



Hamilton

INFORMATION REPORT

TO:	Chair and Members Audit, Finance and Administration Committee
COMMITTEE DATE:	April 11, 2016
SUBJECT/REPORT NO:	Occupational Injury and Illness Claims Annual Report (HUR16004) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Lora Fontana, 905-546-2424 Ext. 4091 David Lindeman, 905-546-2424 Ext.5657
SUBMITTED BY:	Lora Fontana Associate Executive Director, Human Resources & Organizational Development
SIGNATURE:	

Council Direction:

At its May 11, 2015 Audit, Finance & Administration Committee meeting, Council requested an information update on our Workplace Safety and Insurance Board (WSIB) experience, including identifying our lost-time injury rate, areas experiencing higher numbers of incidents as well as providing strategies to reduce incidents in those areas. Council also asked that severity rates be included in the data. Human Resources provided Report HUR15009 to Audit, Finance & Administration Committee in November 2015 and will continue to provide annual and semi-annual WSIB reports.

Information:

The efforts of departmental management, joint health and safety committees, and the Health, Safety and Wellness Team has resulted in significant improvements in our accident prevention and return to work outcomes in 2015. In 2015, there were fewer injuries and less lost time from those incidents as compared to 2014. Specifically:

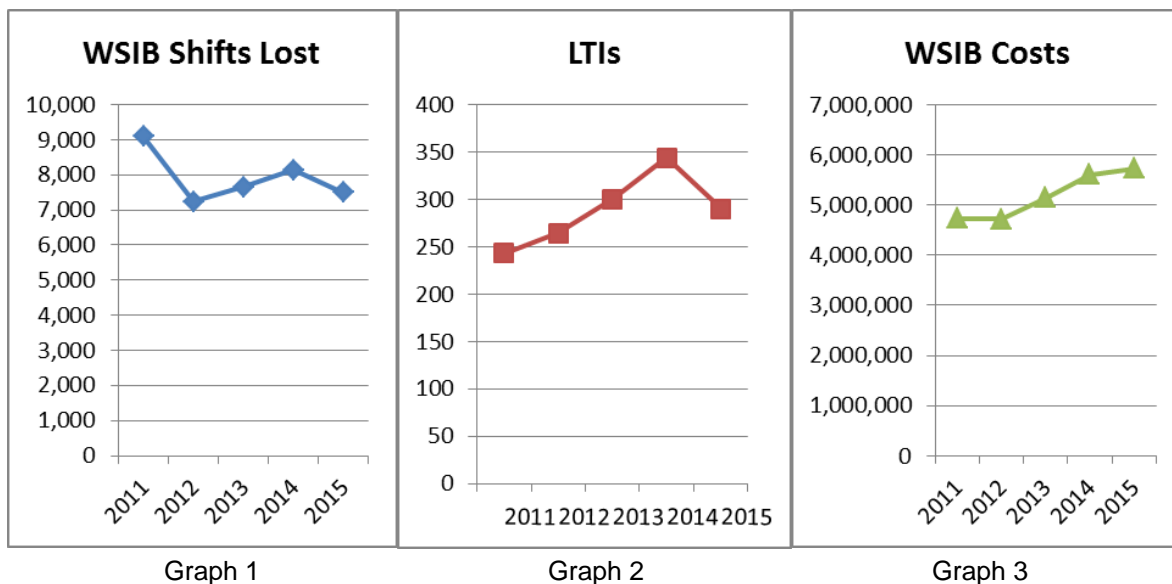
- Lost time incidents dropped from 344 to 290
- Lost-time injury rate decreased from 5.83 to 4.84
- Total days lost decreased from 8,141 to 7,497
- Average days lost per claim have been declining annually since 2013
- There was an overall 21% reduction in musculoskeletal injuries and a 46% reduction in shifts lost for new musculoskeletal claims City wide

The following table and graphs provide an overview of the City's WSIB claims experience over the past 5 years.

