



Occupational Health and Safety Report: End of Year 2018

Date: May 6, 2019

To: General Government and Licensing Committee

From: Executive Director of People, Equity and Human Rights

Wards: All

SUMMARY

This report provides information on the status of the City of Toronto health and safety system, specifically performance for 2018 and actions and priorities to address identified hazards.

There was a 16.7 percent increase in the number of lost time injuries (LTIs) in 2018 relative to 2017, a 20 percent increase in the number of recurrences and a 4.5 percent increase in the number of medical aid injuries. The most significant area of increase was in exposure to traumatic or stressful events. There were two significant events in 2018 that contributed to the increase in this category; the North York van attack and the Danforth shooting. An increase was also noted in assaults and violent acts.

The overall invoiced costs related to the City's current WSIB firm number increased slightly from \$28.3 million in 2017 to \$28.6 million in 2018. Decreases in the cost of firefighter cancers as well as decreases in other injury areas were offset by a \$3.8 million increase in costs attributable to mental/emotional illnesses or disorders including traumatic mental stress and post-traumatic stress disorder (PTSD) in first responders. Increased costs are predominately attributable to Toronto Fire Services and Toronto Paramedic Services. Legislation introduced in 2016 presumes that if a first responder or other designated worker is diagnosed with PTSD by a psychiatrist or psychologist, the condition is work-related. Toronto Paramedic Services and Toronto Fire Services have developed action plans to address PTSD and submitted them to the Ministry of Labour (MOL). The actions that were identified in the plans continue to be implemented.

RECOMMENDATIONS

The Executive Director of People, Equity and Human Rights recommends that:

1. City Council receive this report for information.

FINANCIAL IMPACT

There are no financial implications arising from the approval of this report.

The Chief Financial Officer and Treasurer has reviewed this report and agrees with the financial impact information.

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 2018.

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

Lost Time Injuries, Medical Aid Injuries and Recurrences

Information regarding reported WSIB incidents (work-related injuries/illnesses), by division, during 2018 is attached in Appendix A. Information is also provided for the years 2014 to 2017. Information provided includes:

- Number of LTIs: 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 16.7 percent increase in the total number of LTIs in 2018 relative to 2017.

The chart that follows summarizes the events and exposures that resulted in increased LTIs in 2018, the divisions which experienced the increase in 2018 and actions that are in progress to address the identified hazards.

Events/Exposures resulting in increased LTIs	Divisions experiencing increased LTIs	Actions to address identified hazards
<p>Exposure to traumatic or stressful events increased by 63.1 percent from 103 in 2017 to 168 in 2018</p>	<ul style="list-style-type: none"> • Toronto Paramedic Services • Parks Forestry & Recreation <p>Note: Significant events contributed to these increases; the North York van attack, the Danforth shooting and the Woodbine Beach drowning incident</p>	<ul style="list-style-type: none"> • Since 2014, the City has had a Psychological Health & Safety Policy and through the Occupational Health & Safety Coordinating Committee (OHSCC) has developed a Mental Health Strategy • The City's Mental Wellness Web Page provides tools and resources to assist supervisors and employees in addressing mental health issues in the workplace (10,000+ views in 2018) • In 2018, the City rolled out Guidelines for Conducting Psychosocial Risk Assessments to assist divisions in assessing organizational wellness. These Guidelines are supported by an E-learning Module • Toronto Paramedic Services and Toronto Fire Services have developed action plans to address PTSD and submitted them to the MOL. Actions that were identified in the plan continued to be implemented in 2018 • Parks Forestry & Recreation has rolled out mental wellness training and initiatives

