City of Milwaukee

Tom Barrett
Mayor

Maria Monteagudo
Director

Michael Brady
Employee Benefits Director

Troy M. Hamblin
Labor Negotiator

Department of Employee Relations

January 2, 2009

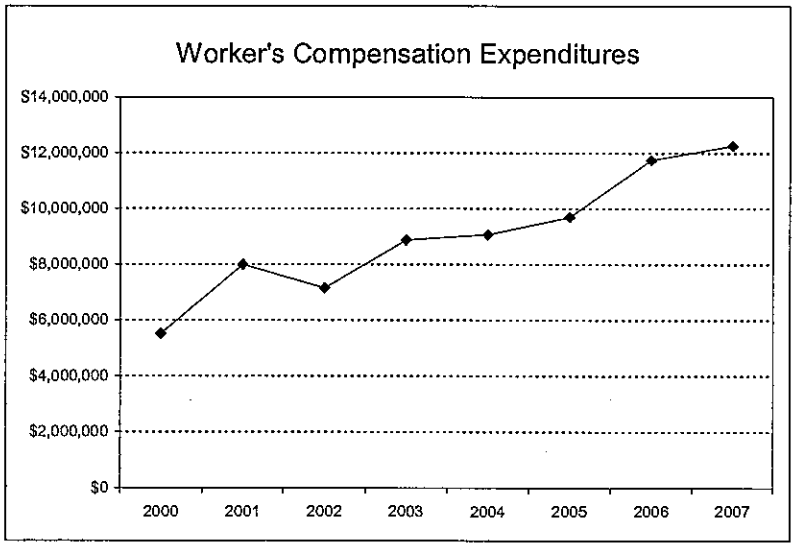
To the Honorable
Public Safety Committee
Common Council
City of Milwaukee

Re: Communication from the Department of Employee Relations transmitting a Report of Occupational Injuries and Illnesses in the City of Milwaukee.

Dear Committee Members:

Chapter 340 of the Milwaukee Code of Ordinances requires the Department of Employee Relations to submit a report analyzing employee accidents and severity rates for all City departments including recommendations on appropriate actions to be taken to reduce the rate at which injuries are happening and control worker compensation expenditures.

Worker Compensation expenditures have been increasingly dramatically over the last several years (see Figure 1). The 2009 budget for the Worker's Compensation Special Purpose Account increased by 18.1% over the 2008 budget. The increase was due to expected expenditure increases that are driven by annual increases in wage rates, rising medical costs, and sustained injury rates.



This report summarizes injury data for the entire City of Milwaukee but places special attention on the departments that account for over 80% of injuries in the City: the Department of Public Works (DPW), the Milwaukee Fire Department (MFD), and the Milwaukee Police Department (MPD).

Given the dramatic increase in worker compensation expenditures in the City of Milwaukee over the last several years, DER is recommending the implementation of a Risk Management Model in 2009 that will place responsibility for employee safety and accident prevention at the operating department level. Increase accountability for employee safety and controlling worker compensation costs will be under direct scrutiny by the Mayor's Accountability in Management Model and the Council's Public Safety and Finance and Personnel Committees. Department specific goals and objectives, desired safety outcomes and indicators will be documented via the development of annual "Safety Plans".

Injury Indicators

The following three indicators are used to track injuries and accidents.

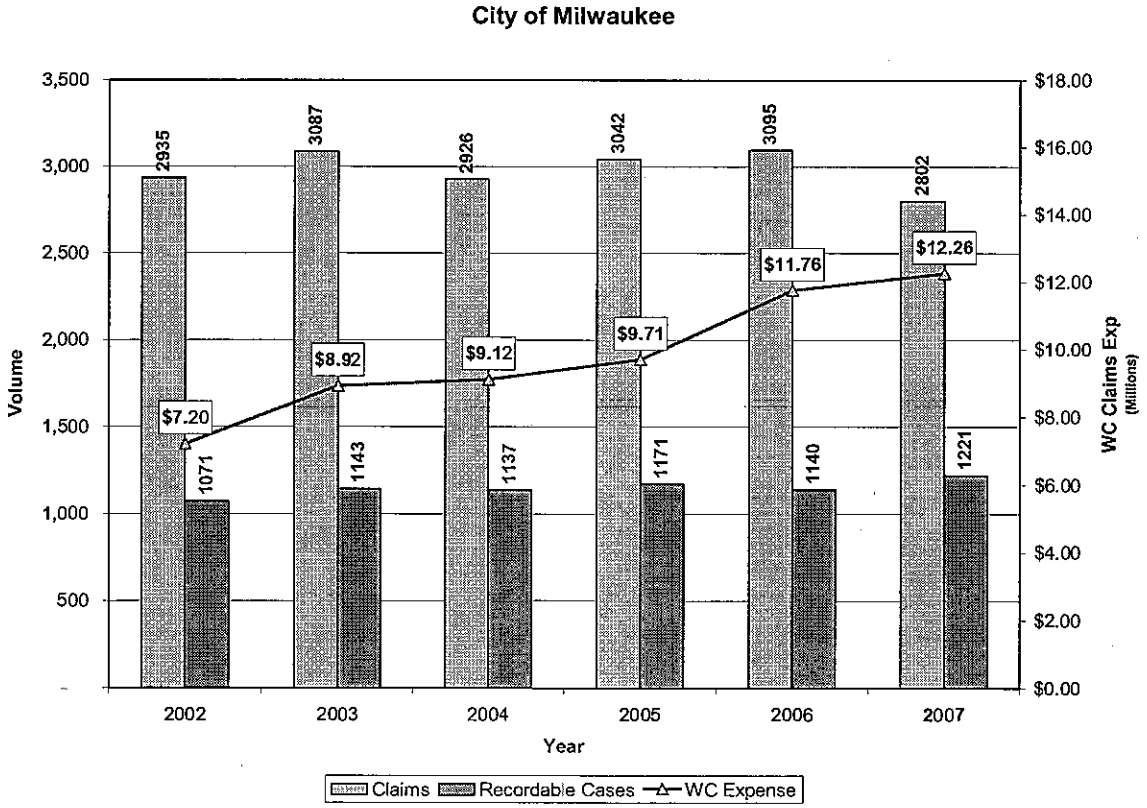
Injury Claims- *an accidental injury, occupational disease, or mental harm claim stemming from an employment related activity. Injury claims can include record only claims (no lost tine but medical expenditures are incurred).*

Recordable Cases - *work related injuries and illnesses that result in death, loss of consciousness, days away from work, restricted work activity, job transfer or medical treatment beyond first aid.*

Incidence rate- *the number of recordable injuries occurring among a given number of full time workers over a given period of time.*

The following table and graph summarize the number of claims, recordable cases, and incidence rate for the City of Milwaukee in 2007 and the prior five years. The chart also presents actual worker compensation expenditures during the same time period. (Note: 2008 injury data is still being compiled and analyzed and will be reported to the Committee in March of 2009).

