



Occupational Health and Safety Report: End of Year 2017

Date: April 3, 2018
To: Employee and Labour Relations Committee
From: Executive Director of Human Resources
Wards: All

SUMMARY

This report provides information on the status of the City's health and safety system, specifically on activities, priorities and performance during the last six months of 2017 and health and safety performance throughout the year.

There was a 12.7% increase in the number of lost time injuries in 2017 relative to 2016. There was a 2.7% decrease in the number of recurrences and an 8.7% decrease in the number of medical aid injuries in 2017 relative to 2016.

Workplace Safety and Insurance (WSIB) invoiced costs increased by 10.6% across all firm numbers in 2017, from \$35.1 million in 2016 to \$38.9 million in 2017. Approximately \$9.7 million of the total invoiced costs in 2017 are attributable to firefighter cancer claims. Legislation introduced in 2014 presumes certain firefighter cancers to be work-related when specified conditions are met. The legislation, which is retroactive to 1960, provides that a total of 14 primary-site cancers are occupational diseases presumed to have occurred due to the nature of the worker's employment as a firefighter. In 2017, primary site skin cancer was added.

Excluding firefighter cancers, there was a \$5.5 million increase in WSIB invoiced costs. Much of this increase is attributable to traumatic mental stress and post-traumatic stress disorder (PTSD) related claims. In April 2016, legislation was introduced such that if a first responder or other designated worker is diagnosed with PTSD by a psychiatrist or psychologist, the condition is presumed to be work-related.

As of the beginning of 2018, amendments to the Workplace Safety & Insurance Act (WSIA) will enable claims to be filed and approved for chronic mental stress. Any worker may file such a claim.

RECOMMENDATIONS

The Executive Director of Human Resources recommends that:

1. City Council receive the End of Year 2017 Occupational Health and Safety Report for information.

FINANCIAL IMPACT

There are no financial impacts to this report.

DECISION HISTORY

At its meeting of February 1, 2 and 3, 2005, City Council approved the recommendation of the Employee and Labour Relations Committee that staff report to Council on the functioning of the City's health and safety system. The direction was in response to changes in the Criminal Code with respect to health and safety. This report provides details for the End of Year 2017.

ISSUE BACKGROUND

Continuously improving health and safety performance and building 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 Injuries, Medical Aid Injuries and Recurrences

Information regarding reported 2017 WSIB incidents (work-related injuries/illnesses), by division, during 2017 is attached in Appendix A. Information is also provided for the years 2013 to 2016. Information provided includes:

- Number of lost time injuries: injuries/illnesses in which lost time was approved by the WSIB or is 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 lost additional time as a result of a previously reported workplace injury/illness. No new incident has taken place; and
- Number of medical aids: injuries/illnesses in which health care only was approved by the WSIB or is awaiting WSIB adjudication, as the employee has either sought medical aid but not lost time from work as a result of a reported workplace injury or lost time has not been approved by the WSIB.

Overall, there was a 12.7% increase in the total number of lost time injuries in 2017 relative to 2016. Increase in lost time injuries were noted in the following categories:

- Exertion, repetition, awkward posture and vibration/jarring
- Slips, trips and falls
- Exposure to traumatic or stressful events

There was a significant increase in the number of lost time injuries in the following divisions:

- Toronto Paramedic Services, primarily resulting from exposure to traumatic or stressful events and overexertion
- Parks, Forestry & Recreation, primarily in injuries resulting from same level falls, overexertion and exposure to harmful substances/environments
- Long Term Care Homes and Services, primarily in injuries resulting from overexertion and physical assaults by residents
- Fleet Services, across a number of categories
- Facilities Management, primarily in injuries resulting from overexertion

Divisions with the most significant decreases in lost time injuries were as follows:

- Shelter Support & Housing Administration, primarily in injuries resulting from exposure to infectious diseases and those resulting from assaults and violent acts
- Children's Services, primarily in injuries resulting from contact with objects and equipment
- Fire Services, primarily in injuries resulting from contacts with objects and equipment and those resulting from exposure to harmful substances or environments

