



SBCI UPDATE

December 2015

NEWSLETTER

MESSAGE FROM THE CHAIRPERSON

My best wishes to everyone for the holiday season and have an enjoyable, safe and healthy 2016.

SBCI has issued a number of announcements, which I will summarize here. Firstly, the SBCI Board of Directors has approved a 2½% increase in fee level for 2016.

However, we have just received notice that Chubb Insurance is maintaining the premium rates for the workers' compensation excess loss insurance. At the same time, the Assistance Program rates are remaining unaltered for 2016.

As usual in these Messages, I am able to welcome new staff to SBCI and bid farewell to people leaving. Just recently, John Bryden has announced that he is leaving his position with SBCI of H&S Department Leader. John has been with us for almost 2 years and we wish him every success in the future.

Darlene Iwaszko is retiring at the end of January after 7 years with SBCI as a WSIB Claims Manager. Thank you for all your hard work and dedication, Darlene. Have a long and happy retirement.

In early January, Susan Postill will be joining us to take over from Darlene. Susan is a lawyer with many years of workers' compensation experience. Welcome to SBCI, Susan.

We also welcome Justin Lee, who has joined our actuarial team, replacing Xin Tang who left us in October. Xin

accepted an offer to do actuarial computer modeling in Los Angeles!

As everyone is aware, the Ministry has completed a series of Memoranda of Settlement with the Trustees Associations and the Federations and Unions. Some sections of those Memoranda relate to attendance matters within school boards. Our analysis of those Memoranda leads us to the opinion that boards should return their attention and focus on the continued development and implementation of their Attendance Support Programs (both Disability/Case Management and Attendance Management). As always, boards are able to exercise their management right to manage attendance and thereby reduce the negative impact that absenteeism has on the board, employees and students.

The staff at SBCI has finished all the actuarial reports for 2015, and they are putting the finishing touches to all the WSIB/H&S Annual Reports. I wish them all a restful holiday season, and thank everyone for their efforts over the past year.

If you have any questions, comments or ideas regarding the Co-operative, please give me a call or send me an email. Our aim is always to improve the services that we provide to you. I can be reached at maura.quish@wcdsb.ca or (519)578-3660 X2368.

Maura Quish
Chair

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IMPROVING PREVENTION PROGRAMMING

In Ontario, the provincial work-related injury rate has been consistently decreasing over the past few years, yet in the school board system work-related injury rates have increased by more than 9% since 2012-13. In 2014-15, for SBCI members, there were more than 5900 work related incidents, almost 50% of which resulted in the employee missing time from work.

The rising incident rate and the amount of lost time incidents are resulting in significant costs to Ontario's school boards. In 2014-15, our member school boards experienced a Total Cost of \$19,569,623. This amount represents the actual direct costs for all the claims previously incurred. The amount does not include future projected costs of the incidents.

Did you know that the average cost for a Slip, Trip and Fall incident has almost doubled over the past 5 years from \$5,000 to \$9,000. The cost of an average Aggression incident has tripled over the past 3 years, from \$1,500 to \$4,600.

So why are school boards incident rates and costs increasing when most other industry sectors in Ontario are decreasing? More importantly what can be done to address this trend?

More awareness of hazards and symptoms, more diligent reporting of incidents and labour issues have undoubtedly had an impact on the recent statistical trends. However, one of the biggest challenges seems to be the inability to move from a reactive Health & Safety model to a proactive management-focused approach to Health & Safety prevention programming. This involves establishing a Health & Safety Management System (HSMS) approach.

What is an HSMS? It is an organized, formal, specific approach to managing health & safety within an organization. An HSMS addresses specific activities that promote a strong safety culture with employees and management, where safety is seen as important as any other activity. This type of system is achieved through certain activities such as:

- Creating and documenting a health & safety policy
- Developing a plan to ensure success of various initiatives
- Following through on the plan by implementing outlined practices and procedures
- Evaluating the performance of health & safety compliance within the organization
- Identifying issues in the workplace and taking appropriate corrective action
- Reviewing and inspecting the health & safety system for improvements via senior management

Implementing these activities and measures will result in long term improvements. These elements are

the foundation and framework for long term success. Organizations who adopt this HSMS approach will begin to see an overall improvement in workplace procedures which will result in risk mitigation, a reduction in the number of incidents and lower costs.