	2002	2003	2004	2005	2006	5 yr ave	2007
Claims	2935	3087	2926	3042	3095	3017	2802
Recordable Cases	1071	1143	1137	1171	1140	1132	1221
Incidence rate	15.13	16.52	16.8	16.87	17.75	17	18.31



Claims

- In 2007 there was a 9.49% reduction in the total number of injury claims filed by City employees (from 3095 in 2006 to 2802 in 2007).

- The total number of claims in 2007 was also 7% lower than the previous five year average at 3017 and it is the lowest number of claims experienced since 2002. MFD and MPD experienced a reduction in the total number of claims of 25% and 3.4% respectively.

- While claims may or may not result in lost time or medical costs, it is important to track and monitor them for purposes of identifying preventative measures to avoid more serious injuries. An analysis of claims data can also assist in the identification of safety training opportunities or modifications to the tools, equipment or processes used in performing work

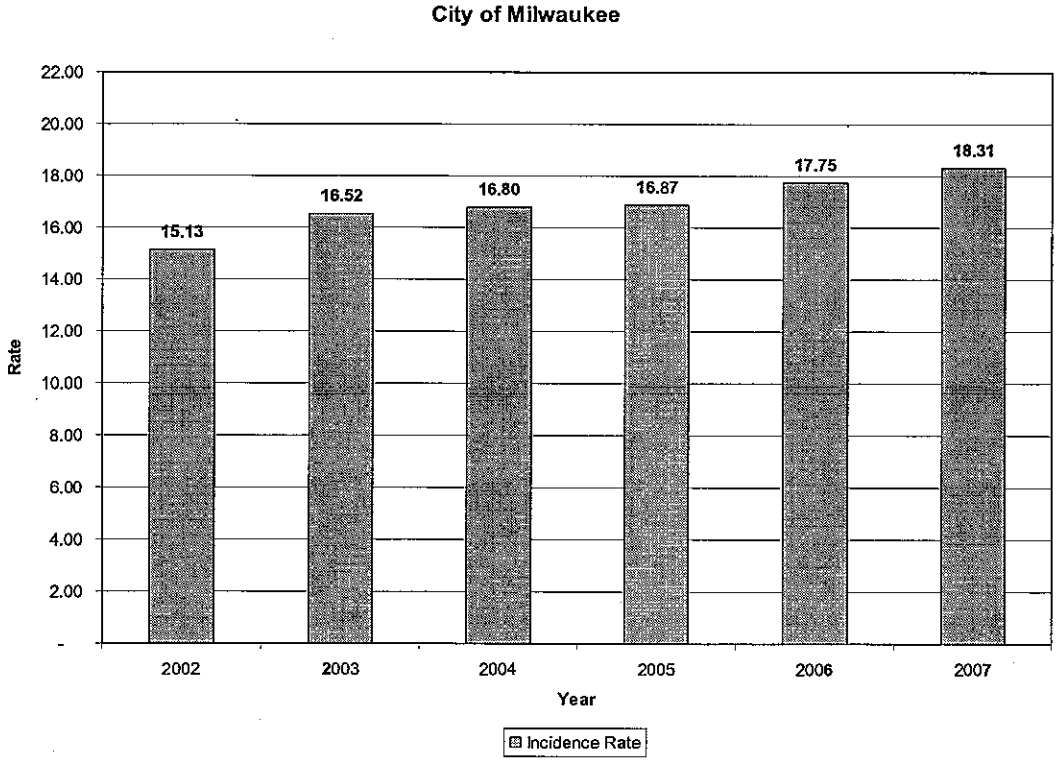
Recordable Cases

- The total number of recordable cases in the City in 2007 was 1,221. This represents a 7.1% increase over the total number of recordable cases in 2006 at 1,140 and a 7.8% increase over the average number of recordable cases in the prior five year period at 1,132.

- The City departments with the highest number of recordable cases continue to be DPW Operations with 388 cases or 31.7% of the City total, MFD with 364 cases or29.8% of the City total, and MPD with 280 cases or 22.9% of the City total. While these three City agencies account for approximately 64% of the City's workforce, they experienced 84.4% of the total number of recordable cases in the City.

Incidence rate

- The overall incidence rate in the City of Milwaukee for 2007 was 18.31. An incidence rate of 18.31 means that for every 100 City employees there are 18.3 claims filed.



This incidence rate represents a 3.1% increase from the incidence rate in 2006 at 17.75 and a 7.7% increase over the average incidence rate over the prior five year period. This City-wide incidence rate is the highest rate since 2002.

DPW Operations continue to be the department with the highest incidence rate of 48.48, followed by MFD with an incidence rate of 29.83 and MPD with an incidence rate of 12.

Nature of Injuries

While the City experienced a 9.49% reduction in the total number of claims in 2007, claims involving injuries to bones and muscles have increased by 55% and 118% respectively since 2005. Claims involving heat exhaustion, hearing loss, and HIV exposures have decreased by 72%, 45%, and 34% respectively.

	2005 (3042)	2006 (3095)	2007 (2802)	Variance 05-07
Pain	1604 (53%)	1380 (44.5%)	1135 (40.5%)	29% decrease
Strain (injury to muscle)	142 (4.6%)	283 (9.1%)	310 (11%)	118% increase
Sprain (injury to bone)	174 (5.7%)	236 (7.6%)	270 (9.6%)	55% increase
Laceration	146 (4.8%)	160 (5.1%)	175 (6.2%)	19.8% increase
Inhalation/Smoke/Fumes	40 (1.3%)	90 (2.9%)	40 (1.4%)	No change
Mental Stress	20 (.6%)	29 (.9%)	22 (.8%)	10% increase
Heat Exhaustion	18 (.6%)	13 (.4%)	5 (.2%)	72% decrease
Hearing Loss	20 (.6%)	22 (.7%)	11 (.4%)	45% decrease
HIV Exposure	76 (2.5%)	49 (1.6%)	50 (1.8%)	34.2% decrease

Incidence Type

While traumatic injuries continue to represent over 85% of the total injuries in the City since 2005, the actual number of traumatic injuries, both to single and multiple body parts, have decreased. Traumatic injuries to multiple body parts have decreased by 23% from 777 in 2005 to 597 in 2007. Traumatic injuries to a single body part have also decreased by 2.5% from 1956 in 2005 to 1906 in 2007.

	2005 (3042)	2006 (3095)	2007 (2802)
Cumulative Traumatic Injuries	26 (.8%)	13 (.4%)	14 (.5%)
Occupational Injuries	138 (4.5%)	335 (10.8%)	225 (8%)
Psychological Injury	25 (.8%)	29 (.9%)	22 (.7%)
Traumatic Injuries Multiple Body Parts	777 (25.5%)	670 (21.6%)	597 (21.3%)
Traumatic Injuries Single Body Part	1956 (64%)	1980 (63.9%)	1906 (68%)
Death	2 (.06%)	1 (.03%)	
Preventative Care due to non-traumatic exposure	102 (3%)	39 (1.2%)	15 (.5%)
Unknown	16 (1%)	27 (.8%)	23 (.8%)

Factors Contributing to Claim Volume

Factors contributing to the volume of claims, the number of recordable cases and the incidence rate in the City may include one or more of the following:

- Length of employment: an aging workforce performing strenuous tasks over a period of time;
- Worker fatigue: excessive workload and excessive overtime hours;
- Physical stamina of workers: a current or prior physical problem that hinders job performance;
- Defective or improper equipment;
- Safety policies and practices that have not been revised or adjusted with changes in working conditions;
- Worker negligence: workers not wearing personal protective equipment or not adhering to safety standards;
- Environment: excessive heat, cold, noise, rain, etc.;
- Inadequate training: OJT, initial, recurrent;
- Lack of an accountability structure.