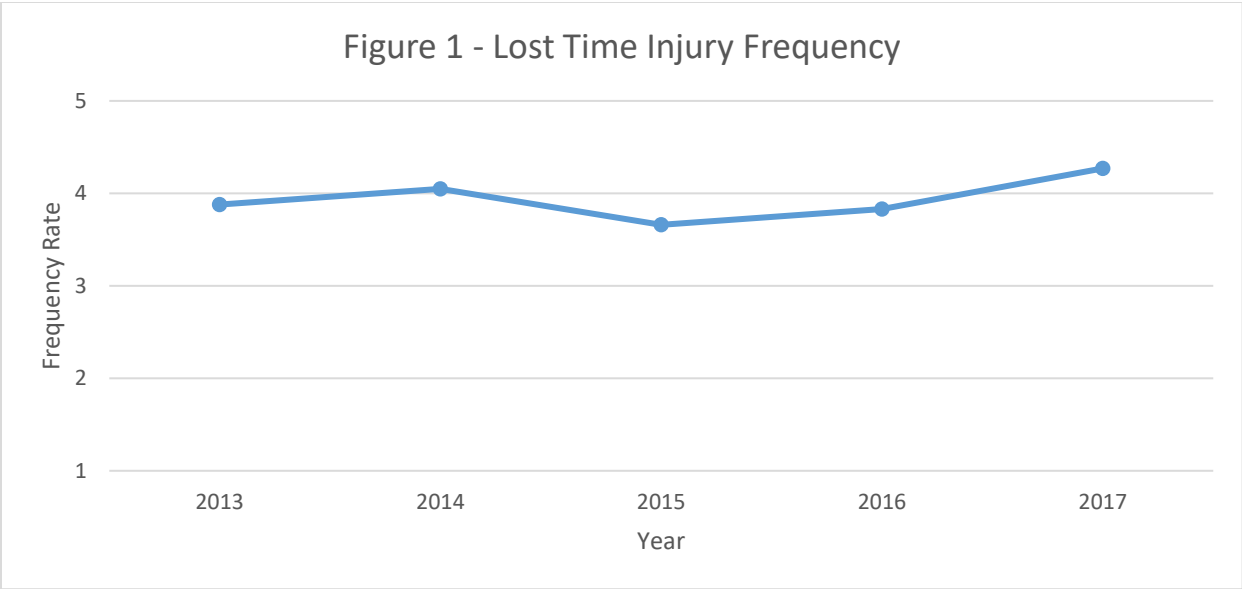
Recurrences

There was an 8.7% decrease in recurrences in 2017 relative to 2016, primarily in injuries resulting from exertion, repetition, awkward posture and vibration/jarring.

Lost Time Injury (LTI) Frequency

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

Figure 1 below shows the City's LTI frequency during 2017 relative to the frequency during the years 2013 to 2016. The City's 2017 LTI frequency increased from 3.83 in 2016 to 4.27 in 2017.

