



Hamilton

INFORMATION REPORT

TO:	Chair & Members Audit, Finance and Administration Committee
COMMITTEE DATE:	February 18, 2021
SUBJECT/REPORT NO:	Annual Employee Attendance Report 2020 (HUR21002) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Gord Muise 905-546-2424 Ext. 2655 Heather McNicol 905-546-2424 Ext. 2635
SUBMITTED BY:	Lora Fontana Executive Director City Manager's Office, Human Resources
SIGNATURE:	

Council Direction:

Human Resources staff historically reports employee attendance performance measures to the Audit Finance and Administration Committee on an annual and semi-annual basis. Under usual circumstances, Human Resources would have presented the 2019 annual report in March 2020. As a result of the onset of COVID-19, the 2019 report was deferred. Given these most unique and challenging circumstances, this current report presents a unique perspective that does not allow the historic year-on-year comparisons normally allowed by consistent year-to-year comparability. Rather, this report is retrospective of 2020 that reviews absenteeism in a year of a pandemic anomaly.

Information:

This report includes days lost, occurrences and direct costs attributed to COVID-19 absences for full-time, part-time and casual staff. Short-Term Disability (STD), Work Accommodation and Long-Term Disability (LTD) absence data are for full-time employees only (excluding Police and Library).

Absences due to occupational illness or injury (i.e. WSIB) are excluded from this report unless related to a confirmed COVID-19 workplace exposure. All other occupational illnesses and injury data for 2020 will be presented in the Annual Occupational Injury and Illness Report 2020 expected in March, 2021.

This report also provides a summary of Human Resources measures implemented to manage absences and support employees during the COVID-19 pandemic.

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Executive Summary:

This report provides a summary of the City's 2020 employee attendance data including COVID-19, STD, and LTD absences, and provides commentary on the measures taken to manage workplace attendance during the pandemic. A brief account of workplace COVID-19 claims (WISB) is also provided.

COVID19 Absences

- In 2020, City employees lost a total of 152,844 days due to COVID-19 absences. The lost days for COVID-19 absences are categorized as follows:
 - 12,071 days lost for paid absences related to COVID-19
 - 140,562 days lost for non-paid leaves of absences greater than 30 days
 - 211 days lost for non-paid leaves of absences less than 30 days
- The total cost of paid absences related to COVID-19 was \$2,284,404 in 2020.

Short-Term Disability Absences (STD)

- The average number of STD days lost per employee decreased by 1.4 days from 13.2 days in 2019 to 11.8 days in 2020. This represents a 11.2% reduction in lost days.
- The total direct cost of STD absences decreased by 8.72% from \$13,637,468 in 2019 to \$12,447,927 in 2020.

Long-Term Disability Absences (LTD)

- There was a 30.7% increase in the number of Long-Term Disability claims received by Manulife in 2020 (98) compared to 2019 (75). LTD absences increased to 8.4 average lost days per employee in 2020 compared to 8.0 lost days in 2019. The increase in lost days could be attributed to longer claim durations, with Manulife reporting claimants experiencing delays in treatment, surgeries and medical follow up due to the impact of COVID-19 on healthcare services.

Workplace COVID-19 Claims (WSIB) - Reports of workplace COVID-19 exposures

- 262 hazard reports filed by employees reporting possible COVID-19 exposures in the workplace.
- 17 Lost Time reports (Form 7's) filed with the WSIB with the following outcomes:
 - 6 claims required no further action as the employee tested negative for COVID-19
 - 4 claims were approved by the WSIB for lost time due to COVID-19
 - 7 claims remain with a decision by the WISB pending as of January 31, 2021

With the onset of COVID-19 and the significant impact on employee health and wellness, Human Resources quickly responded by implementing new policies, procedures and strategies to manage work attendance based on best-practice guidance from Public Health in consultation with the City's Emergency Operations Centre.

The first priority was keeping those employees with flu-like symptoms out of the workplace in addition to imposing workplace attendance restrictions for those who travelled out of the country. Subsequently, in April, with the development of the COVID-19 Self-Screening Assessment Tool, employees who failed the Assessment Tool, were denied access to the workplace and thereby ensuring COVID-19 testing prior to a return to work. To achieve this goal, paid-leaves of absences (P19) were approved for full-time staff who failed the City's COVID-19 screening tool and followed the steps required by contacting Public Health to schedule a COVID-19 test and notifying the City's Occupational Health Nurse of their absence and testing date. Eligibility for paid-leaves of absence (P19) was also extended to part-time and casual staff who were deemed not fit for work based upon the COVID-19 screening tool and followed the required steps.

The impact of implementing the paid-leave of absence strategy was two-fold: Full-time employees who would have otherwise incurred non-paid penalty days did not lose income while waiting for their COVID-19 test results. Furthermore, part-time and casual staff who do not qualify for income protection benefits, were paid wages while self-isolating at home and waiting for their COVID-19 test results. Given that in 2020 the City of Hamilton experienced only three claims approved by the WSIB for lost time due to COVID-19 exposure in the workplace, suggests the health and safety value of providing wage protection for sick employees to remain out of the workplace during such extraordinary times.

