



*Office of the Auditor General / Bureau du vérificateur général*

**AUDIT OF OCCUPATIONAL HEALTH AND SAFETY**

**2011**

**VÉRIFICATION DE SANTÉ ET SÉCURITÉ AU TRAVAIL**



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## EXECUTIVE SUMMARY

### ***Introduction***

The Audit of Occupational Health and Safety was included as part of the Auditor General's 2011 Audit Plan, approved by Council on April 13, 2011.

### ***Background***

The City of Ottawa has a diverse workforce consisting of approximately 14,700 full-time equivalent employees. The City has over 100 lines of business and a wide variety of occupations, some of which are exposed to varied hazards. Many of the occupations are physically demanding, require travel, and involve work at multiple worksite locations. This diversity in the nature of work performed by City workers adds considerable complexity to the management of the Occupational Health and Safety (OHS) program.

The City of Ottawa must adhere to both provincial OHS legislations (*Occupational Health and Safety Act, 1990* and *Workplace Safety and Insurance Act, 1997*), and federal legislation (*Canada Labour Code Part II (CLC Part II)* and associated regulations). Transit services are subject to federal legislation as the service operates across provincial lines, while the remainder of the City's operations fall under provincial regulations. These provincial and federal legislative frameworks prescribe hundreds of specific requirements relating to program development and implementation, administrative practices, roles and responsibilities, conditions of workplaces and equipment, safety practices and methods, hazard controls, monitoring and evaluation among other things. In addition, Section 217.1 of the Criminal Code of Canada establishes that "everyone who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task."

Proactive management and due diligence are the best legal defences when workplace injuries occur; however, if proven guilty of negligence, punishment can include financial penalties for organizations and financial penalties and jail time for their representatives (including directors, partners, employees, members, agents or contractors of the organization).

In 2006, the Canadian Standards Association (CSA) released Canada's first consensus-based workplace health and safety management standard which promotes a management control framework approach to governing OHS. This new Canadian standard, titled CSA Z1000-06 Occupational Health and Safety Management (CSA Z1000) was developed to reduce or prevent injuries, illnesses and fatalities in the workplace by providing organizations with a model for developing and implementing an occupational health and safety management

control framework. When implemented in its entirety, such a framework should reduce or prevent occupational injuries, illnesses, and fatalities.

The City's OHS advisory function is consolidated into one "centre of expertise" under a shared-services model. The OHS Branch provides services to all departments of the City and the Ottawa Public Library in the areas of Occupational Safety, Occupational Health, Workers' Compensation administration, Employee Assistance Program services, Sick Leave and LTD administration, facilitation of Return to Work/Accommodation and Attendance Management Program administration.

While the OHS advisory function is centralized within the OHS Branch, management and implementation of the OHS program is largely decentralized and delegated to branches. This is in keeping with the OHS Policy, which makes department heads responsible for managing their own OHS programs while drawing upon the OHS Branch for support as needed.

### **Cost of Workplace Injuries and Illnesses**

In 2010, the City's OHS Branch reported that the City had 1,067 workplace injuries/illnesses claims resulting in 6,660 days of lost-time. OHS Branch also reported that WSIB claims resulting from workplace injuries or illnesses totalled \$11.5 million. These costs relate to injury and illness claims from both 2010 and active claims from previous years. The City only tracks direct WSIB costs such as salaries for lost time, pensions and awards (permanent disability awards), medical costs, WSIB administration costs, and other WSIB costs paid in the year. Indirect costs, such as overtime, retraining, lost revenue and lost productivity are not tracked, but OHS estimates these to be 4 times the direct costs<sup>1</sup>.

Management was unable to provide a full breakdown of the \$11.5 million WSIB costs, yet advised that the number includes salaries of injured/ill workers, medical expenses, WSIB administration costs, pensions, Future Economic Loss awards, and Non-Economic Loss awards, and other awards including survivor benefits. As we were not provided with a complete breakdown of these costs we have made our best estimate of an approximate breakdown, including WSIB administration costs.

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<sup>1</sup> Source: City of Ottawa 2008 Occupational Injury/Illness Performance Report

**Figure 1: OAG Approximate Breakdown of WSIB Costs**

Salaries for Lost-Time <sup>2</sup>	\$2.6 million
Medical Treatment <sup>3</sup>	\$1.9 million
Post-Amalgamation Pensions and Awards <sup>4</sup>	\$3.7 million
Pre-Amalgamation Pensions and Awards <sup>5</sup>	\$3.3 million
Total	<u>\$11.5 million</u>

**Audit Objectives and Scope**

**Objective 1:** To assess whether management of the City's OHS program is effective and efficient.

**Objective 2:** To assess whether hazard assessment, OHS program design, training, and performance reporting and measurement are adequate and effective within the Long-Term Care and Solid Waste branches.

The scope of the audit included selected OHS program management controls at the City level and within two branches; Long-Term Care Branch and Solid Waste Branch. More specifically, two workplaces from Long-Term Care Branch (Peter D. Clark and Carleton Lodge) and two workplaces from Solid Waste Branch (Waste Processing and Disposal Unit, and Collections Unit) were examined. The audit focused on the proactive management of OHS. The audit did not include an assessment of whether worker practices and workplaces conformed to OHS legislative and policy requirements because a point-in-time assessment could not provide reasonable assurance of past or future conformance.

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<sup>2</sup> Calculated by multiplying total injury/illness days of 6,660 by the City's average daily employee salary and benefit costs (\$328.35) and corresponding WSIB administrative costs (\$54.92). See Appendix B for detail on source of salary and benefit costs and WSIB administration costs.

<sup>3</sup> Estimated as 16.69% of total costs, based on 2010 WSIB industry averages (source: 2010 WSIB Annual Report). The City does not track these costs separately.

<sup>4</sup> Estimated based on costs remaining after all other costs were considered.

<sup>5</sup> Source: City of Ottawa 2010 Occupational Injury/Illness Performance Report

## **Summary of Key Findings**

Our audit found that management of the City's OHS program needs improvement to meet legislative and policy requirements. More specifically, we found that:

- As the City does not separately track the components of its WSIB costs (e.g., salaries for lost time, pensions, awards, WSIB administration costs, etc.), management lacks information to monitor and assess OHS program performance. Since introducing its Return to Work program in 2008, we found that the City's average lost time per injury/illness claim has dropped from 11.34 days in 2007 to 6.24 in 2010. The City does not track savings from this program, but we estimate it has resulted in annual savings of approximately \$1,192,000 (see Appendix C for these calculations). This estimate does not include other potential savings from indirect costs (e.g. overtime, retraining, lost revenue and lost productivity).
- The recent development of a Draft OHS Framework is an important initiative. The framework is modeled after CSA Z1000 and supports the City's OHS Policy, but may take several years to fully implement. It is likely to place additional administrative and resource burdens on departments and branches, but OHS Branch has not yet conducted an assessment of this impact or developed a plan to guide its implementation.
- Interviews with managers and staff in OHS Branch and line branches clearly indicated that senior management has consistently invested resources in the OHS program whenever requested.
- We found that, while OHS Branch provides annual reporting to senior management on injury/illness statistics and OHS related costs, the information is inadequate to support senior management in directing and overseeing the OHS program. Reporting on OHS to Executive Committee is ad-hoc, as OHS is not a standing agenda item.
- OHS Branch has not implemented a formal city-wide process to identify and assess hazards. Each branch maintains its own process for identifying workplace hazards, and the adequacy and comprehensiveness of these approaches varies significantly. Neither of the branches we examined had conducted comprehensive and formal hazard assessments, although some elements were in place.
- There is little formal objective setting or OHS planning at either the City or department/branch levels. OHS Policy requires that Executive Committee establish and communicate annual corporate OHS objectives and that department heads establish complementary departmental OHS objectives. Support to Executive Committee to ensure this process is followed is inadequate.



- OHS plans were not developed at either of the branches examined, as OHS issues were generally addressed on an ad-hoc basis.
- As comprehensive hazard assessments have not been completed at either the City or branch level, we were unable to determine if sufficient preventive and protective measures were in place to adequately mitigate existing hazards. However, we noted that many OHS programs and procedures at the corporate and branch levels required review and updating to ensure their continued appropriateness and effectiveness. There was also a lack of coordination and monitoring to ensure that branch-level OHS procedures were aligned with corporate OHS programs.
- The comprehensiveness and formality of training programs varied significantly between the two branches examined. The Long-Term Care Branch training program is well-documented and comprehensive, while the Solid Waste Branch training program is largely informal and undocumented. Job-specific hazard assessments are required for both branches to ensure that training programs are adequate to address all workplace hazards.
- The Solid Waste Branch employs temporary workers on a daily basis for its waste collection operations and does not provide these workers with job-related health and safety training. Rather, the City relies on an agency which provides general labourers to ensure that workers are properly trained before commencing duties with the City. Given the extent of hazards faced by these temporary workers, we do not believe that the City should rely exclusively on agency training. Ontario's Occupational Health and Safety Act (OHSA) makes the City accountable for ensuring that all workers, regardless of whether they are full-time employees or temporary contractors, are provided with information, instruction and supervision to protect their health and safety (OHSA s. 25(2)(a)). In addition to being a contravention of the OHSA, the City's practice exposes temporary workers to undue health and safety risks and could lead to significant fines. As an example, one of the City of Ottawa's waste collection contractors, BFI Canada, was recently fined \$150,000 after a temporary worker from a labour supply agency was injured while collecting recyclable material. A Ministry of Labour investigation found that the temporary worker had not been provided adequate training on safe work procedures by BFI Canada and found the company guilty of failing to provide information, instruction and supervision to the worker with respect to safe operating procedures for mobile waste collection.
- The Return to Work Program is inconsistently applied, depending on the WSIB Consultant and supervisor involved in the case, and several opportunities exist to minimize process delays and reduce lost-time. Program documentation does not clearly articulate roles and responsibilities for all parties and does not provide a clear step-by-step process that includes

specific timelines for the completion of each step. Monitoring of the program is minimal, and there is little reporting to senior management on program effectiveness and efficiency.

- Modified duty positions are generally identified on a case by case basis after an employee has been deemed capable of returning to work with modified duties. A city-wide listing of positions suitable for modified work is not maintained, making it difficult to identify opportunities to place employees in positions outside of their existing work unit.
- Monitoring of the OHS program is inadequate to assess its effectiveness or identify root causes of injuries and illnesses. OHS Branch currently reports to senior management on OHS through an annual Occupational Injury/Illness Performance Report that tracks some indicators of occupational health but does not assess the effectiveness of the OHS program or its compliance with legislation. Further, no targets have been established for these measures to drive program improvement.
- Within the two branches included in the scope of our audit, OHS monitoring activities are not comprehensive and are also inadequate to assess program effectiveness. Branch managers require greater support and oversight from OHS Branch to guide their OHS monitoring activities.
- The City does not conduct comprehensive reviews of the OHS program at planned intervals. OHS Branch has recognized the need to conduct such reviews and has included the requirement in its Draft OHS Framework.

### ***Areas of Potential Savings***

By introducing improvements to address the recommendations identified in our report, we believe the City could achieve significant reductions in workplace injuries and illnesses. In so doing, we estimate that the City could achieve reductions in its WSIB costs of up to \$721,000 per year (see full report for more detail and Appendix B for estimates). This does not factor in other related savings that we could not quantify, including non-economic loss awards, overtime costs for replacement workers, training costs for replacement workers, and lost productivity.

### ***Recommendations and Management Responses***

#### **Recommendation 1**

**That the City track WSIB component costs separately to permit more meaningful analysis, and support better monitoring and assessment of OHS program performance.**

### **Management Response**

Management agrees with the recommendation.

Employee Health, Safety and Wellness will assess alternate approaches to WSIB account management and administration that will allow capture and monitoring of claim costs and assessment of OHS program performance, beginning Q3 2012 with completion by Q2 2013.

It should be noted that current WSIB account statements do not segregate individual claim costs as administration and physician fees are billed as a percentage of claim costs based on rates as defined annually by WSIB. These physician and administration fees are charged as a single cost on a monthly basis.

Costs associated with pre-amalgamation entities will be segregated from current WSIB costs to better reflect the City's current OHS program performance.

### **Recommendation 2**

**That the City assess the impact of providing a top-up to 100% of regular earnings for employees who are off work on long-term WSIB claims to determine if this benefit provides a disincentive for prompt return to work.**

### **Management Response**

Management agrees with the recommendation.

The top-up benefit was negotiated through collective agreements and paid to members of most employee groups from first day of a WSIB lost time claim. The correlation between WSIB long-term claims and disincentive for prompt return to work is subject to medical opinions as verified by WSIB and may result in an employee remaining off work.

It should also be noted that the WSIB maximum insurable insurance ceiling in 2010 was \$77,600.00, which is adjusted annually to reflect the average earnings in Ontario as reflected by Statistics Canada and the provisions under the Workplace Safety and Insurance Act. The rationale for salary top-up to regular earnings is to mitigate the financial disadvantage of employees injured at work. Consideration in future collective bargaining could include a review of this benefit.

Human Resources will assess the impact of top-up to 100% of regular earnings to determine if this benefit provides a disincentive for prompt return to work, beginning Q3 2012 with completion by Q2 2013.

### **Recommendation 3**

**That a multi-year plan to guide implementation of the Draft OHS Framework be developed and presented to senior management at the same time the Framework is presented for approval.**

**Management Response**

Management agrees with the recommendation.

Human Resources will develop a multi-year OHS Framework Implementation Plan to accompany the OHS Framework for Senior Management Committee (SMC) approval, beginning Q3 2012 with completion by Q2 2013.

**Recommendation 4**

**That OHS reporting be provided to Executive Management Committee and OHS matters become a regular agenda item.**

**Management Response**

Management agrees with the recommendation based on the following:

Management will report OHS matters to Senior Management Committee (SMC) as this committee is comprised of department heads representing all City departments. These representatives have authority and responsibility to lead program implementation and address impacts. Issues of significance are escalated to Executive Management Committee for consideration and decision along with an annual executive summary OHS dashboard to reflect OHS Management System performance. OHS matters and reports will be added to the SMC meeting agenda at least semi-annually, as submitted by the Director of HR, with implementation of a 2011 OHS performance report complete by Q4 2012.

**Recommendation 5**

**That the City establish clear objectives and performance targets for OHS and ensure that managers and staff at all levels are aware of the importance of achieving them.**

**Management Response**

Management agrees with the recommendation.

Human Resources will recommend OHS objectives and performance targets for approval by Senior Management Committee. Defined OHS objectives and performance targets will be communicated throughout the City. Objectives will be accurately defined including appropriate and achievable performance measures and outcome targets. Implementation will begin Q4 2012 and will be complete by Q4 2013.

**Recommendation 6**

**That the City develop and implement a comprehensive program for conducting hazard identification and risk assessments, ensuring that branches understand what is required and providing assistance to managers as needed. As full implementation of such a program could take several years, the City should ensure that its highest risk workplaces and occupations are addressed first.**

### **Management Response**

Management agrees with the recommendation.

Human Resources will establish a corporate OHS Hazard Identification and Risk Assessment Program utilizing a systematic approach to include mitigation and prevention strategies.

The City recently established an Enhanced Risk Management Framework, which considers health and safety hazard identification, assessment and risk management. This will be considered for integration into the OHS Hazard Identification and Risk Assessment Program.

The implementation plan will ensure prioritization of higher risk operations as determined by review and analysis of existing data, including MOL compliance orders, workplace safety inspections and accident trends. Objectives, targets, performance measures, procedures and programs are dependent on the outcomes identified in Recommendations 4, 8, 10, 11, 12, 22 and 25 of these assessments. Development of the Hazard Identification and Risk Assessment Program will be conducted in phases, including: a review of current hazard and risk data (Q4 2012), program and tool development (Q1 2013), communication, training and pilot assessment (Q2 2013) and implementation including support (Q3 2013) beginning with the two branches identified in this audit for pilot of this Program. The implementation will also include engagement of JHSC's and subject matter expertise where required, beginning Q4 2012 with completion by Q2 2015.

### **Recommendation 7**

**That the City's senior executives develop city-wide OHS objectives.**

#### **Management Response**

Management agrees with the recommendation.

Senior Management Committee, through the Director of HR, will develop and approve city-wide OHS objectives for implementation, beginning Q4 2012 with completion by Q4 2013, as identified in the management response to Recommendation 5.

### **Recommendation 8**

**That the City should ensure that departments and branches set OHS objectives that are aligned to City-level objectives, and set priorities to address their most significant risks and occupational hazards. The City should provide OHS expertise and support to departments and branches throughout this process to ensure appropriate objectives and plans are developed.**

**Management Response**

Management agrees with the recommendation.

Human Resources will develop processes and tools to support departments and branches in establishing OHS objectives and priorities that will address significant occupational hazards and risks in alignment with City-level objectives. This initiative is dependent on the deliverables identified in the management responses to Recommendations 6 and 12, which will be implemented beginning Q4 2012 and Q2 2013, respectively. This initiative will be extended to the two high risk branches identified by this audit, followed by roll-out to other departments in order of risk priority, beginning Q1 2013 with completion by Q4 2014.

**Recommendation 9**

**That the City ensure that all JHSC meet at least once every three months and conduct workplace inspections once every month to ensure compliance with the Ontario Health and Safety Act regulations.**

**Management Response**

Management agrees with the recommendation.

Human Resources will establish a process to monitor Joint Health and Safety Committees to ensure they meet at least every three months and conduct workplace safety inspections at least monthly to ensure compliance with the Ontario Occupational Health and Safety Act. Implementation will begin Q3 2012 and will be complete by Q1 2013.

**Recommendation 10**

**That the City develop a strategy to prioritize the development and maintenance of corporate OHS policies and procedures and ensure they are updated in a timely manner. Prioritization should be linked to both risk and need.**

**Management Response**

Management agrees with the recommendation.

Human Resources will review and update where required, the current process to prioritize OHS policy and procedure development and maintenance, ensuring it considers organizational and operational risk as well as regulatory obligations. Implementation will begin Q3 2012 and will be complete by Q2 2013.

### **Recommendation 11**

**That once comprehensive hazard assessments have been completed at the branch level, OHS procedures should be developed for hazards not adequately covered by existing procedures. Where a corporate-level OHS program or procedure exists but are insufficient for the branch, supplemental procedures should be developed.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will develop a process that requires review and assessment of the effectiveness of control plans to mitigate identified hazards and associated risks. Control plans may include administrative controls not limited to the development or enhancement of existing programs or procedures, and if required and none exist, new or supplemental programs or procedures will be developed. This initiative is dependent on the the deliverables identified in the management responses to Recommendations 6 and 12, which will be implemented beginning Q4 2012 and Q2 2013, respectively. Implementation of this recommendation will begin Q1 2013 and will be complete by Q2 2015.

### **Recommendation 12**

**That the City provide support to departments and branches in developing preventive and protective measures to address significant risks identified during hazard assessments.**

#### **Management Response**

Management agrees with the recommendation.

Employee Health, Safety and Wellness, along with other subject matter experts across the City, will support departments and branches in identifying preventive and protective measures to mitigate risks associated with significant hazards for identification in the control plans. This initiative is dependent on the OHS Hazard Identification and Risk Assessment Program identified in the management response to Recommendation 6 that will begin Q4 2012. This initiative will begin implementation in Q2 2013 and will be complete by Q2 2015.

### **Recommendation 13**

**That the City develop and implement a centralized monitoring system to track and identify when OHS programs and procedures must be reviewed.**

**Management Response**

Management agrees with the recommendation.

Human Resources will implement a monitoring system to track review dates for OHS programs and procedures, beginning in Q4 2012 with completion by Q2 2013.

**Recommendation 14**

**That OHS training needs assessments be completed in a timely manner for all workers to determine individual workplace and job-specific OHS training needs.**

**Management Response**

Management agrees with the recommendation.

Human Resources will develop a Training Needs Assessment Program for all workers by job category and workplace, to be implemented across the City, beginning with the two branches identified in this audit for pilot, beginning Q4 2012 with completion by Q4 2013.

**Recommendation 15**

**That the City should ensure that departments and branches work with OHS Branch to develop required training programs, ensuring that training is standardized and, where possible, harmonized and consistently delivered across the City.**

**Management Response**

Management agrees with the recommendation.