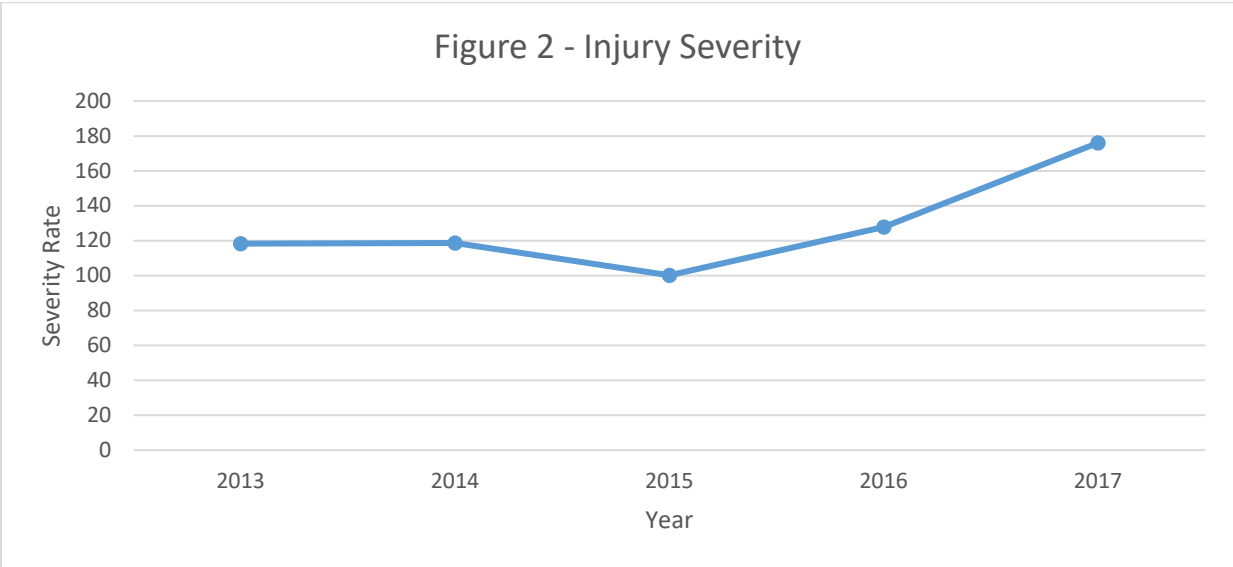


Frequency rates for divisions are reported in Appendix B. It should be noted that in a small City division a single LTI can result in a high frequency rate.

Injury Severity Rate

The injury severity rate is a standardized statistic that enables comparison, year-over-year, of the number of days lost relative to hours worked. The severity number represents the number of days lost per 100 employees in the year.

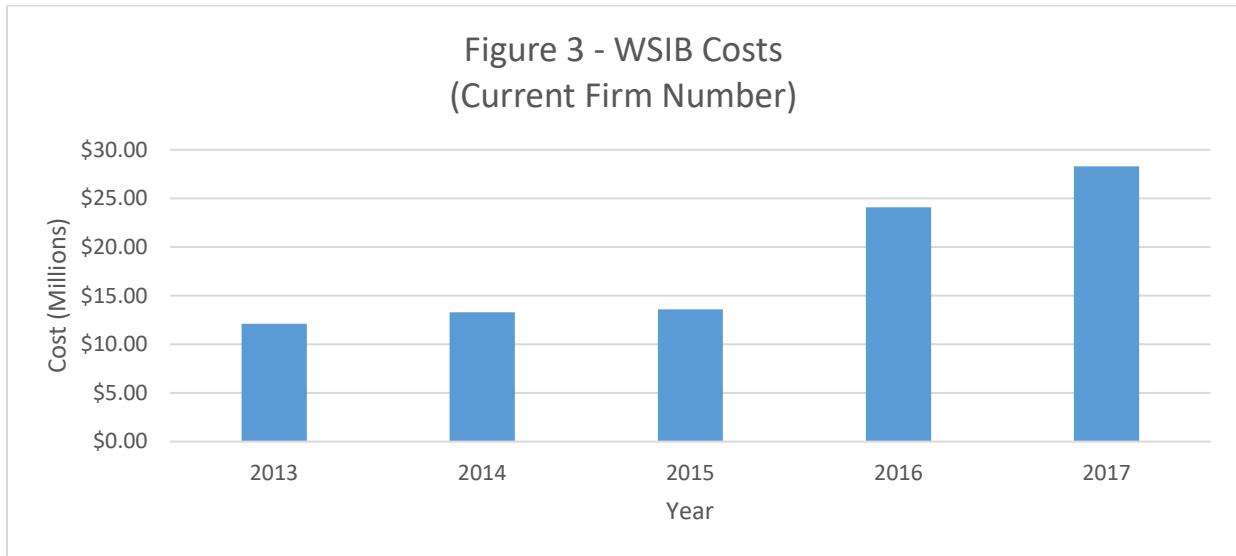
Figure 2 below shows the City's severity rate during 2017 relative to the severity for the years 2013 to 2016. The City's 2017 injury severity rate increased from 127.78 in 2016 to 176.06 in 2017. Mental/emotional and musculoskeletal disorders, which increased in 2017, typically result in prolonged lost time and consequently increased severity.



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 2017 are reported in Appendix C. Information is also provided for the time period 2013 to 2016.

Figure 3 below shows the overall invoiced costs related to the City's current WSIB firm number.