In addition to implementing strategies for managing employees with COVID-19 symptoms or exposures, another new group of employees emerged; those with underlying medical conditions at greater risk of contracting the virus or developing complications following exposure. Return to Work Services (RTWS) found value in engaging third-party consulting physicians to aid management and unions in supporting employees with impediments to attend work safely. Additionally, where medically supported on the advice of consulting physicians, RTWS implemented individualized accommodation plans to minimize COVID-19 exposure. With new types of COVID-19 absences, Human Resources found challenges in managing attendance and implementing system changes effectively, using the limited HRIS technology currently in place. This pandemic has highlighted the inadequacies of the existing HRIS absence management technology that is currently incapable of providing real-time notification of employee absences, accurate and efficient means of tracking those absences, and measuring the costs associated with them.

Background

This report includes days lost, occurrences and direct costs attributed to COVID-19 absences for full-time, part-time and casual staff. STD, Work Accommodation and LTD absence data is presented for full-time employees only (excluding Police and Library).

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Definitions

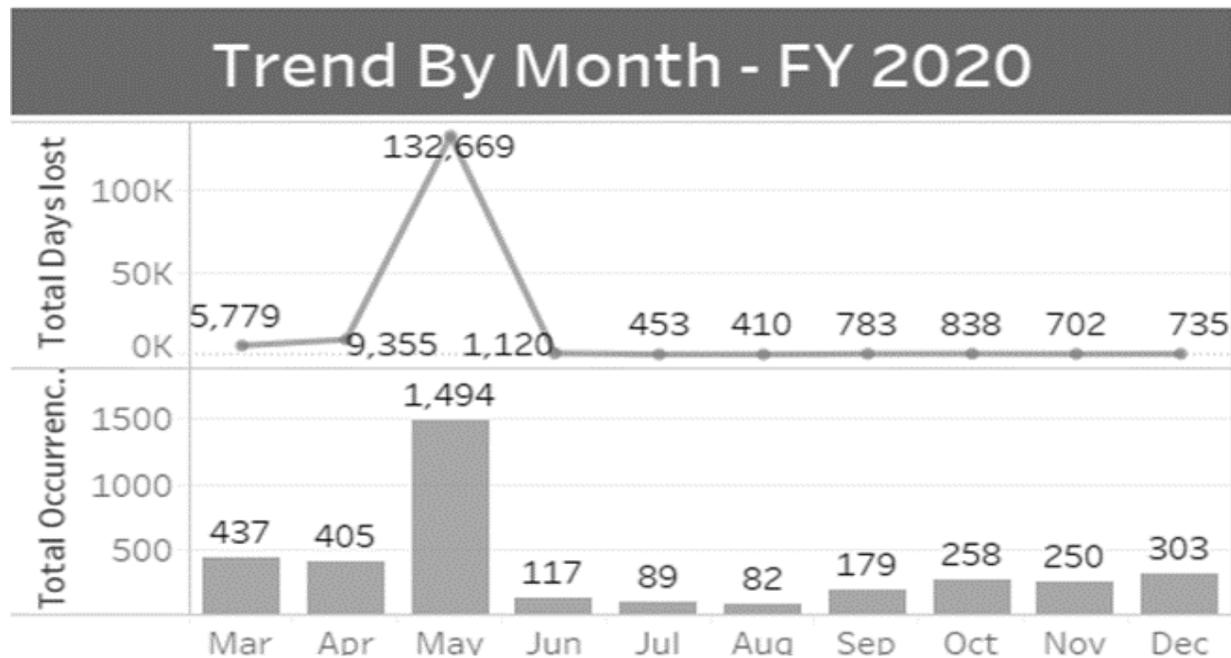
- Income Protection Plan (IPP) - Provides eligible employees with an income if they cannot perform their normal duties due to illness/non-occupational injury during both STD and LTD.
- Eligible Employee - A full-time employee who meets the conditions of their collective agreement or employment contract eligibility for payment through the IPP as a result of illness or non-occupational injury.
- STD Absences – Sick absences of less than 1 day up to 130 days and do not include COVID-19 illnesses.
- COVID-19 Absence Codes – In response to COVID-19 new absence types were identified, and codes created to manage and track COVID-19 absences.
- P19 – Paid leave due to the following COVID related absence types:
 - COVID-19 - Positive
 - COVID-19 - Isolation recommended by Public Health
 - COVID-19 - Isolation pending COVID-19 testing results
 - COVID-19 - Employee Immunocompromised
 - COVID-19 - Post-travel isolation
 - COVID-19 - Employee age 70 years or older
 - COVID-19 - Temporary operational closure (Facilities or Programs) resulting in paid leave of absence for staff
- Non-Paid Leaves of Absence – Below are the codes to manage non-paid leave of absences:
 - L19 – Unpaid leave of absence less than 30 days
 - LL19 – Unpaid leave of absence greater than 30 days
- LTD Absences that extend beyond a 6-month qualifying period (i.e. 130 days), when an employee continues to be totally disabled beyond their STD absence. LTD absences are currently managed by Manulife Financial.
- Lost Days - Standardized as a 7-hour shift.

