



OCCUPATIONAL HEALTH & SAFETY IN ONTARIO

2015 – 16 ANNUAL REPORT

Ministry of Labour



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LETTER TO THE MINISTER

The Honourable Kevin Flynn Minister of Labour, Ontario

Dear Minister Flynn:

I am pleased to submit the Occupational Health and Safety in Ontario: 2015-16 Annual Report. This report highlights the achievements of the occupational health and safety system over the past year and demonstrates our commitment to continuously improve health and safety in Ontario workplaces.

Over the past three years, guided by Healthy and Safe Ontario Workplaces – a Strategy for Transforming Occupational Health and Safety, we have worked with labour and employer organizations, our health and safety association partners, the Workplace Safety and Insurance Board and other stakeholders to lay a foundation for occupational health and safety in the province. We built effective partnerships both within and outside the occupational health and safety system and worked collaboratively to help foster a culture of health and safety in Ontario workplaces.

We created and standardized training requirements, increased tools available to workplace parties, developed legislation and regulations, and provided new supports for the Internal Responsibility System in workplaces, which complimented increased Ministry of Labour enforcement.

In 2015-16, we challenged ourselves to build on that strong foundation to make Ontario workplaces healthier and safer. We undertook a number of ambitious initiatives and achieved some notable milestones, such as enhancing the quality and consistency of training for workers in critical areas including working at heights, increasing worker protection through new and amended regulations and adding online resources to help workplace parties comply with the Occupational Health and Safety Act. We focused our efforts on the most vulnerable workers, improving support for small businesses, the highest hazards and sectors that continue to experience high rates of injuries and fatalities. The Ministry of Labour also implemented amendments to the Occupational Health and Safety Act to enhance employer duties with respect to the

prevention of harassment in the workplace and the Workplace Safety and Insurance Act, 1997 to support first responders and other workers experiencing post-traumatic stress disorder.

The nature of work and workplaces in Ontario is evolving. While we must continue to focus on sectors where injuries, illnesses and fatalities are high, we must also adapt to new risks. In the coming year, we will review the strategic priorities for the system, identify opportunities to realign or refine them, and publicly communicate any changes.

The progress we have made would not be possible without the collaboration of the whole system and its commitment to improving workplace health and safety. I would like to thank and commend our occupational health and safety system partners as well as our stakeholders for their efforts to promote healthy and safe Ontario workplaces.

George Gritziotis
Chief Prevention Officer
Ministry of Labour

INTRODUCTION: BUILDING ON A STRONG FOUNDATION

In 2011, Ontario embarked on a transformation of the occupational health and safety system. Since then, the system has taken targeted steps to improve workplace health and safety, including:

- Developing an integrated strategy to guide the system's work.
- Fostering a broader and more collaborative network of partners and projects.
- Establishing mandatory training standards.
- Developing new regulations and amendments to the Occupational Health and Safety Act.
- Making health and safety knowledge more available.
- Providing more innovative supports for workplace parties.

In 2015-16, the occupational health and safety system built on that solid foundation. It continued to focus on the goals and priorities of the integrated strategy, Healthy and Safe Ontario Workplaces: A Strategy for Transforming Occupational Health and Safety, targeting the areas of greatest

need – such as vulnerable workers, small businesses and high hazards – and enhancing service delivery.

At the same time, the system responded to challenges of increasing importance, such as workplace harassment, violence in the health care sector and post-traumatic stress disorder among Ontario's first responders.

Key Accomplishments

In 2015-16, Ontario's occupational health and safety system:

- ✓ Trained over 106,000 workers to work safely at heights based on the new Working at Heights training program standard.¹
- ✓ Opened a new Occupational Health Clinic for Ontario Workers in eastern Ontario to improve access to occupational health and safety services.
- ✓ Began implementing the Construction Health and Safety Action Plan and developed amendments to key regulations

to strengthen injury and illness prevention in the construction sector.

- ✓ Introduced the Supporting Ontario's First Responders Act (Bill 163) and implemented a prevention strategy to recognize the importance of psychological health in the workplace and make it easier for first responders with post-traumatic stress disorder to get Workplace Safety and Insurance Board workers' compensation benefits and other support.
- ✓ Developed an all-sector noise regulation, made under the Occupational Health and Safety Act, to protect Ontario's workers from noise-induced hearing loss.
- ✓ Created the Health and Safety Checklist to help businesses – particularly small businesses – assess their compliance with health and safety requirements and make improvements.
- ✓ Developed amendments to the Occupational Health and Safety Act (Bill 132), establishing the legislative framework requiring employers to address workplace harassment.

- ✓ Conducted 74,795 field visits to 34,284 workplaces and issued 127,088 orders to improve compliance with the Occupational Health and Safety Act.²
- ✓ Established a Health Care Leadership Table to develop practices to address workplace violence in the health care sector and protect health care workers on the job.
- ✓ Established new standards to improve the quality and consistency of training for Joint Health and Safety Committee members and strengthen workplace Internal Responsibility Systems.
- ✓ Implemented key recommendations of the 2015 Mining Health, Safety and Prevention Review, including launching an Internal Responsibility System Climate Assessment and Audit Tool (IRS CAAT) to help employers identify and control workplace hazards in the mining sector.

About this Report

This report highlights 2015-16 activities that support the goals of the integrated strategy. It incorporates all available performance data to measure progress in achieving the vision of healthy and safe workplaces. For the first time, this annual report includes statistics for both proactive and reactive enforcement initiatives. See Appendix A for statistical charts. See Appendix B for a glossary of terms.



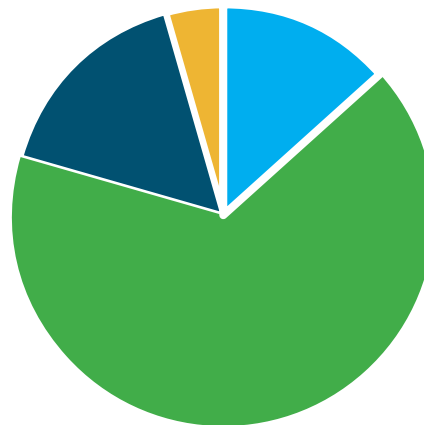
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A SNAPSHOT OF OCCUPATIONAL HEALTH AND SAFETY IN ONTARIO

2.1. EMPLOYMENT IN ONTARIO

The share of Ontario employed workers engaged in nonstandard work, including temporary work, increased to 26.6 percent in 2015 from 23.1 percent in 1997. The average annual growth rate of nonstandard work over the period was 2.3 per cent, nearly double the 1.2 per cent rate of growth in standard work.^{3,4}

Ontario Employment by Age 2015



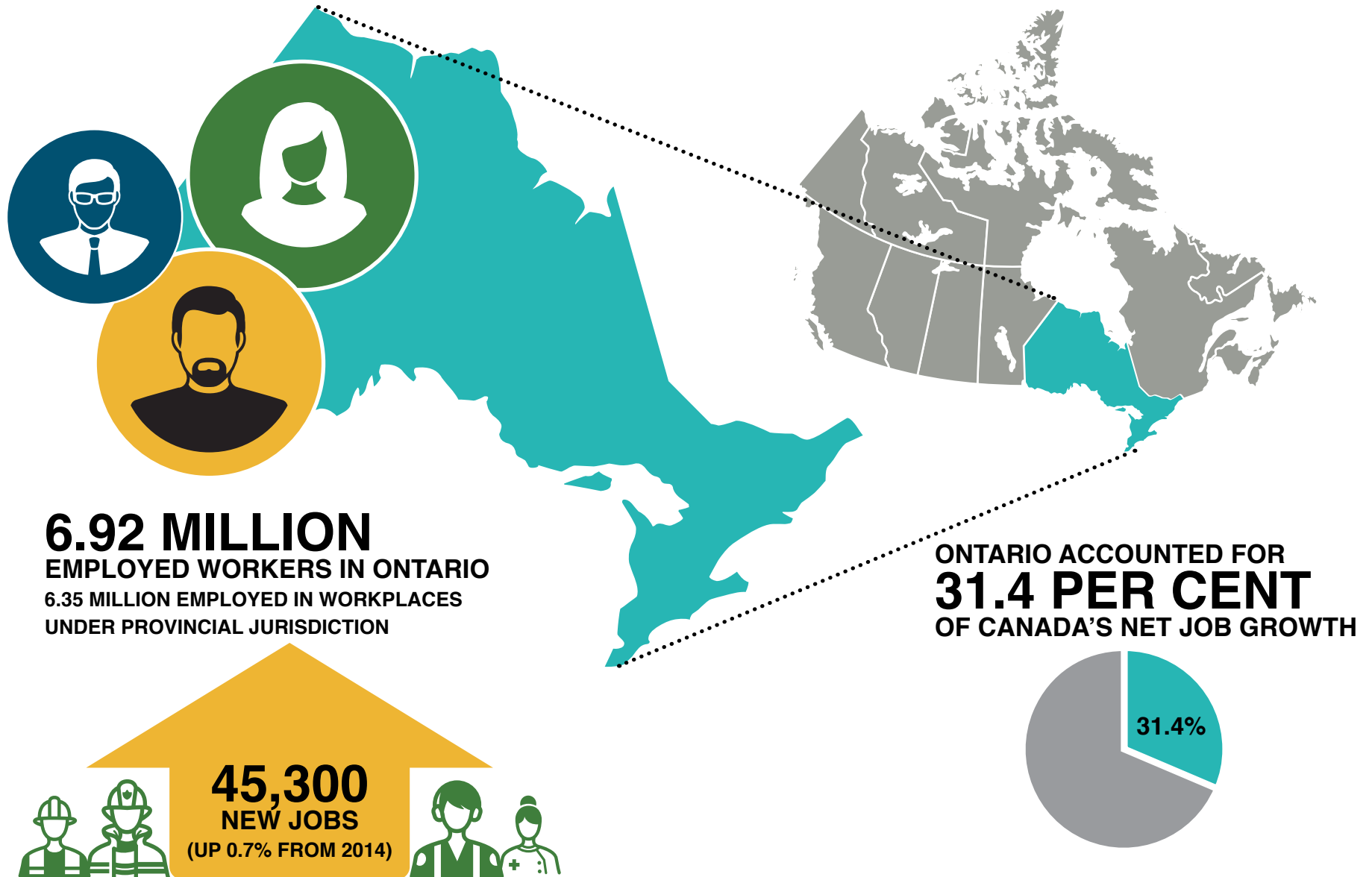
13.5%	Workers aged 15 to 24	DOWN	from 14.9 per cent in 2006.
66.1%	Workers aged 25 to 54	DOWN	from 70.7 per cent in 2006.
16.1%	Workers aged 55 to 64	UP	from 12.3 per cent in 2006.
4.3%	Workers aged 65 and older	UP	from 2.0 per cent in 2006.

Sources: 1. Ministry of Finance, Office of Economic Policy, 2016.

2. CANSIM table 282-0008.

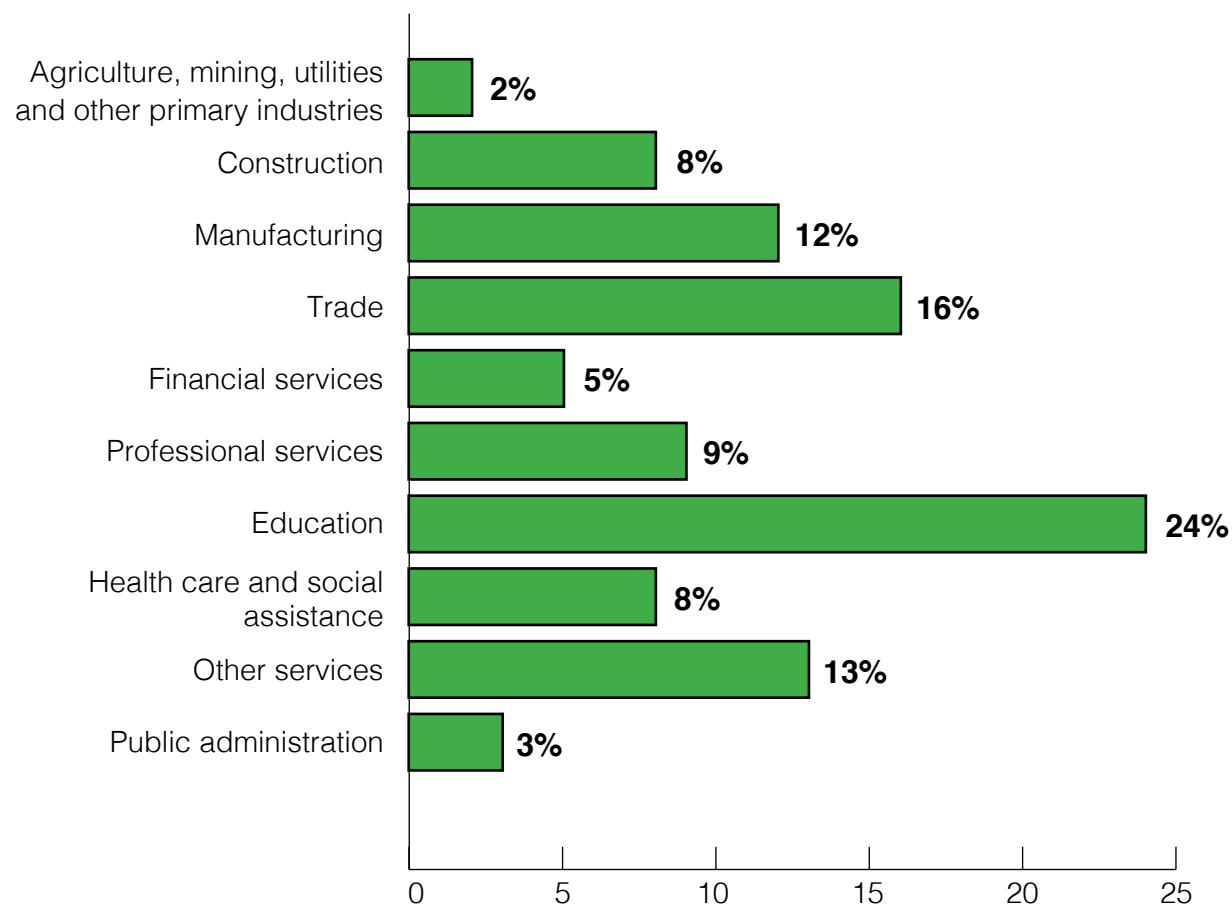
Note: Percentages may not add up to 100 due to rounding.

Employment in 2015



From 2006 to 2015 health care and social assistance had the largest growth in employment (28.5 per cent), while manufacturing saw the largest decrease (25.3 per cent).⁴

Ontario Employment by Sector under Provincial Jurisdiction 2015



Source: Ministry of Labour, based on Statistics Canada's Labour Force Survey.

Note: Percentages rounded to nearest whole number

2.2. OCCUPATIONAL INJURIES, ILLNESSES AND FATALITIES

As part of its effort to improve workplace health and safety, Ontario collects and analyzes data on occupational injuries, illnesses and fatalities.

In 2015:

- Ontario had **fewer occupational injury and illness claims**.
- Ontario had **fewer critical injury events**.
- Ontario had **fewer workplace fatalities**.
- 68 per cent of allowed fatality claims were for fatalities from occupational diseases.
- While the number of **traumatic fatalities decreased**, there was an **increase in fatalities related to occupational diseases**.

*Traumatic fatalities are based on combined Ministry of Labour and Workplace Safety and Insurance Board reported traumatic fatalities. Occupational disease fatalities are based on Workplace Safety and Insurance Board allowed fatality claims (Year of death).

Fatalities in 2015

226 WORKPLACE-RELATED FATALITIES

(compared to 233 in 2014, 242 in 2012 and 245 in 2006)

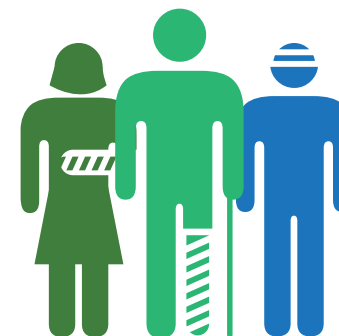
72*
TRAUMATIC
FATALITIES

(or 11.34 per one million workers)⁷

154*
OCCUPATIONAL
DISEASE
FATALITIES

(or 24.25 per one million workers)⁷

Occupational Injuries and Illnesses in 2015



51,570 LOST-TIME
INJURY CLAIMS^{5,6}

122,133 NO LOST-TIME
INJURY CLAIMS^{5,6}

476 CLAIMS PER DAY

873 CRITICAL INJURY
EVENTS REPORTED TO THE
MINISTRY OF LABOUR
(or 13.75 for every 100,000 workers)²

Changes to Occupational Injury, Illness and Fatality Rates

	Percentage Change since 2006 (average annual rate of change)		Percentage Change since 2012 (average annual rate of change)		Percentage Change since 2014 (annual rate of change)	
Lost-time Injury Claims		-5.1		-2.7		-3.9
Lost-time Injury Rate (Schedule 1 Employers) (per hundred thousand workers)		-6.8		-5.4		-7.6
Lost-time Injury Rate (Schedule 2 Employers) (per hundred thousand workers)		-3.8		-1.3		-5.3
No Lost-time Claims		-3.8		-1.3		-2.7
No Lost-time Injury Rate (Schedule 1 Employers) (per hundred thousand workers)		-5.0		-3.4		-5.2
No Lost-time Injury Rate (Schedule 2 Employers) (per hundred thousand workers)		-3.6		-2.0		-5.9
Critical Injury Events Reported to the Ministry		-2.4		-11.7		-20.3
Critical Injury Rate (per hundred thousand workers)		-3.2		-12.5		-21.0
Total Workplace Fatalities (including traumatic and occupational disease fatalities)		-0.8		-3.6		-3.0
Traumatic Fatalities		-2.5		-15.8		-11.1
Traumatic Fatality Rate (per one million workers)		-3.3		-16.6		-11.9
Occupational Disease Fatality claims		+1.1		+4.6		+1.3
Occupational Disease Fatality Rate (per one million workers)		+0.3		+3.6		+0.4

Sources: 1. Workplace Safety and Insurance Board By the Numbers 2015, Schedule 1 and Schedule 2,
2. Workplace Safety and Insurance Board Day of Mourning Fatalities Report: 2006 to 2015,
3. Ministry of Labour Data Systems 2006 to 2015.

