

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: 2015 ANNUAL REPORT

OBJET: MODIFICATIONS PROPOSÉES AU CODE DE LA ROUTE – ENDUIT DE COULEUR OBSCURCISSANT L'INTÉRIEUR DE LA VITRE CÔTÉ CONDUCTEUR

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 2015. Relevant information is summarized and tabulated. Some standard health and safety statistics are calculated and analyzed. Data from 2015 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 2016 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 474 WIIIRFs that were submitted in 2015. A total of 168 reported incidents required first aid or medical attention, of which 110 incidents resulted in lost time from work.

Table 1: Summary of all WIIRFs Submitted in 2015

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”.	196
First Aid	An injury or illness occurred, and first aid was administered. No external health care was sought.	66
Health Care	An injury or illness occurred, and external health care was sought from a doctor, chiropractor, or physiotherapist. No time was lost from work beyond the date of injury or illness.	102
Lost Time	An injury or illness occurred, health care was sought, and time was lost from work beyond the date of injury or illness.	110
Total		474

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 212 WSIB-reportable injuries and illnesses that occurred in 2015.

Table 2: Summary of WSIB-reportable Injuries and Illnesses from 2015

Injury/Illness Category	Description	Number of Incidents
Musculoskeletal	Includes sprains, strains, physical overexertion, soft tissue injuries, or repetitive strain injuries	72
Contact	Occurs when a members strikes a person or object, (or when a member is struck by), cut,	39

	scratched or pinched by an object	
Exposure	Member exposed to known or suspected biological, chemical, or physical agent	37
Slips Trips Falls	Occurs when a member slips, trips or falls	22
Motor Vehicle Incident	Occurs as a result of a motor vehicle accident	14
Assault	Occurs when a member is physically assaulted by another person	13
Other	Not covered by any other defined category	12
Psychological	Occurs when a member is exposed to psychological stressor	2
Fire/Explosion	Occurs when a member is directly exposed to fire or explosion	1
Total		212

The most frequent injury and illness category from 2015 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 2015 WSIB-reportable injury and illness data include:

- 89% of injuries and illnesses involved sworn members;
- 42% of sworn injuries and illnesses resulted from pursuing, arresting, or otherwise interacting with non-compliant individuals;
- 35% of sworn injuries and illnesses were caused by musculoskeletal factors;
- 18% of injuries and illnesses to sworn members resulted from training activities;
- 11% of injuries and illnesses involved civilian members; and

- 30% 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 2013 to 2015.

Table 3: Frequency and Severity Rates for 2013-2015

Statistic	2013	2014	2015	2014/2015 Change	Interpretation
Frequency (%)	10.30	10.35	11.23	9%	In 2015, 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 9% in 2015 compared to 2014.
Severity (Hours)	184	180	173	-4%	If an OPS member missed work due to an injury or illness in 2015, the average amount of time away from work was 173 hours per injury or illness. Severity was 4% lower in 2015 compared to 2014.
FTEs Lost	8.5	7.1	9.2	30%	When all 2015 lost time for all members is added together, the equivalent of 9.2 full-time employees was off work for the entire year due to injury or illness. FTEs Lost was 30% higher in 2015 compared to 2014.

Compared to 2014, the frequency of WSIB-reportable injuries and illnesses increased by 9%, but the severity of lost time injuries decreased by 4%. Approximately 30% more FTEs were lost to injuries and illnesses in 2015 compared to the previous year.

OPS Trends

Table 4 shows the number of WIIRFs received by OPS between 2013 and 2015. Compared to 2014, the numbers of Incident Only, First Aid, and Lost Time incidents increased by 22%, 61%, and 34%, respectively. The number of Health Care incidents decreased by 7%. The total number of WIIRFs submitted increased by 20%.

Table 4: Number of WIIRFs: 2013-2015

Incident Severity Category	2013	2014	2015	2014/2015 Change
Incident Only	156	161	196	22%
First Aid	41	41	66	61%
Health Care	97	110	102	-7%
Lost Time	96	82	110	34%
Total	390	394	474	20%

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 2013 to 2015 are summarized in Table 5.

Table 5: Direct costs of Workplace Injuries and Illnesses for 2013-2015

Year	Cost
2013	\$2,593,077
2014	\$2,335,146
2015	\$2,609,548

Direct costs for 2015 were \$2,609,548. These costs were approximately 12% higher than costs for 2014. The increased frequency rate for workplace injuries and illnesses in 2015 contributed to increased direct costs.

A portion of costs (\$771,253) 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 2015 were between \$2,609,548 and \$13,047,740.

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 2015.

Table 6: Contributing Factors Identified on WIIRFS in 2015.

Type of Contributing Factors	% of WIIRFs Indicating Contributing Factor Type
Environmental	21%
Equipment	9%
Training	1%
Policy/Procedure	2%
No Contributing Factors Identified	69%

Note: The sum of the right-hand column exceeds 100% because some WIIRFs listed more than one type of contributing factor(s).

Table 7: Corrective Actions Identified on WIIRFS in 2015.

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

Potential contributing factors were identified on 31% 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 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.

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 taken by OPS in 2016 in an effect to help reduce injury and illness rates.

Table 8: Selected 2015 Health& Safety-related Initiatives.

Initiative	Anticipated Outcome
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.
Ergonomic assessments for individual workstations and specialized applications	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.

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, 2016.

FINANCIAL IMPLICATIONS

Total direct costs from 2015 were as follows:

Budgetary Line Item	Amount Paid
501093 – WSIB Admin Charges	\$296,320
501094 – WSIB Permanent Awards	\$771,253
501194 – WSIB Payments	\$952,724
Salary advances (wages)	\$500,863
Salary advances top-off	\$88,388
Total	\$2,609,548

Total direct costs in 2015 were estimated to be \$2,609,548. 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.