COVID-19 Absence Summary for City of Hamilton excluding Police, Fire and Library

The total cost of paid absences related to COVID-19 was \$2,284,404 in 2020. City employees lost a total of 152,844 days due to COVID-19 absences. The lost days for COVID-19 absences can be broken down as follows:

- 12,071 days lost for paid absences related to COVID-19 (P19)
- 140,562 days lost for non-paid leaves of absences greater than 30 days (LL19)
- 211 days lost for non-paid leaves of absences less than 30 days (L19)

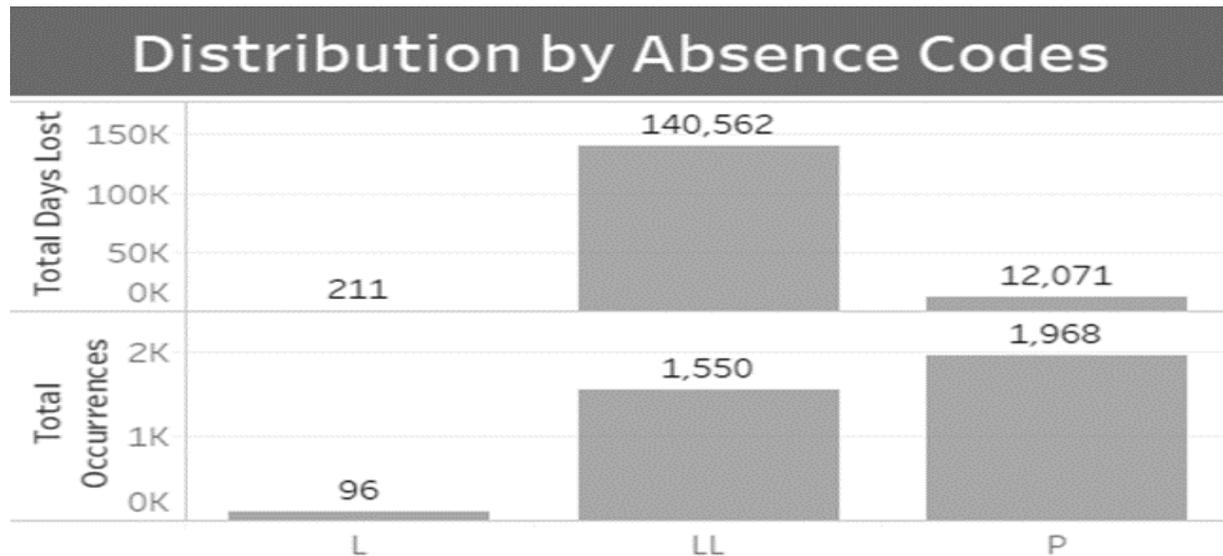
Graph 1: Total Number of Days Lost and Total Occurrences – P19, LL19, L19



In Graph 1, a spike in COVID-19 absences occurred in April and May 2020 which can be attributed to the following factors:

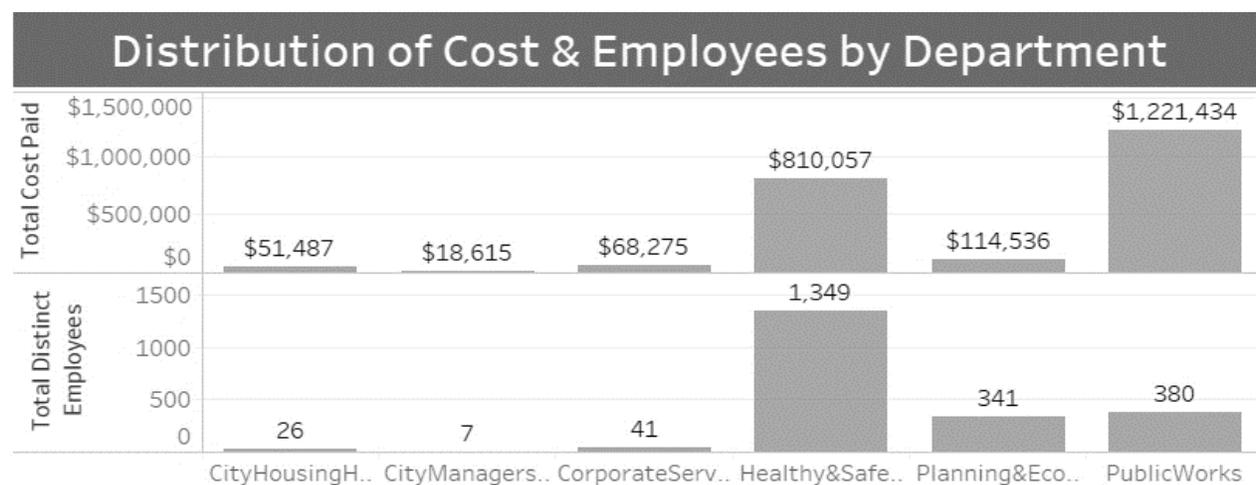
- School closures extended to the end the school year resulting in leaves of absences request for child care requirements
- Employees bringing forward with concerns regarding their ability to safety work and were placed on a P19 paid leave of absence pending a medical review by RTWS
- Income protection for non-union and unionized part-time employees ended May 5 and transitioned to non-paid leaves of absence due to facility and program closures
- Employees age 70 (N=50) or over were placed on a paid leave of absence (P19) due to their higher risk of developing serious complications if exposed to the COVID-19 virus.

