



Hamilton

INFORMATION REPORT

TO:	Chair and Members Audit, Finance and Administration Committee
COMMITTEE DATE:	March 26, 2018
SUBJECT/REPORT NO:	Occupational Injury and Illness Claims Annual Report (HUR18008) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Rob Burwash 905-546-2424 Ext. 2655 David Lindeman 905-546-2424 Ext.5657
SUBMITTED BY:	Lora Fontana Executive Director Human Resources & Organizational Development
SIGNATURE:	

Council Direction:

At its May 11, 2015 Audit, Finance and 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 City experienced an increase in work-related lost time incidents in 2017 after seeing significant decreases in 2016. As a result, lost time related absence have returned to pre 2016 activity levels. Specifically:

- Lost time incidents rose from 249 in 2016 to 330 in 2017
- Lost-time injury rate increased from 4.10 to 5.46
- Total days lost increased from 6,678 to 7,689
- Total WSIB costs decreased from \$6,476,831 to \$6,236,790

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

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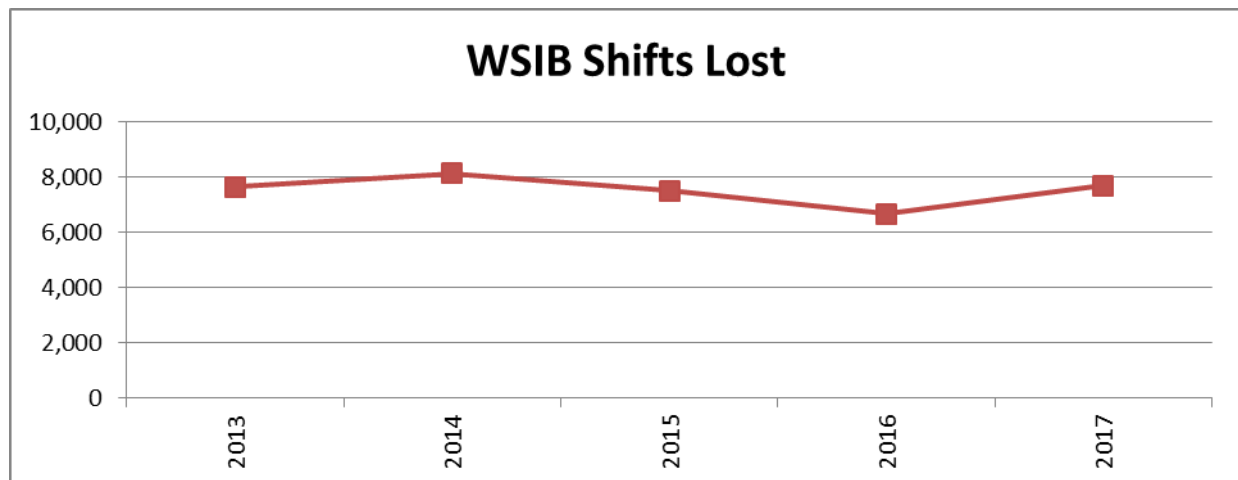
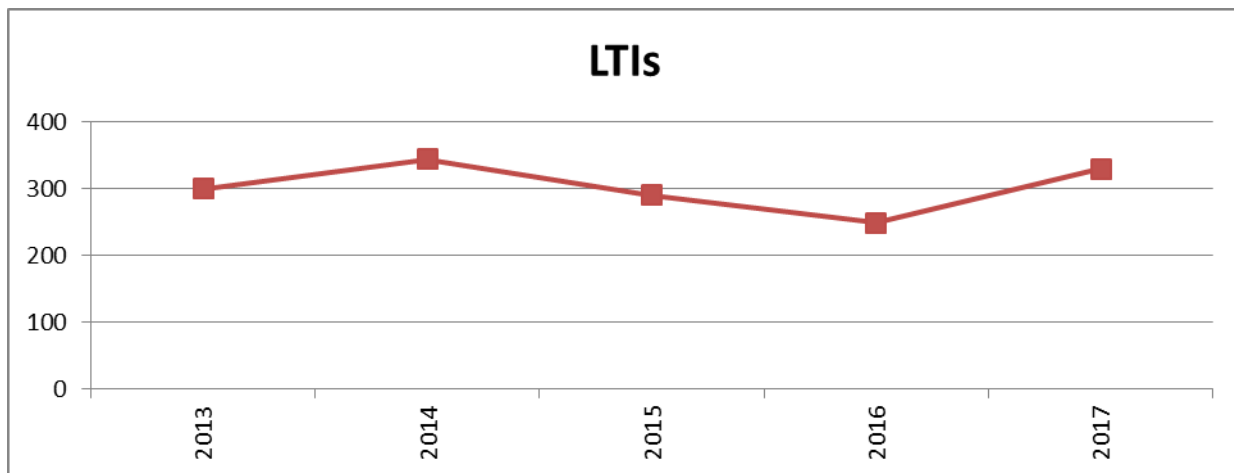
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Table 1: Lost Time Injuries, Shifts Lost and Costs 2013 – 2017