An in depth analysis of the type of injuries occurring at the departments contributing to the most significant number of claims, recordable cases and with the highest incidence rates is needed in order to determine the causes and develop and implement solutions to address specific challenges in those departments. Supplementary reports documenting injury data and presenting department specific recommendations are attached to this report.

Overall City-wide Recommendations and Action Steps

Given the number and severity of injuries in the City of Milwaukee and the escalating expenditures associated with those injuries, the Department of Employee Relations and the Budget and Management Division will be launching a Risk Management Model for Injury Prevention across the City in 2009. This model will rely in three key elements: a strong accountability structure that relies on measurements and indicators, the identification and implementation of loss prevention strategies (before the injury occurs) and loss control strategies (after the injury occurs). Specific recommendations contained within each element are presented below.

- Injury Data and Reports

  (1) DER will share available injury data and reports with departments to ensure they understand trends and patterns. Data and reports documenting the nature, frequency, and severity of claims as well as financial data will be distributed to department heads and safety personnel to track and analyze how injuries are occurring.
  (2) Departments will be required to evaluate safety practices, determine effectiveness and establish benchmarks for improvements while working to minimize job hazards and prevent injuries from occurring. This information will be documented in department specific "Safety Plans".
  (3) DER will report to Public Safety and the Finance and Personnel Committee initiatives, progress, and outcomes.
  (4) Standard AIM reporting measures for departments for workers compensation, injuries, and safety and safety follow-up will commence at all regular AIM meetings for key departments in 2009.

- Increased Communication between Claims Personnel and Designated Department Representative
  DER will more aggressively alert departments of status of a claim, medical restrictions, opportunities for light duty placement, and return to work considerations to better allow departments to plan staffing needs.

- City Hiring Practices/Considerations
  As the a new medical services contracts is negotiated, DER will ensure that pre-employment medical examinations assess the candidate's fitness for duty status based on essential requirements of the job he/she is being considered for and the type of work to be performed.

- City-wide Transitional Duty Options
  DER will assess the feasibility of developing and implementing a City-wide transitional duty program across City departments in compliance with applicable employment laws and collective bargaining agreements. If DPW for example says they don't have restricted duty for an injured worker, is there another City agency that can place the individual on a temporary basis until he/she is able to return to work full duty? This recommendation will require the cooperation and support from labor group representatives.

- Aggressive Case Management
  DER will establish and utilize benchmarks for aggressive case management of certain injuries (multiple body parts, injuries that require hospitalization, employees with re-occurring injuries, or any claim that exceed or is anticipated to exceed 30 lost workdays). A Case manager will make contact with critical parties, work on a plan of care, follow up with medical providers, and facilitate and expedite return to work options.

- Worker's Compensation Budget – DER and DOA will assess the feasibility of establishing a method for departments to reimburse worker's compensation expenditures to increase accountability and scrutiny at department level.

The Department of Employee Relations is in the process of sharing these recommendations with City agencies and will be working with the Mayor's Office and the Budget and Management Division to ensure these recommendations are fully implemented.

Respectfully Submitted,

Maria Monteagudo
Employee Relations Director

Attachments: MFD Supplementary Safety Report
MPD Supplementary Safety Report
DPW Supplementary Safety Report

C: Jeff Mantes, Department of Public Works
Ed Flynn, Milwaukee Police Department
Doug Holton, Milwaukee Fire Department

SUPPLEMENTARY PUBLIC SAFETY REPORT DER
MILWAUKEE FIRE DEPARTMENT January 2, 2009

Over the last five years Milwaukee Fire Department claims have accounted for 26% of the total claims in the City and approximately 30% of the recordable cases. Given the nature of the work performed and the hazards of the incident scene environment, it is not realistic to assume that all firefighter injuries can be eliminated. However, the ability to identify how and when injuries are occurring can increase the City's opportunities to minimize injuries and control expenditures.

Data presented in this Supplementary Safety Report was gathered from the City's new Worker's Compensation System as well as data reported by the Milwaukee Fire Department to the National Fire Protection Agency (NFPA), the 2007 NFPA Survey of Fire Departments for U.S. Fire Experience, and the International Association of Firefighters' Report of "Contributing Factors to Firefighter Line-of-Duty Injury in Metropolitan Fire Departments in the United States (August 2008)".

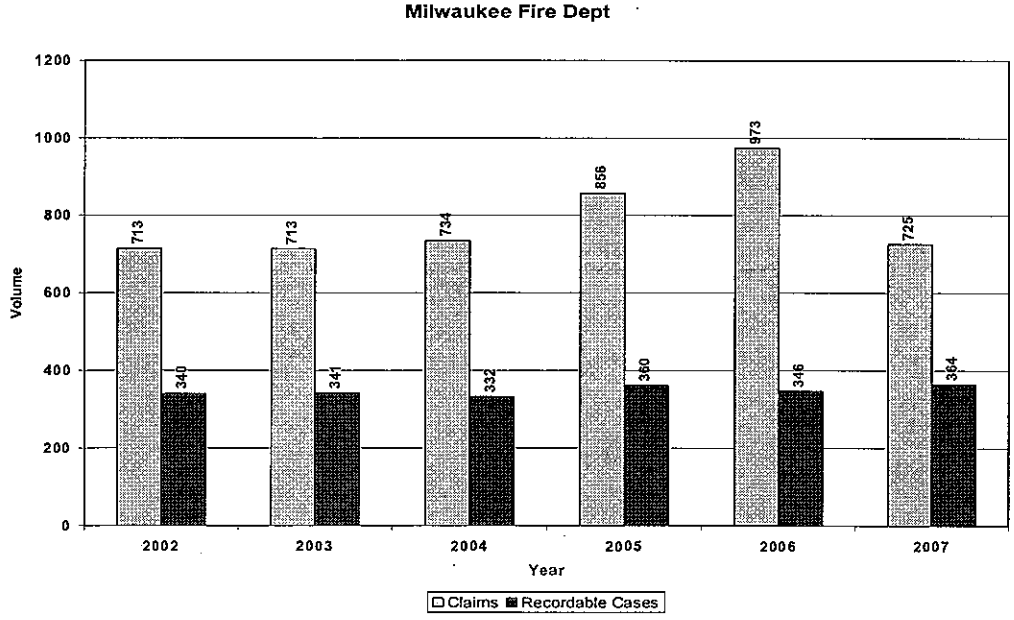
The following table and graphs summarizes claim, recordable cases, and incidence rate data for the Milwaukee Fire Department in 2007 and the previous five years. The total number of structure fires is also reported for 2004 through 2007.