Employee Health, Safety and Wellness will develop a process to standardize training programs and harmonization where practicable with consistent delivery methods across the City. Implementation will begin Q3 2012 and will be complete by Q3 2013.

**Recommendation 16**

**That completed training be tracked at the department or branch level for each worker and periodically verified by OHS Branch.**

**Management Response**

Management agrees with the recommendation.

Human Resources will expand implementation of the training and events module in SAP to include tracking of OHS training by employee. Training reports will be captured by department and periodically verified by the OHS Branch. Implementation will begin Q3 2012 and will be complete by Q4 2013.



### **Recommendation 17**

**That the City review and update the Return to Work Program to clarify roles and responsibilities, outline clear procedures for all parties, and ensure that employees receive an information package at the time of injury that includes: a description of the employee's obligations in the return to work process; a clear expectation of immediately returning page 3 of Form 8 to the employer; a letter to the health care practitioner explaining the City's commitment to assisting the employee's return to work; and where appropriate, an offer of modified work.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will update the Return to Work Program to ensure that managers, supervisors and workers are knowledgeable of roles, responsibilities and procedures. Work on this program will include the review and implementation of an information package administered at time of occupation injury or illness, which communicates the City's commitment to assisting the employee's early and safe return to work, including modified work duty assignments as appropriate. Implementation will begin Q3 2012 and will be complete by Q2 2013.

### **Recommendation 18**

**That the City should regularly monitor the Return to Work program to assess its effectiveness and identify opportunities for improvement. Performance indicators and targets should be established to support the continuous improvement of the program.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will define performance indicators and targets and monitor Return to Work Program performance, at least annually, to identify opportunities for improvement. Implementation will begin Q3 2012 and will be complete by Q2 2013.

### **Recommendation 19**

**That the City should create an inventory of modified duty positions and match employee capabilities to available work to provide timely and effective return to work.**

### **Management Response**

Management agrees with the recommendation.

An inventory of modified duty positions was developed and finalized in July 2011 in response to an OAG recommendation in the 2008 Audit of Sick Leave Management. Human Resources will review and update the current inventory of modified duty positions along with associated information, including job demands analysis and job descriptions, where required. This review and update of the inventory of modified duty positions for matching of employee capabilities and timely return to work will begin Q3 2012 and will be complete by Q2 2013.

### **Recommendation 20**

**That modified duty work assignments not be limited to the employee's current department or branch. Opportunities for temporarily transferring the employee to another department or branch should be considered whenever possible.**

### **Management Response**

Management agrees with the recommendation.

Human Resources will develop a modified work process that will require suitable modified duty work assignments to be offered in the injured/ill employee's substantive position first. In situations where this is not possible, modified duty work assignments will consider positions inside the injured/ill employee's unit, branch and department. Where this is not successful, other departments will be searched for suitable opportunities respecting the employee's right to accommodations and union collective agreements as dictated by legal precedence on a case-by-case basis. Implementation across all departments will begin Q3 2012 and will be complete by Q2 2013.

### **Recommendation 21**

**That documented return to work plans be developed for all WSIB lost-time cases, and should include signoff by the WSIB Consultant, the supervisor and the injured employee.**

### **Management Response**

Management agrees with the recommendation.

Human Resources will revise the return to work process, as identified in management response to Recommendation 17, to require documentation of return to work plans for all WSIB lost-time cases with evidence of sign-off by all associated parties, across all departments, beginning Q3 2012 with completion by Q2 2013.

### **Recommendation 22**

**That OHS performance measures and targets be established at the City, department and branch levels. Performance measures should include OHS regulatory compliance measures and targets (e.g., frequency of OHS compliance issues, average time required to close identified OHS compliance issues), OHS program implementation measures and targets (e.g., ratio of hazard assessments completed, ratio of required procedures in place), and JHSC activity measures and targets (e.g., JHSC meeting compliance, inspection compliance).**

#### **Management Response**

Management agrees with the recommendation.

Human Resources, in consultation with City departments and branches, will establish processes to ensure OHS performance measures and targets, as identified above are established, maintained and tracked by Q4 2014. This initiative is dependent on the deliverables identified in the management response to Recommendation 8 and will begin simultaneously in Q1 2013 with completion by Q4 2014.

### **Recommendation 23**

**That performance against OHS targets be tracked by departments and branches and reported to the OHS Branch on a quarterly basis.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will collect data related to performance against defined OHS targets from departments and branches on a quarterly basis. This initiative is dependent on the deliverables identified in the management response to Recommendation 22 that will be complete by Q4 2014. This initiative will begin Q2 2014 and will be complete by Q1 2015.

### **Recommendation 24**

**That the City prepare quarterly summaries of performance against target and provide these to managers at all levels of the City to support more proactive management of OHS.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will summarize performance measures against defined targets and provide information to all management level staff on a quarterly basis. This initiative is dependent on the deliverables identified in the management response to Recommendation 8 that will be complete by Q4 2014. This initiative will be complete by Q1 2015.

### **Recommendation 25**

**That the City prepare an annual City of Ottawa OHS performance report for senior management that includes these recommended measures and a qualitative assessment of the City's performance on OHS matters and an analysis of root causes for areas of concern and recommended corrective actions.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will enhance the current Annual OHS Report to Senior Management Committee to include OHS performance measures as defined by the City, a qualitative assessment, analysis of root causes for significant areas of concern and recommendations for corrective action. This initiative is dependent on the deliverables identified in the management responses to Recommendations 6, 8, 12, 22 and 23 that will be complete between Q4 2014 and Q2 2015. The initial report including available OHS performance data will be submitted to Senior Management Committee by Q3 2014 for the year 2013 with a city-wide OHS performance report submission by Q3 2015 for the year 2014.

### **Recommendation 26**

**That the City conduct comprehensive reviews of the OHS management control framework at planned intervals (at least annually) to assess its suitability, adequacy, and effectiveness, and to identify opportunities for continual improvement. These results should be reported to senior executives to permit integration with objective setting and resource allocation decisions.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will review the OHS Framework implementation and ongoing performance on an annual basis and provide findings and identified opportunities for improvement in a report to Senior Management Committee. This initiative is dependent on the deliverables identified in the management response to Recommendation 3 that will be complete by Q2 2013. The initial report including this information will be submitted by Q1 2014 for the year 2013.

### **Conclusion**

While the City of Ottawa has an OHS policy that defines high level roles and responsibilities, and a series of hazard-specific OHS programs, we found that the OHS management control framework needs improvement to meet the City's needs and comply with legislative requirements. The OHS program is principally decentralized with limited performance reporting and measurement being made available to senior management. The OHS Branch provides some valuable advisory services to departments and branches, but it does not monitor the implementation

of the OHS program across the City, nor does it explicitly address contraventions of policy or legislation. Our audit found that in Long-Term Care Branch and Solid Waste Branch, many conventional management practices are not being fully applied to the management of OHS, including needs assessment, objective setting, formalized planning to meet objectives, resource allocation in accordance with plans and strategies, systematic implementation, measurement and evaluation of performance, and overall program review. Improving these practices would strengthen the OHS program, improve the safety culture of the City, and help reduce occupational injuries, illnesses and fatalities.

### ***Acknowledgement***

We wish to express our appreciation for the cooperation and assistance afforded the audit team by management.



## RÉSUMÉ

### **Introduction**

La vérification de Santé et Sécurité au travail était prévue dans le plan de vérification de 2011 du vérificateur général, approuvé par le Conseil le 13 avril 2011.

### **Contexte**

La Ville d'Ottawa compte sur des effectifs diversifiés d'environ 14 700 équivalents temps plein. La Ville compte aussi plus de 100 secteurs d'activité ainsi qu'une grande variété de postes, dont certains sont exposés à divers dangers. Nombre de ces postes sont exigeants physiquement, exigent des déplacements et se déroulent dans plusieurs lieux de travail. Cette diversité dans la nature du travail exécuté par les employés municipaux ajoute une grande complexité à la gestion du programme de santé et sécurité au travail (SST).

La Ville d'Ottawa doit se conformer aux lois sur la SST provinciales (*Loi de 1990 sur la santé et la sécurité au travail de 1990 et la Loi de 1997 sur la sécurité professionnelle et l'assurance contre les accidents du travail*), et fédérales (*Code canadien du travail, Partie II et les règlements connexes*). Les Services de transport en commun sont assujettis à la loi fédérale, car le service traverse des frontières provinciales, tandis que les autres activités de la Ville sont régies par la loi provinciale. Ces cadres législatifs provinciaux et fédéraux établissent des critères précis liés notamment à l'élaboration et à la mise en œuvre du programme, aux méthodes administratives, aux rôles et responsabilités, aux conditions du milieu de travail et à l'équipement, aux méthodes et pratiques de sécurité, contrôles des dangers à la surveillance et à l'évaluation entre autres. De plus, l'article 217.1 du Code criminel établit que « Il incombe à quiconque dirige l'accomplissement d'un travail ou l'exécution d'une tâche ou est habilité à le faire de prendre les mesures voulues pour éviter qu'il n'en résulte de blessure corporelle pour autrui. »

La gestion proactive et la diligence raisonnable constituent les meilleurs moyens de défense lorsque des blessures surviennent en milieu de travail; cependant, s'il y avait preuve de négligence, la peine pourrait alors se traduire par des sanctions financières pour les organisations et par des sanctions financières et l'emprisonnement pour leurs représentants (dont les directeurs, les partenaires, les employés, les membres, les agents ou les entrepreneurs de ladite organisation).

En 2006, l'Association canadienne de normalisation (CSA) a annoncé la publication de la première norme canadienne traitant de la gestion de la santé et de la sécurité au travail établie par voie de consensus, qui met en place une démarche faisant la promotion d'un cadre de contrôle de gestion pour la SST. Cette nouvelle norme canadienne, intitulée CSA Z1000-06 Gestion de la santé et de la sécurité au travail, a été élaborée afin de prévenir ou tout au moins de réduire les maladies, les blessures et les décès en milieu de travail en proposant aux entreprises un modèle en vue de

l'élaboration et de la mise en œuvre d'un cadre de contrôle de la gestion de la santé et de la sécurité au travail. Lorsqu'il est intégralement mis en œuvre, un tel cadre devrait permettre de réduire ou de prévenir les maladies, les blessures et les décès en milieu de travail.

À la Ville, la fonction de conseiller en matière de SST a été regroupée en un « centre d'expertise » selon le modèle des services partagés. La Direction de la santé et de la sécurité au travail (SST) fournit des services à tous les services de la Ville et de la Bibliothèque publique d'Ottawa dans les secteurs de la sécurité au travail, de la santé au travail, de l'administration des indemnités des accidents de travail, des services de programme d'aide aux employés, de l'administration des congés de maladie et d'invalidité de longue durée, des mesures pour faciliter le retour au travail et des aménagements et de l'administration du programme de gestion des présences.

Bien que le rôle de conseil en matière de SST incombe essentiellement à la Direction de la SST, la gestion et la mise en œuvre du programme de SST sont largement décentralisées et déléguées aux directions. Cette stratégie correspond à la politique sur la santé et la sécurité au travail, qui attribue aux différents services la responsabilité de la gestion de leur propre programme de SST tout en se fiant à la Direction de la SST pour obtenir de l'aide, le cas échéant.

### **Coût des blessures et maladies en milieu de travail**

En 2010, la Direction de la SST a mentionné dans un rapport que la Ville avait reçu 1 067 réclamations relatives à des blessures ou maladies liées au milieu de travail qui ont entraîné 6 660 journées de temps perdu. La Direction de la SST a également signalé que les demandes à la CSPAAT résultant de blessures ou de maladies liées au milieu de travail ont totalisé 11,5 millions de dollars. Ces coûts découlent des demandes d'indemnisation pour accidents et maladies du travail déposées en 2010 et des demandes encore actives des années précédentes. La Ville ne tient compte que des frais directs liés aux indemnisations de la CSPAAT comme les montants versés au titre des salaires pour temps perdu, des régimes de retraite et des prestations (prestations d'invalidité permanente), les frais médicaux, les frais d'administration de la CSPAAT et les autres frais engagés relativement à la CSPAAT durant l'année. Les coûts indirects comme les heures supplémentaires, le recyclage professionnel, la perte de revenus et de productivité ne sont pas pris en compte, mais la Direction estime qu'ils sont quatre fois plus élevés que les frais directs<sup>6</sup>.

La direction n'a pas été en mesure de fournir une ventilation totale des coûts de 11,5 millions de dollars liés à la CSPAAT, mais a confirmé que les montant versés au titre des salaires des employés blessés ou malades étaient inclus ainsi que les

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<sup>6</sup> Source: City of Ottawa 2008 Occupational Injury/Illness Performance Report (Rapport de 2008 de rendement de la Ville d'Ottawa sur les blessures et les maladies liées au travail)



frais médicaux, les coûts d'administration de la CSPAAT, les coûts au titre des régimes de retraite, les indemnités pour perte économique future et les indemnités de perte non financière et d'autres prestations, dont celles versées au survivant. Comme nous n'avons pas obtenu la ventilation complète de ces coûts, nous avons fait une estimation approximative de la ventilation, notamment les frais d'administration de la CSPAAT.

**Figure 1 : Ventilation des coûts des demandes d'indemnités au titre de la CSPAAT effectuée par le BVG**

Salaires versés aux employés absents <sup>7</sup>	2,6 millions \$
Traitement médicaux <sup>8</sup>	1,9 million \$
Coûts au titre des prestations de retraite et des indemnités après la fusion <sup>9</sup>	3,7 millions \$
Coûts au titre des prestations de retraite et des indemnités avant la fusion <sup>10</sup>	3,3 millions \$
<b>Total</b>	<b>11,5 millions \$</b>

**Objectifs et portée de la vérification**

**Objectif 1 :** Évaluer l'efficacité et l'efficience de la gestion du programme de SST à la Ville.

**Objectif 2 :** Déterminer si les évaluations de risque, la conception du programme de SST, la formation et les mécanismes de rapport sur le rendement et de mesure du rendement sont adéquats et efficaces au sein des directions des soins de longue durée et des déchets solides.

La portée de la vérification incluait divers contrôles de gestion du programme SST sélectionnés pour l'ensemble de la Ville et deux directions, soit la Direction des soins de longue durée et la Direction de la gestion des déchets solides. Plus précisément, la vérification a examiné deux milieux de travail relevant de la Direction des soins longue durée (soit Peter D. Clark et Carleton Lodge) et deux milieux de travail relevant de la Direction de la gestion des déchets solides (Unité du traitement et de l'élimination des déchets et Unité de la collecte). La vérification s'est attachée à la gestion proactive de la SST. Elle n'a pas cherché à évaluer si les pratiques des travailleurs et les milieux de travail étaient conformes aux exigences

<sup>7</sup> Calculés en multipliant le total de 6 660 jours de maladie/blessure par le salaire quotidien moyen des employés municipaux de la Ville et les avantages sociaux (328,35 \$) et les frais administratifs de la CSPAAT correspondants (54,92 \$). Voir annexe B pour le détail sur les sources de salaires et des avantages sociaux et les frais d'administration de la CSPAAT.

<sup>8</sup> Estimés à 16,69 % du total des coûts, fondés sur les moyennes de l'industrie pour le CSPAAT pour 2010 (source : rapport annuel de la CSPAAT de 2010). La Ville ne comptabilise pas individuellement ces coûts.

<sup>9</sup> Estimation fondée sur les coûts restants après prise en compte de tous les autres coûts.

<sup>10</sup> Source : City of Ottawa 2008 Occupational Injury/Illness Performance Report (Rapport de 2008 du rendement de la Ville d'Ottawa sur les blessures et les maladies liées au travail)

des lois et politiques en matière de SST, car une évaluation ponctuelle n'aurait pas fourni de garantie raisonnable sur la conformité passée ou future.

### **Sommaire des constatations clés**

La vérification a constaté le besoin d'améliorer la gestion du programme de SST afin que la Ville respecte les exigences de la loi et de la politique. Nous avons notamment relevé ce qui suit :

- Comme la Ville ne comptabilise pas séparément les composantes des coûts liés à la CSPAAT (p. ex., montants des salaires versés pour temps perdu, montants versés au titre des régimes de retraite, indemnités, frais d'administration de la CSPAAT, etc.), la direction ne dispose pas des renseignements requis pour surveiller et évaluer le rendement du programme de SST. Depuis la mise en œuvre de son programme de retour au travail en 2008, nous avons constaté que le nombre moyen de réclamations pour blessure ou maladie entraînant une absence a chuté, pour passer de 11,34 jours en 2007 à 6,24 jours en 2010. La Ville ne fait pas le suivi des économies attribuables à ce programme, mais nous estimons qu'il a donné lieu à des économies annuelles d'environ 1 192 000 \$ (pour en apprendre plus sur le calcul de ces économies, voir l'annexe C). Cette estimation ne tient pas compte des autres économies potentielles liées aux coûts indirects (heures supplémentaires, recyclage professionnel, perte de revenus et perte de productivité).
- L'élaboration récente d'un cadre préliminaire de la SST constitue une initiative importante. Le cadre a été établi selon les normes CSA Z1000 et appuie la politique de SST de la Ville. Cependant, sa mise en œuvre complète pourrait prendre plusieurs années. Il est probable que ce cadre constituera un fardeau administratif additionnel et nécessitera des investissements en ressources supplémentaires pour les services et les directions, mais la Direction de la santé et de la sécurité au travail n'a pas encore évalué cette incidence ni élaboré de plan de mise en œuvre.
- Les entretiens réalisés avec les gestionnaires et le personnel de la Direction de la santé et de la sécurité au travail et des directions des secteurs d'activité ont clairement révélé que la haute direction a toujours investi les ressources dans le programme de SST lorsque la demande en était faite.
- Nous avons constaté que, bien que la Direction de la santé et de la sécurité au travail communique annuellement des statistiques sur les blessures ou les maladies et les coûts liés à la SST à la haute direction, l'information n'est pas suffisamment appropriée pour aider ces derniers à diriger et à superviser le programme de SST. Les rapports sur la SST au comité exécutif de la Ville se font uniquement sur demande spéciale, car la SST n'est pas un point permanent de l'ordre du jour.

- La Direction de la santé et de la sécurité au travail n'a pas mis en place un processus formel à l'échelle de la Ville pour repérer et évaluer les dangers. Chaque direction a son propre processus de repérage des dangers en milieu de travail; or, les définitions d'adéquation et d'exhaustivité de ces démarches varient grandement. Aucune des directions visées par la vérification n'avait réalisé une évaluation complète et formelle des dangers, bien que certains éléments étaient en place.
- À la Ville ou dans les directions ou services, bien peu d'objectifs ont déjà été officiellement établis en matière de planification de la SST. La politique en matière de SST exige que le Comité exécutif établisse et communique tous les ans les objectifs de la Ville en matière de SST et que les chefs des services définissent des objectifs complémentaires en matière de SST pour leur secteur. Le Comité exécutif ne bénéficie pas du soutien nécessaire pour assurer que ce processus est suivi.
- Aucune des directions qui ont fait l'objet de la vérification n'avait élaboré de plan de SST, puisque les questions de SST étaient en général résolues de façon ponctuelle.
- Comme aucune évaluation complète des dangers n'a été réalisée à l'échelle de la Ville ou des directions, nous n'avons pu déterminer si l'on avait prévu des mesures de prévention et de protection suffisantes pour atténuer adéquatement les dangers existants. Toutefois, nous avons relevé qu'il fallait examiner et mettre à jour bon nombre de programmes et de procédures de SST à l'échelle municipale et des directions pour vérifier qu'ils sont toujours appropriés et efficaces. La coordination et la surveillance requises pour veiller à ce que les procédures liées à la SST des directions soient conformes aux programmes de SST de la Ville étaient déficientes.
- Les programmes de formation des deux directions qui ont fait l'objet de la vérification variaient grandement sur le plan de leur exhaustivité et de leur formalité. Le programme de formation de la Direction des soins de longue durée est bien documenté et complet, tandis que celui de la Direction de la gestion des déchets solides est moins rigoureux et non documenté. Les deux directions doivent évaluer les dangers liés à l'emploi pour s'assurer que les programmes de formation couvrent tous les dangers en milieu de travail.
- La Direction de la gestion des déchets solides fait appel quotidiennement à des travailleurs temporaires pour ses activités de collecte des déchets et n'offre pas à ces travailleurs une formation sur la SST liée à leur emploi. La Ville s'en remet plutôt à une agence de placement pour s'assurer que les travailleurs sont convenablement formés avant d'effectuer leurs tâches à la Ville. Étant donné l'étendue des dangers auxquels ces travailleurs temporaires sont exposés, nous ne croyons pas que la Ville devrait se fier uniquement à la formation offerte par l'agence. En vertu de la *Loi sur la santé et la sécurité au travail* (LSST) de l'Ontario, la Ville doit s'assurer que tous les

travailleurs, qu'ils soient des employés à temps plein ou des employés temporaires, obtiennent l'information, les directives et la supervision dont ils ont besoin pour veiller à leur santé et à leur sécurité (LLST, article 25(2)(a)). En plus d'enfreindre la LLST, cette pratique de la Ville expose les travailleurs temporaires à des risques excessifs en matière de santé et de sécurité ce qui pourrait se traduire par des amendes importantes. Par exemple, l'un des entrepreneurs engagés par la Ville d'Ottawa pour la collecte des déchets, BFI Canada, a été condamné récemment à payer une amende de 150 000 dollars, parce qu'un travailleur d'une agence de placement temporaire a été blessé pendant la collecte des matières recyclables. Une enquête du ministère du Travail a révélé que le travailleur temporaire n'avait pas suivi la formation appropriée sur les procédures sécuritaires de travail qu'aurait dû lui prodiguer BFI Canada et a reconnu la société coupable d'avoir omis de dispenser au travailleur les renseignements et les directives en ce qui concerne les marches à suivre sécuritaires pour la collecte de déchets mobile et a aussi décrété que l'employeur n'avait pas plus effectué la supervision nécessaire.