Events/Exposures resulting in increased LTIs	Divisions experiencing increased LTIs	Actions to address identified hazards
<p>Assaults and violent acts increased by 31.4 percent from 51 in 2017 to 67 in 2018</p>	<ul style="list-style-type: none"> • Toronto Paramedic Services • Shelter Support & Housing Administration 	<ul style="list-style-type: none"> • The City has a Workplace Violence Policy supported by courses in the corporate calendar. This Policy is reviewed every year, including in 2018 • In 2018, a Supervisor Checklist for addressing workplace violence incidents was improved to enable comprehensive risk assessment and enhanced reporting and communication • Toronto Paramedic Services has established a working group of senior management, worker and Local 416 representatives to identify opportunities for improvement in communicating and addressing workplace violence risks associated with calls • Shelter Support & Housing Administration has developed a start-up health & safety checklist for new respite centres. Workplace violence risk assessments were conducted for a number of these centres
<p>Exposures to infectious disease/outbreaks increased by 48.3 percent from 29 in 2017 to 43 in 2018</p>	<ul style="list-style-type: none"> • Children's Services • Long Term Care Homes & Services 	<ul style="list-style-type: none"> • The City has an Infectious Disease/Infectious Agents Policy • The level of exposure to infectious disease/outbreaks varies year by year based on illnesses in the community • Long Term Care Homes & Services and Children's Services have standard protocols to prevent and address infectious disease outbreaks and to educate staff

Events/Exposures resulting in increased LTIs	Divisions experiencing increased LTIs	Actions to address identified hazards
<p>Musculoskeletal disorders (MSDs) resulting from exertion, repetition, awkward posture and vibration/jarring increased by 11.6 percent from 311 in 2017 to 347 in 2018</p>	<ul style="list-style-type: none"> • Toronto Paramedic Services • Long Term Care Homes & Services • Parks Forestry & Recreation • Toronto Public Health • Employment & Social Services 	<ul style="list-style-type: none"> • The City has a MSD Prevention Policy • City actions in 2018 with respect to MSD Prevention included: <ul style="list-style-type: none"> • City's MSD Prevention Policy was reviewed and updated • Regular reports to the OHSCC regarding the MOL's initiative and the City's MSD performance • Establishment of a networking group of Divisional MSD Program Leads • Development of an annual reporting template for divisions to report on their MSD Prevention activities and results [Note: Divisions including Toronto Paramedic Services, Long Term Care Homes & Services, Parks Forestry & Recreation, Toronto Public Health and Employment & Social Services have submitted an annual report outlining all of their MSD prevention initiatives in 2018]

It should be noted that the increase in traumatic and stressful events and MSDs closely mirrors the experience of other municipal employers who offer the same regional and single tier combined services as the City.

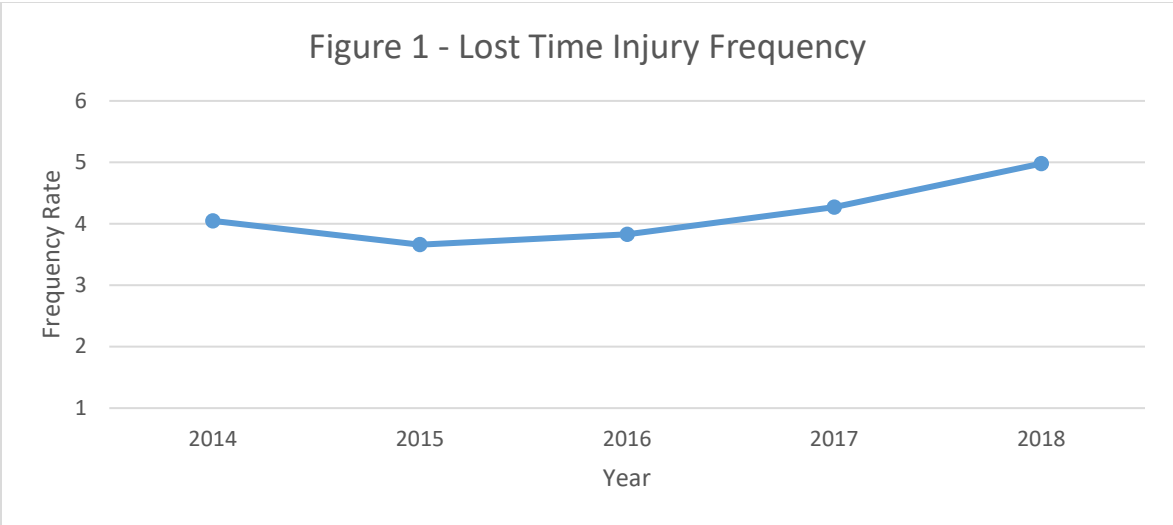
Recurrences

There was a 20.0 percent increase in recurrences in 2018 relative to 2017, primarily in injuries resulting from slips, trips, missteps and falls and exposure to harmful substances and environments.

