



STAFF REPORT ACTION REQUIRED

Occupational Health and Safety Report: Quarterly and End of Year 2015

Date:	March 15, 2016
To:	Employee and Labour Relations Committee Executive Committee
From:	City Manager and Executive Director of Human Resources
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 third and fourth quarters of 2015 as well as overall health and safety performance for the year.

There was a 6.2% decrease in the number of lost time injuries and an 8.2% decrease in the number of recurrences in 2015 relative to 2014. There was a decrease of 2.4% in medical aid injuries.

Workplace Safety and Insurance Board (WSIB) invoiced costs for 2015 were \$978,906 higher in 2015 than in 2014. The increased costs are attributable to retroactive firefighter cancer claims. Legislation introduced in 2014 presumes certain firefighter cancers to be work-related when specified conditions are met. In 2015, presumption of primary site prostate cancer came into effect for claims dating back to 1960 for firefighters with 15 or more years of firefighting employment. Presumptive primary site lung cancer is being introduced in 2016 and skin cancer in 2017.

Excluding firefighter cancers, there was a \$604,919 decrease in WSIB invoiced costs across all firm numbers. This improvement reflects a significant decrease in the number of lost time injuries, reduced injury severity and the effectiveness of return-to-work efforts.

RECOMMENDATIONS

The City Manager and the Executive Director of Human Resources recommend that:

1. City Council receive the Quarterly and End of Year 2015 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 quarterly 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 3rd and 4th Quarters and End of Year 2015.

<http://www.toronto.ca/legdocs/2005/agendas/council/cc050201/pof2rpt/cl005.pdf>

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 2015 WSIB incidents (work-related injuries/illnesses), by division, during 2015 is attached in Appendix A. Information is also provided for the years 2011 to 2014. 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 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 6.2% decrease in the total number of lost time injuries in 2015 relative to 2014. This decrease was largely attributable to a 23% decrease in slips, trips and falls and an 8% decrease in musculoskeletal disorders (MSDs).

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

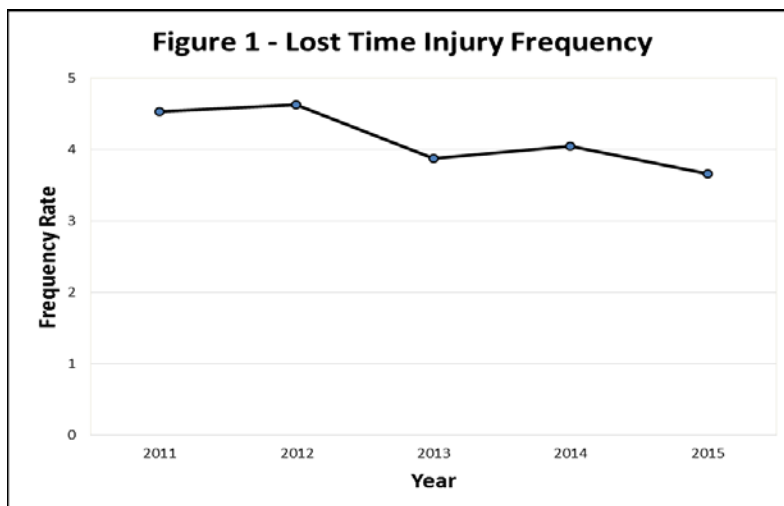
- Parks, Forestry and Recreation experienced a 19.5% decrease, primarily in slips, trips and falls and MSDs
- Employment and Social Services experienced a 32.3% decrease in LTIs across a range of injury categories
- Transportation Services experienced a 36.8% decrease, primarily in slips, trips and falls and MSDs
- Facilities Management experienced a 41.7 % decrease, primarily in injuries resulting from contact with objects and equipment

Recurrences

There was an 8.2% decrease in recurrences in 2015 relative to 2014, largely attributable to fewer recurrences of lost time resulting from slip, trip and fall injuries.