Notes: 1. The occupational injury and illness claims described in this chart represent occupational injury/illness claims (Schedule 1 and 2 employers) that have been allowed by the Workplace Safety and Insurance Board.
2. Rates are calculated by the Ministry of Labour based on claims divided by the number of workers under provincial jurisdiction

2.3. ONTARIO'S OCCUPATIONAL HEALTH AND SAFETY SYSTEM

Ontario's workers and employers require a **robust system to support them in creating healthy and safe workplaces**. Ontario's occupational health and safety system consists of a network of key partners – each with a unique role (see diagram). The partners work together to prevent workplace injuries, illnesses and fatalities with support from other important players in the occupational health and safety system including:

- A multi-stakeholder Prevention Council that advises the Minister of Labour and the Chief Prevention Officer on system planning and initiatives.
- Section 21 Committees that advise the Minister of Labour on occupational health and safety matters.
- Private health and safety trainers and consultants.

- Four specialized occupational health and safety research centres.
- The Offices of the Worker Adviser and the Employer Adviser.
- Health and safety representatives and joint health and safety committees in workplaces.

- Unions, worker and employer organizations and associations.

In 2015-16, the network continued its collaborative work in fostering a culture of occupational health and safety in more workplaces.



Members of the Prevention Council

Labour representatives

- Patrick Dillon, Provincial Building and Construction Trades Council of Ontario
- Nancy Hutchison, United Steelworkers
- Derek Johnstone, United Food and Commercial Workers of Canada
- Colin Grieve, Hamilton and Ontario Professional Firefighters

Non-union worker representative

- Linda Vannucci, Toronto Workers' Health and Safety Legal Clinic

Employer representatives

- Michael Oxley, DuPont Canada⁺
- Dawn Tattle, Anchor Shoring and Caissons Ltd.

- Roy Slack, Cementation Canada Inc.*
- Camille Quenneville, Canadian Mental Health Association, Ontario Division

Workplace Safety and Insurance Board representative

- Susanna Zagar

Occupational health and safety expert

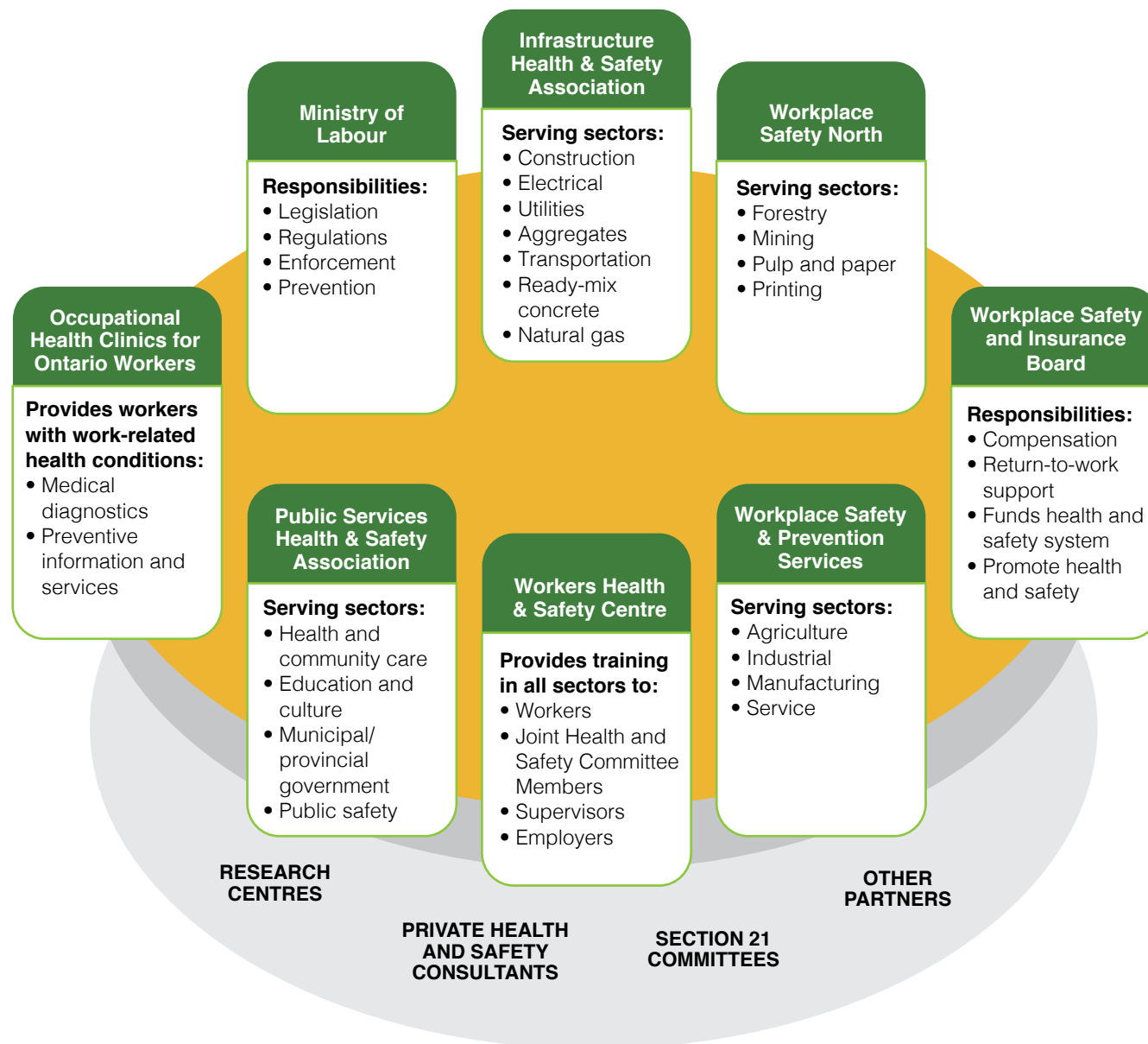
- Graeme Norval, Department of Chemical Engineering, University of Toronto

* Vacated the position on Prevention Council in 2015

+ Vacated the position on Prevention Council in 2016

The integrated strategy focuses on collaboration and the need for the occupational health and safety system to engage new partner organizations. By expanding partnerships – such as those with universities and colleges, non-profit organizations, First Nations, community organizations, other ministries and levels of government, occupational health and safety training programs – the system’s services and messages can reach a broader audience and increase awareness of the importance of workplace health and safety.

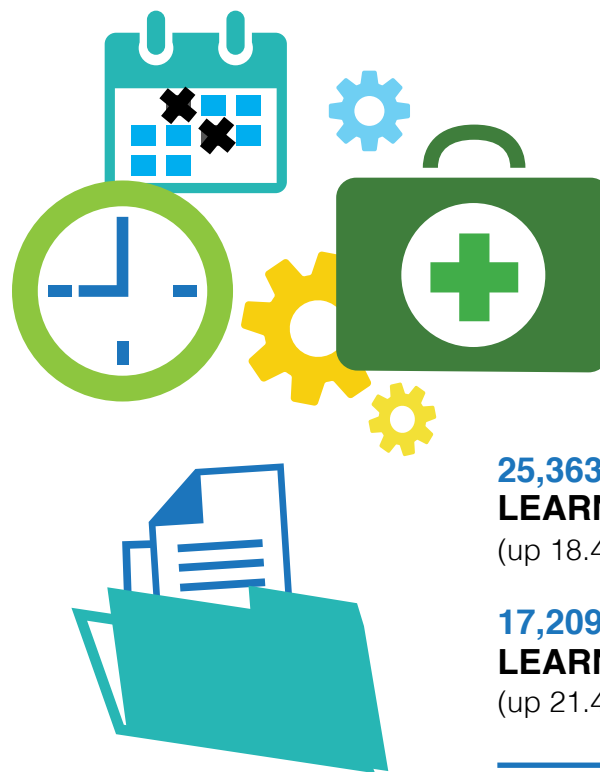
Ontario’s Occupational Health & Safety System



2.4. TRAINING, CLINICAL SERVICES, ENFORCEMENT AND PROSECUTION

To protect workers and make workplaces healthier and safer, the occupational health and safety system and its partners are working to train more workplace parties and provide clinical services for workers who have been injured or become ill. The Ministry of Labour enforces the Occupational Health and Safety Act and its regulations.

Training and Clinical Services in 2015-16



HEALTH AND SAFETY ASSOCIATIONS PROVIDED 34,096 TRAINING SESSIONS
(up 1.7 per cent from 2014)

1,058 WORKERS RECEIVED CLINICAL SERVICES
(up 3.9 per cent from 2014)

25,363 JOINT HEALTH AND SAFETY PART 1 LEARNER RECORDS WERE PROCESSED
(up 18.4 per cent from 2014)

17,209 JOINT HEALTH AND SAFETY PART 2 LEARNER RECORDS WERE PROCESSED
(up 21.4 per cent from 2014)

Source: Ministry of Labour. Health and Safety Association Year-end Reports.



Enforcement and Prosecutions in 2015-16

74,795 FIELD VISITS
(up 5.9 per cent from 2014)

34,284 WORKPLACES
(up 5.0 per cent from 2014)

ISSUED **127,088** ORDERS FOR NON-COMPLIANCE
(down 3.1 per cent from 2014)



THE MINISTRY RECEIVED
13,674 HEALTH
AND SAFETY COMPLAINTS
(up 17.2 per cent from 2014)



THERE WERE
1,045
CONVICTIONS
(up 27.9 per cent from 2014) and
\$9.6 MILLION
LAID IN FINES
(up 3.1 per cent from 2014)

Source: Ministry of Labour Data Systems. Accessed September 2016.

Notes: 1. Prosecution statistics are based on fiscal year 2015-2016 and include convictions relating to Part III, Part I Summons and Part I Contested Tickets prosecutions.

2. Fine amounts do not include the victim fine surcharge of 25 per cent.

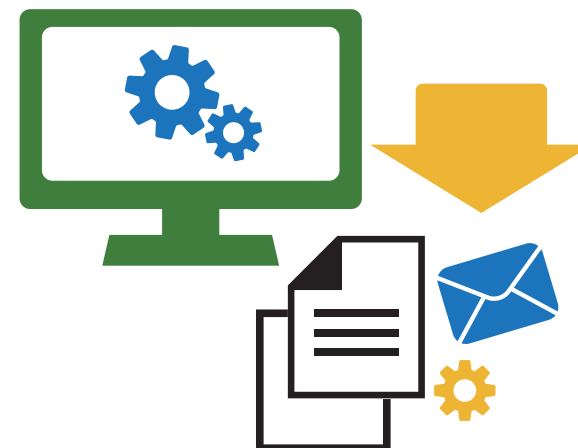
3. Prosecution statistics may be subject to minor variation following disposition of outstanding appeals.

Private Health and Safety Training Providers

Private health and safety training providers play an important role in occupational health and safety. They deliver mandatory training to many businesses across Ontario – particularly the growing number of small businesses. In 2015-16, private training providers trained **over 43 per cent of the workers who completed the approved Working at Heights training program.**¹

2.5. ONLINE WORKPLACE SUPPORTS

Over the past year, the occupational health and safety system **continued to increase the use of online platforms to provide occupational health and safety resources to workplace parties.** Online resources allow the system to reach more workers and employers, and they give workplaces fast convenient access to up-to-date health and safety information.



	HEALTH AND SAFETY ASSOCIATIONS	MINISTRY OF LABOUR	WORKPLACE SAFETY AND INSURANCE BOARD
 UNIQUE WEBSITE VISITS	779,316	2,326,033	1,397,810
 PRODUCT DOWNLOADS	1,090,453	90,041	36,760

Source: Ministry of Labour, Workplace Safety and Insurance Board, Health and Safety Associations Analytical Reports, 2015-16.

2.6. RESEARCH AND INNOVATION

As the economy grows and shifts, new challenges emerge and the occupational health and safety system needs new solutions to improve worker health and safety. Research and innovation are critical to helping the system find those solutions.

To encourage research and innovation, the ministry funds **specialized research centres**: the Institute for Work and Health, the Centre for Research Expertise in Occupational Disease, the Centre of Research Expertise for the Prevention of Musculoskeletal Disorders and the Occupational Cancer Research Centre. These centres conduct strategy-driven research to enhance occupational health and safety initiatives. Their expertise, research findings and partnerships are helping to develop cutting edge knowledge and approaches to Ontario's most pressing occupational health and safety issues.

The system also invests in the **Research Opportunities Program**, which funds research and knowledge dissemination projects that focus on occupational

health and safety system priorities, and the **Occupational Health and Safety Prevention and Innovation Program**, which supports workplace-focused innovation projects and collaborative partnerships that lead to improvements in occupational health and safety in Ontario.

In 2015-16:

- **13 research projects were funded** to inform prevention efforts, including research on occupational disease exposures, the effectiveness of the Internal Responsibility System, supports for vulnerable workers and other areas of concern.¹⁰
- **15 innovation projects were funded** to provide dedicated support in areas of greatest need, including public safety events that foster a culture of occupational health and safety in different communities – such as a youth-focused radio series broadcast in Toronto's Regent Park and a health and safety initiative with the six member First Nations communities in the Robinson Superior Treaty area – and customized initiatives to meet the needs of particular industries or worker groups.¹¹

Early outputs from the 2015-16 programs include:

- Close to 1000 teachers and principals provided with occupational health and safety supports for youth.
- Youth-focused campaigns in hard-to-reach neighborhoods.
- A culture of occupational health and safety in indigenous communities in the Robinson Superior Treaty area.
- More support for families affected by a workplace tragedy.

3

HEALTHY AND SAFE ONTARIO WORKPLACES: MEASURING OUR PROGRESS

The integrated strategy, Healthy and Safe Ontario Workplaces, established six priorities for the occupational health and safety system (see diagram). The integrated strategy also identified performance measures for the system to use to evaluate its progress in addressing each priority. This section of the report includes available performance data and describes the initiatives undertaken in 2015-16 to address each priority.

Strategic Priorities



3.1. ASSIST THE MOST VULNERABLE WORKERS

Vulnerability in the workplace is more than just being exposed to hazards. According to a 2015 Institute for Work and Health study, workers become vulnerable when they are exposed to hazards and lack one or more types of protection, such as adequate workplace occupational health and safety policies and procedures, awareness of rights and responsibilities or the empowerment to participate in injury prevention. For example, when the Institute for Work and Health surveyed 1,835 workers in Ontario and British Columbia, the researchers found that workers born outside of Canada were 2.5 times more likely than their Canadian-born counterparts to lack awareness of occupational health and safety rights and responsibilities.¹² When the occupational health and safety system has a better understanding

of the factors that contribute to vulnerability, it is better able to develop appropriate supports.

Strategic Goals:

- ✓ Understand the factors that make workers vulnerable and how to provide support.
- ✓ Improve awareness of occupational health and safety rights and responsibilities among vulnerable workers.

- ✓ Improve programs and services for vulnerable workers.
- ✓ Improve occupational health and safety outcomes among industries with high proportions of vulnerable workers.



Performance Data

In 2015^{5,6}:

- Young workers (those aged 15 – 24) had:
 - 19,954 no lost-time injury claims
 - 6,478 lost-time injury claims
 - five traumatic fatality claims
 - no occupational disease fatality claims
- Young workers accounted for 12.6 per cent of all allowed lost-time injury claims from Schedule 1 and 2 employers, a decrease of 0.82% at an average annual rate since 2006.¹³

Protect Young Workers

Throughout the summer, Ministry of Labour inspectors conducted a **province-wide inspection blitz focused on protecting young workers**, including 3,396 visits to 2,704 workplaces to ensure the required safety measures, equipment, training and supervision were in place to protect young workers. As a result of those visits, inspectors issued 11,470 orders including 209 stop work orders.¹⁴



“It’s Your Job” – the ministry’s province-wide online video contest encouraged young workers to speak out about their workplace rights. The 2015-16 contest received 75 entries from 34 Ontario secondary school students – almost double the number from the previous year.¹⁵ The contest theme, “Speak Up! Speak Out,” created a platform for students to discuss how to talk to co-workers and employers about workplace health and safety without fear of embarrassment or reprisal.



“Mental illnesses are often overlooked in the workplace, making youth who suffer from them less likely to voice their concerns. With this in mind, we set out to create a video to let other students know that they have rights in the workplace.”

— **Raagavi Ramenthiran, member of the “It’s Your Job” video contest winning team**

The Workplace Safety and Insurance Board launched its **#PracticeSafeWork** photo contest on social media that encouraged young workers to share photos of examples of how they work safely at their job. The campaign received over 350 student entries, increased Twitter followers by 12 per cent with over 5 million impressions, was liked by just under 7,000 people through Instagram posts and reached over 7.3 million users via Facebook.¹⁶



The Workplace Safety and Insurance Board was also a platinum sponsor of Skills Ontario, a not-for-profit organization that promotes skilled trades, with a strong safe-work focus, including providing leadership for the Health and Safety Challenge which **engaged over 2,000 young Ontarians in the health and safety competition and another 125,000 as part of the school outreach program.**¹⁶

The Live Safe! Work Smart! website created by the Ministry of Labour provided classroom resources for teachers on health and safety for students from kindergarten to Grade 12, including quizzes, tests, newsletters, activities and interactive games. In 2015-16, the site received 28,024 user visits.¹⁷

In collaboration with Ontario Cooperative Education Association Public Services Health and Safety Association produced an **Experiential Learning Health and Safety Placement Checklist** to support educators in their efforts to ensure the well-being of students participating in cooperative education programs.

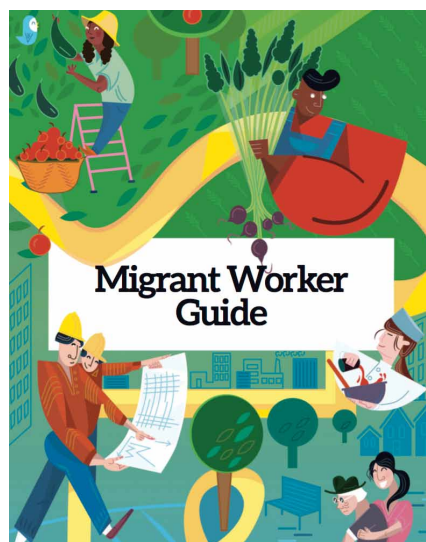
Prepare Newcomers and Migrant Workers for Work in Ontario

In 2014, **35,102 migrant workers in Ontario received a permit under the federal Temporary Foreign Worker Program.**¹⁸

In 2015, Ontario had **195,800 newcomer workers (i.e. workers with fewer than five years in Canada).**⁴

To reach newcomers and migrant workers, the occupational health and safety system collaborates with immigrant-serving organizations, ethno-cultural and professional associations, municipalities

and the Ministry of Citizenship, Immigration and International Trade. The goal is to increase awareness of workplace rights and responsibilities and help these workers transition safely into Ontario workplaces.