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 2018 relative to the frequency during the years 2014 to 2017. The City's 2018 LTI frequency increased from 4.27 in 2017 to 4.98 in 2018.

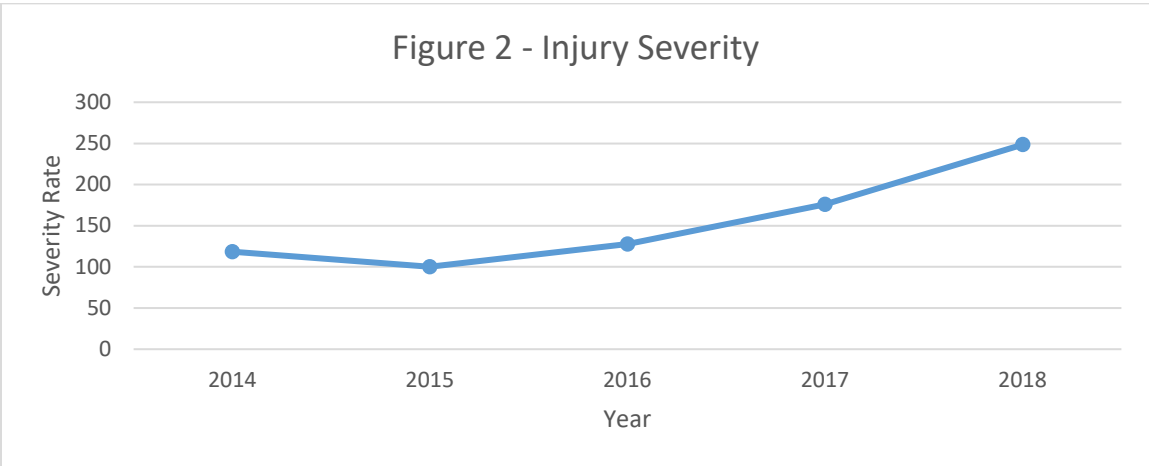


Frequency rates for divisions are reported in Appendix B. It should be noted that in a small City division a single LTI can result in a high frequency rate.

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 2018 relative to the severity for the years 2014 to 2017. The City’s 2018 injury severity rate increased from 176.06 in 2017 to 248.5 in 2018.