WSIB AND HEALTH & SAFETY RESULTS IN 2014-15

In November-December 2015 the SBCI Health and Safety Consultants and the WSIB Claims Managers have been writing the annual reports for school boards for the 2014-15 year. Results do vary from school board to school board but there are some general trends that are worth highlighting.

During the last five years we have seen that the most common cause of injury for school board staff has been Slips, Trips and Falls at approximately 30% of all injuries. The incidence of injury due to student aggression towards staff has risen from approximately 15% of all injuries, last year, to approximately 19%. Most of the injuries due to aggression have occurred to Educational Assistants/Student Support Persons and Elementary Teachers. Incidents of aggression have also resulted in injury to other employee groups but this is less common. The incidence of staff injury due to ergonomic issues (overexertion/strain and repetitive activity) has been trending downwards from about 25% to 20%. This reduction in injuries due to ergonomic issues is believed to be due to the fact that many school boards have offered ergonomic assessments to staff and provided guidance on proper workstation set-up and have paid for better chairs, workstations and headsets. For Custodial staff, improvements in cleaning equipment, work methods and training have resulted in reductions in injury rates.

The average cost of different types of incidents has gone up in the last five years. The average cost of a Slip, Trip and Fall incident has gone from about \$5,000 to \$9,000. The average cost of an incident of aggression towards a staff member has gone from about \$1,500 to \$4,600. The average cost of

an incident where a staff member is struck by an object or bumps into an object has risen from about \$2,400 to approximately \$5,000. The cost of each individual incident will vary depending on the circumstances such as the injury sustained, the health care services required, the recovery time and whether an individual required time off work. Some of the factors thought to be driving the cost increases are the rising cost of health care, wage increases for staff, the aging workforce and the emphasis by the WSIB on upfront medical treatments and assessments. The WSIB now more commonly refers injured employees to Regional Evaluation Centres and specialty clinics to monitor recovery and provide recommendations. These assessments are often helpful but they are not cheap particularly where an employee has to travel significant distances to attend an assessment. This is a significant factor for many northern school boards.

SBCI benchmarks the cost of WSIB claims for school boards in cents per hundred dollars of payroll. For small size school boards the average cost of WSIB claims has remained relatively steady over the last four years at approximately 18 to 25 cents per hundred dollars of payroll. For mid-size school boards there was an increase in the cost of WSIB claims from about 13 cents per hundred dollars of payroll in 2011-12 to approximately 31 cents per hundred dollars in 2014-15. For large size school boards there was an increase in the average cost of WSIB claims from about 19 cents per hundred dollars of payroll in 2011-12 to approximately 37 cents in 2014-15. There is plenty of cost variation for individual school boards from year to year but there are some general trends that may help to explain the rising costs seen for many mid-size and large size member school boards. One factor has been that many school boards have seen an increase in the number of claims for head injuries and for claims involving psychological conditions. These types of cases are more complex and often require extended periods of treatment and time off of work. Another factor is that

many school boards have seen a rise in the number of lost time claims while the number of no lost time health care claims has remained steady. Every day that an employee is off work is costly because school boards pay for the loss of earnings benefits and the cost of WSIB Administration fees. The increase in the number of lost time claims may be the result of a number of factors including delays in appointments for medical treatment, the aging workforce and the fact that many employees have pre-existing and co-existing medical conditions that can be aggravated by a work incident. Some school boards are finding it more difficult to offer modified work soon after an injury. This may be due to delays in obtaining functional abilities information. At some school boards there is reluctance to offer modified work unless an employee can perform the essential duties of their pre-injury job or work at least half time hours. There is concern that employees offered modified work will not progress in their return to work plans and temporary modified work may become permanent and unsustainable over the long-term.

What can school boards do to reduce the frequency and duration of lost time claims? School boards can prepare a standard list of modified jobs for each job category than can be offered by a supervisor to an employee in cases of relatively minor injury when the employee is not able to return to their pre-injury job. Training can be provided to managers and supervisors on the cost of lost time claims and techniques for preparing and documenting appropriate offers of modified work. Where employees are unable to do the essential duties of their pre-injury job, modified jobs should be offered for time limited periods. In situations where an employee is deconditioned, graduated hours may be required initially but for employees who have been off work briefly they may be able to work full hours but limited duties until their condition improves. There should be regular reviews of modified work assignments in conjunction with medical treatment and assessments so that employees continue to

progress in their work assignments with the goal of returning to their pre-injury job within a reasonable period of time. While some employees may require permanent accommodations, this will not necessarily prevent them from doing their pre-injury job. For individual complex cases please contact your SBCI Claims Manager and for a full review of the options for achieving a successful return to work.