Lost Time Injury (LTI) Frequency

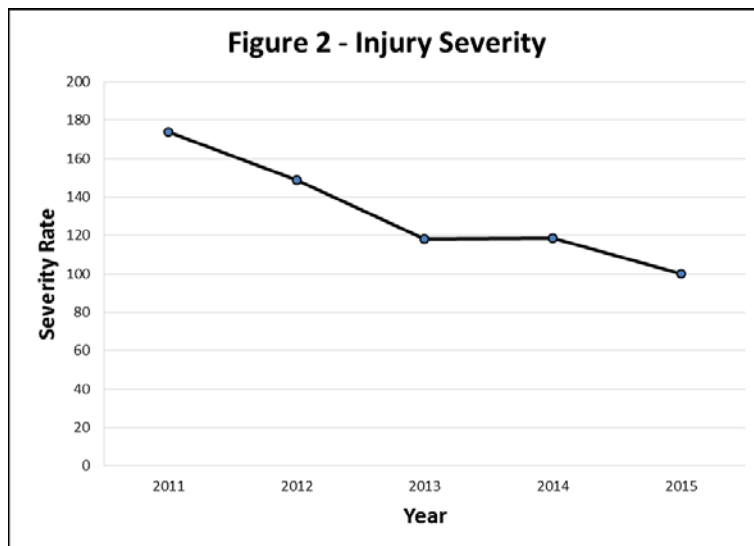
LTI frequency represents the number of LTI events (lost time approved by the WSIB or pending WSIB adjudication decision) per 200,000 hours worked (100 employee-years). The trend in the City’s LTI frequency during 2015 relative to the frequency during the years 2011 to 2014 is provided in Figure 1 below. The City's 2015 LTI frequency decreased from 4.05 in 2014 to 3.66 in 2015.



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. Figure 2 below shows the City's severity rate during 2015 relative to the severity for the years 2011 to 2014. The City's 2015 injury severity rate was 100.2 as compared to the 2014 injury severity rate of 118.6.



The severity number represents the number of days lost per 100 employees in the year. Improvements are a reflection of reduced injury severity and effectiveness of return-to-work efforts. The decrease in the number of musculoskeletal disorders as well as slips, trips and falls injuries is a significant contributor to the overall decrease in 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 2015 are reported in Appendix C. The all-firm costs include WSIB costs that continue for employees whose injuries were sustained in the pre-amalgamation municipalities. Information is also provided for the time period 2011 to 2014.

WSIB invoiced costs for 2015 were \$978,906 higher in 2015 than in 2014. The increased costs are attributable to firefighter cancer claims. Legislation introduced in 2014 presumes certain firefighter cancers to be work-related when specified conditions are met (e.g. duration of firefighting employment). In 2015, presumption of primary site prostate cancer came into effect for claims dating back to 1960 for firefighters with 15 or more years of firefighting employment. Primary site lung cancer is being introduced in 2016 and skin cancer in 2017.

This information is summarized in Figure 3 below.

