

## **Occupational Health and Safety Report: End of Year 2025**

**Date:** May 19, 2026

**To:** General Government Committee

**From:** Interim Chief People Officer

**Wards:** All

### **SUMMARY**

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This report provides information on the status of the City's health and safety system, specifically, performance for 2025 and actions and priorities to address identified hazards.

There was a 7.5% increase in the number of lost time injuries (LTIs) in 2025 relative to 2024.

There was a 10.4% increase in the number of recurrences and an 8.9% increase in the number of medical aid injuries in 2025 relative to 2024.

The overall invoiced costs related to the City's current Workplace Safety and Insurance Board (WSIB) firm number decreased from \$65.95 million in 2024 to \$64.06 million in 2025. This cost was primarily attributed to claims for mental/emotional illnesses or disorders, followed by those attributed to firefighter cancers, and musculoskeletal disorders resulting from exertion, repetition, awkward posture and vibration/jarring.

### **RECOMMENDATIONS**

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The Interim Chief People Officer recommends that:

1. City Council receive the End of Year 2025 Occupational Health and Safety Report for information.

### **FINANCIAL IMPACT**

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

WSIB-related costs referenced in this report are funded through existing approved operating budgets and do not represent new or incremental funding pressures.

The Chief Financial Officer & Treasurer has reviewed this report and agrees with the information as presented in the Financial Impact Section.

## **DECISION HISTORY**

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At its meeting of February 1, 2 and 3, 2005, City Council approved the recommendation of the Worker and Labour Relations Committee that staff report regularly 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 2025.

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

## **COMMENTS**

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### **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.

### **Injury and Incident Statistics**

#### **Lost Time Injuries, Recurrences and Medical Aid Injuries**

Information regarding reported WSIB incidents (work-related injuries/illnesses), by Division, during 2025 is attached in Appendix A. Information is also provided for the years 2021 to 2024. Information provided includes:

- Number of Lost Time Injuries (LTIs): injuries/illnesses in which lost time was approved by the WSIB or is awaiting WSIB adjudication, as the worker has lost time from work as a result of a reported workplace injury/illness
- Number of Recurrences: injuries/illnesses that were approved by the WSIB or are awaiting WSIB adjudication, as the worker 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 worker has either sought medical aid but not lost time from work as a result of a reported workplace injury/illness or lost time has not been approved by the WSIB

Overall, the total number of LTIs increased by 7.5%, from 1,438 in 2024 to 1,546 in 2025. The primary contributors to LTIs were:

- Musculoskeletal disorders (MSDs) related to exertion, repetition, awkward posture and vibration/jarring
- Injuries resulting from Slips, Trips, Missteps and Falls

- Exposure to traumatic or stressful event(s)

The primary contributors are explained further below.

MSDs resulting from exertion, repetition, awkward posture and vibration/jarring increased by 17.5% from 440 in 2024 to 517 in 2025. Divisions that experienced LTIs in this category were:

- Toronto Paramedic Services (263)
- Toronto Fire Services (65)
- Parks and Recreation (53)
- Spread across multiple Divisions (136)

Actions taken to address identified hazards associated with exertion, repetition, awkward posture and vibration/jarring included the following:

- The City has an MSD Prevention Policy with an established working group of Divisional MSD Program Leads, as well as an annual reporting template for Divisions to report their MSD prevention activities and results
- Regular reports are provided to the Occupational Health and Safety Co-ordinating Committee regarding the City's MSD performance
- Toronto Paramedic Services supported the divisional MSD Committee in reviewing incident data and identifying ergonomic improvements. This included an analysis of stair chair and stretcher use over uneven ground to inform prevention strategies, and the development of a safety video of proper ergonomics for bed-to-bed transfers
- Toronto Fire Services divisional Central Health & Safety Committee conducted ongoing reviews of MSD incidents, including implementation of engineering controls (e.g., installation of an additional apparatus step). Injury trends were reviewed, with recommendations for prevention measures and updates to policies and procedures reflective of operational realities. The 2025/2026 bunker suit fitting returned to a custom "Ensure Fit" model for improved comfort and performance
- Parks and Recreation divisional Branch Training Committees discussed MSD-related training initiatives through safe work procedures, health & safety focus groups, safety talks, and internal communications. An ergonomic assessment of divisional fleet Original Equipment Manufacturer trucks was completed, addressing liftgates, step access, and loading/unloading activities. Orientation materials and monthly safety talks reinforced the MSD Prevention Policy and safe lifting techniques. Hazard assessments were conducted, safety memos were issued, site-specific training was provided, and Joint Health & Safety Committees (JHSCs) reviewed incidents with recommendations implemented

