

City of Brampton Internal Audit – Health & Safety Private & Confidential

Audit Name	Health & Safety						
Sponsor(s)	Richard Conard, Acting Commissioner, Corporate Support Services, Cynthia Ogbarmey-Tetteh, Director, Human Resources Amalia Liadis, Manager, Health/Safety & Wellness Services						
Business Unit(s)	Health, Safety & Wellness, / Operating Departments Date Issued: January 26, 2023						

1.0 Executive Summary

Audit rating: Processes around Health & Safety activities were rated as "Improvement Required" (See Appendix 2 for the criteria for audit report rating).

Based on our review of processes, reports and sample testing, we observed the following strengths:

- Health & Safety responsibilities of workers, supervisors and senior leaders is formally documented and communicated across all departments.
- Provincial legislation within the Occupational Health & Safety Act (OSHA) has been integrated into policies and activities.
- Comprehensive safety/training programs are in place at the department level for Fire, Transit, Community Services and Public Works & Engineering.
- Online Talent and Learning Management System (TLMS) supports e-learning and maintains records of training certificates.
- Supervisor report of employee accident (SREA) contains proper acknowledgment and sign off by Management.

Internal Audit staff discussed the following improvement opportunities with Management:

- Monthly Joint Health and Safety Committee inspections are not always completed.
- Key health & safety statistics are not being reported.
- Required health & safety training is not always completed.
- Processes for health & safety activities are not consistent across the City.
- Standard operating procedures are not current.
- Incident data is not always entered into the City's database for compiling incident statistics, in a timely manner.

Conclusion:

All core elements of an effective health and safety framework are in place. There are strong safety training programs within operating departments, and legislative and organizational responsibilities around health and safety have been communicated to all employees. Improvements can be made in the performing and/or reporting of inspections, incidents, risk assessments and training. Acting on the recommendations below will help ensure health and safety processes are optimized, properly monitored and performed consistently across all divisions.

2.0 Background, Objectives, and Scope

Background

The City of Brampton is committed to creating a work environment that prioritizes the health, safety and well-being of all employees. The City promotes an internal responsibility system, which means that supervisors and employees have direct responsibility for health and safety as an essential part of their job.

Brampton is required to comply with the Occupational Health & Safety Act of Ontario (OHSA). Enforcement of the OHSA is overseen by the Ministry of Labour, Immigration, Training and Skills Development (MLITSD).

The framework for health, safety and wellness activities at the City is outlined in the Occupational Health & Safety Policy (HRM-110). The policy establishes a strong commitment to providing a safe workplace to ensure health, safety and wellness (HSW) activities comply with the Occupational Health & Safety Act. It also defines the responsibility of senior leaders, supervisors, employees, and Human Resources to promote a work environment that is physically and psychologically safe.

Aside from the Occupational Health & Safety Policy, there are also several standard operating procedures, programs, guidelines, and service cards in place to provide guidance to operating departments on health and safety-related activities such as personal safety, protective equipment, refusing unsafe work, safety inspections, and safety incidents, among others.

Health, Safety, and Wellness (HSW) Services is a section in the Human Resources (HR) Division and plays a key role in the workplace health and safety program. The section is a support service and its objective is to provide advice and guidance to the operating departments to reduce the risk of illness or injury and promote the health and safety of City staff. There are currently seven full-time employees, including three Health & Safety Advisors who work directly with the operating departments and Joint Health & Safety Committees. Specific operating departments also have safety related positions to develop and implement operational workplace safety procedures and programs.

HSW Services, HR provide a wide range of support and assistance regarding workplace health and safety to operating departments including;

- Facilitating compliance with occupational health and safety legislation
- Developing occupational health and safety policies, guidelines, and programs

- Facilitating occupational health and safety assessments or investigations
- Recommending and promoting measures to control risks/hazards
- Developing and/or delivering certain health and safety training (Non-job specific)
- Reviewing or assisting with the development of department- or division- specific safe work procedures
- Supporting the Joint Health and Safety Committees (JHSC).