The overall invoiced costs related to the City's current WSIB firm number increased from \$24.1 million in 2016 to \$28.3 million in 2017. Factors that most significantly contributed to this increase were:

- An increase of costs associated with claims for PTSD in Toronto Fire Services and Toronto Paramedic Services from approximately \$1.2 million in 2016 to \$2.9 million in 2017. The five year trend for PTSD costs is shown in Figure 4
- An increase of costs associated with claims for mental/emotional disorders other than PTSD in Toronto Fire Services, Toronto Paramedic Service and Shelter Support and Housing Administration. These costs increased from approximately \$2.3 million in 2016 to approximately \$5.4 million in 2017. The five year trend for mental/emotional illness and disorder costs other than PTSD is shown in Figure 5

Figure 4 below shows the City's overall invoiced costs related to claims for PTSD.

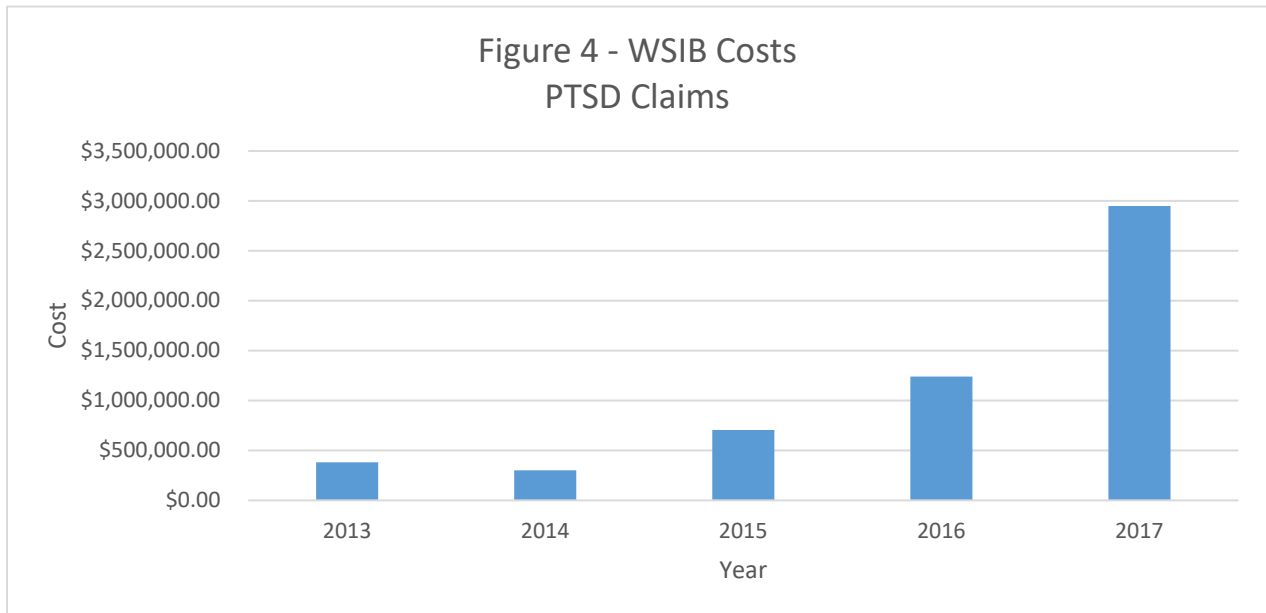
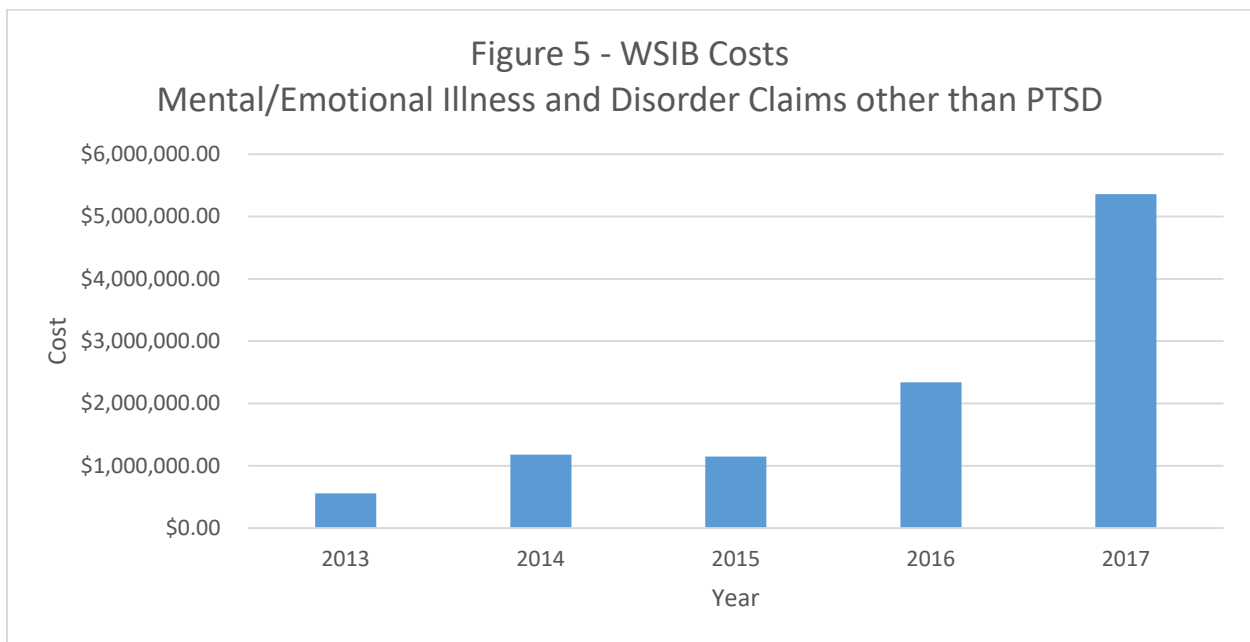