Injuries resulting from slips, trips, missteps and falls increased by 15.7% from 286 in 2024 to 331 in 2025. Divisions that experienced LTIs in this category were:

- Toronto Paramedic Services (77)
- Parks and Recreation (59)
- Toronto Fire Services (44)
- Spread across multiple Divisions (151)

Actions taken to address identified hazards associated with slips, trips, missteps and falls included:

- Toronto Paramedic Services communicated the importance of situational awareness when responding to emergency calls as part of their safety strategy in preventing slips and falls. Preventive measures included contracted salting and snow removal at all paramedic stations and divisional locations. The division continued to use approved safety footwear. Situational awareness communications re-emphasized three-point contact when entering or exiting vehicles
- Parks and Recreation addressed slips, trips, and falls prevention through orientation training, information guides, safe work procedures, and monthly safety talks. Hazard assessments were completed with JHSC review including site-specific interventions to support continuous improvement
- Toronto Fire Services issued a Standard Operating Guideline to all Toronto Fire Services staff to assist in minimizing the occurrence and/or the prevention of slips, trips, and falls

Exposure to harmful substances, environments or stress decreased by 16.8% from 369 in 2024 to 316 in 2025. Divisions that experienced LTIs in this category were:

- Toronto Paramedic Services (106)
- Toronto Fire Services (50)
- Seniors Services and Long-Term Care (49)
- Spread across multiple Divisions (111)

The decrease reflects the effectiveness of actions taken to mitigate hazards in this category. These actions included:

- Toronto Paramedic Services supported staff through health and safety interventions, guided by a Psychological Health and Safety Plan. Staff also had access to a Peer Support Team and Staff Psychologist for support
- Toronto Fire Services promoted psychological health and safety through the communication of safety prevention tools, including the First Responders First PTSD Resource Toolkit and the Toronto Fire Services Wellness Resources Intranet page, with confidential supports offered to all staff
- Seniors Services and Long-Term Care strengthened their hand hygiene program; implemented/updated policies and screening tools to manage Antibiotic-Resistant Organisms; and mandatory masking was implemented during seasonal months for staff, visitors, and residents

## **Recurrences**

There was a 10.4% increase in recurrences, from 67 in 2024 to 74 in 2025, primarily in injuries related to MSDs resulting from exertion, repetition, awkward posture and vibration/jarring.

