIRFS in 2016.**

Corrective Actions Identified?	% of Completed WIIRFS
Yes	15%
No	85%

Potential contributing factors were identified on 26% of WIIRFs. Corrective actions were identified on 15% 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. Enhancements to the incident reporting process will be pursued to improve the quality of information received in the identification of risks. Improving the data will result in opportunities to develop appropriate solutions that can mitigate both safety and financial 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.

Table 8 summarizes some specific initiatives that will be undertaken in 2017 to help reduce injury and illness rates.



**Table 8: Selected 2017 Health & Safety-related Initiatives.**

<b>Initiative</b>	<b>Anticipated Outcome</b>
The Wellness Initiative	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	Systematic method for helping identify and manage risks to help reduce the number of injuries and illnesses.
Continued ergonomic assessments for individual workstations and specialized applications as required	Identification and mitigation of risk factors that can contribute to 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, 2017.

## FINANCIAL IMPLICATIONS

Total direct costs from 2016 were as follows:

<b>Budgetary Line Item</b>	<b>Amount Paid</b>
501093 – WSIB Admin Charges	\$392,795
501094 – WSIB Permanent Awards	\$720,733
501194 – WSIB Payments	\$1,267,042
Salary advances (wages)	\$802,441
Salary advances top-off	\$141,607
<b>Total</b>	<b>\$3,324,618</b>

Total direct costs in 2016 were estimated to be \$3,324,618. 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.