Year	Average Eligible Employee Headcount	WSIB Shifts Lost	New Lost Time Injuries	Total WSIB Costs
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
2017	8,194	7,689	330	\$6,236,790

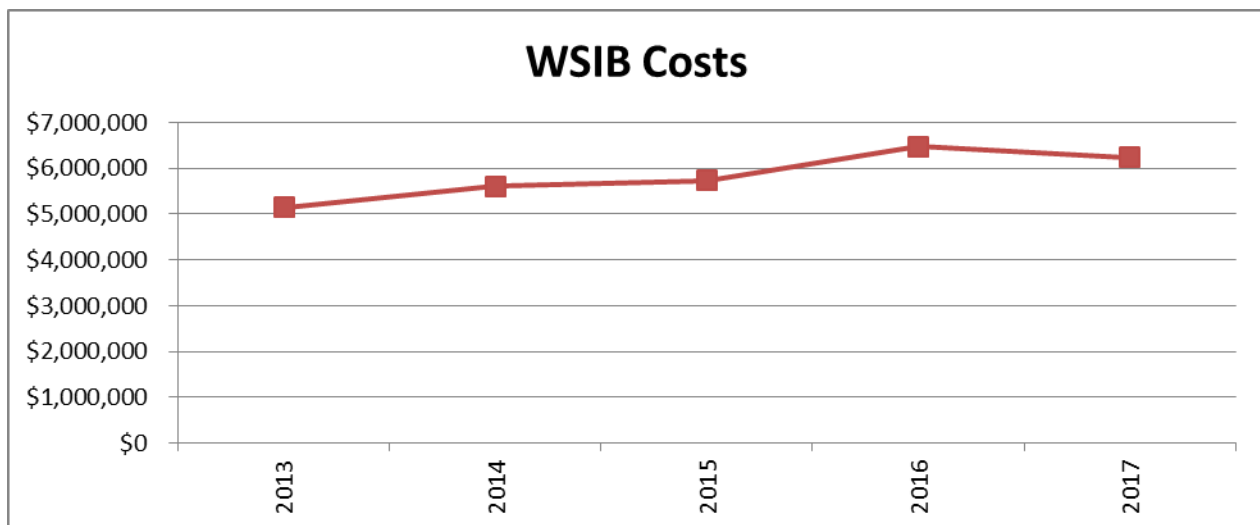
Graphs 1-3: Lost Time Injuries (LTIs), Shifts Lost and Costs 2013 – 2017



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Lost-time incidents increased by 33% in 2017, as compared to 2016. There was also an increase of 15% in the total shifts lost to workplace injury and illness. WSIB costs dropped 3.7%. This reduction in overall costs is due to a relatively lower number of presumptive cancer claims for firefighters as well as a significant administrative fee credit from WSIB.

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 2013 – 2017

Year	Lost Time Injury Rate	Average of Days Lost per Injury*
2013	5.22	17.42
2014	5.83	11.72
2015	4.84	12.69
2016	4.10	9.81
2017	5.46	10.78