Figure 5 below shows the City's overall invoiced costs related to claims for mental/emotional illnesses and disorders other than PTSD.



Firefighter cancer claims accounted for approximately \$9.7 million in 2017, a decrease from approximately \$11.5 million in 2016.

Figure 6 below shows the City's overall invoiced costs related to claims for firefighter cancer claims.

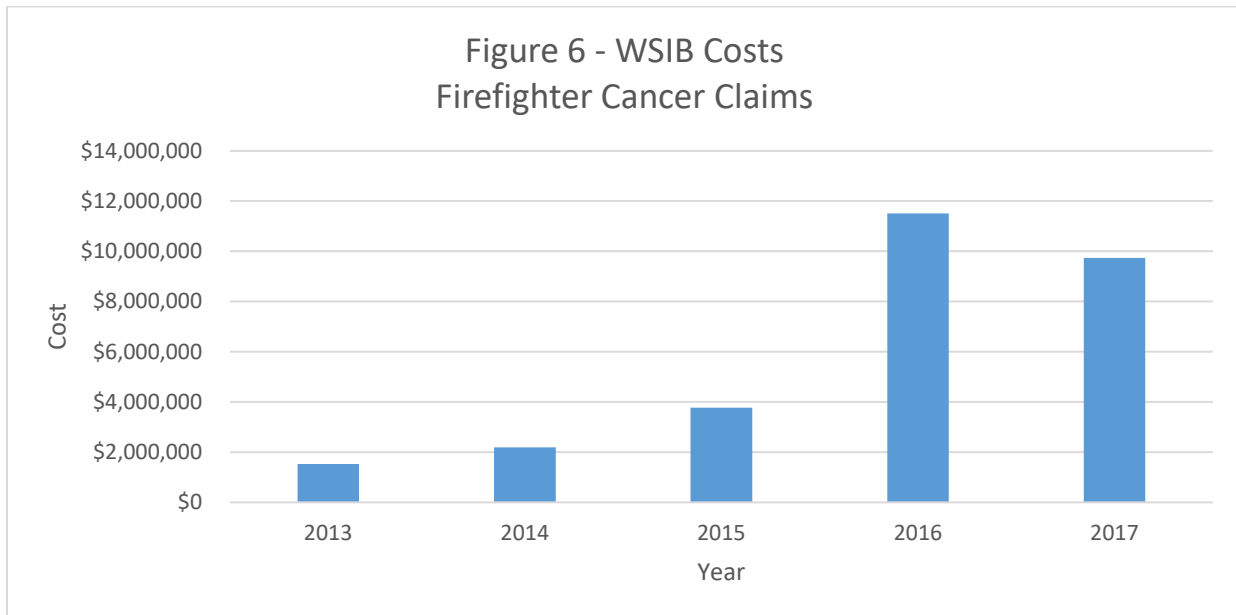
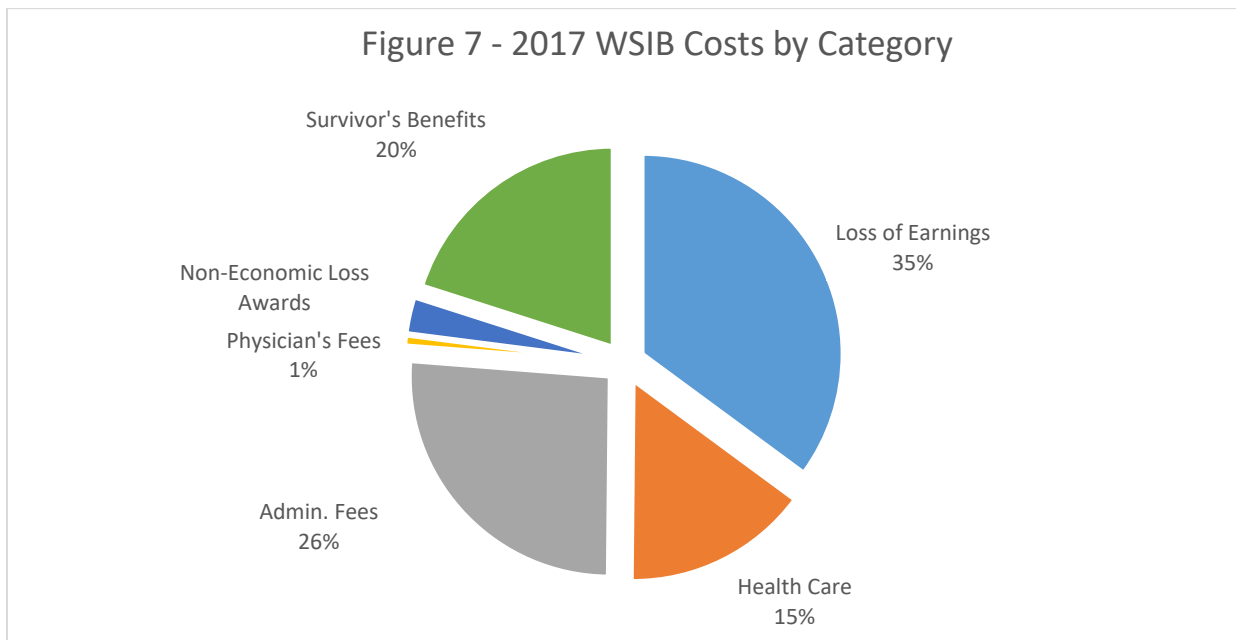


Figure 7 provides the City's WSIB Current Firm costs by cost category in 2017. In 2017, health care and loss of earnings percentages increased, whereas the survivors' benefits percentage increased significantly as a result of firefighter cancer claims.



Appendix D (i) provides the current City's "WSIB Invoiced Costs" for 2017 for divisions whose costs were less than \$50,000 and Appendix D (ii) for divisions whose costs were greater than \$50,000.

Critical Injuries

Occupational health and safety legislation stipulates requirements for reporting fatalities and critical injuries to the Ministry of Labour (MOL). A critical injury is an injury of a serious nature that:

- (a) places life in jeopardy,
- (b) produces unconsciousness,
- (c) results in substantial loss of blood,
- (d) involves the fracture of a leg or arm but not a finger or toe,
- (e) involves the amputation of a leg, arm, hand or foot but not a finger or toe,
- (f) consists of burns to a major portion of the body, or
- (g) causes the loss of sight in an eye.

