



# INFORMATION REPORT

<b>TO:</b>	Chair and Members Audit, Finance and Administration Committee
<b>COMMITTEE DATE:</b>	April 24, 2017
<b>SUBJECT/REPORT NO:</b>	Occupational Injury and Illness Claims Annual Report (HUR17005) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Rob Burwash, 905-546-2424 Ext. 2655 David Lindeman, 905-546-2424 Ext.5657
<b>SUBMITTED BY:</b>	Lora Fontana Executive Director, Human Resources & Organizational Development
<b>SIGNATURE:</b>	

## 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.

## 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 2016. In 2016, there were fewer injuries and less lost time from those incidents as compared to 2015. Specifically:

- Lost time incidents dropped from 290 to 249
- Lost-time injury rate decreased from 4.84 to 4.10
- Total days lost decreased from 7,497 to 6,678
- There was an overall 23% reduction in musculoskeletal injuries and a 15% 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.

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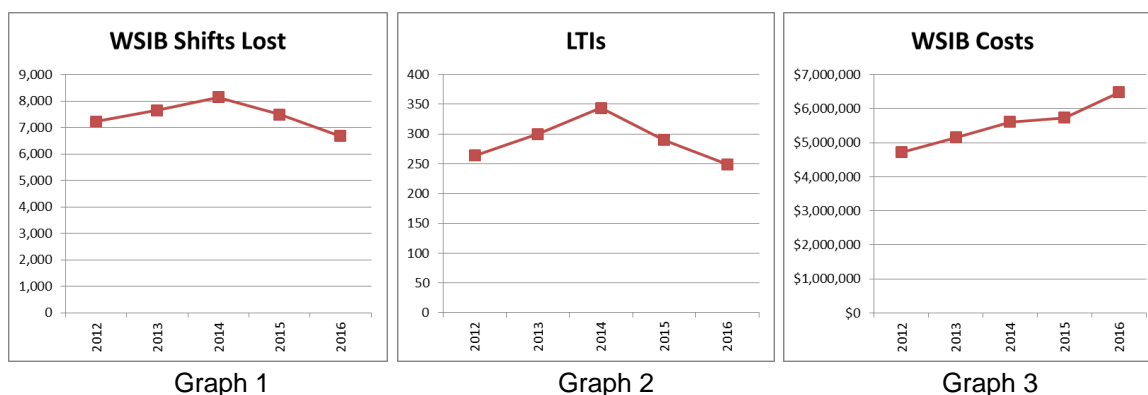
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Table 1: Lost Time Injuries, Shifts Lost and Costs 2012 – 2016

Year	Average Eligible Employee Headcount	WSIB Shifts Lost	New Lost Time Injuries	Total WSIB Costs
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
2016	8,133	6,678	249	\$6,476,831

Graphs 1-3: Lost Time Injuries (LTIs), Shifts Lost and Costs 2012 - 2016



Lost-time incidents decreased by 14% in 2016, as compared to 2015. This decrease in lost time injuries was due primarily to reductions in musculoskeletal injuries. There was also an 11% decrease in the total shifts lost to workplace injury and illness. 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.  $(\# \text{ of lost time injuries} / (\text{total hours worked} / 2,000) \times 100)$  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

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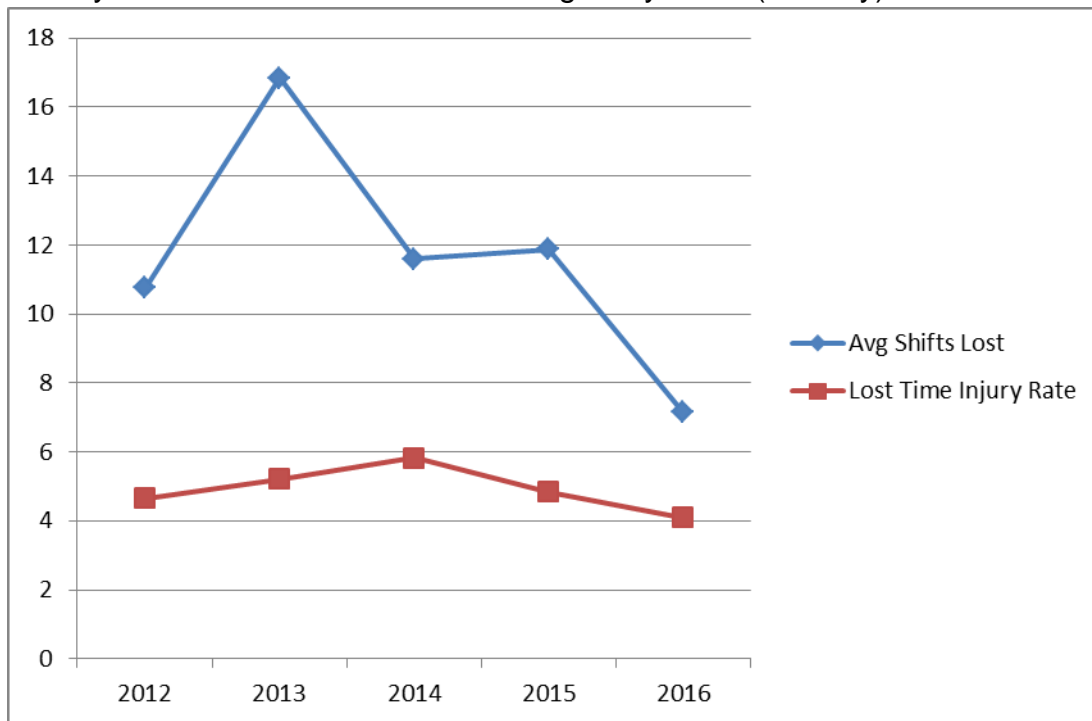
accurate indicator of the total hours worked and exposure to risk instead using a straight headcount. The table also provides an indication of the **severity** of injuries by looking at the average days lost per claim.

