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March 23, 2009

To: Executive Committee

From: Employee and Labour Relations Committee

Subject: **Occupational Health and Safety Report - Third Quarter, 2008 (EL13.3)**

**Recommendation:**

**The Employee and Labour Relations Committee recommended to the Executive Committee that City Council receive the report entitled “Occupational Health and Safety Report, Third Quarter, 2008”.**

**Background:**

The Employee and Labour Relations Committee on March 23, 2009, considered a report, (December 5, 2008) from the City Manager, providing information on the status of the City's health and safety system for the third quarter of 2008.

City Clerk

Merle MacDonald/tk  
Item EL13.3  
Attach.

- c. City Manager  
Alison Anderson, Director, Occupational Health and Safety, Human Resources  
Cindy O'Brien, Manager, Occupational Health, Safety and Workers' Compensation



## STAFF REPORT ACTION REQUIRED

### Occupational Health & Safety Report Third Quarter, 2008

<b>Date:</b>	December 5, 2008
<b>To:</b>	Employee & Labour Relations Committee
<b>From:</b>	City Manager
<b>Wards:</b>	All
<b>Reference Number:</b>	

### SUMMARY

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This report provides information on the status of the City's health and safety system, specifically on activities, priorities and performance during the first three quarters of 2008. There was a decrease of 13% in the number of lost time injuries relative to the same period in 2007. There was also a decrease of 9.4% in recurrence injuries and a decrease of 1.3% in injuries where health care only was sought. Information is provided 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.

New information about the Ministry of Labour's *Workplace Violence Prevention* consultation is provided. The Occupational Health and Safety Coordinating Committee (OHSCC) forwarded a letter to the Ministry, supporting the consultation and providing a copy of the City's Workplace Violence Prevention Policy. It is anticipated that the Ministry's response to feedback from stakeholders during its consultation will inform future amendments, if any, to the City's policy.

### RECOMMENDATION

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It is recommended that:

1. the Occupational Health & Safety Report, Third Quarter 2008, be forwarded to City Council.

### 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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup>, 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 first three quarters of 2008, with focus placed on the third quarter.

## 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 the first three quarters of 2008, is attached in Appendix A. Information is also provided for the same time period in 2005, 2006 and 2007. Information provided includes:

- number of lost time injuries (LTIs) injuries/illnesses that were approved by the WSIB or are awaiting WSIB adjudication, as the employee has lost time from work as a result of a reported workplace injury,
- number of recurrences injuries/illnesses that were approved by the WSIB or are awaiting WSIB adjudication, 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 were approved by the WSIB or are awaiting WSIB adjudication, as the employee has sought medical aid but not lost time from work as a result of a reported workplace injury.

The number of lost time injuries (LTIs) decreased by 13% relative to the first three quarters of 2007. Decreases in the number of musculoskeletal disorders (MSDs) (arising from bodily reaction and exertion), exposures to harmful substances or environments and transportation accidents were the most significant contributors to the overall decrease in LTIs in the third quarter relative to the third quarter of the previous year. A decrease in contacts with (struck by or against) objects and equipment, in addition to these other events, contributed to the overall decrease in LTIs year to date. The number of recurrences also decreased by 9.4% relative to the first three quarters of 2007. Reduced recurrences resulting from prior musculoskeletal injuries/disorders significantly contributed to this decrease.

The data highlights a number of areas where there have been significant changes in accident experience and associated costs.

- Emergency Medical Services experienced a 12.6% decrease in LTIs over the first three quarters, primarily related to a reduction in the number of musculoskeletal disorders (MSD) and injuries caused by exposure to harmful substances or environments.
- Children's Services has sustained a 31.2% decrease in LTIs, over the first three quarters, primarily due to a decrease in MSDs.
- Fire Services achieved a 16.7% reduction in LTIs relative to the first three quarters of 2007. This is due largely to a reduction in MSDs and in exposure to harmful substances and environments. Costs, however, continue to increase significantly 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.

- Parks, Forestry and Recreation achieved a 17.2% reduction in LTIs due primarily to a reduction in MSDs and injuries/illnesses resulting from exposure to hazardous substances or environments.
- Long Term Care Homes and Services experienced a 13.6% decrease in LTIs over the first three quarters of 2008, due primarily to a reduction in the number of employees who reported illness symptoms consistent with those that occurred during outbreaks of infectious diseases in the Homes. There was also a decrease in injuries as a result of contacts with objects and equipment, as well as a decrease in the numbers of falls.
- Shelter, Support and Housing Administration experienced a 41.2% decrease in LTIs relative to 2007, largely as a result of a decrease in the numbers of infectious disease cases and in the number of falls.
- Solid Waste Management experienced a 12.8% decrease in LTIs, largely as a result of decreases in MSDs, as well as a decrease in injuries resulting from contact with objects and equipment.
- Toronto Public Health experienced a 9.1% decrease in LTIs, largely as a result of decreases in transportation accidents and MSDs.
- Toronto Water experienced a 5.1% decrease in LTIs, largely as a result of reduction in MSDs