SBCI's Health & Safety Consultants and WSIB Claims Managers will be emailing you your individual school board's annual report and providing you with individual recommendations for improvement. We hope, though, that this article gives you a general overview of some of the challenges facing school boards in general with respect to staff health and safety and WSIB claim costs.

WSIB MTBI CONSULTANTS

On November 25, 2015, at the SBCI South-West Regional Group Meeting in London, staff from the WSIB provided some updated information with respect to the Consultants for Mild Traumatic Brain Injuries (MTBI). The WSIB staff who attended the meeting were Richard Morrison, Director Health Services, Laura Sweeney, Manager Service Delivery, Kim Wood-Larue, Assistant Director High Impact and Lucio Amodeo, Manager WTS and RTWS.

The purpose of the MTBI Consultants is to provide an expert medical assessment in the early stages following a suspected head injury. This assessment would normally be arranged by a WSIB Case Manager within 3-4 weeks of an injury where the employee has not yet returned to work. The WSIB initiated an RFP in June 2015 to hire physicians to be "MTBI Consultants" for this program and contracts are still be negotiated. It is hoped that the hiring and training process will be completed shortly so that the program can start in December 2015 or in early 2016. It is also hoped that these PEs will be available in all regions across Ontario.

The MTBI Consultants will be provided with a copy of the available medical information and details on the worker's pre-injury job. The WSIB Case Manager will ask a Return to Work Specialist (RTWS) or Work Transition Specialist (WTS) to come out to the employer for a "pre-planning meeting" before the worker sees a MTBI Consultant. The purpose of the pre-planning meeting is to gather information on the worker's pre-injury job and prepare a mini PDA/CDA summary. In addition, the RTWS or WTS will ask the employer about possible accommodations for the worker. For example, can the school board offer work at reduced hours? Can the school board adjust the lighting in the room or provide the employee with less computer work or a less demanding class?

The MTBI Consultants will perform a full assessment and discuss the results with the worker. If they find that the worker has a MTBI then they will provide the worker with education on what to expect by way of symptoms from a head injury and guidance on what activities the worker should do and what they should avoid. For example, workers with MTBI can expect to experience symptoms of headaches and some will also experience issues with nausea and fatigue. Patients with MTBI should limit screen activities like watching TV or using a personal computer. Normally MTBI Consultants would not arrange for tests like CT scans or MRIs but if these were felt to be necessary then the treating family physician would be asked to arrange them. If a worker is found to have more than a mild traumatic brain injury then arrangements would be made for them to be seen at the Toronto Rehabilitation Institute (TRI) on a priority basis. At TRI a worker would undergo a detailed multi-disciplinary assessment and a series of medical tests. An assessment at TRI is lengthy and expensive with most workers staying for several days for tests and medical examinations and the cost is often in the range of \$20,000-\$30,000. The cost of MTBI Consultant assessment for head injury is unknown at this point but it is

expected to cost a fraction of the cost of an assessment at TRI.

It is known that approximately 80% of patients who sustain a MTBI recover within 3-4 weeks. The symptoms of a MTBI can be scary for the patient who often will not understand what is going on with their body and that what they are experiencing is to be expected. Many will benefit from the reassurance and education to be provided by the MTBI Consultant. The MTBI Consultant will also have a good idea of the physical and cognitive demands of a worker's job based on a one-page summary prepared during the "pre-planning meeting" by the RTWS or WTS with the employer. This will enable the MTBI Consultant to provide recommendations with respect to return to work. School boards can assist the WSIB in providing relevant job demands to the MTBI Consultant by sending in a copy of the PDA/CDA to the WSIB, if one is available for the worker's job.