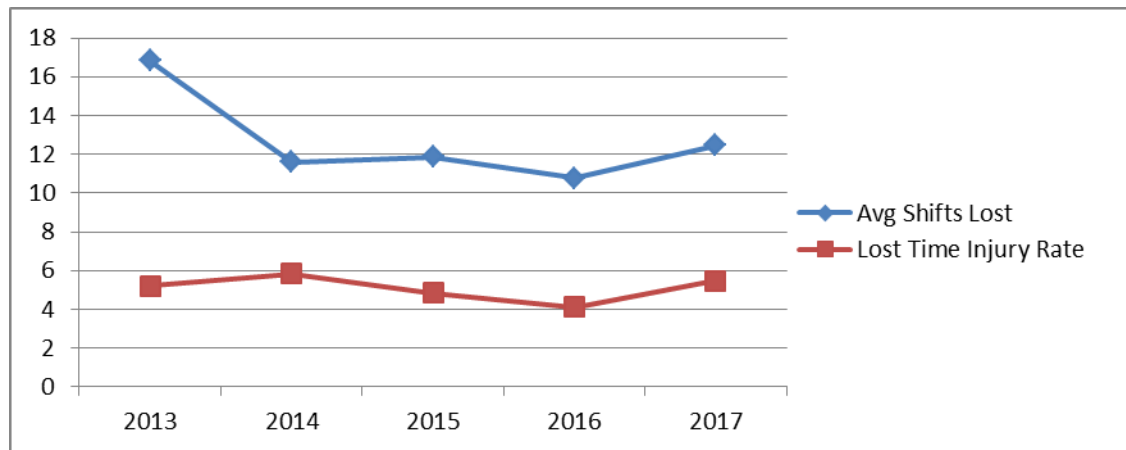
*Calculated as of February 13, 2018. These amounts will go up as several claims are still open and the employees have not returned to work.

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



The lost time injury rate rose by 15% in 2017. The average shifts lost per claim (severity rate) rose in 2017 but has declined overall 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 2017.

Table 3: Lost Time Injury Types 2017

Injury Type	Lost Time Injuries	% of Total Injuries
Musculoskeletal Disorder	120	36.36%
Slip or Trip	59	17.88%
Motor Vehicle Accident	26	7.88%
Struck By	25	7.58%
Violence	19	5.76%
Mental Health	18	5.45%
Struck Against	17	5.15%
Fall or Jump	11	3.33%
Other	11	3.33%
Caught In/On/Between Objects	8	2.42%
Exposure - Chemical/Biological	7	2.12%
Animal/Insect	4	1.21%
Occupational Disease	4	1.21%
Hazard	1	0.30%
Total	330	100.00%

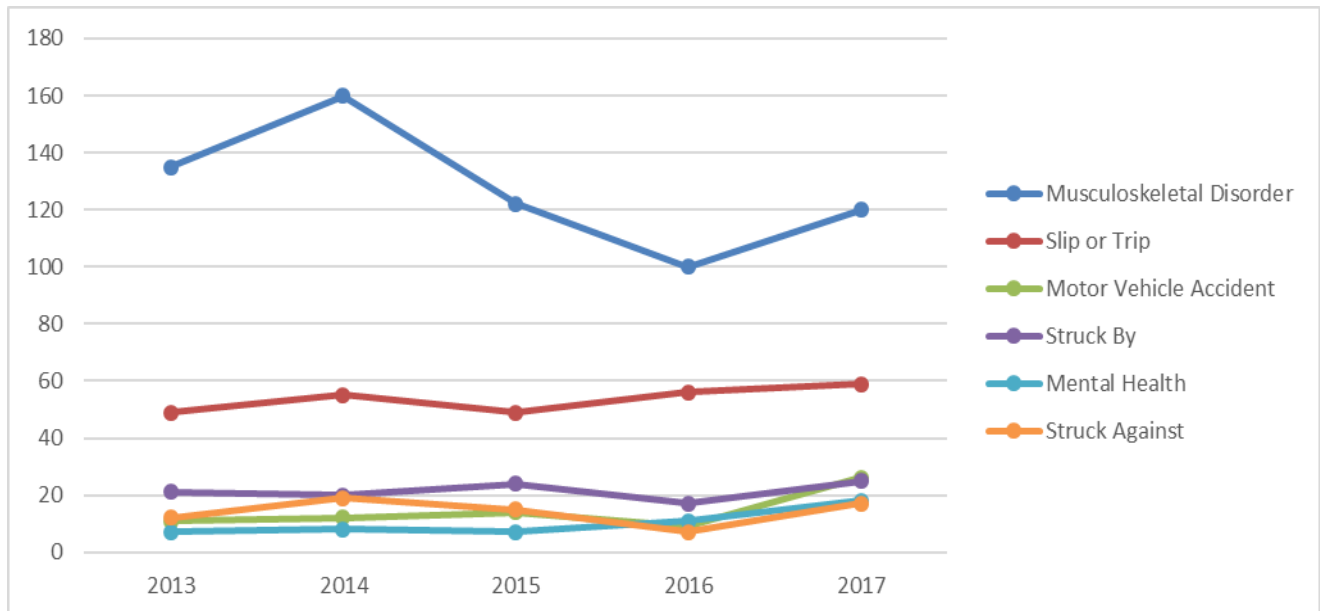
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Musculoskeletal Disorders and Slips and Trips accounted for over 60% of the lost time claims and remain priority areas for our injury and illness prevention efforts.