Table 2: Lost Time Injury Rates and Average Days Lost 2012 - 2016

Year	Lost Time Injury Rate	Average of Days Lost per Injury*
2012	4.65	10.76
2013	5.22	16.84
2014	5.83	11.59
2015	4.84	11.87
2016	4.10	7.14

\*Calculated as of February 27, 2017. These amounts will go up as several 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 15% in 2016. The average shifts lost per claim (severity rate) has declined since 2013 indicating shorter durations of employees being totally disabled from attending work. Some claims are still open and their shifts lost will add to average shift lost over time. Most of the open claims occurred in 2016.

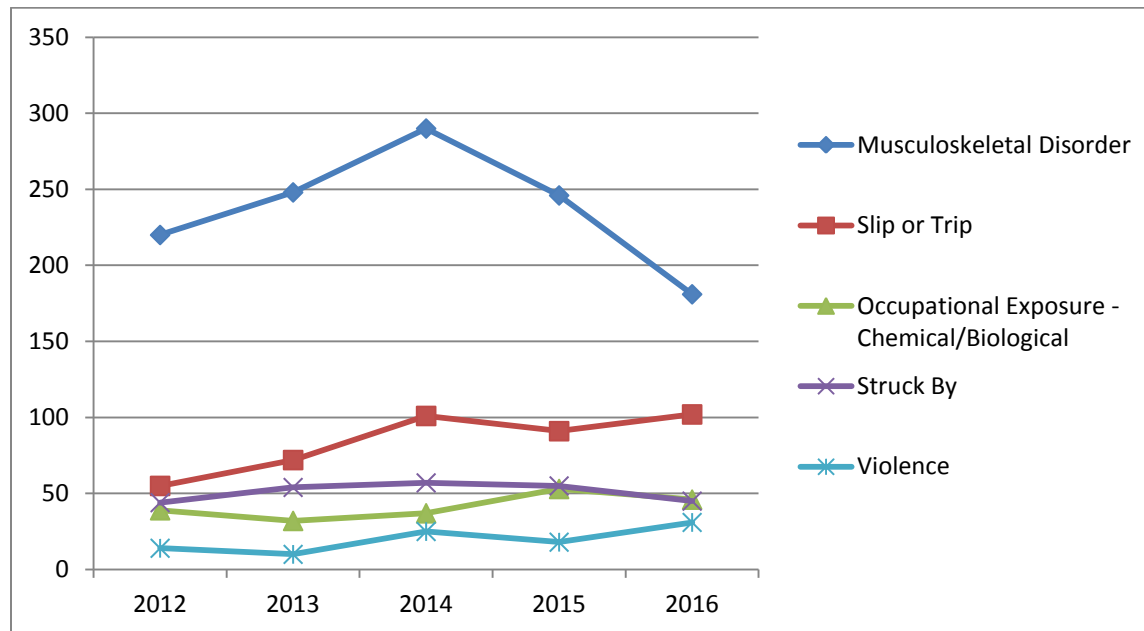
The most current lost time injury rate comparisons available from an annual survey conducted by the Ontario Municipal Health and Safety Representatives Association indicate a rate of 4.22 for all participating municipalities (n=19). For the 2 municipalities with at least 3,000 employees who participated in the survey, their rates were 5.69 and 4.14. It is encouraging that our rates are comparable to other municipalities given we are a single tier municipality with fire, EMS, transit, waste collection and long-term care facilities. These five areas accounted for most of our total annual lost time injuries over the last five years.