With funding from the Ministry of Citizenship, Immigration and International Trade, the Ontario Council of Agencies Serving Immigrants developed **multilingual guides for migrant workers in the agricultural, caregiver, low and high-skilled and seasonal agricultural worker program streams.** The guides provide information on worker occupational health and safety rights as well as other helpful information such as

housing, legal rights and worker services in Ontario.

The Occupational Health Clinics for Ontario Workers **provided workshops for migrant workers on key occupational health and safety issues.** They also hosted the first Ontario Migrant Farm Worker Health Forum, engaging those working with and delivering services to migrant farm worker communities in developing practical solutions to safety problems. The forum was hosted in partnership with the International Migration Research Centre at Wilfrid Laurier University, the Balsillie School of International Affairs and the Association of Ontario Health Centres.

Nail salon technicians may be at higher risk of work-related diseases, including skin disease, respiratory illness, musculoskeletal disorders, cancer, reproductive issues and infections. Compounds associated with these health problems (e.g. toluene, methyl methacrylate and volatile organic compounds) may be found in nail salons. A large proportion of Toronto nail technicians are immigrant women. The Queen West Central Toronto Community Health Centre (QWCTCHC) and the Centre for Research Expertise

in Occupational Disease (CREOD), in collaboration with the Occupational Cancer Research Centre **conducted a needs assessment with Chinese immigrant women in the nail salon industry in central Toronto.** The findings indicated that many women were most

worried about chemical exposures related to hypersensitivity and pregnancy, musculoskeletal disorders related to ergonomics, and communicable diseases associated with cleanliness of equipment. They also had little to no workplace health and safety training, were concerned about

keeping their job, had a strong sense of loyalty to the owner and considered adverse health symptoms a normal part of the job. The project has led to the development of multilingual education resources, training modules and workshops to support nail salon workers.



Address Workplace Violence and Harassment

In 2015-16, the Ministry of Labour call centre received **1,060 workplace harassment complaints** out of a total of **13,481 complaints**. The number of complaints has **increased at an average annual rate of 4 per cent** since 2010-11.²

In 2015-16, the Ministry of Labour issued **4,756 orders related to workplace violence and harassment** – or approximately **4 per cent of all orders issued to workplaces**.²

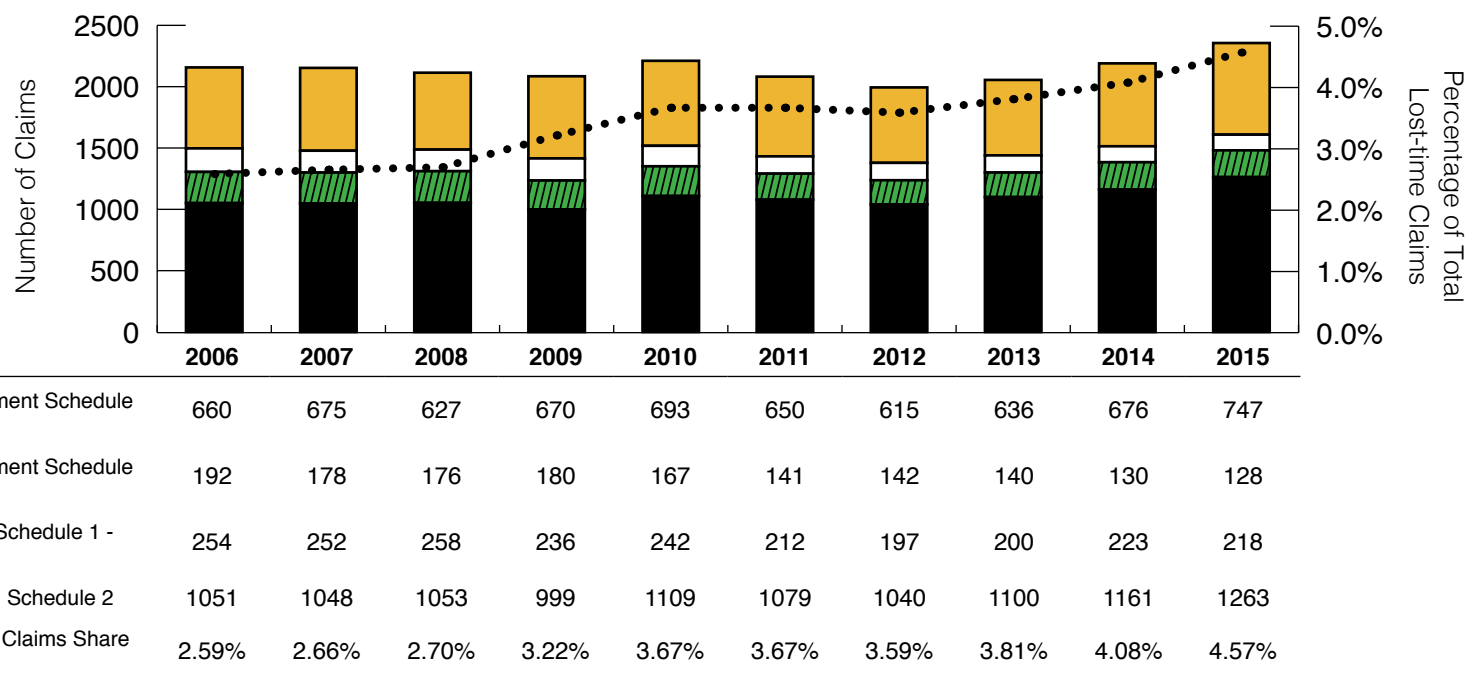
In 2015, injuries resulting from workplace violence and harassment accounted for 4.6 per cent of all lost-time injuries and the number of injuries has increased at an average annual rate of 7 per cent since 2006.¹³

On March 6, 2015, Premier Kathleen Wynne announced the release of **It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment**. The plan outlines concrete steps to help change attitudes, provide more supports for survivors, and make workplaces and campuses safer and more responsive to complaints about sexual violence and harassment. Amendments to the Occupational Health and Safety Act, which came into effect September 8, 2016, enhance employer responsibilities related

to workplace harassment, including sexual harassment. The Code of Practice to Address Workplace Harassment under the Act was developed to help employers comply with the law.



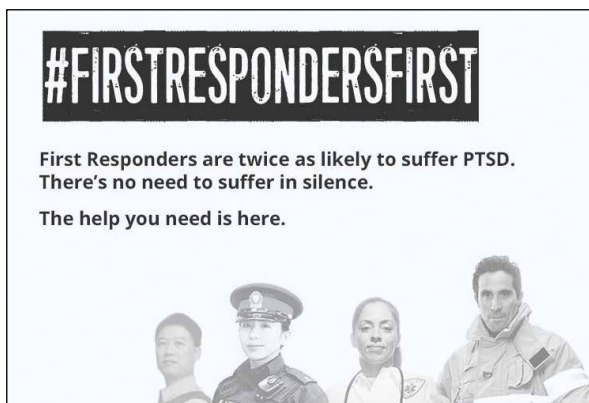
Violence and Harassment: Top Two Sectors for Allowed Lost-time Injury Claims (Schedule 1), All Allowed Claims (Schedule 2), and Share of All Allowed Claims (Schedule 1 and 2)



Source: Workplace Safety and Insurance Board data, 2006 to 2015

Note: Count of "Violence and harassment" equals Workplace Safety and Insurance Board data of "Assaults, violent acts, harassment and act of war or terrorism."

First Responders First



Ontario's first responders are at risk of **post-traumatic stress disorder** (PTSD), a serious and debilitating condition associated with witnessing or being part of traumatic events, such as a terrible injury or violent fatality.

In 2015-16, the ministry launched a strategy – championed by the Minister of Labour – to help prevent or reduce the risk of PTSD among first responders. The strategy, which builds on discussions at the 2015 Summit on Work Related Traumatic Mental Stress, sets out four major initiatives:



1. A radio and digital ad campaign to increase awareness about PTSD among first responders and their families and communities, and reduce the stigma that often prevents those in need from seeking help.



2. An annual leadership summit hosted by the Minister of Labour to highlight best prevention practices, recognize leaders, and monitor progress in preventing PTSD and reducing its impact.



3. Grants for research that supports PTSD prevention.



4. A free online toolkit, #firstrespondersfirst, developed by the Public Services Health and Safety Association that provides resources tailored to meet the needs of employers of first responders. The resources include tools to help employers identify when a first responder might be experiencing PTSD and where to seek help. The toolkit highlights best practices for employers and the site will be a source for ongoing news and events related to PTSD and mental wellness.

The Supporting Ontario's First Responders Act, 2016 amended Ontario's Workplace Safety and Insurance Act, 1997 to establish a PTSD presumption for first responders: if a worker covered under the presumption is diagnosed with PTSD, the condition is presumed to be work-related and the worker's claim will be accepted. The worker can now receive faster access to workers' compensation benefits and appropriate medical treatment, thereby supporting positive recovery outcomes.

3.2. SUPPORT OCCUPATIONAL HEALTH AND SAFETY IMPROVEMENTS IN SMALL BUSINESSES

Small businesses – employers with fewer than 50 workers – contribute to Ontario’s economy in many ways. They diversify the economic landscape, drive innovation, create jobs and fuel growth. However, some small businesses struggle to provide safe and healthy workplaces, and their rates of injuries and fatalities reflect this gap. Their high injury rates are partly due to the fact that a significant number of small businesses are in industries with high hazards, such as forestry/logging and construction: 66 per cent of all forestry and logging workers and 63 per cent of all construction workers in Ontario are employed by small businesses.¹⁹ Small businesses are a priority for the occupational health and safety system due to

their combination of their high injury rates and unique characteristics that require tailored supports (i.e. limited expertise and time to dedicate to workplace health and safety).

Strategic Goals:

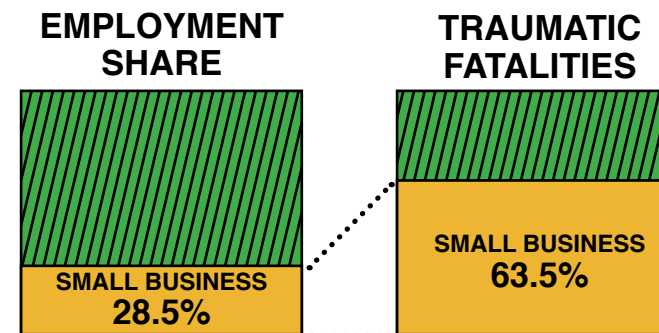
✓ Understand the workplace health and safety needs of small businesses.

✓ Improve programs and services to meet the needs of small businesses.

✓ Improve small business awareness of occupational health and safety requirements.

✓ Increase small businesses understanding of the business case for occupational health and safety.

Small Businesses Share of Employment and Allowed Traumatic Fatalities Claims 2006 to 2015 (Schedule 1)



Sources: 1. Traumatic Fatalities: Workplace Safety and Insurance Board data 2006 to 2015

2. Employment Share: CANSIM table 282-0042.

Note: Infographic shows average percentage from 2006 to 2015 rounded to nearest decimal place.



Performance Data

In 2015:

- Small businesses employed about 30 per cent of Ontario workers¹⁹ but they accounted for almost 51 per cent of all fatalities.¹³ From 2006 to 2015, small businesses accounted for 63.5 per cent of all traumatic fatalities.¹³
- Workplace Safety North, Infrastructure Health and Safety Association, Workplace Safety and Prevention Services, Occupational Health Clinics for Ontario Workers and Public Services Health and Safety Association collectively engaged over 11,800 small businesses in their programs and services – up 57 per cent from the previous year.⁸
- Among Schedule 1 small business employers, the number of both lost-time injury and illness claims (12,721 in 2015) and no lost-time injury and illness claims (22,747 in 2015) have decreased at an average annual rate of 5 per cent since 2006.¹³
- In 2015-16, the Workplace Safety and Insurance Board provided a total of **\$841,271 in rebates to small businesses** that made occupational health and safety improvements in their workplaces.¹³

Understand the Health and Safety Needs of Small Businesses

A Small Business Task Group comprised of six worker and six employer representatives was established to provide advice to the ministry on small businesses. In 2016, **the Small Business Task Group released a report with recommendations to improve outreach and awareness among small businesses** in Ontario. The recommendations include creating a compliance tool, establishing recognition

and reward programs, and developing sector-specific orientation guides and fact sheets for the agriculture, construction, transportation, health care and service sectors.

Improve Programs and Services to Meet the Needs of Small Businesses

In 2013, the Ministry of Labour launched a **review of the Workplace Safety and Insurance Board's health and safety**

incentive programs, including the Small Business Health and Safety Program, Workwell and Safety Groups. The process was designed to seek feedback from labour, employers, representatives of the Workplace Safety and Insurance Board and the public. The review's recommendations included expanding the reach of health and safety programs to engage more small and medium employers and ensuring programming considers accessibility for small businesses. As a next step, the Workplace Safety and Insurance Board will redesign voluntary health and safety programs to incorporate the recommendations.



Improve Small Business Awareness of Occupational Health and Safety Requirements



Many small businesses do not have the time and resources to participate in formal workplace safety training programs. Instead, they have asked for simple, straightforward tools to help them understand and comply with occupational health and safety requirements. In 2015-16 the Small Business Task Group recommended a compliance tool to enable all types of small businesses to quickly and easily understand their occupational health and safety requirements. In response, the ministry created a **Health and Safety Checklist to help businesses assess their compliance with occupational health and safety requirements**. The checklist, which is tailored to workplace size (i.e. 1-5, 6-19, 20+ workers) includes information on roles and responsibilities, reporting and records

management, hazards in the workplace, and health and safety training. Before launching the checklist, the ministry worked with small business employers across the province to test it. The results:

- ✓ 88 per cent of participants found the tool useful and easy to understand.
- ✓ 85 per cent reported an increase in health and safety knowledge after using the checklist.²⁰

To make it easy for Ontario's small businesses to access the checklist as well as other important resources, a new link on the ServiceOntario Business Name Registration page takes employers directly to the Ministry of Labour small business webpage, which features tools to help employers understand and comply with the Occupational Health and Safety Act. In 2015-16, the Ministry of Labour's small business webpage received 13,366 hits.²¹

During the summer of 2015, **Ministry of Labour summer students visited 1,343 small businesses to promote the Health and Safety Checklist**, distributing 350 resources kits, which included the checklist.²²

Strengthen Compliance in Small Businesses

As part of the ministry's annual Safe at Work Ontario enforcement strategy, the ministry conducted a New Small Business Registrations and Internal Responsibility System Initiative. **Inspectors visited 2,414 new small businesses in the industrial sector** and issued 8,807 orders, including 89 stop work orders.² During the visits, inspectors checked whether small businesses were complying with the Occupational Health and Safety Act and its regulations and had a functioning Internal Responsibility System. They also directed them to resources to help them comply.

The goals of the initiative were to: promote improved health and safety in new small businesses that had no prior contact with the ministry; encourage small business employers to identify and control hazards; address and remedy non-compliance identified during the visits; support vulnerable workers by raising awareness of worker rights; and raise awareness of the importance of the Internal Responsibility System and the availability of resources in the health and safety system. The initiative is being repeated in the 2016-2017 fiscal year.

Inspectors have also been given a **Small Business Tool Kit** of compliance assistance resources they can offer small businesses as needed.

To enhance workplace safety in small manufacturing businesses, the ministry partnered with the Excellence in Manufacturing Consortium, an advocacy group for manufacturers in Ontario, on an **initiative for small manufacturers in the Western Region**. The initiative included a **series of information sessions** on: basic occupational health and safety awareness training, the Internal Responsibility System, the duties of a supervisor under the Occupational Health and Safety Act, and machine guarding and lockout. In partnership with Workplace Safety and Prevention Services, this initiative also featured a **webinar on the Internal Responsibility System and workplace inspections** for small manufacturers. As part of the program, Ministry of Labour inspectors **visited 142 workplaces in the Western Region and issued 601 orders** for non-compliance, including nine stop work orders.²

Increase Small Business Understanding of the Business Case for Occupational Health and Safety

Workplace Safety and Prevention Services recruits community volunteers who have expertise in health and safety and are committed to raising awareness and providing support in their communities, including with small businesses. In 2015, **volunteers delivered 437 programs and presentations, and contributed 10,092 volunteer hours**.²³ As part of the 19th annual Volunteer Health and Safety Recognition Program, the Workers Health and Safety Centre collaborated with local labour councils to recognize occupational health and safety volunteers and the crucial role they play in improving workplace health and safety.



“I’ve been exposed to agriculture and health and safety my whole life. Volunteering with Workplace Safety and Prevention Services was a natural fit.”

— **Heidi Wagner, Good Neighbour Community Program Volunteer**

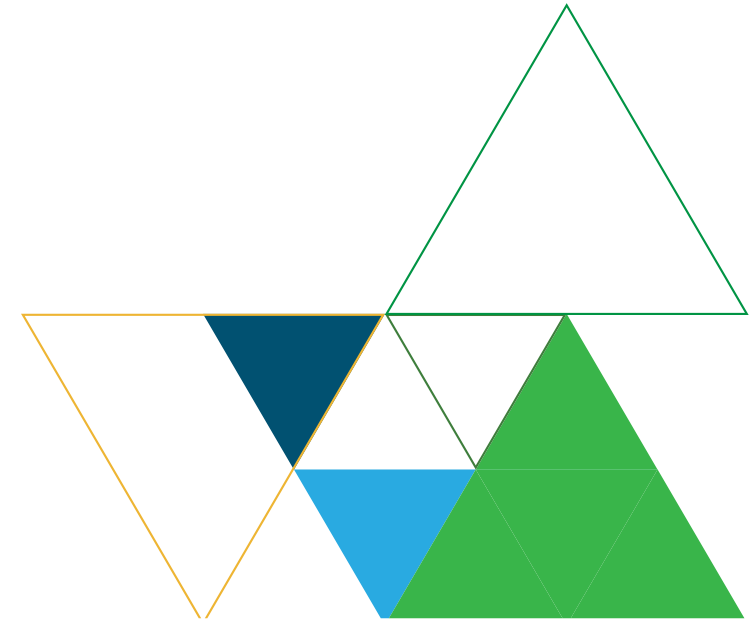
As part of the system’s commitment to increasing understanding of the importance of occupational health and safety, the Infrastructure Health and Safety Association **ran a five-week radio campaign targeted to small businesses** that resulted in businesses ordering over 11,000 hard copies and 130,167 downloads of a free **Safety Talks manual**.²⁴

3.3. ADDRESS THE HIGHEST HAZARDS

A large portion of workplace injuries, illnesses and fatalities in Ontario in 2015 were due to a small number of causes: occupational exposures, working at heights, and work-related transportation and mobile equipment. In 2015-16, the ministry and its partners invested in training and regulatory initiatives to address these and other top causes of workplace injury, illness and fatality as well as other hazards that are becoming more prevalent in some sectors, such as workplace violence in health care.