Graph 5 – 5 year Trends for the top Injury Types



Overall Lost Time Injuries 2013 to 2017

Overall, the City has experienced increases in the number of lost time injuries and shifts lost in 2017 compared to 2016, as outlined on Table 4 below. The majority of the increase was seen in Community and Emergency Services and Public Works.

Table 4: Overall Lost Time 2013 to 2017

Lost Time Injuries					
	2013	2014	2015	2016	2017
City Housing Hamilton	9	6	4	7	8
City Manager’s Office	1	1	0	1	0
Community & Emergency Services	154	164	152	117	157
Corporate Services	0	0	2	1	0
Planning & Economic Development	11	17	6	11	12
Public Health Services	2	3	1	5	3
Public Works	123	153	125	105	150
Corporation	300	344	290	249	330

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Lost Time Injury Rate					
	2013	2014	2015	2016	2017
City Housing Hamilton	7.49	4.75	3.03	5.41	6.36
City Manager's Office	0.62	0.59	0.00	7.00	0.00
Community & Emergency Services	7.05	7.41	6.87	5.34	7.09
Corporate Services	0.00	0.00	0.61	0.29	0.00
Planning & Economic Development	2.24	3.44	1.15	2.03	2.19
Public Health Services	0.57	0.85	0.28	1.41	0.86
Public Works	5.92	7.03	5.64	4.72	6.70
Corporation	5.22	5.83	4.84	4.10	5.46

Shifts Lost, New Lost Time Injuries					
	2013	2014	2015	2016	2017
City Housing Hamilton	162	360	108	28	88
City Manager's Office	81	2	0	7	0
Community & Emergency Services	1,015	1,024	802	631	661
Corporate Services	0	0	237	3	0
Planning & Economic Development	244	229	36	77	213
Public Health Services	66	7	3	10	15
Public Works	1,503	1,778	1,227	668	1,125
Corporation	3,071	3,400	2,413	1,424	2,102

Table 5: Average Days Lost per Injury Claim (Severity) 2013 to 2017

	Average Days lost per new injury*				
	2013	2014	2015	2016	2017
Community & Emergency Services	8.56	9.20	6.48	8.93	5.80
Public Works	23.79	12.54	13.74	12.02	13.83
Planning & Economic Development	26.45	13.59	6.40	6.01	39.25
City Housing Hamilton	59.02	60.33	34.25	4.43	10.88
Corporate Services	0.00	0.00	260.00	1.00	0
Public Health Services	32.00	2.33	3.00	2.02	5.00
City Manager's Office	81.00	2.00	0.00	7.00	0
Corporation	16.84	11.59	11.87	9.81	10.78

*Calculated as of February 13, 2018. These amounts will go up as some claims are still open and the employees have not returned to work.