There are six multisite Joint Health and Safety Committees (JHSC) within the City. A single multisite JHSC is shared by Corporate Support Services, Legislative Services, and the Office of the CAO. The other 5 departments have their own multisite JHSC. The committees consist of employees and supervisory representatives who work together to eliminate or mitigate workplace safety hazards. The JHSCs are governed by their respective multisite JHSC agreements through order by MLITSD. They meet regularly to discuss health & safety issues, activities, and recommendations to continuously improve health, safety, and wellness in the workplace. A JHSC Community site (SharePoint) informs employees of agendas, members and minutes and provides resources/support to JHSC members.

An occupational health & safety management system (OHSMS) is expected to be implemented in early 2024. HSW Services identified the benefits that such a system would provide and has worked with operating departments to perform a comprehensive review of current processes in order to determine the system requirements in each area. The OHSMS is expected to provide a wide range of capabilities and enhancements including streamlined processes, centralized document management, monitoring dashboards, robust reporting and automation of health and safety activities. This initiative has been endorsed by Council and a vendor has been selected.

Objectives

The objective of this engagement was to evaluate the effectiveness of the City's Health & Safety framework, identify strengths and weaknesses, and provide recommendations for improvement. The audit focused on assessing whether:

- workplace health and safety activities are in compliance with the Occupational Health & Safety Act.
- policies, standard operating procedures and programs are in place and current for core workplace health and safety activities.
- safety training is provided to all workers, addresses relevant risks and is monitored.
- workplace risk assessments and hazard identifications are properly conducted, documented, and communicated.
- workplace safety inspections are properly conducted, documented, and communicated.
- workplace incident investigations are properly conducted, documented, reviewed, and followed up.
- Joint Health & Safety Committees have adequate participation among workers and management, and are properly supported.
- systems/software in place are fully utilized to report, review, and monitor health and safety activities.
- safety performance metrics are properly captured, tracked, and reported.

Scope

Our audit focused on workplace health and safety activity from January 1, 2020, to December 1, 2022.

The following areas were not included in the scope of this audit:

- WSIB Claims
- MLITSD Investigations
- Employee Benefits
- Employee and Family Assistance Program (EFAP)
- Employee Wellness Program

3.0 Detailed Audit Findings, Recommendations, and Proposed Management Actions

Re f #	Findings	Rating		Recommendations	Management Action Plan, Responsible Person(s) and Due Date
1	 Monthly Joint Health and Safety Committee inspections are not always complete Planned inspections are a critical component of any health and safety framework since they monitor the effectiveness of preventative controls and are a requirement of the Occupational Health & Safety Act. The terms of reference for each of the six Joint Health and Safety Committees (JHSC) defines the specific facilities to be inspected as well as the frequency of inspections. The number of workplaces each JHSC is responsible for inspecting ranges from 3 to 62. JHSC inspections are completed monthly for all divisions except for one that completes JHSC inspections bi-annually and their own division specific inspections monthly. All JHSC inspections are completed using the online inspection report in Agilepoint. A review of inspections from January to October 	P2	1.	City Council requests that the Chief Administrative Officer, in consultation with the Director, Human Resources, ensure that safety inspections conducted by the Joint Health & Safety Committees are completed consistently in a timely manner.	 For missed inspections: Item will be added to the department JHSC agenda for discussion to explore challenges in completing inspections, and actions required to enable inspection completion as required. The ultimate solution to inspection consistency will be developed in consultation with the JHSC and the MAP will be updated accordingly. Currently JHSC members are informed of outstanding inspection before month end. For further support, inform Sr. leaders and union of outstanding inspections. Timeline: Q2 - 2023 Responsible person: Manager, Health/Safety and Wellness For Inspection schedules are not always updated: Send reminder at beginning of each calendar
	 2022 for all committees noted the following; 1) <u>Missed Inspections</u> Inspections are not always completed as per the required frequency. The percentage of inspection completion ranges from 75% to 96% across the six committees with the average completion rate 				year to JHSC to populate the inspection schedule. (Calendar invitations can be provided to those members who have access to outlook.) Timeline: Q1 – 2023 Responsible person: Manager, Health/Safety and Wellness