Strategic Goals

- ✓ Improve use of data and information and research to identify activities with the greatest risks.
- ✓ Develop additional rigorous training standards for specific high hazard work.
- ✓ Co-ordinate and focus resources on conditions of work with the highest rates of injury, illness and/or fatalities.

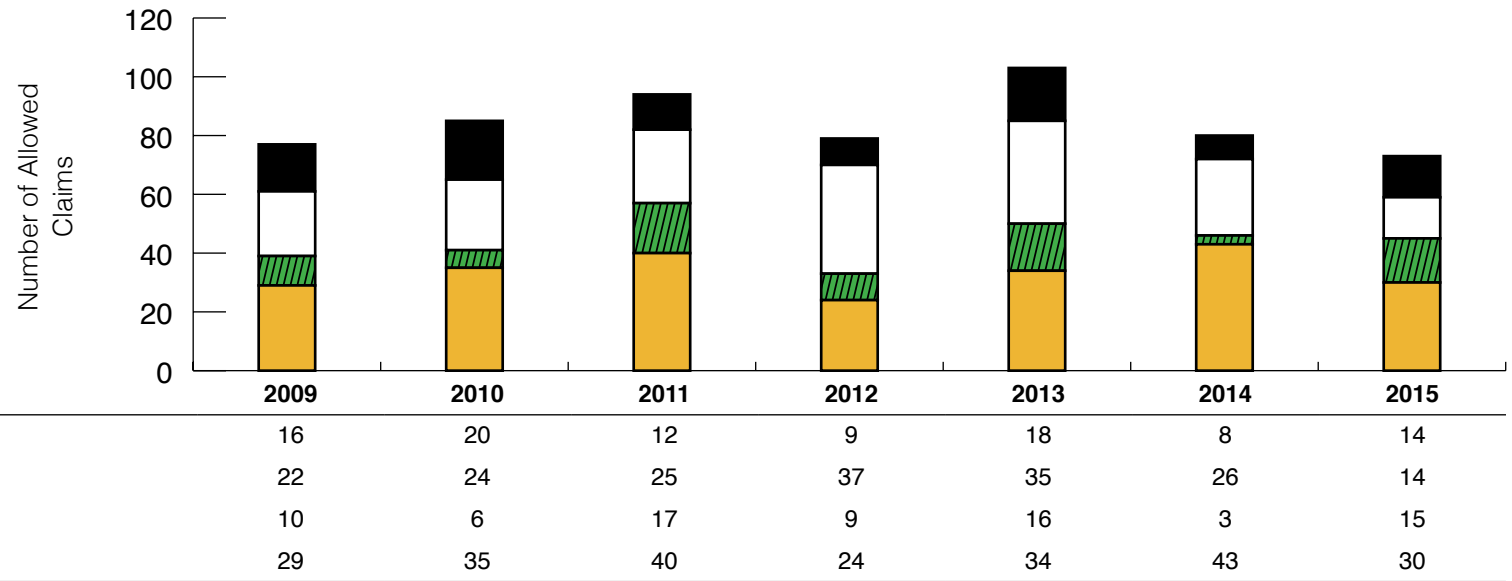


Performance Data

From 2006 to 2015, among Schedule 1 employers:

- 68 per cent of fatalities were related to occupational disease and 32 per cent were traumatic fatalities.⁷
- Traumatic and occupational disease fatality rates are highest in the construction sector – almost one-third of both traumatic fatalities (29.1 per cent) and occupational disease fatalities (28.3 per cent) occurred in the construction sector.⁵
- About a quarter of traumatic fatalities (24.1 per cent) occurred in the transportation sector.⁵

Traumatic Fatalities for Top Three Events and Other Events (Schedule 1 and 2, Year of Incident)

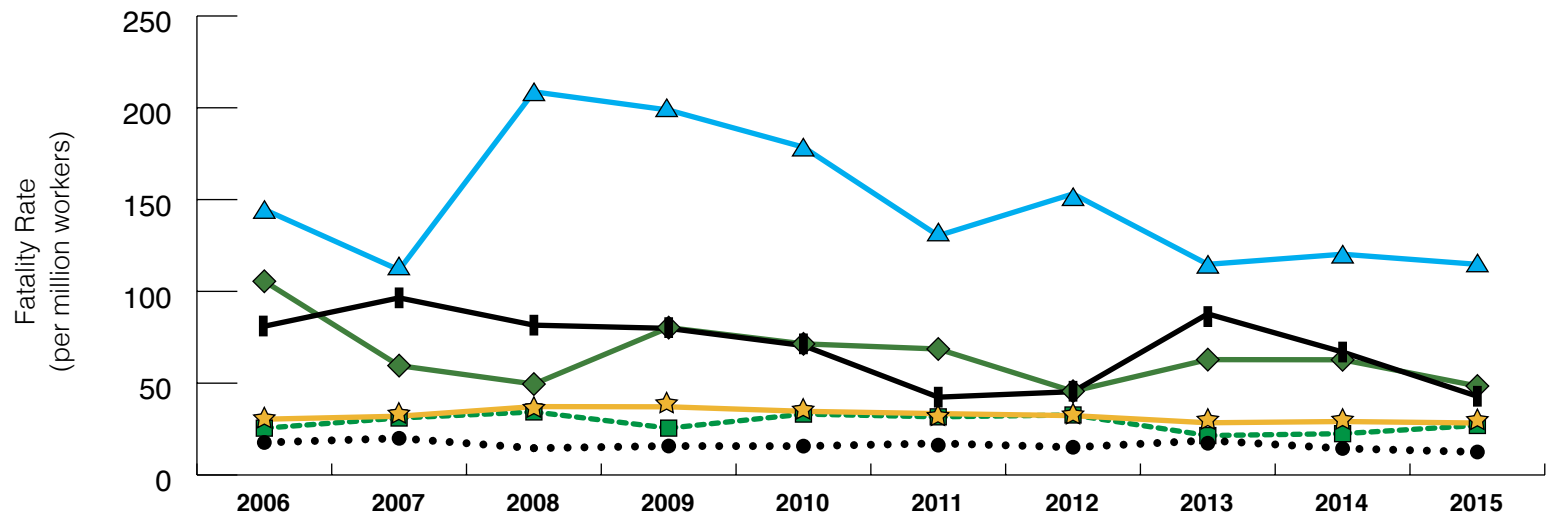


Source: Ministry of Labour. Provincial traumatic fatalities by year of death 2009 to 2015.

Notes: 1. Provincial traumatic fatalities are not available prior to 2009.

2. The motor vehicle accident fatalities reported in this analysis may include non-traffic accidents.

Top Two Sectors and All Sectors Rates: Occupational Disease and Traumatic Fatalities (Schedule 1)

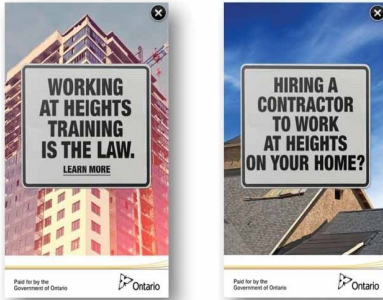


▲ CONSTRUCTION Occupational Disease Fatality Rate	144.58	111.67	208.69	198.74	178.55	130.36	153.10	114.73	120.24	114.72
■ MANUFACTURING Occupational Disease Fatality Rate	25.50	31.02	34.34	25.52	33.16	31.66	32.68	21.47	22.50	26.97
★ All Sectors: Workplace Safety and Insurance Board Occupational Disease Fatality Rates: Schedule 1	30.38	32.00	37.24	37.13	34.67	33.42	32.32	28.43	29.11	28.31
◆ Construction Traumatic Fatality Rate	105.50	59.56	49.52	80.26	71.42	68.61	45.60	62.83	62.74	48.44
✚ Transportation Traumatic Fatality Rate	81.02	96.48	81.60	79.85	70.48	42.38	45.38	87.74	66.96	42.87
●● All Sectors: Workplace Safety and Insurance Board Traumatic Fatality Rates for Ontario: Schedule 1	17.70	19.97	14.60	15.77	15.71	17.20	15.10	18.80	14.44	12.51

Sources: 1. Occupational disease fatalities: Workplace Safety and Insurance Board data, 2006 to 2015.
 2. Traumatic fatalities: By the Numbers: 2015 Workplace Safety and Insurance Board Statistical Report Schedule 1.
 3. Workplace Safety and Insurance Board Day of Mourning Fatalities Report: 2006 to 2015.

Notes: 1. Top sectors are based on share of fatalities over 10 years.
 2. Rates are based on per million Workplace Safety and Insurance Board covered employment (year of death) and are calculated based on the number of Workplace Safety and Insurance Board allowed fatalities divided by Workplace Safety and Insurance Board covered employment by industry sectors.

Improve Safety for Workers at Heights



In 2015, 14 workers died and 3,182 were injured as a result of falls from heights.^{25,5}

Effective April 1, 2015, all workers on construction projects who may use certain methods of fall protection had to complete an approved working at heights training program. **One year later, more than 106,000 workers had completed the Working at Heights training** and 88 organizations had become approved training providers.¹ In 2015-16, the system expanded its reach and capacity to deliver training by using a wider range of training

partners, including **approved private training consultants, unions, trade schools, colleges, government bodies and many others.** In a number of cases, the health and safety associations worked collaboratively with these partners to make worker training more efficient, available and accessible. For example, more than 60 per cent of the workers trained by Infrastructure Health and Safety Association's working at heights program where trained via one of their 357 industry training partners²⁴ and Workers Health and Safety Centre increased their roster of qualified worker instructors by 25 per cent.²⁶

In the coming year, the system partners will continue to build capacity, reaching out to more and more partners to ensure those who need the training receive it.

To promote the training, the ministry ran **a radio and digital advertising campaign** during peak construction season in Ontario. The campaign: encouraged employers to make sure workers complete the Working at Heights training; asked workers to use safe work practices when working at heights and to seek out training to stay safe on the job; and advised homeowners to ask contractors if their workers have been trained.

One of the greatest risks to worker safety – particularly in the construction sector – is the underground economy, where workers are often not trained or protected.

An estimated \$40.9 billion of economic activity goes unreported annually each year in Canada.²⁷

The largest sector in the underground economy is construction, which accounts for 28 per cent of total underground economic value.²⁷

In 2015, the Ministry of Labour, in partnership with the Ministry of Finance, the Ministry of Government and Consumer Services and the Canada Revenue Agency, **launched an awareness campaign to educate homeowners about hiring roofing contractors.** The ads generated 32,695 visits to the Ministry of Labour's website and around 4.3 million impressions (i.e. the number of times the website appeared via search function) through Google and Kijiji.²⁸

Infrastructure Health and Safety Association also developed and distributed **a postcard to 70,000 households** in Ontario asking them to ensure that the contractors they hire are registered with the Workplace Safety and Insurance Board and that workers have been trained to work at heights.²⁴ To complement the campaign, Ministry of Labour **inspectors focused on additional after-hours and weekend inspections to residential sites where roofs were being repaired or replaced.** The inspections resulted in 2,057 orders and 250 prosecutions.² The Ministry of Labour also partnered with the Canada Revenue Agency and the Ministry of Government and Consumer Services to perform parallel inspections. Based on the positive impact of this initiative, the Ministry of Labour will continue the pilot for two more years.



WARNING: Beware roofing scams!
Don't be the next victim.
Get helpful info & advice here.



Improve Health and Safety in the Construction Sector

The **construction sector**, which has grown 20.7 per cent in the past 10 years, **employs nearly eight per cent of Ontario's workforce**, and has the highest share of **traumatic and occupational disease fatalities of any industry sector.**⁴

In 2015, there were **18 fatalities²** reported to the Ministry of Labour in the construction sector.

In 2015, to break the cycle of fatalities in the construction sector, the Ministry of Labour began developing, with advice from an advisory group of employer and labour representatives, **a construction health and safety action plan** to promote occupational health and safety in the construction sector, with a particular emphasis on addressing hazards that can seriously injure or kill workers. The plan focuses on seven priorities:

1. Collaborating with other enforcement authorities.
2. Promoting a culture of safety among youth and young workers.
3. Emphasizing effective supervision in the workplace.
4. Extending our reach through health and safety social marketing campaigns.
5. Increasing workplace participation and accountability.
6. Enhancing health and safety training.
7. Ensuring occupational health and safety laws are up-to-date and understood.

In 2015-16, Ministry of Labour inspectors **conducted three enforcement blitzes in the construction sector** on struck-by hazards, trenching hazards and the dangers of operating and working around heavy equipment and vehicles. These blitzes resulted in 3,616 field visits and 7,060 orders, including 613 stop work orders.^{29,30,31}

To protect workers in the construction sector, the Ministry of Labour amended Ontario's Construction Projects Regulation (O. Reg. 213/91) **to include new requirements** related to the safe operation of rotary foundation drill rigs, including: new drill rig operator training; stronger and clearer provisions related to exposure to carbon monoxide and other fumes and gases released from internal combustion engines; and stronger fall protection measures.

Improve Health and Safety in the Mining Sector



Four workers were killed in mining incidents in 2015.²

The final report of the Mining Health, Safety and Prevention Review recommended actions to address key mining risks, including those associated with traffic control and occupational exposures. In 2015-16, ministry inspectors conducted **three enforcement blitzes focused on traffic control measures, worker training requirements and occupational disease hazards in mines and mining plants.** In total, they made 236 field visits and issued 615 orders, including 46 stop work orders.^{32,33,34}

To improve safety for those working in remote communities where workplace health and safety education is not readily available, Workplace Safety North explored **e-learning and distance education**. The goal was to allow miners in these communities to improve their occupational health and safety knowledge and skills while networking and sharing best practices with miners in other remote communities.

Amendments to Ontario Regulation 854 (Mines and Mining Plants) **strengthened the electrical requirements for working on energized equipment and the requirements for high visibility safety apparel.** References to standards, legislation and terminology were updated and fees for rope testing by the ministry's Material Testing Lab will gradually change. On January 1, 2017, **new requirements will come into effect** for risk assessments and traffic management programs, recording seismic activity and water management provisions, including new water management programs.



Prevent Occupational Disease

In 2015-16, the occupational health and safety system, in collaboration with a number of health and safety partners, began developing **a plan to prevent workplace exposures to hazards, such as allergens and irritants, diesel exposures and noise** that can lead to occupational diseases.

In October 2015, Occupational Health Clinics for Ontario Workers hosted a symposium – “Occ-tober” – to share the latest information on occupational health and disease prevention and **enhance knowledge within the occupational health and safety system**.

Amendments to Ontario Regulation 833, Control of Exposure to Biological or Chemical Agents removed the previous exemption for construction projects and enabled future codes of practice. Regulation 833 sets out the required measures and procedures

to protect workers from hazardous exposures to biological or chemical agents encountered in the workplace (e.g. silica, lead) and **establishes occupational exposure limits for over 725 substances**.

Between 2006 and 2015, noise-induced hearing loss accounted for about one-quarter (23 per cent) of all allowed occupational disease claims.^{5,6}

A noise protection regulation (Ontario Regulation 381/15) now requires workplaces not previously covered by noise requirements in the industrial, mining and oil and gas-offshore regulations – such as construction projects, health care facilities, schools, fire services, farming operations and police services – **to protect workers from exposure to noise**.

To meet the training needs of worker representatives and of clients, the

Workers Health and Safety Centre's in-house worker program developers created and **updated 14 of their 200 prevention programs targeted at health hazards, including programs addressing the hazards of propane and noise**.





Prevent Workplace Violence in the Health Care Sector

In 2015-16, the Ministry of Labour call centre received **377 workplace violence complaints**.²

From 2008-09 to 2015-16, the number of workplace violence complaints to the ministry has increased at an annual rate of **18 per cent**² while the number of ministry field visits related to workplace violence increased by an average annual rate of **11 per cent**, and the number of orders by an average annual rate of **42 per cent**.²

In 2015, the Government of Ontario established the **Health Care Leadership Table to help protect health care workers on the job**. Overseen by the Ministers of

Labour and Health and Long-Term Care, the leadership table includes stakeholders, experts and patient advocates. Responsible for providing advice on how to reduce and prevent workplace violence for health care workers, the table is focusing first on how to prevent violence against nurses in hospitals, then on all hospital workers and the broader health care sector.



3.4. INTEGRATE SERVICE DELIVERY AND SYSTEM-WIDE PLANNING

In advancing the integrated strategy, system partners are involved in more joint projects and the occupational health and safety system has become more cohesive. More collaboration means less duplication of services, greater ability to leverage partners' connections and expertise, broader reach to workplace parties and a stronger system. In 2015-16, system partners focused on reviewing, streamlining and coordinating products and resources, such as supports for small businesses, to ensure greater consistency and impact. They identified a number of opportunities to optimize efforts and enhance services.

Strategic Goals:

- ✓ Improve client experience and access to services.
- ✓ Clarify roles of system partners and the services they provide.
- ✓ Strengthen system partners' capacity to track their performance and be accountable.
- ✓ Increase integrated planning among all system partners.

Improve Client Experience and Access to Services

The Occupational Health Clinics for Ontario Workers have been identifying and working to prevent work-related illnesses for over 25 years. To ensure more workers have access to these specialized occupational medical services, **the seventh Occupational Health Clinics for Ontario Workers clinic was opened in Ottawa** on January 21, 2015. It will serve workers and workplaces in eastern Ontario.