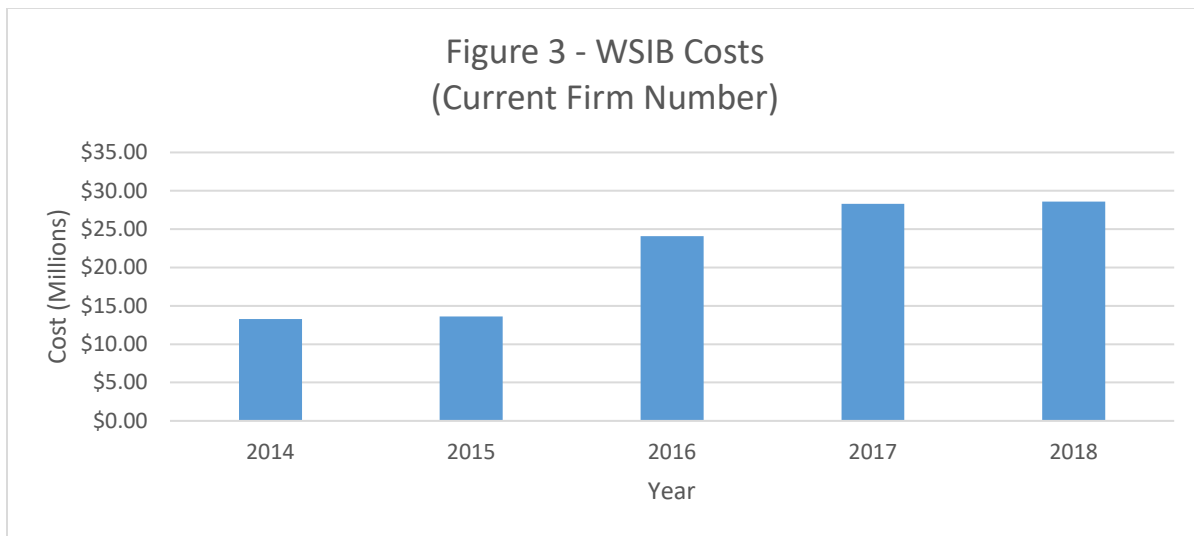


Toronto Paramedic Services and Toronto Fire Services experienced the most significant increase in lost time injury severity. These divisions had the highest number of claims for mental/emotional illnesses or disorders. These claims typically accrue higher than normal health care costs and are more challenging with respect to return to work efforts.

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

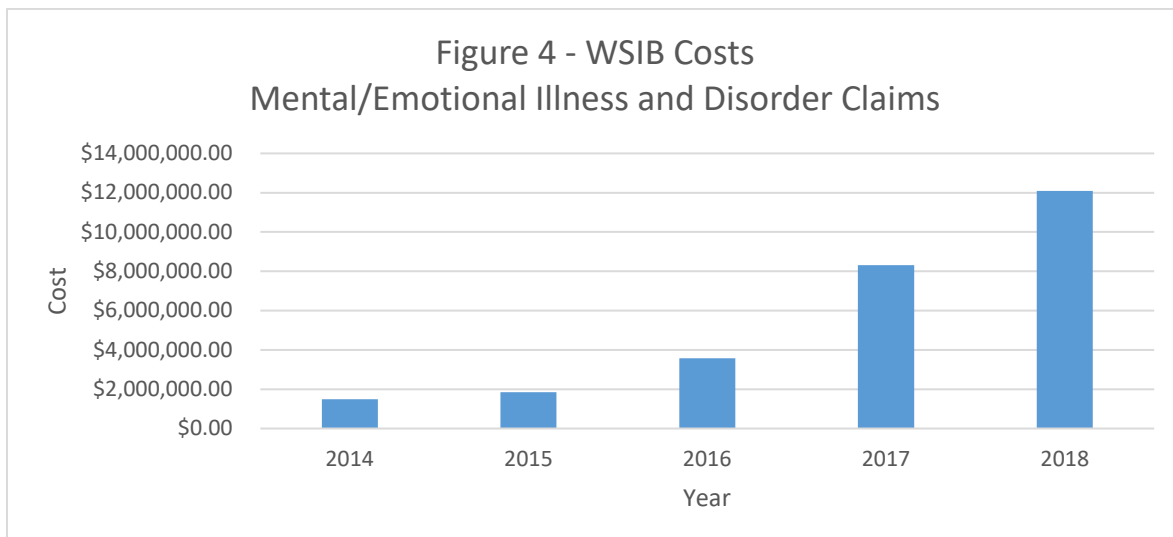
Overall costs incurred under all City firm numbers during 2018 are reported in Appendix C. Information is also provided for the time period 2014 to 2017. There was a slight decrease in overall costs for all firm numbers. As would be expected given the age of claims, former firm number costs decreased.