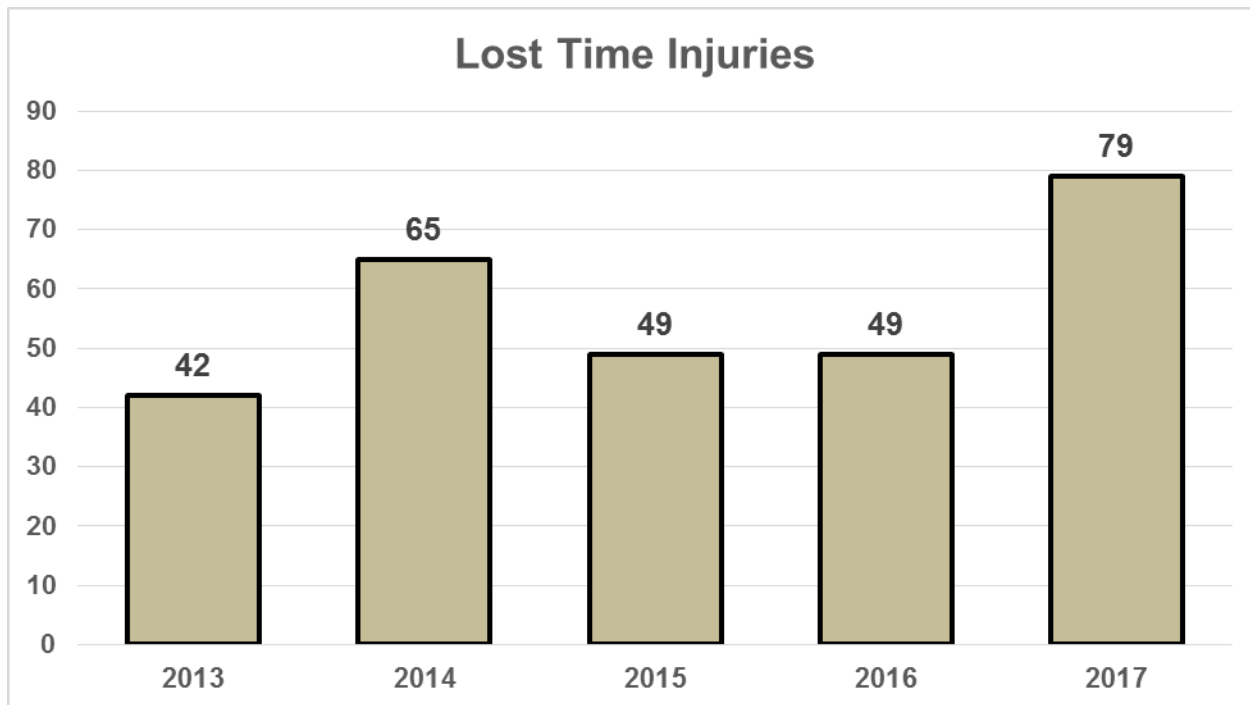
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Areas of Concern and Response

Hamilton Street Railway (HSR)



Supported by Human Resources, HSR management will be undertaking the following health and safety improvement measures:

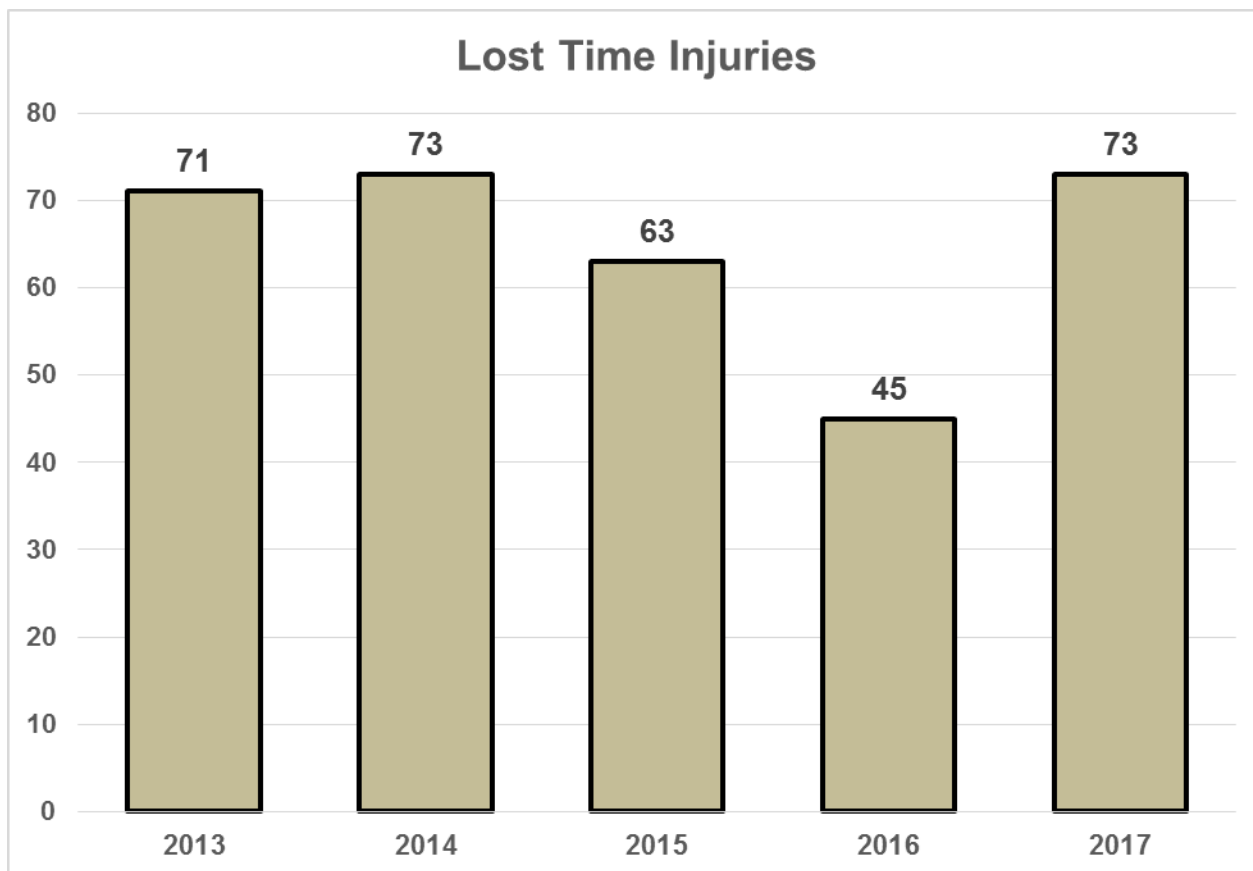
- Working with the joint health and safety committee to raise awareness of injury prevention and develop solutions to ongoing problems
- Improving the response to workplace accidents by identifying root causes, implementing solutions and counselling and coaching employees
- Identifying short-term alternative duties that employees can perform while recovering from injury
- Identifying and controlling mechanical and environmental hazards associated with operating buses
- Support HSR management in addressing incidents and mistreatment of Bus Operators, as captured on the installed cameras on all buses