	2002	2003	2004	2005	2006	5 yr ave	2007
Claims	713	713	734	850	973	798	725
Recordable Cases	340	341	332	360	346	344	364
Incidence Rate	25.09	26.47	26.3	28.36	29.36	27	29.83
Total Structure Fires	n/a	n/a	633	589	674	1047	759

INJURY CLAIMS AND RECORDABLE CASES

An injury claim is an accidental injury, occupational disease, or mental harm claim stemming from performing an employment related activity. Recordable cases involve work related injuries and illnesses that result in death, loss of consciousness, days away from work, restricted work activity, job transfer or medical treatment beyond first aid.

The following chart summarizes the number of claims and the number of recordable cases since 2002.



- A total of 725 injury claims were filed by MFD employees in 2007. This accounted for 25.8% of the total claims in the City (2802). The total number of MFD claims in 2007 is 9.1% lower than the average for the previous five years and 25% lower than in 2006.

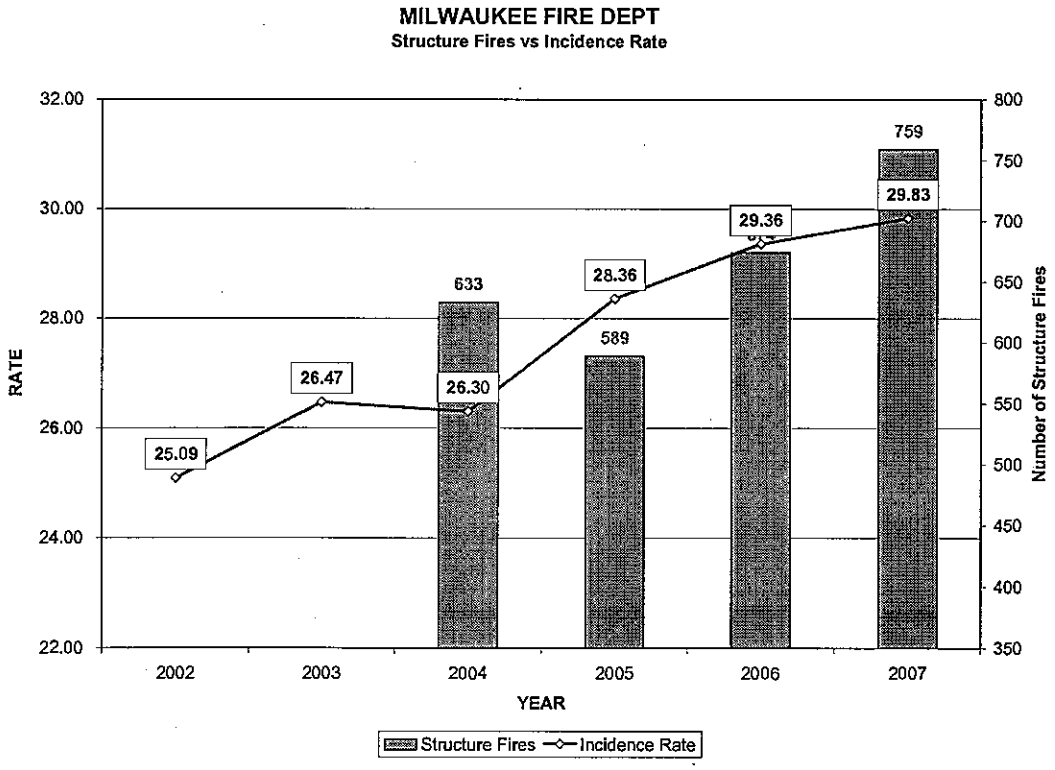
- Recordable cases from MFD accounted for 29.8% of total recordable cases in the City. The number of recordable cases in 2007 was 364, a 5.2% increase from the number of recordable cases in 2006 at 346.

- The number of recordable cases in 2007 is 5.8% higher than the average number of recordable cases for the prior five year period and it is the highest number since 2002.

INCIDENCE RATE

The incidence rate is the number of recordable injuries occurring among a given number of full time workers over a given period of time. This is an indicator of the rate at which workplace accidents are happening in a department. The incidence rate for the Fire Department was 29.83. (For every 100 MFD employees there are 29.83 injury claims filed). This is the highest it has been since 2002. This incidence rate represents a 5.1% increase over the incidence rate in 2006.

The following chart presents the incidence rate since 2004 compared to the number of structure fires for the same time period.



The following observations can be made:

- the number of structure fires since 2004 has increased by approximately 20% ;
- the incidence rate has increased by 13.4% ; and
- the number of recordable cases has increased by 9.6%.

While these numbers suggest that an increase in the number of fires has had a direct impact on the Fire Department's incidence rate, it is important to further analyze the type of duty when injuries are occurring to make this a conclusive determination.

TYPE OF DUTY WHEN INJURY OCCURS

In order to further analyze the nature and type of injuries occurring within the MFD we have summarized data reported by the MFD to the Fire Analysis and Research Division of the National Fire Protection Association (NFPA) for 2007 and the prior five year period. The data as reported an analyzed by the NFPA considers the type of duty when the injury occurs and classifies injuries using the following categories:

- INJURIES AT THE FIRE-GROUND: injuries involving fire suppression activities from the moment of arrival at the scene to departure time including set-up, extinguishment, and overhaul.
- INJURIES AT NON-FIRE EMERGENCIES: incidents that are not a "fire scene" such as EMS and HAZMAT responses.
- RESPONDING TO INCIDENTS: injuries that occur responding to or returning from emergency incidents.
- TRAINING INJURIES: injuries involving mandatory training activities.
- OTHER ON DUTY: inspection and maintenance duties at the fire houses.

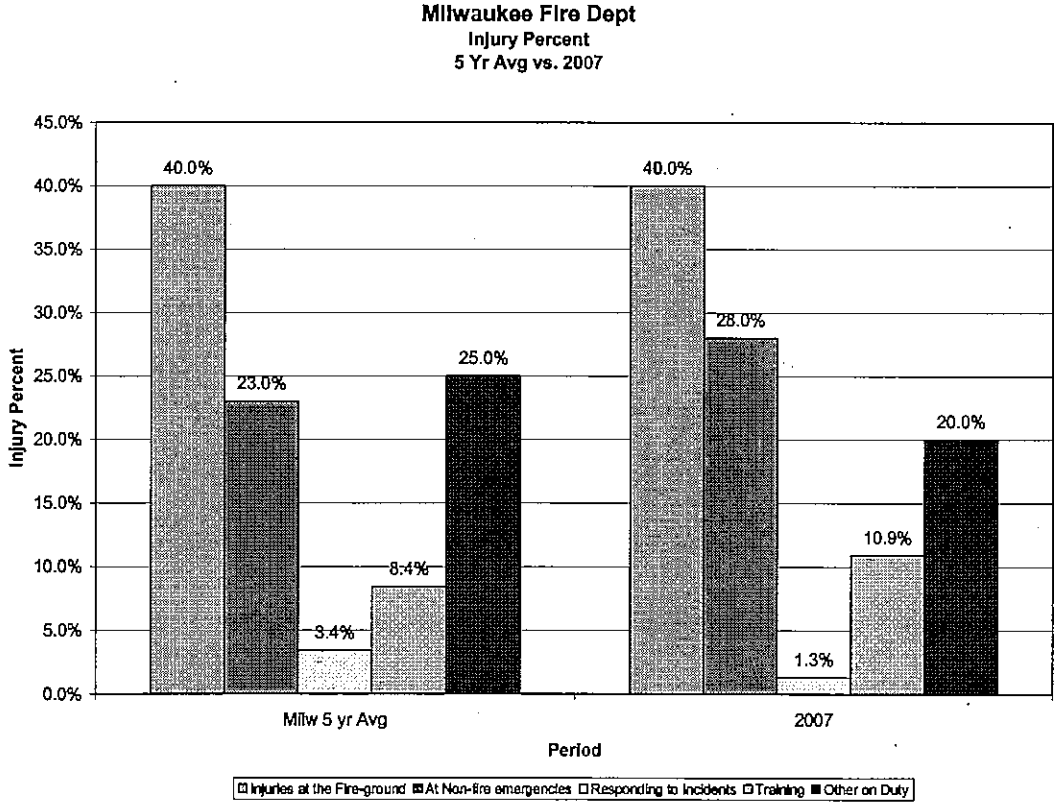
	2002	2003	2004	2005	2006	5 year average	2007
At the fire-ground	288	272	284	303	409	311	272
At non-fire emergencies	146	178	165	217	210	183	192
Responding to Incident	22	20	21	30	43	27	9
Training	74	52	79	63	64	66	75
Other on Duty	183	191	185	213	229	200	139
Total	713	713	734	826	955	788	687