- La mise en œuvre du programme de retour au travail varie grandement selon le consultant du CSPAAT ou le superviseur qui est chargé des cas. Il serait certainement possible de minimiser les délais de traitement et de réduire les pertes de temps. Les documents du programme ne définissent pas clairement les rôles et responsabilités de toutes les parties et ne proposent pas une marche à suivre précise qui préciserait l'échéancier pour la réalisation de chaque étape. Le programme ne fait l'objet que d'une surveillance minime et peu de renseignements sont communiqués à la haute direction sur l'efficacité et l'efficience du programme.
- La description de poste est en général modifiée au cas par cas après que l'employé a été jugé apte à réintégrer un poste avec des tâches modifiées. La Ville ne dresse pas une liste des postes correspondant à la description de tâches modifiée, de sorte qu'il est difficile de repérer les postes que les employés pourraient occuper à l'extérieur de leur unité de travail.
- La supervision du programme de SST n'est pas appropriée et ne permet pas d'évaluer son efficacité ou de déterminer les causes profondes des blessures et des maladies. À l'heure actuelle, la Direction de la santé et de la sécurité au travail transmet à la haute direction un rapport annuel de rendement concernant les blessures et les maladies du travail qui cerne certains indicateurs de santé au travail, mais n'évalue pas l'efficacité du programme de SST ou sa conformité avec la loi. De plus, aucun objectif n'a été établi pour ces mesures qui permettrait d'améliorer le programme.
- Dans les deux directions faisant l'objet de notre vérification, les activités de surveillance de la SST sont incomplètes et ne permettent pas d'évaluer l'efficacité du programme. Les gestionnaires des directions ont besoin d'un

soutien et d'une supervision accrue de la part de la Direction de la santé et de la sécurité au travail pour orienter leurs activités de surveillance de la SST.

- La Ville ne réalise pas des examens complets du programme de SST à des intervalles réguliers. La Direction de la santé et de la sécurité au travail a reconnu que ces examens étaient nécessaires et a inclus cette exigence dans le cadre préliminaire de la SST.

### ***Secteurs d'économies possibles***

En apportant les améliorations formulées dans les recommandations du rapport, nous sommes d'avis que la Ville pourrait contribuer à réduire considérablement le nombre de blessures et de maladies liées au travail. Ce faisant, nous croyons également que la Ville arriverait à réduire ses frais liés à la CSPAAT d'un montant allant jusqu'à 721 000 \$ par année (voir le rapport complet pour plus de détails et l'annexe B pour des estimations). Ces évaluations ne prennent pas en compte les autres économies connexes qu'il nous a été impossible de quantifier, par exemple, les indemnités de perte non financière, le coût des heures supplémentaires pour les travailleurs de remplacement, le coût de la formation des travailleurs de remplacement et la perte de productivité.

### ***Recommandations et réponses de la direction***

#### **Recommandation 1**

**Que la Ville fasse le suivi des frais des composantes des indemnités de la CSPAAT séparément pour qu'il soit possible d'en réaliser une analyse plus significative, et ainsi de mieux surveiller et évaluer le rendement du programme de SST.**

#### **Réponse de la direction**

La direction est d'accord avec la recommandation.

La Direction de la santé et de la sécurité au travail évaluera d'autres solutions pour l'administration et la gestion du compte de la CSPAAT qui permettront de saisir et de surveiller les coûts des demandes d'indemnité et d'évaluer le rendement du programme de SST. Le projet devrait commencer au troisième trimestre de 2012 et être achevé au deuxième trimestre de 2013.

Il est à noter que les relevés de compte de la CSPAAT actuels ne permettent pas de traiter séparément les coûts des demandes d'indemnité individuelles, car les frais d'administration et les honoraires de médecin sont facturés en pourcentage des coûts de demande selon les taux définis annuellement par la CSPAAT. Ces honoraires médicaux et frais administratifs sont facturés en tant que frais uniques tous les mois.

Les frais associés aux entités préfusion seront séparés des coûts actuels de la CSPAAT afin de mieux tenir compte du rendement du programme de SST actuel de la Ville.

## **Recommandation 2**

**Que la Ville évalue l'incidence d'une mesure qui consisterait à fournir un supplément jusqu'à 100 % du salaire normal des employés qui ne travaillent pas et reçoivent une indemnité de la CSPAAT pour invalidité de longue durée afin de déterminer si cette prestation agit comme moyen de dissuasion pour un retour rapide au travail.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

La prestation complémentaire a été négociée dans les conventions collectives et versée aux membres de la plupart des groupes d'employés le premier jour d'une absence associée à une demande d'indemnité pour accident de travail à la CSPAAT. La corrélation entre les demandes d'indemnité à long terme relevant de la CSPAAT et les mesures décourageant un retour rapide au travail est sujette à un avis médical qui sera vérifié par la CSPAAT, et qui pourrait avoir comme résultat le non-retour au travail de l'employé.

Il faut aussi noter qu'en 2010, le maximum de la rémunération assurable au titre de la CSPAAT, s'élevait à 77 600 dollars, montant rajusté tous les ans pour tenir compte des revenus moyens en Ontario, déterminés par Statistique Canada et en vertu des dispositions de la *Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail*. Le but de la prestation complémentaire jusqu'à concurrence du salaire habituel est d'atténuer le désavantage financier que doivent subir les employés blessés au travail. On pourrait ajouter l'examen de cet avantage social aux prochaines négociations collectives.

À compter du troisième trimestre 2012, le Service des ressources humaines évaluera l'incidence de la prestation complémentaire jusqu'à 100 % des gains habituels afin de déterminer si cette prestation constitue un moyen dissuasif concernant le retour rapide au travail. Cet examen devrait être terminé d'ici le deuxième trimestre de 2013.

## **Recommandation 3**

**Qu'un plan pluriannuel servant à guider la mise en œuvre du cadre préliminaire de la SST soit élaboré et présenté à la haute direction en même temps que ledit cadre sera présenté pour approbation.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines va élaborer un plan de mise en œuvre pluriannuel du cadre de la SST qui complétera le cadre de gestion de la SST aux fins d'approbation du Comité de direction; cette initiative débutera au troisième trimestre de 2012 et sera achevée d'ici le deuxième trimestre de 2013.

### **Recommandation 4**

**Que des rapports sur la SST soient présentés au Comité exécutif et que les questions liées à la SST soient inscrites comme point permanent à l'ordre du jour.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation, en fonction de ce qui suit :

La direction rendra compte des questions ayant trait à la SST au Comité de direction qui se compose des chefs de service représentant tous les Services municipaux. Ces représentants ont les pouvoirs et la responsabilité de mener la mise en œuvre du plan et de veiller aux conséquences. Les enjeux importants sont transmis au Comité exécutif afin qu'il les examine et prenne une décision à cet égard, de même que le tableau de la SST inclus dans le sommaire exécutif annuel afin d'illustrer le rendement du système de gestion de la SST. Tous les rapports et les questions ayant trait à la SST seront ajoutés à l'ordre du jour de la réunion du Comité de direction au moins deux fois par année, comme l'a demandé le directeur des RH, avec la mise en œuvre du rapport de 2011 sur le rendement achevée d'ici le quatrième trimestre de 2012.

### **Recommandation 5**

**Que la Ville établisse des objectifs clairs et des cibles de rendement pour la SST et veille à ce que les gestionnaires et le personnel à tous les échelons sachent à quel point il est important de les atteindre.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines formulera des recommandations quant aux objectifs et aux cibles de rendement de SST, qui seront présentés à l'approbation du Comité de direction. Une fois établis les objectifs et les cibles de rendement de SST, ils seront communiqués à l'ensemble des services municipaux. Les objectifs seront définis avec exactitude et incluront des mesures de rendement appropriées et réalisables et les résultats ciblés. La mise en œuvre commencera au quatrième trimestre de 2012 et sera terminée d'ici au quatrième trimestre de 2013.

## **Recommandation 6**

**Que la Ville élabore et mette en œuvre un programme complet de détermination des dangers et d'évaluation des risques qui, en même temps, permettra de vérifier que les directions comprennent ce qui est requis et de fournir de l'aide aux gestionnaires au besoin. Comme la mise en œuvre intégrale d'un tel programme pourrait prendre plusieurs années, la Ville devrait d'abord viser les milieux de travail et les postes comportant les risques les plus élevés.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines mettra au point un programme municipal de détermination des dangers et d'évaluation des risques liés à la SST qui utilisera une approche systématique afin d'inclure des stratégies de prévention et d'atténuation.

La Ville a établi récemment un cadre de gestion du risque amélioré, qui se penchera sur la détermination et l'évaluation des risques pour la santé et la sécurité et la gestion du risque. L'intégration de ce cadre au programme de détermination des dangers et d'évaluation des risques liés à la SST fera l'objet d'une étude sérieuse.

Le plan de mise en œuvre veillera à l'établissement de priorités pour les activités à risque plus élevé, après examen et analyse des données existantes, notamment les ordonnances exécutoires du ministère du Travail de l'Ontario, les inspections de sécurité en milieu de travail et les tendances en matière d'accident. Les objectifs, cibles, mesures de rendement, procédures et programmes dépendent des résultats décrits dans les recommandations 4, 8, 10, 11, 12, 22 et 25 de ces évaluations. L'élaboration du programme de détermination des dangers et d'évaluation des risques liés à la SST sera effectuée par étapes, soit : l'examen des données actuelles sur les dangers et le risque (T4 2012), l'élaboration du programme et des outils (T1 2013), la communication, la formation ainsi que l'évaluation d'un projet pilote (T2 2013), sa mise œuvre y compris le soutien (T3 2013) en commençant par les deux directions cernées pour le projet pilote dans le présent rapport. La mise en œuvre exigera la participation du Comité mixte de santé et de sécurité et, au besoin, d'experts; elle commencera au quatrième trimestre de 2012 et se terminera au deuxième trimestre de 2015.

## **Recommandation 7**

**Que la haute direction de la Ville élabore des objectifs en matière de SST pour l'ensemble de la Ville.**



### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Comité de direction, par l'intermédiaire du directeur des RH, va élaborer et approuver des objectifs en matière de SST à l'échelle de la Ville, avec mise en œuvre prévue au quatrième trimestre de 2012, et achèvement d'ici le quatrième trimestre de 2013, comme il est mentionné dans la réponse de la direction à la recommandation 5.

### **Recommandation 8**

**Que la Ville veille à ce que les services et les directions établissent des objectifs en matière de SST qui correspondent aux objectifs élaborés pour l'ensemble de la Ville, et qu'ils établissent les priorités pour gérer les risques et dangers professionnels les plus importants. Tout au long de ce processus, la Ville devrait fournir une expertise et un soutien en matière de SST aux services et aux directions pour veiller à l'élaboration de plans et objectifs appropriés.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines va élaborer des processus et des outils pour soutenir les services et les directions dans l'établissement des objectifs et des priorités de la SST axés sur la gestion des risques et dangers professionnels les plus importants conformément aux objectifs établis pour l'ensemble de la municipalité. Cette initiative est fonction des produits à livrer indiqués dans les réponses de la direction aux recommandations 6 et 12, qui seront mises en œuvre à compter du quatrième trimestre de 2012 et du deuxième trimestre de 2013, respectivement. Cette initiative sera mise en œuvre dans les deux directions à risque élevé désignées dans la présente vérification, et se poursuivra dans d'autres services par ordre de priorité des risques repérés, et ce, à compter du premier trimestre de 2013 avec conclusion finale prévue au quatrième trimestre de 2014.

### **Recommandation 9**

**Que la Ville s'assure que tous les comités mixtes de santé et de sécurité se rencontrent au moins une fois tous les trois mois et qu'ils effectuent des inspections des lieux de travail au moins une fois par mois pour garantir la conformité à la *Loi sur la santé et la sécurité au travail* de l'Ontario.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines mettra au point une procédure de surveillance des Comités mixtes de santé et de sécurité afin de veiller à ce qu'ils se rencontrent au moins tous les trois mois et qu'ils effectuent des inspections de

sécurité en milieu de travail au moins tous les mois, pour assurer la conformité avec la *Loi sur la santé et la sécurité au travail*. La mise en œuvre commencera au troisième trimestre de 2012 et sera terminée d'ici le premier trimestre de 2013.

### **Recommandation 10**

**Que la Ville élabore une stratégie afin de prioriser l'élaboration et le maintien des politiques et procédures municipales en matière de SST et de veiller à ce qu'elles soient mises à jour en temps opportun. La priorisation devrait être liée tant aux besoins qu'aux risques.**

#### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines examinera et mettra à jour, le cas échéant, la procédure actuelle visant à prioriser l'élaboration et le maintien des politiques et procédures municipales en matière de SST. Le Service veillera à ce que le risque organisationnel et opérationnel ainsi que les obligations réglementaires soient pris en compte. La mise en œuvre commencera au troisième trimestre de 2012 et sera terminée d'ici le deuxième trimestre de 2013.

### **Recommandation 11**

**Une fois que les directions auront réalisé l'évaluation complète des risques, il faudra élaborer des procédures en matière de SST pour les dangers qui ne sont pas adéquatement couverts par les procédures actuelles. Lorsqu'une direction a déjà un programme ou une procédure visant la SST mais qu'elle s'avère insuffisante, des procédures supplémentaires devraient être élaborées.**

#### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines va élaborer une procédure qui exige l'examen et l'évaluation de l'efficacité des plans de contrôle pour atténuer les dangers repérés et les risques connexes. Ces plans de contrôle pourraient inclure des contrôles administratifs qui ne se limiteront pas qu'à l'élaboration ou à l'amélioration des procédures ou programmes existants et, le cas échéant et si aucun contrôle n'existe, des procédures ou programmes nouveaux ou complémentaires seront créés. Cette initiative est fonction des produits à livrer indiqués dans les réponses de la direction aux recommandations 6 et 12, qui seront mises en œuvre à compter du quatrième trimestre de 2012 et du deuxième trimestre de 2013, respectivement. La mise en œuvre de cette recommandation commencera au premier trimestre de 2013 et sera terminée au deuxième trimestre de 2015.

### **Recommandation 12**

**Que la Ville fournisse le soutien aux services et aux directions pour l'élaboration de mesures préventives et protectrices afin de remédier aux risques importants repérés durant les évaluations des dangers.**

#### **Réponse de la direction**

La direction est d'accord avec la recommandation.

La Direction de la santé et de la sécurité au travail, ainsi que d'autres experts en la matière de tous les secteurs de la Ville, soutiendra les services et les directions et les aidera à déterminer les mesures préventives et protectrices visant à atténuer les risques associés à des dangers importants afin de les intégrer aux plans de contrôle. Cette initiative dépend des résultats du programme de détermination des dangers et d'évaluation des risques liés à la SST mentionné dans la réponse de la direction à la recommandation 6, dont la mise au point commencera au quatrième trimestre de 2012. La mise en œuvre de la présente initiative commencera au deuxième trimestre de 2013 pour se terminer au deuxième trimestre de 2015.

### **Recommandation 13**

**Que la Ville élabore et mette en œuvre un système de surveillance centralisé afin de repérer quand il faut examiner les programmes et procédures de SST.**

#### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines mettra en œuvre un système de surveillance pour effectuer le suivi des dates d'examen pour les programmes et procédures liés à la SST; cette mise en œuvre commencera au quatrième trimestre de 2012 pour se terminer au deuxième trimestre de 2013.

### **Recommandation 14**

**Que des évaluations des besoins en formation sur la SST pour tous les travailleurs soient effectuées en temps opportun afin de déterminer les besoins particuliers en formation sur la SST propre à chaque poste ou milieu de travail.**

#### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines va élaborer un programme d'évaluation des besoins en formation pour tous les employés par catégorie d'emploi et lieu de travail, qui sera mis en œuvre dans l'ensemble de la ville, en commençant avec les deux directions identifiées dans la vérification pour un projet pilote, à compter du quatrième trimestre de 2012, pour se terminer au quatrième trimestre de 2013.

### **Recommandation 15**

**La Ville doit veiller à ce que les services et les directions travaillent de concert avec la Direction de la santé et la sécurité au travail pour élaborer les programmes de formation requis, et à ce que cette formation soit normalisée et, dans la mesure du possible, uniformisée et constamment dispensée dans l'ensemble de la Ville.**

#### **Réponse de la direction**

La direction est d'accord avec la recommandation.

La Direction de la santé et de la sécurité au travail va amorcer un processus visant, lorsque la situation le permet, la normalisation et l'harmonisation des programmes de formation, ainsi que des méthodes d'exécution. La mise en œuvre commencera au troisième trimestre de 2012 et sera terminée d'ici le troisième trimestre de 2013.

### **Recommandation 16**

**Que les services et les directions fassent le suivi des formations terminées pour chaque travailleur tandis que la Direction de la SST fera une vérification périodique de l'ensemble des formations.**

#### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines intégrera un module événement dans SAP à la mise en œuvre de la formation, afin d'inclure le suivi de la formation des employés en matière de SST. Les services devront y entrer les rapports de formation qui seront vérifiés périodiquement par la Direction de la santé et sécurité au travail. La mise en œuvre commencera au troisième trimestre de 2012 et sera terminée d'ici le quatrième trimestre de 2013.

### **Recommandation 17**

**Que la Ville examine et mette à jour le programme de retour au travail afin de préciser les rôles et responsabilités, de définir des procédures claires pour toutes les parties et de veiller à ce que les employés reçoivent une trousse d'information au moment où survient la blessure qui inclut : une description des obligations des employés pendant le processus de retour au travail; un avis insistant sur l'importance de retourner immédiatement à l'employeur la page 3 du formulaire 8; une lettre adressée au professionnel de la santé expliquant l'engagement de la Ville à aider le retour au travail de l'employé; et le cas échéant, une offre de travail modifiée.**

**Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines mettra à jour la procédure de retour au travail pour veiller à ce que les gestionnaires, superviseurs, et travailleurs connaissent bien leurs rôles, responsabilités et procédures. Le travail à effectuer pour cette procédure portera notamment sur l'examen et la mise en œuvre d'une trousse d'information distribuée au moment où survient l'accident ou la maladie professionnelle. Cette trousse devra expliquer l'engagement de la Ville à aider les employés à faire un retour au travail rapide et sécuritaire et, le cas échéant, à proposer une offre de travail modifiée. La mise en œuvre commencera au troisième trimestre de 2012 et sera terminée d'ici le deuxième trimestre de 2013.