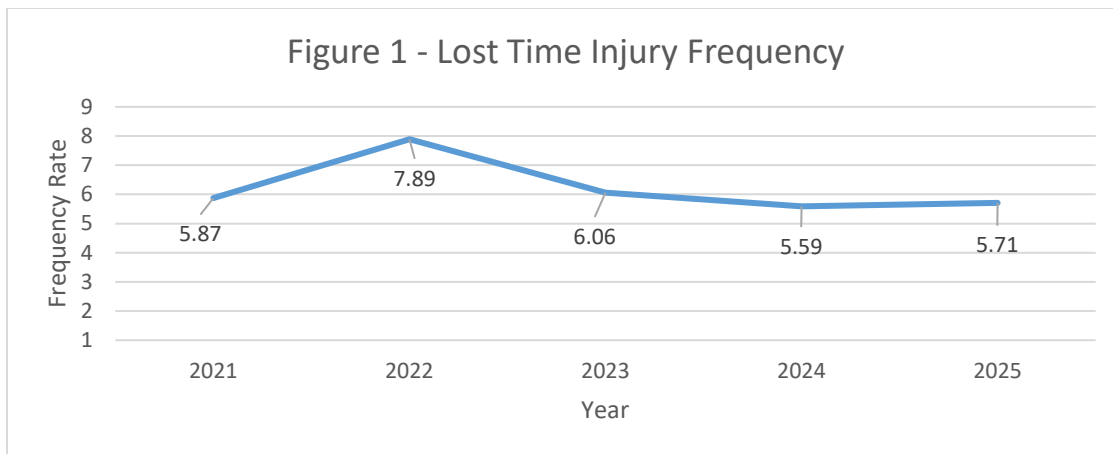
## **Medical Aid Injuries**

There was an 8.9% increase in medical aid injuries, from 644 in 2024 to 701 in 2025, primarily in injuries/illnesses related to exposure to harmful substances, environments or stress (e.g., exposure to caustic, toxic or allergenic agents).

## Lost Time Injury Frequency Rate

The lost time injury frequency rate represents the number of lost time events (lost time approved by the WSIB or pending WSIB adjudication decision) per 200,000 hours worked. The lost time injury frequency rate calculates the number of lost time incidents per year for every 100 workers (working 40 hours/week).

Figure 1 below shows the City's lost time injury frequency rate during 2025 relative to the lost time injury frequency rate during the years 2021 to 2024. The City's lost time injury frequency rate slightly increased from 5.59 in 2024 to 5.71 in 2025 and continues to reflect an overall downward trend compared to 2021.

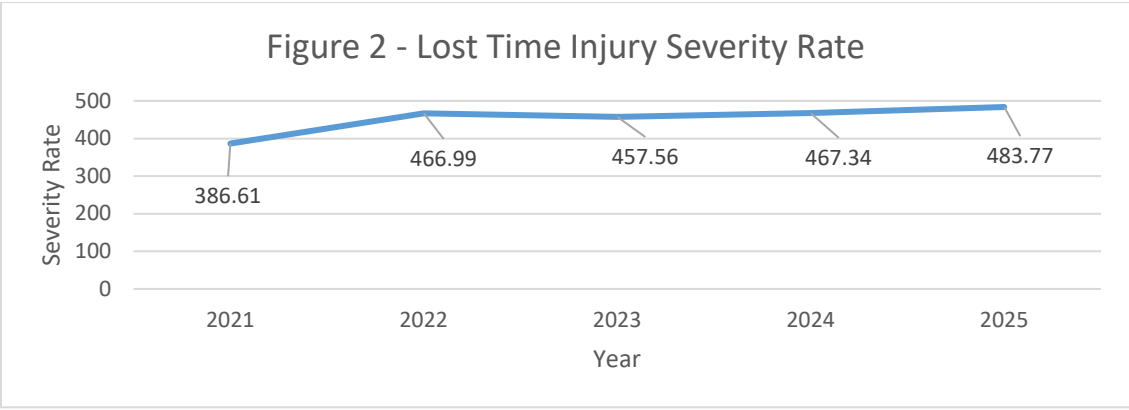


Lost time injury frequency rates for Divisions are reported in Appendix B. It should be noted that in a small City Division, a single lost time incident can result in a high frequency rate. Note: this Appendix only lists lost time injury frequency rates for those Divisions who have experienced any lost time WSIB incidents over the period from 2021 to 2025.

## Lost Time Injury Severity Rate

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

Figure 2 below shows the City's lost time injury severity rate during 2025 relative to the lost time injury severity rate for the years 2021 to 2024. The City's lost time injury severity rate increased from 467.34 in 2024 to 483.77 in 2025 and indicates an upward trend from the previous year and compared to 2021.



In 2025, Toronto Paramedic Services, Toronto Fire Services, and Toronto Shelter & Support Services experienced the highest lost time injury severity rates of all City Divisions. These three Divisions also had the highest number of claims for mental/emotional illnesses or disorders. This upward trend has been consistently observed since 2021 and is expected to continue. Mental/emotional stress illness claims often involve extended recovery periods and greater complexities in return-to-work planning and support.

