

**Occupational Health & Safety Report
End of Year 2007**

Date:	March 5, 2008
To:	Employee & Labour Relations Committee
From:	City Manager
Wards:	All
Reference Number:	

SUMMARY

This report provides information on the status of the City's health and safety system, specifically on activities, priorities and performance during 2007, with particular focus on the third and fourth quarters. Although there has been sustained improvement since 2005 in some of the large operational divisions including Solid Waste Management and Transportation Services, there continue to be challenges in some of the divisions with a high risk of injury, specifically Emergency Medical Services and Homes for the Aged. Relative to 2006, there was a decrease in accident experience for the first two quarters of 2007, however, increases in the third and fourth quarter led to an overall annual increase in the number of lost time injuries of 7.7% and an increase in recurrences of 7.2%. There was a decrease in medical aid injuries of 1.4%. The greater number of slips and falls injuries and musculoskeletal disorder injuries are reflective of the harsher winter conditions experienced in the 4th quarter. The report provides information where there have been significant changes in accident experience and costs within divisions as well as specific actions being taken to improve health and safety performance.

RECOMMENDATIONS

The City Manager recommends that:

1. Employee and Labour Relations Committee endorse the Health and Safety priority programs identified for 2008: Musculoskeletal Disorder Policy Implementation, Continuous Improvement Initiative and Health and Safety Audit, Phase 2.

FINANCIAL IMPACT

There are no financial implications to this report beyond what have already been approved in the current year's budget.

DECISION HISTORY

At its meeting of February 1st, 2nd and 3rd, 2005, City Council approved the recommendation of the Employee and Labour Relations Committee that staff report to Council quarterly on the functioning of the City's health and safety system. This report is for the end of 2007, focusing particularly on the third and fourth quarters.

ISSUE BACKGROUND

Improved occupational health and safety performance and a strong health and safety culture continue to be key priorities for the City. This report on the City's health and safety performance is intended to enable the Mayor and Councillors to monitor the City's performance.

COMMENTS

Injury and Accident Statistics

Number of lost time and medical aid injuries and recurrences

Information regarding reported work-related injuries/illnesses, by division, during 2007 is attached in Appendix A. Information is also provided for 2004, 2005 and 2006.

Information provided includes:

- number of lost time injuries (injuries/illnesses that are reported to the WSIB, as the employee has lost time from work as a result of a reported workplace injury),
- number of recurrences (injuries/illnesses that are reported to the WSIB, as the employee has sought medical aid and/or has lost time as a result of a previously reported workplace injury/illness. No new incident has taken place), and
- number of medical aids (injuries/illnesses that are reported to the WSIB, as the employee has sought medical aid but not lost time from work as a result of a reported workplace injury).

An increase in the number of lost time injuries and recurrences were noted in 2007 relative to 2006, primarily due to experience in the third and fourth quarters. Lost time injuries increased by 7.7% and recurrences increased by 7.2%. Medical aid injuries decreased by 1.4%.

All divisions have been advised of the Council approved direction that the City adopt a measurable target of 20 percent reduction in lost time injuries by year-end 2008. This target of 20 percent is consistent with that set by the Ministry of Labour for the 4 year period 2005 – 2008. Although there has been continued improved performance in some divisions since 2005, the increase in lost time injuries during the third and fourth quarters of 2007 places at risk the City's ability to achieve the 20 percent target in all divisions.

Injury and Accident Costs [Overall Costs (all Firm Numbers) and Invoiced New Firm Costs by Division]

Overall costs incurred under all City firm numbers during 2007 are reported in Appendix B. Comparable information is also provided for 2004, 2005 and 2006. Total costs against 2007 are \$30.9 million. This includes costs that continue from injuries sustained in pre-amalgamation municipalities. An additional significant impact results from the presumptive legislation regarding occupational diseases in firefighters. This presumptive legislation is retroactive to 1960. A number of new claims have been filed with the WSIB in 2007 and old claims have been re-opened by the WSIB. The cost of firefighter cancers in 2007 was \$3.2 million. Increased healthcare costs also had an impact on overall WSIB costs.

The "WSIB Invoiced Costs" report identifies all WSIB invoiced costs for Firm Number 855935, by division. Appendix C(i) provides the information for divisions whose costs for the year were less than \$100,000. Appendix C(ii) provides the same information for divisions whose costs were greater than \$100,000. Information regarding 2004, 2005 and 2006 costs is also provided for comparison purposes.

The data highlights a number of areas where there has been a significant change in accident experience and associated lost time and costs.