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Hamilton Paramedic Services (HPS)



Supported by Human Resources, HPS will be undertaking the following health and safety improvement measures:

- Providing Paramedics and Supervisors with guidance and refresher training on proper lifting techniques and preventing slips and falls in their day-to-day activities
- The training will be developed in consultation with the joint health and safety committee

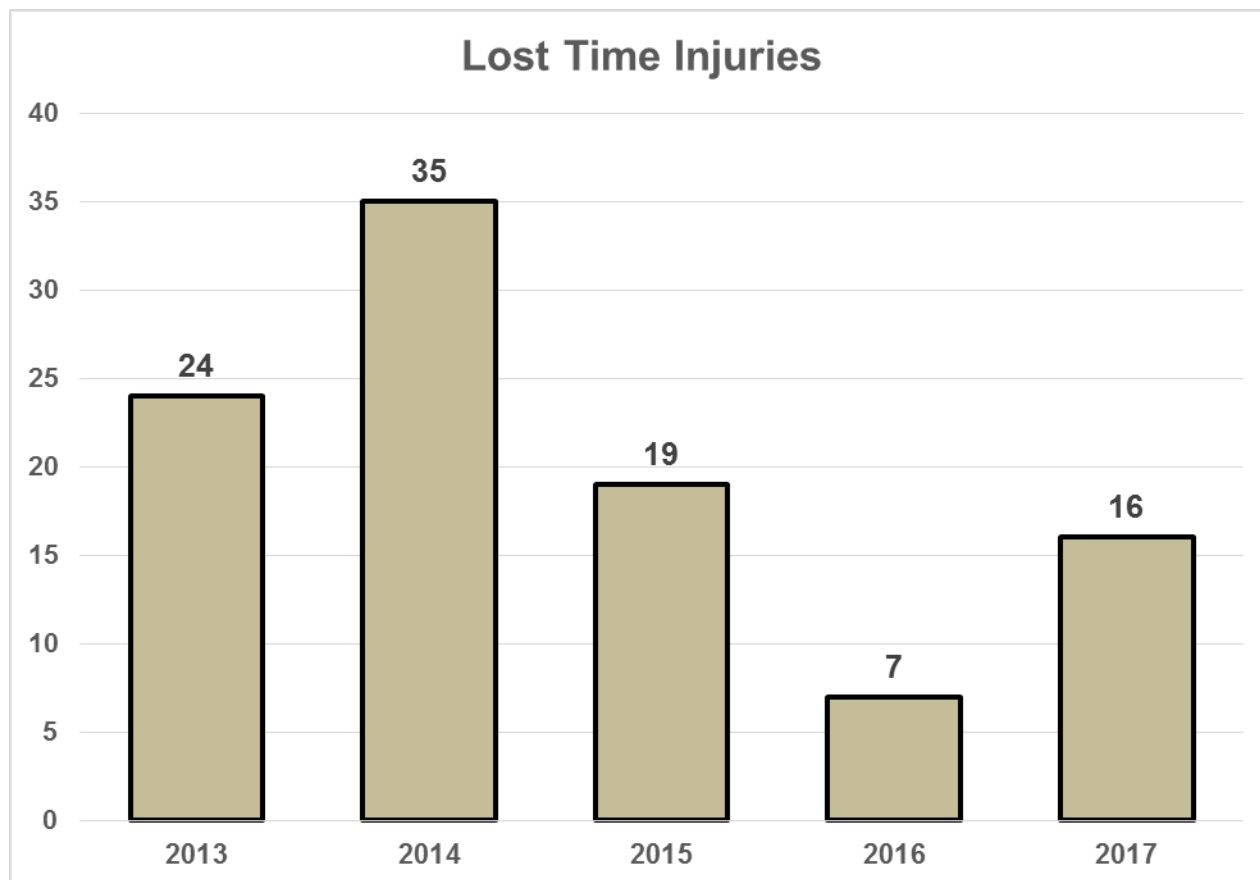
HPS management identified that workload and time pressures have resulted in Paramedics “rushing” to prepare for and respond to their next call. This impedes their ability to properly recognize hazards. Supervision will be emphasizing Paramedic self-care while developing longer-term solutions to workload issues.