Injuries at the fire-ground	*Represented 39.5% of total injuries in 2007.* *Decreased by 33% from 409 in 2006 to 272 in 2007.* *These injuries were 12.5% lower in 2007 than the average for the prior five year period.*
Injuries at non-fire emergencies	*Represented 27.9% of total injuries in 2007.* *Decreased by 8.5% from 210 in 2006 to 192 in 2007.* *These injuries were 4.9% higher than the average for the prior five year period.*
Responding to Incident	*Represented 1.3% of total injuries in 2007.* *Decreased by 79% from 43 in 2006 to 9 in 2007.*
Training	*Represented 10.9% of total injuries in 2007.* *Increased by 17% from 64 in 2006 to 75 in 2007.* *These injuries were 13.6% higher than the average for the prior five year period.*
Other on Duty	*Represented 20% of total injuries in 2007.* *Decreased by 39% from 229 in 2006 to 139 in 2007.* *These injuries were 30.5% lower than the average for the prior five year period.*

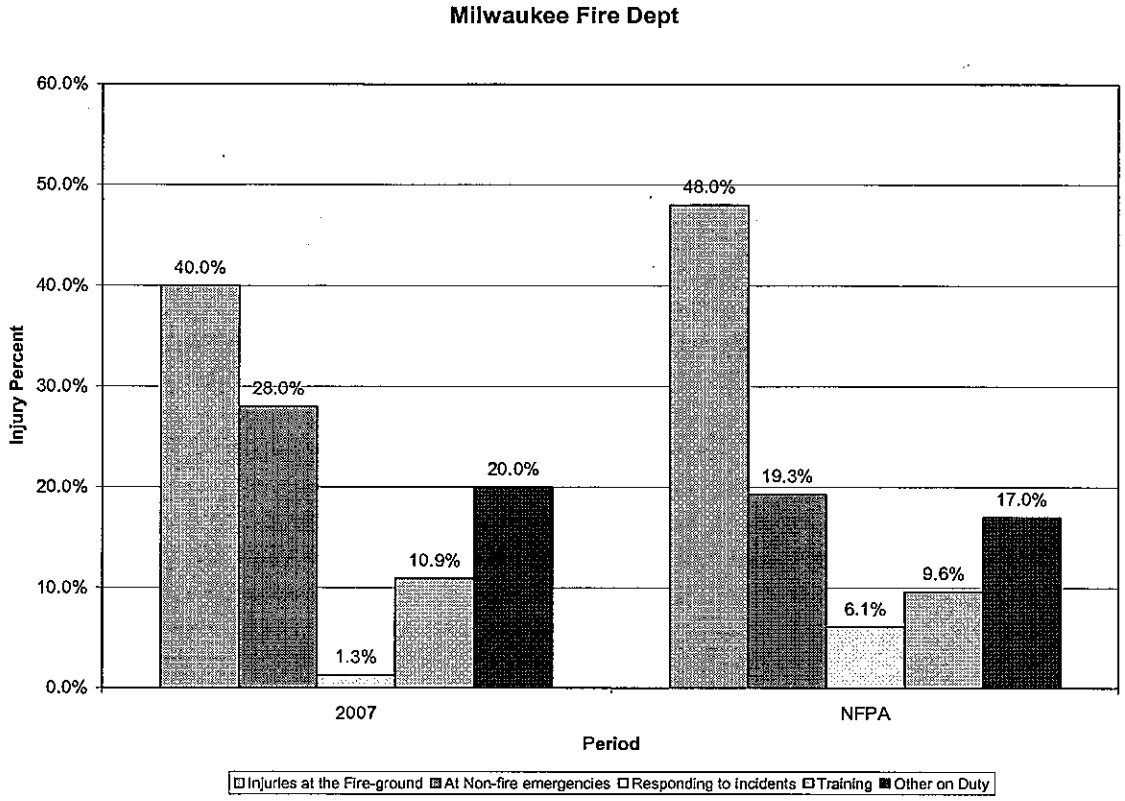
The following chart compares type of duty injuries in Milwaukee in 2007 to the prior five year average and 2007 Milwaukee data to NFPA data for Fire Departments across the nation for the same year.

	Milw 5 yr Aver	2007	NFPA
Injuries at the Fire-ground	40.0%	40.0%	48.0%
At Non fire emergencies	23.0%	28.0%	19.3%
Responding to Incidents	3.4%	1.3%	6.1%
Training	8.4%	10.9%	9.6%
Other on Duty	25.0%	20.0%	17.0%

In Milwaukee, overall injuries at the fire-ground have remained at approximately 40%. Injuries at non-fire emergencies and training injuries have increased while injuries responding to incidents and other on-duty injuries have decreased when compared to the prior five year average as presented below.