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



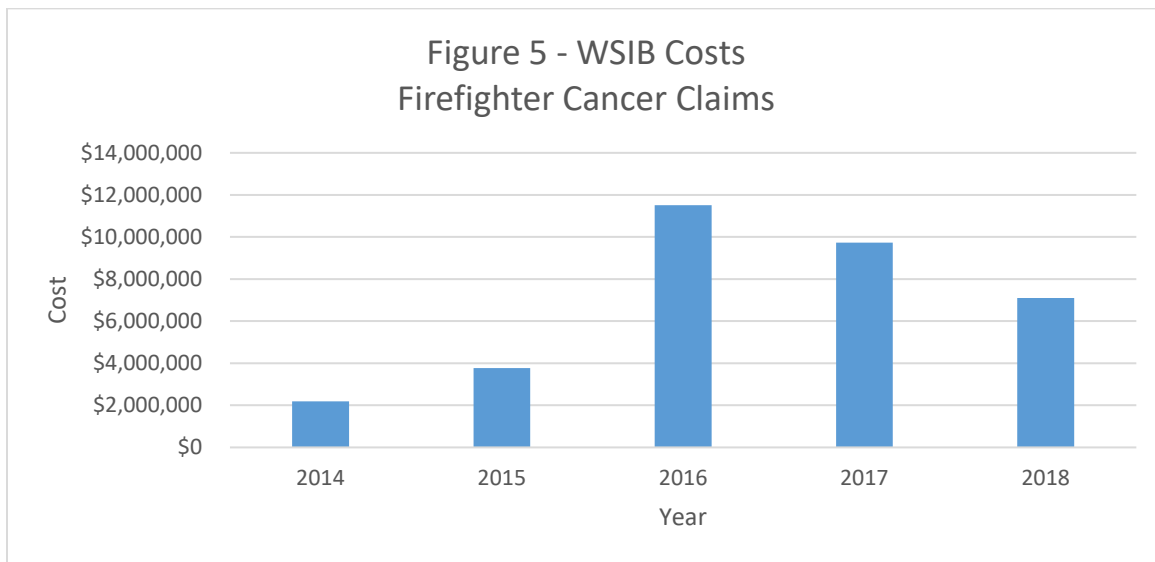
The overall invoiced costs related to the City's current WSIB firm number increased slightly from \$28.3 million in 2017 to \$28.6 million in 2018. There was a significant increase to costs associated with claims for mental/emotional illnesses or disorders. This increase was offset by a decrease in costs related to firefighter cancer claims and other injury types.

Figure 4 below shows the City's overall invoiced costs related to claims for mental/emotional illnesses or disorders.



There was an increase of costs associated with claims for mental/emotional illnesses or disorders from approximately \$8.3 million in 2017 to \$12.1 million in 2018. The most significant increase in cumulative costs occurred in Toronto Paramedic Services and Toronto Fire Services. Much of this increase is a result of legislation introduced in 2016 that presumes if a first responder is diagnosed with PTSD by a psychiatrist or psychologist, the condition is work-related. PTSD claims are very costly due to the nature of health services required, delays in gaining access to these services and significant length of time in achieving a return to work.

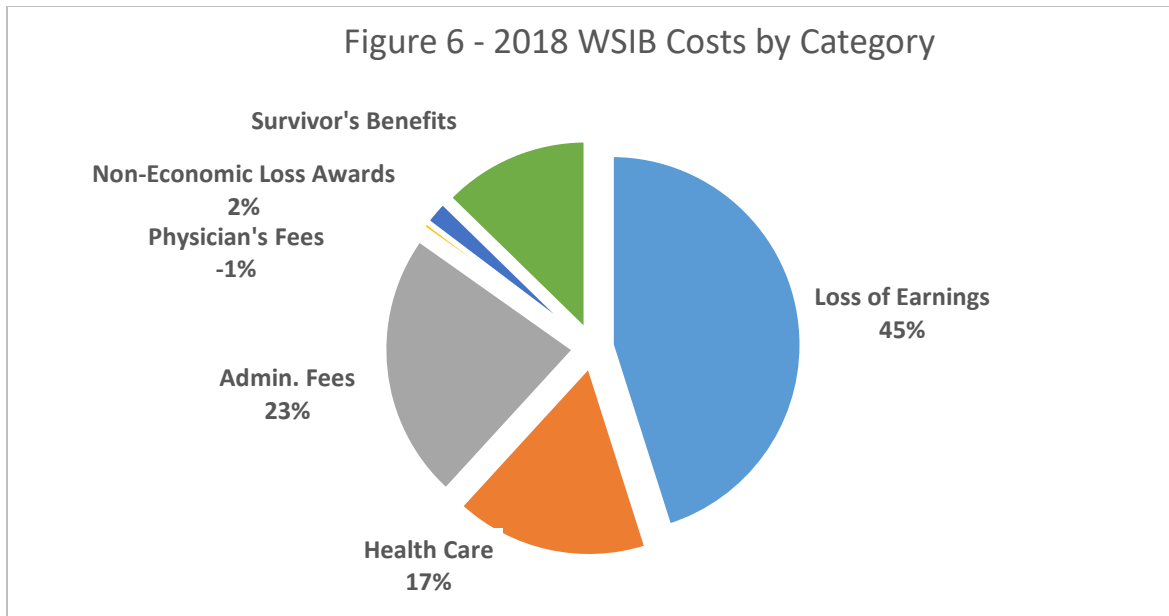
Figure 5 below shows the City's overall invoiced costs related to firefighter cancer claims.