- Solid Waste Management has demonstrated a significant sustained improvement since 2005 with a 26% reduction in lost time injuries and a 62% reduction in recurrence injuries.
- Transportation Services has demonstrated a significant sustained improvement since 2005 with a 22% reduction in lost time injuries and a 33% reduction in recurrence injuries.
- Fire Services has demonstrated a 20% reduction in lost time injuries and a 44% reduction in recurrence injuries since 2005, however, costs have increased due to occupational disease claims as a result of the recent presumptive legislation in respect of certain cancers. This is a cost borne today for workplace practices of the past.
- Emergency Medical Services experienced an increase in lost time claims in 2007 largely as a result of a significant increase in the number of musculoskeletal (MSD) injuries. This issue is being addressed as a priority item in EMS. The corporate MSD policy specific to EMS operations is being implemented with the assistance of health and safety staff and ergonomic staff. Written procedures for different patient lifts and transfers have been completed and training begins in March 2008. In addition, originating from the continuous improvement initiative, joint union management teams are investigating equipment options to assist with patient transfers (stair chairs, slider boards, belts).
- Homes for the Aged, Children's Services and Shelter, Support and Housing Administration are divisions that are affected by reportable incidents of infectious disease related to outbreaks. Hygiene protocols related to hand washing and

sanitizers have been implemented and are being monitored. MSDs represent the greatest majority of incidents for both Homes for the Aged and Children's Services. Training began in the fall of 2007 in both divisions to implement the Corporate MSD policy for their operations.

- Several divisions cited the harsher winter conditions as a contributing factor to the increased numbers of slips and fall injuries. Health and safety staff have created safety-talk materials related to safety on ice for supervisors to share with workers. Safety footwear and slip-on traction items are also being investigated.
- The significant increase in costs in Toronto Building was as a result of a single successful worker appeal of a previously denied lost time claim resulting in payment of loss of earnings back to 2005.
- The increased costs experienced by Social Services were primarily related to non-economic loss awards and other previous claims that occurred outside the third and fourth quarter.

Reporting of injury statistics for 2008 will be revised to include frequency and severity data. This will provide more useful data to divisions allowing for both year to year comparisons as well as benchmarking to other organizations.

Critical Injuries

During the third quarter, six critical injuries were reported to the Ministry of Labour. Four of these involved employees temporarily losing consciousness (fainting) while at work. The other two reported injuries were:

- A Fire Services employee, while climbing down from the turntable of an aerial truck, missed the last step, landed on the apparatus floor and fractured a fibula bone
- A Parks, Forestry and Recreation employee sustained a cut over his right eye brow and swollen left eye.

During the fourth quarter, three employees temporarily lost consciousness while at work, with no identified work-related contributors. Additionally, a Social Services employee collapsed while walking to his desk as a result of a heart attack and a Public Health employee had a seizure and lost consciousness. Both employees later died. No work-related contributors to these incidents were identified. Four employees sustained critical injuries (broken bones in the arm or leg) as a result of slips and falls, two of which involved slips on ice. Other reported critical injuries to employees were as follows:

- An Economic Development, Culture and Tourism employee fell when the step ladder on which she was standing (third rung) fell over. She sustained a fracture of her left forearm.
- A Transportation Services employee was struck by a motor vehicle while crossing the road at a signalized intersection and suffered a broken arm.
- A Toronto Water employee experienced eye injuries when struck by flusher truck hose.

MOL Orders

The MOL issued twenty-five compliance orders to the City during the third quarter of 2007, several as a result of Ministry visits following critical injuries. MOL inspectors, on four occasions, used their regulatory authority to request copies of documents to confirm compliance (e.g. written utility locates, worker contact information, heat stress policy and guidelines and terms of reference for joint health and safety committees). All requested information was provided. The subject of orders included:

- Responding to a JHSC within the required time frame
- Excavation safety
- Timely investigation and reporting of critical injuries
- Implementing a MSD Prevention Policy including procedures specific to the work
- Training : sharps protection, WHMIS, fall protection, equipment operation
- Provision of eyewash fountains
- Guardrails/step ladders
- Measures and procedures to protect workers exposed to foot hazards

The MOL issued fourteen compliance orders to the City during the fourth quarter of 2007. MOL inspectors, on two occasions, also used their regulatory authority to obtain information (the production of reports and training records). Orders related to:

- Completion of Form 1000s
- Use of signallers
- Excavation safety
- Scaffolding
- Guardrails
- Workplace inspections by joint health and safety committees
- Frequency of joint health and safety committee meetings
- Radiation protective devices and procedures

All orders were distributed by HR Occupational Health and Safety Managers, as received, to all division heads and the unions. Compliance with all of the orders has been met.

Health and Safety Priority Activities for 2008

Information from accident experience, time lost and costs, as well as MOL orders in 2007, confirms the importance of the three priority program areas identified for 2008:

1. Musculoskeletal Disorder (MSD) Policy:

Approximately 50% of City claims are a result of musculoskeletal disorders. This affects all divisions and is an ongoing challenge of an aging workforce. The MSD policy was finalized and approved in July 2007. It is consistent with the steps recommended in the provincial guideline. The policy establishes a requirement for Divisional MSD prevention programs and is accompanied by a number of tools to assist in the process. The implementation of the policy began in September 2007 with a communication and training component. City ergonomists in conjunction with other health and safety staff began the training in October 2007. Implementation will continue as a key program priority throughout 2008. Full implementation will require three years: priority areas will be done first based on accident analysis.