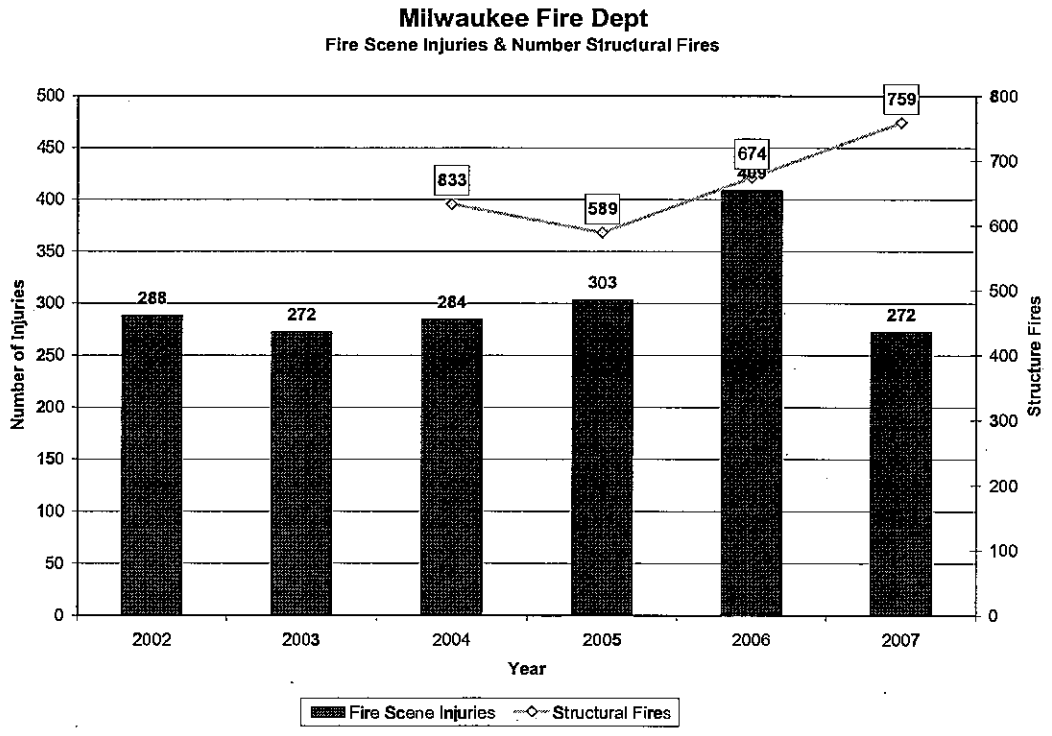


When compared to the NFPA data, Milwaukee injuries at the fire-ground and responding to incidents are proportionally lower while injuries at non-fire emergencies, training, and other on duty injuries are proportionally higher.



It is important to note that over 57% of the injuries at the fire-ground stemmed from strains, sprains, and muscular pain, approximately 6.3% stemmed from burns, and 10.1% stemmed from smoke or gas inhalation.

The chart below illustrates that while the number of structure fires since 2004 has increased by 20%, the number of fire scene injuries for the same time period has decreased by 4.2%.



NATURE OF INJURY

The categories with the most significant injuries in terms of volume within the Fire Department in 2007 and over the prior five year review period include overexertion and strains occurring within all types of duty. These injuries accounted for approximately 69% of the total injuries in 2007 and 60% of the total injuries over the prior five year period. Wounds, Cuts and Bruises is the second largest category with approximately 10% of the 2007 injuries as well as the average for the prior five year period. Smoke or gas inhalation related injuries represented 5% of the total injuries and burns represented 3% of the total injuries.

Additional observations made after reviewing claims data for the Fire Department revealed that there were 10 MFD employees with 10 or more claims during the three year period of 2005 to 2007 for a total of 118 claims. During the same period, there were 246 employees with 4 or more claims for a total of 1,345 claims.

Approximately 6% of the claims in 2007 involved exposure injuries. The majority of these claims involved asbestos dust exposure and exposure to contagious diseases, including HIV exposures. Approximately 16% of the 2007 injuries stemmed from accidents involving MFD vehicles. These types of injuries have increased 37% from 81 in 2002 to 111 in 2007.

RECOMMENDATIONS

Over the last several years the Milwaukee Fire Department has implemented a number of initiatives aimed at reducing hazards that cause injuries. We believe that the creation of a Safety Officer and Incident Safety Officer positions, the implementation of an Emergency Incident Rehabilitation and Scene Management Program, and the implementation of the Significant Injury Plan have had a positive impact in reducing accidents and injuries in the workplace.

The following recommendations will help further understand the reason injuries are happening and how they can be prevented.

Injury Review Program

Finalize implementation of the Injury Review Program. This program attempts to identify individuals with a record of repeated injuries over a period of time and facilitates a discussion with the employee and his/her union representative to identify preventative measures. Through this program, the MFD should be able to review claims filed by the 10 employees with 10 or more injuries in a three year period and determine need for intervention and further analyze and review the increase in training injuries and the increase in injuries involving MFD vehicles.

Injury Classification System

Finalize and implement the model drafted by DER to classify all MFD injuries. This model will track the general type of activity being performed when the injuries occur. In order to establish baseline for comparison purposes, all injuries since 2007 should be retroactively classified using this model. Attachment A provides a detailed explanation of the components of this model. MFD should also assess the feasibility of identifying a system to efficiently track the engine company to which employee was assigned when injury occurred. This will assist in determining whether reductions in FTE's are having an impact on safety.

Safety Plan

Develop a Safety Plan that includes an analysis of causes of injury and measures taken to address them. Safety goals and objectives as well as safety outcomes and indicators are to be defined and modified on an annual basis.

Increase Supervisory Accountability

Establish a protocol and supervisory structure that emphasizes supervisory accountability for safety. Review the 2008 IAFF's study of "Contributing Factors to Firefighter Line-of-Duty Injuries" to determine the appropriate interventions needed to minimize injuries. This study concluded that *"30% of line-of-duty injuries are attributable to factors that are under the direct control of individual firefighters and chief officers."* This recommendation assumes that the appropriate supervisory personnel will assess and investigate the injury and will document his/her conclusion as to what cause the injury and the steps to be followed to prevent a reoccurrence. Supervisors will have to make a determination as to whether injuries are due to inadequate training, faulty equipment, lack of situational awareness, lack of wellness/fitness, human error, crew size, or SOP breech, or any other reason identified by the department.

Return to Work Program

Implement Return to Work Program and develop a systematic way of identifying effectiveness of the program by tracking impact on injury hours, injury pay, lost workdays and other relevant factors.

Attachment: MFD Injury Classification Structure

Type of Duty- *Categories reflect the general type of activity being performed when the injury occurred.*	Activity when Injured- *Categories reflect the actual activity being performed within the type of duty when the injury occurred.*	Nature of Injury-OSHA	Claim Cause-OSHA
	EMERGENT INJURIES		
At the Fire-ground	Exposure Contagious Disease Exposure Hazardous Condition Burns/Gas Inhalation Fire Suppression Overhaul Activities Entering or Exiting a Structure Working with or Carrying Equip Putting on and taking off gear (SCBA) Misc		
At non-fire emergency: EMS	Exposure Contagious Disease Exposure Hazardous Condition Transporting/Lifting/Moving Patients Working with or Carrying Equipment Entering or Exiting a Structure Misc		
At non-fire emergency: HAZMAT	Putting on and taking off gear (SCBA) Exposure Contagious Disease Exposure Hazardous Condition Working with or Carrying Equipment Entering or Exiting a Structure Misc		
Responding to Incident	Motor Vehicle Accident Mounting and dismounting rig Misc		
	NON-EMERGENT INJURIES		
Type of Duty	Activity when Injury Occurred	Nature of Injury	Claim Cause
Training	Working with or carrying equipment Participating in simulation exercises Misc		
Returning from Incident	Motor Vehicle Accident Mounting and dismounting rig Putting on/taking off gear Misc		
Other on Duty – Maintenance and Inspection Duties	Testing/Cleaning/Maintaining Equipment Exposure Contagious Disease Exposure Hazardous Condition Riding apparatus Motor vehicle accident Maintenance Duties @ the Fire House Kitchen Physical Fitness Assault Misc		

INVESTIGATION PROCEDURE – Supervisory personnel shall use the following contributing factors as guidelines as they assess and investigate MFD injuries and document in his/her judgment the cause of injury and the steps to be followed to prevent a reoccurrence.