Table 1: Lost Time Injuries, Shifts Lost and Costs 2011 - 2015

Year	Average Eligible Employee Headcount	WSIB Shifts Lost	New Lost Time Injuries	Total WSIB Costs
2011	7,733	9,097	243	\$4,737,270
2012	7,674	7,232	264	\$4,716,217
2013	7,773	7,650	300	\$5,150,578
2014	7,849	8,141	344	\$5,608,974
2015	7,960	7,497	290	\$5,731,270

Graphs 1-3: Lost Time Injuries (LTIs), Shifts Lost and Costs 2011 - 2015



Lost-time incidents decreased by 16% in 2015 as compared to 2014. This decrease in lost time injuries was due primarily to reductions in musculoskeletal injuries as well as slip, trip and fall incidents. WSIB costs continued to rise despite the drop in incidents due to increases in salaries and wages, increases in WSIB physician and administration fees, and costs associated with former firefighter disease claims.

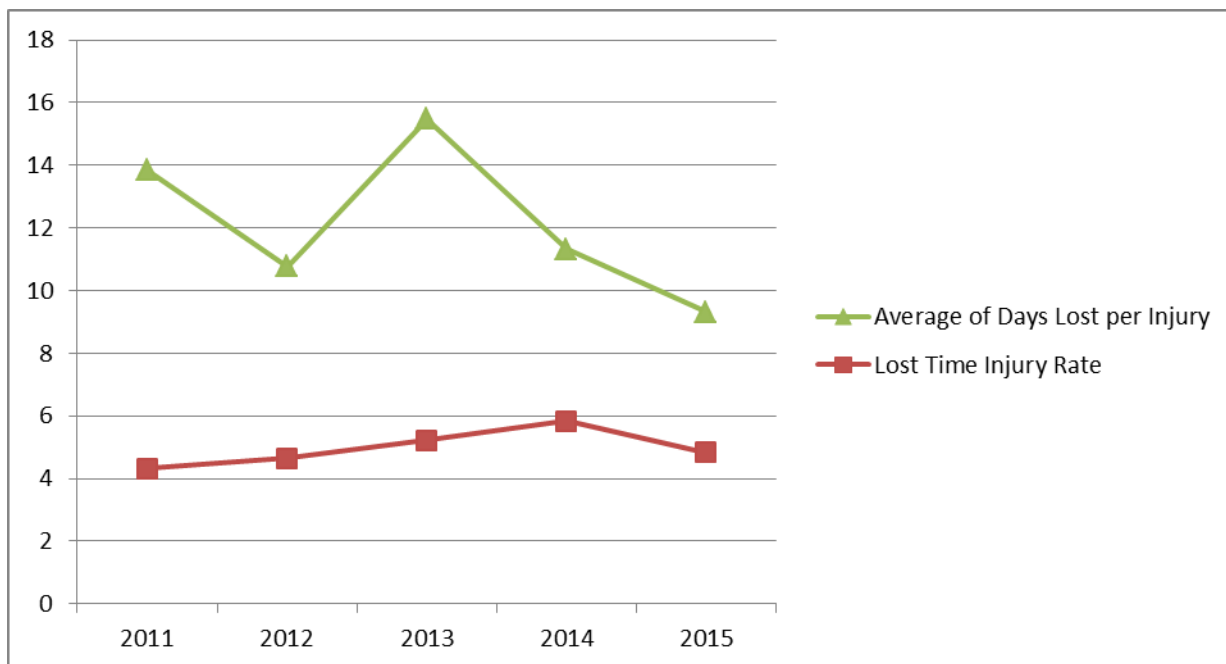
Table 2 provides lost time injury data expressed as a Lost Time Injury Rate per 100 employees i.e. (# of lost time injuries/(total hours worked/2,000)X100) and considers all hours worked by our employees and divides the total by 2,000 hours to calculate a full-time equivalent employee count. This calculation accounts for differences in hours worked amongst employees (including part-time vs full-time employees) to get a more accurate indicator of the total hours worked and exposure to risk instead using a straight headcount. The table also provides an indication of the severity of injuries by looking at the average days lost per claim.

