



WRHA Occupational and Environmental Safety & Health Quarterly Report - Regional Summary

* All reported stats/activity are for reporting period outlined above *

| Number of INM resulting in lost time | | | | | | | | | | | | | | | |
|--|---|--------|-----|-----|-------|------|-----|-----|------|--------|-----|-----|---------|---------|-----|
| Approximate # of smployees a a Cotal Number of Employee hours worked during reporting period b Workplace Injury and WCB Claims Total Reported INM c C C C C C C C C C | | | CII | CII | SOCII | VCII | use | MUC | DI C | Dan Am | | DDC | | | DDE |
| Internation | | 1 | GH | CH | SUGH | VGH | HSC | MHC | DLC | Pan Am | CHS | RPG | Launary | Launary | KUF |
| Total Number of Employee hours worked during reporting period b Workplace Injury and WCB Claims Total Reported INM | | | | | | | | | | | | | | | |
| Employee hours worked during reporting period b Workplace Injury and WCB Claims Total Reported INM c | | а | | | | | | | | | | | | | |
| ## district from the control of the | | | | | | | | | | | | | | | |
| Workplace Injury and WCB Claims Total Reported INM | | | | | | | | | | | | | | | |
| Total Reported INM | | | | | | | | | | | | | | | |
| Number of INM resulting of Number of INM resulting in Medical costs only e in | Workplace Injury and WCE | 3 Clai | ms | | | | | | | | | | | | |
| In lost time d wumber of IMM resulting in Medical costs only e wumber of IMM resulting in Medical costs only e wumber of IMM resulting in Medical costs only e wumber of IMM resulting in lost time d/c wumber of IMM wu | Total Reported INM | С | | | | | | | | | | | | | |
| Number of INM resulting in Medical costs only Fortal WCB Claims (f) d+e Percentage of INM resulting in lost time d/c Frequency (formula below) # of wcb claims (f) x 200,000 Employee hours worked (b) Severity (formula below) # of dayslost x 200,000 Employee hours worked (b) Fortal INM MSI Related # of staff on WCB (actual claims compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | Number of INM resulting | | | | | | | | | | | | | | |
| In Medical costs only If total WCB Claims (f) d+e Percentage of INM Percentage of In | in lost time | d | | | | | | | | | | | | | |
| Total WCB Claims (f) d + e Percentage of INM resulting in lost time d/c Prequency (formula below) d + of wcb claims (f) x 200,000 Employee hours worked (b) d + of dayslost x 200,000 Employee hours worked (b) d + of staff on WCB (actual claims compensation, medical rehab or rehabilitation) expension expens | Number of INM resulting | | | | | | | | | | | | | | |
| Percentage of INM resulting in lost time d/c | in Medical costs only | е | | | | | | | | | | | | | |
| Percentage of INM resulting in lost time d/c | | | | | | | | | | | | | | | |
| resulting in lost time | Total WCB Claims (f) | d + e | | | | | | | | | | | | | |
| Frequency (formula below) # of wcb claims (f) x 200,000 Employee hours worked (b) Severity (formula below) # of dayslost x 200,000 Employee hours worked (b) Total INM MSI Related # of staff on WCB (actual claims compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | Percentage of INM | | | | | | | | | | | | | | |
| # of wcb claims (f) x 200,000 Employee hours worked (b) Severity (formula below) # of dayslost x 200,000 Employee hours worked (b) Total INM MSI Related # of staff on WCB (actual claims compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | resulting in lost time | d/c | | | | | | | | | | | | | |
| Employee hours worked (b) Severity (formula below) # of dayslost x 200,000 Employee hours worked (b) Total INM MSI Related # of staff on WCB (actual claims compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | Frequency (formula below) | | | | | | | | | | | | | | |
| Employee hours worked (b) Severity (formula below) # of dayslost x 200,000 Employee hours worked (b) Total INM MSI Related # of staff on WCB (actual claims compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | # of wcb claims (f) x 200,000 | | | | | | | | | | | | | | |
| # of dayslost x 200,000 Employee hours worked (b) Total INM MSI Related # of staff on WCB (actual claims compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | Employee hours worked (b) | | | | | | | | | | | | | | |
| Employee hours worked (b) Total INM MSI Related # of staff on WCB (actual claims compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | Severity (formula below) | | | | | | | | | | | | | | |
| Total INM MSI Related # of staff on WCB (actual claims compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | # of dayslost x 200,000 | | | | | | | | | | | | | | |
| # of staff on WCB (actual claims compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | Employee hours worked (b) | | | | | | | | | | | | | | |
| compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | Total INM MSI Related | | | | | | | | | | | | | | |
| compensation, medical rehab or rehabilitation) WCB Quarterly Client Profile for Reporting Period | # of staff on WCB (actual cla | aims | | | | | | | | | | | | | |
| rehabilitation) WCB Quarterly Client Profile for Reporting Period | | | | | | | | | | | | | | | |
| | rehabilitation) | | | | | | | | | | | | | | |
| Direct costs: all years claims | WCB Quarterly Client Profile for Reporting Period | | | | | | | | | | | | | | |
| | Direct costs: all years claims | | | | | | | | | | | | | | |
| Direct costs: current years | | | | | | | | | | | | | | | |
| | claims | _ | | | | | | | | | | | | | |

