



Occupational Health & Safety in Ontario

2013 – 14 Annual Report

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Letter to the Minister

The Honourable Kevin Flynn Minister of Labour, Ontario

Dear Minister Flynn,

In support of our commitment to transparency and accountability, I am pleased to submit the *Occupational Health and Safety in Ontario: 2013-14 Annual Report*.

In 2010, an Expert Advisory Panel carried out a review of Ontario's occupational health and safety system. The Panel's report identified opportunities to improve the system's structure, operation, policies and, ultimately, the delivery of occupational health and safety services in Ontario.

As a first step in implementing the Panel's recommendations, we have initiated changes to the occupational health and safety system and are focussing our efforts on enhancing service delivery and ensuring that services meet the needs of all workers and employers. These changes lay the foundation for

a more interconnected system that is better positioned to prevent occupational injuries, illnesses and fatalities.

In December 2013, *Healthy and Safe Ontario Workplaces – A Strategy for Transforming Occupational Health and Safety* was released. This integrated strategy provides a five-year guide for the activities of the occupational health and safety system by defining a common vision, goals and priorities.

This annual report highlights accomplishments of the occupational health and safety system since the creation of the Ministry of Labour's Prevention Office and includes activities from fiscal years 2012-13 and 2013-14. Future annual reports will include measurement of the achievement of the goals established in the integrated strategy, as per subsection 22.3 (7) of the Occupational Health and Safety Act.

This is my first report that includes all occupational health and safety system

partners – the Ministry of Labour, health and safety associations and the Workplace Safety and Insurance Board. It highlights accomplishments across the system and shows how system partners are working collaboratively to improve occupational health and safety in Ontario.

It is my hope that this report will demonstrate the dedication and commitment of the entire occupational health and safety system as we transform Ontario workplaces.

George Gritziotis
Chief Prevention Officer,
Ontario Ministry of Labour



Transforming Ontario's Occupational Health and Safety System

The 2010 report and recommendations of the Expert Advisory Panel on Occupational Health and Safety led to a number of significant changes to Ontario's occupational health and safety system.

Several of these changes were formalized in 2011 with the passage of Bill 160 which amended the Occupational Health and Safety Act and the Workplace Safety and Insurance Act, 1997. These legislative amendments resulted in the most significant structural changes to Ontario's occupational health and safety system in more than 30 years including: the creation of a Chief Prevention Officer within the Ministry of Labour responsible for a

systemwide approach to occupational health and safety; and the establishment of an 11 member Prevention Council to provide advice to the Chief Prevention Officer.

Since 2011, several responsibilities have been transferred from the Workplace Safety and Insurance Board to the Ministry of Labour including: prevention services, research programs, oversight

of the six provincially designated health and safety associations, and the responsibility for certifying Joint Health and Safety Committee members.

While these structural changes were underway, the occupational health and safety system continued to make progress with stakeholders in implementing the 46 recommendations of the Expert Advisory Panel (2010). As of March 31, 2014:

- 18 recommendations are either completed or ongoing (including eight of the 11 priority recommendations)
- one recommendation is nearing completion

- seven recommendations are in progress, and
- the remaining 20 recommendations have been initiated (See Appendix A).

The *Occupational Health and Safety in Ontario: 2013-14 Annual Report* outlines key steps taken by system partners to implement the Panel recommendations, organized by the priorities set out in the integrated strategy: *Healthy and Safe Ontario Workplaces – A Strategy for Transforming Occupational Health and Safety*. Throughout this report, activities that contribute to implementing the Panel recommendations are marked with the following icon and the recommendation number.

#25

Definitions to key terms are provided in the glossary (See Appendix B).

An 11 member Prevention Council advises the Chief Prevention Officer

Labour representatives:

- Patrick Dillon, Provincial Building and Construction Trades of Ontario
- Colin Grieve, Hamilton and Ontario Professional Firefighters (Chair)
- Nancy Hutchison, Ontario Federation of Labour
- Bryan Neath, United Food and Commercial Workers of Canada*

Employer representatives:

- Michael Oxley, DuPont Canada
- Roy Slack, Cementation Canada
- Dawn Tattle, Anchor Shoring and Caissons Ltd.
- Gloria Rajkumar, SIMAC Canada Inc.*

Non-union worker representative:

- Linda Vannucci, Toronto Workers' Health and Safety Clinic

Occupational health and safety representative:

- Graeme Norval, University of Toronto

Workplace Safety and Insurance Board representative:

- Susanna Zagar

* These positions were vacated during the 2013-14 fiscal year.





1.1

Current State of Occupational Health and Safety in Ontario

Employment trends

In 2013, 6.88 million workers were employed in Ontario, with an estimated 6.29 million of them in workplaces under provincial jurisdiction¹.

Over the last four years, employment has increased at an average annual rate of 1.43 per cent. This increase includes a total of 95,700 net new jobs in 2013¹. With this ongoing rise in employment, more workers need support from the provincial occupational health and safety system. In 2013, employment growth occurred in sectors with high rates of injuries, illnesses and fatalities, such as construction and health care¹, thereby increasing the overall occupational health and safety risk in the province.

Occupational injuries, illnesses and fatalities

On average, the Workplace Safety and Insurance Board in Ontario allowed 490 occupational injury or illness claims per day in 2013^{2,3*}.

A total of 243 workplace fatalities were reported by the Ministry of Labour and the Workplace Safety and Insurance Board in 2013⁴. Of these, 102 were traumatic fatalities and 141 were due to occupational disease^{4†}. From 2004 to 2013, the number of traumatic fatalities per year reported by the Ministry of Labour and the Workplace Safety and Insurance Board ranged between 77 and 102⁴. For the same period, the number of allowed occupational disease fatality claims per year ranged between 139 and 172, increasing between 2004 and 2008,

* This number includes allowed lost time and no lost time claims for both Schedule 1 and 2 employers. Please see the glossary in Appendix B for full definition of terms including Schedule 1 and Schedule 2.

† These numbers include allowed occupational disease fatalities and combined Ministry of Labour and Workplace Safety and Insurance Board traumatic fatalities and reflect year of death.

and then declining between 2010 and 2013⁴.

In 2013, the Workplace Safety and Insurance Board reported 54,430 allowed lost time claims and 125,328 allowed no lost time claims among Schedule 1 and 2 employers^{2,3}. A total of 1,130 critical injury events were reported to the ministry in 2013⁵. From 2004 to 2013:

- lost time claims among Schedule 1 and 2 employers allowed by the Workplace Safety and Insurance Board decreased by an average annual rate of 5.36 per cent^{2,3}
- no lost time claims for Schedule 1 and 2 employers allowed by the Workplace Safety and Insurance Board decreased by an average annual rate of 3.96 per cent^{2,3}
- the critical injury rate reported by the Ministry of Labour decreased by an average annual rate of 0.68 per cent⁵.

Based on the most recent year for which data is available, Ontario had the lowest allowed lost time injury rate compared to other Canadian provinces in 2012, at 1.01 per 100 workers⁶.

Prevention, training and enforcement activities

The occupational health and safety system partners – including the Ministry of Labour, the Workplace Safety and Insurance Board, and the six health and safety associations – aim to prevent workplace injuries, illnesses and fatalities.

In 2013-14, the **Ministry of Labour** conducted more than 73,000 field visits to nearly 33,000 workplaces, and issued more than 126,000 orders for non-compliance with requirements in the Occupational Health and Safety Act and its regulations⁵. Additionally, \$9.31 million in fines were imposed and 780 convictions were entered against workplace parties who were found by the courts to have contravened the Act and its regulations⁵.

In addition to enforcement activity, the ministry qualified approximately 11,100 individuals, representing workers or employers, to be certified members of a Joint Health and Safety Committee⁷.

The **Workplace Safety and Insurance Board** is assisting in transferring the prevention mandate to the Ministry of Labour. During this reporting period, the

Board continued to operate prevention programs on behalf of the Ministry of Labour while the ministry proceeded with a review to determine how to support improved occupational health and safety outcomes. These programs, which continue to be operated by the Board include:

- the Safety Groups Program, which facilitates knowledge-exchange and networking between firms
- the Safe Communities Incentive Program, which supports occupational health and safety awareness and training for small businesses
- the WorkWell program, which conducts workplace performance reviews to identify health and safety management system gaps in firms with higher occupational health and safety costs than similar firms.

Health and safety associations support workers and workplaces by providing training programs, health and safety expertise and best practices, sector-specific products, clinical services, auditing services and advice. In 2013-14, they trained 101,938 participants and provided clinical services to help identify and prevent work related illnesses for 1,420 workers⁸.

1.2

Overview of Ontario's Occupational Health and Safety System

Ontario's occupational health and safety system partners work together to prevent workplace injuries, illnesses and fatalities in the province. Each system partner has a unique role:

The **Ministry of Labour** develops legislation and regulations and is responsible for enforcement and prevention.

The **Workplace Safety and Insurance Board** provides compensation and return-to-work supports for injured workers. It also funds the health and safety system through employer premiums.

The **six designated health and safety associations** provide training and education and, in the case of the Occupational Health Clinics for Ontario Workers, specialized medical services related to occupational health and safety.

The Occupational Health and Safety Act

The **Occupational Health and Safety Act** which came into force in 1979, is the legislative framework for healthy and safe workplaces in Ontario. Its purpose is to protect workers against workplace health and safety hazards. The foundation for the Act is the concept of the internal responsibility system, which is based on the principle that the workplace parties themselves can best identify and resolve health and safety issues in their workplace. The Act sets out the rights and duties of all workplace parties. Regulations under the Act establish measures and procedures for dealing with workplace hazards. The Act also provides the authority to enforce the law if workplace parties do not comply voluntarily.

Ontario's six designated health and safety associations

Four safe workplace associations

Infrastructure Health and Safety Association	➤ Serves the construction, electrical, utilities, aggregates, natural gas, ready mix concrete and transportation sectors.
Public Services Health and Safety Association	➤ Serves the public service sector including health and community care, education and culture, municipal and provincial government and public safety.
Workplace Safety North	➤ Serves the forestry, mining, pulp, paper and printing sectors.
Workplace Safety and Prevention Services	➤ Serves the agricultural, industrial, manufacturing and service sectors.

A medical clinic

Occupational Health Clinics for Ontario Workers	➤ Provides medical diagnostics, information and services to workers concerned with work-related health conditions and to workers, unions and employers requiring support to prevent health conditions from developing.
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A training centre

Workers Health and Safety Centre	➤ Provides training for workers, Joint Health and Safety Committee members, supervisors and employers in every sector and region of the province.
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Supporting occupational health and safety partners

In addition to system partners, a diverse set of organizations are part of the broader occupational health and safety system supporting Ontario workers:

- **Research centres**, including the Institute for Work and Health, Centre for Research Expertise in Occupational Disease, Centre for Research Expertise for the Prevention of Musculoskeletal Disorders and the Occupational Cancer Research Centre, conduct research to enhance occupational health and safety initiatives.
- **Section 21 committees** are appointed by the Minister of Labour under section 21 of the Act and are mandated to advise the Minister on matters relating to the occupational health and safety of particular industry sectors or groups, such as construction, health care and mining. There are currently seven section 21 committees that provide expertise and advice to support the development of new guidance material for their sectors and advise on regulations.
- **Other partners**, such as worker organizations, employer associations, consultants, non-profit and community organizations and private service providers, contribute to prevention by raising awareness with high risk groups, gathering and sharing occupational health and safety information, participating in outreach and providing training.



1.3

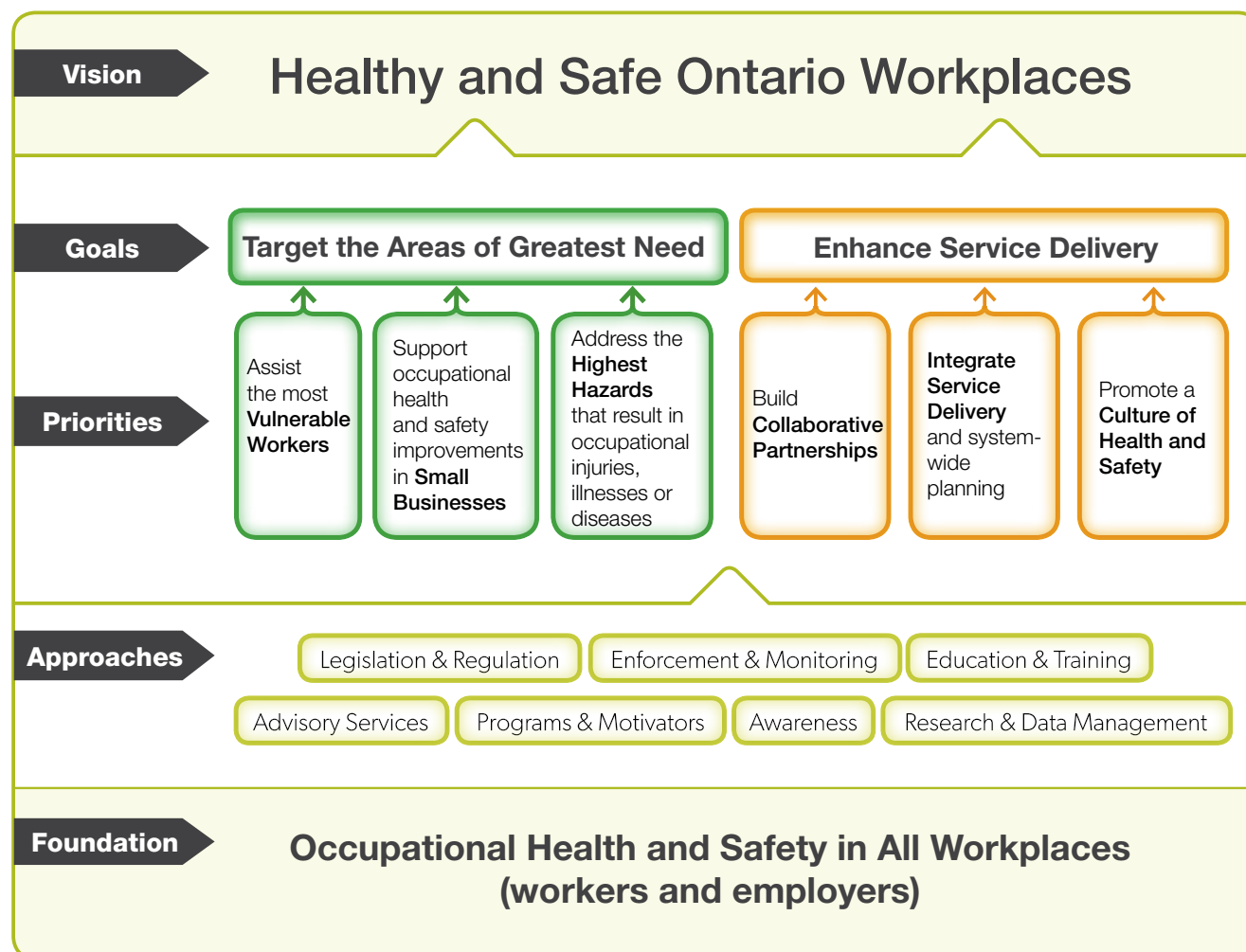
Healthy and Safe Ontario Workplaces – A Strategy for Transforming Occupational Health and Safety

In December 2013, after extensive consultation, the Ministry of Labour launched *Healthy and Safe Ontario Workplaces – A Strategy for Transforming Occupational Health and Safety*.

-
- The **Vision** is for all workplaces to be healthy and safe.
-
- The **Goals** are to target the areas of greatest need and enhance service delivery.
-
- The six **Priorities** identify areas where the system must focus its attention to achieve its goals.
-
- The system will use seven **Approaches** to deliver on its priorities.
-
- The **Foundation** is Ontario workplaces where – through the Internal Responsibility System – all workplace parties, including directors and officers, employers, supervisors and workers, ensure they have a healthy and safe workplace.

