



## STAFF REPORT ACTION REQUIRED

### Occupational Health and Safety Report Fourth Quarter and End of Year, 2009

<b>Date:</b>	March 4, 2010
<b>To:</b>	Employee and 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 2009, with particular emphasis on the 4<sup>th</sup> quarter. There was a decrease in the number of lost time injuries (5.4%), medical aid only injuries (16.8%) and recurrence injuries (12.0%) in 2009 relative to 2008. WSIB invoiced costs were \$3.13 million lower than those in 2008, due to a reduction in costs associated with firefighter cancer claims.

Information is provided where there have been significant changes in accident experience and costs within divisions, as well as actions being taken to improve health and safety performance.

Bill 168, the Occupational Health and Safety Amendment Act (Violence and Harassment in the Workplace) received Royal Assent on December 15<sup>th</sup>, 2009. The resulting amendments to the *Occupational Health and Safety Act* will come into force on June 15<sup>th</sup>, 2010. A working group of the Occupational Health and Safety Coordinating Committee is currently reviewing the impact of the legislative changes on City health and safety policies.

#### RECOMMENDATIONS

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**It is recommended that:**

1. the Occupational Health and Safety Report, Fourth Quarter and End of Year 2009 be forwarded to City Council.

## **Financial Impact**

There are no financial impacts 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 fourth quarter and end of year, 2009.

## **ISSUE BACKGROUND**

Continuously improved 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 injury/illnesses by division, during 2009, is attached in Appendix A. Information is also provided for 2005, 2006, 2007 and 2008.

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
- 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 LTIs decreased by 5.4% relative to 2008. There was a significant reduction in musculoskeletal disorders (MSDs), as well as in injuries arising from slips, trips and falls and from contacts with objects and equipment. Increases were noted in transportation accidents, as well as from exposures to infectious agents during outbreaks.

The number of recurrences decreased by 12% overall, with the most significant reduction in injuries arising from contacts with objects and equipment and MSDs. The number of medical aids decreased by 16.8%, as a result of decreases in incidents in nearly all injury categories.

There were significant changes in accident experience throughout 2009 in a few divisions, as follows:

- Emergency Medical Services experienced a 14.5% decrease in LTIs, mostly as a result of a decrease in MSDs.
- Fire Services experienced a 15.3% decrease in LTIs, mostly as a result of a decrease in MSDs.
- Children's Services experienced a 16.8% decrease in LTIs, mostly as a result of a decrease in MSDs, slips, trips and falls and injuries arising from contact with objects and equipment.
- Toronto Water experienced a 12.9% decrease in LTIs, mostly as a result of a decrease in MSDs and slips, trips and falls. The decrease was partially offset by an increase in transportation accidents, where City vehicles were struck by other drivers.
- Transportation Services experienced a 13.8% decrease in LTIs, mostly as a result of a significant decrease in MSDs. The decrease was partially offset by injuries arising from transportation accidents, where City vehicles were struck by other drivers.

#### Lost Time Injury (LTI) Frequency

LTI frequency represents the number of LTI events (lost time approved by the WSIB or awaiting WSIB adjudication decision) per 200,000 hours worked (100 employee-years).

Utilization of the formula for LTI frequency allows 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 reported in Appendix B. The City's LTI frequency for 2009 was 6.87, as compared to 8.13 for 2007 and 6.94 for 2008. As WSIB decisions regarding claims are made or amended, the City's frequency value is adjusted accordingly. This number represents the number of LTIs that occur per 100 employees in a year. It should be noted that in a Division with a small number of staff, a single LTI can result in a high frequency rate.

#### 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 2009 are reported in Appendix C. Comparable information is also provided for 2005, 2006, 2007 and 2008. Total costs during 2009 were \$31 million. This includes costs that continue from injuries sustained in pre-amalgamation municipalities. These costs are lower than the \$34.1 million incurred during 2008 as a result of reduction in costs arising from firefighter cancer claims.

The "WSIB Invoiced Costs" report identifies all WSIB invoiced costs for the current Toronto by division. Appendix D(i) provides the information for divisions whose costs 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, 2007 and 2008 is also provided for comparison purposes.

### Critical Injuries

Three work-related critical injuries were reported to the Ministry of Labour (MOL) in the fourth quarter of 2009. Additionally, a health-related event was reported to the MOL as a potential critical injury when a Parks, Forestry and Recreation employee lost consciousness due to a medical condition.

Work-related critical injuries reported:

- A Transportation Services employee sustained a fracture of the left wrist when he slipped and fell on icy pavement when getting out of a truck.
- A Facilities Management employee sustained a fracture of the left wrist when he lost his balance handling a crate and fell off a cube van onto the roadway.
- A Human Resources' employee had a misstep shortly after getting off a Metro Hall elevator, fell to the floor and fractured her left elbow.

### **MOL Orders/Visits without Orders**

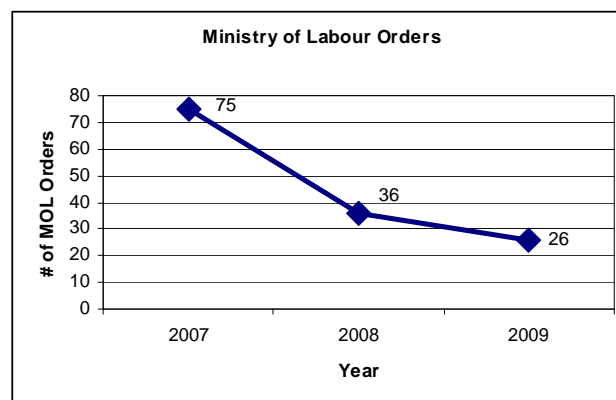
The MOL issued five orders to the City during the fourth quarter of 2009. These orders related to:

- Testing of waste gas burner units that had previously been involved in a critical injury
- Compliance with multi-site joint health and safety committee terms of reference regarding workplace inspections
- Installation of temporary bracing on a damaged bridge deck (City received two orders as owner, although damage to bridge deck was caused by sub-contractor to Enbridge).