Re f #	Findings	Rating	Recommendations	Management Action Plan, Responsible Person(s) and Due Date
	 being 83%. The main cause of missed inspections is the limited availability of JHSC members. 2) Inspection schedules are not always updated The terms of reference for each Joint Health and Safety Committee (JHSC) defines the requirement to create and maintain a schedule of inspections. Inspections are stored in the respective shared drive of each committee. It was found that inspection schedules are not always updated after completing inspections. As of the end of 2022, one committee had not recorded any inspections in their schedule, one committee had recorded all inspections in their schedule, and the other committees had partially recorded inspections. 3) Inspections requiring follow up are not always closed in the system in a timely manner When entering inspections into Agilepoint, the four status options are Complete, Assign to Supervisor, In-Progress, or Rework Required. Approximately 97% of all inspections performed in 2021 and 2022 are "Complete", however, based on the high volume of inspections with a status other than complete over one month old and 54 of these were from 2021. 			Item will be added to the department JHSC agenda for discussion to explore challenges in completing the schedule of inspections, and actions required to enable scheduling of inspections as required. Timeline: Q2 – 2023 Responsible person: Manager, Health/Safety and Wellness For inspections requiring follow up are not always closed in the system in a timely manner. Include workplace inspection reporting on department leadership agenda (quarterly) for action on outstanding times. (It should be noted that during 2021 and 2022 COVID working conditions may have affected the timeliness of the follow up.) Timeline: Q4 – 2023 Responsible person: Manager, Health/Safety and Wellness
	Potential Impact 1) Not completing inspections does not ensure workplace safety risks and hazards are			

Re f #	Findings	Rating	Recommendations	Management Action Plan, Responsible Person(s) and Due Date
	 minimized, increasing the risk of a workplace injury. 2) Not updating the inspection schedule does not allow committee members to identify and address missed inspections in a timely manner. 3) Not closing out inspections in the system can cause confusion as to whether or not the necessary corrective action has been complete. 			
2	 Key Health & Safety Data is not being reported Every quarter, an "Incident Statistics" summary of each division is sent to the respective Joint Health and Safety Committee, Union staff and Senior Leaders. The four statistics presented are # of health care incidents, # of lost time incidents, healthcare injury frequency (per 100 workers) and lost time injury frequency (per 100 workers). While these are useful statistics, there is a number of key health and safety statistics that are currently not being reported such as; Top 5 types of accidents Top 5 causes of accidents # of critical injuries Total lost days Ministry of Labour Orders Number of work refusals 	P2	 2. City Council requests the Director, Human Resources to ensure that staff report key health and safety data to the Corporate Leadership Team at least annually, and such data to include: a) Top 5 types of accidents b) Top 5 causes of accidents c) # of critical injuries Total lost days d) Ministry of Labour orders e) Number of work refusals. 	Annual report to Corporate Leadership Team will be presented for 2022 key performance indicators including: Health care counts Health care frequency Lost time injury counts Lost time injury frequency Lost time days Critical injuries Work refusal MLITSD orders Timeline for report: Q2 – 2023 Responsible person: Manager, Health/Safety and Wellness Additional key performance indicators will be reported once the Occupational Health and Safety Management System is implemented, including: Incident type Incident cause

Re f #	Findings	Rating	Recommendations	Management Action Plan, Responsible Person(s) and Due Date
	Incident related data can be retrieved from the Parklane system, however, information can be incomplete and obtaining these statistics is a manual process.			<i>Timeline for report: Q4 - 2024</i> <i>Responsible person: Manager, Health/Safety</i> <i>and Wellness</i>
	At one time, all of the statistics above were reported to Senior Leadership annually.			
	Potential Impact Not reporting key statistics does not allow for a proper assessment on overall health and safety progress and performance. Without these metrics, issues requiring correction or improvement may not be addressed in a timely manner.			
3	Required Health & Safety Training is not always completeHealth and Safety training is completed within the Talent, Learning and Management System (TLMS).Every year, all employees are required to complete the following three health & safety courses; Occupational Health & Safety Policy (HRM-110), Workplace Violence Prevention Policy (HRM-120) and Respectful workplace policy (HRM-150).A review of health & safety training noted that;1) The three mandatory health and safety courses are not always being completed. City wide, the overall completion rate for these three courses in 2022 was only 56%.	P2	3. City Council requests the Chief Administrative Officer, in consultation with the Director, Human Resources, to ensure the timely completion of required health and safety training by all City employees.	The Talent and Organizational Development Team will be sharing with each Commissioner, a completion dashboard and accompanying file that provides course completion by active employee for each Department which can be filtered down by Division/People Leader/Course. The completion statistics will be provided for all Essential Learning which includes the three (3) mandatory Health and Safety courses. In addition, the due dates for the all essential courses have now been updated to a maximum of 180 days. Previously, due dates were only assigned to some courses so while mandatory, the overdue notification didn't activate in the absence of a completion target date for both employee and People Leader. This process will be followed bi- annually for reporting in February and September of each year. In addition, each