**Recommandation 18**

**Que la Ville surveille régulièrement le programme de retour au travail afin d'évaluer son efficacité et de repérer les possibilités d'amélioration. Il faudrait établir des indicateurs et des objectifs de rendement afin de promouvoir l'amélioration continue du programme.**

**Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines établira des indicateurs et des objectifs de rendement et examinera, au moins une fois par année, le rendement de la procédure de retour au travail, pour cibler les possibilités d'amélioration. La mise en œuvre commencera au troisième trimestre de 2012 et sera terminée d'ici le deuxième trimestre de 2013.

**Recommandation 19**

**Que la Ville fasse l'inventaire des postes dont les tâches ont été modifiées et fasse concorder les compétences des employés avec les postes ou tâches disponibles afin d'assurer un retour au travail efficace en temps opportun.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Un inventaire des postes dont les tâches ont été modifiées a été effectué et finalisé en juillet 2011 en réponse à une recommandation du BVG formulée dans la vérification de la gestion des congés de maladie de 2008. Le Service des ressources humaines examinera et mettra à jour l'inventaire actuel des postes dont les tâches ont été modifiées ainsi que les renseignements connexes, notamment l'analyse des demandes d'emploi et les descriptions d'emploi, le cas échéant. Cet examen et mise à jour de l'inventaire des postes dont les tâches ont été modifiées visant à faire concorder les compétences des employés avec les postes ou tâches disponibles afin d'assurer un retour au travail en temps opportun commencera au troisième trimestre de 2012 et se terminera au deuxième trimestre de 2013.

### **Recommandation 20**

**Que les affectations de poste dont les tâches ont été modifiées ne soient pas limitées au service ou à la direction actuels de l'employé. La possibilité de muter temporairement un employé à un autre service ou direction devrait être envisagée.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines va élaborer une procédure pour les postes de travail modifiés stipulant que des affectations de postes dont les tâches ont été modifiées convenables doivent d'abord être offertes en association au poste d'attache de la personne blessée/malade. Dans les cas où une telle offre n'est pas possible, des affectations de poste modifié pourront être offertes dans l'unité, la direction ou le service où œuvre la personne malade ou blessée. Si cette offre ne donne pas les résultats escomptés, une recherche sera effectuée dans d'autres services pour trouver des occasions convenables respectant à la fois les droits des employés de profiter de divers aménagements et les conventions collectives, selon la préséance juridique, au cas par cas. La mise en œuvre pour l'ensemble des services commencera au troisième trimestre de 2012 et sera terminée d'ici le deuxième trimestre de 2013.

### **Recommandation 21**

**Que des plans bien documentés pour le retour au travail pour tous les cas d'employés absents pour blessure ou maladie soient élaborés, lesquels devraient inclure l'approbation du conseiller de la CSPAAT, du superviseur et de l'employé blessé.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines révisera la procédure de retour au travail, comme il est décrit dans la réponse de la direction à la recommandation 17, afin d'exiger pour tous les cas d'absence en raison de blessures ou maladies professionnelles que soient fournis des documents liés aux plans de retour au travail signés et approuvés par toutes les parties concernées, et ce, pour l'ensemble des services. La mise en œuvre de cette initiative débutera au troisième trimestre de 2012 et se terminera au deuxième trimestre de 2013.

### **Recommandation 22**

**Que des mesures et des objectifs de rendement en matière de SST soient établis à l'échelle de la Ville, des services et des directions. Les mesures de rendement devraient inclure des mesures et des objectifs de conformité à la réglementation de la SST (p. ex., fréquence des problèmes de conformité à la SST, délai moyen nécessaire pour résoudre les problèmes de conformité à la SST repérés), les mesures et les objectifs de mise en œuvre du programme de SST (p. ex., ratio des évaluations de dangers réalisées, ratio des procédures requises en place), et mesures et objectifs pour le comité mixte de santé et de sécurité (p. ex., conformité des réunions du comité mixte de santé et de sécurité, conformité des inspections).**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines, en consultation avec les services et directions de la Ville, établira des procédures pour veiller à l'établissement, au maintien et au suivi de mesures et objectifs de rendement liés à la SST, tel que mentionné ci-dessus, et ce, d'ici le quatrième trimestre de 2014. Cette initiative dépend des produits à livrer désignés dans la réponse de la direction à la recommandation 8; elle s'amorcera simultanément au premier trimestre de 2013 et se terminera au quatrième trimestre de 2014.

### **Recommandation 23**

**Que les services et les directions fassent le suivi du rendement en comparaison aux objectifs fixés en matière de SST et en fassent rapport tous les trimestres à la Direction de la santé et la sécurité au travail.**

**Réponse de la direction**

La direction est d'accord avec la recommandation.

Tous les trimestres, le Service des ressources humaines recueillera auprès des services et des directions les données liées au rendement par rapport aux objectifs de la SST. Cette initiative dépend des produits à livrer indiqués dans la réponse de la direction à la recommandation 22, dont les exigences devraient être satisfaites d'ici le quatrième trimestre de 2014. La présente initiative commencera au deuxième trimestre de 2014 et sera terminée au premier trimestre de 2015.

**Recommandation 24**

**Que la Ville prépare des sommaires trimestriels du rendement en comparaison aux objectifs, qu'elle distribuera aux gestionnaires à tous les échelons afin de soutenir une gestion plus proactive de la SST.**

**Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines fera l'analyse des mesures de rendement par rapport aux objectifs définis et distribuera cette information tous les trimestres à tous les paliers de direction. Cette initiative dépend des produits à livrer indiqués dans la réponse de la direction à la recommandation 8, dont les exigences devraient être satisfaites d'ici le quatrième trimestre de 2014. La présente initiative devrait être terminée au premier trimestre de 2015.

**Recommandation 25**

**Que la Ville prépare un rapport de rendement annuel municipal sur la SST à l'intention de la haute direction qui inclut les mesures recommandées et une évaluation qualitative du rendement de la Ville en matière de SST ainsi qu'une analyse des causes profondes pour les secteurs d'inquiétude et les mesures correctives recommandées.**



### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines va améliorer le rapport annuel sur la SST à l'intention du Comité de direction afin d'inclure les mesures de rendement en matière de SST définies par la Ville, une évaluation qualitative, l'analyse des causes profondes dans les secteurs de préoccupation importants ainsi que des recommandations portant sur des mesures correctives. Cette initiative dépend des produits à livrer mentionnés dans les réponses de la direction aux recommandations 6, 8, 12, 22 et 23 dont les exigences seront satisfaites entre le quatrième trimestre de 2014 et le deuxième trimestre de 2015. Le premier rapport qui comprendra les données de rendement en matière de SST disponibles sera soumis au Comité de direction d'ici au troisième trimestre de 2014 pour l'année 2013 et un rapport de rendement en matière de SST sera soumis pour l'ensemble de la Ville au troisième trimestre de 2015, pour l'année 2014.

### **Recommandation 26**

**Que la Ville procède à intervalles réguliers (au moins une fois par année) à des examens approfondis du cadre de contrôle de la gestion de la SST afin d'évaluer la pertinence, le bien-fondé et l'efficacité et pour repérer les occasions d'amélioration continue. Ces résultats devraient être consignés dans un rapport adressé à la haute direction afin de les intégrer à l'établissement des objectifs et aux décisions concernant l'affectation des ressources.**

### **Réponse de la direction**

La direction est d'accord avec la recommandation.

Le Service des ressources humaines procédera tous les ans à l'examen de la mise en œuvre du cadre de gestion de la SST et de son rendement et réunira ses conclusions et recommandations d'amélioration dans un rapport qui sera remis au Comité de direction. Cette initiative dépend des produits à livrer indiqués dans la réponse de la direction à la recommandation 3, dont les exigences devraient être satisfaites d'ici le deuxième trimestre de 2013. Le premier rapport contenant cette information sera déposé au premier trimestre de 2014 pour l'année 2013.

### **Conclusion**

Bien que la Ville d'Ottawa se soit dotée d'une politique sur la SST qui définit les rôles et responsabilités de haut niveau et une série de programmes de SST visant certains dangers, nous avons constaté qu'il faut améliorer le cadre de contrôle de la gestion de la SST afin de satisfaire aux besoins de la Ville et de se conformer aux exigences réglementaires. Le programme de SST est essentiellement décentralisé, et de ce fait, la haute direction dispose de très peu de rapports et de mesures sur le rendement. La Direction de la santé et la sécurité au travail fournit de précieux

services consultatifs aux services et aux directions, mais elle ne supervise pas la mise en œuvre du programme de SST dans l'ensemble de la Ville et ne s'occupe pas non plus de manière explicite des infractions à la politique ou à la loi. Nous avons constaté dans notre vérification qu'au sein de la Direction des soins de longue durée et de la Direction de la gestion des déchets solides, nombre de méthodes de gestion conventionnelles ne sont pas entièrement appliquées à la gestion de la SST, notamment l'évaluation des besoins, l'établissement des objectifs, la planification formalisée afin d'atteindre les objectifs, l'affectation des ressources conformément aux plans et stratégies, la mise en œuvre systématique, la mesure et l'évaluation du rendement et l'examen général du programme. L'amélioration de ces méthodes permettrait de renforcer le programme de SST, d'améliorer la culture de sécurité de la Ville et d'aider à réduire les blessures, maladies et décès professionnels.

### **Remerciements**

Nous tenons à remercier la direction pour la coopération et l'assistance accordées à l'équipe de vérification.

## 1 INTRODUCTION

The Audit of Occupational Health and Safety was included as part of the Auditor General's 2011 Audit Plan, approved by Council on April 13, 2011.

## 2 BACKGROUND

The City of Ottawa has a diverse workforce consisting of approximately 14,700 full-time equivalent employees. The City has over 100 lines of business and a wide variety of occupations, some of which are exposed to varied hazards. Many of the occupations are physically demanding, require travel, and involve work at multiple worksite locations. This diversity in the nature of work performed by City workers adds considerable complexity to the management of the Occupational Health and Safety (OHS) program.

### 2.1 Regulatory and Policy Context

The City of Ottawa must adhere to both provincial OHS legislations (*Occupational Health and Safety Act, 1990* and *Workplace Safety and Insurance Act, 1997*), and federal legislation (*Canada Labour Code Part II (CLC Part II)* and associated regulations). Transit services are subject to federal legislation as the service operates across provincial lines, while the remainder of the City's operations fall under provincial regulations. These provincial and federal legislative frameworks prescribe hundreds of specific requirements relating to program development and implementation, administrative practices, roles and responsibilities, conditions of workplaces and equipment, safety practices and methods, hazard controls, monitoring and evaluation among other things. In addition, section 217.1 of the Criminal Code of Canada establishes that "everyone who undertakes, or has the authority, to direct how another person does work or performs a task is under a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task." This section was enacted following the inquiry into the Westray Mine disaster and is intended to reinforce the duty owed to workers and the general public to provide safe workplaces. Proactive management and due diligence are the best legal defences when workplace injuries occur. Violations of occupational health and safety laws can result in; financial penalties for organizations and, in extraordinary cases, financial penalties and jail time for their representatives (including directors, partners, employees, members, agents or contractors of the organization).

In 2006, the Canadian Standards Association (CSA) released Canada's first consensus-based workplace health and safety management standard which promotes a management control framework approach to governing OHS. This new Canadian standard, titled CSA Z1000-06 Occupational Health and Safety Management (CSA Z1000) was developed to reduce or prevent injuries, illnesses and fatalities in the workplace by providing organizations with a model for

developing and implementing an occupational health and safety management control framework. Labour, business, government representatives and other stakeholders worked together to help create this standard. CSA Z1000 provides organizations of any size or scope with an authoritative set of standards with which to implement an OHS management control framework. When implemented in its entirety, such a framework should reduce or prevent occupational injuries, illnesses, and fatalities.

## **2.2 City of Ottawa OHS Organization**

In 2001, the new City of Ottawa was created with the amalgamation of the Region of Ottawa-Carleton and 11 local municipalities. In 2000, to prepare for amalgamation, health and safety representatives from all municipalities and the region formed a committee and developed a plan to amalgamate their health and safety programs into one central service. At that time, only the former City of Ottawa, the Regional Municipality of Ottawa-Carleton, and the City of Gloucester had well established capabilities in all areas of health, safety, and workers' compensation administration. The other municipalities and townships did not have formalized health, safety, or workers' compensation programs in place.

By 2001, the OHS advisory function was consolidated into one "centre of expertise" under a shared-services model. OHS consultants who had previously been embedded within City departments were brought together under the OHS Branch of the Human Resources Department. Since then, the OHS Branch has worked to consolidate safety programs and bring greater consistency to OHS program management across the City.

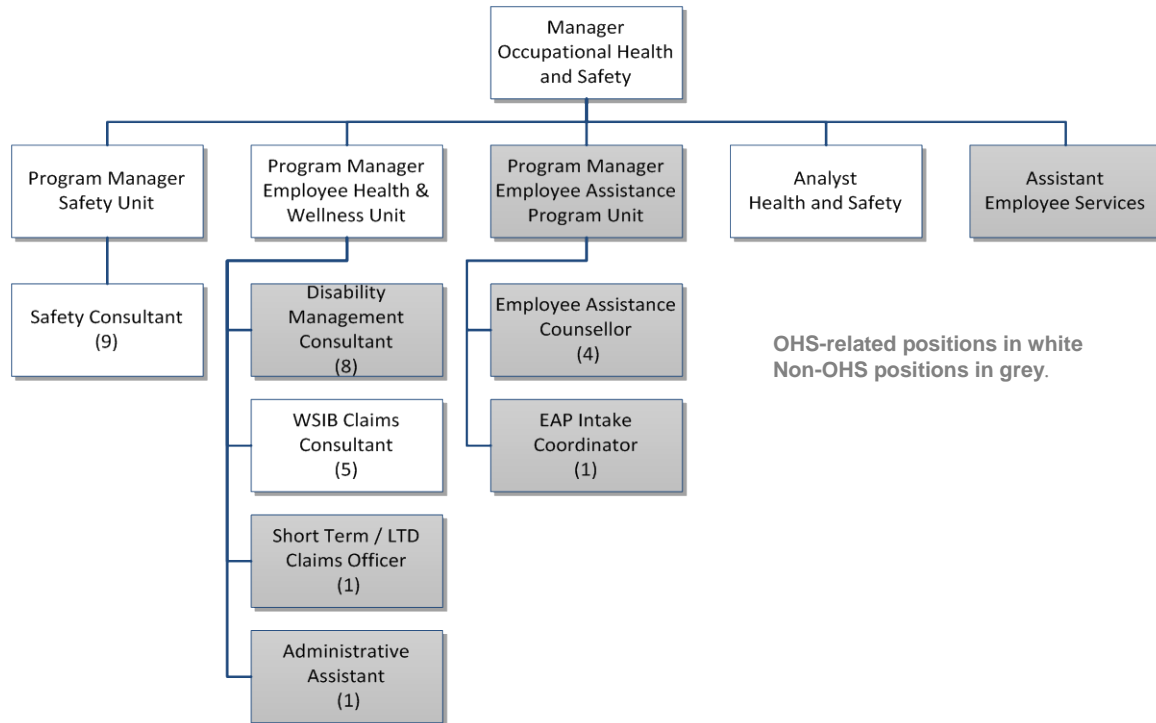
Currently, the OHS Branch provides advisory services to all departments of the City and the Ottawa Public Library in the areas of Occupational Safety, Employee Health and Wellness, Workers' Compensation administration, Employee Assistance Program services, Sick Leave and LTD administration, facilitation of Return to Work/Accommodation and Attendance Management Program administration. The City of Ottawa OHS policy outlines the responsibilities for the OHS program. Key responsibilities are assigned as follows:

- **City Manager** - Accountable for the overall program and ensuring corporate compliance with OHS legislation and policies.
- **Executive Committee** - Responsible for establishing corporate objectives to prevent workplace injury or illness and fostering a safe and healthy workplace.
- **Human Resources Department / OHS Branch** - Responsible for providing advisory and consultation services to the City Manager, Executive Committee and City departments. Must also establish, in conjunction with each department, methods for measuring and reporting key indicators of health and safety compliance and performance.

- **Department Heads** – Responsible for ensuring policies, procedures and safe work practices are established to achieve departmental compliance with OHS legislation and policies. Also responsible for ensuring departmental OHS objectives and performance indicators are established, maintained and assessed to complement corporate objectives.
- **Managers** – Accountable for the health and safety of staff under their supervision, and are responsible for ensuring that all employees receive adequate training in their specific job duties, while working in compliance with OHS legislation and established safe work practices. Managers are also responsible for ensuring that machinery, equipment, processes and the physical condition of the workplace support a safe and healthy environment.
- **Employees** – Responsible for working in accordance with OHS legislation, policies and procedures.
- **Joint Health and Safety Committees (JHSC)** – Composed of worker and employer representatives, JHSC are responsible for making recommendations for improvement and representing workers during certain activities, including testing, assessments, and investigations. While the OHS advisory function is centralized within OHS Branch, management and implementation of the OHS program is largely decentralized and delegated to branches. This is in keeping with OHS Policy which makes department heads responsible for managing their OHS program while drawing upon OHS Branch for support as needed.

### **2.3 City of Ottawa OHS Branch**

The City of Ottawa OHS Branch is divided into three units overseen by the Branch Manager: the Safety Unit; the Employee Health and Wellness Unit; and the Employee Assistance Program Unit. The Branch is also supported by a Health and Safety Analyst and an Employee Services Assistant. The Branch has 35 employees and a total budget of \$3.4 million in 2011. Of the 35 employees, 9 are directly engaged in safety activities, 5 are engaged in WSIB administration, 8 are engaged in disability claims management (short term disability and long term disability), 4 are engaged in the employee assistance program and the remainder are dedicated to sick leave certification, attendance management and the administration and management of the Branch.



The Safety Unit is composed of a Program Manager and nine Safety Consultants. Safety Consultants act as the City’s “OHS subject matter experts.” They provide consultative advice to managers, supervisors and employees on legislative requirements, policies, programs and procedures; assist in investigations of serious incidents; develop and deliver training courses; and provide consultative advice to all City JHSC. Safety Consultants regularly attend City JHSC meetings, and offer their services on an ad-hoc and “as requested” basis. It is not their responsibility to monitor or enforce compliance with the OHS program and they do not play a role in assessing the effectiveness of the City’s OHS program.

The Employee Health and Wellness Unit is composed of a Program Manager and fifteen staff responsible for three areas of disability claims management: Workplace Safety and Insurance Board (WSIB) claims; short-term disability claims; and long-term disability claims. WSIB claims are handled by a team of five WSIB Claims Consultants, who also coordinate the Return to Work program for WSIB cases. Non-occupational disability claims (short and long term) are managed by a team of eight Disability Management Consultants. The team is supported by a Short Term/Long Term Disability Officer and an Administrative Assistant.

The Employee Assistance Program Unit is composed of a Program Manager, four Employee Assistance Counsellors, and an EAP Intake Coordinator who provide education, counselling, critical incident stress debriefing, crisis support and facilitated discussion services.

## **2.4 Branches Included in the Audit**

At the request of the Audit Sub-Committee, two branches from the City of Ottawa were selected for inclusion in the audit. We selected Long-Term Care Branch and Solid Waste Branch on the basis of their relatively high rates of injury/illness frequency and severity of injury/illness, and because these rates have failed to improve, or have worsened, over the previous three years (see Appendix A). These measures are discussed in greater detail in sections 5.1.1 and 5.1.2 of this report.

## **3 AUDIT OBJECTIVES AND SCOPE**

**Objective 1:** To assess whether management of the City's OHS program is effective and efficient.

**Objective 2:** To assess whether hazard assessment, OHS program design, training, and performance reporting and measurement are adequate and effective within the Long-Term Care and Solid Waste branches.

The scope of the audit included selected OHS program management controls at the City level and within two branches; Long-Term Care Branch and Solid Waste Branch. More specifically, two workplaces from Long-Term Care Branch (Peter D. Clark and Carleton Lodge) and two workplaces from Solid Waste Branch (Waste Processing and Disposal Unit, and Collections Unit) were examined. The audit focused on the proactive management of OHS. The audit did not include an assessment of whether worker practices and workplaces conformed to OHS legislative and policy requirements because a point-in-time assessment could not provide reasonable assurance of past or future conformance.