Firefighter cancer claims accounted for approximately \$7.1 million in 2018, a decrease from approximately \$9.7 million in 2017. Presumptive legislation regarding firefighter cancers was introduced in 2014 and rolled out incrementally over a period of four years. Decisions regarding new and retroactive claims resulted in significantly increased costs, particularly in 2016 and 2017. The number of new retroactive cases is declining, a trend that is expected to continue. Toronto Fire Services remains committed to prevention of future firefighter cancers. Significant efforts have been made to characterize firefighter exposure to cancer causing agents and to ensure exposures are addressed during the purchase of equipment (e.g. bunker gear, helmets, and hoods).

Figure 6 provides the City's WSIB Current Firm costs by cost category in 2018. In 2018, health care and loss of earnings percentages increased, whereas survivors' benefits percentage decreased as a result of fewer firefighter cancer claims.

Figure 6 - 2018 WSIB Costs by Category



Appendix D (i) provides the current City's "WSIB Invoiced Costs" for 2018 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 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.

Forty-nine (49) work-related critical injuries were reported to the MOL in 2018. Of these, 37 related to fractures, 7 related to loss of consciousness and 5 to life being placed in jeopardy. Appendix E provides further information with respect to these critical injuries, including the divisions in which the injuries occurred.

In addition, nine incidents were reported to the MOL as critical injuries, although no work-related causes were noted e.g. loss of consciousness, heart attack.

All of these incidents were investigated in the workplace. Information regarding these incidents and any actions taken to prevent a recurrence are shared with joint health and safety committees (JHSC) or health and safety representatives.

MOL Orders/Visits without Orders

The MOL issued sixteen (16) compliance-based orders to the City in 2018. This is the same number as in 2017 and continues the pattern of significant decrease in orders over previous years (e.g. 95 orders in 2014).

The orders in 2018 related to:

- Storage of compressed gases (2)
- Assessment of hazards associated with Zamboni operation near an overhead bridge (1)
- Availability of disposable gloves for contact precautions (1)
- Use of hydraulic support system in excavation in accordance with manufacturer's instructions (1)
- Provision of information and instruction to workers using overhead wire rope cranes (1)
- Maintenance of urinals (1)
- Maintenance of flammable storage cabinets (1)
- Guarding of equipment (2)
- Establishment of written measures and procedures (1)
- Workplace violence risk assessment (1)
- Training regarding personal protective equipment (1)
- Securing of lockers against tipping (2)
- Labelling of Workplace Hazardous Materials Information System (WHMIS) - controlled products (1)

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 are reviewed by the 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 ninety-two (92) MOL visits to City facilities/work operations that did not result in orders during 2018. These visits related to:

- Responding to complaints (sometimes with repeat visits) (35)
- Responding to critical injuries/incidents (sometimes with repeat visits) (34)
- Following up regarding actions taken with respect to MOL orders (7)
- Following up on reports of occupational illnesses/outbreaks (8)
- Investigation of work refusals (2)
- Follow up regarding harassment complaints (4)
- Routine inspection (1)
- Rescinding of an order (1)

MOL and WSIB Initiatives

Ergonomics Initiative in Municipalities

The MOL, in conjunction with the Public Services Health and Safety Association, has undertaken a two year ergonomics initiative to address MSDs in municipalities. From

April 2018 to March 2019, there was a focus on informing and educating municipalities on the essential components of a MSD Prevention Program. From April 2019 to March 2020, MOL inspectors will conduct administrative reviews and onsite inspections focusing on the municipality's internal responsibility system as it relates to MSD prevention; e.g. MSD prevention policy and program, MSD training, MSD reporting and injury investigations and JHSC discussions of MSDs and inclusion of hazards during JHSC workplace inspections. Following the administrative review the MOL will conduct proactive onsite health & safety inspections focusing on what is broadly defined as "public works".