Consultation ensures the strategy reflects the needs of Ontario workplaces

To develop the integrated strategy, the Ministry of Labour conducted a broad public consultation in 2013 on improving occupational health and safety in Ontario. This included reaching out to groups that have historically been under-represented in occupational health and safety discussions. A consultation paper – available in 18 languages – was distributed through worker and workplace networks, including the small business and vulnerable worker task groups. Consultation sessions were held in all regions of the province, in a variety of industry sectors and with small to large businesses. More than 1,250 individuals took part in consultation sessions and the ministry received 220 written submissions⁹.





2.0

Key Accomplishments by Strategic Priority

This section highlights significant accomplishments and a selection of activities of the occupational health and safety system in 2012-13 and 2013-14 by priority area of the integrated strategy.



2.1

Assist the Most Vulnerable Workers

While all workers experience some risk, certain workers are more vulnerable than others to workplace injury, illness and fatality. They are vulnerable because of a number of factors that can interact in complicated ways to increase their risk of workplace injury or illness. Some factors – such as age and

length of time on the job – are specific to the individual worker. Other factors – such as employment stability and workplace hazards – are specific to the workplace. A worker's vulnerability can change over time, as individual and workplace factors change.



Key accomplishments of the Ministry of Labour



Key accomplishments of health and safety system partners



Key integrated service delivery accomplishments of the occupational health and safety system

To assist the most vulnerable workers, the ministry is working with system partners and stakeholders to understand and define factors that contribute to vulnerability. This information will inform the system's approach to reduce workplace injuries, illnesses and fatalities among vulnerable groups, including outreach, research, awareness programs, education and training, legislation and enforcement.

Understanding vulnerable workers



#29

In December 2012, the Ministry of Labour established a **vulnerable worker task group** for a 30-month period ending June 2015. The task group is comprised of worker and employer representatives and provides advice to the health and safety system to better understand and support vulnerable workers. The task group will provide the ministry with a set of recommendations to help improve awareness and outreach to vulnerable workers and their employers.



The Institute for Work and Health, an independent non-profit agency that conducts and shares occupational health and safety research to improve the health of workers, published research in 2012 and 2013 showing that:

- **Low-wage workers employed through temporary agencies are less protected from occupational injury or illness** than regular workers¹⁰.
- **The time of day when people work influences vulnerability.** Workers are at higher risk of work-related injury, illness or fatality in the evening, night and early morning¹¹.
- **Workers who have been on the job less than two months are more affected by heat stress.** This finding means that new and young workers are at greater risk of heat strokes, sun strokes and other heat illnesses¹².

Raising awareness of occupational health and safety among vulnerable workers





Grants from the ministry support non-profit organizations in delivering programs to **support occupational health and safety among vulnerable workers.**

For example, in 2013:

- The Passport to Safety Program developed by Parachute, a national injury prevention organization, used an **online, interactive health and safety awareness test** to raise awareness about occupational health and safety. Parachute provided over 107,000 tests to school boards and Employment Ontario to distribute to students and workers¹³.
- MySafeWork, created in the memory of David Ellis – an 18 year-old worker killed on his second day on the job – invites CEOs, presidents, government ministers and front line trade champions to raise awareness about workplace safety for secondary school students. More than 153,000 leaders, workers, parents and students signed the mobile Canada Cup Safety Jersey, **pledging to improve workplace health and safety**¹⁴.
- Threads of Life, the Association for Workplace Tragedy Family Support, offers a **peer support program for families who have experienced a workplace fatality**, life-altering injury or occupational disease. Threads


of Life also operates a volunteer speakers bureau and the annual Steps for Life Walk to promote elimination of workplace tragedies. Over 5,000 people participated in the 2013 Steps for Life Walk across Canada¹⁵.

 To raise awareness about workplace safety among teenagers, the Ministry of Labour's annual '[It's Your Job – Prevention Starts Here](#)' video contest invites secondary school students to **produce a two-minute video demonstrating the importance of workplace health and safety**. The winning videos from the 2012 and 2013 contests went on to win national honours.

 Through the **Young Worker Awareness Program**, which is available to any high school in the province and includes school assembly and classroom components, Workplace Safety and Prevention Services delivered health and safety presentations to over 12,000 Ontario high school students in 2013¹⁶.

Supporting vulnerable workers through programs and services

 The Occupational Health Clinics for Ontario Workers partners with local faith groups, community-based organizations and agencies to address the **occupational health and safety needs of migrant farm workers**. A welcome booklet was created in 2012 for migrant workers with information on workplace health and safety as well as other important settlement topics. The booklet, available in multiple languages, was also printed for use in communities with high rates of migrant workers¹⁷.

 The Workers Health and Safety Centre partnered with the Ontario Institute for Studies in Education to co-host Learning and Leading for Life – a conference to **exchange strategies for learning and taking action on workplace hazards and controls**. Approximately 100 adult educators and health and safety advocates attended the conference to discuss topics such as adult education principles, online training and inclusive literacy learning¹⁸.



Workplace Safety and Prevention Services delivered a supervisor training program which included course topics on **how to support vulnerable workers and the impact of cultural and language differences on communicating with workers**. A course evaluation with 58 participants showed that almost 90 per cent had high or very high knowledge after the course, compared with 25 per cent before the course¹⁹.



The Infrastructure Health and Safety Association **extended its geographic reach** in 2013 to provide training on hazards and other important topics such as fall protection, confined spaces and personal protective equipment to the Shibogama First Nations Council located in the remote northern towns of Sioux Lookout and Wunnumin. The Shibogama First Nations Council represents five communities (Wunnumin Lake, Kingfisher Lake, Wapekeka, Wawakapewin and Kasabonika Lake) and provides these communities with a complete range of advisory services for building and infrastructure projects²⁰.

Protecting vulnerable workers through legislation and enforcement




Under section 50 of the Occupational Health and Safety Act, an employer cannot penalize a worker (referred to as a reprisal) for complying with the Act and its regulations or exercising their rights under the Act.

#35

In 2012, **amendments to the Occupational Health and Safety Act to strengthen worker protection from reprisals came into effect** and a regulation to support workers experiencing reprisals was developed.

For example:

- Under the Occupational Health and Safety Act, ministry inspectors are now authorized to **refer reprisal complaints to the Ontario Labour Relations Board** – an independent, quasi-judicial tribunal that mediates and adjudicates many employment and labour relations-related matters. For a matter to be referred to the Ontario Labour Relations Board, the worker must consent and not have already sought resolution through a collective agreement or filed a complaint with the Board.
-  The Ontario Labour Relations Board now has a **process in place to expedite access to mediation** and hearings related to reprisal allegations.

- #34 The Ministry of Labour **revised its policies and procedures regarding when to recommend prosecution** for a violation of section 50 of the Occupational Health and Safety Act.
- #35 **A new regulation prescribed additional functions to the Office of the Worker Adviser** to educate, advise and provide representation to non-unionized workers involved in a reprisal complaint, free of charge.

➤ In 2013, the Office of the Worker Adviser received 894 new service requests and provided summary advice and/or referrals to 824 workers²². Of the 824 workers, 102 were offered representation services due to a reprisal complaint, while the remaining 698 received advice or other support²². Although some of the reprisal cases were still ongoing at the end of the year, 67 of those represented received financial compensation and other benefits from their employers during the 2013-14 fiscal year²².

➤ In 2013, the ministry conducted a four-month inspection blitz targeting **workplaces that employ a high proportion of new and young workers**. The blitz was designed to help new and young workers who were working summer jobs to be safe. The inspections focused on ensuring workplaces were following appropriate safety procedures and providing proper equipment and instruction. During the four-month blitz, Ministry of Labour inspectors visited 2,326 workplaces and issued 8,582 orders – including 201 stop work orders⁵.

➤ The ministry continues to focus on the underground economy. In a 2012 pilot project, the ministry #21 targeted **workplaces and sectors operating in the underground economy**. Recognizing that work in the underground economy is often conducted during evenings and weekends to avoid detection by inspectors. Workplaces were visited by inspectors outside of traditional nine-to-five working hours.



➤ Workers who are limited in English language proficiency may not be aware of their protections under the Occupational Health and Safety Act. To overcome language barriers, the Ministry of Labour **launched an advertising campaign in 2013, Know Your Workplace Rights, in 27 languages**²³. The campaign was promoted in 91 ethnic newspapers, OMNI-TV, multilingual programs and websites²³. The goal of the program is to reach vulnerable workers and educate them about occupational health and safety so they are better able to exercise their rights on the job.

2.2

Support Occupational Health and Safety Improvements in Small Businesses

In 2013, small businesses employed nearly one third of Ontario workers²⁴. Although small businesses make up a significant portion of the labour market, they often have limited resources and may not be aware of occupational health and safety requirements. They may also lack the capacity and knowledge to develop effective workplace health and safety programs and practices. The occupational health and safety system is working to understand the needs of small businesses and provide supportive programs.

Understanding small businesses



In December 2012, the Ministry of Labour established a **small business task group** for a 30-month period ending June 2015. The task group, comprised of worker and employer representatives, provides advice to Ontario's occupational health and safety system to increase understanding and support for small businesses. By the end of its mandate, the task group will provide the ministry with a set of recommendations to help improve awareness and outreach to small businesses.

#36

 In 2012, the Ministry of Labour, Safe Work Associations and Ontario Chambers of Commerce conducted a survey of **the needs and interests of 100 small businesses** in Cornwall, Kingston, Kawartha Lakes, and Belleville to develop and implement awareness building and compliance assistance supports targeted to small businesses²⁵.

 The Public Services Health and Safety Association partnered with Laurentian University and the Centre for Research in Occupational Safety and Health in 2013 to learn more about **facilitators and barriers to occupational health and safety among small businesses**. The survey identified 22 barriers and facilitators of a safe work


environment. Recommendations were made for strategies and training opportunities that focus on how to adapt occupational health and safety supports to the nature and diversity of small businesses²⁶.

Supporting small businesses through programs and legislation

 In 2012, a new regulation prescribed **additional functions for the Office of the Employer Adviser**. The Office is an independent agency of the Ministry of Labour that provides expert advice to any size employer and primarily represents employers with fewer than 100 employees. The Office of the Employer Adviser will now:

- educate and advise employers involved in a reprisal complaint under section 50 of the Occupational Health and Safety Act.

- provide representation for employers with fewer than 50 workers at Ontario Labour Relations Board proceedings at no direct cost.

 In 2013, the Office of the Employer Adviser assisted 98 employers with matters related to section 50 of the Act. Over 30 employers received representation at Ontario Labour Relations Board proceedings, and more than 27 were provided with advice and information²⁷.

 The Safe Communities Incentive Program, which is delivered by the Workplace Safety and Insurance Board in collaboration with Safe Work Associations, provides a two-part **health and safety incentive program for small businesses**. Employers who participate in the program receive a one-time five per cent rebate over a minimum period of two years for each portion of the program. In 2013, 946 small businesses participated in the program and received a total of \$1.19M in rebates²⁸.



Workplace Safety and Prevention Services adapted and launched Closing the Loop: Setting up a Health and Safety System in Your Small Business which includes **information and tools to help small businesses establish a basic health and safety program at no direct cost**. The tools, which are tailored to different industries, were co-branded and promoted by nine trade associations. In 2013, the tools were downloaded 84,000 times²⁹.



In 2012, the Public Services Health and Safety Association implemented i3consult, an **online training and consulting model that helps businesses improve health and safety in their workplace**. i3consult is designed to be more accessible to small businesses by providing health and safety assistance which is cost-effective, available on demand and easy to understand.



Workers in small businesses are often unable to leave the workplace to attend training. The Workers Health and Safety Centre **launched their first online training course to develop**

supervisor health and safety

competence. Through their e-class, participants have the opportunity to connect in real time with their instructor and other participants. In 2013, 409 workers registered for the class²¹.

Improving compliance through enforcement



In 2013 and 2014, the Ministry of Labour **inspected new small businesses with fewer than 20 workers in the industrial sector**. The focus was on businesses that had registered with the Workplace Safety and Insurance Board but had no prior contact with the ministry. Through this initiative, the ministry conducted 1,589 field visits to 1,190 workplaces and issued 4,014 orders under the Occupational Health and Safety Act and its regulations⁵. This included 58 stop work orders⁵.

#38

To help all businesses comply with the Occupational Health and Safety Act and regulations, the ministry created compliance assistance tools. The tools, which include YouTube videos, podcasts, guidebooks, frequently asked questions and other web resources, tailor key occupational health and safety information to different types and sizes of businesses as well as to different industry sectors.

#25

2.3

Address the Highest Hazards that Result in Occupational Injuries, Illnesses or Fatalities

Job tasks that lead to a greater frequency or severity of work-related injury, illness or fatality are highly hazardous. By identifying the most hazardous activities, the system can mitigate risks by strengthening supports such as training, research and enforcement. This requires ongoing effort due to the evolving nature of Ontario's labour market. New industries, occupations and ways of doing work are constantly introduced, which can lead to new hazards. These hazards are not always obvious to workers, supervisors or employers. They can include substances that cause the onset of occupational disease as well as safety deficiencies that can lead to serious injury.

Understanding high hazards



In 2012 and 2013, Ministry of Labour research grants supported work to **help improve understanding of workplace hazards**. For example:

- The Centre of Research Expertise for the Prevention of Musculoskeletal Disorders engages researchers and workplace parties to improve the system's knowledge about prevention of work-related musculoskeletal disorders as well as workplace design and equipment that prevents injury. In 2013, the centre held two workshops, attended by 170 stakeholders, on the **prevention of workplace-based musculoskeletal disorders**³⁰. One workshop, Vibration: Good Practice in Measurement, Elimination and



Control, was attended by employers, labour representatives, injured workers, regulators, consultants and students.

- The Centre for Research Expertise in Occupational Disease, a collaborative program of the University of Toronto and St. Michael's Hospital, is dedicated to understanding and preventing occupational disease. To help raise awareness about

occupational disease, the centre collaborated with health and safety associations to identify the tools their consultants need to help workers and employers **understand and prevent occupational disease** – particularly occupational skin disease. Work is underway to develop a Skin Health Tool Box that will include awareness posters, an eLearning module, fact sheets and a tool to assist with the early identification of skin problems.

- The Occupational Cancer Research Centre researches the causes and prevention of occupation-related cancers. This research informs prevention programs to control workplace carcinogenic (cancer-causing) exposures and improve worker health. In 2013, the Occupational Cancer Research Centre undertook projects to **monitor occupation-related cancer in Canada** and identify industries where workers experience high incidence of occupational cancer. For example, data from the Ontario Cancer registry was linked to over 850,000 Workplace Safety and Insurance Board claim

records to identify industries – such as construction, mining and transportation – where workers experience high rates of diseases such as lung cancer³¹.

Addressing the most hazardous work through targeted enforcement


 In 2013, the Ministry of Labour inspection blitzes resulted in nearly 9,000 field visits to over 7,000 workplaces, creating over 23,000 orders, approximately 1,000 of which were stop work orders⁵. These targeted inspections are designed to **raise awareness of workplace hazards and increase compliance** with occupational health and safety legislation. Blitz topics included sector-specific hazards in the construction, industrial, health care and mining programs. For example:

- **Recycling and waste hazards** at industrial and health care workplaces across the province were inspected to ensure proper handling and disposal procedures are being followed.


- **Falls hazards** at construction sites were inspected to ensure that safe work practices, policies and programs exist, and that workers use appropriate fall protection systems and have appropriate training and supervision.
- **Internal responsibility systems** in underground and surface mines were assessed to ensure these facilities have an effective internal responsibility system in place.