Table 3: Lost Time Injury Types 2016

Injury Type	Lost Time Injuries	% of Total Injuries
Musculoskeletal Disorder	98	39.36%
Slip or Trip	55	22.09%
Struck By	17	6.83%
Motor Vehicle Accident	12	4.82%
Violence	12	4.82%
Mental Health	11	4.42%
Other	9	3.61%
Fall or Jump	8	3.21%
Struck Against	6	2.41%
Animal/Insect	4	1.61%
Occupational Exposure - Chemical/Biological	4	1.61%
Allergies	3	1.20%
Recurrence	2	0.80%
Fire/Explosion/Electrical	2	0.80%
Sharps - Medical	2	0.80%
Environmental	2	0.80%
Occupational Disease	2	0.80%
Total	249	100.00%

Musculoskeletal Disorders and Slips and Trips accounted for over 60% of the lost time claims and remain priority areas for our injury and illness prevention efforts.

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



#### Overall Lost Time Injuries 2012 to 2016

Overall, the City has experienced improvements in the number of lost time injuries and shifts lost in 2016 compared to 2015, as outlined on Table 4. There has been a 14% reduction in new lost time incidents, an 11% reduction in shifts lost to new incidents.

Table 4: Overall Lost Time 2012 to 2016

	Lost Time Injuries				
	2012	2013	2014	2015	2016
City Housing Hamilton	1	9	6	4	7
City Manager's Office	0	1	1	0	0
Community & Emergency Services	155	154	164	152	117
Corporate Services	0	0	0	2	1
Planning & Economic Development	15	11	17	6	11
Public Health Services	0	2	3	1	5
Public Works	93	123	153	125	106
Corporation	264	300	344	290	249

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	Lost Time Injury Rate				
	2012	2013	2014	2015	2016
City Housing Hamilton	2.78	7.49	4.75	3.03	5.41
City Manager's Office	0.00	0.62	0.59	0.00	0.00
Community & Emergency Services	6.97	7.05	7.41	6.87	5.34
Corporate Services	0.00	0.00	0.00	0.61	0.29
Planning & Economic Development	3.09	2.24	3.44	1.15	2.03
Public Health Services	0.00	0.57	0.85	0.28	1.41
Public Works	4.49	5.92	7.03	5.64	4.72
<b>Corporation</b>	4.65	5.22	5.83	4.84	4.10
	Shifts Lost, New Lost Time Injuries				
	2012	2013	2014	2015	2016
City Housing Hamilton	89	162	360	108	28
City Manager's Office	0	81	2	0	0
Community & Emergency Services	1,025	1,015	1,024	802	631
Corporate Services	0	0	0	237	3
Planning & Economic Development	232	244	229	36	77
Public Health Services	0	66	7	3	10
Public Works	1,184	1,503	1,778	1,227	668
<b>Corporation</b>	2,530	3,071	3,400	2,413	1,417

Table 5: Average Days Lost per Injury Claim (Severity) 2012 to 2016

	Average Days lost per new injury*				
	2012	2013	2014	2015	2016
Community & Emergency Services	7.01	8.56	9.20	6.48	5.74
Public Works	13.50	23.79	12.54	13.74	9.12
Planning & Economic Development	15.80	26.45	13.59	6.40	8.19
City Housing Hamilton	323.00	59.02	60.33	34.25	5.43
Corporate Services	0.00	0.00	0.00	260.00	1.00
Public Health Services	0.00	32.00	2.33	3.00	2.02
City Manager's Office	0.00	81.00	2.00	0.00	0.00
Corporation	10.76	16.84	11.59	11.87	7.14

\*Calculated as of February 27, 2017. These amounts will go up as some claims are still open and the employees have not returned to work.

The sustained 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

Musculoskeletal injuries occur primarily in those areas where physical exertion is required to perform tasks. Previously reported initiatives to reduce the high number of musculoskeletal injuries established in waste collection, paramedic services and Hamilton Street Railway continued in 2016. This focus on controlling the hazards that cause the injuries resulted, 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 2016 to 2015. (see Table 6)

Table 6: Lost Time Musculoskeletal Injuries 2014 to 2016

	New Lost Time Injuries			Shifts Lost, New Lost Time Injuries			Potential Savings in from fewer Lost Time Injuries in 2016*
	2014	2015	2016	2014	2015	2016	
Waste Collections	18	12	3	193	116	18	\$85,023
Hamilton Paramedic Services	51	46	20	158	121	41	\$69,940
HSR	28	17	13	263	103	111	\$14,552
Fire	22	10	10	70	32	22	n/a
All other groups	42	42	52	547	298	377	n/a
<b>Corporation</b>	<b>161</b>	<b>127</b>	<b>98</b>	<b>1,231</b>	<b>670</b>	<b>569</b>	