Graph 2: Distribution of L19, LL19 and P19 by Days Lost and Occurrences



Graph 2 illustrates the distribution of paid and non-paid absences by type. Most lost days are attributed to non-paid leaves of absences (140,773 lost days). The highest number of occurrences are attributed to paid leaves (P19) which can be explained by employees failing the City’s screening tool, attending COVID-19 testing and returning to work upon confirmation of a negative test. As employees were completing the screening tool daily, a higher occurrence rate of this category of absence would be expected.

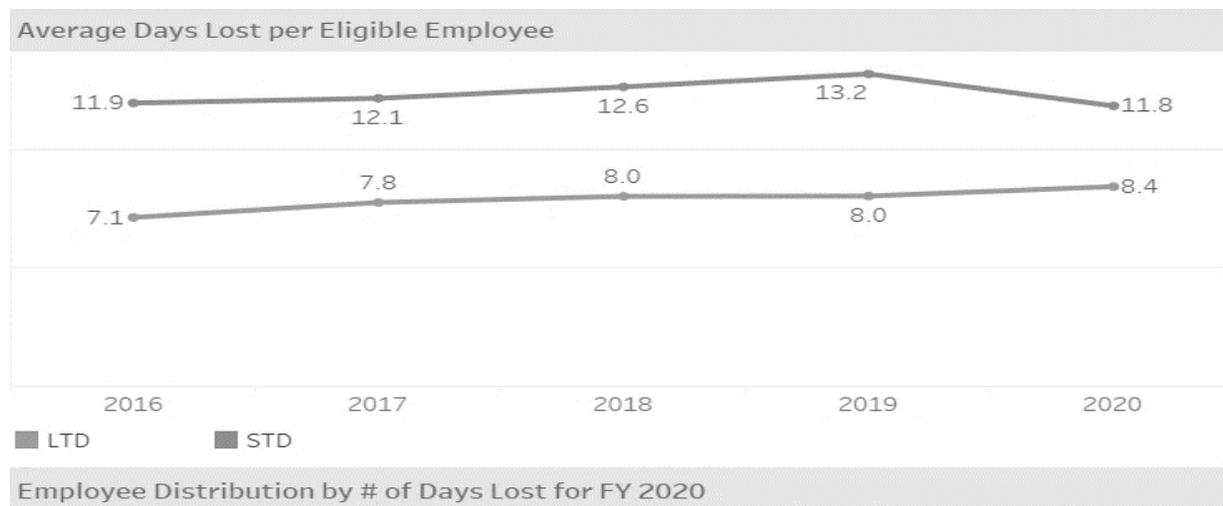
Graph 3: Total Cost of Paid Leaved of Absences by Department – P19



In graph 3, Public works incurred the highest cost for COVID-19 related absences (\$1,221,434) followed by Healthy and Safe Communities (\$810,057). Public Works COVID-19 costs were driven by Transit, as this operation was deemed an essential service and Transit Operators incurred a P19 absence when failing the City's COVID-19 screening tool. Healthy and Safe Communities costs were driven by Hamilton Paramedic Services and Lodges. Again, should employees in these groups fail the COVID-19 screening tool they were placed on a paid leave of absence pending COVID-19 testing results for the safety of staff, patients and residents.

Absence Summary for City of Hamilton excluding Police, Fire, & Library

Graph 4: Days Lost per Eligible Employee – STD & LTD



Graph 4 - STD absenteeism unrelated to COVID-19 decreased to levels which pre-date 2016 data presented in this report, along with a decrease in direct costs. For 2020, the average number of lost days per employee was 11.8 days, a reduction of 1.4 days compared to 2019.