Building awareness and knowledge on high hazards

 According to data from 2011, health care workers have 1.5 times the number of lost-work days than the average Canadian worker³². The Public Services Health and Safety Association and the Ontario Association of Community Care Access Centres launched eight web tutorials to address the **highest hazards to community care and home care workers**. In 2013, all eight web tutorials were made available in both English and French and were viewed by 2,844 participants³³.


 In 2013, Workplace Safety North delivered more than 6,040 **Mine Rescue Preparedness participant training days** to prepare mine rescue teams for a variety of crisis scenarios³⁴.

 The Infrastructure Health and Safety Association trained 2,162 participants in Working at Heights – Fundamentals of Fall Prevention in 2013. The program combines classroom-based learning with hands-on activities and explains the **essentials of fall protection** in the construction, electrical and utilities and transportation industries³⁵.

 **Forestry is one of the highest risk sectors in the province** with an allowed lost time injury rate of 1.54 per 100 workers for Schedule 1 employers in 2013². In Ontario, entry-level skills-based training is mandatory for the logging sector – for both conventional and mechanized logging. Workplace Safety North conducted 251 participant training days for conventional and mechanized logging in 2013³⁴.

 In 2013, the Workers Health and Safety Centre developed **new and updated hands-on training courses to address high hazard activities**, including training for workers who operate lift trucks, skid steers, elevating work platforms and chain saws.

 In August 2013, the Infrastructure Health and Safety Association hosted **a booth at the Canadian National Exhibition to raise awareness of the dangers of working at heights**. Ministry of Labour inspectors and Infrastructure Health and Safety Association consultants provided information on how to work safely at heights to workers as well as to homeowners who may hire a contractor to work on their home or cottage. During a five-day period, over 12,000 fairgoers visited the booth³⁵.

 Workplace Safety North released **a new collection of educational workplace safety videos** that take a unique approach to eliminating workplace hazards. Developed in consultation with field staff, the short animated video series offers tips for workers and employers on preventing falls, motor vehicle incidents, musculoskeletal disorders and machine-related injuries. In 2013, the videos were viewed 89,156 times³⁶.



Schools and other educational facilities may be faced with incidents requiring them to initiate lockdowns making it important for them to have a plan for emergency preparedness and crisis management. The Workers Health and Safety Centre developed Lockdown: a Crisis Response, a three-hour training program **to help schools, colleges and universities prepare and manage their emergency response solutions.**

Addressing the highest hazards through programs and legislation



Recognizing that, from 2003 to 2013, 15 per cent of allowed traumatic workplace fatality claims were due to falls to a lower level^{37*}, the Ministry of Labour and the health and safety

associations developed an **integrated action plan to prevent falls from heights** in 2013. The plan identifies opportunities for ongoing and new initiatives to prevent falls from heights.



#17

In 2013, the ministry released a **voluntary training program standard for workers who work at heights** and is proposing regulatory changes that would, if approved, make training that meets both a program and provider standard mandatory. If passed, the proposed regulatory amendments would initially make the training mandatory for workplaces covered by the Construction Regulation (O. Reg. 213/91).



From 2011 to 2013, the Workplace Safety and Insurance Board reported 48 allowed traumatic and occupational disease fatality claims among Schedule 1 mining employers². During the same period, the Ministry of Labour recorded 80 critical injuries in mines⁵. The ministry – in consultation with mining stakeholders and an industry advisory group – is undertaking a **comprehensive review of emerging occupational health and safety issues related to underground mining**. The ministry held 12 public consultation sessions, including public roundtables across the province, and received over 60 written submissions. A number of working groups have been created to tackle priority topics. A final report, which will describe the state of health and safety in Ontario mines and make recommendations for regulatory improvements, will be delivered in early 2015.


* Data as of March 31, 2014 for all injury years


2.4

Integrate Service Delivery and Systemwide Planning

The Occupational Health and Safety Expert Advisory Panel report highlighted the need for more integrated occupational health and safety services. It recommended organizational changes that would ensure all system partners share a common vision and are accountable for achieving common goals³⁸. In response to these recommendations, the occupational health and safety system took steps to integrate services and provide all workplace parties with more streamlined and coordinated access to supports. With more integrated services, the system can extend its reach and make better use of resources.

Restructuring the system

 A **Chief Prevention Officer** was appointed to the Ministry of Labour in October 2011, accountable to the Minister for the performance of the occupational health and safety system.

 In April 2012, **the mandate for prevention**, including oversight of the six health and safety associations, **shifted from the Workplace Safety and Insurance Board to the Ministry of Labour**. With this change, the responsibility for both prevention and enforcement are now located in one organization.



In 2012, a **Prevention Office consisting of three branches was created within the Ministry of Labour** to coordinate prevention

#1

functions for the province. The new prevention organization was fully staffed in the spring of 2013 after the recruitment of 90 staff.



An **11 member Prevention Council was established** in 2012

#1

to provide advice to the Chief Prevention Officer on occupational health and safety issues.



Testing new approaches to integration



The system is testing **integrated approaches to service delivery**.

For example, in 2013, the ministry and the Infrastructure Health and Safety Association collaborated to develop the province-wide Residential Roofing Pilot Project. This project involved targeted enforcement and a series of free two-hour seminars to educate roofers about regulatory requirements, including best practices, business cases for safety and occupational health and safety supports. Targeted enforcement resulted in over 540 field visits to nearly 500 workplaces and issuing of over 1,700 orders⁵.



At the regional level, system and external partners are collaborating to **maximize effectiveness of resources and interventions**. For example, in 2012, the Ministry of Labour Central-West regional office, the Infrastructure Health and Safety Association, the Public Services Health and Safety Association and school boards partnered to deliver

the Designated Substances in Schools initiative. The program provided training, tools and targeted inspections to local schools to address hazardous substances, such as asbestos, that may cause occupational disease. As part of this initiative, the ministry conducted 27 field visits and issued 49 orders⁵.



Every year the ministry **consults with workplace parties and representatives to help plan enforcement activities**.

In 2012, these Safe at Work Ontario consultations were combined with consultations on the integrated strategy and employment standards. In 2013, the consultations included representatives from the health and safety associations, increasing engagement among stakeholders who have not been involved in occupational health and safety planning and enhancing collaboration between the Ministry of Labour and the health and safety associations.

2.5

Build Collaborative Partnerships

Partnerships, within and beyond occupational health and safety organizations help the system understand workplace needs, expand reach and build capacity. System partners continually seek to strengthen existing partnerships and forge new ones by looking for opportunities to engage subject matter experts and organizations that connect with workplace parties, such as banks, supply stores and community organizations, as well as other ministries and levels of government, in the work of the occupational health and safety system.

Partnering for prevention



In 2012, Infrastructure Ontario made **occupational health and safety performance part of the selection criteria for pre-**

#42

qualifying general contractors to provide services for the government. As part of the selection process, the Ministry of Labour reviewed health and safety records of more than 200 firms seeking contracts with Infrastructure Ontario³⁹.



In 2013, the Ministry of Children and Youth Services released *Stepping Up – A Strategic Framework to Help Ontario's Youth Succeed*. Stepping Up is intended to serve as a **roadmap for helping the Ontario government and all public and private organizations do more to help youth** – especially the most vulnerable youth populations. Through this initiative, the Ministry of Labour is collaborating with 17 other ministries to

improve outcomes for youth, including occupational health and safety outcomes. Prevention messages will be embedded in youth programs across the government of Ontario.



Workplace Safety and Prevention Services developed a **customized Tech Shop Safety program** designed to help school boards understand the responsibilities and processes for assessing and controlling hazards in tech shops. The program was implemented in

the Durham District School Board and then introduced to over 250 Ontario schools. As a result of this program, new safeguards and improved safety procedures have been implemented in classrooms across Ontario⁴⁰.



In partnership with the Ministry of Agriculture and Food, Workplace Safety and Prevention Services worked with the Anabaptist Farm Safety Committee in 2013 to develop a **flip-chart teaching aid to help children from**

the Old Order Amish, Old Order Mennonite and Orthodox Mennonite communities recognize the importance of farm safety. The flip charts are currently being used in 28 schools and 40 more schools have expressed interest⁴⁰.




2.6

Promote a Culture of Occupational Health and Safety

A culture of occupational health and safety is one in which everyone has the opportunity to participate in and take responsibility for workplace health and safety. To create this culture, all workplace parties, regardless of their role, must be aware of their occupational health and safety rights and responsibilities. According to the Expert Advisory Panel report, there is a lack of basic awareness about the Occupational Health and Safety Act and regulations in Ontario workplaces. Over the past year, the occupational health and safety system has taken steps to increase awareness and promote a culture of occupational health and safety among employers, workers, supervisors and the general public.

Building awareness in the workplace and beyond

 The Ministry of Labour released the following key awareness products:

- **#10 'Health and Safety at Work: Prevention Starts Here'** is the province's mandatory awareness poster which 'summarizes the occupational health and safety rights and responsibilities of employers, supervisors and workers. The poster, which must be posted in all workplaces, was released in 2012 and is available in 19 different languages.
- **#14 Health and safety awareness workbooks for workers and supervisors**, released in 2013, **#31** provide a general introduction to workplace health and safety, explain worker rights and responsibilities, and outline the obligations of employers and supervisors under the

Occupational Health and Safety Act.

A complimentary employer guide provides tools and advice on how to deliver basic occupational health and safety awareness information to workers and supervisors.

- **Occupational health and safety awareness elearning modules for workers and supervisors**, released in 2013, provide foundational information on the Occupational Health and Safety Act and its regulations. As with other Ministry of Labour awareness products, the eLearning modules are available at no cost and in multiple languages.



A strong internal responsibility system, where all workplace parties take responsibility for occupational health and safety, can help foster a health and safety culture. The Joint Health and Safety Committee is a critical component of the internal responsibility system. In 2012, **key amendments were made** by the ministry, making it easier for workplace parties to improve health and safety. For example:

- **#12** The Occupational Health and Safety Act was amended to

enable individual co-chairs of Joint Health and Safety Committees to submit recommendations to their employer if an occupational health and safety issue is unresolved following a good faith attempt to reach consensus within the committee.

- **#11** The Ministry of Labour **revised the Guide to the Occupational Health and Safety Act and the Guide for Joint Health and Safety Committees and Representatives in the Workplace**. These revisions were made to reflect changes to the roles and responsibilities of workplace parties and the function of the Joint Health and Safety Committee and to make the information more accessible.



The Occupational Health Clinics for Ontario Workers posts short stories on its website to **recognize and celebrate the prevention successes of workplaces**. For example, Laurentian University and Timiskaming Child and Family Services were recognized in 2012 for using consultation services to address issues ranging from indoor air quality to office ergonomics.



As a way to reach out to small businesses and independent contractors, the Infrastructure Health and Safety Association **organized a Contractor Appreciation Day in 2013 at 10 Home Depot locations across the province**. An information booth was set up and 428 Contractor Starter Safety Kits were distributed containing information to help keep workers safe on the jobsite. Infrastructure Health and Safety Association consultants engaged with hundreds of companies and answered a variety of health and safety-related questions, such as how to control hazards and how to ensure compliance with the legislation³⁵.





Workplace sprains and strains account for 40 per cent of all allowed lost time claims among Schedule 1 employers². To increase awareness on these issues, the Occupational Health Clinics for Ontario Workers hosts **an annual Repetitive Strain Injury Awareness day**. The 2013 event was hosted at the Cambrian College's eDome in Sudbury and attended by 471 people through a studio audience and web conference⁴¹.

Enhancing awareness through legislation



#14

New regulatory requirements were developed in 2013 and came into force on July 1, 2014 **requiring health and safety awareness training for every provincially regulated worker and supervisor** under Ontario's Occupational Health and Safety Act. To support employers, the ministry's workbooks and eLearning modules are available at no cost and can be used by workplace parties to comply with the new requirements. Additional tools have also been developed for employers to help them assess their own training programs, test worker and supervisor knowledge on basic workplace health and safety, and keep records of their training.

In addition to reaching out to Ontario workers and businesses, the **Ministry of Labour receives and responds to questions, reports of non-compliance and feedback from the public**. This information is received through several channels, such as the ministry's contact centre and online feedback forms. In 2013, the ministry received over 72,000 questions, comments and requests for service on occupational health and safety⁴².



3.0

This section highlights key outputs of the occupational health and safety system as well as injury, illness and fatality statistics for 2013-14 and includes data for the past ten years.

2013-14: The Numbers

To support the development of future annual reports, the Ministry of Labour will begin to evaluate the system's performance using the performance measures in the integrated strategy. Over the long-term, the ministry will develop a full suite of systemwide qualitative and quantitative output and outcome measures, including leading and lagging indicators.

In 2013, 6.88 million workers were employed in Ontario – an estimated 6.29 million of them in workplaces under provincial jurisdiction¹. While most employers are insured by the Workplace Safety and Insurance Board, some industries are not legally required to register with the Board under the Workplace Safety and Insurance Act, 1997. The employers insured by the Workplace Safety and Insurance Board are

categorized as Schedule 1 or Schedule 2 based on their industry*. In 2013:

- Approximately 4.36 million workers** were employed by Schedule 1 employers who are covered under the Workplace Safety and Insurance Board's system of collective liability².
- Close to 700,000 workers were employed by Schedule 2 employers who are liable to pay the full compensation and administration costs for worker claims³.

* Workplace Safety and Insurance Board statistics in this report only reflect claims allowed by the Board and do not include statistics on registered claims

** Number of workers estimated by the Workplace Safety and Insurance Board based on full time equivalents

3.1

The Workforce

According to an analysis of Statistics Canada data, the workforce under provincial jurisdiction has evolved over the last ten years, reflecting changes in Ontario's economy. For example, the manufacturing sector represented 19.12 per cent of the workforce in 2003 compared to 12.36 per cent in 2013¹. The financial services, education and health sectors all increased their share of employment from 2003 to 2013, with gains ranging from one to two percentage points¹.

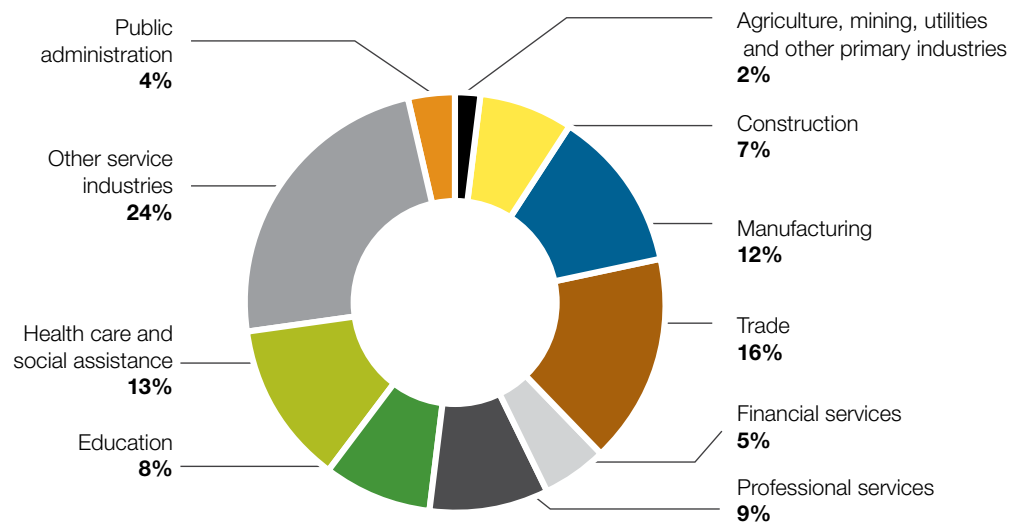
The total number of jobs grew from 2012 to 2013, with the workforce increasing in most sectors¹. The growth in jobs in 2013 was the second highest since 2003¹. This advance was led by construction, which increased by 6.03 per cent, and health care and social assistance, which increased by 3.04 per cent¹. A decrease in manufacturing of 2.90 per cent was the most significant decline in 2013 in terms of lost jobs¹. However, with the ongoing overall increase in employment, Ontario now has more workers who need support from the provincial occupational health and safety system.