Table 2: Lost Time Injury Rates and Average Days Lost 2010 - 2015

Year	Lost Time Injury Rate	Average of Days Lost per Injury*
2011	4.33	13.83
2012	4.65	10.77
2013	5.22	15.48
2014	5.83	11.32
2015	4.84	9.31

*Calculated as of March 15, 2016. These amounts will go up as seven (7) claims are still open and the employees have not returned to work.

Graph 4: 5 year trend of LTI Rate and Average Days Lost (severity)



The lost time injury rate declined by 17% in 2015. The average days lost per claim (severity rate) has been declining since 2013, dropping 18% in 2014 and a further 25% in 2015.

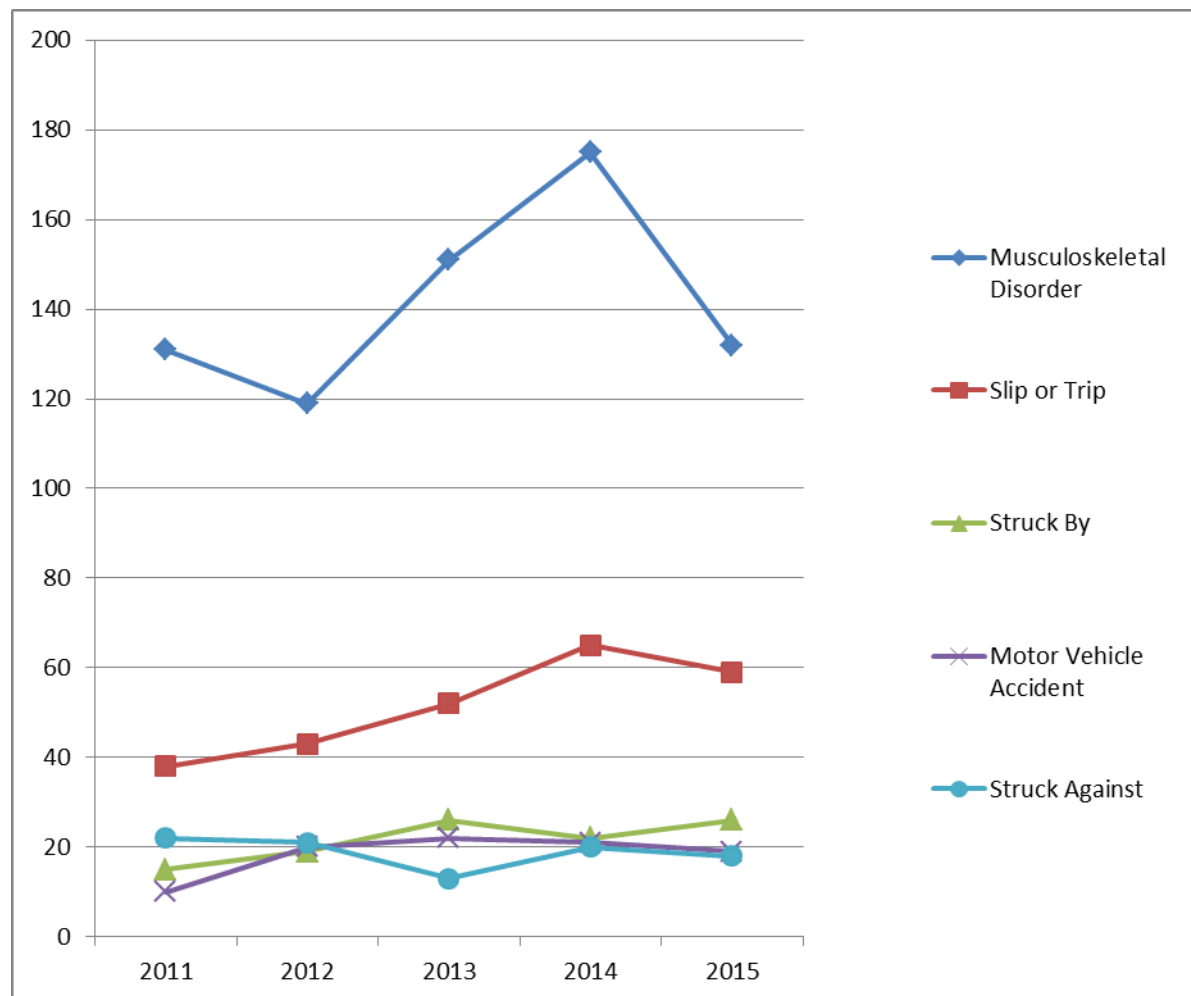
The most current lost time injury rate for 2014 from Ontario Municipal Health and Safety Representatives Association for all participating municipalities (n=35) was 3.54. For the 9 municipalities with at least 2,000 employees, it was 3.82. For the 3 municipalities with at least 4,000 employees it was 4.00. Our rates are higher in part because we are a single tier municipality with fire, EMS, transit, waste collection and long-term care facilities. These five areas accounted for approximately 65% of our total annual lost time injuries over the last five years. Community and Emergency Services and Public Works as a whole combined accounted for 94% of all lost time injuries over that period.