All orders were complied with.

MOL visits that do not result in orders are also tracked. Reports on the issues reviewed during these visits and any recommendations or comments received are reviewed by the Occupational Health and Safety Coordinating Committee (OHSCC). It is intended that this information will inform the OHSCC regarding the MOL's priorities and expected employer responses to these priority issues. There were six MOL visits to City facilities in the fourth quarter of 2009 that did not result in orders.

There were a total of 26 orders in 2009. This is a decrease from 2008 (36 orders) and 2007 (75 orders).



## **MOL/Workplace Safety and Insurance Board (WSIB) Initiatives**

### Bill 168

In April 2009, the Ministry of Labour announced proposed legislative amendments to the *Occupational Health and Safety Act (OH&SA)* to protect workers from workplace violence and harassment. Bill 168 (An Act to amend the *OH&SA* with respect to Violence and Harassment in the Workplace and other matters) received first reading in the legislature on April 20<sup>th</sup>, underwent some revisions as the legislative process continued and received Royal Assent on December 15<sup>th</sup>, 2009. The amendments to the *Occupational Health and Safety Act* will come into force on June 15, 2010.

Legislative amendments, as a result of the passage of Bill 168, result in new employer obligations and worker rights:

- Employer obligation to prepare, post and review annually written workplace violence and harassment policies
- Employer obligation to develop and maintain programs to implement the workplace violence and harassment policies, including:
  - Measures and procedures to control risks identified in a violence risk assessment
  - Measures and procedures for summoning assistance when workplace violence occurs or is likely to occur
  - Measures and procedures for workers to report incidents of workplace violence and/or harassment
  - The means by which the employer will investigate and deal with incidents and complaints of workplace violence and/or harassment
- Employer obligation to assess risks of workplace violence that may arise from the nature of the workplace and the type or conditions of work and to advise joint health and safety committees or health and safety representatives of the results of these assessments
- Employer obligation to train workers in the contents of workplace violence and workplace harassment policies and programs
- Worker right to refuse work if workplace violence is likely to endanger himself or herself. The limited right to refuse by those employed in certain occupations (e.g. fire fighters, paramedics, health care workers) will not be altered
- Employer obligation to respond to domestic violence if the employer becomes aware, or ought reasonably to be aware, that domestic violence would likely expose a worker to physical injury that may occur in the workplace
- Employer obligation to report lost time or medical aid injuries as a result of workplace violence, if requested, to the Ministry of Labour

The City has for many years had Workplace Violence and Harassment policies, leaving the City well-placed to comply within the specified time period. However, review and amendments to City policies, procedures and guidelines will be required as the new

legislation incorporates a number of requirements not currently specified in these policies.

City divisions have been advised of these upcoming legislative amendments and the OHSCC is currently addressing any needed amendments to the City's health and safety policies and guidelines.

#### Needle Safety Regulation

Safety-engineered needles are designed to eliminate or minimize the risk of needle punctures to the user. All hospitals have been required to use safety-engineered needles since September 1, 2008. The use of safety-engineered needles was made mandatory in long-term care homes, laboratories, specimen collection centres and psychiatric facilities as of April 1, 2009. On November 26, 2009, the province announced the third phase of the government's efforts to better protect workers from needle stick injuries. As of July 1, 2010, the use of safety-engineered needles will be mandatory in additional workplaces, including doctors' and dentists' offices, community health centres, family health teams and independent health facilities. The use of safety-engineered needles will also be mandatory in other workplaces where health-related services are provided, including home care services, ambulance services, public health programs, health support services to students in schools, and health care/first aid services to workers or individuals in industrial and other workplaces. The use of Safety engineered needles has been the practice in Long Term Care Homes and Services and in Emergency Medical Services. Toronto Public Health is working to ensure that they meet the July 1<sup>st</sup> compliance deadline.

#### WSIB Consultation on Joint Health and Safety Committee (JHSC) Certification Training

In November, the WSIB released a consultation paper on the JHSC Program. The WSIB oversees the certification of JHSC members and the process is outlined in the WSIB Certification Standards and Program. These standards and the program have been in place since 1996 and are in need of a review to ensure certified members continue to receive the highest quality training and knowledge. In March 2009, the WSIB set up a Certification Review Committee comprised of representatives from labour, employers, Ministry of Labour, Certification Training Providers, Health and Safety Associations and an adult learning specialist to provide advice to the WSIB regarding the review and implementation of improvements to the Certification Standards and Program. The OHSCC reviewed the consultation paper and made a submission to the WSIB. As a certification training provider, the City is now awaiting the outcome of the WSIB's consultation to determine whether any changes to the City's JHSC Certification Program are required.

#### **Health and Safety Initiatives and Activities**

Occupational health and safety efforts during the fourth quarter continued to focus on the City's key 2009 initiatives:

- Target Zero Continuous Improvement Program
- Implementation of the MSD prevention program
- Health and Safety Audit- Phase 2.

In addition to these key priorities, regular health and safety activities were directed at training, OHSCC and JHSC support, and policy and procedure development.

Additional actions in the fourth quarter included:

- addressing health and safety issues and concerns arising from the H1N1 outbreak,
- preparing for legislative amendments regarding Workplace Violence, and
- the Joint Health and Safety Committee Recognition Event held January 22, 2010.

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## **SIGNATURE**

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## **ATTACHMENTS**

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