Re f #	Findings	Rating	Recommendations	Management Action Plan, Responsible Person(s) and Due Date
	 2) The current system does not allow for easy oversight of training completion. A dashboard is available in TLMS which shows assigned courses that have not been completed, however, it only shows information for direct reports, not at a department or division level. The standard TLMS reports generated by the Human Resources Management System (HRMS) team only show courses that have been completed. A report (Essential learning compliance) showing all incomplete courses can be compiled by the Human Resources Management System (HRMS) group, however, the report takes a lot of time to compile since it involves combining multiple reports and manually configuring data. 			staff can view their own completion, and People Leaders can view their staff's completion via the TLMS. Job aids have been created and will be available via Service cards. There is no specified timeline for completion of these courses but rather an accountability mechanisms that support ODs in achieving this goal collaboratively with the Human Resources Division. Timeline for accountability mechanism: Q2 – 2023 Responsible person: Manager, Talent and Organizational Development
	Potential Impact			
	1) Not completing required courses violates the City's safety policy and does not ensure employees are updated on any changes in these critical areas.			
	2) Not having a report that shows incomplete health and safety courses beyond direct reports does not allow Management to review course completion progress at the department or division level.			
4	Processes for Health & Safety Activities are not consistent across the City.	P2	4. City Council requests the Chief	The City of Brampton has acquired an Occupational Health and Safety
	A process review of key health and safety activities found that some processes differ between		Administrative Officer, in consultation with the Director, Human Resources, to ensure health and safety activities	Management System solution that will modernize, centralize, automate, and

Re f #	Findings	Rating	Recommendations	Management Action Plan, Responsible Person(s) and Due Date
	divisions and departments. Some process steps are automated while the same process in another division or department is completed manually, such as; <u>Incidents</u> – One division uses an automated Agilepoint form to report incidents, some departments are using another Agilepoint form (Pilot project) and all other departments are manually filling out the Supervisor Report of Employee Accident (SREA) paper forms. <u>Risk Assessments</u> – Some departments are using an electronic form to complete risk assessments while all other departments are completing them manually by filling out a paper template. <u>Inspections</u> – One division uses the automated Agilepoint form as well as manual paper checklists to record inspections (Based on facility type), while all other divisions use only the automated Agilepoint form. Inspections are completed by Joint Health & Safety Committee members and inspection schedules in excel are manually updated after each month's inspections.		are standardized and consistent across all divisions, and such activities to include but not be limited to the following: a) Incident Reporting b) Risk Assessments c) Inspections Reporting.	enhance monitoring, tracking and reporting on health and safety activities including: workplace inspections incident reporting risk assessments Timeline for implementation: Q4 – 2024 Responsible person: Manager, Health/Safety and Wellness