Following an assessment by a MTBI Consultant a report will be sent to the WSIB relatively quickly, usually within a few days of the assessment. The WSIB Case Manager will share the relevant information with the employer and worker by phone or by correspondence with a view to arranging a return to work meeting within a couple of weeks of the assessment. A school board does not need to wait for a meeting with a WSIB RTWS or a WTS before developing a return to work plan. If the employee is willing to return to work and co-operative then a return to work plan may be developed right away once the recommendations from the MTBI Consultant are communicated by the WSIB Case Manager. It was suggested by the presenters, though, that a return work plan in a head injury case should be flexible as a worker's symptoms may flare up on returning to work so the employer should be open to making changes to duties, hours, location and be cognizant of other factors like noise, activity and lighting. A WSIB RTWS or WTS can usually come to a meeting at the employer relatively quickly once the MTBI Consultant report is ready. If there are conflicting schedules with

the workplace parties this can delay the process. The WSIB is eager to help in these complex cases and very hopeful that the MTBI Consultant reports will be of assistance to them in adjudicating the claim and in providing information on what to expect by way of symptoms and recovery.

In discussions during the meeting it was noted that early physiotherapy can be of assistance to some patients following a head injury and the MTBI Consultant assessments will not prevent this from happening. The education component of the MTBI Consultant assessments should be helpful in dispelling any misinformation that a worker might have received from "goggle research" or well-meaning advice from friends. MTBI Consultants will have access to leading evidence-based protocols and will share that with the worker and the WSIB. The WSIB will carry out regular quality control checks on reports provided by PEs with random sampling of 15% of the reports. There will be meetings with MTBI Consultants and regular feedback provided by the WSIB to ensure that this service is meeting the needs and expectations of the WSIB and the workplace parties. Employers can ask the WSIB to arrange for an MTBI Consultant assessment but ultimately it will be a WSIB decision whether to arrange one depending on what the Case Manager is seeing in the medical reporting and the availability of a MTBI Consultant in the region. It was noted that the WSIB continues to have Head Injury Programs of Care but this is only really utilized in a few areas of the province. It is often used in the Ottawa area where there are a number of trained providers but less common elsewhere.

Overall there is reason for optimism that the WSIB MTBI Consultant assessments will provide for timely cost effective education to workers who suffer a MTBI and assist the WSIB and the workplace parties in the RTW process. This should be rolled out soon and we will provide you with further information as it becomes available. If you have more questions concerning this topic please speak to your SBCI Claims Manager.

ASBESTOS – WSIB CLAIMS AND U.S. ASBESTOS TRUSTS

In Ontario until about 1973, it was common to use asbestos in public buildings for sprayed insulation for fire protection and acoustical purposes and in pipe and boiler insulation. There were, in fact, building code requirements to use asbestos for fire retardant purposes. Since 1973 asbestos has been banned from new building projects including schools. In approximately 1979 the Ontario Government gave school boards approximately twenty-six million dollars to fund asbestos removal projects. At least one school board had all of the asbestos removed from its school buildings, but most did not. Most school boards did surveys and arranged for the removal of any asbestos-containing building products that were in poor condition and posed an immediate health hazard. In most cases the asbestos was removed by outside contractors under controlled conditions.

In 1984 an Ontario Royal Commission did an extensive study of asbestos use in Ontario and concluded that the risk of contracting asbestos-related health conditions was extremely low for students and staff working in Ontario schools. The Commission did not advocate large-scale removal of asbestos from older schools. Instead, as per the Occupational Health and Safety Act, school boards must comply with the Asbestos legislative requirements; one part is to conduct annual topical air testing of the schools and have certified contractors carry out controlled removal of asbestos when there is found to be a risk that the friable asbestos fibres would become airborne.

School Boards in Ontario are required to have an asbestos control program in place. Whenever renovations are done in older school buildings there are checks done to see if there is asbestos-containing fireproofing or asbestos-containing building products that may be disturbed. When it is suspected that there are asbestos-containing building products in the area to be renovated it is best practice

to have a qualified environmental company take samples of those products and have those tested in a laboratory for the presence of asbestos. When the presence of asbestos-containing products is confirmed it is standard procedure to stop the renovation and bring in a certified contractor to remove the asbestos-containing products under controlled circumstances.

Certified contractors will normally conduct the remediation in full Hazmat gear. The contractor would seal off an area where asbestos has been encountered with plastic and only specially trained personnel are allowed in the area. The areas are kept under negative pressure so that all the asbestos fibers remain in the sealed area. The contractor's staff doing the removals wear special suits with appropriate respiratory protection. The asbestos fibers, plastic wall sheets and contractor suits are all sent for special disposal. Normally these removals are done when staff and students are not in the schools. Air quality testing is conducted after the removal to confirm that there is no airborne friable asbestos dust remaining that might pose a hazard.

