



STAFF REPORT ACTION REQUIRED

Occupational Health and Safety Report First Quarter, 2010

Date:	July 19, 2010
To:	Employee and 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 the first quarter of 2010. There was a large increase in lost time incidents (LTIs) as a result of infectious disease outbreaks: employees in long-term care homes and shelters reported symptoms consistent with those experienced by residents. Although there was a decrease in other types of injury, the overall result due to the infectious disease outbreaks was an increase in the number of LTIs (10.2%) relative to the same period in 2009. There was a decrease in medical aid only injuries (7.5%) and increase in recurrence injuries (18.1%) in the first quarter of 2010 relative to the same time period in 2009. Excluding the increase in infectious disease outbreaks, LTIs for remaining injury types saw a decrease of 12.3%. WSIB invoiced costs were \$456,275 lower during the first quarter in 2010 than in 2009. This reflects the decrease in types of injuries that have longer recovery periods.

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) comes into effect on June 15th, 2010. A working group of the Occupational Health and Safety Coordinating Committee (OHSCC) continues to work on tools and communications to facilitate compliance with the resulting Occupational Health and Safety Act amendments. City divisions have been advised to implement the current policy and program as soon as possible if they have not already done so.

The City's Musculoskeletal Disorder Prevention Policy was introduced in July 2007 with a three year implementation period. The OHSCC has distributed a questionnaire to all City divisions to ascertain the status of policy implementation and any remaining implementation needs.

RECOMMENDATIONS

It is recommended that:

1. the Occupational Health and Safety Report, First Quarter 2010 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 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 first quarter of 2010.

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 the first quarter of 2010, is attached in Appendix A. Information is also provided for 2006, 2007, 2008 and 2009. 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 increased by 10.2% in the first quarter of 2010 relative to the first quarter of 2009. This increase resulted from infectious disease outbreaks (predominantly enteric/gastrointestinal) in long-term care homes and shelters. Visits by Ministry of Labour (MOL) inspectors to City facilities where outbreaks occurred did not result in orders.

The number of recurrences increased by 18.1% overall, with the most significant increase arising from MSDs. The number of medical aids decreased by 7.5%, as a result of decreased slips, trips and falls and decreased MSDs that resulted in medical aid only.

There was a significant decrease (12.3 %) in injury types (excluding outbreaks) relative to the same period in 2009.

The more significant changes in accident experience on a Divisional basis include:

- Transportation Services experienced a 42.1% decrease in LTIs, with decreases across all injury categories, but mostly in incidents where City vehicles were struck by other drivers.
- Toronto Water experienced a 31.4% decrease in LTIs, mostly as a result of a decrease in slips, trips and falls, as well as a reduction in vehicle accidents in which City vehicles were struck by other drivers.
- Employment and Social Services experienced a 52% decrease in LTIs mostly as a result of a decrease in MSDs, as well as a decrease in slips, trips, falls and workplace violence.
- Long-Term Care Homes and Services (LTCH&S) experienced a substantial increase in LTIs (74.7%), all of which was attributable to infectious disease outbreaks. During the same period, WSIB-invoiced costs decreased.
- Shelter, Support and Housing Administration (SS&HA) experienced a 200% increase in LTIs, all of which was attributable to infectious disease outbreaks.
- Emergency Medical Services experienced an 11.1% increase in LTIs. This included a substantial increase in reported stress claims as well as an increase in MSDs. There was a decrease in slips, trips and falls.

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 the first quarter of 2010 was 8.83, as compared to 9.47 in 2007, 8.02 in 2008 and 8.10 in 2009. This increased frequency can be directly attributed to infectious disease outbreaks. 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 the first quarter of 2010 are reported in Appendix C. This includes costs that continue from injuries sustained in pre-amalgamation municipalities. Comparable information is also provided for 2006, 2007, 2008 and 2009. Total costs during the first quarter of 2010 were approximately \$7.5 million. Costs in 2010 were \$456,275 lower than for the comparable time period in 2009. The lower cost indicates a decrease in the number of injury types with typically longer recovery periods.

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 2006, 2007, 2008 and 2009 is also provided for comparison purposes.

Critical Injuries

One work-related fatality occurred during the first quarter of 2010. A Solid Waste Management employee died when the truck he was driving overturned on a northbound ramp to the Don Valley Parkway. This incident is still under investigation.

Eight work-related critical injuries were reported to the Ministry of Labour (MOL) in the first quarter of 2010.

Work-related critical injuries reported:

- A Solid Waste Management (SWM) employee (passenger in the vehicle which overturned on a northbound ramp to the Don Valley parkway) sustained fractured ribs, cuts and bruises.
- A SWM employee fractured his left ankle when he stepped on uneven ground and turned his ankle.
- A SWM employee sustained a fracture of the lower left leg when he slipped on ice when picking up a green organics container.
- A SWM employee lost consciousness for approximately 2 minutes when a hook from the top of a trailer he was tarping broke away from the top of the trailer and struck him in the face. A safety check of similar equipment was instigated by the division.
- A Parks, Forestry and Recreation (PF&R) employee fractured her left knee when she slipped and fell on ice while exiting her workplace.

