

Report to / Rapport au:

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

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Submitted by / Soumis par:

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**SUBJECT: WORKPLACE INJURIES, ILLNESSES & INCIDENTS: 2017 ANNUAL
REPORT**

**OBJET: BLESSURES AU TRAVAIL, MALADIES ET INCIDENTS: RAPPORT
ANNUEL 2017**

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 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 2017. Relevant information is summarized and tabulated. Some standard health and safety statistics are calculated and analyzed. Data from 2017 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 2018 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 496 WIIIRFs that were submitted in 2017.

Table 1: Summary of all WIIIRFs Submitted in 2017

| 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”. | 225 |
| First Aid | An injury or illness occurred, and first aid was administered. No external health care was sought. | 67 |
| Health Care | An injury or illness occurred, and external health care | 106 |

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|-----------|---|-----|
| | 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. | |
| Lost Time | An injury or illness occurred, health care was sought, and time was lost from work beyond the date of injury or illness. | 98 |
| Total | | 496 |

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 2017.

Table 2: Summary of WSIB-reportable Injuries and Illnesses from 2017

| Injury/Illness Category | Description | Number of Incidents |
|-------------------------|---|---------------------|
| Musculoskeletal | Includes sprains, strains, physical overexertion, soft tissue injuries, or repetitive strain injuries | 69 |
| Contact | Occurs when a members strikes a person or object, (or when a member is struck by), cut, scratched or pinched by an object | 35 |
| Slips Trips Falls | Occurs when a member slips, trips or falls | 23 |
| Exposure | Member exposed to known or suspected biological, chemical, or physical agent | 22 |
| Psychological | Occurs when a member is exposed to psychological stressor | 21 |
| Assault | Occurs when a member is physically assaulted by another person | 16 |

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|------------------------|--|-----|
| Other | Not covered by any other defined category | 12 |
| Motor Vehicle Incident | Occurs as a result of a motor vehicle accident | 6 |
| Total | | 204 |

The most frequent injury and illness category from 2017 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 2017 WSIB-reportable injury and illness data include:

- 89% of injuries and illnesses involved sworn members;
- 29% of sworn injuries and illnesses were caused by musculoskeletal factors;
- 24% of sworn injuries and illnesses resulted from pursuing, arresting, or otherwise interacting with non-compliant individuals;
- 5% of injuries and illnesses to sworn members resulted from training activities;
- 9% of injuries and illnesses involved civilian members; and
- 22% 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 2015 to 2017.

Table 3: Frequency and Severity Rates for 2015-2017

| Statistic | 2015 | 2016 | 2017 | Interpretation |
|---------------|-------|-------|-------|--|
| Frequency (%) | 11.23 | 10.41 | 10.62 | In 2017, 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 approximately 2% in 2017 compared to 2016. |

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|------------------|-----|------|------|---|
| Severity (Hours) | 173 | 294 | 550 | If an OPS member missed work due to an injury or illness in 2017, the average amount of time away from work was 550 hours per injury or illness. Severity was 87% higher in 2017 compared to 2016. |
| FTEs Lost | 9.2 | 15.7 | 25.9 | When all 2017 lost time for all members is added together, the equivalent of 25.9 full-time employees was off work for the entire year due to injury or illness. FTEs Lost was 65% higher in 2017 compared to 2016. |

Compared to 2016, the frequency of WSIB-reportable injuries and illnesses increased by 2% and the severity of lost time injuries increased by 87%. Approximately 65% more FTEs were lost to injuries and illnesses in 2017 compared to the previous year.

OPS is taking measures to assess factors that have contributed to the 65% increase in FTEs lost in 2017. Preliminary consideration suggests that the increase was largely affected by several long-term WSIB absences related to members with PTSD. The claims in question were converted from Long Term Disability Claims to WSIB Claims in 2017 as a result of the PTSD presumptive cause legislation that came into effect in 2016. Each of these converted claims increased the OPS's Severity Rate, which in turn increased the FTEs Lost statistic. As OPS progresses with our Modernization Roadmap, our ability to more thoroughly analyze our injury and illness data will allow for more concrete qualitative analysis of factors that affect OPS's trends.

OPS Trends

Table 4 shows the number of WIIRFs received by OPS between 2015 and 2017.

Table 4: Number of WIIRFs: 2015-2017

| Incident Severity Category | 2015 | 2016 | 2017 |
|-----------------------------------|-------------|-------------|-------------|
| Incident Only | 196 | 282 | 225 |
| First Aid | 66 | 100 | 67 |
| Health Care | 102 | 88 | 106 |

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|-----------|-----|-----|-----|
| Lost Time | 110 | 111 | 98 |
| Total | 474 | 581 | 496 |

Compared to 2016, the numbers of Incident Only, First Aid, and Lost Time incidents decreased by 20%, 33%, and 12%, respectively. The number of Health Care incidents increased by 20%. The total number of WIIRFs submitted decreased by 15%.

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 2015 to 2017 are summarized in Table 5.

Table 5: Direct costs of Workplace Injuries and Illnesses for 2015-2017

| Year | Cost |
|------|-------------|
| 2015 | \$2,609,548 |
| 2016 | \$3,324,618 |
| 2017 | \$5,420,653 |

Direct costs for 2017 were \$5,420,653. These costs were approximately 63% higher than costs for 2016.

A significant portion of increased direct costs were attributable to OPS's injury/illness severity rate (87% higher in 2017 compared to 2016). Increased severity resulted in higher costs associated with wages and increased medical costs, and increased WSIB-imposed administrative fees. Administrative fee rates increased from 31.91% in 2016 to 35.5% (provisional rate) in 2017.

One factor that has contributed significantly to rising WSIB costs over the last two 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 nineteen in 2016, and twenty-one in 2016.

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

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 (\$744,394) 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 2017 were between \$5,420,653 and \$27,103,265.

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 2017.

Table 6: Contributing Factors Identified on WIIRFS in 2017.

| Type of Contributing Factors | % of WIIRFs Indicating Contributing Factor Type |
|-------------------------------------|--|
| Environmental | 17% |
| Equipment | 5% |
| Policy/Procedure | 0% |
| Training | 1% |
| No Contributing Factors Identified | 77% |

Table 7: Corrective Actions Identified on WIIRFS in 2017.

| Corrective Actions Identified? | % of Completed WIIRFS |
|---------------------------------------|------------------------------|
| Yes | 8% |
| No | 92% |

Potential contributing factors were identified on 23% of WIIRFs. Corrective actions were identified on 8% 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.

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 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.

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 being undertaken by OPS in 2018 in an effect to help reduce injury and illness rates.

Table 8: Selected 2018 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. |
| 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 | Identification and mitigation of risk |

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| workstations and specialized applications. | factors that can contribute to musculoskeletal injuries. |
| First annual Ergonomic Assessments Summary Report | Review of data that 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. |
| 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. Specific examples include working with the Drugs section to consider engineering controls to enable safe handling of drugs, and working with Fleet Services to improve safety of OPS's fleet vehicles. |

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, 2018.

FINANCIAL IMPLICATIONS

Total direct costs from 2017 were as follows:

| Budgetary Line Item | Amount Paid |
|--------------------------------|--------------------|
| 501093 – WSIB Admin Charges | \$219,282 |
| 501094 – WSIB Permanent Awards | \$744,394 |
| 501194 – WSIB Payments | \$2,311,783 |
| Salary advances (wages) | \$1,823,415 |
| Salary advances top-off | \$321,779 |
| Total | \$5,420,653 |

Total direct costs in 2017 were estimated to be \$5,420,653. 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.