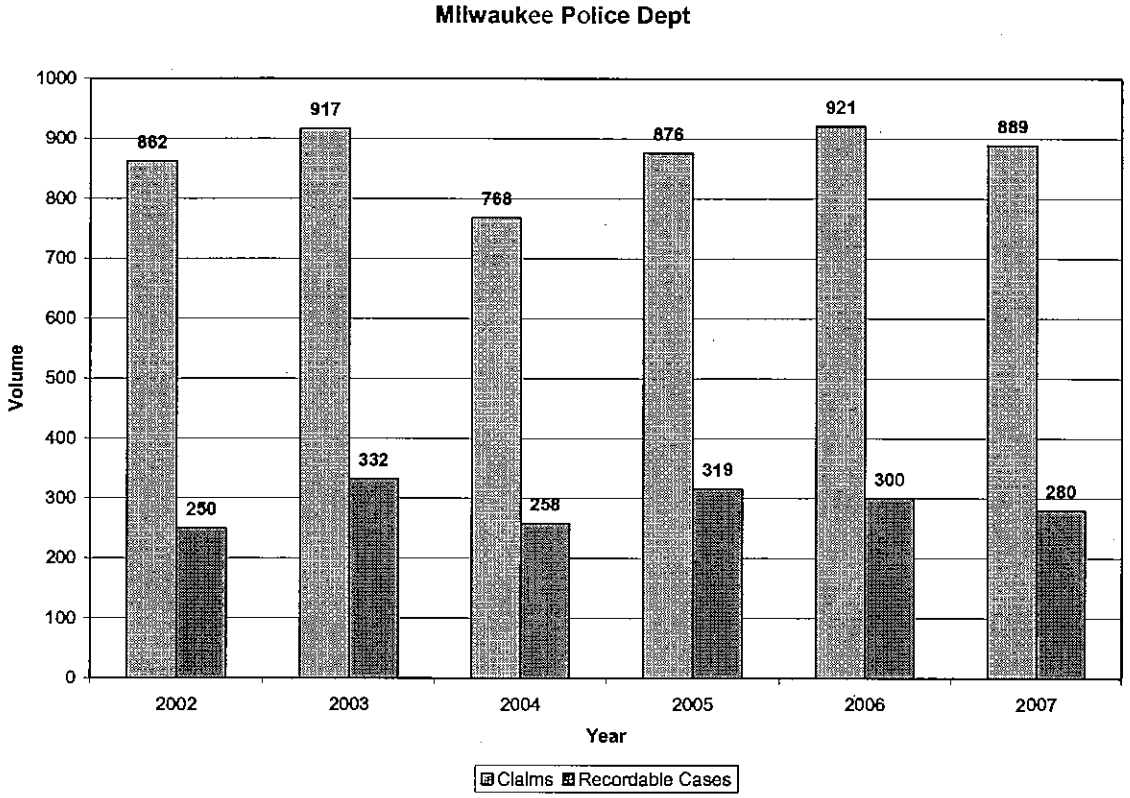
Lack of Training	A deficiency of instruction and hands-on practice in the operation of equipment and systems that are expected to be used in the performance of assigned duties.
Lack of Communication	A deficiency of radio, telephone, and messenger service networks throughout the emergency response system.
Breech of SOP	Failure to follow specific operational or administrative method.
Protocol Breech	Failure to follow directive that establishes common practice or course of action during tactical operation.
Protective Equipment Not Worn	Equipment provided to shield or isolate personnel from infections, chemical, physical and thermal hazards is not worn by a member.
Lack of Wellness/Fitness	Potential deficiency or absence of physical, mental or emotional capability to withstand the stresses or strains of the job.
Act of Violence	Exertion of physical force to injure, abuse or cause death.
Weather/Act of Nature	An unexpected natural event.
Human Error	Mistake made by employee (not caused by a poorly designed process or equipment malfunctioning).
Civilian Error	An act or condition of ignorant or imprudent behavior that unintentionally causes an adverse event.
Structural Failure	Structural collapse brought on by fire.
Emergency Equipment Failure	Unacceptable difference between expected and observed performance of emergency equipment.
Firefighter Fatigue	Weariness caused by exertion.
Lack of Situational Awareness	Absence of knowledge and understanding of the environment that is critical in decision making.
Horseplay	Rough or boisterous play.
Lack of Teamwork	Members not aligned in a cooperative manner.

SUPPLEMENTARY PUBLIC SAFETY REPORT
MILWAUKEE POLICE DEPARTMENT

DER
January 2, 2008

Over the last five years the MPD has accounted for 26% to 29% of the total claims for the City. The following table summarizes claim, recordable cases, and incidence rate data for the Milwaukee Police Department in 2007 and the previous five years.

	2002	2003	2004	2005	2006	5 yr ave	2007
MPD							
Claims	862	917	768	876	921	869	890
Recordable Cases	250	332	258	316	300	291	280
Incidence Rate	10.96	14.3	11.43	13.51	13.55	13	12



- In 2007 MPD claims (890) accounted for 31.7% the total of claims for the City and 23% of recordable cases.

- The number of claims reported by MPD personnel was 2.3% higher than the average for the previous five years but the number of recordable cases was 3.7% lower.

- The total number of MPD claims in 2007 was 3.4% lower than the total number of claims filed in 2006. The number of recordable cases was 6.6% lower than in 2006.