## **4 APPROACH**

### **4.1 Overview**

Our audit was designed to ensure that sufficient and appropriate audit procedures were conducted and evidence gathered to provide reasonable assurance of the accuracy of audit findings and conclusions. The conclusions are based on a comparison of situations, as they existed at the time of the audit against the audit criteria. It should be noted that conclusions related to controls in workplaces are only be applicable to those workplaces included in the audit scope.

### **4.2 Methodology Components**

Due to the highly technical nature of the audit, the audit team was supplemented by a professionally qualified OHS specialist.

The planning phase of the audit involved several procedures, including review of OHS program documentation, interviews with management and OHS staff, and analysis of safety and accident data. A preliminary risk assessment was conducted to identify areas of highest risk and was used to guide selection of audit criteria and

controls to be tested. An audit evidence gathering strategy and detailed audit plan was then developed.

To assess the adequacy and effectiveness of the OHS management control framework, practices and controls at the corporate level and two branches were assessed against the audit criteria.

Audit evidence was gathered in the following manner:

- OHS-related documentation was reviewed to assess compliance against the audit criteria. This included OHS policies and procedures, OHS program documents (such as strategies, business plans, targets, program monitoring reports, etc.), inspection plans and records, training materials, minutes of Joint Occupational Health and Safety Committees, and hazard assessment records;
- Walkthrough tours and visual inspections of the facilities were conducted for each of the four worksites to gain an understanding of health and safety conditions of the facilities themselves, equipment and materials contained therein, and the safety-related practices of worksite personnel;
- Structured interviews were conducted with management, key OHS personnel and a sample of supervisors and employees to examine awareness, understanding, and existence of OHS processes, procedures and practices and to validate information obtained through document review and analysis; and,
- A sample of six Long-Term Care Branch and six Solid Waste Branch WSIB claims were reviewed and assessed to determine if a return to work program was in place and effective in transitioning injured workers back to duties or temporary work assignments.

## **5 DETAILED FINDINGS, OBSERVATIONS AND RECOMMENDATIONS**

### ***5.1 City of Ottawa – Injury/Illness Performance***

The significant changes in OHS legislation and guidance over the past 10 years have brought an increased focus on workplace safety and OHS program management. This increased focus has resulted in a significant reduction in injury/illness frequency throughout the Canadian workforce.

WSIB divides employers into Schedule 1 employers and Schedule 2 employers. The City of Ottawa is a Schedule 2 employer. Under the Act, Schedule 2 employers are recognized as separate and distinct from all other employers (who fall under Schedule 1). The fundamental distinction is that Schedule 1 employers operate under the collective liability insurance principle while Schedule 2 employers do not, and are individually responsible for the full cost of the accident claims filed by their



workers. The Workplace Safety and Insurance Board (WSIB) maintains full authority over the Schedule 2 claims entitlement process and bills the actual benefit costs plus an annual administration fee to Schedule 2 employers. Schedule 2 employers include firms funded by public funds (from the federal, provincial and/or municipal governments), firms legislated by the province but self-funded, and other firms who are privately owned but involved in federally regulated industries such as telephone, airline, shipping and railway.

The WSIB does not publish performance data by job category for Schedule 2 employers, but does provide a high-level average for injury/illness frequency.

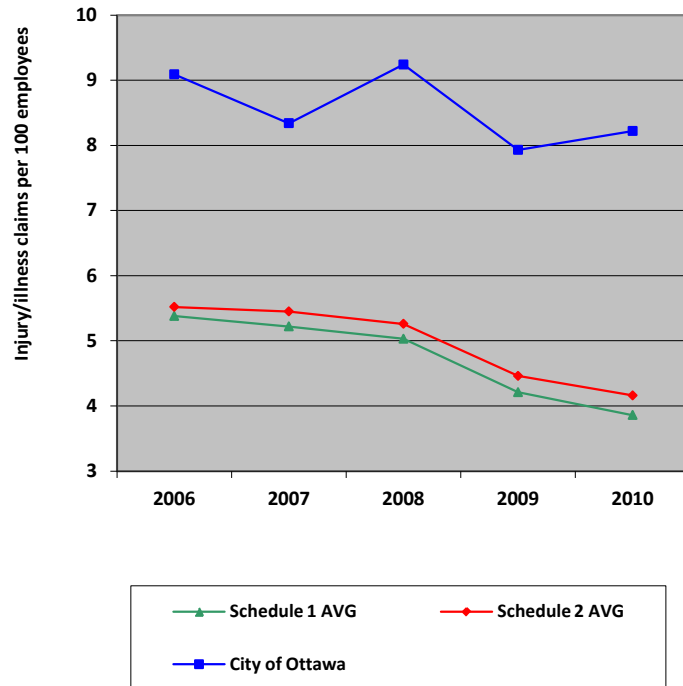
Total injury/illness rate is defined as the number of allowed injury and illness claims per 100 full time equivalent (FTE) workers for the injury year specified. This metric is an indicator of the frequency with which claims, including lost-time injuries/illnesses, no lost-time injuries/illnesses and fatalities occur. Lost-time injuries/illnesses are claims by workers who have lost wages as a result of temporary or permanent impairment. No lost-time injuries/illnesses are claims by workers who have not lost wages, but who have incurred health care expenses.

The City of Ottawa also tracks several OHS performance metrics annually at the City and branch levels. These metrics include measures of injury/illness frequency and severity.

Although Schedule 1 and Schedule 2 employers are not ideal comparatives, it is worth noting that their injury/illness rates are roughly half that of the City. Management advises that several factors should be considered which could cause the City to have a higher than average rate, including:

- A large, diverse and complex workforce that includes many high-risk occupations;

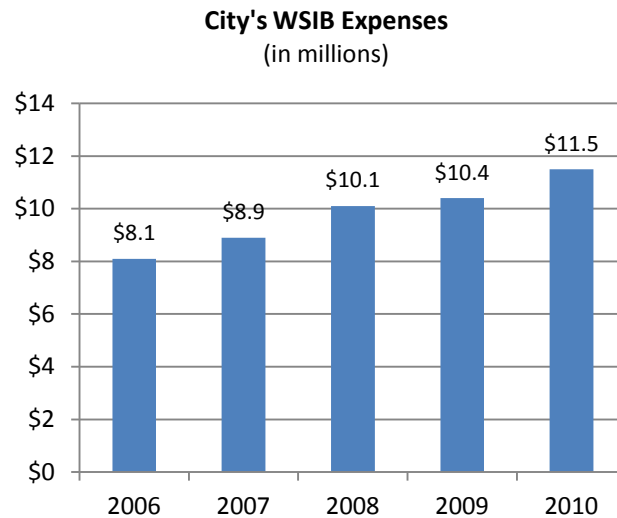
**Total Injury/Illness Rate**



- The City's procedures encourage diligent reporting of all incidents, whether of a minor or major nature; and,
- Several City Collective Agreements provide for salary top-up to 100% of regular earnings for employees on WSIB leave (WSIB pays up to 85% of regular take-home pay).

Notwithstanding these factors, injury/illness rates for Schedule 1 and Schedule 2 employers have shown a steady decline each year since 2006, while the City's performance has fluctuated from year to year and has not demonstrated the same steady decline.

In 2010, the City's WSIB expenses, the amount paid for WSIB claims resulting from workplace accidents or illnesses, totalled \$11.5 million. The expenses relate to injury/illness claims from both 2010 and ongoing active claims from previous years, and include direct costs associated with occupational injuries and illnesses, such as salaries for lost time, pensions, awards, medical costs, WSIB administration costs, and other WSIB costs paid in the year. Indirect costs, such as overtime, retraining, lost revenue and lost productivity are not included. OHS Branch estimates that these costs are four times the direct costs of occupational injuries and illnesses, but we had no means of verifying this claim. The OHS Branch also advises that the increase in WSIB expenses since 2006 can be attributed to the Presumptive Legislation that identifies several fatal diseases in fire fighters as being related to their work and are now compensable. Of note, the City lost 6,660 days to workplace injury/illness in 2010.

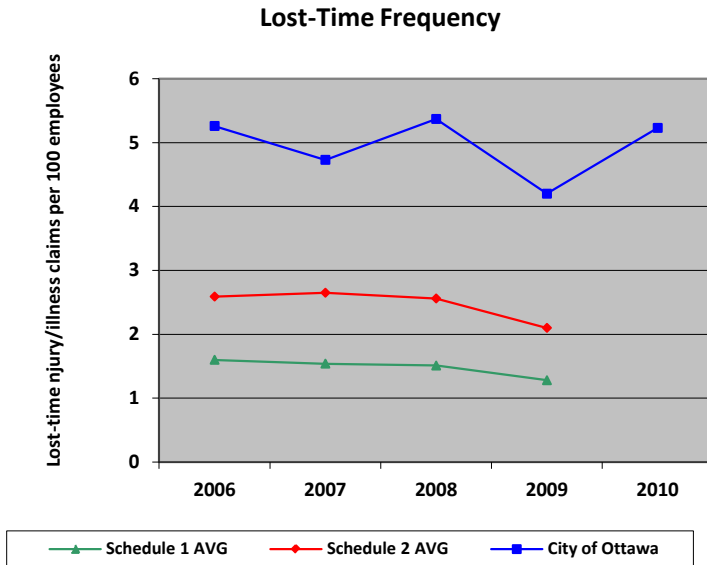


Management was unable to provide a full breakdown of the \$11.5 million WSIB costs, yet advised that the number includes salaries of injured/ill workers, medical Management was unable to provide a full breakdown of the \$11.5 million WSIB costs, yet advise the number includes salaries of injured/ill workers, medical expenses, WSIB administration costs, pensions, Future Economic Loss awards, Non-Economic Loss awards, other awards including survivor benefits, and salary top-ups and claims from injuries and illness from all past municipalities, pre-amalgamation. As we were not provided with a complete breakdown of these costs we have made our best estimate of an approximate breakdown, including WSIB administration costs.

**Figure 1: OAG Approximate Breakdown of WSIB Costs**

Salaries for Lost-Time <sup>11</sup>	\$2.6 million
Medical Treatment <sup>12</sup>	\$1.9 million
Post-Amalgamation Pensions and Awards <sup>13</sup>	\$3.7 million
Pre-Amalgamation Pensions and Awards <sup>14</sup>	\$3.3 million
<b>Total</b>	<b>\$11.5 million</b>

Management was also unable to provide an estimate of the City’s cost per injury/illness claim. We estimate that annual savings of \$721,000 could be achieved if the City reduced its injury/illness frequency from 8.22 (annually per 100 workers) to the Schedule 2 average of 4.16<sup>15</sup>. We also estimate that a more modest reduction to 7.22 would result in savings of \$177,000. These estimates include only administration costs paid to WSIB for injured/ill worker salaries, and salaries and benefits for replacement workers who backfill for the injured/ill workers. Other WSIB charges such as medical treatments, pensions and awards for permanent impairment are excluded from the calculation, as are indirect costs (see Appendix B for details on potential savings).



<sup>11</sup> Calculated by multiplying total injury/illness days of 6,660 by the City’s average daily employee salary and benefit costs (\$328.35) and corresponding WSIB administrative costs (\$54.92). See Appendix B for detail on source of salary and benefit costs and WSIB administration costs.

<sup>12</sup> Estimated as 16.69% of total costs, based on 2010 WSIB industry averages (source: 2010 WSIB Annual Report). The City does not track these costs separately.

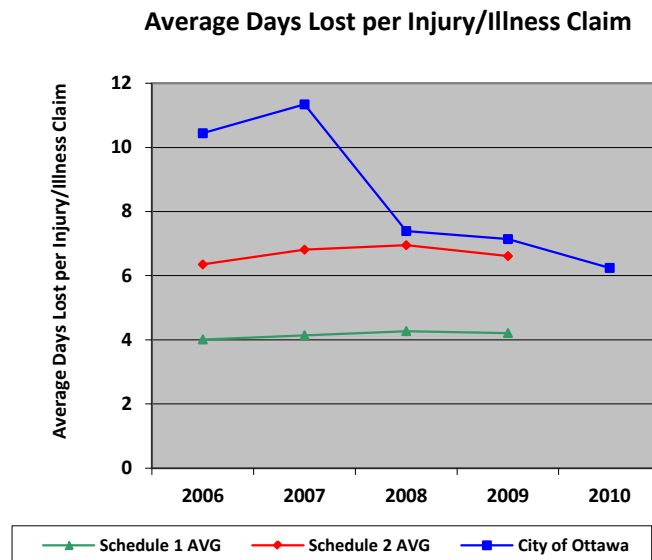
<sup>13</sup> Estimated based on costs remaining after all other costs were considered.

<sup>14</sup> Source: City of Ottawa 2010 Occupational Injury/Illness Performance Report

<sup>15</sup> This estimate assumes that the City backfills for absent employees in 50% of cases and that 50% of employees are not being replaced while on WSIB leave. The City does not track how often it backfills for absent employees, but several areas throughout the City require backfilling for safety or operational reasons.

Our audit found that, notwithstanding increases in total WSIB costs every year since 2006, the City has made some notable progress. Significant savings have been achieved through the reduction of the average length of lost-time injury/illness claims. Since the introduction of its Return to Work Program in 2008, the City has reduced its average days lost per claim from 11.34 days in 2007 to 6.24 days in 2010.

At 2010 injury/illness rates, this represents a cost savings of \$1.192 million (see Appendix C for detailed calculations).



### **Recommendation 1**

**That the City track WSIB component costs separately to permit more meaningful analysis, and support better monitoring and assessment of OHS program performance.**

#### **Management Response**

Management agrees with the recommendation.

Employee Health, Safety and Wellness will assess alternate approaches to WSIB account management and administration that will allow capture and monitoring of claim costs and assessment of OHS program performance, beginning Q3 2012 with completion by Q2 2013.

It should be noted that current WSIB account statements do not segregate individual claim costs as administration and physician fees are billed as a percentage of claim costs based on rates as defined annually by WSIB. These physician and administration fees are charged as a single cost on a monthly basis.

Costs associated with pre-amalgamation entities will be segregated from current WSIB costs to better reflect the City's current OHS program performance.

### **Recommendation 2**

**That the City assess the impact of providing a top-up to 100% of regular earnings for employees who are off work on long-term WSIB claims to determine if this benefit provides a disincentive for prompt return to work.**

**Management Response**

Management agrees with the recommendation.

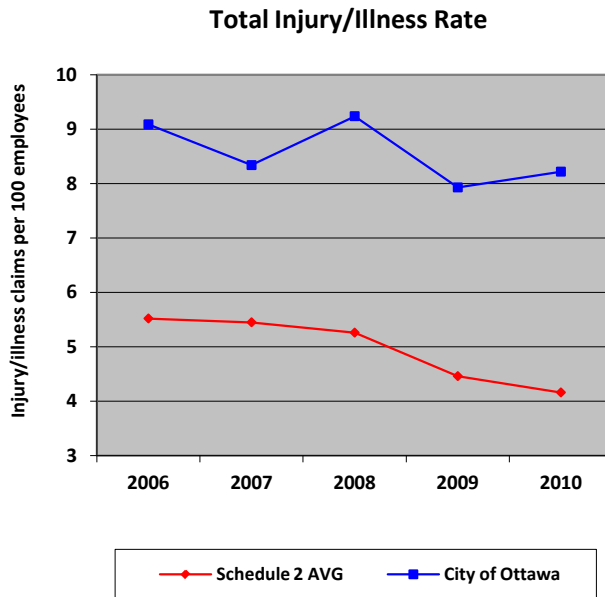
The top-up benefit was negotiated through collective agreements and paid to members of most employee groups from first day of a WSIB lost time claim. The correlation between WSIB long-term claims and disincentive for prompt return to work is subject to medical opinions as verified by WSIB and may result in an employee remaining off work.

It should also be noted that the WSIB maximum insurable insurance ceiling in 2010 was \$77,600.00, which is adjusted annually to reflect the average earnings in Ontario as reflected by Statistics Canada and the provisions under the Workplace Safety and Insurance Act. The rationale for salary top-up to regular earnings is to mitigate the financial disadvantage of employees injured at work. Consideration in future collective bargaining could include a review of this benefit.

Human Resources will assess the impact of top-up to 100% of regular earnings to determine if this benefit provides a disincentive for prompt return to work, beginning Q3 2012 with completion by Q2 2013.

**5.1.1 Long-Term Care Branch**

The City of Ottawa operates four long-term care homes; Garry J. Armstrong Home, Peter D. Clark Home, Carleton Lodge, and Centre d'accueil Champlain. The care provided in these homes includes specialized, restorative, supportive and palliative care for persons with dementia, disabilities and health problems who cannot live independently in their homes, and whose needs cannot be met in the community. Around the clock nursing and support services are offered, as are a wide range of services and programs. The four homes employed a total of 552 full-time equivalents in 2010.



Home Administrators are responsible for ensuring the OHS program is implemented within their respective homes. They regularly discuss OHS at management meetings and share best practices across all four homes. They also

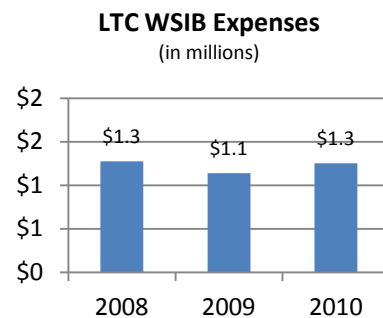
ensure the proper functioning of the Joint Occupational Health and Safety Committee (JHSC), and review all inspection reports and recommendations.

Long-Term Care Branch includes four Best-Practice Coordinators who support the OHS program and manage training programs for the Branch.

Each of the four homes has established its own JHSC. The JHSC are active in the health and safety program, include worker and employer representatives, meet regularly, conduct monthly site inspections, and participate in the development and review of OHS procedures.

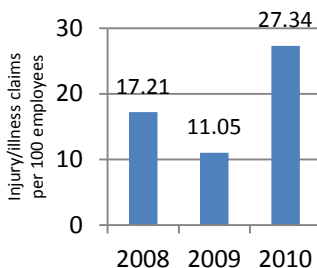
### Long-Term Care Branch Injury/Illness Performance

Over the past three years, Long-Term Care Branch has had some of the City's highest injury/illness rates and lost-time frequency (see Appendix A). In 2010, Long-Term Care Branch posted the City's highest total injury/illness rate at 27.34 incidents per 100 employees, and the City's highest lost-time frequency at 23.17 incidents per 100 employees. The severity of lost-time incidents<sup>16</sup> has also worsened, rising from 36 days lost per 100 employees in 2008, to 38 in 2009, and 102 in 2010. In 2010, Long-Term

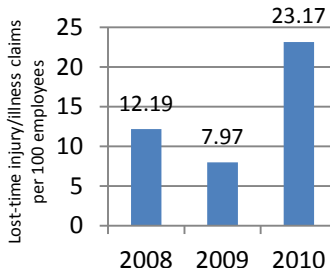


Care Branch incurred \$1.254 million in WSIB expenses. Management has advised that, following an April 2010 Ministry of Labour inspection, the City Long-Term Care Homes became aware that there was a need to report occupationally acquired influenza and/or infection. Following this date, at any time that there is a respiratory or influenza outbreak, staff contracting similar symptoms are reported as a WSIB case. Management further advises that this explains the peak in incidents and associated lost time.

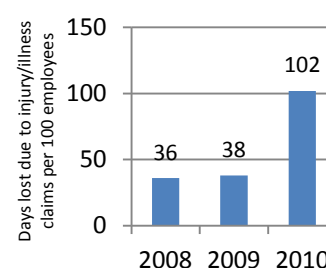
**Total Injury/Illness Rate**



**Lost-Time Frequency**



**Lost-Time Severity**



<sup>16</sup> Lost-Time Severity is a calculation devised by the City to measure the number of days lost due to WSIB injuries/illness per 100 employees. This metric is not a standard measure of WSIB, but is employed by the City to consider how long workers are off work following an injury. Branches with higher scores in this metric represent greater opportunities for potential savings through an effective and efficient "Return to Work" program.