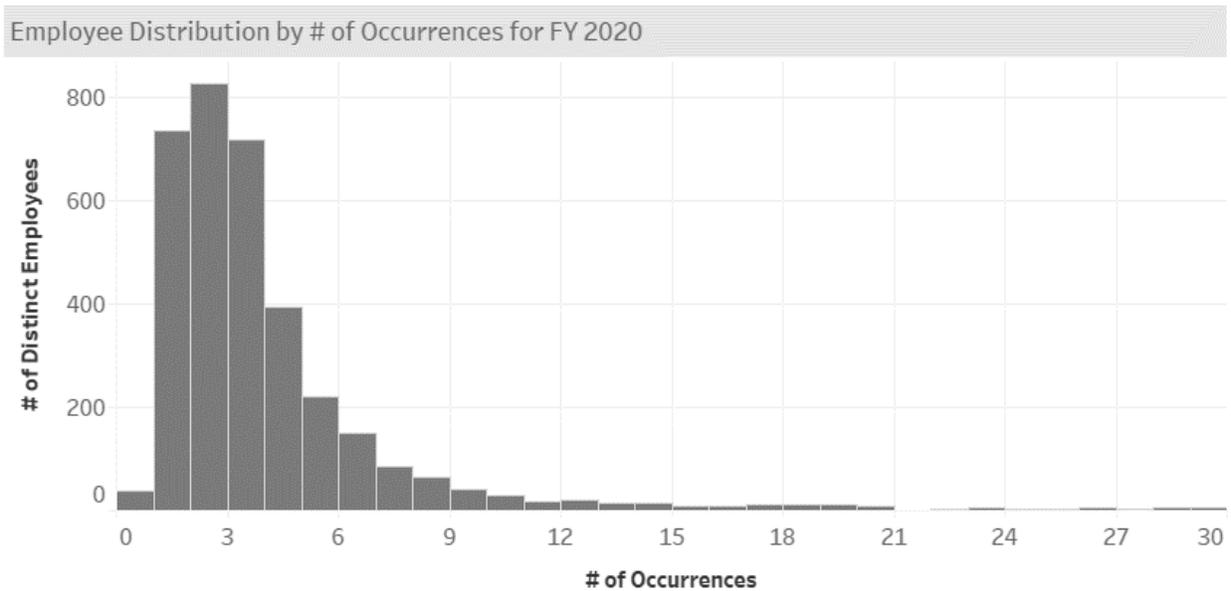
Several factors could have contributed to the decreased rate of absenteeism including:

- Employees who were placed on temporary paid leaves due to operational decisions, would not incur sick time.
- Employees who were out of the workplace on non-paid leaves of absences would not incur sick time.
- With as many as 1,810 full-time staff working at home during the period of March to December, 2020, could self-accommodate medical issues while continuing to work at home, therefore not incurring sick time.

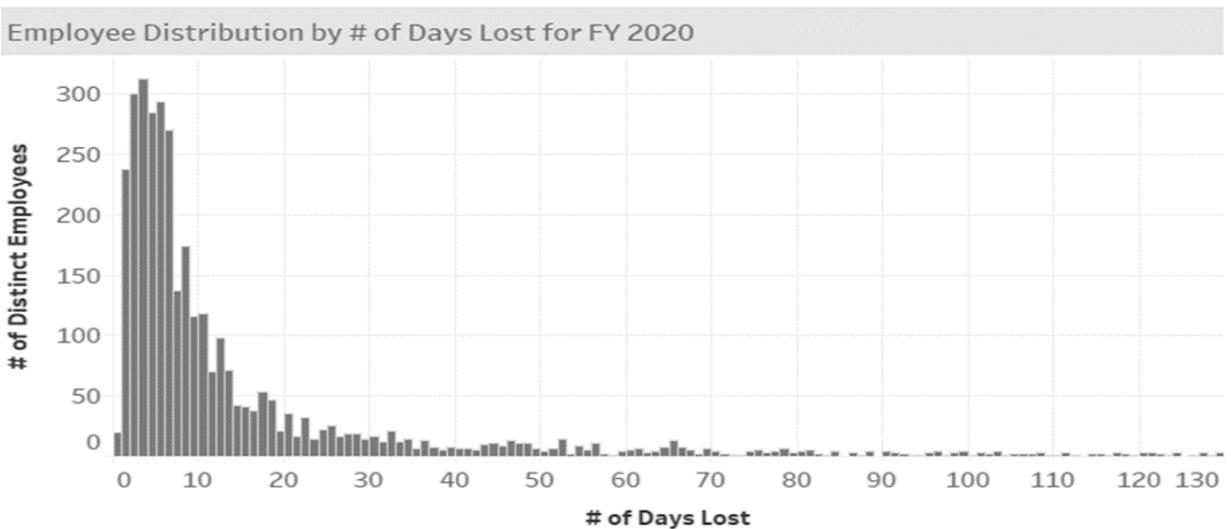
- Employees with COVID-19 symptoms incurred a P19 absence not sick time until the results of their COVID-19 test were known, diverting absences into the P19 category instead of STD.

LTD absences increased to 8.4 average lost days per employee in 2020 compared to 8.0 lost days in 2019. This increase in lost days could be attributed to longer disability durations as Manulife reports claimants experiencing delays in treatment, surgeries and medical follow up due to the impact of COVID-19 on healthcare services.