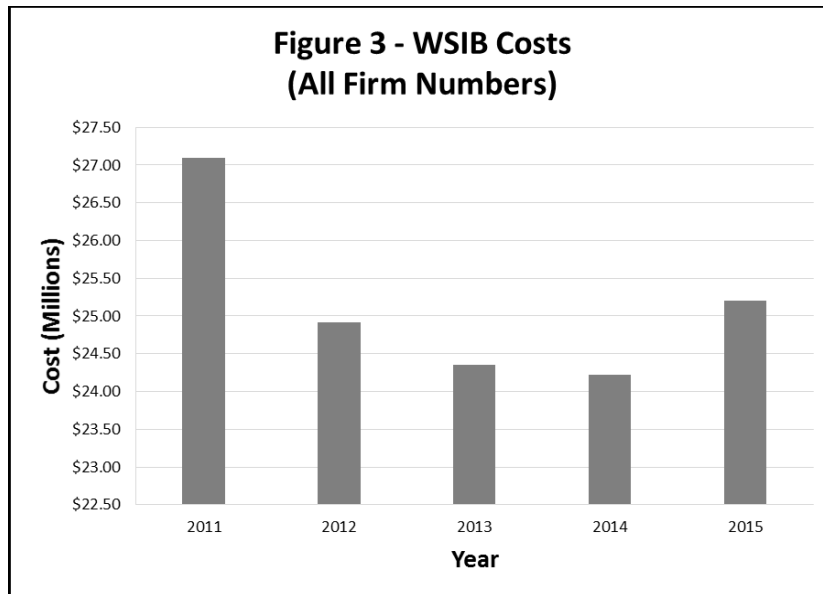
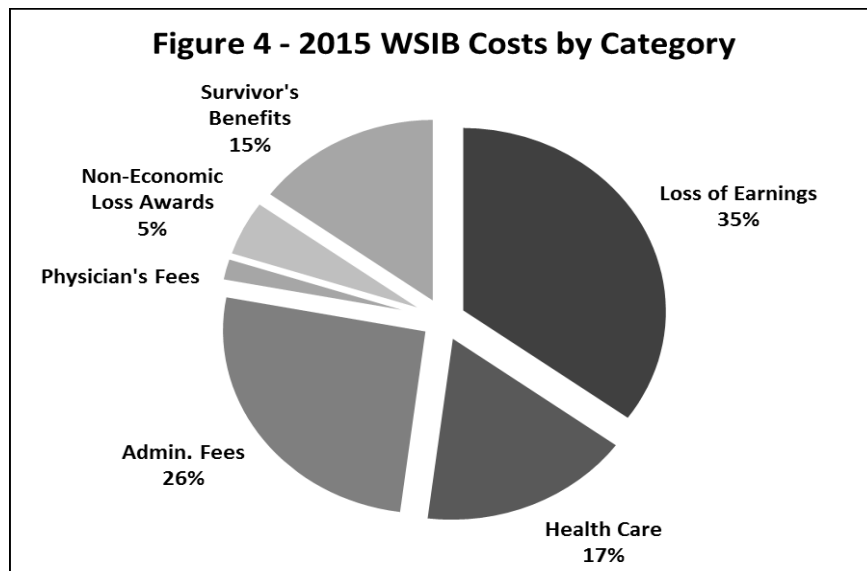
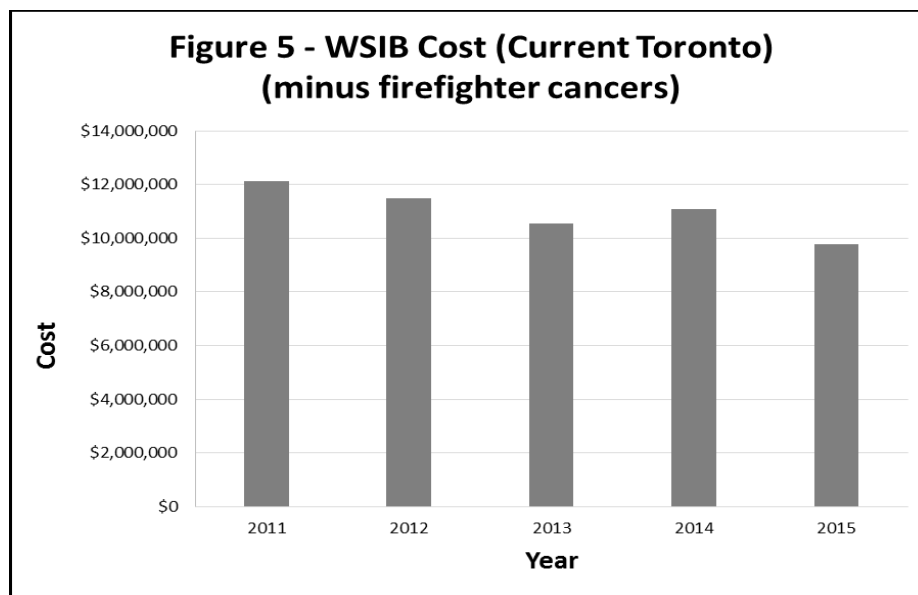


Figure 4 below provides the City's WSIB Current Firm costs (i.e. post-amalgamation) by cost category in 2015. Health care and loss of earnings percentages are lower than last year whereas the survivors' benefits percentage has increased as a result of firefighter cancer claims.



Appendix D(i) provides the current City's "WSIB Invoiced Costs" for 2015 for divisions whose costs were less than \$50,000. Appendix D(ii) provides the information for divisions whose costs were greater than \$50,000.

Figure 5 below shows the City's WSIB costs for the current City firm number, exclusive of firefighter cancers.



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.

Five work-related critical injuries were reported to the MOL during the third quarter of 2015:

- A Transportation Services employee sustained a right lower leg fracture when he fell backwards removing a maintenance hole cover ring.
- A Toronto Water employee sustained a left foot fracture when stepping off the back of a truck.
- A Fire Services employee sustained a left ankle fracture after miss-stepping on a fire hose.
- A Community Recreation employee sustained a left ankle fracture when participating in a soccer game.
- A Public Health employee sustained a left ankle fracture when exiting a client's building.

Four additional critical injuries were reported to the MOL. A Long Term Care Homes and Services employee lost consciousness when cleaning dining room dishes, a Parks, Forestry and Recreation employee experienced a panic attack resulting in loss of consciousness, a Solid Waste Management employee lost consciousness and fell to the floor while performing his regular job duties at his desk and a Parks, Forestry and Recreation employee lost consciousness when cleaning the men's change room.

Six work-related critical injuries were reported to the MOL during the fourth quarter of 2015:

- A Solid Waste Management employee sustained a rib fracture when loading a recycle bin. The tailgate opened striking the employee in the chest.
- A Revenue Services employee sustained a low back fracture as a result of falling off a stool.
- A Fire Services employee sustained a lower leg fracture as a result of a slip and fall on a snow covered road.
- A Solid Waste Management employee sustained a left femur fracture from slipping on ice and falling against a truck.
- A Long Term Care Homes and Services employee sustained a left knee fracture as a result of a trip and fall to the floor while collecting bedside garbage.
- A Long Term Care Homes and Services employee sustained a left knee fracture from tripping on a walker and falling to the floor.