2. Continuous Improvement Initiative:

The City has been putting into place a culture of continuous improvement for Health and Safety. The Unions have committed to supporting the effort.

Overall goals are to:

- Develop a strong health and safety culture at the City, where health and safety is incorporated in all that we do,
- Adopt comprehensive health and safety principles that go beyond compliance-based,
- Commitment to the target of pursuing a Zero injuries workplace,
- Create a self-sustaining Continuous Improvement process within each Division,
- Support injury prevention activities of the joint Occupational Health and Safety Coordinating Committee, and
- Enhance the labour-management process.

The continuous improvement initiative for health and safety was introduced as pilot projects in selected divisions. Examples of actions that resulted from the joint pilot project teams include:

Ergonomic assessments with resulting changes to equipment and work processes
Mentoring program for new workers
Job hazard analysis statistical review
Personal protective equipment review
Safety culture survey

The focus for 2008 is a broader roll-out throughout the organization. Two divisions, Homes for the Aged and Toronto Water, originally highlighted as high risk, are both rolling out the continuous improvement initiative through leadership workshops with their joint health and safety committee members.

The OHSCC will provide the ongoing oversight for the Continuous Improvement initiative including communication of lessons learned, monitoring and reporting.

3. Health and Safety Audit; Phase two

Phase one of the Health and Safety Audit was finalized and results reported to Divisions in November 2007. The implementation plan for Phase two will be finalized in 2008, second quarter. Phase two will focus on hazard identification and control through health and safety standards and procedures and through safety education and training.

It is recommended that Employee and Labour Relations Committee endorse these three key priorities for 2008.

Ministry of Labour (MOL) Update

The Government of Ontario announced in August its intent to use its regulatory authority under the Occupational Health and Safety Act to make the use of safety engineered hollow-bore needles or needle-less systems mandatory in all hospitals as of September 1,

2008. The government will further consult with relevant stakeholders to introduce an amendment to expand the requirements by 2009 for long-term care homes, psychiatric facilities, laboratories and specimen collection centres, and by 2010 for other health care workplaces. Safety engineered needles help prevent front-line health care workers from being punctured by a needle stick, which may contain blood-borne diseases. This move is intended to improve the safety and quality of health care practices throughout Ontario. Homes for the Aged and Emergency Medical Services, the two City divisions to be most affected by this regulatory change, have already introduced the safety-engineered devices.

In November 2007, the Ministry of Labour released a revised ***Guide to the Regulation Respecting Asbestos on Construction Projects and in Buildings and Repair Operations*** (O. Reg. 278/05). This Guide has been prepared to provide employers, constructors, owners, workers, health and safety representatives, members of joint health and safety committees, supervisors and occupational health personnel with guidance on the requirements of O. Reg. 278/05 and to increase the awareness of workplace parties of their duties under this Regulation. City policies and guidelines have been amended to reflect recent legislative amendments respecting asbestos. This Guide supplements the Regulations and City policies.

Occupational Health and Safety Co-ordinating Committee (OHSCC)

Initiatives during 2007 included:

- Development, approval and initiation of implementation of the Musculoskeletal Disorder (MSD) Prevention Policy.
- Ongoing provision of Pandemic Influenza Information Sessions for joint health and safety committee members/health and safety representatives.
- Workplace Violence Survey, to which approximately 300 joint health and safety committee members and health and safety representatives responded. Results are currently being analyzed and will assist review of the City's *Workplace Violence Prevention* policy in 2008.
- September 14th JHSC Recognition Event, with guest speaker Glenn French of the Canadian Institute on Workplace Violence speaking on workplace violence prevention. Attendance at this year's event was the highest of any year to date.
- Working groups recommendations on actions to enhance JHSC effectiveness, a Code of Conduct for users of City facilities and measures to support occupational health and safety continuous improvement.
- Review of the City's *Investigation and Reporting of Accidents and Incidents* policy and *Supervisory Occupational Health and Safety Competence* policy.

CONTACT

Alison Anderson
Director, Occupational Health and Safety
Human Resources
Ph. (416) 392-5028
Fax (416) 392-3920

Cindy O'Brien
Manager, Occupational Health,
Safety and Workers' Compensation
Human Resources
Ph. (416) 392-5021
Fax (416) 392-5504

SIGNATURE

Shirley Hoy
City Manager

ATTACHMENTS

Appendix A
Appendix B
Appendix C(i)
Appendix C(ii)