#### Lost Time Injury (LTI) Frequency

LTI frequency represents the number of lost time injury events occurring per 200,000 hours worked (100 employee-years). Beginning in 2007, information with respect to time lost from work due to work-related injuries and productive hours worked by City employees was collected in a manner that enables reporting on LTI frequency. Utilization of the formula for LTI frequency will allow for:

- comparison of the performance of each City division relative to others,
- comparison of the performance of each City division with its own performance during previous years, and
- future benchmarking with other organizations that report on LTI frequency.

Frequency rates for divisions are presented in Appendix B. The City's LTI frequency during the first three quarters of 2008 was 8.02. This is lower than 2007 (9.19) and the first two quarters of 2008 (8.36). This number represents the number of LTIs that will occur per 100 employees in a year assuming injuries continue to occur at the rate experienced year to date. It should be noted that even one LTI in a division with a small number of staff can result in a very high LTI frequency.

#### 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 the first three quarters of 2008 are reported in Appendix C. Comparable information is also provided for 2005, 2006 and 2007.

Total costs during the first three quarters were \$26.4 million. This includes costs that continue from injuries sustained in pre-amalgamation municipalities. The \$5.5 million related to cancer claims in firefighters had a significant impact on overall costs in the first three quarters relative to 2007.

The "WSIB Invoiced Costs" report identifies all WSIB invoiced costs for firm number 855935, by division. Appendix D(i) provides the information for divisions whose costs year-to-date were less than \$100,000. Appendix D(ii) provides the same information for divisions whose costs were greater than \$100,000. Information for 2005, 2006 and 2007 costs is also provided.

### Critical Injuries

There was one fatality during the third quarter. A Fire Services employee collapsed while examining buildings in the vicinity of the Sunrise Propane explosion. He was taken to hospital with vital signs absent and died. Eight critical injuries were reported to the Ministry of Labour in the 3<sup>rd</sup> quarter of 2008. Seven further events that involved employees temporarily losing consciousness or experiencing seizures while at work were also reported, many of which were later deemed by the Ministry not to be work-related critical injuries as they were triggered by underlying medical conditions.

Work-related critical injuries reported:

- A Fire Services employee sustained a fracture of the right knee when he tripped on a helmet and fell on the fireboat deck.
- A Fire Services employee sustained a fracture of the right wrist after mis-stepping and falling while stepping down from a truck.
- An Emergency Medical Services employee experienced sudden onset of chest discomfort while lifting cases filled with drugs (approx. 10 kg).
- A Fire Services employee sustained a fracture of the left ankle after he rolled over onto his left ankle while carrying a patient from the 21<sup>st</sup> floor in a wheelchair.
- A Parks, Forestry and Recreation employee sustained a fractured left wrist when she tripped over pool equipment during set up for an in-pool class.
- A Public Health employee sustained a fractured left forearm when she tripped over uneven interlocking brickwork in a client's driveway.
- A Children's Services employee fractured her left wrist when she slipped while climbing stairs.
- A Social Development, Finance and Administration employee lost consciousness after overextending his left thumb while doing push-ups during a break.

In all cases Divisions took corrective actions to reduce the risk of a future incident.

### **Ministry of Labour Orders**

The MOL issued three compliance orders to the City during the third quarter of 2008. These orders related to the provision of a handrail for concrete stairs, establishment of written lock-out/tag-out procedures and training of workers regarding these procedures. An additional order was issued to Transportation Services to ensure the scene in the vicinity of the propane tanks at Sunrise Propane was not disturbed. This order should not be viewed as a contravention of the Occupational Health and Safety Act, but rather a means of preserving the accident scene as part of the ongoing investigation process. Corrective actions were taken to address all orders.

- The handrail was installed, as ordered. An inspection of other areas at the location was conducted to determine any other handrail needs.

- Safe lock-out/tag-out procedures specific to the location were developed and workers were trained.

All orders were distributed by Occupational Health and Safety Managers to all division heads and the unions to enable lessons learned to be broadly shared and applied.

Ministry of Labour inspectors made several visits to City work locations (Long Term Care Homes and Services, Toronto Water, Fleet Services and Solid Waste Management) during the third quarter of 2008: none of these visits resulted in orders.