With these increases driven by sectors with high rates of injuries, illnesses and fatalities, like construction and health care, the share of jobs in high risk sectors rose in 2013¹.

Data presented in the following sections should be considered within this labour market context. The injury, illness and fatality statistics presented reflect information reported to the Workplace Safety Insurance Board and the Ministry of Labour.

Source: Ministry of Labour based on Statistics Canada's Labour Force Survey. Percentages may not add up to 100 per cent due to rounding.

Ontario Employment under Provincial Jurisdiction 2013



3.2

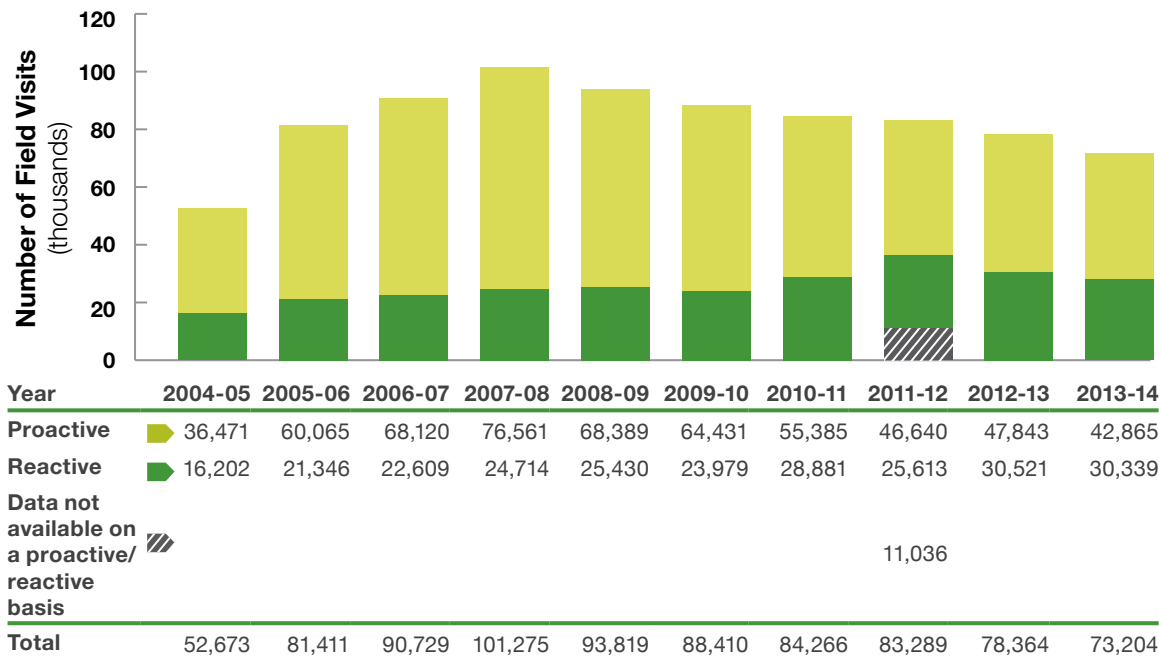
Enforcement and Prosecution Statistics 2013-14

In 2013-14, ministry inspectors conducted a total of 73,204 field visits to 32,773 unique workplaces⁵. These visits

included inspections, investigations and enforcement consultations⁵. The table shows proactive and reactive field visits by Ministry of Labour inspectors over the past 10 years.

Ministry of Labour Field Visits

(Enforcement Consultations, Inspections, Investigations)



In 2013-14, a total of 126,330 orders were issued under the Occupational Health and Safety Act and its regulations⁵. In addition to receiving orders from inspectors, workplace parties may also face prosecution under the Provincial Offences Act. Charges may be laid against workplace parties, including employers, supervisors, workers and directors of corporations. If convicted, an offender may be fined by the court and/or imprisoned. In 2013-14, the courts laid \$9.31 million in fines and convicted 780 workplace parties for failing to comply with the Act and its regulations⁵.

Source: Ministry of Labour Inspection, Compliance and Enforcement (ICE) Database: 2004-2014



3.3

Injury, Illness, and Fatality Statistics

Over the past decade, some injury, illness and fatality rates have been declining while others remained the same or increased. A significant amount of work remains to achieve the vision of healthy and safe Ontario workplaces.

This section includes workplace incidents reported to both the Ministry of Labour and the Workplace Safety and Insurance Board.

Traumatic and Occupational Disease Fatalities

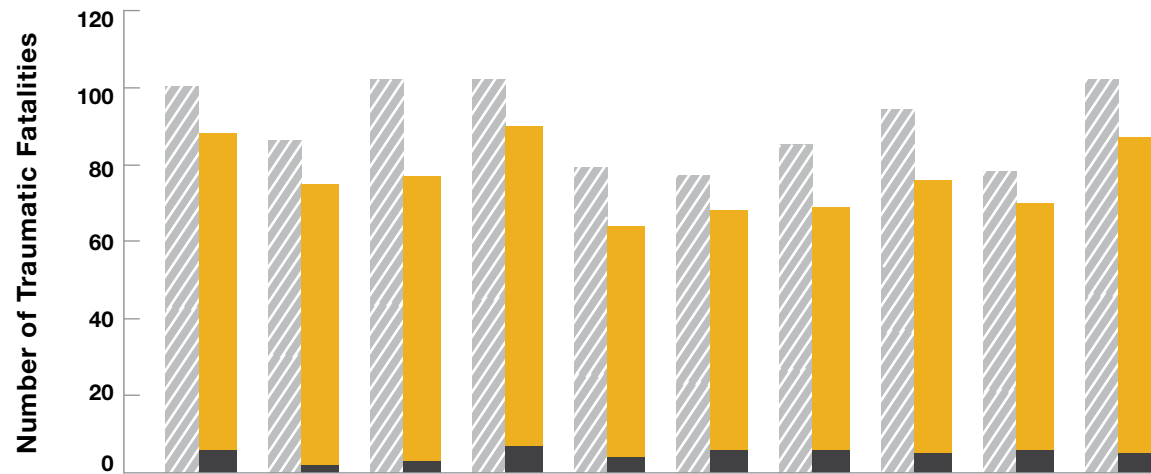
Traumatic fatalities are reported to both the Ministry of Labour and the Workplace Safety and Insurance Board. Each organization records reported fatalities in alignment with their organizational mandate and legislation. For the purpose of producing the annual Day of Mourning fatalities report, the two organizations

also create a total combined number to reflect workplace fatalities in Ontario. This combined number is reflected below in addition to Schedule 1 and 2 traumatic fatality figures.

In 2013, 102 traumatic workplace fatalities were reported in Ontario⁴. This number reflects the total traumatic fatalities reported to the Ministry of Labour and the fatality claims allowed by the Workplace Safety and Insurance Board based on year of death. From 2004 to 2013, the number of traumatic fatalities reported to the Ministry of Labour and the Workplace Safety and Insurance Board ranged between 77 and 102, and did not show a clear trend⁴.

According to Workplace Safety and Insurance Board statistics, between 2004 and 2013, males accounted for 91.87 per cent of all allowed traumatic fatality claims for Schedule 1 employers². During the same period, the majority of allowed traumatic fatality claims were from individuals between the ages of 45

Traumatic Fatalities (Year of Death)



Schedule 1 (Year of Death)



82

73

74

83

60

62

63

71

64

82

Schedule 2 (Year of Death)



6

2

3

7

4

6

6

5

6

5

Total Workplace Safety and Insurance Board allowed Traumatic Fatalities (Year of Death)



88

75

77

90

64

68

69

76

70

87

Total Traumatic Fatalities

for Ontario: Ministry of Labour

& Workplace Safety and Insurance Board (Year of Death)



100

86

102

102

79

77

85

94

78

102

Source: Workplace Safety and Insurance Board By the Numbers 2013, Schedule 1 and Schedule 2 and Workplace Safety and Insurance Board Day of Mourning Fatalities Report: 2004 – 2013

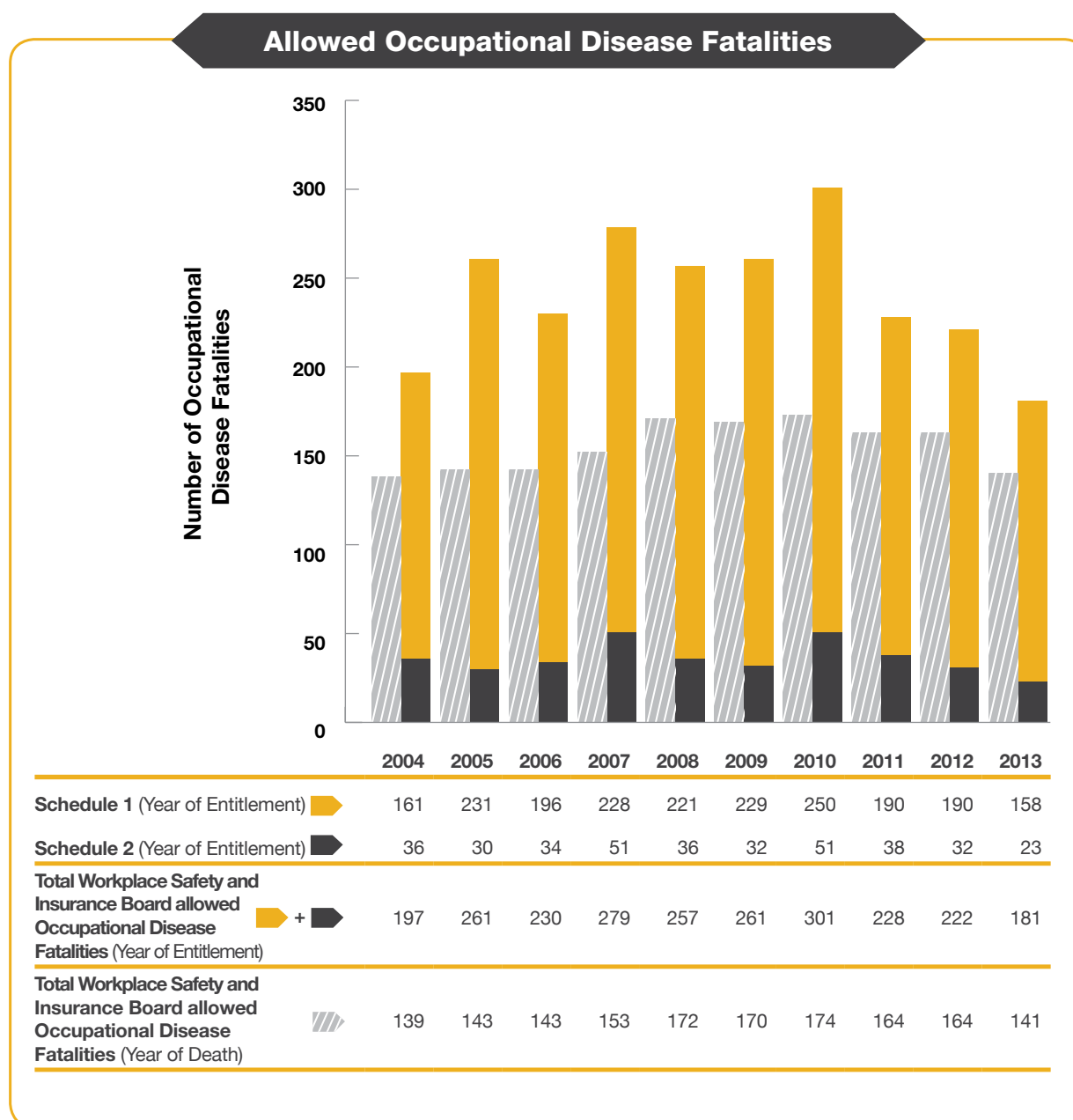
and 49 and mainly in the construction, transportation and service sectors². Most of these traumatic fatalities were due to motor vehicle incidents and falls².

Occupational disease fatalities are stated in two formats. The Workplace Safety and Insurance Board's Schedule 1 and 2 fatalities are stated by the year of entitlement (the year a decision was made on the claim). Occupational disease fatalities are also stated by the year of

death (the year the workplace fatality occurred). Numbers based on year of entitlement can be affected by many factors including the speed of claims processing and the definition of allowable occupational diseases in a specific year.

In 2013, the Workplace Safety and Insurance Board in Ontario allowed 141 occupational disease fatality claims based on year of death⁴. Between 2004 and 2013, the number of occupational disease fatalities ranged between 139 and 174, increasing from 2004 to 2008, and then declining from 2010 to 2013⁴.

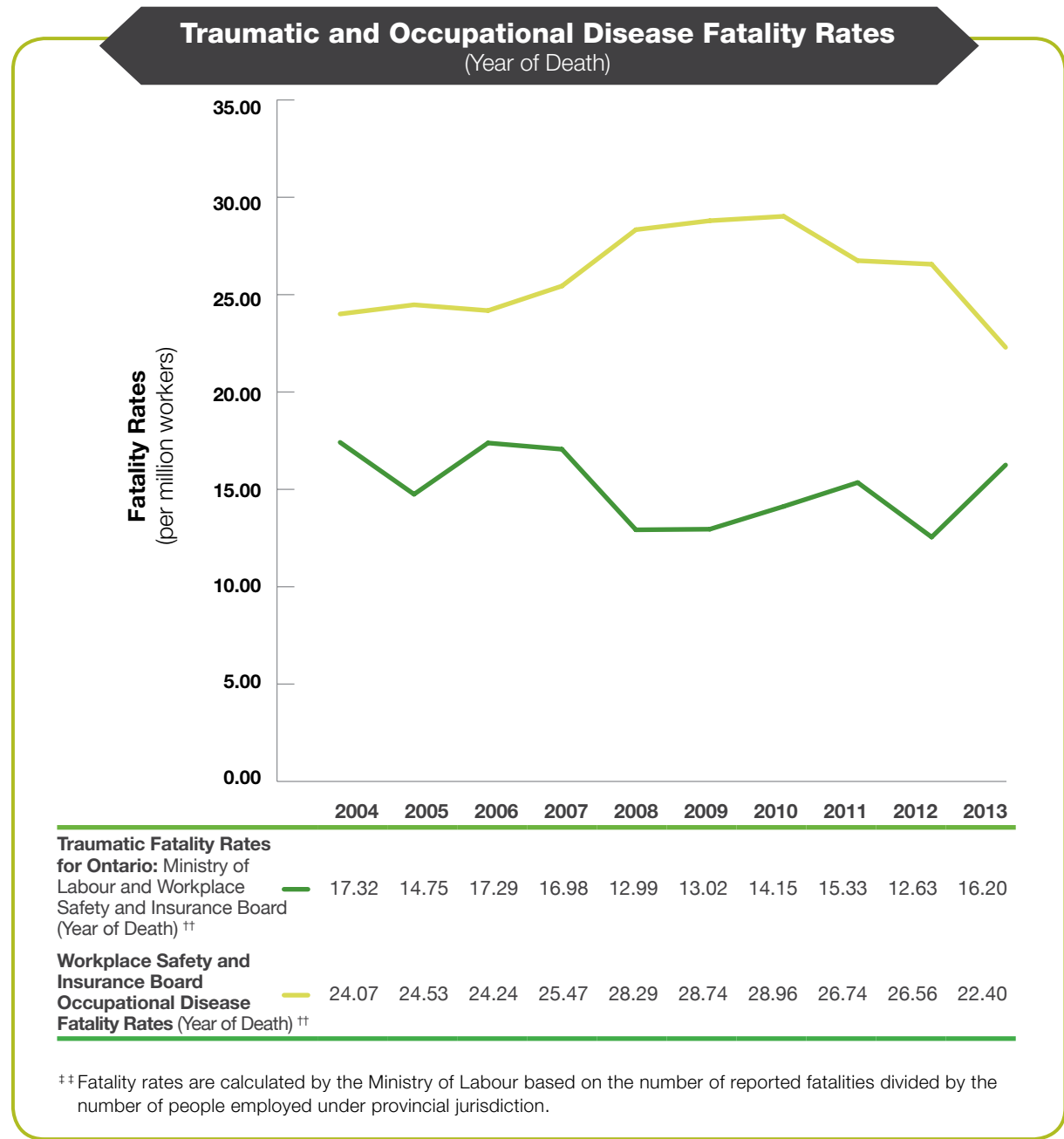
According to the Workplace Safety and Insurance Board, between 2004 and 2013, the highest percentage of allowed occupational disease fatality claims among Schedule 1 employers occurred among males, individuals 65 years of age and over, and those who worked in the construction and manufacturing sectors². Allowed occupational disease fatality claims were primarily due to cancers, including mesothelioma and lung cancer². Occupational disease fatalities generally have a long latency period, which means that the cause may have occurred many years or even decades before the onset of illness.