One additional critical injury was reported to the MOL. A Policy, Planning, Finance and Administration employee lost consciousness in an elevator.

MOL Orders/Visits without Orders

The MOL issued 17 orders to the City during the third quarter of 2015. These orders related to:

- Obstruction of an electrical panel
- Examination of lifting devices by competent persons
- Compressed gas storage
- Eyewash station provision and maintenance
- Mould management
- Securing of equipment from tipping/falling
- WHMIS workplace labels
- Ladder maintenance
- Fire extinguisher inspection
- Emergency exit maintenance

The MOL issued 15 orders to the City during the fourth quarter of 2015. These orders related to:

- Joint health and safety committee functioning
- Tailgate pinch points
- Insufficient protection from electrical shock

- WHMIS workplace labels
- Eyewash station inspection
- Shoring of excavations
- Traffic protection
- Maintenance of a sump pit opening
- Examination of lifting devices by competent persons

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 & 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 17 MOL visits to City facilities in the third quarter of 2015 that did not result in orders. Six visits were in response to critical injuries. Three resulted from reported injuries/incidents. Two were routine inspections. One visit was in response to a complaint, one was a follow up visit from a previously-issued order, one was to rescind a previous order, one resulted from an occupational illness outbreak report, one was a result of a fire and one was a proactive blitz visit.

There were 21 MOL visits to City facilities in the fourth quarter of 2015 that did not result in orders. Seven visits were in response to complaints. Five visits were to follow up on previously issued orders. Four visits resulted from reported injuries. Two visits resulted from reported incidents. Two visits were in response to critical injuries and one was a result of an occupational illness outbreak.

MOL and WSIB Initiatives

The Employment and Labour Statute Law Amendment Act, 2015

On December 10, 2015, the province passed legislation amending three separate acts affecting workers to further ensure the rights of employees across the province are protected. The Employment and Labour Statute Amendment Act, 2015, amended the Workplace Safety and Insurance Act, the Fire Prevention and Protection Act and the Public Sector Labour Relations Transition Act. One key change affecting the City was the provision allowing Workplace Safety and Insurance Board (WSIB) survivor benefits to be calculated based on the average earnings, at the time of diagnosis, of the diseased worker's occupation rather than the current legislated minimum. This will increase the amount of support survivors receive.

Legislation to Support First Responders with Post Traumatic Stress Disorder (PTSD)

On February 18th, 2016, the province announced its intent to introduce legislation that would create a presumption that post-traumatic stress disorder (PTSD) diagnosed in first responders is work-related, leading to faster access to resources and treatment. The Province indicates that the Supporting Ontario's First Responders Act (Posttraumatic

Stress Disorder) 2016, which is currently being considered by the Standing Committee on Social Policy, will allow faster access to WSIB benefits and timely treatment, ultimately supporting positive recovery outcomes by:

- Once diagnosed with PTSD, expediting the claims process to be eligible for WSIB benefits
- Removing the need to prove a causal link between PTSD and a workplace event
- Requiring employers to implement PTSD prevention plans within the workplace

The proposed presumption will apply to police officers, firefighters, paramedics, workers in correctional institutions and secure youth justice facilities, dispatchers of police, firefighter and ambulance services and First Nations emergency response teams.

Workplace Violence Prevention in Health Care Leadership Table

On August 12, 2015, the province announced the establishment of a Workplace Violence Prevention in Health Care Leadership Table to seek advice on protecting health care workers from violence in hospitals and the broader health care sector (including long-term care). This leadership table is being overseen by the Ministers of Labour and Health and Long-Term Care.

New Requirements for Joint Health and Safety Committee Certification

The City of Toronto has been an approved Joint Health and Safety Committee (JHSC) Certification Training provider for many years. In order to continue to be a recognized training provider in the future, the City is now required to be approved as a provider under new JHSC Certification Training Program and Provider Standards established by the MOL's Chief Prevention Officer (CPO). These standards set out minimum criteria that have to be met in order for a JHSC certification training program to be approved by the CPO. The purpose of the new Program Standard is to strengthen the common, consistent, foundational training requirements for all certified JHSC members.

The new-CPO established JHSC Certification Training Standards came into effect March 1, 2016. Any future City Joint Health and Safety Committee Certification training will be delivered only after approval for our new training program is obtained.