**WSIB Costs - Costs from All Firm Numbers and Current Firm Number**

Appendix C provides a summary of the overall costs incurred under the City's firm numbers\* in 2025, with comparative data from 2021 to 2024. Total costs across all firm numbers decreased from \$73.9 million in 2024 to \$71.6 million in 2025. Costs for the former firm numbers decreased from \$7.9 million in 2024 to \$7.5 million in 2025.

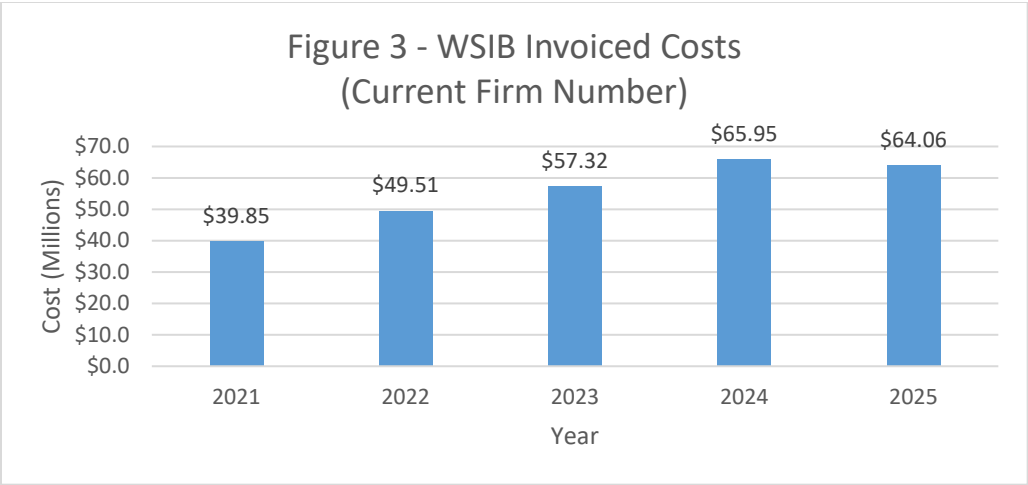
Although the City observed an increase in lost time costs, there were significant reductions in the cost associated with survivor benefits, health care, non-economic loss, and administration fees, resulting in a net decrease in overall WSIB invoiced costs to the City's current firm number. The slight measured improvement observed in 2025 should be interpreted with caution. WSIB cost outcomes are subject to year-to-year variability. The City continues to experience a 5-year upward trend in WSIB invoiced costs.

\*The WSIB firm number is the City's account number with the WSIB. The City currently uses one firm number and has since amalgamation. The City has historical firm numbers for the previous municipalities.

When a worker in a Division has a work-related injury/illness, WSIB claims are initiated under the City's WSIB firm number. Any associated costs incurred and billed by WSIB are allocated to the Division in which the worker was employed at the time of the injury/illness.

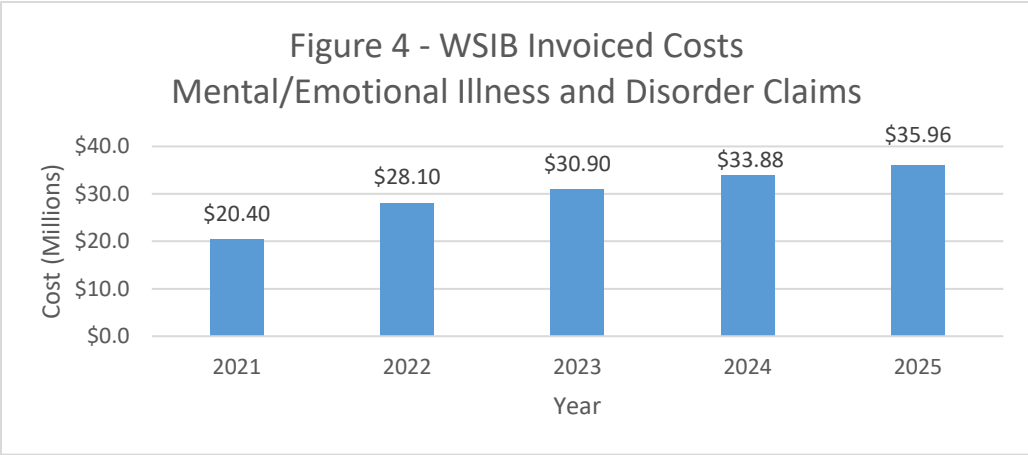
All figures shown hereafter are representative of the City's current WSIB firm number.