Sources: Workplace Safety and Insurance Board By the Numbers 2013, Schedule 1 and Schedule 2, and Workplace Safety and Insurance Board Day of Mourning Fatalities Report: 2004 – 2013

The rate of traumatic fatality claims allowed by the Workplace Safety and Insurance Board and reported to the ministry decreased slightly over time. In 2013, the rate of total traumatic fatalities reported to both the ministry and the Workplace Safety and Insurance Board was 16.20 per one million workers⁴. From 2004 to 2013, the rate of allowed traumatic fatality claims ranged between 12.63 and 17.32 fatalities per one million workers⁴.

The rate of allowed occupational disease fatality claims increased until 2010 when rates began to decline. In 2013, the rate of allowed occupational disease fatality claims, based on year of death, was 22.40 per one million workers⁴. From 2004 to 2013, the rate ranged between 22.40 and 28.96 fatalities per one million workers⁴.



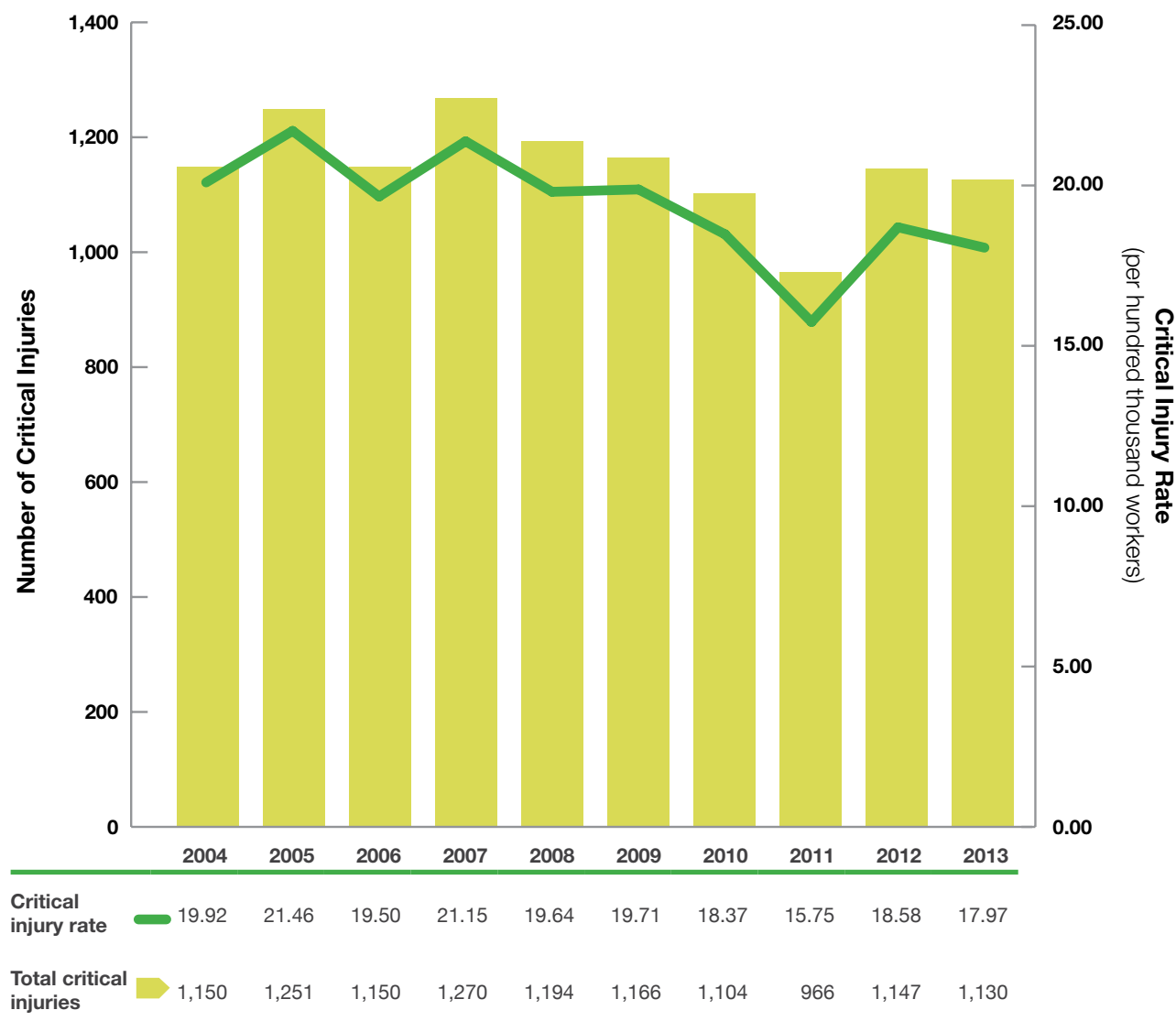
Source: Workplace Safety and Insurance Board Day of Mourning Fatalities Report: 2004 – 2013 and Ministry of Labour calculation based on Statistics Canada Labour Force Survey 2004 – 2013

Reported Critical Injuries

Under the Occupational Health and Safety Act, a critical injury is defined as an injury of a serious nature (for a more detailed definition see the glossary, Appendix B). Critical Injuries must be reported immediately to the Ministry of Labour and are tracked separately from Workplace Safety and Insurance Board lost time and no lost time injuries.

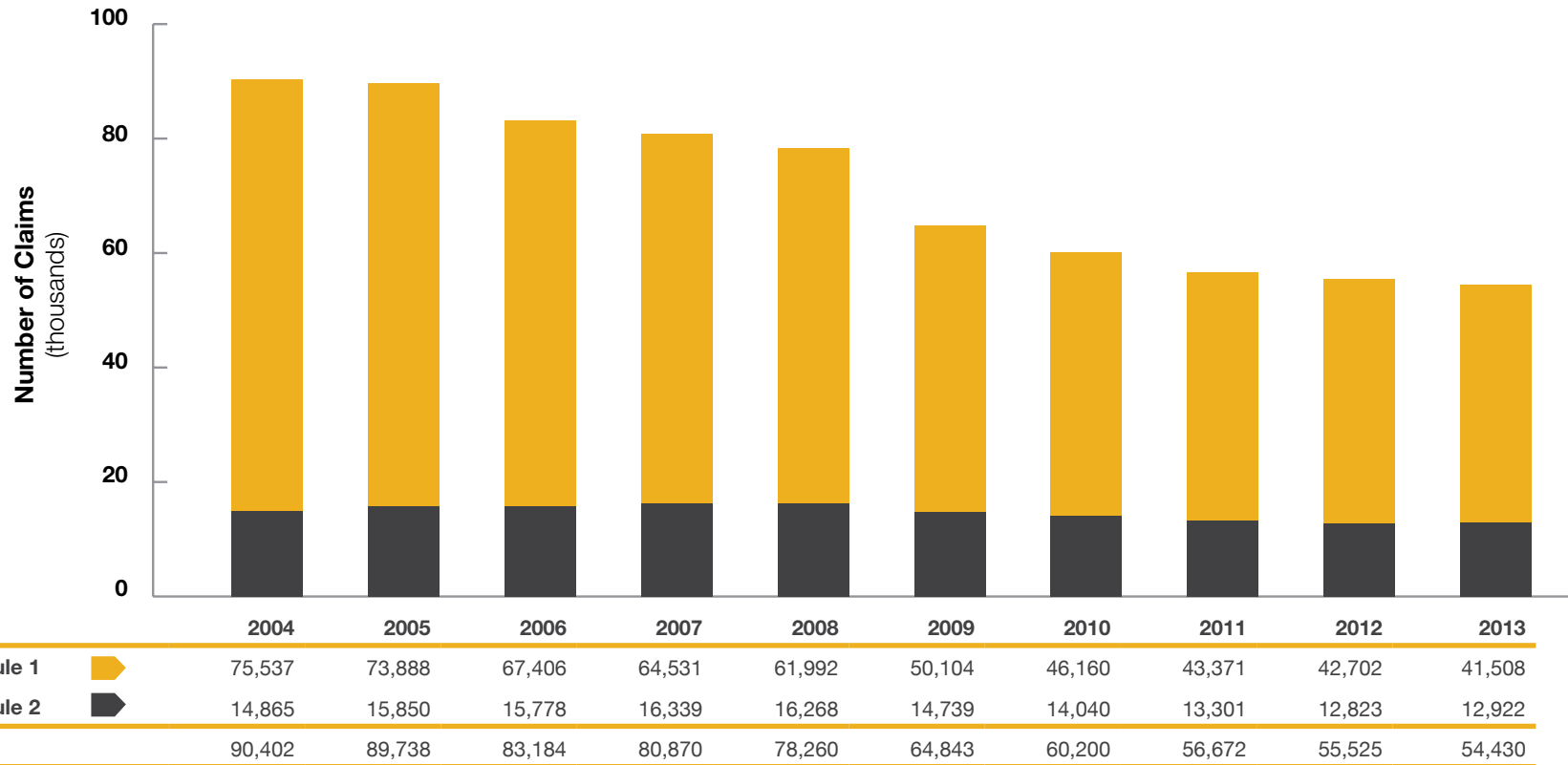
In 2013, the rate of reported critical injuries per 100,000 workers was 17.97⁵. Between 2004 and 2013, the rate of critical injuries did not show a clear trend. Overall, the rate decreased slightly at an average annual rate of 0.68 per cent⁵.

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



Source: Ministry of Labour Inspection, Compliance and Enforcement (ICE) Database: 2004 – 2013

Workplace Safety and Insurance Board Allowed Lost Time Claims (Year of Injury/Illness)

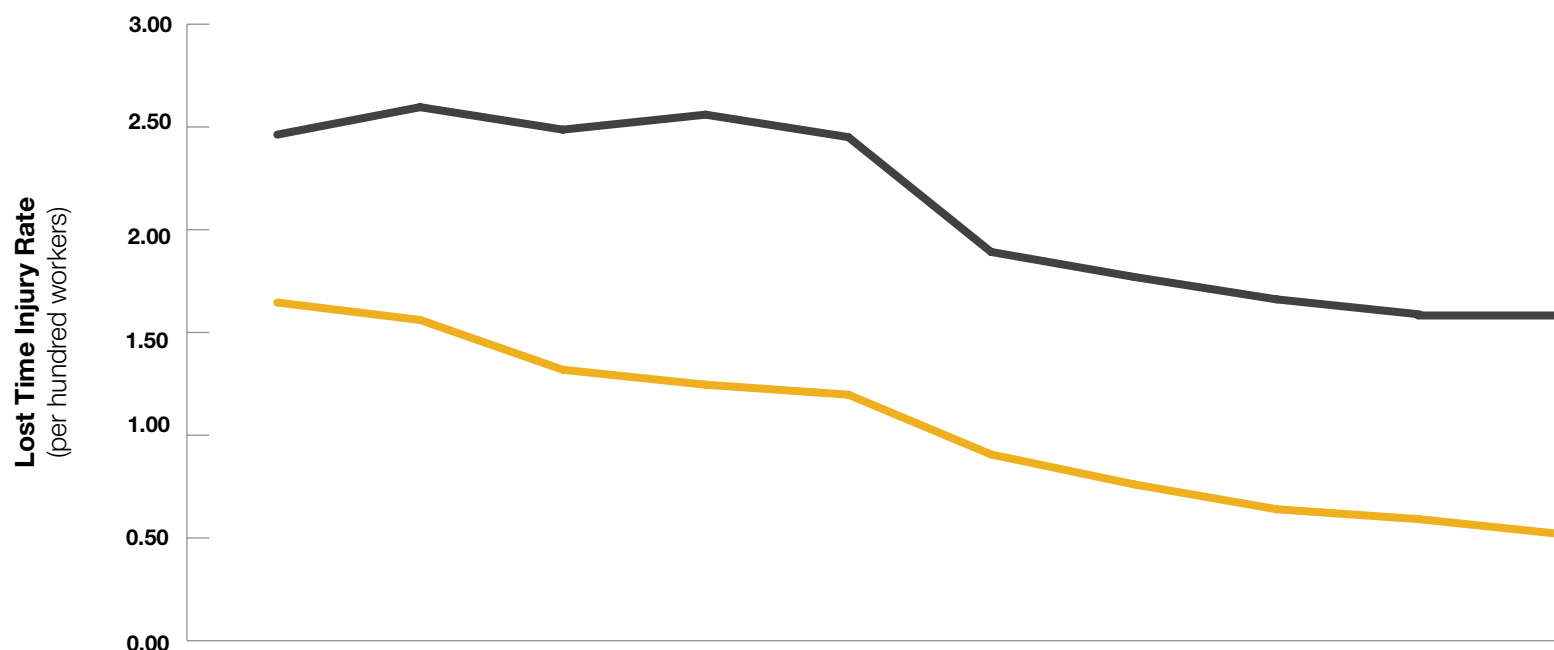


Source: Workplace Safety and Insurance Board By the Numbers 2013, Schedule 1 and Schedule 2

Allowed lost time and allowed no lost time injury claims

In 2013, there were 54,430 allowed lost time claims^{2,3}. Between 2004 and 2013, allowed lost time claims decreased at an average annual rate of 5.36 per cent^{2,3}. The figure illustrates this trend for both Schedule 1 and Schedule 2 employers.