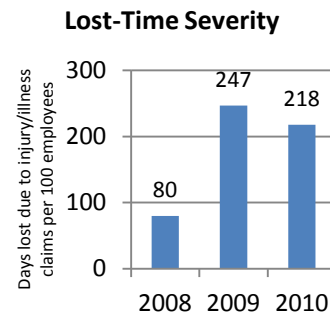
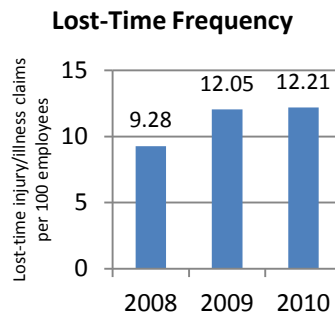
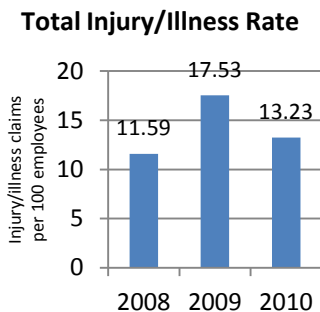
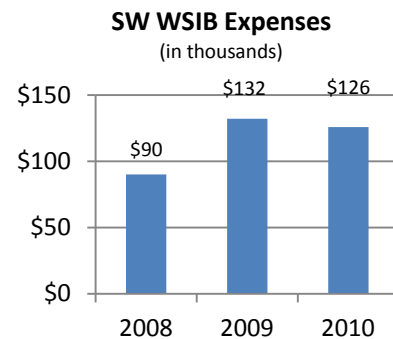
### 5.1.2 Solid Waste Branch

Solid Waste Branch is a branch within the Environmental Services Department. It employed 98 full-time equivalents in 2010, and is responsible for collection and processing of residential garbage and recycling across the City. Collection is provided by contractors in four of five contract zones, with City employees providing the service in the area from Sandy Hill to Bayshore, north of the Queensway (Collections Unit). City employees also oversee the management and operation of the Trail Road Waste Facility and a number of contracted services that manage recycled material (Waste Processing and Disposal Unit).

The Solid Waste Branch OHS program is largely managed by the two Unit Managers. Each Unit has its own JHSC, although the Collections JHSC was dormant for the past three years, and recently reformed in August 2011. To support implementation of the OHS program within the Environmental Services Department, two OHS Coordinator positions were created (prior to our audit) and were in the process of being staffed during our audit. These positions are shared resources within the Department that will be dedicated to improving the Department’s OHS practices.

#### Solid Waste Branch Injury/Illness Performance

Over the past three years, Solid Waste Branch has consistently scored among the City’s worst five performers in lost-time frequency and severity, and lost-time frequency has progressively worsened in each of the last three years (see Appendix A). In 2010, Solid Waste Branch had the City’s worst WSIB severity rate at 218 days lost per 100 employees and the City’s 4th highest frequency of lost-time incidents at 12.21 per 100 employees. The Branch’s high severity rate is reflective of the fact that a relatively small number of employees have experienced prolonged time off of work as a result of repetitive strain injuries. In 2010, Solid Waste Branch incurred \$125,000 in WSIB expenses.



## **5.2 Commitment and Leadership**

### **5.2.1 OHS Policy and Framework**

The City has implemented an OHS policy that establishes high-level roles, responsibilities and authority for the maintenance and review of the OHS program. The policy is reviewed and approved annually by the Director of Human Resources.

In addition, OHS Branch has developed a Draft OHS Framework (currently undergoing stakeholder review) with the intent of reducing accident rates through a more formalized and regimented approach to managing Occupational Health and Safety. The Framework has been modeled after the CSA Z1000-06 OHS Standard and outlines roles, responsibilities, and specific requirements of the City's OHS management control framework in greater detail than is provided by the existing OHS Policy. The Framework is an important initiative that supports the City's OHS Policy and further demonstrates the City's commitment to providing its people with a safe work environment, but may take several years to fully implement. Doing so is likely to place additional administrative and resource burdens on departments and branches. Under the Framework, departments and branches must document and formalize their OHS activities, conduct formal hazard assessments, develop protective and preventive measures, set OHS targets, identify OHS training needs, develop OHS training programs, and monitor the effectiveness of the OHS system. OHS Branch has not determined the resource requirements to implement the Framework, developed a plan for its implementation, or identified potential savings that might be realized after its implementation.

### **Recommendation 3**

**That a multi-year plan to guide implementation of the Draft OHS Framework be developed and presented to senior management at the same time the Framework is presented for approval.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will develop a multi-year OHS Framework Implementation Plan to accompany the OHS Framework for Senior Management Committee (SMC) approval, beginning Q3 2012 with completion by Q2 2013.

### **5.2.2 Senior Management Involvement**

Senior management commitment and leadership are crucial to the success of a sound OHS management program. This includes leadership over OHS activities and senior-level assumption of overall responsibility for the OHS management control framework. CSA Z1000 establishes that a foundational element of any OHS program is that senior management provide visible leadership when determining



the organization's OHS initiatives and have personal participation in OHS on the "shop floor". Senior management involvement is also a crucial element in ensuring continual improvement of the City's OHS program.

As noted earlier in this report, each branch implements its own OHS activities, drawing upon the OHS Branch for advisory support as needed. There is little central monitoring of the OHS program, and as a result, senior management is not receiving the information they need to meet their legislative and policy responsibilities. Further, OHS is not a standing item at Executive Management Committee (EMC), which receives reporting on OHS only on an ad-hoc basis. In the minutes of EMC meetings over the four years from 2008-2011, there is no indication that OHS was discussed. Without more explicit linkages into executive decision-making processes, it is likely that OHS issues will not receive the senior management attention required.

Notwithstanding that senior management does not regularly receive reporting on the OHS program, our interviews with managers and staff in OHS Branch and line branches clearly indicated that at an operational level, management has consistently invested resources in the OHS program whenever requested.

Of note, the Deputy Mayor and Deputy City Manager have demonstrated their support for the OHS program by proclaiming May 1 - 7, 2011 as North American Occupational Safety and Health Week in the City of Ottawa.

#### **Recommendation 4**

**That OHS reporting be provided to Executive Management Committee and OHS matters become a regular agenda item.**

##### **Management Response**

Management agrees with the recommendation based on the following:

Management will report OHS matters to Senior Management Committee (SMC) as this committee is comprised of department heads representing all City departments. These representatives have authority and responsibility to lead program implementation and address impacts. Issues of significance are escalated to Executive Management Committee for consideration and decision along with an annual executive summary OHS dashboard to reflect OHS Management System performance. OHS matters and reports will be added to the SMC meeting agenda at least semi-annually, as submitted by the Director of HR, with implementation of a 2011 OHS performance report complete by Q4 2012.

#### **Recommendation 5**

**That the City establish clear objectives and performance targets for OHS and ensure that managers and staff at all levels are aware of the importance of achieving them.**

## **Management Response**

Management agrees with the recommendation.

Human Resources will recommend OHS objectives and performance targets for approval by Senior Management Committee. Defined OHS objectives and performance targets will be communicated throughout the City. Objectives will be accurately defined including appropriate and achievable performance measures and outcome targets. Implementation will begin Q4 2012 and will be complete by Q4 2013.

### **5.3 Planning**

An OHS management control framework includes a formal planning regime to identify and prioritize OHS-related hazards, risks, legal requirements, and program deficiencies. Identification and assessment of hazards and risks are essential to ensuring that preventive and protective measures and training regimes are properly designed and implemented. An effective OHS planning process should include the establishment of appropriate objectives and targets, and plans to achieve compliance with legal and policy requirements.

#### **5.3.1 Hazard Identification**

A hazard is a condition, practice or substance with the potential for causing loss, injury or harm to life, health or property. OHS hazards are typically divided into six categories: physical, chemical, ergonomic, biological, safety and psychosocial.

CSA Z1000 maintains that organizations should establish and maintain a process to identify and assess hazards and risks on an ongoing basis. WSIB Guidelines<sup>17</sup> explicitly require that workplace hazard assessments be conducted to identify all hazards in the workplace which may affect a worker's health and safety. The process should consider all hazards and address both routine activities of the workplace and activities that are exceptional, such as the procedures to be followed in the event of an emergency. Documented hazard assessments ensure that hazards are not overlooked, facilitate communication of the results, and demonstrate due-diligence. Once complete, hazard assessment results should be used to set objectives and targets and to guide development of preventive and protective measures on a risk-informed basis.

OHS Branch has not implemented a formal City-wide process to identify and assess hazards and has not communicated to branches the need for them to do so. Each branch maintains its own process for identifying workplace hazards, and the adequacy and comprehensiveness of these approaches varies significantly.

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<sup>17</sup> WSIB Certification Training, Part Two, Guidelines for workplace-specific hazard training for certified members.

Our audit found that neither Long-Term Care Branch nor Solid Waste Branch have developed current and comprehensive hazard assessments. Both branches have engaged in some hazard assessment activities, but these efforts were largely informal, ad-hoc, and not comprehensive.

For example, Long-Term Care Branch has conducted several point-in-time assessments including hazard-specific assessments such as Designated Substance Survey, Violence Risk Assessment (workplace violence and harassment), and Mold Assessment. They have also conducted job-demand analyses which identify some job-specific safety concerns but are not comprehensive, and are more focused on compatibility between a worker and a specific job than hazard identification and assessment. The JHSC for each home also conducts monthly workplace inspections, and provides reports to management detailing any new hazards or risks that they identify.

As evidence that more formal hazard assessment is required, we identified some examples of hazards that had not been formally identified, assessed and adequately addressed. These were:

- General housekeeping, including storage practices and general clutter (e.g., heavy items were observed stored on upper shelves, hazards caused by under/over desk storage were noted, as well as some instances of clutter and trip hazards); and,
- Kitchen equipment, including safe use of slicers, mixers, large industrial-sized pots of hot liquid, etc.

Solid Waste Branch identified and documented site-specific hazards for the Waste Processing and Disposal Unit in 2002 and conducted an industrial hygiene assessment in 2007 to test outdoor air quality at the Trail Road Landfill Site, but have not reviewed or updated these assessments. Further, the 2002 assessment identified high-level hazard categories, but did not identify or define specific hazards requiring proactive management. The Waste Processing and Disposal Unit JHSC conducts some workplace inspections to identify new hazards and risks, but does not adequately document its inspections. Solid Waste Branch's Collections Unit has not conducted any formal hazard assessments, and its JHSC has been dormant for several years. As evidence that more formal hazard assessment is required, we identified some examples of hazards at Solid Waste Branch which had not been adequately addressed by existing programs and documented work procedures, including:

- Biological hazards, such as needle stick injury (particularly relevant to Collections Unit employees). Measures have been taken to reduce the frequency of needle stick injuries (Bylaw requiring use of rigid containers when disposing of sharp items) but documented work procedures to instruct workers in the event of a needle stick injury have not been developed;

- Noise hazards requiring hearing protection, such as during operation of mobile heavy equipment. Solid Waste makes hearing protection available to its workers, but has not conducted noise measurements to identify the specific instances where hearing protection is required, and does not conduct individual audiograms to assess the effectiveness of the hearing conservation program;
- Manual lifting hazards, including garbage collection and snow shovelling. Some measures have been taken to minimize lifting hazards such as a Bylaw limiting garbage items to a weight to 15 kilograms and the use of two-person collection crews, but safe-lifting procedures have not been developed and documented; and,
- Access to and exit from heavy and light equipment. Management advised that fleet training includes reference to three-point contact requirements, but we did not find evidence of documented work procedures to address this hazard.

### **Recommendation 6**

**That the City develop and implement a comprehensive program for conducting hazard identification and risk assessments, ensuring that branches understand what is required and providing assistance to managers as needed. As full implementation of such a program could take several years, the City should ensure that its highest risk workplaces and occupations are addressed first.**

### **Management Response**

Management agrees with the recommendation.

Human Resources will establish a corporate OHS Hazard Identification and Risk Assessment Program utilizing a systematic approach to include mitigation and prevention strategies.

The City recently established an Enhanced Risk Management Framework, which considers health and safety hazard identification, assessment and risk management. This will be considered for integration into the OHS Hazard Identification and Risk Assessment Program.

The implementation plan will ensure prioritization of higher risk operations as determined by review and analysis of existing data, including MOL compliance orders, workplace safety inspections and accident trends. Objectives, targets, performance measures, procedures and programs are dependent on the outcomes identified in Recommendations 4, 8, 10, 11, 12, 22 and 25 of these assessments. Development of the Hazard Identification and Risk Assessment Program will be conducted in phases, including: a review of current hazard and risk data (Q4 2012), program and tool development (Q1 2013), communication, training and pilot assessment (Q2 2013) and implementation including support

(Q3 2013) beginning with the two branches identified in this audit for pilot of this Program. The implementation will also include engagement of JHSC's and subject matter expertise where required, beginning Q4 2012 with completion by Q2 2015.

### **5.3.2 OHS Objectives and Plans**

In an OHS management control framework, a formal planning regime is in place to ensure that OHS-related priorities and initiatives are undertaken. Our audit found that, while the OHS Policy requires that Executive Committee establish and communicate annual corporate OHS objectives, and that department heads establish complementary departmental OHS objectives, very little formal objective setting or OHS planning occurs. We expected to find that OHS Branch facilitates an annual OHS planning or priority setting exercise. However, we did not find any evidence of support being provided to the Executive Committee for this process.

Although OHS Branch establishes an annual work plan that identifies the OHS programs it will develop and release throughout the year, this plan is not based on a rigorous city-wide analysis of OHS risks and program needs. Neither of the two branches examined had developed formal OHS objectives or plans, as OHS issues are generally addressed on an ad-hoc basis.

We also concluded that effective planning and objective setting are impeded by the lack of explicit hazard identification and assessment; managers are unable to link planned actions to the most significant workplace hazards and risks as workplace hazards have not been fully identified or risk-assessed.

### **Recommendation 7**

**That the City's senior executives develop city-wide OHS objectives.**

#### **Management Response**

Management agrees with the recommendation.

Senior Management Committee, through the Director of HR, will develop and approve city-wide OHS objectives for implementation, beginning Q4 2012 with completion by Q4 2013, as identified in the management response to Recommendation 5.

### **Recommendation 8**

**That the City should ensure that departments and branches set OHS objectives that are aligned to City-level objectives, and set priorities to address their most significant risks and occupational hazards. The City should provide OHS expertise and support to departments and branches throughout this process to ensure appropriate objectives and plans are developed.**

## **Management Response**

Management agrees with the recommendation.

Human Resources will develop processes and tools to support departments and branches in establishing OHS objectives and priorities that will address significant occupational hazards and risks in alignment with City-level objectives. This initiative is dependent on the deliverables identified in the management responses to Recommendations 6 and 12, which will be implemented beginning Q4 2012 and Q2 2013, respectively. This initiative will be extended to the two high risk branches identified by this audit, followed by roll-out to other departments in order of risk priority, beginning Q1 2013 with completion by Q4 2014.

## ***5.4 Implementation of the OHS program***

### **5.4.1 Joint Health and Safety Committees**

Joint Health and Safety Committees (JHSC) serve as advisory bodies comprising employer and worker representatives that help to stimulate awareness of safety issues, recognize workplace risks, and make recommendations to the employer to improve conditions. The requirements to establish a health and safety committee for each workplace, as well as the committee composition, methods for member appointment, and the functions and activities to be performed by the committee are prescribed under section 9 of OHSA. Some of the specific activities include the requirement that JHSC meet at least once every three months (Section 9(33) of OHSA), and that they inspect the workplace at least once every month (Section 9(26)).

The City of Ottawa has 50 JHSC, including four for Long-Term Care Branch (one for each of the four homes) and two for Solid Waste Branch (Collections Unit and Waste Processing & Disposal Unit). Our audit found that in 2010 and 2011, Long-Term Care Branch JHSC at the two homes visited had met and conducted workplace inspections as required. However, Solid Waste Branch JHSC were not compliant with these requirements. The Collections Unit, dormant since 2008, had not conducted any workplace inspections since 2008, and met for the first time since 2008 in September 2011. The Waste Processing & Disposal Unit JHSC had met with the required frequency, but had conducted only 8 inspections in 2010 (out of the required 12) and 6 in 2011 (out of the required 9 at the time of our audit).

### **Recommendation 9**

**That the City ensure that all JHSC meet at least once every three months and conduct workplace inspections once every month to ensure compliance with Ontario Health and Safety Act regulations.**

### **Management Response**

Management agrees with the recommendation.

Human Resources will establish a process to monitor Joint Health and Safety Committees to ensure they meet at least every three months and conduct workplace safety inspections at least monthly to ensure compliance with the Ontario Occupational Health and Safety Act. Implementation will begin Q3 2012 and will be complete by Q1 2013.

#### **5.4.2 Preventive and Protective Measures**

Once workplace hazards have been identified and assessed, and OHS objectives and plans are in place, preventive and protective measures must be implemented to reduce the risk to workers and ensure a safe work environment. Preventive and protective measures can include:

- Developing new or revised procedures and work practices;
- Using new or different types or grades of material or equipment;
- Using warning systems for hazards (e.g., lights to attract attention, signage, alarms, etc.);
- Providing OHS training to workers; and,
- Providing personal protective equipment and ensuring its proper use.

The City's OHS Policy makes department heads responsible for ensuring that adequate preventive and protective measures are in place. OHS Branch develops some corporate OHS programs and procedures with which all departments must comply, but each department/branch maintains its own site specific programs and procedures aligned with corporate documents.

Comprehensive hazard assessments have not been completed at either the City or branch levels. Without comprehensive hazard assessments, it is unlikely that all preventive and protective measures are in place to adequately mitigate all existing hazards.

We could not determine whether the OHS Branch had developed all required corporate programs because the OHS Branch approach to developing, implementing and maintaining corporate OHS programs and procedures is not based on a formal assessment of priority (i.e., identification of all hazards, an assessment of their significance, and an analysis of how well each is currently managed). However, we noted that several corporate programs did not exist which we would expect to find in an organization of the City's size and complexity. These programs include Health Monitoring, High Voltage Electrical Safety, Slips, Trips and Falls, Communicable Disease, Infection Control, Musculoskeletal Disorders, Back Management, and Ergonomics, among others.

We also noted that the current OHS Branch process for developing and releasing corporate OHS programs is highly bureaucratic, involves many levels of approval and has a passive consultation process (i.e., e-mail requests rather than directed meetings or workshops with key stakeholders). OHS Branch has also instituted a practice of only releasing one new OHS program each fiscal quarter to minimize the demands placed on those involved in the process. As a result, we concluded that the volume of corporate OHS programs being developed and released is inadequate to keep pace with needs.

It is a best practice to annually review OHS programs and procedures to ensure their continued appropriateness and effectiveness. This is included as a requirement of the OHS Branch DRAFT OHS Framework, and is a legal requirement in some specific areas, such as OHS instructions for workers who are exposed or likely to be exposed to toxic substances (Occupational Health and Safety Act (OHSA) section 42(3) ) and for workers in health care and residential facilities (OHSA Ontario Regulation 67/93 section 9(2) ). We found that many OHS programs and procedures at both the corporate and branch level were not reviewed in the past year.

Specific corporate programs that were not reviewed in the past year were Confined Space Entry (2007), Workplace Hazardous Materials Information System (WHMIS) (2009), and Return to Work (2008). None of the Solid Waste Branch OHS procedures we audited were reviewed in the past year, including Traffic Control (2009), Workplace Inspection (2001), High Dust Levels - Compost Facility (2004), and Working Adjacent to Open Manholes (2004). Long-Term Care Branch conducted a review of all its OHS procedures in 2011. However, our review found several procedures with strong OHS components that had not been identified by the Branch as OHS procedures and consequently had not been reviewed within the past year. These included Annual Emergency Evacuation Exercise (2009), Safe Use of Knives (2007), Safety Guidelines - Food Services & Nutrition (2005) and Fire Procedures - General Orientation (2009) (this procedure was being review at the time of our audit).

We also found there is a lack of coordination to ensure that departmental programs and procedures are aligned with corporate programs. Several of the outdated Solid Waste Branch procedures had been superseded by newer corporate programs and required review to ensure their alignment with the new corporate requirements. These procedures included Flammable Liquid Storage (2009), Locking Out Equipment (2009), and Confined Space Entry (2004).

### **Recommendation 10**

**That the City develop a strategy to prioritize the development and maintenance of corporate OHS policies and procedures and ensure they are updated in a timely manner. Prioritization should be linked to both risk and need.**



**Management Response**

Management agrees with the recommendation.