Some Ontario school boards have had WSIB claims for asbestos-related medical conditions. The asbestos-containing products that may be present in some older schools are usually not readily accessible but are sprayed on to beams or in the form of asbestos wrap on pipes which are behind walls or ceilings. Note: asbestos can also be present as a small component of some old floor and ceiling tiles. Asbestos that is properly encapsulated is to be annually monitored to ensure it is within the OSHA regulations. Most school board employees would never have handled asbestos-containing products doing work for the school board. Before the risks of asbestos were well known some plumbers working with asbestos wrapped pipe may have had exposure and some custodians working on very old boilers may have had some exposure. Some custodians may also have had some exposure to asbestos fibres cleaning

up after plumbers and other trades people who did work on old boilers or asbestos-wrapped piping.

Asbestos-related conditions such as asbestosis, lung cancer and mesothelioma have a long latency period. It can take 25 to 40 years after exposure to asbestos dust for any symptoms to develop. Some people exposed to asbestos dust will never develop a serious health condition but it is not clear why.

The WSIB will allow entitlement to WSIB benefits for asbestos-related health conditions when it can be shown on a balance of probabilities that the employee's work in Ontario made a significant contribution to development of an asbestos-related health condition. The WSIB will charge the cost of any WSIB claim to the last exposure employer. In some instances an employee may have had exposure at multiple employers in which case an investigation can take some time to determine entitlement and which employer should bear the cost of the claim.

The Ontario WSIB and all of the compensation boards in Canada have taken steps to try to recoup some of the costs of these asbestos-related WSIB claims from the manufacturers of the asbestos-containing products. Many of these manufacturers are in the US and as a result of litigation some of these companies sought bankruptcy protection. As part of the bankruptcy protection process, trust funds were established by the manufacturers to pay compensation to the victims exposed to asbestos from their products. All of the Canadian compensation boards have retained the US law firm, Motley Rice to represent them in these cases in the US when making claims against these asbestos trusts. The Ontario WSIB with the assistance of Motley Rice has recovered tens of millions of dollars from these asbestos trusts in respect of Schedule 1 claims where employers paid premiums to the WSIB. Where the WSIB recovers more money from the asbestos trusts than the costs of the WSIB claim then the excess is paid to the employee or his family.

In 2015 the WSIB agreed to assist Schedule 2 employers in making claims against US asbestos trusts in respect of recent asbestos-related WSIB claims. For this to happen the Schedule 2 employer needs to sign a retainer agreement with the WSIB and Motley Rice. The WSIB will seek permission from the worker or his/her family to release the WSIB claim file to Motley Rice. If the worker or his/her family decide not to participate in the process then no further steps will be taken. It is hoped that this pilot project will allow Schedule 2 employers, including some school boards, to recoup at least some of the costs of these serious claims from the manufacturers of asbestos-containing products. Motley Rice is acting on a contingent fee basis and will only be paid if they are successful in making a recovery against a US asbestos trust or trusts. If you have more questions concerning this article please speak to your Claims Manager.

PARKLANE: DID YOU KNOW?

The Ministry of Education wants to have a report for all incidents that are related with **Section 52 Ontario Health & Safety Act**.

In Parklane, Version 12, you can access this report (D7F - Detailed Notification (Text Version)) in the worker's incident.

Open an incident, in the Incident Reporting module, on the left side, you will find the list of screens that you are able to see. The fifth from the bottom is "Incident Reports". If you click on this, you will get a list of Reports. The (F4) D7F Detailed Notification (text version) is the report that you want to run.

You will also find a box below explaining that you may add comments for this report. You will need to enter the comments before selecting the D7F report. These comments are universal and not employee specific. An example of a comment would be a comment on confidentiality disclosure.

If you need to run this report but do not have access to it, let us know Sylvie@sbc.org or Melissa@sbc.org. We will help you with your security setup.

SBCI BOARD OF DIRECTORS

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Anwar Khalil, Programmer/Analyst
Gavin King, Programmer/Analyst

DATES OF BOARD MEETINGS

2016 **February 5**
 March 4
 April 8 (AGM)
 May 6

SBCI STAFF

Brian Brown, Chief Executive Officer
Lynn Porplycia, Chief Operating Officer
Raazia Haji, Manager, Actuarial Department
Joe Huang, Actuarial Analyst
Greg Komatich, Actuarial Consultant
Justin Lee, Actuarial Student
Christopher James, Senior Claims Manager & Lawyer
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Sylvie David, Data Management Assistant