JHSC members certified under the 1996 Standards are not required to complete any additional training with the new JHSC Certification Training Standards, nor are they required to complete Refresher training in future to maintain their certification.

As of March 1, 2016, however, JHSC members who have completed only Part One Training under the 1996 Standards will have to complete Part Two Training with the new Standards in order to be certified and will be required to take Refresher Training every three years to maintain certification.

Workplace Hazardous Materials Information System (WHMIS) Changes

Since 1988, WHMIS has been Canada's hazard communication system for workplace chemicals. It is a national system implemented through interlocking federal, provincial and territorial legislation and regulations. WHMIS is changing to adopt new international standards for classifying hazardous chemicals and providing information on labels and safety data sheets. These new international standards are part of the Globally Harmonized System for the Classification and Labelling of Chemicals (GHS) and are being phased in across Canada between February 2015 and December 2018. Over this time period, WHMIS 1988 will be phased out and WHMIS 2015 will be phased in.

The MOL has indicated that, during this transition period, employers must ensure that workers are trained on:

- Controlled products with WHMIS 1988 labels and material safety data sheets for as long as they are still used in the workplace, and
- Hazardous products with WHMIS 2015 labels and safety data sheets, as soon as practicable after they enter the workplace and, in some cases, before they are used.

The type and amount of training will depend on whether a product is new to the workplace and/or newly classified as a hazardous product.

- If the product is a controlled product under WHMIS 1988 and is already used in the workplace, workers should already be trained to work with it safely.
- If the same product enters the workplace with WHMIS 2015 labels and safety data sheets, and workers know how to work with it safely, workers may continue to use the product but must be trained as soon as practicable on the content and format of the new supplier labels and safety data sheets.
- If a hazardous product enters the workplace with WHMIS 2015 labels and safety data sheets, and it was not previously used at the workplace, the product may be stored but not used until workers are trained on the new supplier labels and safety data sheets as well as procedures for the safe use, storage, handling and disposal of the product, including in an emergency. The same applies if a product is a hazardous product under the new system but was not classified as a controlled product under the old system.

E-Learning courses on WHMIS 1988 and WHMIS 2015 will be available shortly on the City's Learning Management System – ELI.

New Noise Regulation

A new Noise Regulation under the Occupational Health and Safety Act was approved on December 9, 2015. This new regulation (O. Reg. 381/15), which comes into effect on July 1, 2016, replaces the noise protection requirements set out in the regulations for Industrial Establishments, Mines and Mining Plants, and Oil and Gas-Offshore. It extends the noise protection requirements contained in these regulations to all workplaces under

the Act. New workplaces covered by this regulation include construction projects, health care facilities, fire services and police services.

Key changes include prescribing, for workers exposed to noise but not previously covered, a maximum time-weighted exposure limit of 85 decibels over an eight-hour work shift. This City has been using this exposure limit for many years. The new Regulation will require employers to put in place measures to reduce workers' exposure based on a "hierarchy of controls". These controls could include engineering controls, work practices, and the use of personal protective equipment in the form of hearing protection devices. It will also require that when a worker is provided with a hearing protection device, the employer must also provide adequate training and instruction on that device.

Key City Health & Safety Initiatives

Some key health and safety initiatives in 2015 included:

- Rollout of a Mental Health intranet/internet site for employees
- Development of new E-learning modules for WHMIS 1988 and WHMIS 2015
- Preparation for the City's application to be a continued provider of JHSC Certification training
- Rollout of the new web-based injury and disability management system, Quatro Safety, to City divisions
- Development of a new Emergency Eyewash and Shower Equipment Policy
- Review and revision of a number of health and safety policies and guidelines including the Traffic Control Policy, Workplace Violence Policy and Scented Products Guidelines
- A successful Joint Health and Safety Committee Recognition Event in May

Continuous Improvement: Progress towards Target Zero

There has been a decrease in lost time injuries resulting in fewer days lost due to workplace incidents from 2007 to 2015 since the implementation of the continuous improvement initiative: Target Zero. This demonstrates the success of the continuous improvement joint efforts of employees, union representatives, supervisors and managers. Figure 6 provides a summary of key performance indicators comparing 2007 to 2015.

Figure 6: Target Zero Continuous Improvement Progress

Performance Indicator	2007	2015	% Change
Lost Time Injuries (LTIs)	1703	811	52%
Medical Aids	1410	983	30%
Recurrences	370	101	73%
Frequency	7.9	3.66	54%
Severity	242.6	100.18	59%
Days Lost	52,336	22,069	58%
WSIB Costs	\$30.9M	\$25.2M	18%

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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)