Human Resources will review and update where required, the current process to prioritize OHS policy and procedure development and maintenance, ensuring it considers organizational and operational risk as well as regulatory obligations. Implementation will begin Q3 2012 and will be complete by Q2 2013.

**Recommendation 11**

**That once comprehensive hazard assessments have been completed at the branch level, OHS procedures should be developed for hazards not adequately covered by existing procedures. Where a corporate-level OHS program or procedure exists but are insufficient for the branch, supplemental procedures should be developed.**

**Management Response**

Management agrees with the recommendation.

Human Resources will develop a process that requires review and assessment of the effectiveness of control plans to mitigate identified hazards and associated risks. Control plans may include administrative controls not limited to the development or enhancement of existing programs or procedures, and if required and none exist, new or supplemental programs or procedures will be developed. This initiative is dependent on the deliverables identified in the management responses to Recommendations 6 and 12, which will be implemented beginning Q4 2012 and Q2 2013, respectively. Implementation of this recommendation will begin Q1 2013 and will be complete by Q2 2015.

**Recommendation 12**

**That the City provide support to departments and branches in developing preventive and protective measures to address significant risks identified during hazard assessments.**

**Management Response**

Management agrees with the recommendation.

Employee Health, Safety and Wellness, along with other subject matter experts across the City, will support departments and branches in identifying preventive and protective measures to mitigate risks associated with significant hazards for identification in the control plans. This initiative is dependent on the OHS Hazard Identification and Risk Assessment Program identified in the management response to Recommendation 6 that will begin Q4 2012. This initiative will begin implementation in Q2 2013 and will be complete by Q2 2015.

### **Recommendation 13**

**That the City develop and implement a centralized monitoring system to track and identify when OHS programs and procedures must be reviewed.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will implement a monitoring system to track review dates for OHS programs and procedures, beginning in Q4 2012 with completion by Q2 2013.

### **5.4.3 Competence and Training**

Employers are required to provide workers with basic OHS instruction and training so that they can carry out their OHS duties and responsibilities, and maintain awareness of OHS requirements, rights and responsibilities. It is also necessary for workers to be trained in the specific hazards and safety requirements of their jobs.

In a well-functioning OHS program, the employer first identifies job-specific hazards and determines OHS knowledge requirements. Training plans are developed for each position, and workers are provided the necessary training. To close the loop, OHS knowledge is assessed at regular intervals and refresher training is provided as required.

We found that the City of Ottawa does not have a corporate-wide policy or program that establishes minimum or base-line OHS training that all workers must receive, and does not have a corporate policy or program to:

- Define OHS competency requirements for specific jobs or work activities;
- Systematically assess worker OHS competencies and training needs; or,
- Ensure that identified training needs are addressed.

Departments and branches are responsible for developing their own site-specific OHS training programs and for ensuring that workers are adequately trained. OHS Branch provides training for corporate OHS programs upon request and general OHS training for all supervisors and managers, but does not otherwise support or monitor OHS training at the department or branch levels. As a result, we found that the comprehensiveness and formality of training programs varied significantly between the two branches examined.

In the absence of comprehensive and job-specific hazard assessments, it was not possible to determine whether workers were adequately trained on all significant hazards and risks relevant to their jobs. However, we found that Long-Term Care Branch has implemented a formalized training program that integrates mandatory OHS training, while the Solid Waste Branch training program is informal and generally ad-hoc.

Long-Term Care Branch has engaged four Best Practice Coordinators to manage training programs, including OHS training.

The Long-Term Care Branch training program is well-documented and includes training plans, monthly training calendars, annual mandatory training, assessment of competency following training, job-specific orientation for new workers, monitoring of attendance, and an annual employee survey to identify training needs. OHS training is included in the annual mandatory training provided to all branch employees, and employees are not permitted to work without having first completed the training. Employees surveyed at both homes generally demonstrated a strong understanding of their OHS duties and responsibilities. However, we did note one specific area of concern where training was inadequate; procedures for needle stick injuries were not well understood by any of the 10 staff surveyed (i.e., they did not know that by immediately taking a post-exposure prophylaxis, the risk of contracting HIV is reduced). Of note, since early 2009, the LTC Branch has used only safety-engineered needles that are disposed of only in bio-hazard sharps containers. Safety engineered needles significantly reduce, but do not eliminate, the risk of needle stick injuries. Job-specific comprehensive hazard assessments would help in identifying areas such as these, areas where training is required but not currently provided. Once job-specific comprehensive hazard assessments have been completed, Long-Term Care Branch will be well-positioned to formally assess and revise its training program to ensure employees are provided the necessary OHS training.

The Solid Waste Branch OHS training program, with the exception of the fleet training component managed by Fleet Services Branch, is largely informal and undocumented. Individual OHS needs assessments and training plans are not formalized and training attendance records are incomplete, making it difficult to establish what training is required and whether employees have received it. Formal mechanisms do not exist to assess OHS competency on an ongoing basis, and monitoring of OHS training is ad-hoc. Fleet training provided to all employees responsible for operating heavy equipment was the exception. The fleet training program is individualized, includes detailed training records, assessments of competency, and remedial training for individuals not meeting the required skill levels.

We also found that Solid Waste Branch employs temporary workers on a daily basis for its waste collection operations and does not provide these workers with job-related health and safety training. Rather, the City relies on the agency which provides general labourers to ensure that workers are properly trained before commencing duties with the City. Given the extent of hazards faced by these temporary workers, we do not believe that the City should rely on the agency training without assessing worker knowledge before they commence duties. Ontario's *Occupational Health and Safety Act* (OHSA) makes the City accountable for ensuring that all workers, regardless of whether they are full-time employees or

temporary contractors, are provided with information, instruction and supervision to protect their health and safety (OHSA s. 25(2)(a)). In addition to being a contravention of the OHSA, the City's practice exposes temporary workers to undue health and safety risks and could lead to significant fines. As an example, one of the City of Ottawa's waste collection contractors, BFI Canada, was recently fined \$150,000 after a temporary worker from a labour supply agency was injured while collecting recyclable material. A Ministry of Labour investigation found that the temporary worker had not been provided adequate training on safe work procedures by BFI Canada and found the company guilty of failing to provide information, instruction and supervision to the worker with respect to safe operating procedures for mobile waste collection. The City of Ottawa is exposed to the same risk because it also employs temporary labourers for waste collection without ensuring they are properly trained.

It must also be remembered that the *Criminal Code* provisions regarding workplace safety, noted above, impose a broader duty than either the OSHA or the *Canada Labour Code*, in that they are intended to apply to any person, regardless of his or her status as an employee or otherwise.

#### **Recommendation 14**

**That OHS training needs assessments be completed in a timely manner for all workers to determine individual workplace and job-specific OHS training needs.**

##### **Management Response**

Management agrees with the recommendation.

Human Resources will develop a Training Needs Assessment Program for all workers by job category and workplace, to be implemented across the City, beginning with the two branches identified in this audit for pilot, beginning Q4 2012 with completion by Q4 2013.

#### **Recommendation 15**

**The City should ensure that departments and branches work with OHS Branch to develop required training programs, ensuring that training is standardized and, where possible, harmonized and consistently delivered across the City.**

##### **Management Response**

Management agrees with the recommendation.

Employee Health, Safety and Wellness will develop a process to standardize training programs and harmonization where practicable with consistent delivery methods across the City. Implementation will begin Q3 2012 and will be complete by Q3 2013.

**Recommendation 16**

**That completed training be tracked at the department or branch level for each worker and periodically verified by OHS Branch.**

**Management Response**

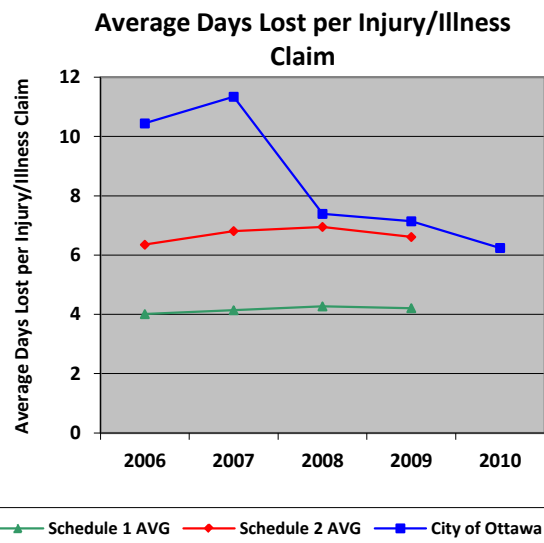
Management agrees with the recommendation.

Human Resources will expand implementation of the training and events module in SAP to include tracking of OHS training by employee. Training reports will be captured by department and periodically verified by the OHS Branch. Implementation will begin Q3 2012 and will be complete by Q4 2013.

**5.4.4 Return to Work**

A Return to Work Program is a proactive way for employers to help injured workers return to productive and safe work as soon as possible following an injury. They define how injury claims will be managed when employees are not able to work following a workplace injury. These programs are based on the philosophy that injured workers are often capable of safely performing productive work during the process of recovery.

In Ontario, returning an injured worker to work is a legislated requirement and shared responsibility of the worker and the employer. Under the *Workplace Safety and Insurance Act (WSIA)*, employers are obligated to “offer the worker the first opportunity to accept suitable employment that may become available with the employer”, and “shall accommodate the work or the workplace for the worker to the extent that the accommodation does not cause the employer undue hardship.” In turn, the employee must “co-operate in his or her early and safe return to work.”



In 2008, the City of Ottawa implemented its Return to Work program with the goal of returning employees to the work environment as soon as medically possible. The program addresses return to work for both occupational injuries (for which a WSIB claim would be filed) and non-occupational injuries (which do not involve a WSIB claim). Our audit examined only the process for managing occupational injuries.

We found that, since implementing the Return to Work Program in 2008, the City’s average days lost per injury/illness claim has dropped from 11.34 days in 2007 to

6.24 in 2010. We estimate that this has resulted in annual savings of roughly \$1.192 million (see Appendix C for detailed calculations). Under the Return to Work program, OHS Branch WSIB Consultants are responsible for managing WSIB claims and for providing guidance to supervisors throughout the return to work process. Supervisors are responsible for notifying WSIB Consultants of workplace injuries, for maintaining regular contact with the injured employee, and for identifying and offering temporary modified work that meets the employee's functional abilities.

When an employee is injured, the supervisor notifies the WSIB Consultant of the injury and submits a completed accident/injury report. The WSIB Consultant then prepares and sends an information package to the employee that includes a Functional Abilities Form (FAF). The FAF identifies the employee's functional abilities and work restrictions, and is used by the WSIB Consultant and supervisor to find suitable modified work opportunities. Once the supervisor has found suitable modified work, an offer is extended to the employee and the employee returns to work. The WSIB Consultant and supervisor then work together to monitor the employee's progress and manage an eventual return to full duties where possible, or a more permanent accommodation of modified duties if necessary.

We reviewed a sample of 12 WSIB claims (six from Long-Term Care Branch and six from Solid Waste Branch) to evaluate whether the Return to Work program is effective in transitioning injured workers back to work. Our sample was drawn from a total of 45 lost-time claims for the two Long-Term Care Branch homes we visited (19 in 2009 and 26 in 2010 excluding 28 enteric cases in 2010 - excluded because they were generally less than 3 days in duration and were not managed through the usual return to work process), and 23 lost-time claims for Solid Waste Branch (11 in 2009 and 10 in 2010).

We found that the Return to Work program is inconsistently applied, depending on the WSIB Consultant and supervisor involved in the case. We concluded that this is because program documentation does not clearly articulate roles and responsibilities for all parties and does not provide a clear step-by-step process that includes specific timelines for the completion of each step. Further, there is minimal monitoring of the Return to Work program, and no mechanisms exist to ensure senior management is apprised when cases are not being effectively or efficiently managed (e.g., WSIB Consultants not being proactive in case management or following up with supervisors or employees, supervisors being slow to find modified work opportunities, or employees being uncooperative or not accepting modified duty placements).

We found that formal Return to Work Plans were not developed in any of the 12 WSIB cases we reviewed. Formal plans are required by the Workplace Safety and Insurance Act (WSIA), and should be developed in consultation with the employee and supervisor. The plans are critical in ensuring that all parties understand and

agree to the schedule for return to work, the modified duties being assigned, the employee's identified functional abilities, and any functional ability re-assessment dates.

We also identified a number of inefficiencies in the Return to Work process that delay the City's ability to promptly find suitable modified work for injured employees.

A significant source of delay is in the process for obtaining completed FAFs from the employee. Our audit found that in 8 out of 12 cases, an FAF was either not received or was delayed in its return to the City (i.e., took 3 to 10 days, when industry best practice is for the form to be completed by the worker's physician on the day of the injury and faxed back to the employer). We identified several causes for this delay. Under the existing program, FAFs are mailed to the employee by WSIB Consultants after their supervisor has submitted an accident/injury report. As a result, employees often do not receive instruction to have an FAF completed until one to three days after their injury (and occasionally longer if the supervisor is delayed in submitting a properly completed accident/injury report). This also means that employees may be required to arrange another meeting with their doctor to have the FAF completed, further delaying its return to the WSIB Consultant. We also observed instances where WSIB Consultants and supervisors were not sufficiently proactive in following up with employees to ensure they returned completed FAFs in a timely manner. Recent changes in WSIB requirements are also expected to help address these delays. Effective May 1, 2012, all doctors will be required to complete a modified Form 8 during the initial visit. Page 3 of the modified Form 8 captures the employee's functional abilities and replaces the FAF for the initial visit. Employees remain responsible ensuring page 3 of the modified Form 8 is promptly submitted to the employer. FAFs will continue to be used to track the employee's functional abilities in subsequent follow-up visits to the doctor.

Another source of delay was related to the ad-hoc approach taken to identifying modified work opportunities. Modified duty positions are generally identified on a case by case basis after an employee has been deemed capable of returning to work with modified duties. A city-wide listing of positions suitable for modified work is not maintained, making it difficult to identify opportunities to place employees in positions outside of their existing work unit.

Overall, our review found that Long-Term Care Branch was generally efficient at returning employees to work with minimal delay. Strong communication and cooperation between supervisors, WSIB Consultants, and employees was noted in all cases.

Solid Waste Branch results, on the other hand, were mixed. Employees were returned to work with only minor delays in two of six cases, while four of six experienced significant delays at various stages of the process. Delays were caused

by a number of factors, including delays in finding suitable modified duty positions, a lack of diligence in maintaining regular contact with the supervisor by the WSIB Consultant, and an uncooperative employee who refused modified duty offers. Communication between WSIB Consultants, supervisors and employees was deemed inadequate in five of the six Solid Waste Branch cases.

### **Recommendation 17**

**That the City review and update the Return to Work Program to clarify roles and responsibilities, outline clear procedures for all parties, and ensure that employees receive an information package at the time of injury that includes: a description of the employee's obligations in the return to work process; a clear expectation of immediately returning page 3 of Form 8 to the employer; a letter to the health care practitioner explaining the City's commitment to assisting the employee's return to work; and where appropriate, an offer of modified work.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will update the Return to Work Program to ensure that managers, supervisors and workers are knowledgeable of roles, responsibilities and procedures. Work on this program will include the review and implementation of an information package administered at time of occupation injury or illness, which communicates the City's commitment to assisting the employee's early and safe return to work, including modified work duty assignments as appropriate. Implementation will begin Q3 2012 and will be complete by Q2 2013.

### **Recommendation 18**

**That the City should regularly monitor the Return to Work program to assess its effectiveness and identify opportunities for improvement. Performance indicators and targets should be established to support the continuous improvement of the program.**

#### **Management Response**

Management agrees with the recommendation.

Human Resources will define performance indicators and targets and monitor Return to Work Program performance, at least annually, to identify opportunities for improvement. Implementation will begin Q3 2012 and will be complete by Q2 2013.

### **Recommendation 19**

**That the City should create an inventory of modified duty positions and match employee capabilities to available work to provide timely and effective return to work.**



### **Management Response**

Management agrees with the recommendation.

An inventory of modified duty positions was developed and finalized in July 2011 in response to an OAG recommendation in the 2008 Audit of Sick Leave Management. Human Resources will review and update the current inventory of modified duty positions along with associated information, including job demands analysis and job descriptions, where required. This review and update of the inventory of modified duty positions for matching of employee capabilities and timely return to work will begin Q3 2012 and will be complete by Q2 2013.

### **Recommendation 20**

**That modified duty work assignments not be limited to the employee's current department or branch. Opportunities for temporarily transferring the employee to another department or branch should be considered whenever possible.**

### **Management Response**

Management agrees with the recommendation.

Human Resources will develop a modified work process that will require suitable modified duty work assignments to be offered in the injured/ill employee's substantive position first. In situations where this is not possible, modified duty work assignments will consider positions inside the injured/ill employee's unit, branch and department. Where this is not successful, other departments will be searched for suitable opportunities respecting the employee's right to accommodations and union collective agreements as dictated by legal precedence on a case-by-case basis. Implementation across all departments will begin Q3 2012 and will be complete by Q2 2013.

### **Recommendation 21**

**That documented return to work plans be developed for all WSIB lost-time cases, and should include signoff by the WSIB Consultant, the supervisor and the injured employee.**

### **Management Response**

Management agrees with the recommendation.

Human Resources will revise the return to work process, as identified in management response to Recommendation 17, to require documentation of return to work plans for all WSIB lost-time cases with evidence of sign-off by all associated parties, across all departments, beginning Q3 2012 with completion by Q2 2013.

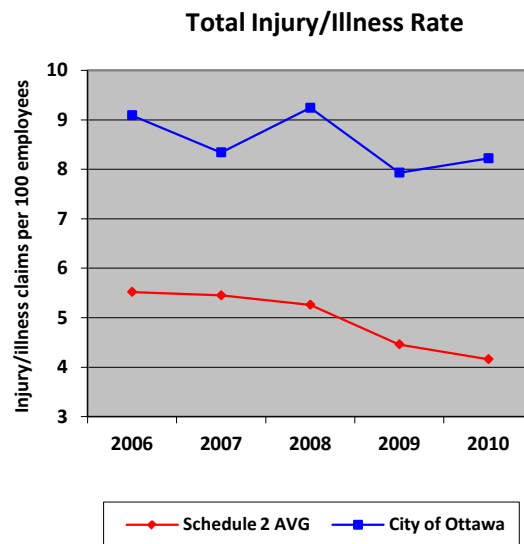
## 5.5 Evaluation and Corrective Action

### 5.5.1 Monitoring and Measurement

To support senior management's responsibility for and oversight of OHS, an organization should measure its performance against a set of performance indicators and corresponding targets. When performance indicators are well aligned to the organization's OHS objectives, staff and managers at all levels are incented to improve workplace safety and a "safety-first" culture can take root.

The City's OHS Policy appropriately identifies the need for senior management involvement by making Executive Committee responsible for setting OHS targets. It also prescribes implementation of a performance measurement regime by making the City's OHS Branch responsible for working with each department to establish measurement and monitoring activities that permit timely and accurate performance evaluation and reporting.

Our audit found that the OHS Branch reports to senior management through its Occupational Injury/Illness Performance Report. Our analysis of this report showed that, while the City measures some indicators of occupational health (e.g., injury rates, days lost to injury, and OHS costs), it does not include indicators of program effectiveness (e.g., ratio of hazard assessments completed, ratio of required procedures in place, frequency of OHS compliance issues, average time required to close identified OHS compliance issues, etc.). Furthermore, the OHS Branch and departments do not set targets for any of the performance indicators that are centrally tracked, nor does it compare performance to industry benchmarks.



Our comparison of the City's performance to Ontario average rates for other Schedule 2 employers indicates that the City's incidence of injuries and lost-time are very high. As we previously noted, there are several factors which may cause the City to have a higher than average rate, including the size and scope of its workforce, a culture that encourages diligent reporting of all incidents, whether of a minor or major nature, and Collective Agreements that provide for salary top-up on WSIB benefits. Notwithstanding these factors, the Schedule 2 injury/illness rates have demonstrated a consistent and steady decline each year since 2006, while the City of Ottawa rates have fluctuated and have not demonstrated consistent improvement.