Graph 5: Average Lost Time Occurrences per IPP eligible Employee - STD

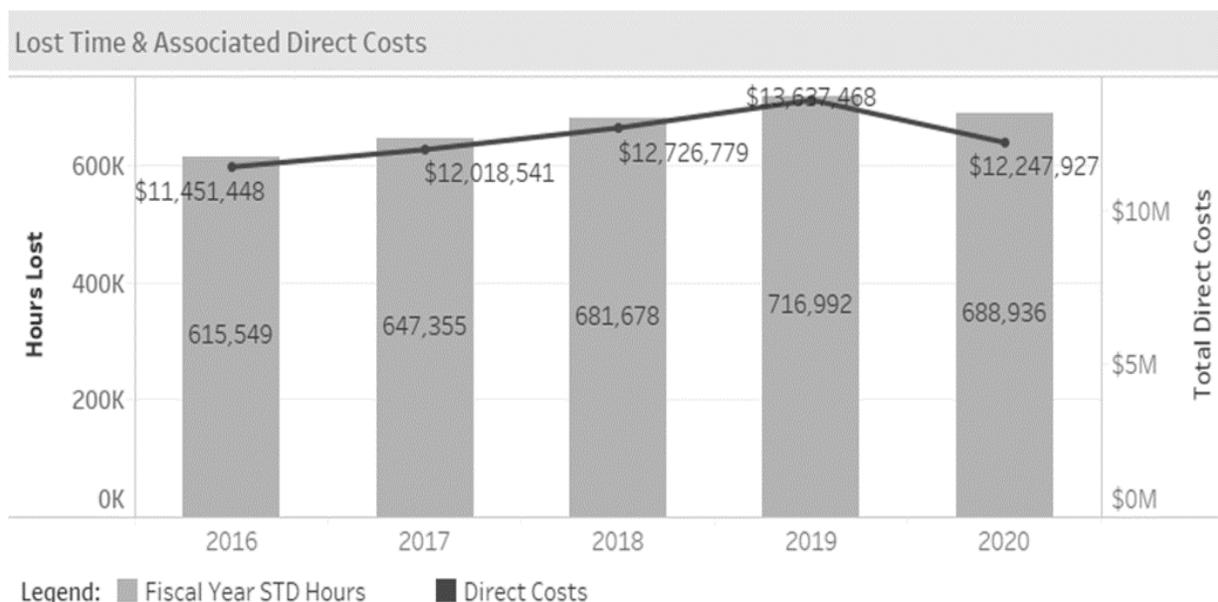


Graph 6: Distribution of lost days - STD



Graph 5 and 6 demonstrate the individual employee characteristics relating to lost occurrences and days. As expected, the greatest number of individual employees generated the lowest number of individual occurrences and lost days. Further, the most frequent duration of employee absence was 3 days, followed by 2 days and 5 days in length. In 2020, new income protection requirements were implemented in the several collective agreements. Employees covered under these agreements were required to provide a doctor's note on their 4th day and a claim form on their 8th day of absence. However, given that IPP provisions were suspended during the period of March to June, 2020, Human Resources is unable to draw any conclusions as to how the new provisions impacted attendance trends in 2020.

Graph 7: Lost Hours and Direct Costs - STD



Graph 7 illustrates the cost associated with lost hours by comparison to previous years for Short Term Disability. The total direct cost of STD absences decreased by 8.72% from \$13,637,468 in 2019 to \$12,447,927 in 2020. The decrease in STD costs correlate to the factors identified previously in Graph 4 above.

Workplace COVID-19 Exposures (WSIB)

COVID-19 workplace exposure claims are reportable to the WSIB, if the employee believes they contracted COVID-19 while at work and they have a diagnosis or symptoms of COVID-19. If an employee believes they may have been exposed to COVID-19 while at work but are not ill (do not have diagnosis or symptoms of COVID-19) a workplace hazard report is filed, and if the employee becomes ill in the future a claim becomes reportable.

In 2020, there were the following reports of workplace COVID-19 exposures:

- 262 hazard reports filed by employees reporting possible COVID-19 exposure in the workplace.
- 17 Lost Time reports filed with the WSIB with the following outcomes:
 - 6 claims required no further action as the employee tested negative for COVID-19
 - 4 claims were approved by the WSIB for lost time due to COVID-19
 - 7 claims remain pending as of January 31, 2021

Long-term Disability (LTD)

LTD absences are sick absences that extend beyond 130 days and are managed by a third party (Manulife).

Table 1: Long-term Disability (LTD) Claims 2016 to 2020

	2016	2017	2018	2019	2020
LTD new claims	72	73	77	75	98
LTD Active Cases at end of 2020	169	181	196	197	229
Incident rate for new claims per 1000 employees	15.11	15.96	13.93	14.7	20.63
LTD Costs (benefit payments, ASO fees, legal fees, vacation payouts and severances)	\$5,489,513	\$6,453,839	\$6,561,209	\$7,203,994	*\$8,381,638

* Note: 2020 LTD costs are tentative pending the closure of the 2020 fiscal year.

Table 1 shows 98 new LTD received by Manulife in 2018, representing an increase of 23 claims or 30.7%. Of the 98 claims received by Manulife, 97 were approved, which could be reflective of Manulife requiring less supporting medical documentation when filing an LTD claim for a limited period during 2020 due to possible barriers faced by employees trying to obtain LTD forms. Furthermore, the incident rate increased in 2020 to 20.63 per 1000 insured employees.