Workplace Safety and Insurance Board Allowed Lost Time Injury Rate (Year of Injury/Illness)



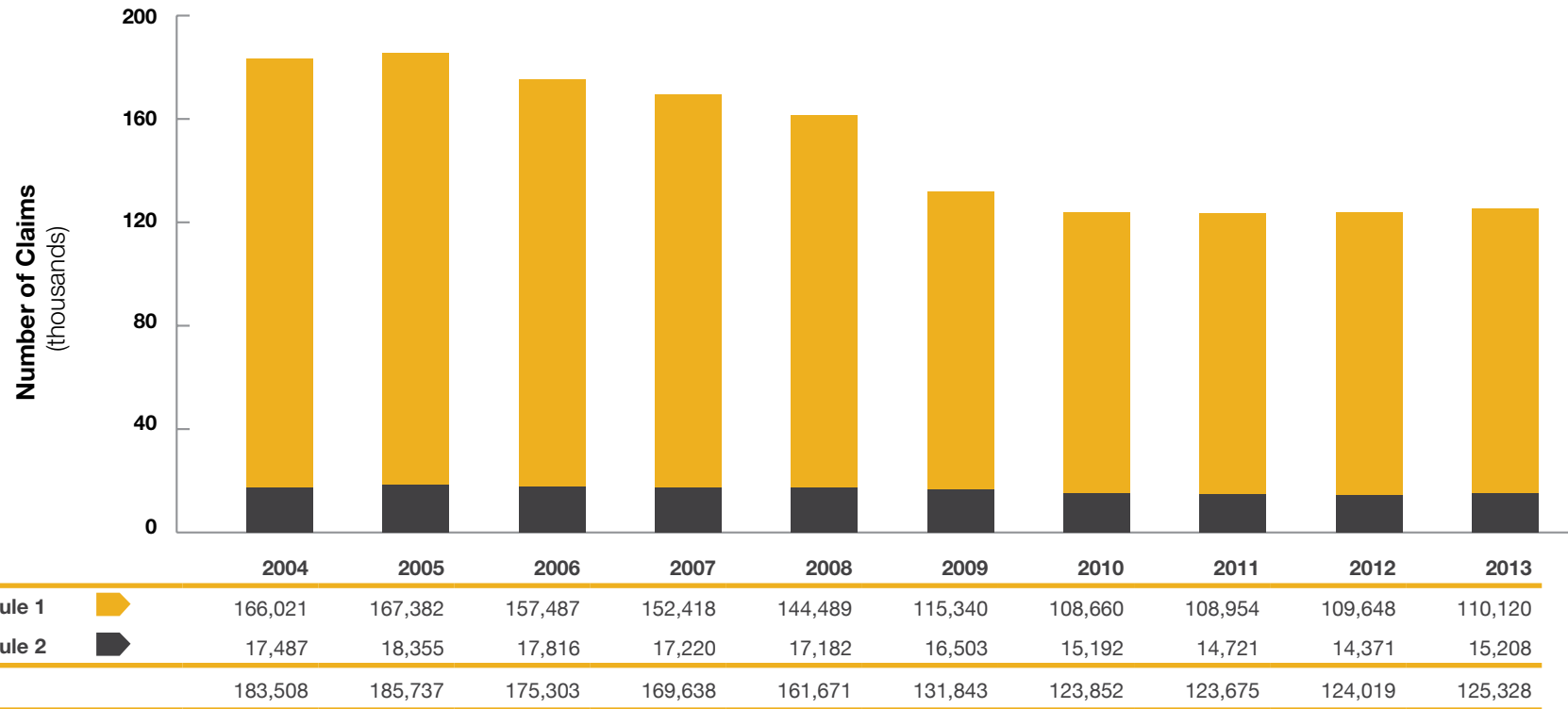
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Schedule 1	1.88	1.81	1.61	1.55	1.51	1.27	1.15	1.05	1.01	0.95
Schedule 2	2.57	2.68	2.59	2.65	2.56	2.10	2.00	1.91	1.85	1.85

Source: Workplace Safety and Insurance Board By the Numbers 2013, Schedule 1 and Schedule 2

In 2013, the rate of allowed lost time claims for Schedule 1 employers was 0.95 per one hundred workers². Between 2004 and 2013, this lost time injury rate decreased at an average annual rate of 7.18 per cent².

In 2013, the rate of allowed lost time claims for Schedule 2 employers was 1.85 per one hundred workers³. Between 2004 and 2013, this lost time injury rate decreased at an average annual rate of 3.41 per cent³.

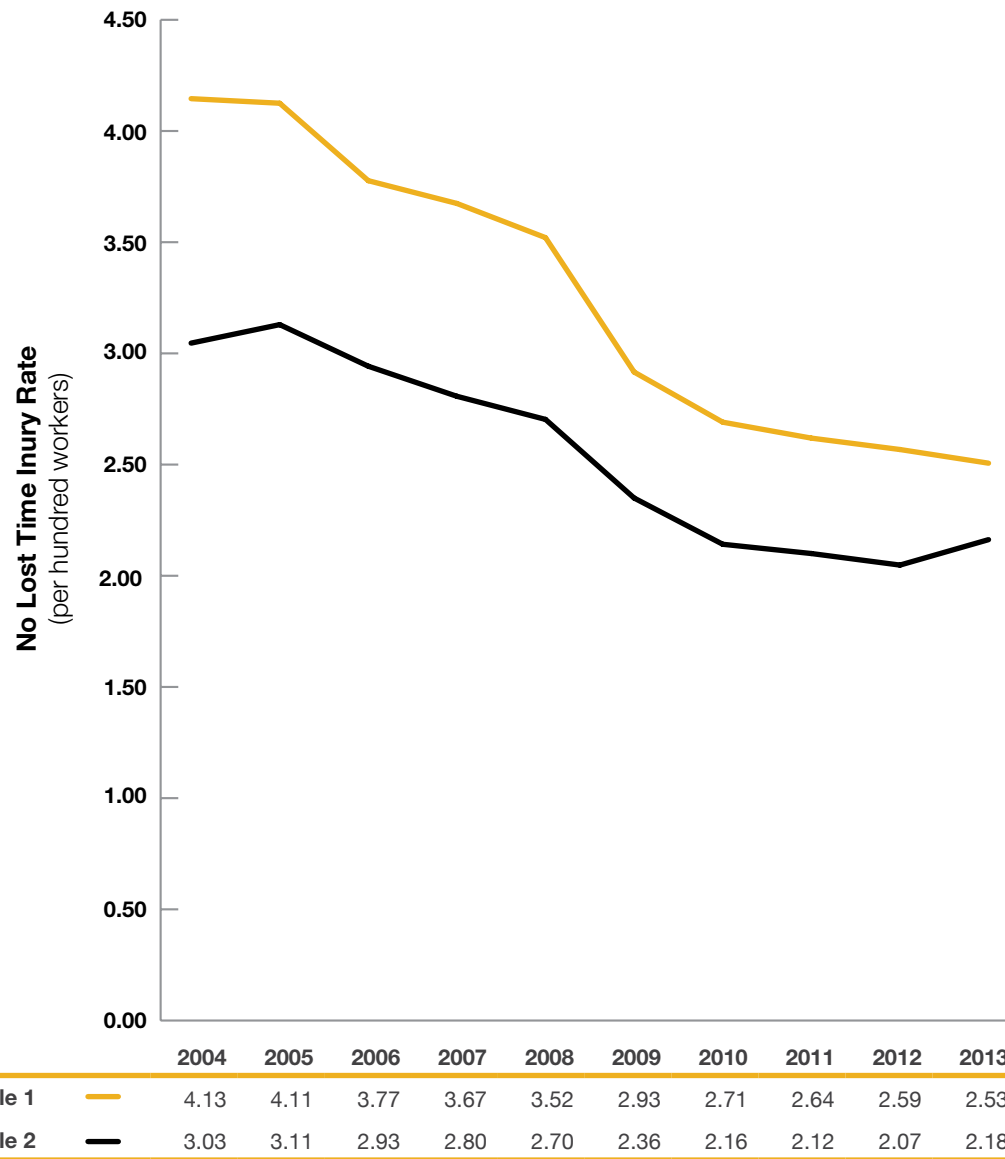
Workplace Safety and Insurance Board Allowed No Lost Time Claims (Year of Injury/Illness)



Source: Workplace Safety and Insurance Board By the Numbers 2013, Schedule 1 and Schedule 2

In 2013, there were a total of 125,328 allowed no lost time claims^{2,3}. Between 2004 and 2013, allowed no lost time claims decreased at an average annual rate of 3.96 per cent^{2,3}. The figure illustrates this trend for both Schedule 1 and Schedule 2 employers.

Workplace Safety and Insurance Board Allowed No Lost Time Injury Rate (Year of illness/injury)

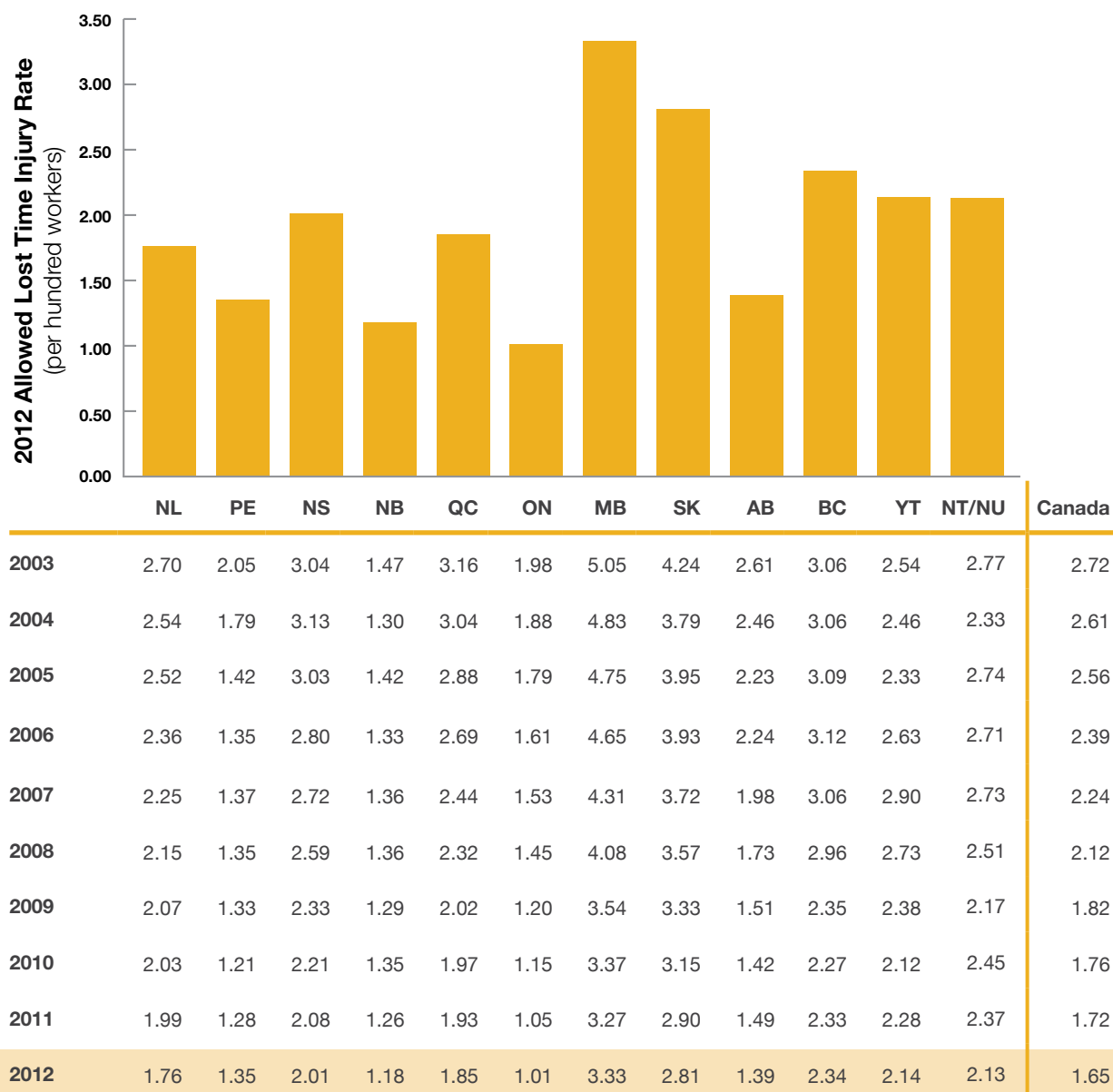


In 2013, the rate of allowed no lost time claims for Schedule 1 employers was 2.53 per one hundred workers². Between 2004 and 2013, the rate of allowed no lost time claims for Schedule 1 employers decreased at an average annual rate of 5.19 per cent².

In 2013, the rate of allowed no lost time claims for Schedule 2 employers was 2.18 per one hundred workers³. Between 2004 and 2013, the rate of allowed no lost time claims for Schedule 2 employers decreased at an average annual rate of 3.41 per cent³.

Source: Workplace Safety and Insurance Board By the Numbers 2013, Schedule 1 and Schedule 2

Allowed Lost Time Injury Rate (Provinces and Territories in Canada)



The figure compares the rate of allowed lost time claims across Canadian provinces and territories from 2003 to 2012, which is the most recent year for which provincial and territorial data is currently available. Since 2009, Ontario's rate of allowed lost time claims per one hundred workers, which accounts for differences in population size, has been the lowest in Canada. Since 2003, it has decreased at an average annual rate of 7.11 per cent⁶.

3.4

System Finances

Occupational health and safety in Ontario is funded primarily through a portion of premiums paid to the Workplace Safety and Insurance Board. Investments are also made by the Government of Ontario and revenues generated by health and safety associations.

The next figure reflects the investment in occupational health and safety for the

system over the past 10 years. The shift in funding in 2013 reflects the change in mandate as responsibility for prevention moved from the Workplace Safety and Insurance Board to the Ministry of Labour.

In 2013-14, Ontario's health and safety system invested a total of around \$300 million in occupational health and safety.



Occupational Health and Safety System Investments

(\$ millions)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Transfers to Health and Safety Associations	84.2	85.6	85.7	81.4	90.3	92.9	91.6	87.8	91.5	93.4
Health and Safety Associations Self-generated Revenue	19.1	22.9	26.0	30.6	29.3	23.7	21.8	21.3	22.4	24.5
Enforcement	61.5	73.8	80.7	88.9	92.3	91.8	92.2	91.9	92.5	95.3
Legislation / Regulation Development	1.7	1.7	1.6	1.8	2.2	2.2	2.5	2.4	2.1	2.3
Agencies	12.5	12.9	12.9	14.2	14.6	14.5	14.8	15.0	15.6	17.0
Ministry of Labour Prevention Organization								0.2	5.3	11.9
Workplace Safety and Insurance Board – Prevention Division	11.8	9.0	14.7	10.1	12.6	16.6	7.4	9.3	6.5	3.7
Other Grants	1.6	1.7	1.4	1.7	2.1	1.8	1.4	1.6	1.5	1.7
Research	8.6	8.1	8.0	9.0	9.1	8.8	8.1	7.9	7.8	8.9
Safe Communities Incentive Program Rebates	1.5	1.3	0.7	1.5	1.5	1.3	1.2	1.0	0.9	1.2
Safety Group Program Rebates	19.9	20.0	20.0	45.2	32.7	32.2	39.0	44.9	43.6	44.4
Total	222.4	237.0	251.7	284.4	286.7	285.8	280.0	283.3	289.7	304.3

Sources:

Transfers to Health and Safety Associations: Workplace Safety and Insurance Board Prevention Program Statistics for 2003 - 2012; Ministry of Labour Transfer Payment Agreements with Health and Safety Associations for 2012 - 2014

Health and Safety Association Self-Generated Revenues: Health and Safety Association audited financial statements 2003-2013

Enforcement, Legislation / Regulation Development, Agencies, Ministry of Labour Prevention Organization: Government of Ontario IFIS Database 2004 - 2013

Other Grants: Figures are based on Ministry of Labour estimates according to unpublished Workplace Safety and Insurance Board financial information. Estimates are based on best available information at the time of preparation of annual report and are reviewed annually to reflect new information as it becomes available.

Research: Workplace Safety and Insurance Board – Research Advisory Council Budgeted Spend 2004 - 2013 and Research Grant Expense Costs to the Institute of Work and Health 2004 – 2012. Ministry of Labour – transfer payment agreements with research funding recipient 2012 – 2013. Cancer Care Ontario transfer payment agreements for research funding 2012 - 2013. Figures were also validated by the Institute for Work and Health and Centres for Research Expertise.