The City's OHS Policy requires that the City Manager, department heads, OHS Branch staff and JHSC members monitor the implementation of the OHS program. Our audit found that OHS Branch does not play a role in monitoring the state of implementation of the OHS program and, accordingly, are not feeding necessary information to department heads and the City Manager. OHS Branch sees itself as an advisor and not a monitoring or compliance enforcement body. Managers in the branches included in the scope of our audit indicated that they would welcome more active involvement of City OHS Branch staff.

Despite having little centralized and coordinated monitoring, the branches examined each performed some monitoring of their OHS programs. For example, Long-Term Care Branch monitors compliance of certain OHS-related Long-Term Care Homes Act legislative requirements, and Solid Waste Branch worked with OHS Branch to complete a point-in-time self-evaluation of its Waste Processing and Disposal Unit OHS program against the WSIB's Workwell Audit Criteria. While steps taken by branch management are very positive, their monitoring activities are not sufficiently comprehensive.

This suggests that managers required greater support and oversight from the OHS Branch Safety Consultants to guide their OHS monitoring activities.

### **Recommendation 22**

**That OHS performance measures and targets be established at the City, department and branch levels. Performance measures should include OHS regulatory compliance measures and targets (e.g., frequency of OHS compliance issues, average time required to close identified OHS compliance issues), OHS program implementation measures and targets (e.g., ratio of hazard assessments completed, ratio of required procedures in place), and JHSC activity measures and targets (e.g., JHSC meeting compliance, inspection compliance).**

#### **Management Response**

Management agrees with the recommendation.

Human Resources, in consultation with City departments and branches, will establish processes to ensure OHS performance measures and targets, as identified above are established, maintained and tracked by Q4 2014. This initiative is dependent on the deliverables identified in the management response to Recommendation 8 and will begin simultaneously in Q1 2013 with completion by Q4 2014.

### **Recommendation 23**

**That performance against OHS targets be tracked by departments and branches and reported to the OHS Branch on a quarterly basis.**

**Management Response**

Management agrees with the recommendation.

Human Resources will collect data related to performance against defined OHS targets from departments and branches on a quarterly basis. This initiative is dependent on the deliverables identified in the management response to Recommendation 22 that will be complete by Q4 2014. This initiative will begin Q2 2014 and will be complete by Q1 2015.

**Recommendation 24**

**That the City prepare quarterly summaries of performance against target and provide these to managers at all levels of the City to support more proactive management of OHS.**

**Management Response**

Management agrees with the recommendation.

Human Resources will summarize performance measures against defined targets and provide information to all management level staff on a quarterly basis. This initiative is dependent on the deliverables identified in the management response to Recommendation 8 that will be complete by Q4 2014. This initiative will be complete by Q1 2015.

**Recommendation 25**

**That the City prepare an annual City of Ottawa OHS performance report for senior management that includes these recommended measures and a qualitative assessment of the City's performance on OHS matters and an analysis of root causes for areas of concern and recommended corrective actions.**

**Management Response**

Management agrees with the recommendation.

Human Resources will enhance the current Annual OHS Report to Senior Management Committee to include OHS performance measures as defined by the City, a qualitative assessment, analysis of root causes for significant areas of concern and recommendations for corrective action. This initiative is dependent on the deliverables identified in the management responses to Recommendations 6, 8, 12, 22 and 23 that will be complete between Q4 2014 and Q2 2015. The initial report including available OHS performance data will be submitted to Senior Management Committee by Q3 2014 for the year 2013 with a city-wide OHS performance report submission by Q3 2015 for the year 2014.

**5.5.2 Review of the OHSMS**

Similar to any management control framework, a well-functioning OHS program includes management-led reviews of the organization's practices at planned

intervals to ensure its continued suitability, adequacy and effectiveness. These reviews assess the need for changes to the OHS program and policy, identify opportunities for continual improvement, and guide investment decisions. Effective management reviews:

- evaluate the ability of the OHS program to meet the overall needs of the organization, workers and regulatory authorities;
- evaluate the effectiveness of the OHS program in reducing work-related injuries and illness;
- identify what actions are necessary to remedy any deficiencies in a timely manner;
- provide feedback, including the determination of OHS program priorities; and,
- evaluate the effectiveness of follow-up actions from previous management reviews.

Although the City's current OHS policy does not explicitly require periodic reviews of the OHS program, the draft OHS Framework does include such a requirement. While the framework had not been presented to Executive Committee at the time of our audit, it is indicative of OHS Branch's awareness of the need for reviews. Through our review of materials presented to Executive Committee and based on discussions with OHS Branch managers, we determined that the City does consider the continued relevance of its OHS policy, but does not periodically review performance of the OHS program.

We concluded that senior management, including the City Manager and department heads, do not receive adequate information to support their responsibility for, and oversight of, the OHS program.

### **Recommendation 26**

**That the City conduct comprehensive reviews of the OHS management control framework at planned intervals (at least annually) to assess its suitability, adequacy, and effectiveness, and to identify opportunities for continual improvement. These results should be reported to senior executives to permit integration with objective setting and resource allocation decisions.**

### **Management Response**

Management agrees with the recommendation.

Human Resources will review the OHS Framework implementation and ongoing performance on an annual basis and provide findings and identified opportunities for improvement in a report to Senior Management Committee. This initiative is dependent on the deliverables identified in the management response to Recommendation 3 that will be complete by Q2 2013. The initial report including this information will be submitted by Q1 2014 for the year 2013.

## **6 AREAS OF POTENTIAL SAVINGS**

Whenever a workplace accident or illness occurs and a worker misses time as a result of the incident, the City incurs many costs, including: the ongoing payment of salary and benefits for the injured/ill worker during their period of disability; medical treatment costs; Non-Economic Loss awards for permanent impairments; WSIB administration costs on benefits paid to injured/ill workers and medical treatment costs (21.65% in 2010); and fines that may result if the City is found to have failed to fulfill its OHS responsibilities. In 2010, the City spent over \$11.5 million on these WSIB expenses<sup>18</sup>. Several other indirect costs are also incurred by the City, including: salary, benefits or overtime for replacement workers during the period of disability; retraining costs for workers unable to return to their regular duties; medical costs; and loss of potential revenues or productivity. Indirect costs have been estimated by OHS Branch to be four times the direct costs. Any actions that contribute to a reduction in the total number of workplace injury/illness claims or the time lost to injury/illness will contribute to a reduction in both direct and indirect costs. In this regard, we estimate that annual savings of up to \$721,000 in direct costs could be realized if the City's were to reduce its total injury/illness rate (for 2010 8.22) to the average rate of all Schedule 2 employers (4.16). Alternatively, a more modest reduction to 7.22 (1 fewer injury/illness for every 100 workers) would result in annual savings of over \$177,000 (see Appendix B for detailed calculations).

## **7 CONCLUSION**

While the City of Ottawa has an OHS policy that defines high level roles and responsibilities, and a series of hazard-specific OHS programs, we found that the OHS management control framework needs improvement to meet the City's needs and comply with legislative requirements. The OHS program is principally decentralized with limited performance reporting and measurement being made available to senior management. The OHS Branch provides some valuable advisory services to departments and branches, but it does not monitor the implementation of the OHS program across the City, nor does it explicitly address contraventions of

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<sup>18</sup> WSIB expenses include amounts paid for injury/illness claims from 2010, as well as any payments made on active claims from previous years.

policy or legislation. Our audit found that in Long-Term Care Branch and Solid Waste Branch, many conventional management practices are not being fully applied to the management of OHS, including needs assessment, objective setting, formalized planning to meet objectives, resource allocation in accordance with plans and strategies, systematic implementation, measurement and evaluation of performance, and overall program review. Improving these practices would strengthen the OHS program, improve the safety culture of the City, and help reduce occupational injuries, illnesses and fatalities.

## **8 ACKNOWLEDGEMENT**

We wish to express our appreciation for the cooperation and assistance afforded the audit team by management.

## APPENDIX A - WSIB INJURY/ILLNESS PERFORMANCE

Branch	FTE	Total Injury/Illness Rate			Lost Time Frequency			Lost-Time Severity			Average Days Lost per Injury/Illness Claim		
	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010
City of Ottawa Averages	12,975	9.24	7.93	8.22	5.37	4.20	5.23	68	57	51	7.39	7.14	6.24
Long Term Care	552	<b>17.21</b>	11.05	<b>27.34</b>	<b>12.19</b>	<b>7.97</b>	<b>23.17</b>	36	38	<b>102</b>	2.09	3.44	3.73
Paramedic Services	576	<b>34.47</b>	<b>26.74</b>	<b>23.59</b>	<b>20.51</b>	<b>13.01</b>	<b>13.18</b>	<b>191</b>	88	83	5.54	3.29	3.52
Forestry Services	189		11.49	<b>14.95</b>		4.31	<b>12.23</b>		9	38		0.78	2.54
Transit Projects & Facility Mtce	110		9.62	<b>13.64</b>		5.77	7.27		20	48		2.08	3.52
Transit Maintenance	672	<b>13.18</b>	12.38	<b>13.55</b>	<b>8.04</b>	6.56	<b>9.08</b>	<b>108</b>	115	53	<b>8.19</b>	9.29	3.91
Solid Waste Services	98	11.59	<b>17.53</b>	13.23	<b>9.28</b>	<b>12.05</b>	<b>12.21</b>	<b>80</b>	<b>247</b>	<b>218</b>	6.90	<b>14.09</b>	<b>16.48</b>
Roads and Traffic Ops Mtnc	670		12.07	11.94		6.94	6.57		109	61		9.03	5.11
Housing Services	61	4.97	0.00	11.40	1.66	0.00	4.89	2	0	57	0.40	0.00	5.00
Fleet Services	189	<b>18.24</b>	<b>17.25</b>	10.60	<b>10.81</b>	7.59	6.36	60	71	33	3.29	4.12	3.11
Transit Operations	2,046	10.38	7.37	9.28	6.75	5.00	6.94	<b>183</b>	<b>121</b>	<b>110</b>	<b>17.63</b>	<b>16.42</b>	<b>11.85</b>
Fire Services	1,003	<b>12.26</b>	11.90	8.87	6.99	6.41	4.99	<b>74</b>	68	59	6.04	5.71	6.65
Safety Training & Bus. Svcs	171			8.76			5.84			<b>188</b>			<b>21.46</b>
Drinking Water	244		11.25	8.61		5.00	4.92		<b>137</b>	<b>93</b>		12.18	10.80
Parks, Rec & Cultural Services	1,003	7.80	7.70	8.37	3.23	2.70	3.59	10	6	27	1.28	0.78	3.23
Parks, Bldgs and Grounds	815		7.58	7.61		3.11	4.17		14	48		1.85	6.31
Water & Wastewater Services	425	9.77	10.27	7.29	6.15	4.76	4.00	61	87	70	6.24	8.47	9.60
Customer Services	98		5.49	6.12		4.39	2.04		42	19		7.65	3.10
Wastewater and Drainage	181		8.80	5.52		4.40	2.76		10	40		1.14	7.25
Children's Services	192		0.00	5.20		0.00	2.60		0	8		0.00	1.54
Library Services Board	450	3.74	3.82	3.78	2.42	1.80	2.67	9	12	11	2.41	3.14	2.91
By-Law & Regulatory Services	173	6.55	6.68	3.48	3.57	4.25	1.74	43	88	6	6.56	13.17	1.72
Strategic & Enviro Svcs	80		1.34	2.51		0.00	1.26		0	4		0.00	1.59
Planning & Growth Mgmt	210	0.00		2.38	0.00		0.95	0		4			1.68
Empl. & Financial Assistance	525	2.54	5.17	2.29	1.76	1.72	1.33	9	0	6	3.54	0.00	2.62
Public Health	490	4.50	4.41	1.02	1.93	1.68	0.20	44	2	3	<b>9.78</b>	0.45	2.94



Branch	FTE	Total Injury/Illness Rate			Lost Time Frequency			Lost-Time Severity			Average Days Lost per Injury/Illness Claim		
	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010	2008	2009	2010
City Manager's Office	708	1.91	0.80	0.85	0.82	0.40	0.71	15	1	27	<b>8.03</b>	1.00	<b>31.98</b>
Infrastructure Services	293	0.36	1.02	0.68	0.00	0.00	0.34	0	0	1	0.00	0.00	1.47
Traffic Mgmt & Ops Support	148			0.68			0.00			0			0.00
Human Resources	127	1.72	1.59	0.00	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00
Information Technology	339	1.36	0.30	0.00	0.27	0.00	0.00	3	0	0	2.21	0.00	0.00
Org Dev't & Performance	126	0.00	0.78	0.00	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00
Community Sustainability	32	0.00	0.00	0.00	0.00	0.00	0.00	0	0	0	0.00	0.00	0.00
Corporate Communications	52	n/a	0.00	0.00	n/a	0.00	0.00	n/a	0	0	n/a	0.00	0.00
Community Funding & Dev.	12	n/a	n/a	0.00	n/a	n/a	0.00	n/a	n/a	0	n/a	n/a	0.00
Social Assistance Services	28	n/a	n/a	0.00	n/a	n/a	0.00	n/a	n/a	0	n/a	n/a	0.00
Surface Operations		11.51	n/a	n/a	5.93	n/a	n/a	54	n/a	n/a	4.69	n/a	n/a
Real Property Asset Mgmt		6.91	n/a	n/a	3.38	n/a	n/a	53	n/a	n/a	7.67	n/a	n/a
Communications & Cust Svcs		0.00	n/a	n/a	0.00	n/a	n/a	0	n/a	n/a	0.00	n/a	n/a
Building Code Services		1.69	0.00	n/a	0.56	0.00	n/a	15	0	n/a	<b>8.88</b>	0.00	n/a
Traffic Operations		7.92	n/a	n/a	4.48	n/a	n/a	12	n/a	n/a	1.52	n/a	n/a
Transport Support		10.48	n/a	n/a	3.81	n/a	n/a	10	n/a	n/a	0.95	n/a	n/a
Para Transpo		n/a	<b>13.31</b>	n/a	n/a	<b>8.56</b>	n/a	n/a	<b>359</b>	n/a	n/a	<b>26.97</b>	n/a
Transit Mktng & Cust Srvs		n/a	3.80	n/a	n/a	3.80	n/a	n/a	12	n/a	n/a	3.16	n/a
Planning		n/a	0.00	n/a	n/a	0.00	n/a	n/a	0	n/a	n/a	0.00	n/a
Ops Eng and Tech Supp.		n/a	2.73	n/a	n/a	0.68	n/a	n/a	2	n/a	n/a	0.73	n/a
Facilities Maintenance		n/a	<b>17.53</b>	n/a	n/a	<b>12.05</b>	n/a	n/a	<b>247</b>	n/a	n/a	<b>14.09</b>	n/a
Rail, safety and Dev		n/a	10.18	n/a	n/a	5.09	n/a	n/a	77	n/a	n/a	7.56	n/a
Social Services Operations		n/a	1.37	n/a	n/a	0.23	n/a	n/a	30	n/a	n/a	<b>21.90</b>	n/a
Facility Management		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Parking Operations		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Rail Implementation		n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

### Notes

- "n/a" indicates data was not available
- Para Transpo was merged with Transit Operations in 2010
- Facilities Maintenance was merged with Transit Projects in 2010.
- Safety Training and Business Services WSIB Severity high result in 2010 was primarily due to a single accident sustained by a Special Constable

during a training session.

- Management has advised that, following an April 2010 MOL Ministry of Labour inspection, the City Long-Term Care Homes became aware that there was a need to report occupationally acquired influenza and/or infection. Following this date, at any time that there is a respiratory or influenza outbreak in the Homes, any staff contracting similar symptoms during the outbreak are reported as a WSIB case. Management further advises that this explains the peak in incidents and associated lost time.

Definitions	
<b>Total Injury/Illness Rate</b> (Also referred to as WSIB Frequency)	Number of active WSIB cases per 100 employees. This is a standard metric reported by both WSIB and the City.
<b>Lost Time Frequency</b>	Number of active WSIB cases involving lost-time per 100 employees. This metric is used by the City, but is not reported on by WSIB.
<b>Medical Aid Frequency</b>	Number of active WSIB cases that did not result in lost-time per 100 employees. This metric is reported by the City, but is not reported by WSIB.
<b>Lost Time Severity</b> (also referred to as WSIB Severity)	Number of lost days due to active WSIB injuries/illness per 100 employees. This metric is reported by the City, but is not reported by WSIB.
<b>Average Days Lost per Injury/Illness Claim</b>	Number of lost days due to active WSIB injuries/illness per WSIB case. This metric was devised by the audit team and is not reported by the City or WSIB.

## APPENDIX B – ESTIMATED POTENTIAL SAVINGS

### City of Ottawa’s Actual WSIB related figures for 2010

Injury / Illness Rate (annually, per 100 workers) <sup>19</sup>	8.22
City’s total WSIB claims in 2010 <sup>19</sup>	1,067
Total days lost to workplace injury/illness in 2010 <sup>19</sup>	6,660
Average salary & benefit costs per worker/day in 2010 <sup>20</sup>	\$328.35
Average WSIB administration costs per lost worker/day in 2010 <sup>21</sup>	\$54.92

### Opportunities for Future Savings by Improving OHS Management

	Injury / Illness Rate	Total WSIB Claims	Reduction in Lost Work Days	Salary & Benefit costs per lost work day <sup>22</sup>	WSIB admin costs per lost work day	Potential Savings
<b>Scenario 1</b> Reduce injury/illness rate to the average of all Schedule 2 employers	4.16	540	3,289	\$164.18	\$54.92	\$720,620
<b>Scenario 2</b> Achieve a 2 point reduction in rate	6.22	807	1,620	\$164.18	\$54.92	\$354,942

<sup>19</sup> Source: City of Ottawa 2010 Annual OHS Report

<sup>20</sup> Calculated by dividing total salaries and benefits of \$ 1.26 billion by the total number of full-time equivalent workers at the City 14,759 (source City of Ottawa 2010 Budget) to determine annual costs, and further dividing by 260 days to determine average costs per work day.

<sup>21</sup> WSIB Loss of Earnings benefits are paid at a rate of 85% of annual earnings, to maximum annual earnings of \$77,600 (source: WSIB website). The 2010 WSIB administration rate for Schedule 2 employers was 21.65% (source: WSIB website). WSIB administration costs per lost work day are calculated as 85% of \$77,600, multiplied by 21.65% to determine annual costs, and further divided by 260 to determine costs per work day.

<sup>22</sup> This figure is obtained by multiplying the average daily salary and benefit costs by 50%. The factor of 50% is based on an assumption that only 50% of lost work days are backfilled by a replacement worker.

	Injury / Illness Rate	Total WSIB Claims	Reduction in Lost Work Days	Salary & Benefit costs per lost work day <sup>23</sup>	WSIB admin costs per lost work day	Potential Savings
<b>Scenario 3</b> Achieve a 1 point reduction in rate	7.22	937	810	\$164.18	\$54.92	\$177,471

<sup>23</sup> This figure is obtained by multiplying the average daily salary and benefit costs by 50%. The factor of 50% is based on an assumption that only 50% of lost work days are backfilled by a replacement worker.

## APPENDIX C – ESTIMATED SAVINGS ACHIEVED TO DATE BY CITY

### Annual Savings Achieved by Reducing Average Length of Lost Time Claims (2007 vs. 2010)

Since the introduction of the City's Return to Work Program in 2008, the City has achieved significant savings by reducing the average days lost per injury/illness claim from 11.34 in 2007 to 6.24 in 2010.

Average Days Lost (2007)	11.34
Average Days Lost (2010)	6.24
Reduction in Days Lost per Claim	5.10
City's Total WSIB Claims (2010)	1,067
<b>Total Reduction in Days Lost (2010)</b>	<b>5,442</b>
Estimated Savings per Day of Lost-Time	\$219.10 <sup>24</sup>
<b>Total Estimated Annual Savings</b>	<b>\$1,192,342</b>

The estimated savings does not consider savings of indirect costs including overtime costs, medical expenses, Non-Economic Loss awards, or lost productivity. We could not calculate these savings as the City does not track these figures.

<sup>24</sup> The estimated direct costs of a lost work day were calculated in detail in Appendix B. These costs include the estimated salary and benefits costs for replacement workers and the administrative costs paid to WSIB to administer claims. These do not include the indirect costs related to lost time, estimated by OHS Branch to be 4 times the indirect costs.