| | | | | | | | | | Community | | Inkster | Selkirk | |
|--|-------------|------------------|-----------|------------|--------------|-----------|------------|-------------|-----------|-----|---------|---------|-----|
| | GH | CH | SOGH | VGH | HSC | MHC | DLC | Pan Am | CHS | RPG | Laundry | Laundry | RDF |
| Illness and HEBP Claims | | | | | | | | | | | | | |
| # of staff on HEBP payroll | | | | | | | | | | | | | |
| <u>benefits</u> only | | | | | | | | | | | | | |
| Case Management - Site and Re | gional | | | | | | | | | | | | |
| # of staff with active WCB claim | | | | | | | | | | | | | |
| participating in return to work | | | | | | | | | | | | | |
| programs | | | | | | | | | | | | | |
| # of staff with active WCB claim | | | | | | | | | | | | | |
| successfully returned to work to regular full duties or permanent | | | | | | | | | | | | | |
| accommodations | | | | | | | | | | | | | |
| # of staff on HEBP benefits | | | | | | | | | | | | | |
| participating in RTW programs | | | | | | | | | | | | | |
| # of staff with active HEBP claim | | | | | | | | | | | | | |
| successfully returned to work to | | | | | | | | | | | | | |
| regular full duties or permanent accommodations | | | | | | | | | | | | | |
| # of staff being actively case | | | | | | | | | | | | | |
| managed by OHN and / or | | | | | | | | | | | | | |
| centralized case manager | | | | | | | | | | | | | |
| # of cases closed | | | | | | | | | | | | | |
| Department of Labour and Immi | gration - \ | Norkplace | Safety an | d Health [| Division - I | mprovem | ent Orders | S | | | | | |
| # of new improvement orders | | | | | | | | | | | | | |
| # of outstanding orders | | | | | | | | | | | | | |
| Total orders (old & new) | | | | | | | | | | | | | |
| # of orders closed | | | | | | | | | | | | _ | |
| Immunizations, Tuberculin Testi | ing, Heari | ng Testing | g, Commui | nicable Di | sease Foll | ow-Up and | d Respirat | tor Fit Tes | ting | | | | |
| # of immunizations / tuberculin | | | | | | | | | | | | | |
| testing completed | | | | | | | | | | | | | |
| # of staff fit tested on N95 | | | | | | | | | | | | | |
| # of staff fit tested on Half/Full Mask Respirator | | | | | | | | | | | | | |
| # of staff followed for | | | | | | | | | | | | | |
| communicable disease exposure | | | | | | | | | | | | | |
| # of hearing tests conducted by | | | | | | | | | | | | | |
| OH Nurse | | | | | | | | | | | | | |

| | 011 | 011 | 00011 | VOL | 1100 | MUC | DI C | Dan Am | Community | DDO | Inkster | Selkirk | DDE |
|---|------------------|-----------------|--------------------|------------------|-------------|---------------|------------|------------|-------------|------------|---------|---------|-----|
| Workplace Safety and Health Co | GH | CH | SOGH | VGH | HSC | MHC | DLC | Pan Am | CHS | RPG | Laundry | Laundry | RDF |
| Workplace Safety and Health Committee Report (Sites with multiple committees should collect individually to guide program needs but for this report do a collated report) | | | | | | | | | | | | | |
| (Sites with multiple committees st | iouia coilea | i maividua I | lily to guide I | e program i I | leeas but i | or triis rept | on do a co | патей геро | (<i>i)</i> | | | | |
| # of meetings scheduled | | | | | | | | | | | | | |
| # of meetings cancelled | | | | | | | | | | | | | |
| % of management membership in attendance | | | | | | | | | | | | | |
| % of Worker membership in attendance | | | | | | | | | | | | | |
| # of action items resolved | | | | | | | | | | | | | |
| # of action Items Pending | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Top Three Direct Causes of | 1 | | | | | | | | | | | | |
| INM | 2 | | | | | | | | | | | | |
| | 3 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| PART 2: Highlights of Site Fu | <u>unctional</u> | Activity | for Quart | er and H | igh Priori | ty Issues | for Next | Quarter | Action P | <u>lan</u> | | | |
| Occupational Health | | | | | | | | | | | | | |
| Highlights for Quarter | | | | | | | | | | | | | |
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| Action Plan for Next Quarter | | | | | | | | | | | | | |
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| Environmental Safety | |
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| Highlights for Quarter | |
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| Action Plan for Next Quarter | |
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| Muskuloskeletal Injury Prevention | |
| Highlights for Quarter | |
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| Action Plan for Next Quarter | |
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| Case Management | |
| Highlights for Quarter | |
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| Action Plan for Next Quarter | |
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