Re f #	Findings	Rating		Recommendations	Management Action Plan, Responsible Person(s) and Due Date
5	 Standard Operating Procedures are not current A number of health and safety processes are guided by standard operating procedures (SOP). SOP's have been developed and implemented at the organization and department specific level. A review of SOP's at the organization level noted that not all of them are current. Out of approximately 20 SOP's, five of them have a "Review Date" from 2012 or 2013. The other SOP's were created in 2018, however have not been reviewed since. Four SOP's were actively under review at the time of the audit. Potential Impact Not reviewing SOP's periodically does not ensure that the content is current or complete and can result in improper execution of processes. 	P2	5.	City Council requests the Director, Human Resources, to ensure all corporate health and safety standard operating procedures are current and reviewed periodically.	From 2020 to 2022, COVID-19 pandemic caused a shift in priorities to meet immediate health and safety requirements. The maintenance of organizational standard operating procedures will commence and be included in the work plan with the most dated standard operating procedures. Review timelines will be contingent on stakeholder capacity, including joint health and safety committees and management, during planning. Timeline for most dated standard operating procedures: Q4 – 2024 Responsible person: Manager, Health/Safety and Wellness
6	 Incident data is not always entered into Parklane in a timely manner. For any workplace incident, either a SREA (Supervisor report of employee accident) or a WIIR (Workplace injury and illness report) is completed by the employees Supervisor and forwarded to Employee Labour Relations (HR) to be entered into the Parklane system. Data in Parklane is used to compile incident statistics and to create a "Form 7" which is sent to WSIB. Any incident resulting in healthcare or lost time must be reported to WSIB within seven business 	P2	6.	City Council requests the Director, Human Resources, to ensure all workplace incidents are entered into the incident reporting database in a timely manner.	 The following steps have been taken as of February 2nd, 2023: 1. HRA's to place more focus on ensuring timelines for WSIB are met. 2. HRA's to review documented process for entries into Parklane. 3. Late Filing charges that are a result of the injured employee's department, will be charged back to that department. This will be monitored by Snr. Manager, Employee and Labour Relations for a minimum period of six (6) months to ensure full implementation.

Re f #	Findings	Rating	Recommendations	Management Action Plan, Responsible Person(s) and Due Date
	days of labour relations being notified of the injury or illness.			Internal process improvement to include balancing workload/Parklane entries among HR Associates by the Snr. Manager,
	A review of seven incident reports involving healthcare and/or lost time found the following;			Employee and Labour Relations effective February 6 th 2023.
	1) One of the incidents was not entered into the Parklane system, and;			Other suggestions that could strengthen the accident reporting process is as follows: Review possible updates to the SREA and
	2) Out of the other six incidents, only one Form 7 was sent to WSIB within the required seven day window. The time between the incident notification			impact of any proposed changes – the current form is 4 pages long and this is too long and it could be in a read/write PDF
	date and the Form 7 being sent to WSIB was between 7 and 23 days with an average duration of 15 days.			format so that information can be easily copied and pasted. Compared to other organizations, 2 pages should be maximum.
	 <u>Potential Impact</u> 1) Not entering safety incidents into Parklane impedes the accuracy of incident statistics. 			Timeline: Q4 – 2023 Responsible person: Manager, Health/Safety and Wellness and Snr. Manager, Employee and Labour Relations
	2) Not providing a Form 7 within the allowed seven day period can result in late reporting penalties from WSIB.			Decrease time allotted to submit SREA to HR from 2 days (48 hours) to 1 day (24 hours). This will encourage more focus for a timely reporting.
				Timeline: Q1 – 2023 Responsible person: Manager, Health/Safety and Wellness and Snr. Manager, Employee and Labour Relations
				As of April 3 rd , we will be implementing the following steps with respect to Late Filing charges caused by the injured employee's department: - will be charging back late fees to operating department to discourage

Re f #	Findings	Rating	Recommendations	Management Action Plan, Responsible Person(s) and Due Date
				supervisor's late reporting. Retraining for people leaders on completing SREA/WIIR.
				Timeline: Q2 – 2023 Responsible Persons: Sr. Manager, Employee and Labour Relations and Manager, Health/Safety.

Report Distribution List						
Marlon Kallideen Chief Administrative Officer						
Richard Conard	Acting Commissioner, Corporate Support Services					
Cynthia Ogbarmey-Tetteh	Director, Human Resources					
Amalia Liadis	Manager, Health/Safety & Wellness Services					

Internal Audit Team						
Claire Mu	Director, Internal Audit					
Brad Cecile	Manager, Internal Audit					
Anand Heeraman	Senior Auditor					