Table 3 provides the breakdown of lost time injury types in 2015.

Table 3: Lost Time Injury Types 2015

Injury Type	Lost Time Injuries	% of Total Injuries
Musculoskeletal Disorder	127	43.79%
Slip or Trip	50	17.24%
Struck By	24	8.28%
Struck Against	15	5.17%
Motor Vehicle Accident	15	5.17%
Exposure - Chemical/Biological	12	4.14%
Fall or Jump	12	4.14%
Mental Health	10	3.45%
Caught In/On/Between Objects	9	3.10%
Violence	6	2.07%
Environmental	3	1.03%
Other	3	1.03%
Fire/Explosion	2	0.69%
Occupational Disease	1	0.34%
Hazard	1	0.34%
Total	290	100.00%

Graph 5: 5 year Trends for the top 5 Injury Types



Overall Lost Time Injuries 2014 and 2015

Overall, the City has experienced improvements in the number of lost time injuries and shifts lost in 2015 compared to 2014, as outlined on Table 4. There has been a 16% reduction in new lost time incidents, a 29% reduction in shifts lost to new incidents.

Table 4 includes comparative data at the department level as well. Corporate Services was the only department that did not have an improvement in the number of new lost time injuries, lost time injury rate and the shifts lost to new lost time injuries in 2015. It should be noted that they had no claims the previous year.

Table 4: Overall Lost Time 2014 and 2015

	Lost Time Injuries			
	2012	2013	2014	2015
City Housing Hamilton	1	9	6	4
City Manager's Office	0	1	1	0
Community & Emergency Services	155	154	164	152
Corporate Services	0	0	0	2
Planning & Economic Development	15	11	17	6
Public Health Services	0	2	3	1
Public Works	93	123	153	125
Corporation	264	300	344	290
	Lost Time Injury Rate			
	2012	2013	2014	2015
City Housing Hamilton	2.78	7.49	4.75	3.03
City Manager's Office	0.00	0.62	0.59	0.00
Community & Emergency Services	6.97	7.05	7.41	6.87
Corporate Services	0.00	0.00	0.00	0.61
Planning & Economic Development	3.09	2.24	3.44	1.15
Public Health Services	0.00	0.57	0.85	0.28
Public Works	4.49	5.92	7.03	5.64
Corporation	4.65	5.22	5.83	4.84
	Shifts Lost, New Lost Time Injuries			
	2012	2013	2014	2015
City Housing Hamilton	89	162	360	108
City Manager's Office	0	81	2	0
Community & Emergency Services	1,025	1,015	1,024	802
Corporate Services	0	0	0	237
Planning & Economic Development	232	244	229	36
Public Health Services	0	66	7	3
Public Works	1,184	1,503	1,778	1,227
Corporation	2,530	3,071	3,400	2,413

Table 5: Average Days Lost per Injury Claim (Severity) 2013 to 2015

	Average Days lost per Injury*			
	2012	2013	2014	2015
Community & Emergency Services	13.01	7.96	8.65	5.57
Public Works	14.89	19.94	12.38	11.19
Planning & Economic Development	10.60	26.45	13.59	6.00
City Housing Hamilton	323.00	59.02	57.00	34.25
Corporate Services	0.00	0.00	0.00	139.50
Public Health Services	0.00	32.00	2.33	3.00
City Manager's Office	0.00	81.00	2.00	5.04
Corporation	10.77	15.48	11.32	9.31

**Calculated as of March 15, 2016. These amounts will go up as seven (7) claims are still open and the employees have not returned to work.*

The decline in average days off is due in large part to the efforts made to return injured workers back to full duties quickly and safely. Our Return to Work Specialists work quickly to contact injured workers and their supervisors to identify and coordinate the employee's return to modified duties or finding alternative work.