Figure 3 below shows the WSIB invoiced costs.



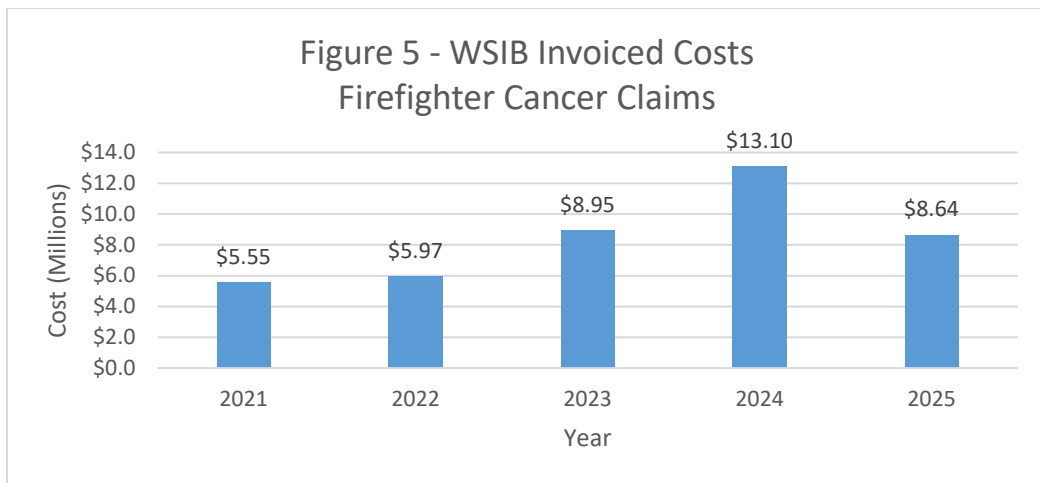
The invoiced costs related to the City's current WSIB firm number decreased from \$65.95 million in 2024 to \$64.06 million in 2025. The costs associated with claims for mental/emotional illnesses or disorders represented the largest portion of costs incurred in 2025, followed by those attributed to firefighter cancers and MSDs resulting from exertion, repetition, awkward posture and vibration/jarring.

Figure 4 below shows the WSIB invoiced costs related to claims for mental/emotional illnesses or disorders.



There was an increase in costs associated with claims for mental/emotional illnesses or disorders from \$33.88 million in 2024 to \$35.96 million in 2025. The most significant increase in cumulative costs occurred in Toronto Paramedic Services and Toronto Fire Services. This increase is largely attributable to legislation introduced in 2016 that presume Post-Traumatic Stress Disorder (PTSD) diagnoses for first responders, when made by a psychiatrist or psychologist, to be work-related. PTSD claims remain very costly due to the specialized and prolonged health care required, as well as the significant length of time necessary to achieve a return-to-work outcome.