\* based on average claims costs X reduction in lost time incidents in 2016

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 23% reduction in injuries and a 15% reduction in shifts lost for new musculoskeletal claims City wide in 2016 compared to 2015. Injury prevention activities have led to fewer lost time injuries. The Return to Work Specialists also contributed to the reduction by

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assisting management in identifying and offering suitable modified work to employees immediately following a workplace incident. In some cases, this resulted in no lost time from work for the worker involved. In other cases, the time off work was greatly reduced.

There has been a 75% reduction in new musculoskeletal injuries and an 84% reduction in shifts lost for new claims for waste collection operators. Average cost of a musculoskeletal lost time injury from 2012 to 2015 was \$9,447. The potential savings from having 9 less lost time injuries in 2016 is \$85,023.

As well, there has been a 56% reduction in injuries and a 66% reduction in shifts lost for paramedics. Average cost of a musculoskeletal lost time injury from 2012 to 2015 was \$2,690. The potential savings from having 26 less lost time injuries in 2016 is \$69,940.

Hamilton Street Railway (HSR) had a 23% reduction in new musculoskeletal injuries and a 7% increase in shifts lost for new claims for HSR operators in 2016 compared to 2015. Average cost of a musculoskeletal lost time injury from 2012 to 2015 was \$3,638. The potential savings from having 4 less lost time injuries in 2016 is \$14,552.

Hamilton Fire Services maintained a lower number of musculoskeletal injuries in 2016. The shifts lost for new claims was reduced by 31%.

#### Slips, Trips and Falls

Table 7: Lost Time Slips, Trips and Falls 2014 to 2016

	New Lost Time Injuries		2016	Shifts Lost, New Lost Time Injuries		2016
	2014	2015		2014	2015	
Corporation	85	62	63	741	890	393

Slips, trips and falls are a major concern for our employees, and when combined account for 25% 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 a slight increase in slips and falls and musculoskeletal injuries in many departments, particularly with our “outside” workers. The icy conditions in January and December accounted for 35% of the slips and falls in 2016. The number of days lost to these types of injuries was reduced in 2016. Similar to the efforts to reduce lost time associated with musculoskeletal injuries, the Return to Work Specialists worked with management in identifying and offering suitable modified work to employees immediately following a workplace incident.



## Mental Health

Further to the information provided to Council in Report (HUR16009) - (City Wide) on April 25, 2016, below is an update on our employee mental health and well-being initiatives including PTSD prevention and response.

- Hamilton Paramedic Services trained all staff (over 300 employees) in the 'Road to Mental Readiness' (R2MR) training program through the Mental Health Commission of Canada; Hamilton Fire is also looking at delivering the program to their staff.
- Hamilton Paramedic Services and the Hamilton Fire are re-establishing their peer support teams with the assistance of experts in the field.
- Our EFAP provider is offering supports specific for first responders.
- Human Resources trained 24 facilitators to deliver The Working Mind program to deliver this Mental Health Commission of Canada program for non-first responders to employees throughout the organization.
- The 2016 learning and recognition event held in May for our joint health and safety committees focussed on Workplace Mental Health.
- Council endorsed the Workplace Mental Health Strategy and approved the *Workplace Mental Health and Wellbeing Policy* in 2016.

## Other Initiatives

- A new Workplace Hazardous Materials Information System (WHMIS) training program was launched in 2016. The program reflects changes made to the hazard classification system that will see new workplace chemical safety symbols, labelling and information sheets in our workplaces.
- 1108 staff were vaccinated for Influenza at 28 Clinics.
- Human Resources and Public Works participated in the Sun Safety at Work Canada study for outside workers in conjunction with Ryerson University.
- Trained 132 staff in Non-violent crisis intervention techniques.
- Delivered training programs on chronic pain control and mental health resiliency to 25 employees identified as needing support to remain at work.
- The new supervisor training program continued in 2016. The program emphasizes the important role of supervisors in keeping workplaces safe and provides tools for identifying, assessing and controlling workplace hazards. 300 leaders have completed the new training program to date including 94 in 2016.
- A new online/classroom blended program with McMaster University Continuing Education on health and safety essentials for frontline managers and supervisor was developed.
- The Critical Incident Support Team had 14 team activations for Group support and 20 activations for Peer support in 2016.

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