Seventeen work-related critical injuries were reported to the MOL in the last six months of 2017:

- A Solid Waste Management employee lost consciousness upon colliding with a concrete pole and being thrown off the side of the truck
- A Solid Waste Management employee lost consciousness when he slipped on ice, fell and struck his head
- A Solid Waste Management employee experienced an inhalation injury when acid from a garbage bin he was dumping into a hopper splashed on his right arm
- A Toronto Fire Services employee experienced a heart attack at an emergency scene (structural fire)
- An Employment and Social Services employee sustained a right knee cap fracture when she slipped and fell near the printer in a business centre
- A Long-Term Care Homes and Services employee sustained a left shoulder fracture upon pushing a washroom door open
- A Long-Term Care Homes and Services employee sustained a left wrist fracture when her hand was caught between a wheelchair backrest and the back of the resident who sat down quickly
- A Parks, Forestry and Recreation Division employee sustained a left wrist fracture when she tripped and fell while playing “capture the flag” with program participants
- A Parks, Forestry and Recreation employee sustained a fractured right foot when the trailer attached to a truck he was guiding ran over his foot
- A Solid Waste Management employee sustained a left leg fracture when he stepped on a piece of metal, slipped and fell while picking plastic from a metal pile
- A Solid Waste Management employee sustained a right foot fracture when he rolled his ankle on uneven ground while walking back to his vehicle
- A Toronto Building employee sustained a right forearm fracture when he slipped while playing table tennis during a break. This was reported to the MOL as a critical injury because it occurred on City property
- A Toronto Fire Services employee sustained a fractured left ankle when descending from a fire vehicle
- A Toronto Paramedic Services employee tripped on a step at a residence and fell forward, sustaining a left elbow fracture

- A Toronto Water employee sustained three fractured fingers when attempting to release the tailgate of a dump truck that was stuck in position. The tailgate dropped, pinning his fingers
- A Transportation Services employee sustained a left wrist fracture upon falling off the sidewalk and onto the pavement of a parking lot
- A Municipal Licensing and Standards employee experienced a medical episode and drove over a boulevard, striking concrete flower pots which struck a contract employee

In addition, nine incidents in which employees lost consciousness were reported to the MOL as critical injuries, although no work-related causes were identified.

MOL Orders/Visits without Orders

The MOL issued ten orders to the City in the last six months of 2017. These orders related to:

- Guarding of pinch points/in-running nip hazards (2)
- Instituting measures, procedures, information and instruction regarding infection hazards in bodies of water that may be contaminated (2)
- Complying with lock out/tag out safe work procedures (1)
- Maintaining ceiling tiles (1)
- Cleaning up a water spill (1)
- Keeping work surfaces free of ice (1)
- Responding within 21 days to a joint health and safety committee recommendation (1)
- Investigating a workplace harassment complaint (1)

In total 16 MOL orders were issued to the City in 2017. All orders were complied with.

MOL visits that do not result in orders are also tracked. Reports on the issues addressed 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 thirty seven MOL visits to City facilities/work operations that did not result in orders during in the last six months of 2017. These visits related to:

- Responding to anonymous complaints (15)
- Responding to newly-reported critical injuries/incidents (9)
- Following up on earlier complaints (6)
- Responding to critical injuries/incidents (5)
- Assessing noise levels in accordance with a provincial priority initiative (1)
- Conducting a routine inspection (1)

MOL and WSIB Initiatives

Amendments to the Workplace Safety and Insurance Act (WSIA) to Include Chronic Mental Stress

On May 17, 2017, Bill 127 - The Stronger, Healthier Ontario Act (Budget Measures), 2017 - received Royal Assent, amending the WSIA to allow for chronic mental stress entitlement for workplace injuries that occur on or after January 1, 2018. Previously subsections 13(4) and (5) of the WSIA and WSIB operational policy limited entitlement to benefits for mental stress resulting from “an acute reaction to a sudden or unexpected event”.

As a result of Bill 127, the WSIB developed a new operational policy titled Chronic Mental Stress 15-03-14, and revised its existing Traumatic Mental Stress Policy 15-03-02, the key elements of which include:

- A worker will generally be entitled to benefits for chronic mental stress if an appropriately diagnosed mental stress injury is predominantly caused by a substantial work-related stressor arising out of and in the course of the worker’s employment
- There is no entitlement for either chronic or traumatic mental stress caused by an employer’s decisions or actions that are a part of the employment function i.e. termination, demotion, transfer, etc
- For entitlement to traumatic mental stress, the requirement that the traumatic event be “sudden and unexpected” has been removed