Table 2: LTD Top Claim types 2018-2020

Year	2018			2019			2020		
Claim Type	MH	MSK	CAN	MH	MSK	CAN	MH	MSK	CAN
City of Hamilton	27%	23%	13%	40%	28%	9%	36%	27%	13%
Industry Comparator	34%	21%	12%	34%	30%	12%	39%	27%	11%
MH = Mental Health			MSK = Musculoskeletal			CAN = Cancer			

Mental health continues to be the top diagnostic category representing 34% of all claims received in the reporting period. This is just below the industry comparison group of 37%. In 2020, Mental Health claims received accounted for 36% of all claims. Forty-four percent (44%) of Mental Health claims have a primary diagnosis of depression.

Human Resources recognized that COVID-19 was placing an inordinate pressure on our employees' state of mental health well-being. In response, it was imperative to provide assistance to our staff and their families through access to just-in-time supports in the areas that are important to them. In 2020, the use of the City provided resource LifeSpeak OnDemand was accessed 9,507 times. This web-based program is a free expert-led online streaming video resource dealing with a wide variety of health, family, eldercare, personal growth and development, and work-life balance topics. Employees and their families are able to access the support they needed to overcome hurdles and accomplish goals. In 2020, the most resourced materials accessed focused on Mental Health. Resources accessed on this topic increased by 534% over 2019. Stress Management and Resilience was the 3rd most accessed topic, demand increasing by 244% over 2019. The 4th most accessed topic was Parenting and Caregiving. What this illustrates is that our employees are struggling to balance all the demands the pandemic has placed on both their home and work lives. As an organization and of utmost importance to our leadership, is the continued support of our employees in their personal and family mental health and well-being. The Lifespeak OnDemand program is just one example of how we are supporting our staff.

Year over year, Musculoskeletal claims have been relatively stable. From 27% in 2018 and back to 27% in 2020. Cumulatively, 31% of musculoskeletal claims are for inflammatory conditions (arthritis etc.) and 24% of musculoskeletal claims are for conditions related to the cervical and lumbar spine. Cancer claims have now shifted to the 3rd diagnosis. It is noted that this category is at 12% of claims received which is on par with Industry.

In 2020, Return to Work Services continued to work closely with Manulife to reduce overall claim duration. While received claims have increased in volume, there were 67 claim resolutions in 2020 which was the highest level of claim resolution in the reporting period. As of Dec 2020, 1.5% of all claims were in rehabilitation and 95 referrals were made to rehabilitation services this year. This is the highest level of rehabilitation intervention in the

reporting period and is consistent with the City’s approach of investing in assistance with recovery and return to work and has assisted in achieving a higher claim resolution rate. For 2020, 62.7% of resolutions were for a return to work.

Initiatives to Manage and Support Employee Attendance during COVID-19

In February 2020, as the seriousness of COVID-19 virus began to be understood, Human Resources started to receive the first of many inquiries regarding the impact of COVID-19 on the workplace. Health, Safety & Wellness and RTWS in consultation with Public Health and the City’s Emergency Operations Centre started to provide recommendations regarding managing COVID-19 absences. It was clear based on the rising impact of the COVID-19 pandemic, Human Resources would have to respond quickly by implementing new policies and procedures and suspending others to help employees navigate attending work during COVID. The steps Health & Safety & Wellness and Return to work Services have taken in 2020 to manage employee attendance during COVID-19 are outlined below.

Health & Safety & Wellness Initiatives - The City’s Occupational Health Nurse played a critical role in managing COVID-19 absences at the City. In March and April 2020, cases were triaged and managed solely by the Occupational Health Nurse. However, by May 2020 it became apparent more assistance was required, and the City’s Healthy Workplace Specialist’s duties were reassigned to assist with COVID-19 absences and testing.

Table 3: Breakdown of Cases Managed Under the Direction of Occupational Health Nurse

	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Positive results	4	3	3	0	1	0	4	13	5	32	65
Negative results	20	42	63	53	37	43	113	188	171	213	943
Isolation	132	43	21	10	7	8	23	39	31	59	373
Immunocompromised	31	40	6	1	0	0	0	0	0	0	78
Unrelated illness	82	35	24	16	3	4	17	14	13	8	216
Inquiry	20	14	7	31	15	19	37	58	40	74	315
Incident reports for COVID exposures	147	38	22	6	7	2	4	2	2	15	245
Lodge Surveillance	0	0	503	1013	963	927	1027	1028	1771	2716	9948
paramedic swabbing for Fire/EMS/LTC/PH	0	0	0	0	0	0	8	80	160	148	396

The Occupational Health Nurse with the support of the Health, Safety and Wellness team, undertook the following work in order to manage COVID-19 in the workplace:

COVID-19 Policy/Procedures/Reporting

- Created and updated workplace COVID-19 Screening Tool questions
- Created and/or reviewed policies and procedures related to COVID-19
- Completed Ministry of Labour reports for occupational illnesses related to COVID-19 (with exception of Lodges who do their own reporting)

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- Monitored and reviewed updated Ministry documents regarding managing COVID-19 in the workplace and keep current best practice recommendations