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Waste Operations



Waste Operations have recognized a negative upward trend in their lost time injuries after two years of significant decreases. Supported by Human Resources, management along with the joint health and safety committee is focusing on:

- Ergonomic hazards
- Slips and falls
- Identifying suitable modified duties for injured employees during their recovery

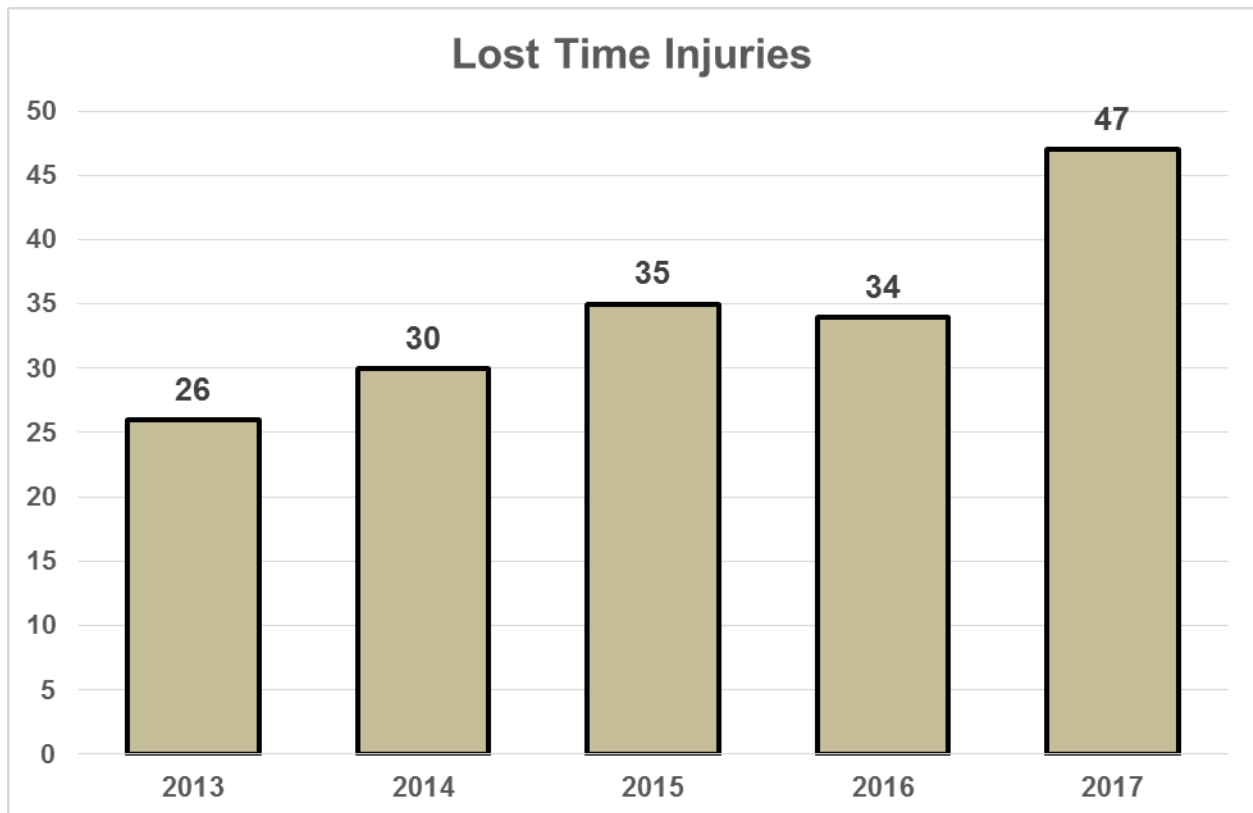
Building on the successes in previous years, another co-op student from Waterloo's Kinesiology program will be assisting Waste Management and the employees during a four-month work term starting in May, 2018. The kinesiology student will build on the initiatives previously undertaken in the workplace and focus on identifying and controlling workplace hazards as well as providing individual coaching on condition and safe lifting techniques.