Subsequently on December 14, 2017, Bill 177 - The Stronger, Fairer Ontario Act (Budget Measures), 2017 - also received Royal Assent, further amending the WSIA to provide transitional rules for determining entitlement to benefits for mental stress claims arising prior to January 1, 2018, the key aspects of which include:

- New claims (accidents on or after April 29, 2014): if a worker has a mental stress injury which occurs on or after April 29, 2014, and the worker has not filed a claim with the WSIB before January 1, 2018, the worker or the worker’s survivor may file a claim with the WSIB, as long as such claim is filed on or before July 1, 2018. Any claim filed during this six-month window will be adjudicated under the new mental stress WSIA provisions and the WSIB’s new Operational Policies
- Pending claims (as of January 1, 2018): For mental stress claims that were already filed in a timely manner and are still pending before the WSIB on January 1, 2018 (i.e. the Board has not yet made an operational level or Appeals Branch level decision in respect of the claim), the WSIB will adjudicate the claim pursuant to the new mental stress WSIA provisions and the WSIB’s new Operational Policies, regardless of the date on which the worker’s mental stress occurred
- If a worker or their survivor filed a timely mental stress claim and their timely appeal is filed with or is pending before the WSIAT as of January 1, 2018, the WSIAT will refer the claim back to the WSIB to re-adjudicate the claim pursuant to the new WSIA provisions and the WSIB’s new Operational Policies, regardless of the date on which the worker’s mental stress occurred.

The transitional provisions do not differentiate between chronic or traumatic mental stress; therefore, either type of mental stress claim could be filed under these provisions. Outside these transitional rules, workers cannot re-file mental stress claims that were already denied by the WSIB or the WSIAT.

Amendments to the Occupational Health and Safety Act resulting in Changes to Fines and Reportable Incidents

On December 14, 2017, Bill 177 - The Stronger, Fairer Ontario Act (Budget Measures), 2017 - received Royal Assent amending the Occupational Health and Safety Act as follows:

- The maximum fine to a corporation for a violation of the Occupational Health and Safety Act or Regulations has increased from \$500,000 to \$1.5 million per charge
- The maximum fine for an individual, including a supervisor, worker, director or officer, for a contravention has increased from \$25,000 per charge and/or one year in jail to \$100,000 per charge and/or one year in jail
- The one year limitation period required for the Crown to commence a prosecution will be extended from the date of the alleged default (as was the case prior to this legislative change) to the latter of one year from the date of the violation and the date a Ministry of Labour Inspector becomes aware of the allegation violation. This new limitation period could be well beyond the current one-year limit, creating uncertainty for employers regarding their exposure to prosecution
- A new reportable incident has been added. An employer must notify a Ministry of Labour Director if a joint health and safety committee or a health and safety representative identifies potential structural inadequacies of a workplace as a source of danger of hazard to workers. This obligation does not apply if the employer owns the workplace
- Bill 177 allows for passage of further Regulations regarding reportable incidents (including content and timing for current reportable incidents (e.g. critical injuries, lost time injuries) and/or additional reportable incidents.

Key City Health & Safety Initiatives

Some key health and safety initiatives in 2017 included:

- Updating of template Multi-Workplace Joint Health and Safety Committee (JHSC) Terms of Reference and its use in review of JHSC Terms of Reference in several divisions
- Rollout of the City's Domestic Violence Web Page with numerous resources for supervisors and employees
- Rollout of the City's Domestic Violence poster
- Updates to the City's Mental Wellness Web Page, including apps to assist in addressing relaxation, sleep, anxiety and depression
- Rollout of new Critical Incident Guides for supervisors and employees
- Revisions to several health and safety policies including Workplace Violence, Sun Protection, Workplace Hazardous Materials Information System and Addressing Employee Concerns with respect to Bed Bugs
- Drafting of Psychosocial Risk Assessment Guidelines for review and endorsement by the OHSCC

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SIGNATURE

Kerry Pond
Executive Director of Human Resources

ATTACHMENTS

Appendix A – WSIB Incidents (January – December) by Division

Appendix B – LTI Frequency by Division

Appendix C – WSIB Costs for all Firm Numbers

Appendix D (i) – WSIB Invoiced Costs to Year End (<\$50,000)

Appendix D (ii) - WSIB Invoiced Costs to Year End (>\$50,000)