Workplace Safety and Insurance Board Prevention Division: Workplace Safety and Insurance Board Prevention Program Statistics for 2003-2013

Safe Communities Incentive Program, Safety Group Program Rebates – Prevention Program Statistics for 2003-2013

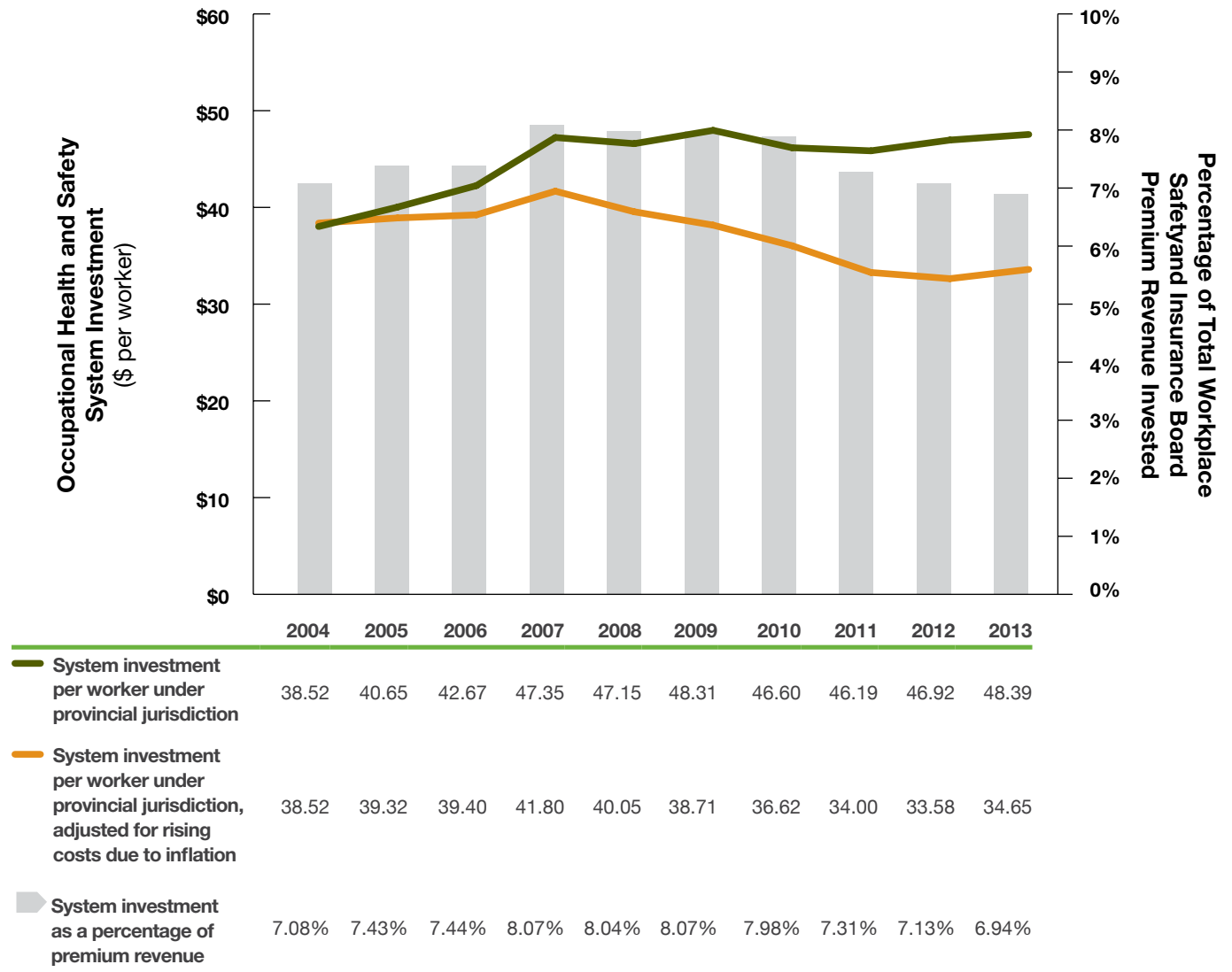
Notes:

- Transfers to Health and Safety Associations, Other Grants and Research categories reflect calendar year investments (January 1 – December 31) from 2004-2012 and fiscal year investments (April 1 – March 31) for 2013.
- Transfers to health and safety associations from 2004-2011 reflect direct funding from the Workplace Safety and Insurance Board to health and safety associations. The 2012 transfers reflect a combination of funding from the Workplace Safety and Insurance Board and the Ministry of Labour to the health and safety associations as the mandate for health and safety associations 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.
- The increase in 2013 transfers to health and safety associations is largely due to increases in pension costs and one-time funding for strategic opportunities.
- Self-generated revenue for the Infrastructure Health and Safety Association and Workplace Safety and Prevention Services is reported on a calendar year ending December 31st. Other health and safety associations report on a fiscal year ending March 31st.
- Enforcement, legislation and regulation development, agencies, and prevention organization reflect fiscal year investments (April 1 – March 31) from 2004 – 2013.
- 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.
- Agencies includes investments associated with the Office of the Worker Adviser, Office of the Employer Adviser and the associated administration.
- 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.
- Research includes investments associated with the Institute for Work and Health, the Research Advisory Council and the Centres of Research Expertise. Funding for Centres of Research Expertise commenced in 2004.

While total system investment has increased since 2004, the amount invested expressed as a percentage of Workplace Safety and Insurance Board premium revenue increased between 2004 and 2009, after which it decreased to near 2004 levels in 2013.

Since 2004, the amount invested by the occupational health and safety system per worker has increased at an average annual rate of 2.65 per cent, from \$38.52 per worker to \$48.39 per worker. However, once adjusted for inflation, the amount invested per worker has decreased from \$38.52 per worker in 2004 to \$34.65 per worker in 2013. During this time, the number of workers under provincial jurisdiction rose from 5.77 million to 6.29 million.

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



Sources: 2004-2013 Provincial Economic Accounts Deflator, Ministry of Labour calculation based on Statistics Canada Labour Force Survey 2004 - 2013, Workplace Safety and Insurance Board Annual reports: 2004-2012, Workplace Safety and Insurance Board 2012 - 2016 Strategic Plan: Measuring Results – fourth quarter 2013 Report

Investments by health and safety associations are composed of self-generated revenues and transfer payment funding administered by the Ministry of Labour. The chart states total actual spending by organization. The majority of funding provided to each association is invested in training, consulting and clinical services, with some surplus amounts for the year to be reinvested in 2014-15.

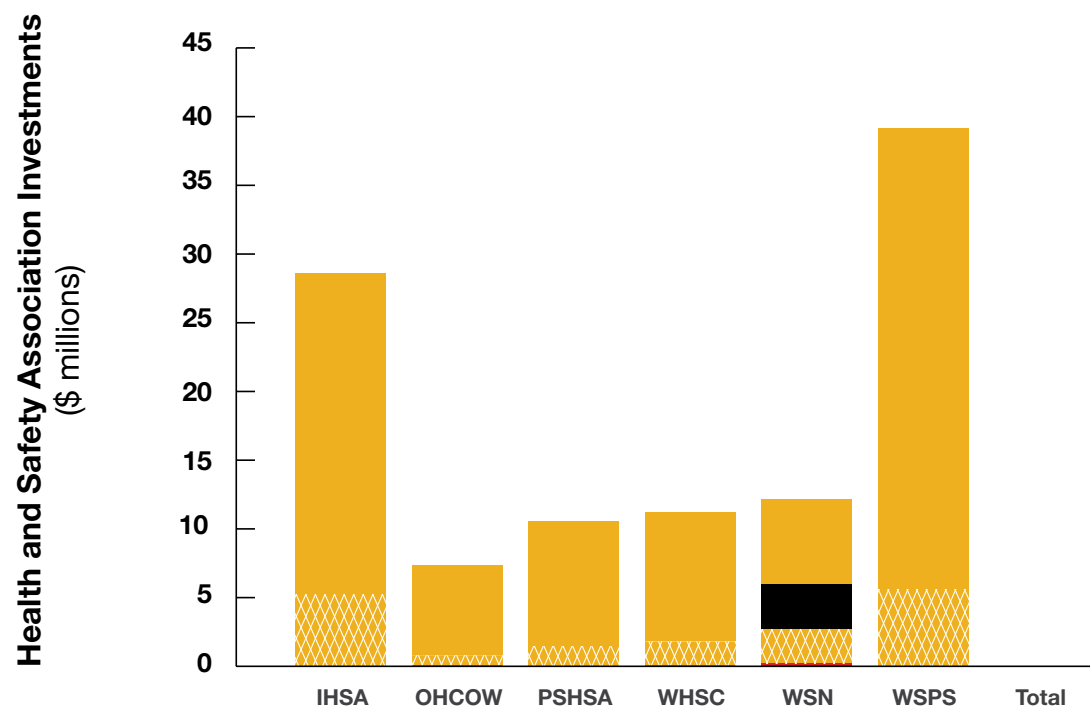
Source: Health and Safety Association Fourth Quarter Financial Reports to Ministry of Labour 2013-14.





Notes: Workers Health and Safety Centre, Workplace Safety and Prevention Services, and Infrastructure Health and Safety Association's figures are based on unaudited year-end reports.

Training, Consulting, Clinical and Other Direct Services includes: Training and Consulting, No Charge to Members Program, Powerline Technician Training, Clinical Services, Safety Groups, Certificate of Recognition and Small Business, Falls from Heights, Exposure/Health-Based Prevention Services, Northwestern (Thunder Bay) Clinic, Seasonal and Temporary Agricultural Workers Network Initiative, and Management of Aggression and Responsive Behaviours in Health Care.

Mine Rescue Program: is a legislative obligation under the Occupational Health and Safety Act

Ministry of Labour Funding to Health and Safety Associations (2013-14)



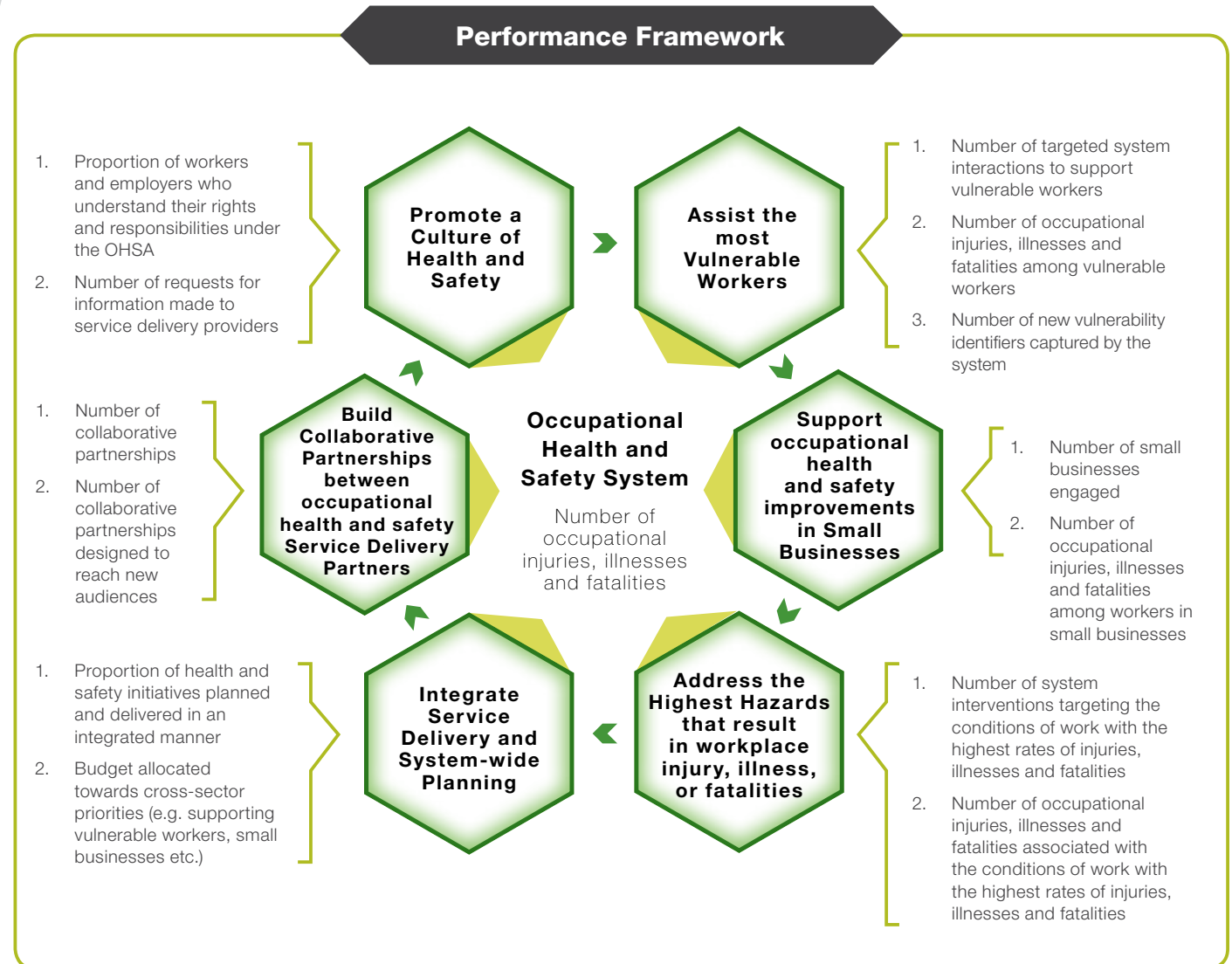
	Training, Consulting, Clinical and Other Direct Services	23.3	6.5	9.1	9.3	6.1	33.4	87.7
	Mine Rescue Program	0.0	0.0	0.0	0.0	3.3	0.0	3.3
	Corporate Services, Governance and Stakeholders	5.3	0.8	1.4	1.8	2.5	5.6	17.4
	Capital Investments	0.0	0.0*	0.0	0.0	0.2	0.0	0.2
Total		28.6	7.3	10.5	11.1	12.1	39.0	108.6

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

* Capital investment amount is \$46,233 prior to rounding

3.5

Performance Measurement



The integrated strategy includes a systemwide performance measurement framework, which will be used to help evaluate system activities and determine whether or not adjustments need to be made. The performance measures were selected based on system-level priorities and the availability of data to support measurement.

Future annual reports will track progress toward achieving the goals of the integrated strategy. The Ministry of Labour is compiling results that will help establish a baseline against which the system can measure progress toward achieving the goals. It is also developing new and innovative ways to collect and use data as well as a full suite of qualitative and quantitative output and outcome measures, including lagging and leading indicators.

Currently, the occupational health and safety system is exploring opportunities to improve data collection. The Workplace Safety and Insurance Board has data available for two of the integrated strategy's priority areas: assisting the most vulnerable workers and supporting occupational health and safety improvements in small businesses.

Data on young workers (a subset of vulnerable workers)

While work is currently underway to define vulnerability, we know that young workers – who are often new to a job – may be more prone to work-related injuries, illnesses and fatalities. For this reason, it is important to track data on young workers.

In 2013, 11.63 per cent of all allowed lost time claims from Schedule 1 and 2 employers occurred among young workers between the ages of 15 and 24⁴³. This group also experienced:

- four allowed traumatic fatality claims⁴³
- no allowed occupational disease fatality claims⁴³
- 6,328 allowed lost time claims which have decreased at an average annual rate of 7.65 per cent since 2004^{43,44}
- 19,331 allowed no lost time claims which have decreased by an average annual rate of 6.08 per cent since 2004^{43,44}

Data on Small Business (those with fewer than 50 full time workers) ‡‡

In 2013, small businesses (Schedule 1 employers) had 13,007 allowed lost time claims – down an average of 5.24 per cent per year since 2004^{45,46}. They also had 23,499 allowed no lost time claims – down an average of 4.93 per cent per year since 2004^{45,46}.

Since 2004, small businesses (Schedule 1 employers) accounted for approximately 31 per cent of allowed lost time claims and approximately 21 per cent of allowed no lost time claims^{45,46}.