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

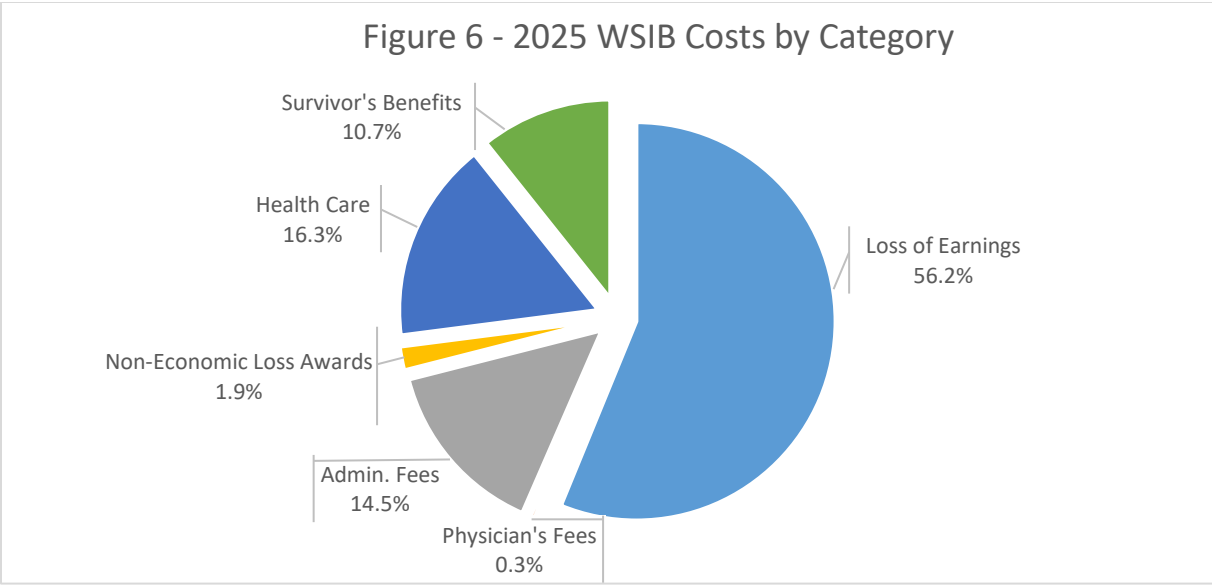


There was a decrease in costs associated with firefighter cancer claims from \$13.10 million in 2024 to \$8.64 million in 2025. Presumptive legislation regarding firefighter cancers was introduced in 2014 and was rolled out incrementally. With the introduction of new cancer coverage in past years, the overall increase in costs is associated with new/retroactive firefighter cancer claims and is expected to continue. In 2025, the required years of service-related employment for presumptive kidney cancer coverage was lowered from 20 to 10 years of service. The age requirement of diagnosis (before age 61) for colorectal cancer was removed. These changes also extend coverage retroactively to January 1, 1960.

Figure 6 provides the City's 2025 WSIB invoiced costs by category.

Compared to 2024, the proportion of the total costs increased in the areas of Administration Fees (14.4% in 2024, 14.5% in 2025) and Loss of Earnings (49.8% in 2024, 56.2% in 2025).

Compared to 2024, the proportion of the total costs decreased in the areas of Survivor's Benefits (15.2% in 2024, 10.7% in 2025), Non-Economic Loss Awards (2.7% in 2024, 1.9% in 2025), Physician Fees (0.4% in 2024, 0.3% in 2025) and Health Care (17.6% in 2024, 16.3% in 2025).



Appendix D(i) outlines the “WSIB Invoiced Costs” for 2021-2025 and depicts Divisions whose costs were less than \$50,000 in 2025.

Appendix D(ii) outlines the “WSIB Invoiced Costs” for 2021-2025 and depicts Divisions whose costs were greater than \$50,000 in 2025.

**Critical Injuries and Fatalities**

The Occupational Health and Safety Act stipulates requirements for reporting fatalities and critical injuries to the Ministry of Labour, Immigration, Training and Skills Development (MLITSD). 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

There were thirty-eight (38) critical injuries reported to the MLITSD in 2025. Of these:

- Sixteen (16) involved fractures
- Fifteen (15) involved loss of consciousness
- Four (4) involved continuation visits
- Three (3) N/A

Appendix E provides further information about the above critical injuries. All of the above incidents were investigated in the workplace. Information regarding these incidents and any actions taken to prevent a recurrence were shared with JHSCs or Health and Safety Representatives, as applicable.