The City of Toronto has had in place a MSD Prevention Policy since 2007. This policy assigns responsibilities to senior management, division heads, managers and supervisors, workers, JHSCs/health and safety representatives, health and safety consultants and ergonomics consultants. This Policy has since been reviewed and updated. A significant reduction in MSD injuries has been achieved since the Policy's introduction. Based on the nature of the work performed, MSDs continue to be the largest injury category.

Medical Assistance in Dying, Amendment to the Workplace Safety and Insurance Act (WSIA)

On May 10, 2018, the Government of Ontario enacted Bill 84, the Medical Assistance in Dying Statute Law Amendment Act, 2016. Bill 84 amends the WSIA to provide that a worker who receives medical assistance in dying is deemed to have died as a result of the injury or disease for which the worker was determined to be eligible to receive medical assistance in dying, if the medical assistance in dying was provided in accordance with federal law.

Amendments to the 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. 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

Presumptive PTSD in First Responders, Amendment to the WSIA

On May 18, 2018, the Government of Ontario enacted Bill 31, the Plan for Care and Opportunity Act (Budget Measures) 2018. Bill 31 amends the WSIA expanding entitlement to benefits for presumptive entitlement for PTSD to six new categories of workers including members of the College of Nurses of Ontario who directly provide patient care. In total, the WSIA now recognizes 18 occupations whereby if a worker is diagnosed with PTSD by a psychiatrist or psychologist and makes a claim for benefits, the condition is presumed to be work related unless the contrary can be shown.

Presumptive Cancers in Firefighters and Fire Investigators, Amendment to the WSIA

On July 1, 2018, the Government of Ontario amended the Firefighters Regulation (Ontario Regulation 253/07) under the WSIA adding ovarian, cervical and penile cancers to the list of diseases presumed to be work related. The additional cancers, as with the previous ones (prostate cancer in 2015, lung cancer in 2016 and primary skin cancer in 2017) apply to full-time, part-time and volunteer firefighters and fire investigators, and are retroactive to January 1, 1960. In total, the WSIA now recognizes 17 prescribed primary site cancers are occupational diseases presumed to have occurred due to the nature of the worker's employment as a firefighter or fire investigator, unless the contrary can be shown.

Key City Health & Safety Initiatives

Some key health and safety initiatives in 2018 included:

- Mental wellness, workplace violence, MSD prevention and infection control initiatives outlined earlier in this report
- Development and OHSCC endorsement of Psychosocial Risk Assessment Guidelines to assist City divisions in evaluating and improving organizational wellness
- Rollout of E-learning with respect to Psychosocial Risk Assessment late in November - 279 employees completed this E-learning in November and December
- Workplace Violence Awareness courses continued to be offered through the corporate learning calendar - 379 employees completed these courses in 2018
- Half-day MSD Prevention modules were provided within three (3) courses for JHSCs and supervisors - 873 employees attended these courses in 2018
- Rollout of new WHMIS E-learning in response to legislative amendments - 820 employees completed this E-learning in 2018
- Rollout of Domestic Violence E-Learning for Supervisors - 2,614 employees completed this E-learning in 2018
- Rollout of Domestic Violence E-learning for Employees - 1,000 employees completed this E-learning following its rollout in September
- A successful JHSC Recognition Event in September with over 500 in attendance
- Joint management and labour review of JHSC Terms of Reference for Multi-Workplace JHSCs in several City divisions

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SIGNATURE

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Executive Director, People, Equity and Human Rights

ATTACHMENTS

Appendix A-Workplace Safety Insurance Board Incidents (January–December) by Division
Appendix B-Loss Time Incident Frequency by Division
Appendix C-Workplace Safety Insurance Board Incidents Costs for all Firm Numbers
Appendix D-Workplace Safety Insurance Board Incidents Invoiced Costs to Year End (less than \$50,000)
Appendix E-Workplace Safety Insurance Board Incidents Invoiced Costs to Year End (greater than \$50,000)
Appendix F - Critical Injuries reported to the Ministry of Labour in 2018