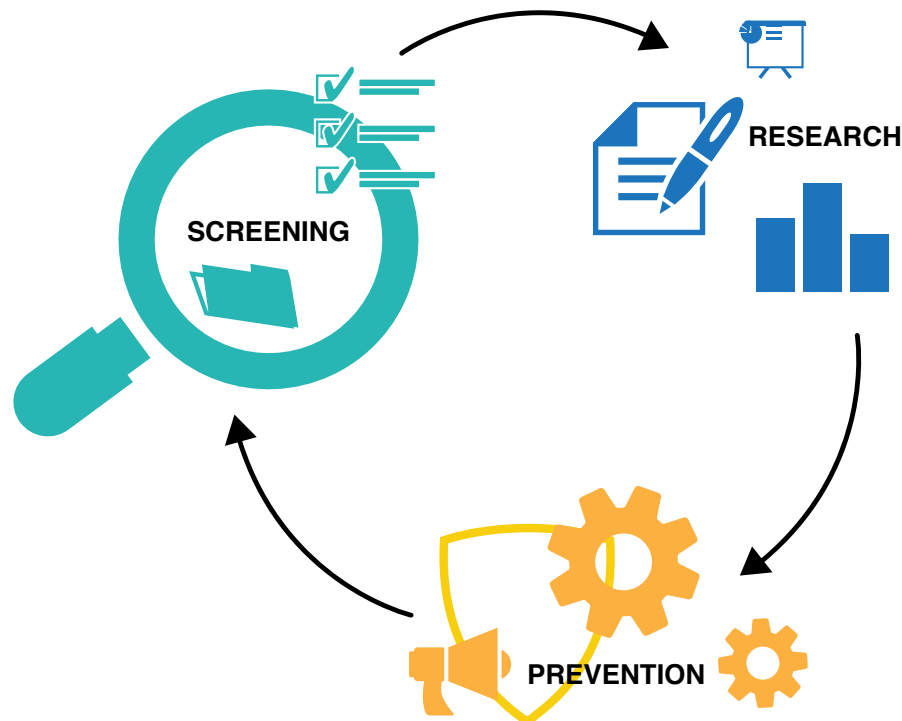
Increase Integrated Planning Among all System Partners

Improve Screening for Occupational Exposures

Several years ago, the Centre for Research Expertise in Occupational Disease, took action to address the lack of effective screening and reporting of occupational exposure in Ontario. A research study was initiated that eventually included the Occupational Cancer Research Centre and the Occupational Health Clinics for Ontario Workers as partners. The goal was to **develop a basic screening tool that would “make the link” between a client’s medical history and any work-related exposures.** Not only would this allow doctors to identify potentially at risk workers and connect them with the appropriate treatment and management of the condition, but it could also identify workplace hazards that may be eliminated or controlled. The work began with a pilot study to review the files of lung cancer and mesothelioma patients from a lung cancer clinic to see whether they included a work history, which they did not. That finding led to a series of studies to test different ways, including both self and clinician administered tools, to collect work histories from cancer patients. In 2015-16, the

research team started working with Cancer Care Ontario to use a simple questionnaire that focused specifically on asbestos exposure along with clear and simple criteria for clinicians to refer patients to occupational medicine experts to investigate cases. This integrated project illustrates how research can build the evidence for change.

Linking Between a Client’s Medical History and Any Work-related Exposures



Improve Occupational Health and Safety in the Agriculture Sector

Between 2006 and 2015, the lost-time injury rate in the agriculture sector declined at an average annual rate of 3.32 per cent – from 2.61 per one hundred workers in 2006 to 1.88 in 2015.¹³ Over this same period, the lost-time injury rate among all Schedule 1 employers declined at an average annual rate of 8 per cent – from 1.61 per hundred workers in 2006 to 0.85 in 2015.¹³

To improve occupational health and safety in the agriculture sector, Workplace Safety and Prevention Services brought together partners from across the occupational health and safety system, including research organizations and stakeholders. The result was **an integrated action plan** that took into account factors unique to the agriculture sector, including:

- The agriculture/horticulture sector has a complex regulatory environment. Many employers, such as landscaping and other agricultural services that are involved in construction and industrial activities, must comply with more than just the regulation for farming operations (Ontario Regulation 414/05, Farming Operations, section 1).

- There are a significant number of small family, lifestyle farms that employ part-time, temporary, seasonal or even full-time workers. These employers are sometimes unaware of workplace health and safety responsibilities, and do not know that they now fall under the Occupational Health and Safety Act and regulations.
- Because many farms are located in small, remote communities and rely on word of mouth and community connections for information and referrals, it can be a challenge to get relevant occupational health and safety information into the hands of Ontario farmers.
- The sector employs seasonal workers who may face a number of workplace hazards, including unfamiliar machinery, repetitive heavy lifting, and exposure to extreme/abrupt weather changes. These risks are often complicated by the workers' lack of occupational health and safety awareness, cultural and linguistic differences, fear of reprisal and lack of Canadian networks.

The three-year plan sets out a number of activities to **improve workplace health and safety awareness, knowledge, programs, enforcement and other supports for Ontario's agriculture and horticulture workplaces.**



3.5. BUILD COLLABORATIVE PARTNERSHIPS

Through collaborative partnerships, the occupational health and safety system is finding effective ways to incorporate workplace health and safety into education and skills programs across the province, develop innovative projects with community and ethno-cultural organizations, and make other advances in creating safe and healthy Ontario workplaces. In 2015-16, the system took advantage of a number of inter-governmental partnerships to communicate the occupational health and safety message beyond traditional workplace communication channels. The health and safety associations also expanded their service network by collaborating with approved private training providers, apprenticeship programs and research organizations.

Strategic Goals:

- ✓ Use existing and new partnerships to reach a wider audience and promote system resources.
- ✓ Partner with other ministries and levels of government to share intelligence and enhance enforcement efforts.
- ✓ Increase engagement with partners within and outside the system.

Use Existing and New Partnerships to Raise Awareness of Distracted Driving

In 2015, **14 Ontario workers were killed in work-related motor vehicle incidents.**⁵

About **16 per cent of road fatalities involve distracted driving;**³⁵ **every half hour one person in Ontario is injured in a distracted-driving collision and a driver using a phone is four times more likely to crash than a driver focusing on the road.**³⁵

As part of the **Making Ontario's Roads Safer Act**, new legislation came into effect on **September 1, 2015**, increasing the penalties for distracted driving in Ontario.

Many of Ontario's workers spend part of their work day on the road. Whether they are doing road maintenance, driving a vehicle or crossing a busy intersection, they are exposed to hazards associated with vehicles on roadways.





To raise awareness of the dangers of distracted driving and encourage safe driving practices on Ontario roads, a **Promise to Focus on the Road** campaign was launched at the Canadian National Exhibition. Sponsored and staffed by Employment and Social Development Canada, Infrastructure Health and Safety Association, Public Services Health and Safety Association, Workplace Safety and Prevention Services, Workplace Safety North, the Workplace Safety and Insurance Board, Canadian Automobile Association, Toronto Police Service, the Ministry of Labour and the Ministry of Transportation, the booth educated exhibition visitors about the dangers and penalties associated with distracted driving and provided safe driving tips and a Promise to Focus on the Road LED bracelet. To spread the word to their family and friend, visitors were encouraged to have a free souvenir photo taken and

share it via social media using the hashtag #focusontheroad. Over 10,000 people visited the booth.³⁶

The Promise to Focus on the Road campaign received the Ministry of Transportation's Road Safety Achievement Award for Partnerships. The award recognizes excellence in promoting road safety awareness in Ontario.



"In 2015 we got together for the first time to collectively say that distracted driving is dangerous and very preventable."

— SGT. Brett Moore, Toronto Police Services

Partner with Other Ministries and Governments to Improve Health and Safety Compliance in Developmental Services

Workers who serve people with special needs often work alone with clients in remote areas and can be exposed to hazards associated with manually lifting and transferring clients as well as exposure to biological agents, infectious agents, workplace violence and workplace harassment. Workplaces employing these workers must comply with both Ministry of Community and Social Services and Ministry of Labour regulations. To improve health and safety in these workplaces, the Ministry of Labour, Public Services Health and Safety Association, the Ministry of Community and Social Services, and Ontario Agencies Supporting Individuals with Special Needs **collaborated to provide education, support and information for developmental service workers** on the regulations of both ministries and the inspection process. An **eLearning module** provided as part of the initiative was downloaded 904 times, and participants reported that they had a better understanding of the Occupational Health and Safety Act.

In a follow-up questionnaire:

- Over 94 per cent of participants felt prepared for a Ministry of Labour inspection.
- 100 per cent understood the inspection process.
- Over 94 per cent said the inspector helped them understand the legislation.
- 89.5 per cent said the inspector was knowledgeable about their sector.³⁷

Based on the success of this initiative, the Ministry of Community and Social Services provided funding to Public Services Health and Safety Association to develop an **online, e-learning health and safety tool for the developmental services sector**.

Engage Partners Within and Outside the System

The Infrastructure Health and Safety Association, Employment and Social Development Canada, the Canadian Centre for Occupational Health and Safety, the Ministry of Transportation, Public

Services Health and Safety Association and Workplace Safety and Prevention Services **hosted an event to share information on what is required to comply with federal and provincial legislation on key health and safety issues**. About 300 health and safety professionals attended. Workshop topics included: preventing workplace violence, mental health first aid and effectiveness of health and safety committees.³⁸



“This is probably one of the most successful training programs for aboriginal youth in Canada.”
— **Ron Sarazin, Gezhtoojig Employment and Training**

For the third year, Infrastructure Health and Safety Association partnered with Gezhtoojig Employment and Training in Sudbury to **provide Line Crew Ground Support training for Aboriginal youth**. The program has a student employment rate of over 75 per cent.²⁴

The Radiation Safety Institute of Canada, in partnership with Public Services Health and Safety Association, **developed radiation safety awareness training for health care, long-term care and emergency response work environments**. This web-based series includes a number of educational resources that combine video and interactive e-learning. The free on-line training will help health care and long-term care workers and first responders manage their potential risk of radiation exposure.

3.6. PROMOTE A CULTURE OF OCCUPATIONAL HEALTH AND SAFETY

A health and safety culture should be an intrinsic part of every Ontario workplace and of our society at large. New Joint Health and Safety Committee training standards are expected to strengthen the Internal Responsibility System in workplaces across the province and reinforce that every single workplace party has a role to play in healthy and safe workplaces. In addition, in 2015-16, the occupational health and safety system used innovative campaigns and communication channels to reach beyond the workplace to promote a health and safety culture.

Strategic Goals:

- ✓ Understand society's attitudes, beliefs and behaviours related to occupational health and safety and how they have changed over time.
- ✓ Nurture health and safety leaders and champions in the community and workplaces.
- ✓ Ensure health and safety programs foster a culture of openness and inclusiveness – rather than blame and reprisals – in the reporting of hazards.
- ✓ Foster social awareness of the importance of occupational health and safety and the Internal Responsibility System.



Performance Data

- Health and safety associations responded to nearly 86,000 requests for information by phone or email – a 132 per cent increase from 2014-15.⁸
- The Ministry of Labour received 87,865 public enquiries through the contact centre and online feedback forms.²
- The Office of the Worker Adviser received 906 new service requests related to occupational health and safety reprisals. As a result of these requests:³⁹
 - 665 workers received summary advice, information or referrals.³⁹
 - 234 workers received in-depth consultations with a licensed lawyer or paralegal.³⁹
 - 67 reprisal complaints that went to the Ontario Labour Relations Board were resolved and 62 of the 67 workers received monetary compensation and/or other benefits from employers.³⁹
- The Office of the Employer Adviser helped 59 employers with Occupational Health and Safety Act reprisal matters and 20 of the 59 received representation from the Office of the Employer Adviser at the Ontario Labour Relations Board.⁴⁰

Improve Training for Joint Health and Safety Committees

Joint Health and Safety Committees (JHSCs) are the basis for a strong health and safety culture in Ontario workplaces. Workplaces that regularly employ 20 or more workers are required to have a JHSC with one certified worker member and one certified employer member. Their job is to champion health and safety in their workplaces. **New certification training standards** for JHSCs, developed with input from employers, labour and other partners, took effect on March 1, 2016. They include changes to improve the quality and consistency of training and ensure members' health and safety knowledge is current. As of March 31, 2016, 13 providers had been approved to deliver the JHSC Part 1 Certification training under the new standards, 11 to deliver Part 2 and two to deliver refresher training.⁹



Assess the Ministry's Health and Safety Awareness Training

Since 2014, every worker and supervisor in Ontario covered by the Occupational Health and Safety Act has been required to take basic occupational health and safety awareness training. The training is designed to enhance their knowledge of basic rights and responsibilities as well as their awareness of basic workplace health and safety issues. In 2016, the Ministry of Labour **surveyed 106 employers representing 90,325 workers and 16,193 supervisors** who used the free ministry-developed resources.⁴¹ The results:

- ✓ 79 per cent found the awareness e-learning modules “very useful” or “useful”.
- ✓ 75 per cent found the awareness e-learning modules “very easy” or “easy” to use.⁴¹

Shift to E-Learning

To make training more accessible and reduce both delivery costs and time spent in the classroom, Public Services Health and Safety Association **updated a number of training programs to e-learning modules**. As a result, the number of workers who completed the training increased by over 317 per cent.⁴² The Public Services Health and Safety Association is also providing expertise within and outside the occupational health and safety system to help convert traditional classroom training into effective interactive e-learning modules.



Organize Public Health and Safety Campaigns

System partners organized several campaigns to engage the public in creating a health and safety culture:



- Infrastructure Health and Safety Association created a multi-stage public awareness campaign using the **“Keep Your Promise”** message. A series of four print advertisements appeared on Toronto Transit Commission buses and subways and on rink boards in community arenas across Ontario to **remind workers why they work safe — for the sake of their loved ones and those who count on them.** The campaign led to a 35 per cent increase in traffic on the Association’s small business webpage.



- Workers Health and Safety Centre supported over **50 Day of Mourning events** organized by Ontario labour councils, each aimed at increasing awareness of the need for safer, healthier work. Their message of ‘One death is too many. One day is not enough.’ was communicated using a variety of media, such as brochures, dedicated web pages, fact sheets, e-bulletins and social media. The Workplace Safety and Insurance Board ran a **four-week public awareness campaign** and held a public event to honour those who have died, been injured or suffered illness in the workplace. As visual tributes, the 3D TORONTO sign in Nathan Phillips Square and the CN Tower were lit in yellow – traditionally the colour of hope – throughout the day and evening.

**Work
shouldn't
hurt**

- Musculoskeletal Disorders are the number one type of work-related lost-time injury reported to the Workplace Safety and Insurance Board in Ontario. Celebrated in October each year, **Global Ergonomics Month promotes the importance of fitting the work environment to workers to prevent injuries associated with musculoskeletal disorders.** This year’s events included a health care conference put on by the Centre of Research Expertise for the Prevention of Musculoskeletal Disorders, a Moving from Pain to Prevention conference jointly hosted by the Workers Health and Safety Centre and Occupational Health Clinics for Ontario Workers, two plenaries organized by the Institute for Work and Health and the launch of a new mobile application developed by the Occupational Health Clinics for

Ontario Workers, with help from the Canadian Centre for Occupational Health and Safety – PainPoint – that delivers a very basic ergonomic assessment and helps individuals identify hazards and injuries.



- In 2015, Workplace Safety North **celebrated a century of safety** at its forestry, pulp and paper health and safety centennial celebration in Thunder Bay with a conference featuring keynote speakers, workshop training sessions, industry networking, a trade show and safety awards banquet.

Focus on a Health and Safety Culture in Ontario Mines

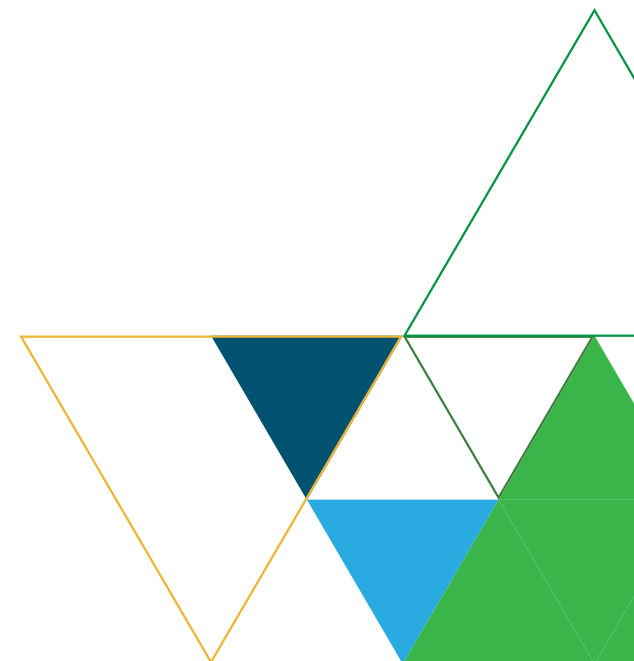
Workplace Safety North organized the **66th annual Provincial Mine Rescue Competition** in Thunder Bay where seven teams from across Ontario took part in simulated underground emergencies to evaluate their knowledge, firefighting skills, first aid response, use of emergency equipment and decision-making ability under stress.

Support Injured Workers

On December 10, 2015, Ontario passed legislation that provided for amendments to three separate Acts, including the Workplace Safety and Insurance Act, 1997 to prohibit employers from trying to prevent workers from reporting a workplace injury or illness to the Workplace Safety and Insurance Board. Amendments including making the appointment of a Workplace Safety and Insurance Board Fair Practices Commissioner a statutory requirement, increasing corporate penalties for the conviction of an offence under the Workplace Safety and Insurance Act, 1997 and **providing greater fairness for survivors in cases of work-related death.**

Assess the Health and Safety Culture

Workplace Safety North collaborated with the Institute for Work and Health and the Ontario Mining Association to develop a unique culture audit tool that helps employers understand the Internal Responsibility System and best practices to identify and control hazards. The **Culture Assessment and Audit Tool** is a proactive analytical tool that an organization can use to assess its systems and culture and create a 360-degree picture of the current state of its health and safety ecosystem.



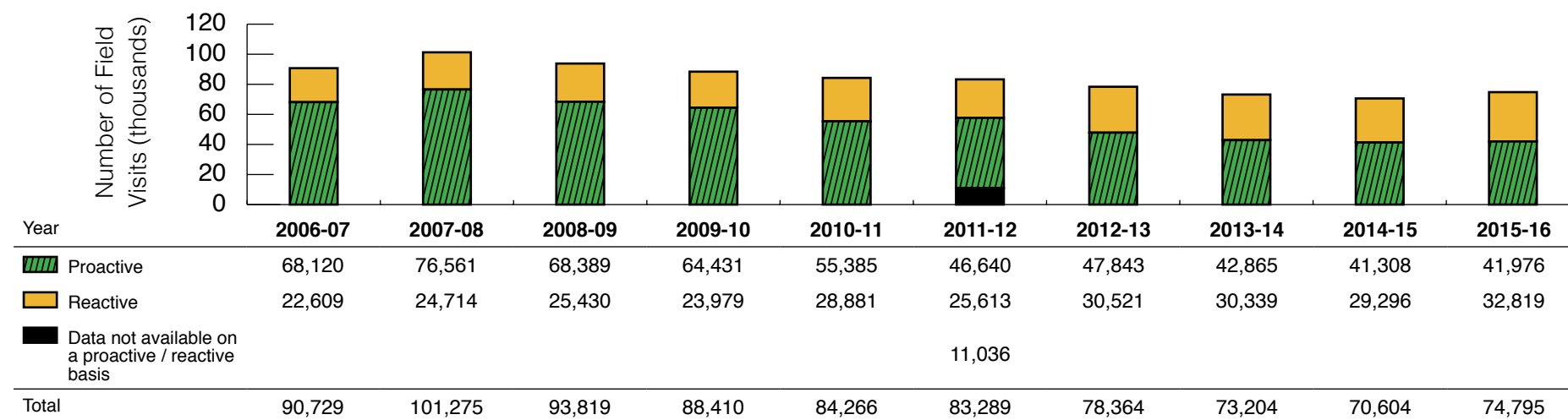
4

SAFE AT WORK ONTARIO

Enforcement is a critical tool in promoting compliance with the Occupational Health and Safety Act and its regulations. The Ministry of Labour inspectors conduct both proactive inspections and reactive investigations. A “proactive inspection” is

an unannounced field visit to a workplace to ensure compliance with the Act and its regulations. A reactive investigation occurs when a workplace notifies the Ministry of Labour of a complaint, work refusal, critical injury or fatality.