‡‡ Business size is calculated based on insurance earnings reported to the Workplace Safety and Insurance Board, and is therefore only available for Schedule 1 employers



4.0

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Conclusion

2012-13 and 2013-14 marked the beginning of an important transformation for Ontario's occupational health and safety system targeted to improve occupational health and safety outcomes.

Significant changes have laid a foundation for better occupational health and safety outcomes. For example, the integrated strategy identified the path forward, the working at heights training standard was released, the mining review was launched and a targeted action plan to prevent falls from heights was developed. These accomplishments would not have been possible without the efforts of the entire occupational health and safety system.

As transformation advances, the system will continue to drive continuous and ongoing improvements to occupational health and safety. These improvements will involve a number of enhancements to service delivery as well as collaborative projects within and beyond the occupational health and safety system. Several key initiatives are underway including the development of action plans for the priorities of the

integrated strategy, improving and updating requirements for Joint Health and Safety Committees to ensure that the internal responsibility system is working effectively and embedding more occupational health and safety information in the curriculum at Ontario schools.

These initiatives will help ensure Ontario's occupational health and safety system is responsive to all workplace parties and drives improvements to the rate of injuries, illnesses and fatalities. The integrated strategy has provided a clear direction forward and system partners are engaged to deliver results on the strategy's priorities. The groundwork required to have a meaningful impact is in place and, through ongoing collaboration, the health and safety system has the means to achieve the vision of healthy and safe Ontario workplaces.



5.0

Appendix A – Expert Advisory Panel Recommendations Progress Report

In 2010, the Minister of Labour appointed Tony Dean to chair an Expert Advisory Panel on occupational health and safety comprised of experts representing labour, employers and academics.



Completed or Completed and Ongoing – These recommendations are fully implemented



Nearing Completion – These recommendations are in the last stages of implementation. However, they require additional actions, such as approvals, to be fully implemented.



In Progress – These recommendations are past the initial planning phase and are now in the implementation phase.



Initiated – These recommendations are in the initial planning and information-gathering phase.

The Panel completed a comprehensive review of the occupational health and safety system and made 46 recommendations for structural, operational and policy improvements. The government accepted those recommendations and is now implementing them.





Progress has been made in implementing the recommendations and the table below provides a summary of the progress as of March 31, 2014:

- 18 recommendations were either completed or completed and ongoing
- one recommendation was nearing completion
- seven recommendations were in progress
- 20 recommendations have been initiated.

Priority Recommendations





Rec No. Recommendation and Update

The following priority recommendations are either completed or completed and ongoing:

- | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 |  Creation of the Prevention Office (Chief Prevention Officer and Prevention Council)
The Chief Prevention Officer has been appointed, the Prevention Office has been established and the Prevention Council is in place. The prevention mandate was transferred from the Workplace Safety and Insurance Board to the Ministry of Labour on April 1, 2012. |
| 10 |  Mandatory health and safety awareness poster
Posting of the health and safety awareness poster was made mandatory in all workplaces across Ontario on October 1, 2012. |
| 3 |  Process to expedite the resolution of reprisal complaints under the Occupational Health and Safety Act
New process accelerating the resolution of reprisal complaints (e.g. a worker is penalized for asking their employer to follow the Occupational Health and Safety Act) was put in place April 1, 2012. |
| 35 |  Access to information and support for those involved in reprisal complaints
Effective April 1, 2012, the functions of the Office of the Worker Adviser and the Office of the Employer Adviser now include educating, advising and representing certain workers and employers in relation to reprisal complaints or referrals made to the Ontario Labour Relations Board (free of charge). |

Rec No. Recommendation and Update

The following priority recommendations are either completed or completed and ongoing:

- 14  **Mandatory health and safety awareness training for all workers**
The Worker Health and Safety Awareness in 4 Steps workbook and associated employer guide are available in multiple languages and at no cost through ServiceOntario and the Ministry of Labour website. Additional accessible, no-cost, low literacy resources will be developed.
-
- O. Reg. 297/13 (Occupational Health and Safety Awareness and Training) was announced on November 15, 2013, with a July 1, 2014, enforcement date. e-Learning modules for workers and supervisors are available on the Ministry of Labour website. Tools and resources have been developed to support implementation.
-
- 15  **Mandatory health and safety awareness training for all supervisors who are responsible for frontline workers**
The Supervisor Health and Safety Awareness in 5 Steps workbook and associated employer guide are available in multiple languages and at no cost through ServiceOntario and the Ministry of Labour website. Additional accessible, no-cost, low literacy resources will be developed.
-
- O.Reg. 297/13 (Occupational Health and Safety Awareness and Training) was announced on November 15, 2013, with a July 1, 2014, enforcement date. e-Learning modules for workers and supervisors are available on the Ministry of Labour website. Tools and resources have been developed to support implementation.
-
- 29  **Establish a committee to provide advice regarding the health and safety of vulnerable workers**
Vulnerable worker task group established December 2012.
-
- 36  **Establish a committee to provide advice on the needs and interests of employers and workers in small businesses**
Small business task group established December 2012.
-

Rec No. Recommendation and Update

The following priority recommendations are in progress:

17 **Mandatory fall protection training for workers working at heights**

A Working at Heights Training Program Standard was developed by a cross industry working group and was released on December 19, 2013. It is intended to apply across sectors and it is proposed that it will initially apply only in the construction sector.

The ministry recently conducted consultations on a proposed Working at Heights Training Provider Standard and on a regulatory proposal to make both the program and provider training standards mandatory in the construction sector.

The following priority recommendations have been initiated:

13 **Mandatory requirement for training of Health and Safety Representatives**

Information gathering underway.






16 **Mandatory entry-level training for construction workers**

Industry-based and system partner working group being established with consultations planned for 2014.

Remaining Recommendations






Rec No. Recommendation and Update

The following recommendations are either completed or completed and ongoing:

- | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 |  Responsibility for research funding to be transferred to the Prevention Office
The occupational health and safety research advisory panel has been established and a call for research proposals sent out September 2013 closed on December 2, 2013. Funding for successful proposals submitted to the first call for research was approved in March 2014. |
| 8 |  Establishment of a Knowledge Management Unit within the Prevention Office
A Knowledge Management Unit has been established and has begun reviewing the current inventory of health and safety information and resource products. |
| 12 |  Amend the Act to allow co-chairs of Joint Health and Safety Committees to submit written recommendations to an employer if an issue is unresolved following repeated attempts to reach consensus
An amendment to the Occupational Health and Safety Act creating this change came into force on April 1, 2012. |
| 34 |  Ministry of Labour to review its prosecution policy and develop guidance for when to lay charges for contraventions of section 50 of the Act which prohibits an employer from dismissing, disciplining, suspending or penalizing a worker in any other way (including threats) who has acted in compliance with the law
Revised policies and procedures were developed for the Ministry of Labour Operations Policy and Procedure Manual. |
| 38 |  Ministry inspectors to incorporate compliance assistance as part of their approach
Additional training for inspectors has been implemented. The ministry is working with health and safety associations to ensure necessary compliance information is developed and available to workplaces. |


Rec No. Recommendation and Update

The following recommendations are either completed or completed and ongoing:







-
- 46  **Establishment of an implementation team and an interim Prevention Council**
An interim Prevention Council and a ministry implementation team were both established in 2011 to begin implementation of the Panel report's recommendations.
-
- 21  **Ministry of Labour to target workplaces and sectors for proactive inspections after normal working hours**
An Extended Hours of Work pilot program and targeted field visits have been completed and evaluated.
-
- 25  **Review current enforcement policy and supports for inspectors – create a consistent approach to tough enforcement for serious and wilful contraventions, as well as compliance assistance where guidance will help employers achieve compliance**
Compliance assistance tools continue to be implemented including YouTube videos, Facebook pages, podcasts, guidebooks, FAQs and web resources. The ministry is in the process of revising quality assessment and quality control to assess the inspectors' field visit reports and orders.
-
- 30  **Ministry to carry out more proactive inspections and periodic enforcement campaigns at workplaces and in sectors where vulnerable workers are concentrated**
The presence of vulnerable workers is now used as a factor in determining the focus of current and future inspection blitzes. The consultation to inform the ministry's compliance program is ongoing.
-
- 31  **System to develop information products in multiple languages and formats for distribution through various media and organizations to raise awareness**
The mandatory health and safety awareness poster was made available in English and French as well as 17 other languages (alternate formats such as Braille are available by request). Worker and supervisor workbooks are available in seven languages in addition to English and French. The fact sheet on reprisals is available in 16 languages in addition to English and French.
-

Rec No. Recommendation and Update

The following recommendations are nearing completion:










- 11  **Update to the Guide to the Occupational Health and Safety Act and the Guide for Joint Health and Safety Committees and Representatives**
Initial updates have been made to both guides, which are available on the Ministry of Labour website.
-


The following recommendations are in progress:


- 2  **Prevention Office to create, implement and audit training standards required by the Occupational Health and Safety Act and its regulations**
-
- 20  **The Ministry of Labour to take steps to acquire information and data that inspectors could use to identify and reduce underground economic activity**
-
- 22  **Workplace Safety and Insurance Board (with Prevention Office) to review and revise existing financial incentive programs**
-
- 40  **Make high school graduation dependent upon demonstration of occupational health and safety knowledge**
-
- 42  **Develop government procurement policies that consider health and safety performance**
-
- 45  **Workplace Safety and Insurance Board to amend registration process to include active link to health and safety information, and should continue to work with the system to provide information to new business owners**
-


Rec No. Recommendation and Update


The following recommendations have been initiated:


- | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3 |  Prevention Office to work with other ministries and training organizations to develop a graduated health and safety awareness and training program and establish Ontario as a provincial leader in occupational health and safety continual learning and training |
| 4 |  Prevention Office to develop a multi-year social awareness strategy to reduce public tolerance of workplace injuries, illnesses and fatalities and shift attitudes, beliefs and behaviours around occupational health and safety |
| 6 |  Develop common database for planning and evaluation purposes |
| 7 |  Establish business centre to standardize, manage and disseminate health and safety data, provide analytical expertise and manage public access |
| 9 |  Review current inventory of health and safety information/resources and develop a plan for consolidation |
| 18 |  Government to make a single provincial entity responsible for co-ordinating a province-wide approach to address the underground economy |
| 19 |  Entity overseeing province-wide approach on underground economy to consult on expansion of the designations regulation to enhance capacity of regulators |
| 23 |  Develop accreditation program recognizing employers who successfully implement health and safety management systems |
| 24 |  Develop financial incentives rewarding employers who qualify suppliers based on health and safety |


- 26  Review the types of offences for which a ticket can be issued, request Attorney General review then revise the schedule of offences and request that the Chief Justice consider increasing existing set fines


- 27  Add administrative financial penalties as an enforcement tool


- 28  Institute a regulatory review approach that ensures regulations are current, consistent and provide compliance flexibility and support


- 32  Develop regulations to control the key hazards associated with farm work

- 37  Intensify support for small business compliance through focused/integrated programs

- 39  Expand health and safety content of school curricula and update teacher resource material

- 41  Incorporate health and safety content into post-secondary institutions and trade school programs

- 43  Develop health and safety criteria for inclusion in funding considerations related to innovation

- 44  Amend business registration process to include active link to occupational health and safety information

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 Claim** – A lost time claim is created when a worker suffers a work-related injury/disease which results in:
 - 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 Claim** – A no lost time 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 percentage change each year over the period specified.

Allowed Occupational Disease Fatality Claim – An allowed claim for a worker who died of a work-related disease or condition.

Allowed Traumatic Fatality Claim – Allowed claims for workers who died of a work-related traumatic injury.

Bill 160 – Occupational Health and Safety Statute Law Amendment Act, 2011, S.O. 2011, c.11 – amended the Occupational Health and Safety Act and the Workplace Safety Insurance Act, 1997.

Critical Injury – An injury of a serious nature that:

- places life in jeopardy,
- produces unconsciousness,
- results in substantial loss of blood,
- involves the fracture of a leg or arm but not a finger or toe,
- involves the amputation of a leg, arm, hand or foot but not a finger or toe,
- consists of burns to a major portion of the body or
- causes the loss of sight in an eye.

Critical injuries must be reported immediately to the Ministry of Labour and are tracked separately from Workplace Safety and Insurance Board lost time and no lost time injuries. Critical injury statistics are based on reports to the ministry's contact centre, which does not differentiate between provincial and federal jurisdiction. Therefore numbers may include injuries that do not meet the definition of critical injury under the Occupational Health and Safety Act (R.R.O. 1990, Reg. 834).

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

Employment under Provincial

Jurisdiction – Ontario employment in industrial 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.

Enforcement Consultations – Ministry of Labour inspectors advise workplace parties of their rights, duties and responsibilities under the Act, and of the policies and procedures of the ministry.

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.

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.

Lagging Indicators – These indicators show long term trends, such as increasing rates of occupational disease or decreasing rates of lost time injuries, but they do not predict them. Such data is important to monitor because evidence of increasing incidence of work injury and/or illness can be a signal that improvements are needed in the workplace safety system.

Leading Indicators – Leading indicators of work injury and illness are characteristics of workplaces that precede occupational health and safety outcomes. Leading indicators have the potential to help identify the factors affecting the risk of injury, as well as better ways to prevent work injury and illness from occurring.

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. A fatality recorded by the ministry includes an incident resulting in the death of a worker.

These fatalities exclude:

- death from natural causes
- death of a non-worker at a workplace
- suicides
- death under the legislation of the Criminal Code, Highway Traffic Act and Canada Labour Code and
- 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.

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

Prevention Grants – Funding for activities that address the province's key occupational health and safety priorities. Prevention 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.

Proactive Visits – Inspections conducted by the ministry to monitor compliance with occupational health and safety legislation and promote the internal responsibility system.

Reactive Visits – Inspections conducted by the ministry typically for the purpose of investigating a fatality, critical injury, work refusal, complaint, occupational disease or other health and safety related event in the workplace.

Registered Claims – Registered claims for injuries, illnesses or fatalities reported to the Workplace Safety and Insurance Board in the year they occurred (as some claims are registered with the Workplace Safety and Insurance Board after the year in which the injury, illness or fatality occurred) includes all allowed, denied, abandoned and pending claims. A registered claim is different from an allowed claim.

Safe Communities Incentive Program – The Safe Communities Incentive Program (SCIP) is a two-part health and safety incentive program for small business. Part One is an introduction to health and safety designed 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 and Occupational Health and Safety Act. Firms that meet the program requirements – participation in classroom training 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. Part Two further enhances health and safety awareness and helps small businesses develop an effective and successful health and safety program. Firms can receive up to an additional five per cent rebate in Part Two of SCIP after they participate in three in-class sessions and submit both a health and safety policy and a self-evaluation checklist.

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. By investing in health and safety and implementing effective prevention programs, they can benefit from financial incentives. Groups participating in this incentive may receive rebates of up to six per cent of their Workplace Safety and Insurance Board premium.

Schedule 1 – Schedule 1 employers are employers for whom the Workplace Safety and Insurance Board is liable to pay 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. Schedule 2 employers are liable to pay all benefit compensation and administration costs for their workers' claims. 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.

Underground Economy – According to the Canada Revenue Agency, the underground economy refers to business activity that is unreported or underreported for tax purposes.

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 evaluations 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 evaluations help workplaces identify weaknesses in workplace health and safety management systems.

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

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

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Data limitations in this report

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

- Some statistics, such as injuries and fatalities stated by the Workplace Safety and Insurance Board and critical injuries stated by the Ministry of Labour, may be underestimated due to underreporting or misclassified due to human or reporting error.
- 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.
- Some statistics may exclude certain individuals not covered under the Workplace Safety and Insurance Board.
- 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

Occupational Health & Safety in Ontario
2013-14 Annual Report

ISSN 2292-9398