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Long Term Care Homes (Macassa and Wentworth Lodges)



Management at the Lodges have made financial investments in equipment that ensures staff have what they require to do their job safely. This includes lifts, bathing chairs, tubs, adjustable beds, adjustable tables and other assistive devices to help eliminate ergonomic hazards. In collaboration with the Institute for Work & Health and the Public Services Health and Safety Association, the Lodges are participating in the EPIC (Everyone Participating In Change) program that improves staff engagement and key deliverables on a frontline-driven project that is focused on ergonomics. The result has been a reduction in lost time injuries related to ergonomic hazards. However, lost time injuries related to resident interactions rose last year and steps have been taken reduce the risks. Staff are provided with ongoing and annual mandatory training on applying “responsive behavioural universal precautions” with all residents in order to protect themselves from unpredictable behaviour. The Lodges continue to work with local hospital systems, geriatric psychiatry, Alzheimer’s Society, and the provincially funded Behavioural Supports Ontario team on identifying best practices for serving those with unpredictable responsive behaviours. The Lodges also perform Workplace Violence Risk Assessments, Annual Risk Management Planning, Code White drills, Policy and Procedure Review, as well as Care Planning for residents with responsive behaviours and enhanced in-depth review and follow-up on incidents.

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Workplace Mental Health

- The Working Mind program from Mental Health Commission of Canada was delivered to 155 people leaders and 376 frontline staff in 2017.
- The Mental Health Advisory Committee met four times in 2017, spending most of their efforts on comparing City programs against the national standard on psychological health and safety in the workplace. Once the gap analysis is completed, the MHAC will forward its recommendations to the City's Senior Leadership Team for improving the effectiveness and availability of programs, policies and resources that will help create psychologically safe workplaces and protect the mental health of our employees.
- Mental Health@Work Certificate Training for Leaders - This certificate program was arranged through Queen's University and Mournau Shepell and aligns with the National Standard for Psychological Health and Safety in the Workplace. Over the course of three modules, participants explore the business case for mental health in the workplace while improving their understanding of relevant legal, ethical and business concerns. The program helps develop empathetic and solution-focused leadership skills that can be used at work. In 2017, 64 leaders were trained and, to date, 185 people leaders across the organization have been certified through the program.

Other Human Resources Initiatives

- 470 employees were trained in the new Workplace Hazardous Materials Information System (WHMIS) training program in 2017. This program reflects changes made to the hazard classification system for workplace chemical safety symbols, labelling and information sheets in our workplaces.
- 152 people leaders completed online mandatory Manager health and safety awareness training; 479 front-line staff completed the online program.
- Trained 107 staff in non-violent crisis intervention techniques.
- Individual ergonomic assessments were completed for many staff and improvements made to the design of their workstations.

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