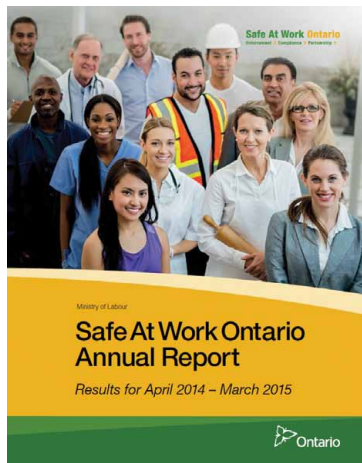
Ministry of Labour Field Visits (Enforcement Consultations, Inspections, Investigations)



Source: Ministry of Labour Data Systems, 2006-07 to 2015-16.

Proactive Enforcement Strategy

Through Safe At Work Ontario, the ministry provides direction for proactive inspections and develops annual enforcement plans for the industrial, construction, mining and health care sectors.



Enforcement strategies are developed using a risk-based process that includes consulting with stakeholders and reviewing sector compliance history, injury and fatality rates and incidents, hazards inherent to the work, vulnerability of the workers, and type and age of the business. These strategies identify the enforcement focus for each sector for the year as well as for provincial

and regional enforcement blitzes. Ministry inspectors use these strategies to determine the workplaces where they will conduct an unannounced proactive inspection. Sector strategies are posted on the Ministry of Labour website. The Safe At Work Ontario annual report, published by the ministry, provides information on the results of the ministry's enforcement activities.

In 2015-16, Ministry of Labour inspectors conducted 41,976 proactive field visits – up 1.6 per cent from the previous year – and issued 84,101 orders for non-compliance including 4,319 stop work orders.²

Reactive Enforcement

The Ministry of Labour also investigates complaints, work refusals, critical injuries and fatalities reported to the Ministry of Labour.

In 2015-16, Ministry of Labour inspectors conducted 32,819 reactive field visits – up 12 per cent from the previous year – and issued 42,987 orders for non-compliance including 2,777 stop work orders.²

Consult with Stakeholders

Ongoing stakeholder engagement is critical to the Safe At Work Ontario strategy. Every year the ministry holds consultations to shape and improve its occupational health and safety compliance strategy and build closer partnerships with its stakeholders. These consultations help the ministry understand workplace issues and respond quickly to changes in the workforce.

Industrial Program Blitzes/Initiatives and Orders Issued

Type of Initiative	Initiative Name	Field visits	Workplaces visited	Orders and requirements issued	Stop work orders	Orders and requirements per workplace visited	Orders and requirements per field visit
Blitz	New and young workers blitz	3,396	2,704	11,470	209	4.2	3.4
Blitz	Material handling blitz	1,224	1,014	4,393	107	4.3	3.6
Blitz	Safe operation of machinery blitz	1,315	1,023	4,853	125	4.7	3.7
Provincial	Industrial Health and Safety Program new small business registrations and Internal Responsibility System initiative	3,101	2,414	8,807	89	3.6	2.8
Regional	Building (Residential/Commercial) Property Management (Central East Region)	53	30	121	1	4.0	2.3
Regional	Holistic Treatment Clinics (Central East Region)	119	70	95	0	1.4	0.8
Regional	Farming Operations (Central West Region)	27	20	36	0	1.8	1.3
Regional	Focused compliance of the Internal Responsibility System at workplaces with history of complaints, injuries, and prosecutions (Eastern Region)	55	50	177	7	3.5	3.2
Regional	Forestry (Northern Region)	164	85	67	3	0.8	0.4
Regional	Maintenance / shut downs / lockouts (Northern Region)	4	4	36	4	9.0	9.0
Regional	Falls from ladders (Northern Region)	21	17	53	3	3.1	2.5
Regional	Small manufacturing (Western Region)	141	117	601	9	5.1	4.3

Source: Ministry of Labour Data Systems.

Note: Does not include all proactive enforcement activity.

Construction Program Blitzes/Initiatives and Orders Issued

Type of Initiative	Initiative Name	Field visits	Workplaces visited	Orders and requirements issued	Stop work orders	Orders and requirements per workplace visited	Orders and requirements per field visit
Blitz	Struck by hazards blitz	1,494	1,313	3,056	261	2.3	2.1
Blitz	Trenching hazards blitz	994	862	1,683	151	2.0	1.7
Blitz	Heavy equipment operation blitz	1,128	967	2,321	201	2.4	2.1
Provincial	Supervisory awareness of OHS and regulatory duties initiative	1,919	1,590	4,601	368	2.9	2.4
Provincial	Worker safety on sloped roofs (underground economy/roofing) initiative	817	736	2,115	143	2.9	2.6
Provincial	Worker material handling practices & ergonomic risks and controls initiative	1,947	1,589	4,193	297	2.6	2.1
Regional	Housekeeping – Slips, Trips & Falls (Central East Region)	829	559	3,291	365	5.9	4.0
Regional	Overloading of dump trucks (Central West Region)	5	5	2	0	0.4	0.4
Regional	Falls from elevations (Central West Region)	239	200	757	62	3.2	3.8
Regional	Failure to notify requirements under regulation for construction projects Ontario Regulation 213/91 (Eastern Region)	255	239	830	70	3.5	3.2
Regional	Roll over protective structures (Northern Region)	18	18	24	1	1.3	1.3
Regional	Electrical contact (Western Region)	459	392	922	65	2.4	2.0

Source: Ministry of Labour Data Systems.

Note: Does not include all proactive enforcement activity.

Health Care Program Blitzes/Initiatives and Orders Issued

Type of Initiative	Initiative Name	Field visits	Workplaces visited	Orders and requirements issued	Stop work orders	Orders and requirements per workplace visited	Orders and requirements per field visit
Provincial Blitz	Health care enforcement initiative	954	434	2,776	28	6.4	2.9
Regional	Focused compliance of safety engineered medical devices at flu clinics (Eastern Region)	39	37	78	0	2.1	2.0

Source: Ministry of Labour Data Systems.

Note: Does not include all proactive enforcement activity.

Specialized Professional Services Blitzes/Initiatives and Orders Issued

Type of Initiative	Initiative Name	Field visits	Workplaces visited	Orders and requirements issued	Stop work orders	Orders and requirements per workplace visited	Orders and requirements per field visit
Provincial	Ergonomics initiative	361	266	451	16	1.7	1.3
	WHMIS	484	397	272	4	0.7	0.6
Provincial	Radiation protection services proactive activities	426	383	782	7	2.0	1.8

Source: Ministry of Labour Data Systems.

Note: Does not include all proactive enforcement activity.

Mining Program Blitzes/Initiatives and Orders Issued

Type of Initiative	Initiative Name	Field visits	Workplaces visited	Orders and requirements issued	Stop work orders	Orders and requirements per workplace visited	Orders and requirements per field visit
Blitz	Mobile equipment traffic control measures in underground and surface mines blitz	99	85	274	21	3.2	2.8
Blitz	Modular training in underground and surface mines blitz	78	67	192	16	2.9	2.5
Blitz	Occupational disease blitz	59	39	149	9	3.8	2.5
Regional	Focused compliance: failure to notify Ministry of Labour of crushing activities at surface mining operations (Eastern Region)	59	46	160	11	3.5	2.7
Regional	Point in time inspections (detailed inspections of the entire mine using a team approach involving mining inspectors, electrical mechanical inspectors, engineers and a regional program coordinator (Northern Region))	47	4	301	13	75.3	6.4
Regional	JHSC audit of surface and underground mines (Northern Region)	4	3	28	2	9.3	7

Source: Ministry of Labour Data Systems.

Note: Does not include all proactive enforcement activity.

CONCLUSION

Ontario's occupational health and safety system has made notable progress over the past year. These advances were possible because the system had a common agenda – the province's integrated strategy, Healthy and Safe Workplaces Ontario – that focused the system's attention on eliminating the greatest risks to worker health and safety. The system's progress is also due to the willingness of stakeholders to work collaboratively and build partnerships both within and outside the system.

The integrated strategy will continue to be the roadmap for the system. Our system partners will continue to focus on improving how they plan and deliver initiatives and collaborate with each other and with new partners. Effective planning will still require

a shared goal and continued emphasis on finding new ways to expand our capacity to reach those who are most in need, and at the same maintaining existing service delivery levels, through new and innovative delivery models and with new partners. This will require a commitment for the system partners to share knowledge and expertise, as well as access to data and information to achieve the results we desire.

Looking ahead, Ontario's economy and workplaces are changing. These changes aren't just affecting occupational health and safety; they are also – as the Changing Workplaces Review currently underway indicates – influencing employment standards and labour relations. The factors driving these changes include globalization,

trade liberalization, technological change, the growth of the service sector and changes in the nature of standard employment relationships. Change presents new challenges but also transformational opportunities for improving and expanding the delivery of occupational health and safety. We will have to reassess the priorities in the integrated strategy and, if necessary, update them to ensure they keep pace with changing work environments.

While the system must sustain its focus on the highest risks in occupational health and safety – including addressing hazardous occupational exposures, a persistent and leading cause of fatalities for Ontario workers – and on the sectors with higher fatality rates, we will also



need to identify and implement programs, resources and services to address issues of growing importance such as violence and harassment in the workplace. From our current efforts in addressing violence in health care, the system will learn important lessons that can be applied in other sectors, such as education and the broader public sector. Mental health also continues to an important occupational health and safety issue, and the system will require more capacity – resources, knowledge and expertise – to support workplaces.

Workplace injuries are tragic and always preventable. They must never be seen as just the “cost of doing business.” Everyone has a responsibility to create the type of health and safety culture that ensures

workers return home safe at the end of every work day. Making that kind of significant and lasting change in our workplaces requires the co-operation of researchers, governments and non-profits, employers, workers and broader society.

6

SYSTEM FINANCES

In 2015-16, the Ministry of Labour and system partners continued to invest approximately \$300 million to support the implementation of the integrated health and safety strategy.

Occupational Health and Safety System Investments (\$ millions)

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Transfers to Health and Safety Associations	85.7	81.4	90.3	92.9	91.6	87.8	91.5	93.4	93.1	90.8
Health and Safety Associations Self-generated Revenue	26.0	30.6	29.3	23.7	21.8	21.3	22.4	24.5	24.4	28.0
Enforcement	80.7	88.9	92.3	91.8	92.2	91.9	92.5	95.3	95.6	96.7
Legislation / Regulation Development	1.6	1.8	2.2	2.2	2.5	2.4	2.1	2.3	2.2	2.2
Agencies	12.9	14.2	14.6	14.5	14.8	15.0	15.6	17.0	16.0	15.3
Ministry of Labour Prevention Organization						0.2	5.3	11.9	13.9	14.4
Workplace Health and Safety Services (Formerly Workplace Safety Insurance Board Prevention Division)	14.7	10.1	12.6	16.6	7.4	9.3	6.5	3.7	3.4	3.0
Other Grants	1.4	1.7	2.1	1.8	1.4	1.6	1.5	1.7	1.6	2.0
Research	8.0	9.0	9.1	8.8	8.1	7.9	7.8	8.9	8.9	9.6

Occupational Health and Safety System Investments (\$ millions) *continued*

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Safe Communities Incentive Program Rebates	0.7	1.5	1.5	1.3	1.2	1.0	0.9	1.2	0.9	0.8
Safety Group Program Rebates	20.0	45.2	32.7	32.2	39.0	44.9	43.6	44.4	39.3	39.3
Total	251.7	284.4	286.7	285.8	280.0	283.3	289.7	304.3	299.3	302.1

Sources: 1. Transfers to health and safety associations (HSAs): Workplace Safety and Insurance Board (WSIB) Prevention Program Statistics for 2006 to 2012; Ministry of Labour Transfer Payment Agreements (TPAs) with HSAs for 2012 to 2015.

2. HSAs self-generated revenue: HSAs audited financial statements 2006 to 2015.

3. Enforcement, legislation / regulation development, agencies, Ministry of Labour prevention organization: Government of Ontario IFIS Database 2006 to 2015

4. Other grants: 2006 to 2012 figures are based on Ministry of Labour estimates according to unpublished WSIB financial information. Estimates are based on best available information at the time of preparation of the annual report and are reviewed annually to reflect new information as it becomes available. From 2013 onwards, the figures are based on the TPAs between the ministry and the grant recipients.

5. Research: WSIB – Research Advisory Council Budgeted Spend 2006 to 2013 and Research Grant Expense Costs to the Institute of Work and Health (IWH) 2006 to 2012. Ministry of Labour – TPAs with research funding recipients 2012 to 2013. Cancer Care Ontario TPAs for research funding 2012-2013. Figures were also validated by the IWH and Centres for Research Expertise. From 2013 and onwards, the figures are based on the TPAs between the ministry and the grant recipients.

6. Workplace Health and Safety Services: WSIB Prevention Program Statistics for 2006 to 2015.

7. Small Business Health and Safety Program, Safety Group Program Rebates – WSIB Prevention Program Statistics for 2006 to 2015.

Notes: 1. Transfers to HSAs, other grants and research categories reflect calendar year investments (January 1 – December 31) from 2006 to 2012 and fiscal year investments (April 1 – March 31) for 2013 to 2015.

2. Transfers to HSAs from 2006 to 2011 reflect direct funding from the WSIB to the HSAs. The 2012 transfers reflect a combination of funding from the WSIB and the Ministry of Labour to the HSAs as the mandate for HSA funding was transferred to the ministry in April 2012. From 2012 onwards, this funding occurred from the Workplace Safety and Insurance Board through the Ministry of Labour.

3. For the year 2013, the audited financial statements for Infrastructure Health and Safety Association and Workplace Safety and Prevention Services were reported on a calendar year ending December 31st. The other health and safety associations reported on a fiscal year ending March 31st. From 2014-15 onwards, all the health and safety associations reported on a fiscal year ending March 31st.

4. Enforcement, legislation and regulation development, agencies and prevention organization reflect fiscal year investments (April 1 – March 31) from 2006 to 2015.

5. Enforcement: Increase from 2014-15 to 2015-16 is the result of new funding towards the Sexual Violence and Harassment Action Plan. Costs included staff, first time set-up, recruitment, training, outreach, IT impact for legislated changes and lease.

6. Research: Beginning in 2012, research was transferred to the Ministry of Labour from the WSIB. The Ministry of Labour administers funding to Specialized Research Centres and the Research Opportunities Program.

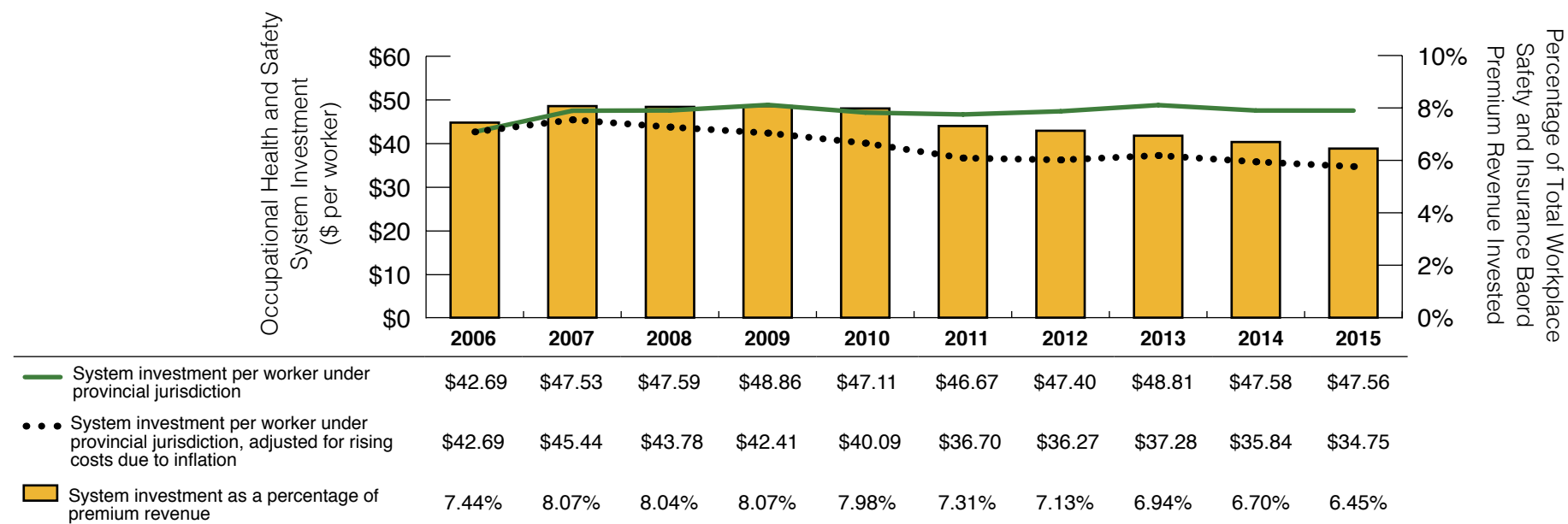
7. Other than legislation and regulation development and health and safety association self-generated revenue, all investments in occupational health and safety are funded by the Workplace Safety and Insurance Board through a portion of employer premiums.

8. Agencies include investments associated with the Office of the Worker Adviser, Office of the Employer Adviser and the associated administration.

9. The prevention organization did not exist at the Ministry of Labour prior to 2012. Investment in 2012 was minimal as the organization was being formed.

In 2015, the system invested \$47.56 per worker under provincial jurisdiction, nearly identical to the amount invested in 2014. Since 2006 system investment per worker under provincial jurisdiction has increased by \$4.87. However, with inflation, the amount invested per worker has decreased nearly each year since 2007.