Departmental Support

- Health teaching for staff that have anxiety related to COVID-19
- Reviewing Personal Protective Equipment (PPE) provisions with staff who have concerns over level of PPE provided
- Responding to management questions specific to their workplace operation
- Managing internal contact tracing for staff who test positive and have been in the workplace
- Answer questions from Union Leaders and Management related to COVID-19 concerns and workplace protocols
- Providing recommendations to return to work regarding immunocompromised staff
- Providing direction on coding of absences

General Employee Support

- Receiving calls related to symptoms of COVID-19 or other illnesses, family members that are sick, return from travel, exposures to COVID-19 and advising next steps based upon the City's Screening Tool
- Following up with employees who fail any screening tool questions, ensuring they follow the proper process
- Providing clearance for employees to return to work when they have received their COVID-19 test result or have completed isolation period
- Checking in on employees to ensure a timely return to work if their absence is longer than anticipated
- Providing health teaching and reassurance of Public Health requirements
- Provide resources to manage fear/anxiety related to COVID-19 concerns
- Notify and provide direction to close contacts in the workplace
- Update supervisors and managers respecting confidentiality of staff – reporting fitness to work only
- Take calls from Public Health regarding workplace contact tracing and work collaboratively to ensure contacts are notified

First Responders/Lodges COVID-19 Testing

- Collaborated with external Consulting Physician and Paramedics to get quick testing for First Responders and Lodges employees to support a timely return to work
- Arranged for COVID-19 testing to be conducted by community Paramedics
- Receive all results for COVID-19 testing conducted by Paramedics
- Call employees with test results and next steps to return to work
- If positive, workplace contact tracing is initiated as indicated above

Medical surveillance (approximately 650 COVID-19 tests completed per week)

- Based on Ontario directives, Lodges staff require testing as well as anyone entering the facility – currently this testing is weekly but was biweekly before we moved to red zone (employees can be swabbed 2x a week if there is an outbreak)
- Arranged for testing of Public Health and Bylaw Staff that are entering Long Term Care homes for inspection or to vaccinate for COVID-19
- Received and reviewed test results weekly for Lodges employees
- Entered testing results into database
- Notify Lodges staff of positive results and next steps
- Contact tracing and notification of contacts, if needed

Assisting during COVID-19 Outbreaks

- Keep workplace up to date on testing of ill staff to assist in managing outbreak
- Work with Public Health to ensure processes are followed or connect them to management for more information
- Provide support and/or direction to management and staff
- Complete Ministry of Labour reporting for outbreak positive cases

Return to Work Services (RTWS) COVID-19 Absences Management Initiatives - RTWS worked in partnership with Health Safety & Wellness and other Human Resources and/or stakeholders to support employees with COVID-19 related absences and all other illness or injuries incurred in 2020.

The following steps were taken to support departments and employees related to COVID-19 absences and accommodation requests:

- Suspension of the City's attendance management process to emphasize the importance of attending work only when fit to do so based on the COVID-19 screening tool.
- Placed full-time employees on a paid leave of absence (P19) so IPP penalty days were not incurred when the employee failed the COVID-19 screening tool and was not fit to attend work.
- Provided part time and casual employees who would not otherwise qualify for income protection benefits for COVID-19 related absences (Coded as P19)
- Approving paid leaves of absence for all employees aged 70 or older.
- Suspension of the requirement to provide doctor's notes and claim forms to support Income Protection Programs as normally required in the CBAs for the period of March to June 2020, to avoid overwhelming the healthcare system with medical requests.
- Providing accommodations to employees with underlying medical conditions which rendered them at higher risk of developing COVID-19 complications if exposed to the virus.
- Engaging Occupational Consulting Physicians to provide expert advice on return to work and accommodation requirements related to COVID-19.

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- Return to Work Support Clerk's duties were reassigned to calling all Lodges' staff who were absent from work greater than 2 days. Absences were then triaged (COVID-19 or Non-COVID-19), and staffing informed of the expected duration of absence to help mitigate staffing challenges.
- RTWS working with Talent to assist in accommodation requests arising from the redeployment process and ensuring a suitable placement.
- Providing employees with EFAP resources newly developed to address COVID-19 related concerns.

RTWS Performance Measures for claims unrelated to COVID-19

- The RTWS team managed 1,099 STD claims submitted by employees in 2020 unrelated to COVID-19.
- The team closed 549 cases for employees requiring accommodation in returning to work after an injury or illness in 2020, down from 588 in 2019. This includes both occupational and non-occupational cases.
- RTWS team assisted in securing modified duties for 459 employees, who then successfully returned to their full-time hours, and regular work duties in 2020.
- The number of employees waiting to be placed in permanent, suitable accommodated work in 2020 remained low (N=10).
- In 2020, 10 employees found permanent accommodation in their own job or another job within the City. This success in finding permanent work is the result of the efforts of the RTWS team, Human Resources staff as well as other management and union stakeholders in working collaboratively to find suitable employment for employees with significant permanent injuries or illnesses.

APPENDICES AND SCHEDULES ATTACHED

Appendix A to Report HUR21002 - Departmental Short-Term Disability Absences
Appendix B to Report HUR21002 - Workplace Accommodation Activity