Musculoskeletal Disorders

These types of injuries occur primarily in those areas where physical exertion is required to perform tasks. Public Works and Community and Emergency Services workers account for 98% all of the musculoskeletal injuries. The high-risk jobs include waste collection, road crews, transit workers, long-term care employees, paramedics, and firefighters. Slips, trips and falls are also a concern for these groups and others in the City.

As indicated in Report HUR15012, pilot projects were established in waste collection and paramedic services to reduce the high number of musculoskeletal injuries.

Human Resources assigned a Return to Work Specialist to be on-site in the waste collection area two half-days a week to provide education and coaching to management and workers. This included direction on how to identify alternative job tasks and make timely offers of modified duties to injured workers so time lost to workplace injuries could be immediately eliminated or reduced. The project was successful and the Return to Work Specialist continues to work on site two half days a week.

With the financial support of the operating departments, Human Resources employed two University of Waterloo kinesiology co-op students to work with waste collection and Hamilton Paramedic Services (HPS). Using these additional resources, a number of initiatives were undertaken in 2015 to focus on the ergonomic factors that are leading to the high numbers of musculoskeletal injuries (sprains and strains) amongst our workers.

Collectively, the departments and Human Resources reviewed and updated the physical demands analyses for the tasks being performed in these areas. Individual employees were coached on proper lifting techniques and offered stretching programs. For employees who have to work at computer workstations, their workstations were assessed for ergonomic hazards and they were shown the proper way to set up the equipment to avoid injury and discomfort. In some cases, new equipment was provided. Hamilton Paramedic Services also began introducing power-assisted stretchers that will eliminate many hazards associated with lifting and transporting patients.

These focused efforts at reducing musculoskeletal injuries combined with increased efforts at early and safe return to work of injured employees resulted in reductions in both the number of lost time injuries and shifts/days lost related to musculoskeletal disorders when comparing 2015 to 2014. As well, these reductions have resulted in cost savings in the various work areas as indicated below in Table 6.

Table 6: Lost Time Musculoskeletal Injuries 2014 and 2015

	New Lost Time Injuries		Shifts Lost, New Lost Time Injuries		Potential Savings in from fewer Lost Time Injuries*
	2014	2015	2014	2015	
Waste Collections	18	12	193	116	\$30,600
Hamilton Paramedic Services	51	46	158	121	\$14,510
HSR	28	17	263	103	\$110,750
Fire	22	10	70	32	\$60,970
All other groups	42	42	547	298	
Corporation	161	127	1,231	670	\$216,830

* based on average claims costs

The efforts of all departments in conjunction with attention to early and safe return to work of injured employees through the support of the Health, Safety and Wellness Specialists and the Return to Work Services team have contributed to an overall 21%

reduction in injuries and a 46% reduction in shifts lost for new musculoskeletal claims City wide.

There has been a 33% reduction in new musculoskeletal injuries and a 40% reduction in shifts lost for new claims for waste collection operators. Average cost of a musculoskeletal lost time injury from 2011 to 2014 was \$5,100. The potential savings from having 6 less lost time injuries in 2015 is \$30,600.

As well, there has been a 10% reduction in injuries and a 23% reduction in shifts lost for paramedics. Average cost of a musculoskeletal lost time injury from 2011 to 2014 was \$2,900. The potential savings from having 5 less lost time injuries in 2015 is \$14,510.