System Investment Per Worker and as a Percentage of Workplace Safety and Insurance Board Premium Revenue



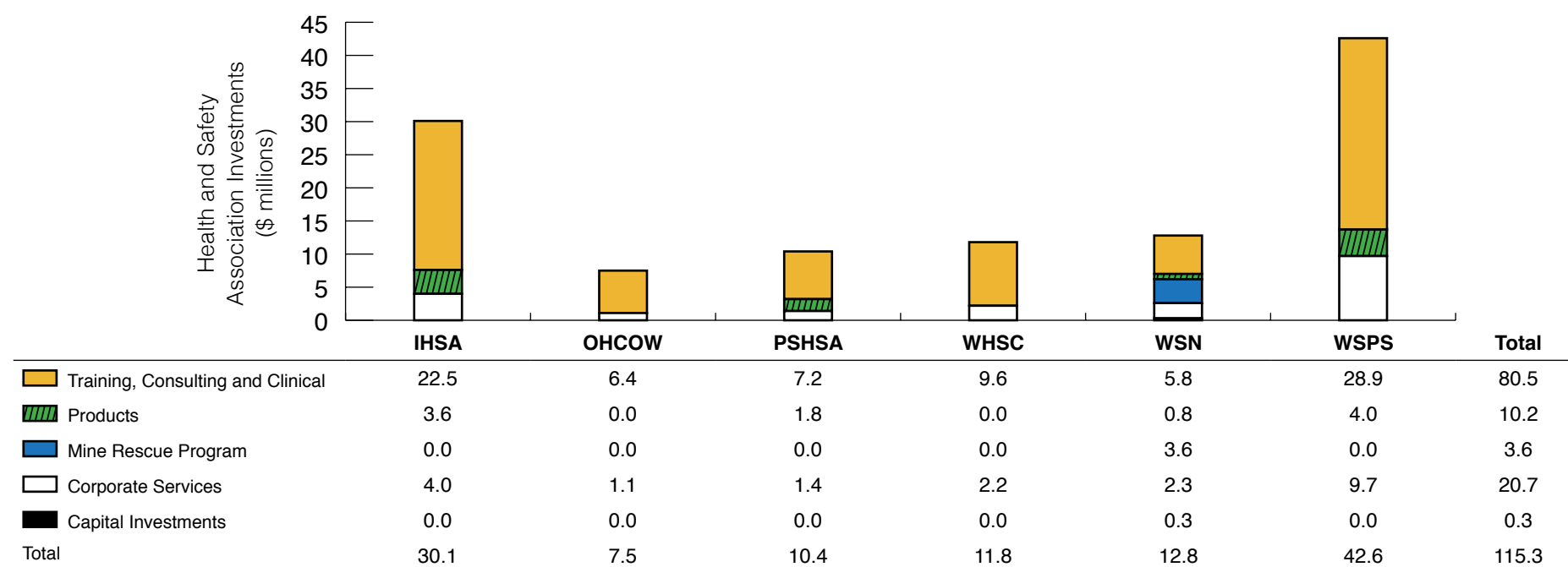
Sources: 1. 2006-2015 Provincial Economic Accounts Deflator

2. Ministry of Labour calculation based on Statistics Canada Labour Force Survey 2006 to 2015 and Survey of Employment, Payroll and Hours (SEPH) tables and Workplace Safety and Insurance Board Corporate Reports: 2006 to 2015.

Investments by health and safety associations are drawn from their self-generated revenues and transfer payment funding from the Ministry of Labour.

The chart below states total actual spending by health and safety association. For each health and safety association, the majority of expenditures are directed to training, consulting and clinical services, with some surplus amounts for the year to be reinvested in 2016-17.

Health and Safety Association Expenditures (2015-16)



IHSA – Infrastructure Health and Safety Association, **OHCOW** – Occupational Health Clinics for Ontario Workers, **PSHSA** – Public Services Health and Safety Association, **WHSC** – Workers Health and Safety Centre, **WSN** – Workplace Safety North, **WSPS** – Workplace Safety and Prevention Services

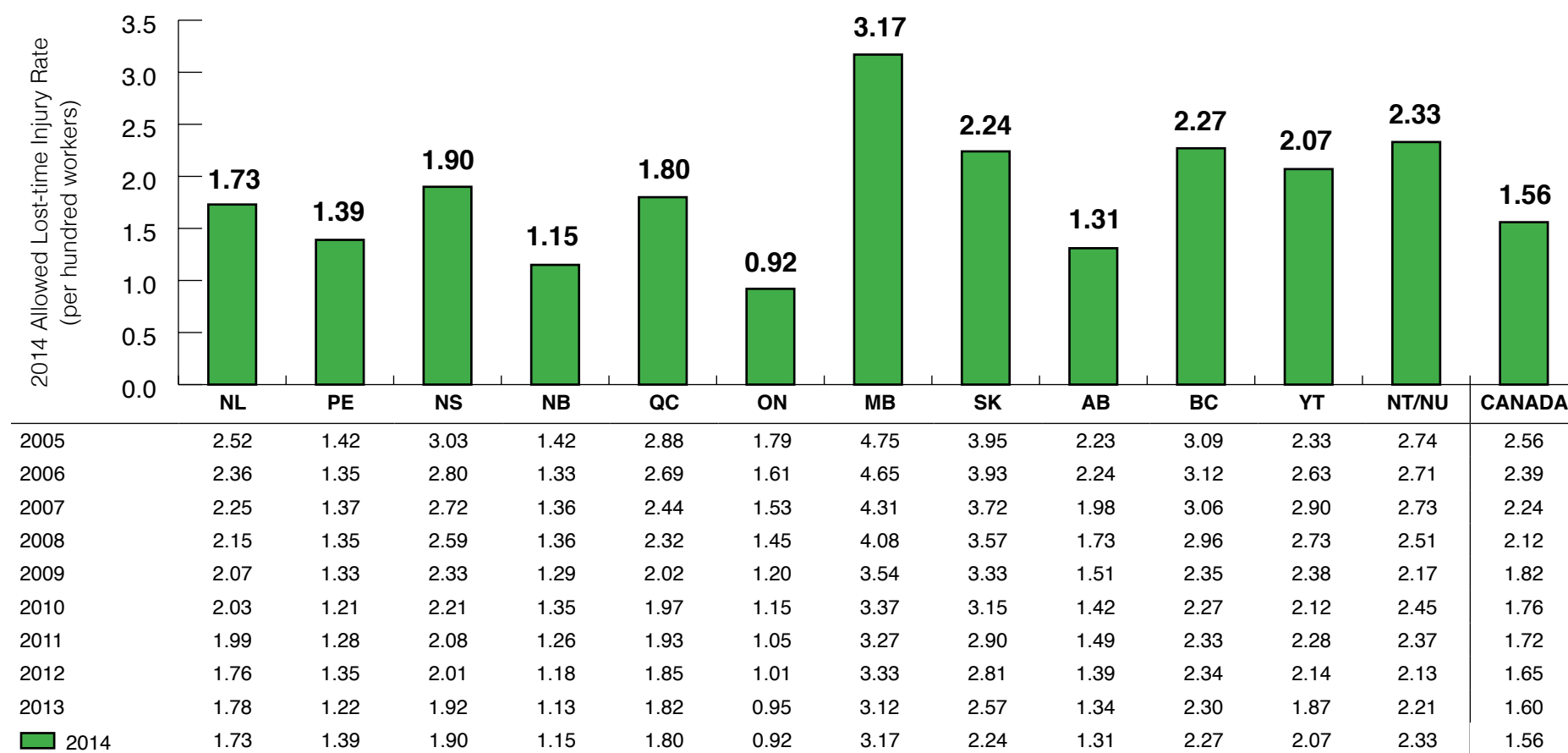
Source: Health and Safety Association's 2015-16 Financial Reports to Ministry of Labour.

- Notes:
1. Totals include expenditures from self-generated revenue.
 2. Mine Rescue Program is established pursuant to the direction of the Minister of Labour under Section 17 of Mines and Mining Plants, Revised Regulations of Ontario 1990 - Regulation 854 under the Occupational Health and Safety Act.
 3. In 2015-16, health and safety association actual expenditures were lower than total investments (health and safety association transfers and self-generated revenue).

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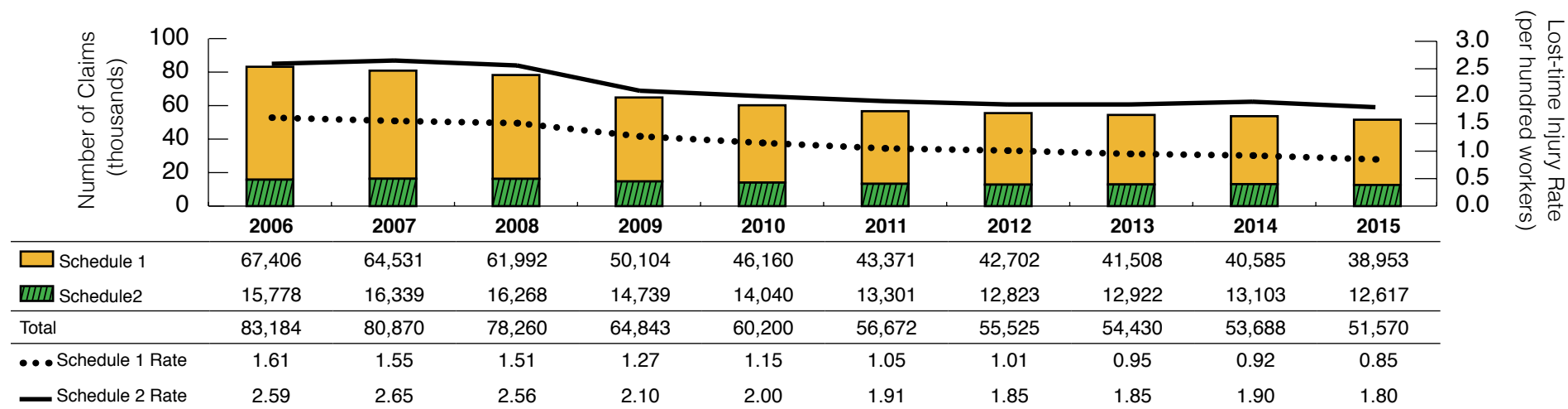
APPENDIX A – STATISTICAL CHARTS

Figure 1: Allowed Lost-time Injury Rate (Provinces and Territories of Canada)



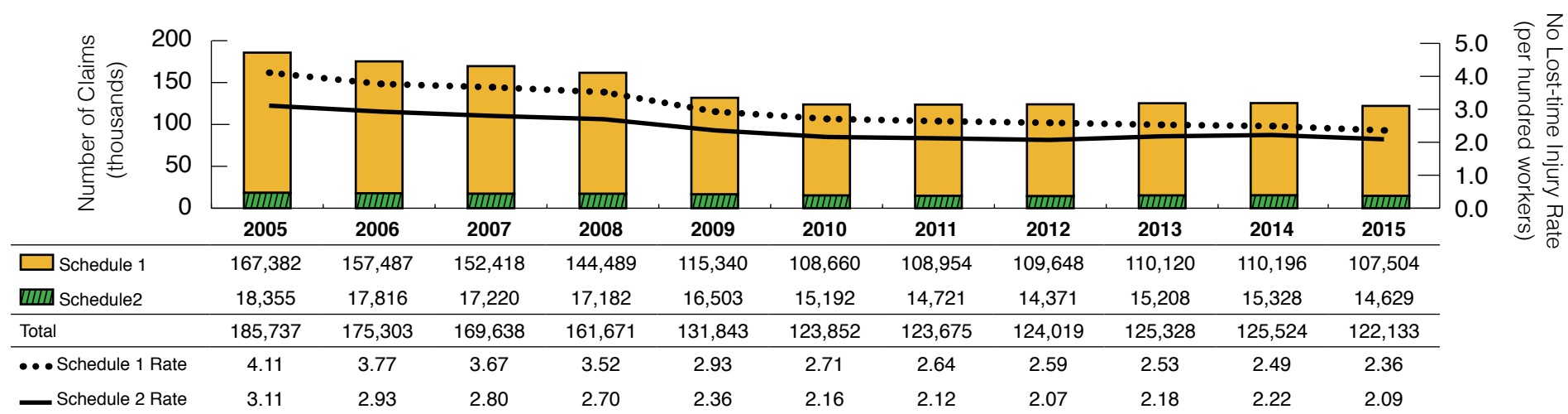
Source: Association of Workers Compensation Boards of Canada (AWCBC), accompanying notes available on AWCBC website.

Figure 2: Workplace Safety and Insurance Board Allowed Lost-time Injury Claims/Rates (Year of Injury/Illness)



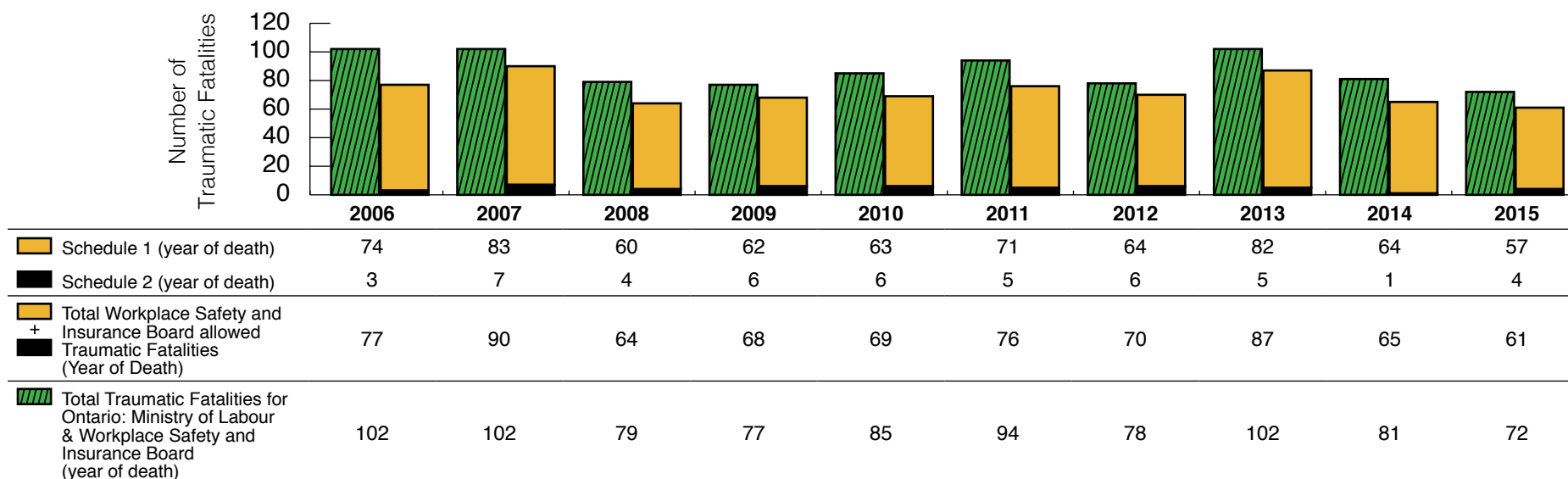
Source: Workplace Safety and Insurance Board By the Numbers 2015, Schedule 1 and Schedule 2.

Figure 3: Workplace Safety and Insurance Board Allowed No Lost-time Claims/Injury Rate (Year of Illness/Injury)



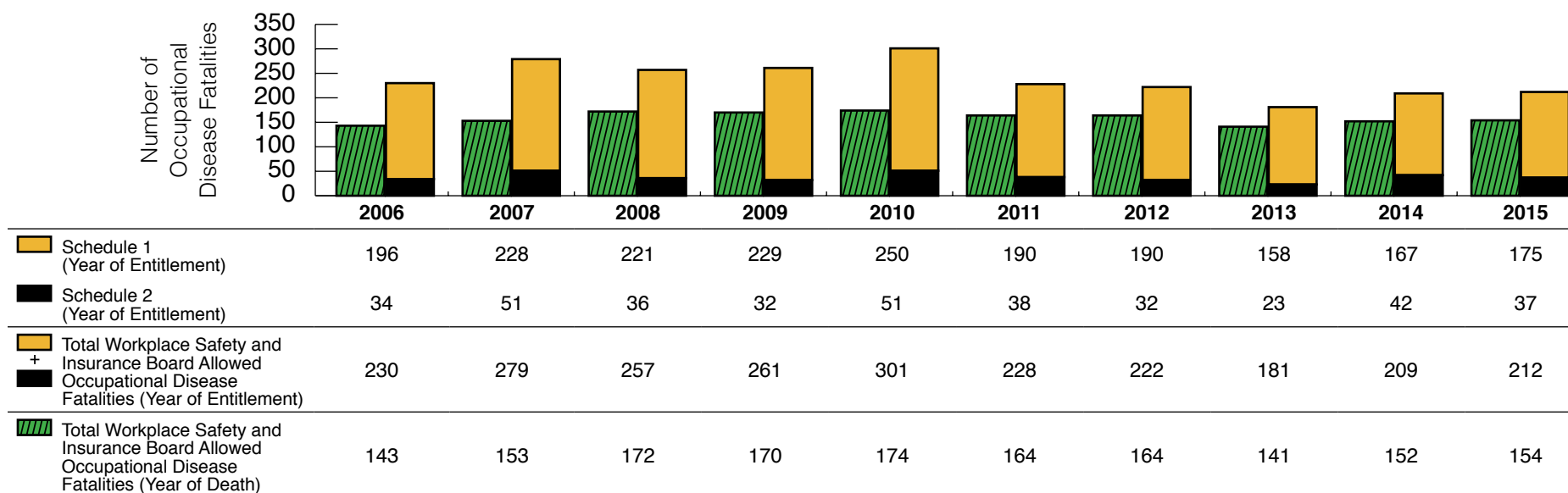
Source: Workplace Safety and Insurance Board By the Numbers 2015, Schedule 1 and Schedule 2.

Figure 4: Traumatic Fatalities (Year of Death)



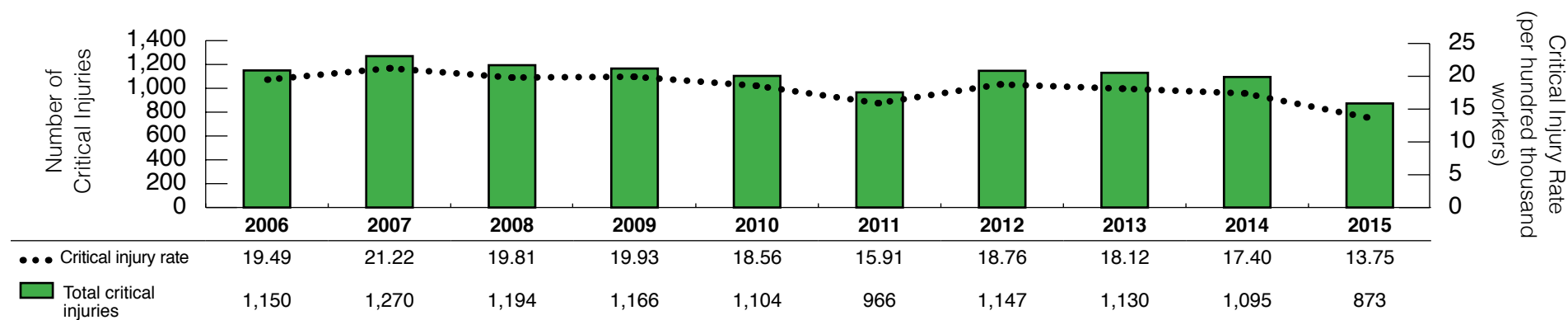
Sources: Workplace Safety and Insurance Board By the Numbers 2015, Schedule 1 and Schedule 2 and Workplace Safety and Insurance Board Day of Mourning Fatalities Report: 2006 to 2015.