Where a person is killed from any cause at a workplace, the employer is obligated to notify the MLITSD. There was one (1) City of Toronto worker occupational fatality in 2025.

## **MLITSD Visits and Orders**

In 2025, there were one hundred sixty-five (165) MLITSD visits to City of Toronto facilities and work operations, including repeat visits.

The top three reasons that initiated these MLITSD visits were in response to:

- Reports of Occupational Illness/Outbreak (57):
  - Forty-one (41) of which related to occupational illnesses, other than COVID-19
  - Sixteen (16) related to COVID-19
- Critical Injury (39)
- Complaints (37)

The remaining thirty-two (32) visits were initiated for the following reasons:

- Workplace Harassment
- Blitz/Initiatives
- Requested Visit
- Workplace Violence
- Inspection
- Work Refusals
- JHSC Related
- Follow-up on Order

Out of all MLITSD visits in 2025, six (6) compliance-based orders were issued to the City of Toronto. The orders related to:

- Administrative (postings, notifications, review of policies/practices, inspections, work refusal procedure, compliance plans) (3)
- Specific hazards (2)
- Instruction, information, training and/or supervision (1)

The City of Toronto adhered to all required compliance dates with respect to all of the above orders.

## **MLITSD Initiatives**

Each year the MLITSD schedules compliance initiatives and/or campaigns in specific sectors to protect workers' rights under the Occupational Health and Safety Act and enhance employers' awareness of their responsibilities. These initiatives run annually from April 1 in a given year to March 31 of the following year.

In 2025, the MLITSD committed to meeting requirements outlined in its Prevention Works Strategy for the occupational health and safety system, for years 2021 to 2026, and its mission to ensure that every worker goes home safely to their family at the end of the day. The MLITSD used a risk-based process to focus its initiatives which took into account the following:

- Injury, Illness and Fatality Rates
- Compliance History
- Nature of the Work (e.g., inherent job hazards)
- Current Events
- Vulnerability of Workers
- Strategic Priorities
- Advice from Stakeholders and Field Intelligence

### **Key City Health and Safety Initiatives**

In 2025, the City focused on the development and review of health and safety policies, protocols and tools for the protection of workers, specifically in the following areas:

- Respirator Protection
- Workplace Violence
- Psychological Health and Safety Policy
- Lithium-Ion Battery Use, Storage & Charging Policy
- Small Appliances in CREM-Operated City Office Spaces

Additionally, the City continued to work on the following:

- Advisory Memo regarding Automatic External Defibrillator on Ontario Construction Projects
- Revised the Psychological Health & Safety Policy
- Revised the Respirator Protection Policy
- Revised the Heat Stress Policy
- Revised the Indoor Air Quality Policy
- Updated the City of Toronto's WHMIS training

### **Upcoming Provincial Health and Safety Initiatives**

In 2026, the MLITSD is running a number of workplace compliance campaigns and initiatives as follows, that may potentially impact the City:

- Education, Awareness and Enforcement
- Focused Inspections
- Internal Responsibility System for health and community care sectors
- Occupational Hygiene Campaigns: Worker exposures to chemical agents in the workplace; and Workplace Hazardous Materials Information System (WHMIS) training based on the amended Hazardous Products Regulations

## **CONTACT**

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## **SIGNATURE**

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Tobie Mathew  
Interim Chief People Officer

## **ATTACHMENTS**

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Appendix A - Workplace Safety and Insurance Board Incidents by Division (January to December 2025)  
Appendix B - Lost Time Frequency Rates by Division (2021-2025)  
Appendix C - WSIB Invoiced Costs for All Firm Numbers (2021-2025)  
Appendix D(i) - Workplace Safety and Insurance Board Invoiced Costs Less Than \$50,000 (2021-2025)  
Appendix D(ii) - Workplace Safety and Insurance Board Invoiced Costs Greater Than \$50,000 (2021-2025)  
Appendix E - Critical Injuries Reported to the MLITSD in 2025