Hamilton Street Railway (HSR) management has recognized the importance of reducing ergonomic hazards and ensuring that operators are properly trained. Newer equipment has been added with attention to reducing drivers overreaching or adopting awkward positions. Injured employees are offered modified duties as soon as possible. In 2015 there was a 49% reduction in new musculoskeletal injuries and a 60% reduction in shifts lost for new claims for HSR operators compared to 2014. Average cost of a musculoskeletal lost time injury from 2011 to 2014 was \$10,068. The potential savings from having 11 less lost time injuries in 2015 is \$110,750.

Hamilton Fire Services has also been able to reduce the number of musculoskeletal injuries in the first 9 months of 2015 compared to 2014 by 55% and had a 54% reduction in shifts lost for new claims. Average cost of a musculoskeletal lost time injury from 2011 to 2014 was \$5,080. The potential savings from having 12 less lost time injuries in 2015 is \$60,970.

In total, the potential savings from having 34 less lost time injuries in the work groups noted above in 2015 was \$216,830.

Macassa and Wentworth Lodges have identified resident transfers and interactions as the leading cause of a rise in musculoskeletal injuries amongst its staff. In response, management has instituted a number of initiatives to lower the number of musculoskeletal injuries including training of staff on dementia care, providing the support of a psychogeriatric consultant to assist staff on dealing with resident behaviours, accessing support from Behavioural Supports Ontario and ensuring the residents' levels of care are appropriate.

Slips, Trips and Falls

Slips, trips and falls are also a major concern for our employees, and when combined, account for 21% of all lost time incidents. The extreme conditions encountered during the prolonged and severely cold and icy winter at both the beginning and end of the year lead to an increase in slips and falls and musculoskeletal injuries in departments, particularly with our “outside” workers.

To help address these hazards, Human Resources/Health Safety & Wellness assisted the departments with a number of initiatives, including:

- Introduction of anti-slip work surfaces and footwear for waste collectors
- Increased monitoring of snow and ice removal at paramedic stations as recommended by the Joint Health and Safety Committee
- Information bulletins and reminders distributed to staff on the hazards of slippery walking surfaces
- Supervisors in Public Works highlighted slip and fall prevention at monthly “tool box” meetings with their teams

As per the data in Table 7, these strategies helped lead to a 27% reduction in slips, trips and falls lost time injuries.

Table 7: Lost Time Slips, Trips and Falls 2014 and 2015

	New Lost Time Injuries		Shifts Lost, New Lost Time Injuries	
	2014	2015	2014	2015
Corporation	85	62	741	890

Unfortunately, two of the injuries in 2015 resulted in significant time off from work (235 and 88 shifts missed) for the employees involved. This resulted in an increase in the total lost days despite the reduction in incidents.

Moving Forward

We have maintained our partnership with University of Waterloo, with an additional cooperative education placement of a kinesiology student working with the Health, Safety and Wellness Team with waste collection again for the first part of the year.

Staff continues to ensure ongoing communication regarding the prevention of slips and falls due to poor weather conditions during the winter season. Managers and supervisors will be expected to ensure outdoor surfaces are kept clear of snow and ice, employees are wearing the right footwear and all employees are helping to keep each other safe by reporting poor conditions and assisting in snow and ice removal.

The new supervisor training program provided in 2015 will continue to be provided throughout 2016. The program emphasizes the important role of supervisors in keeping workplaces safe and provides tools for identifying, assessing and controlling workplace hazards. Senior Management Team has deemed this a mandatory program for all people leaders who have not completed equivalent training in the last 5 years; 150 leaders have completed the new training program to date.

A new Workplace Hazardous Materials Information System (WHMIS) training program will be made available to employees later this year. The program will reflect changes made to the hazard classification system that will see new workplace chemical safety symbols, labelling and information sheets in our workplaces.

This year's learning and recognition event in May for our joint health and safety committees will focus on Workplace Mental Health. A separate report on mental health well-being will be presented to Council in May of this year.

The Health, Safety and Wellness team has analyzed the WSIB data and provided profile reports to their respective departments. These profile reports identify the leading causes of injury, highlight work areas with high lost time injuries. The team will continue to work with department representatives on strategies for reducing lost time injuries.