Figure 5: Allowed Occupational Disease Fatalities



Sources: Workplace Safety and Insurance Board By the Numbers 2015, Schedule 1 and Schedule 2 and Workplace Safety and Insurance Board Day of Mourning Fatalities Report: 2006 to 2015.

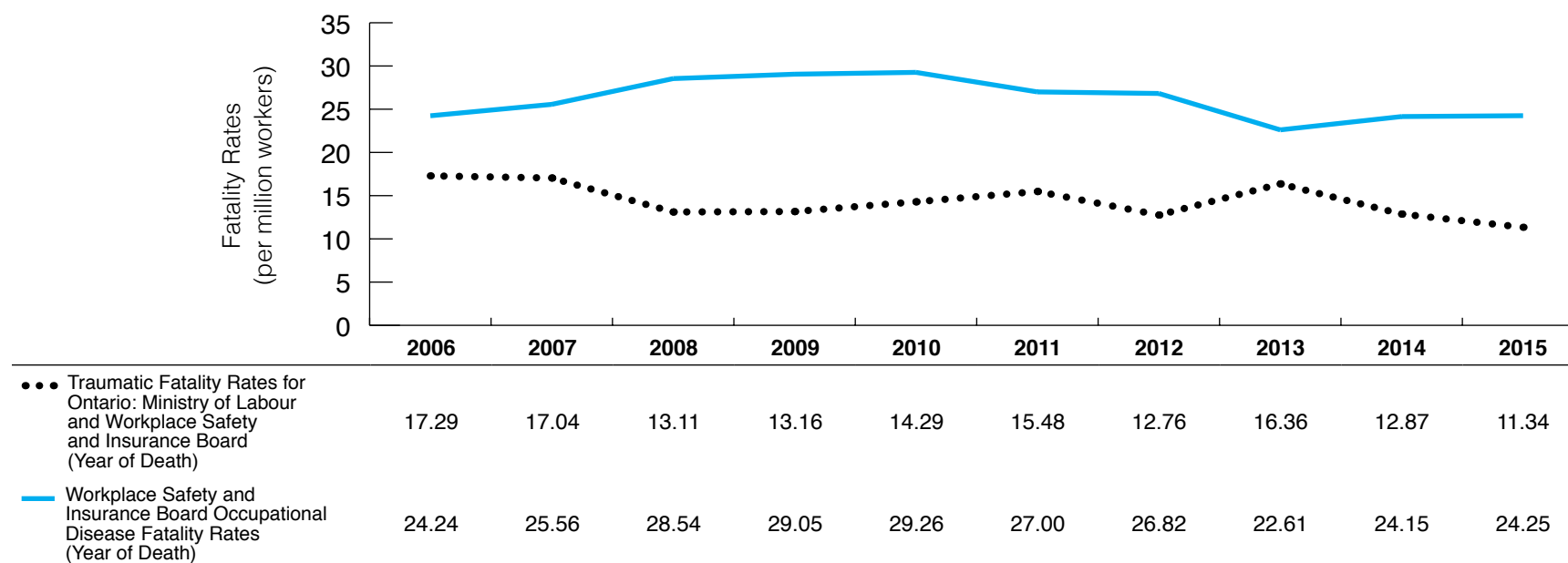
Figure 6: Ministry of Labour Reported Critical Injuries and Critical Injury Rate (Year of Injury)



Source: Ministry of Labour Data Systems 2006 to 2015 and Ministry of Labour calculation based on Statistics Canada Labour Force Survey 2006 to 2015.

Note: Critical Injury rates are calculated by the Ministry of Labour based on the number of reported critical injuries divided by the number of people employed under provincial jurisdiction.

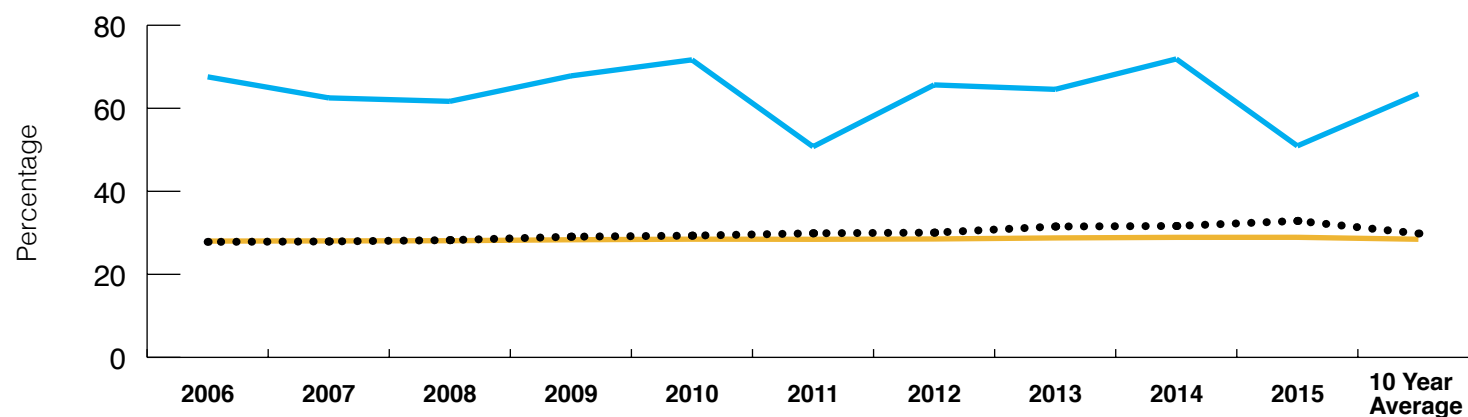
Figure 7: Traumatic and Occupational Disease Fatality Rates (Year of Death)



Sources: Workplace Safety and Insurance Board Day of Mourning Fatalities Report: 2006 to 2015 and Ministry of Labour calculation based on Statistics Canada Labour Force Survey 2006 to 2015.

Note: Fatality rates are calculated by the Ministry of Labour based on the number of reported fatalities divided by the number of people employed under provincial jurisdiction.

Figure 8: Small Businesses: Traumatic Fatalities, Allowed Lost-time Injury Claims and Employment as Share of Total Fatalities, Allowed Lost-time Claims and Employment (Schedule 1)



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	10 Year Average
Small Businesses: Workplace Safety and Insurance Board allowed Traumatic Fatalities (Year of Incident)	67.57%	62.50%	61.67%	67.80%	71.67%	50.75%	65.63%	64.56%	71.88%	50.94%	63.49%
Small Businesses: Workplace Safety and Insurance Board allowed Lost-time Claims (Year of Injury/Illness)	27.82%	27.92%	28.24%	29.07%	29.32%	29.89%	30.05%	31.52%	31.65%	32.87%	29.84%
Small Businesses: Share of Total Employment	28.01%	28.05%	28.10%	28.33%	28.47%	28.44%	28.52%	28.77%	28.91%	28.92%	28.45%

Sources: Workplace Safety and Insurance Board data 2006 to 2015 and CANSIM table 282-0042.



APPENDIX B – GLOSSARY OF TERMS

Allowed Claims – Claims that have been accepted by the Workplace Safety and Insurance Board. Allowed claims are different than registered claims.

- **Allowed Lost-time Injury Claim** – A lost-time injury claim is created when a worker suffers a work-related injury/disease which results in one of the following: being off work past the day of accident, loss of wages/earnings or a permanent disability/impairment.

- **Lost-time Injury Rate** – The number of allowed lost-time injury and illness claims per 100 full-time equivalent workers for the injury year specified.

- **Allowed No Lost-time Injury Claim** – A no lost-time injury claim results from a work-related injury where no time is lost from work other than on the day of accident, but where health care is required. The health care costs resulting from the injury are paid by the Workplace Safety and Insurance Board.

- **No Lost-time Injury Rate** – The number of allowed no lost-time injury and illness claims per 100 full-time equivalent workers for the injury year specified.

Average Annual Rate of Change – The average of the annual per centage change each year over the period specified.

Allowed Occupational Disease Fatalities by Entitlement Year – Allowed claims from workers who died of a work-related disease or condition for which entitlement to survivor benefits has been granted in the year specified. Excludes claims from workers who passed away while in receipt of 100% permanent disability (PD) benefits granted under a pre-1990 legislative framework.

Allowed Traumatic Fatalities by Year of Death – Allowed claims from workers who died of a work-related traumatic incident in the year specified. Excludes claims from workers who passed away while in receipt of 100% permanent disability (PD) benefits granted under a pre-1990 legislative framework.

Complaint - A complaint is any expression of discontent or concern registered with the Ministry of Labour regarding health and safety issues. Complaints include only those that have been reported to the ministry.

Critical Injury as Reported to the Ministry of Labour - Critical injuries include only those that have been reported to the ministry and not necessarily critical injuries as defined by the Occupational Health and Safety Act. The Ministry of Labour investigates workers covered by the Occupational Health and Safety Act. Critical injuries in the ministry's data systems may include non-workers, as this is required to be reported. This represents data that was reported to the ministry and may not represent what actually occurred at the workplace.

Critical Injury Rate – The number of critical injuries reported to the Ministry of Labour per 100,000 full-time equivalent workers for the injury year specified.

Employment under Provincial

Jurisdiction – Ontario employment in activities covered by the Occupational Health and Safety Act. Estimates by the Ministry of Labour based on Statistics Canada Labour Force Survey. These estimates are not on a full-time equivalent basis.

Event – A work refusal, complaint, incident, illness, occurrence, dispute or work stoppage reported to the Ministry of Labour regarding health and safety issues. Events include only those that have been reported to the ministry and may not reflect what actually occurred in the workplace.

Fatality Rate – The number of allowed fatality claims for traumatic and occupational diseases per one million full-time equivalent workers (based on employment under provincial jurisdiction reported to Statistics Canada). This rate is calculated by the Ministry of Labour.

Field Visits – A field visit occurs when a ministry inspector visits a workplace and meets with the workplace parties in order to enforce the Occupational Health and Safety Act. Field visits may be for the purpose of an inspection, investigation or a consultation.

Field Visit Inspection – The Ministry of Labour proactively inspects workplaces to monitor compliance with occupational health and safety legislation, and to promote the Internal Responsibility System. These are usually unannounced proactive visits. The ministry targets workplaces and/or sectors of the economy that have a history of poor compliance or high levels of work-related injuries.

Field Visit Consultation – These field visits are made to advise workplace parties of their rights, duties and responsibilities under the Occupational Health and Safety Act, and of ministry policies and procedures.

Field Visit Investigation – These are reactive field visits for the purpose of investigating a fatality, critical injury, work refusal, complaint, occupational disease or other health and safety-related events in the workplace that have been reported to the Ministry of Labour.

Health and Safety Association Self-Generated Revenue – Revenue generated by the health and safety associations through the sale of occupational health and safety products and services, bank interest income and investments of future benefits funds. These revenues are reinvested into the health and safety system.

Ministry of Labour Fatalities – Although both the Ministry of Labour and the Workplace Safety and Insurance Board track workplace fatalities in Ontario, each organization has a unique mandate and legislative obligations. Worker fatalities captured by the ministry are those covered under the Occupational Health and Safety Act, and then reported to and investigated by the ministry.

These fatalities exclude:

- Death from natural causes.
- Death of a non-worker at a workplace.
- Suicides.
- Death under the jurisdiction of the Criminal Code, Highway Traffic Act and Canada Labour Code.
- Death from occupational exposures that occurred many years ago.

Fatality figures captured by the ministry represent reported data and may not signify what actually occurred at the workplace.

Nonstandard work – Nonstandard work is temporary employment, part time work that is involuntary, or self-employment without paid help. Multiple job holders where their main job pays less than the economy-wide median wage are also included in this category.

Occupational Disease – An occupational disease is a health problem caused by exposure to a workplace health hazard.

Occupational Health and Safety Prevention and Innovation Program – Funding for activities that address the province's key occupational health and safety priorities. These grants allow the ministry to fund smaller unique programs and initiatives not supported through other sources, thereby facilitating the delivery of targeted prevention programs in priority areas.

Provincial enforcement initiatives – Provincial initiatives identify workplaces for inspection based on hazards inherent to the operation of the business. However, enforcement initiatives may also focus on a particular sector or a type of workplace, for example, new or small businesses. Provincial initiatives may run for an entire year or more to allow for extended outreach to these workplaces.

Provincial inspection blitzes – Provincial blitzes identify workplaces for inspection based on hazards inherent to the operation of the business. Blitzes are limited in duration (one to four months) and raise awareness of these hazards so that the workplace parties can ensure that they are complying with the Occupational Health and Safety Act and regulations.

Regional enforcement initiatives – Each regional ministry office may conduct its own local initiative(s) to raise awareness of and help address health and safety issues that are specific to particular geographic areas of Ontario and/or have a higher rate of occurrence than in the rest of the province.

Registered Claims – Registered claims for injuries, illnesses or fatalities reported to the WSIB in the year (as some claims are registered with the WSIB after the year in which the injury, illness or fatality occurred) and includes all allowed, denied, abandoned and pending claims.

Research Opportunities Program – The Research Opportunities Program (ROP) provides strategic research investments through public calls for occupational health and safety research projects that focus on identified occupational health and safety system priorities.

Safety Groups Program – The Safety Groups Program recognizes employers that make it a priority to eliminate workplace injuries and illnesses. Employers who volunteer to join a safety group learn from each other's experience in implementing injury and illness prevention programs and benefit from the expertise and guidance of approved industry sponsors. Workplaces participating in this incentive program may

receive rebates of up to six per cent of their Workplace Safety and Insurance Board premium: four per cent for meeting program requirements by successfully implementing five health and safety initiatives; one per cent for reducing their injury severity rate by more than seven per cent from the previous year; and one per cent for reducing their injury frequency rate by more than seven per cent from the previous year.

Schedule 1 – Schedule 1 employers are employers for whom the Workplace Safety and Insurance Board pays benefit compensation for workers' claims. Schedule 1 employers are required by legislation to pay premiums to the board and are protected by a system of collective liability. Since the board pays benefits to injured workers out of money pooled in the insurance fund, Schedule 1 employers are relieved of individual responsibility for actual accident costs.

Schedule 2 – Schedule 2 employers are employers that self-insure the provision of benefits under the Workplace Safety and Insurance Act, 1997. The Workplace Safety and Insurance Board administers the payment of the benefits for workers of Schedule 2 employers and recovers the cost of these benefits plus administration fees from the employers.

Small Business Health and Safety Programs (formerly Safe Communities Incentive Program-SCIP)

– The Small Business Health and Safety Programs include Building Health and Safety Awareness (for new employers) and Building Your Health and Safety Program (for more health and safety sophisticated small businesses). The Building Health and Safety Awareness Program provides basic health and safety education for new small businesses to create awareness of risks in the workplace and an understanding of a small business's legal requirements under the Workplace Safety and Insurance Act, 1997 and Occupational Health and Safety Act. Firms that meet the program requirements – participation in two half-day, in-class training sessions and the creation of a health and safety action plan – are eligible to receive a five per cent rebate on their Workplace Safety and Insurance

Board premiums. The Building Your Health and Safety Program further enhances health and safety awareness and helps small businesses develop an effective and successful health and safety program. Firms can receive an additional five per cent rebate after they participate in three in-class sessions and submit both a health and safety policy and a self-evaluation checklist.

Workplace Safety and Insurance Board

Fatality – Although both the Ministry of Labour and the Workplace Safety and Insurance Board track workplace fatalities in Ontario, each organization has a unique mandate and legislative obligations. Worker fatalities captured by the Board represent fatalities experienced by employers with coverage under the Workplace Safety and Insurance Act, 1997 and that are allowed by the Board.

WorkWell – The Workplace Safety and Insurance Board's WorkWell Program performs on-site health and safety performance reviews of firms when their injury experience indicates that there is a higher risk of injury at their workplace compared to other firms doing similar work. These reviews and health and safety gap analyses help workplaces identify weaknesses in their health and safety management systems and develop a more effective health and safety program including return to work.

Year of Incident – The year in which the injury or illness occurred.

Year of Death – The year in which a death related to a workplace incident occurred.

Year of Entitlement – The year in which a decision was made on a claim.

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Data limitations and methodology in this report

The occupational health and safety data in this report is limited:

- Employment under provincial jurisdiction is a Ministry of Labour estimate based on Statistics Canada Labour Force Survey data.
- Ministry of Labour enforcement data may be subject to change as a result of ongoing enforcement activities and investigation of events.
- Statistics recorded by the Ministry of Labour and the Workplace Safety and Insurance Board are not directly comparable. Each organization tracks incidents based on its organizational mandate and legislative obligations. For example, a fatality or injury that is reported to the Ministry of Labour may not be reported to the Workplace Safety and Insurance Board, creating differences in the number of incidents recorded.
- Critical injuries include only those that have been reported to the ministry and not necessarily critical injuries as defined by the Occupational Health and Safety Act. The Ministry of Labour investigates workers covered by the Occupational Health and Safety Act. Critical injuries in the ministry's data systems may include non-workers, as this is required to be reported. This represents data that was reported to the ministry and may not represent what actually occurred at the workplace.
- The Ministry of Labour tracks and reports fatalities at workplaces covered by the Occupational Health and Safety Act. This excludes death from natural causes, death of non-workers at a workplace, suicides, death as a result of a criminal act or a traffic accident (unless the Occupational Health and Safety Act is also implicated) and death from occupational exposures that occurred many years ago.
- Some statistics may exclude certain individuals not covered under the Workplace Safety and Insurance Act, 1997.
- Statistics may be affected by a lag between the date of the incident and the assessment of whether it was work-related.
- Many factors influence workplace safety, such as societal, workforce and workplace trends. Therefore, improvements in rates of occupational illness, injury and fatality cannot be attributed solely to the activities in this report.





Ministry of Labour

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