- A PF&R employee fell on icy stairs at the community centre and fractured her right ankle. Board of Education caretakers were contacted to arrange for salting of the stairs.
- A LTCH&S employee sustained a fractured left shoulder when she slipped on ice and fell while exiting her workplace.
- As a result of a ceiling collapse at a fire scene, a firefighter was knocked to the ground. As unconsciousness was suspected, this incident was reported to the MOL.

Additionally, five health-related events were reported to the MOL as potential critical injuries, although no work-related incident was identified.

MOL Orders/Visits without Orders

The MOL issued thirteen orders to the City during the first quarter of 2010. These orders related to:

- The requirement to have building asbestos records that are updated at least once in every twelve month period
- The requirement for examination of friable fireproofing or acoustical insulation that has fallen and is being disturbed to determine whether it is asbestos-containing
- The requirement for asbestos management programs in locations where asbestos has been shown, through testing, to be present and in locations where, in the absence of testing, asbestos is assumed to be present
- Up-to-date material safety data sheets
- Provision of respiratory protection for inclusion in spill kits such that they can be used in emergency events
- Removal of mould-contaminated thermal insulation in a boiler room
- Installation of plumbed eyewash stations in a laundry room
- City (as owner) notification of MOL and designation of constructor on construction projects at a plant where two construction projects are occurring at the same time (for which the general contractor on each has already filed notice as constructor)

All orders were complied with. Division heads were advised of the asbestos-related orders, such that appropriate corrective action could be taken throughout the organization if needed.

There were thirty MOL visits to City facilities in the first quarter of 2009 that did not result in orders. 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). Fourteen of these visits occurred in the context of injury investigation, eight in response to complaints, six in response to infectious disease outbreaks, one in response to a work refusal and one as a construction project inspection. Further MOL involvement may occur on some of the issues addressed during these visits, but in most cases MOL inspectors indicated satisfaction with policies, procedures, training and existing controls.

MOL/Workplace Safety and Insurance Board (WSIB) Initiatives

Expert Advisory Panel

The Minister of Labour announced in February the establishment of an Expert Advisory Panel to review Ontario's occupational health and safety prevention and enforcement system. The panel is comprised of safety experts from labour and employer groups and academic institutions. The panel will research best practices to improve workplace safety in national and international jurisdictions and will examine a range of issues including:

- the roles and responsibilities of the health and safety system partners (MOL, WSIB and safe workplace health and safety associations)
- the impact of the underground economy on workplace health and safety
- the protection of vulnerable workers
- the use of incentives to motivate superior health and safety performance
- linking procurement of goods and services to health and safety performance
- the role of joint health and safety committees
- the impact of advancements in technology/innovation on health and safety
- mandatory entry-level health and safety training

The Expert Advisory Panel will report back to the Minister of Labour in Fall 2010 with recommendations and options for operational, policy and structural improvements for consideration. A consultation paper to elicit feedback from stakeholders was released in April and is currently being reviewed by occupational health and safety staff.

Safe at Work Ontario - Current Initiatives

The Ministry of Labour is continuing to conduct proactive inspection blitzes on sector-specific hazards, which are designed to raise awareness and increase compliance with health and safety legislation. These blitzes are announced in advance and results are reported after they are completed. Upcoming blitzes already announced for 2010 include:

- May: Slip, trip and fall hazards - Industrial Sector
- May - August: Workplaces where young and new workers are working part-time or in summer jobs - Industrial, Construction and Health Care Sectors
- June: Mobile equipment for surface and underground mines – Mining Sector
- June and July: Heavy and light equipment – Construction Sector
- September and October: Musculoskeletal disorders (MSDs) – All Sectors
- September and October: Fall hazards – Construction Sector
- November and December: Conveyor guarding – Industrial Sector

Bill 168 (An Act to amend the *OH&SA* with respect to Violence and Harassment in the Workplace and other matters)

Legislative amendments to the *Occupational Health and Safety Act (OH&SA)* to protect workers from workplace violence and harassment are set to come into force on June 15, 2010.

The City has for many years had Workplace Violence and Harassment policies, leaving the City well-placed to comply within the specified time period. The City's Workplace Violence Policy has recently been reviewed and minor amendments to the City's policy

have recently been endorsed by the Occupational Health and Safety Committee. Amendments to the City's Work Refusal Policy to incorporate workplace violence as a ground for work refusal have also been completed. An OHSCC working group continues to refine tools to assist divisions in maintaining ongoing compliance.

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

The City continues to await the outcome of a WSIB consultation on JHSC Certification Training 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 first quarter continued to focus on the City's key initiatives:

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

All divisions have been requested to report back on the current status of compliance with the City's MSD Prevention policy by June 30th. Strategies will be developed to address any identified deficiencies and a status report will be provided to the Occupational Health and Safety Co-ordinating Committee at its September meeting. Numerous workplace inspections in support of Phase 2 of the Health and Safety Audit were completed during the first quarter.

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ATTACHMENTS

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