### **Ministry of Labour *Workplace Violence Prevention Consultation***

On September 17<sup>th</sup>, the Ministry of Labour Ontario released a consultation paper outlining issues around workplace violence and seeking input to determine if current protections against workplace violence under the *Occupational Health and Safety Act* should be enhanced or clarified. Comments were requested from labour and employer stakeholders, as well as from the general public.

Many jurisdictions in Canada have specific requirements regarding workplace violence in regulations under their respective occupational health and safety legislation. Most of these jurisdictions focus on physical violence and require that the risk of workplace violence be assessed, that violence prevention policies and procedures be put into place, and that workers be trained in these policies and procedures. A few Canadian jurisdictions address harassment in occupational health and safety or employment standards legislation. No Canadian jurisdiction specifically addresses domestic violence, when it may enter the workplace, in its occupational health and safety legislation.

The Ministry currently regards workplace violence as the attempted or actual exercise, by a person, of any intentional physical force that causes or may cause injury to a worker, and includes any threats which give a worker reasonable cause to believe he or she is at risk of physical injury. Ministry occupational health and safety inspectors have been trained to handle complaints of workplace violence, irrespective of whether the assailant is a client, member of public, co-worker or domestic or intimate partner. The Ministry also addresses workplace violence during proactive inspections.

For example, if an inspector finds that the nature of the workplace, type of work performed (e.g. exchange of money with the public) and/or the work conditions (e.g. physical location of the work or hours of work) increases a worker's risk of being exposed to workplace violence, he or she may order the employer to perform a risk assessment, implement a workplace violence prevention program and provide training to workers.

Topics under consideration by the Ministry during its consultation include:

- the definition of workplace violence,
- whether there should be a requirement that all employers develop and implement a workplace violence prevention program (that would include risk assessment, measures and procedures, and worker training),
- whether there should be additional sector-specific requirements (e.g. for health care, retail outlets, social services, home visitors),
- whether there should be a requirement for employers to address domestic violence, when it may enter the workplace, and
- whether the current work refusal provisions in the *Act* should be expanded to include violence or the threat of violence as grounds for a work refusal.

The closing date for comments on the consultation was October 17, 2008. The Occupational Health and Safety Coordinating Committee (OHSCC) forwarded a letter to the Ministry, supporting the consultation and providing a copy of the City's Workplace Violence Prevention Policy. The City's Policy is currently being reviewed. It is anticipated that the Ministry's response to feedback from stakeholders during its consultation will inform future amendments, if any, to the City's policy.

**Health and Safety Initiatives and Activities during the Third Quarter** included:

- Initiation of training of Paramedics on new slider boards, which are intended to assist Paramedics with bed-to-bed transfers of patients,
- Fire Services and EMS meeting to share initiatives on patient and equipment handling,
- review of noise levels in small engine repair shops,
- health, safety, ergonomic and occupational hygiene input and assessment with respect to the new Furniture Reuse and Recycling Centre,
- slip resistant footwear analysis in a number of City divisions,
- employee health and safety concerns at City work locations in the vicinity of the Sunrise Propane facility,
- bioaerosol/mould assessments at a number of work locations,
- noise surveys at water and wastewater plants ,
- evaluation of potential confined spaces in work operations of Parks, Forestry and Recreation and Toronto Public Health, and
- MLS and Toronto Building's Joint Health and Safety Committee Terms of Reference received Ministry of Labour approval.

**Occupational Health and Safety Coordinating Committee (OHSCC)**

Initiatives during the third quarter of 2008 included:

- further implementation of the training requirements of the *Musculoskeletal Disorder (MSD) Prevention* policy,
- Joint Health and Safety Committee Recognition Event on September 12<sup>th</sup>, attended by more than 400 City employees (comprised primarily of joint health and safety committee members, health and safety representatives and members of health and safety continuous improvement teams). A number of health and safety continuous improvement teams booths at the event to share information about their activities and results to date,
- review of all City health and safety policies,
- a revised *Occupational Health and Safety Supervisory Competence Policy and Training Standard* was endorsed by the OHSCC, approved by the City Manager and distributed for implementation. (revisions place an increased focus on accident and injury investigation and musculoskeletal disorder prevention),
- the OHSCC's Pandemic Influenza Working Group was re-convened to draft a guidance document to assist divisions in conducting, in collaboration with their JHSCs, risk assessments regarding protective measures for employees in the event of a pandemic (as recommended by the province' Pandemic Influenza Plan),
- the status report, *Leading Union-Management Cultural Change and Continuous Improvement (CI) Processes* by Mac Roberts and Associates was tabled with the OHSCC, and
- a *Fire and Evacuation Roles and Responsibilities* guidance document was drafted for consultation.

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## **SIGNATURE**

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Joseph P. Pennachetti  
City Manager

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Bruce L. Anderson  
Executive Director, Human Resources

## **ATTACHMENTS**

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