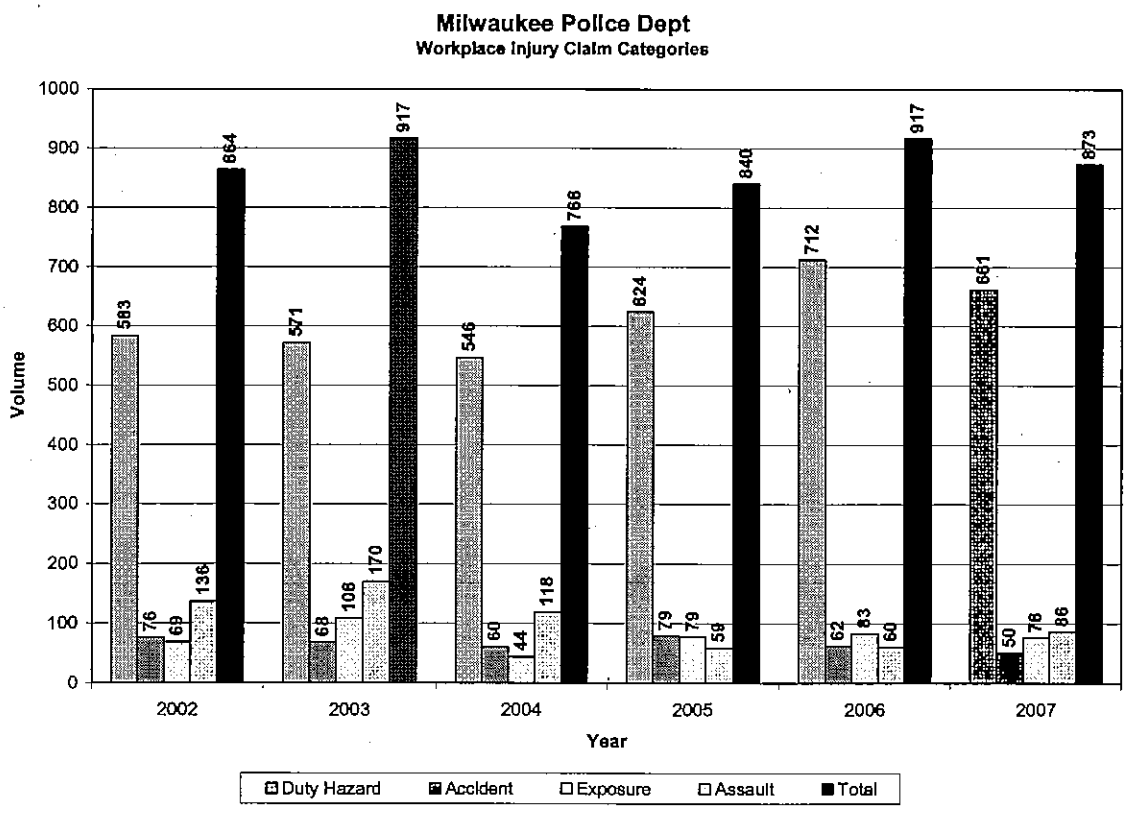
- The incidence rate in 2007 was 12. This represents a reduction of 11% from the incidence rate in 2006 at 13.55 and it is lower than the incidence rate over the last five year period.

The Milwaukee Police Department tracks workplace injury claims using the following categories:

- DUTY HAZARD: strains, sprains, fractures, hearing loss, lacerations, contusions, stress, scrapes, cuts, etc.
- ACCIDENT: auto, squad, and pedestrian accidents.
- EXPOSURE: contacts with blood, saliva, drugs and communicable diseases.
- ASSAULT: intentional injuries to officer with or without instruments, dog bites, spitting, and others.

The following table and chart summarize the volume of injuries under each category for 2007 and the previous five year period.

	2002	2003	2004	2005	2006	5 year average	2007
Duty Hazard	583	571	546	624	712	607	661
Accident	76	68	60	79	62	69	50
Exposure	69	108	44	78	83	76	76
Assault	136	170	118	59	60	109	86
Total	864	917	768	840	917	861	873



- In 2007, 75.7% of the claims at MPD represented duty hazard claims. Duty hazard claims for the prior five year period represented 70.5% of the overall claims.

- In 2007, claims resulting from accidents represented 5.7% of the total claims. These claims decreased by 19% from 2006 and they were at the lowest point since 2002.

- In 2007, claims resulting from exposure were 76 or 8.7% of the total claims. These claims decreased by 8.4% when compared to 2006.

- In 2007, claims resulting from assaults represented 9.8% of the total claims. These claims increase by 43% when compared to 2006.

INJURIES BY INCIDENCE TYPE

An analysis of the claims at the Police Department by incident type since 2005 reveals that approximately 84% of the injuries stem from traumatic injuries and 10% stem from occupational injuries.

	2005 (876)	2006 (920)	2007 (890)
Cumulative Traumatic Injuries	8 (.9%)	2 (.2%)	1 (.1%)
Occupational Injuries	65 (7.4%)	100 (10.8%)	89 (10%)
Psychological Injury	18 (2%)	22 (2.3%)	11 (1.2%)
Traumatic Injuries	735 (84%)	770 (84%)	773 (86.8%)
Death	1 (.1%)	1 (.1%)	0
Preventative Care due to Non-Traumatic Exposure	48 (5.4%)	21 (2.2%)	10 (1.1%)
Other	1 (.1%)	4 (.4%)	6 (.6%)

A more detailed analysis of the data reveals that in 2007 the number of claims related to asbestos exposure, HIV exposure, occupational hearing loss, and mental stress claims have decreased consistently since 2005.

INJURIES BY CLASSIFICATION

An analysis of injuries by classification over the last three years (2005 to 2007) revealed that over 78% of the claims filed were filed by Police Officer, over 5% were filed by Sergeants, and over 4% were filled by Detectives.

An important observation to be made is significant increases in claims filed in 2007 by: Police Aides (from 6 in 2006 to 12 in 2007), Custodial Workers (from 9 in 2006 to 16 in 2007), Accounting Assistants (from 3 in 2006 to 7 in 2007).

RECOMMENDATIONS

In order to better understand how to reduce injuries, the Milwaukee Police Department must develop a different model to categorize injuries by type of duty. It is recommended that a model similar to that developed for the Milwaukee Fire Department be used. This model will allow the MPD to identify the type of duty involved when the injury occurred so that meaningful data can be produced in policy formulation. Consideration is to be given to the type of activity the employee is performing when the injury occurred (participating in training, pursuing a suspect, responding to an incident) and the "type of assignment" when the injury occurred.

The Police Department should also designate someone in a position of authority to manage and monitor injuries and making recommendations for improvement.

The Police Department should develop and implement an Injury Review Program to assess if there is a problem with individuals who have repeated injuries over a short time period.

The Police Department should also develop a Safety Plan that includes an analysis of causes of injury and measures taken to address cause or reason for injury. The report should examine whether injuries are due to inadequate training, faulty equipment, lack of situational awareness, lack of wellness/fitness, human error, crew size, or SOP breech, or any other reason identified by the department. Safety goals and objectives as well as safety outcomes and indicators are to be defined and modified on an annual basis.

SUPPLEMENTARY PUBLIC SAFETY REPORT DER
DEPARTMENT OD PUBLIC WORKS January 2, 2009

DPW Operations claims in 2007 (707) accounted for 25.8% of the total claims in the City. DPW Infrastructure claims in 2007 (172) accounted for 6.3% of the total claims in the City.

The following table summarizes recordable cases and incidence rate data for the Operations Division and the Infrastructure Division of DPW in 2007 and the prior five year period.

	2002	2003	2004	2005	2006	5 yr ave	2007
DPW OPS							
Recordable Cases	303	264	342	352	353	323	388
Incidence Rate	33.41	31.03	41.42	43.45	46.54	39.17	48.48
DPW INFRA							
Recordable Cases	88	99	105	63	55	82	77
Incidence Rate	15.34	18.77	19.15	11.22	10.37	14.97	14.44

- DPW Operations recordable cases accounted for 31.7% of total cases in the City and DPW Infrastructure recordable cases accounted for 6% of total cases in the City.

- The number of recordable cases in the Operations Division of DPW in 2007 was 388, a 9.9% increase from the number of recordable cases in 2006 at 353. This number is also 20% higher than the number of recordable cases for this Division in the prior 5 year period at 323 and it the highest number reported by the Division since 2003.

- The number of recordable cases in the Infrastructure Division of DPW in 2007 was 40% higher than in 06. However this number is 6% lower than the number of recordable cases in the prior five year period.

- The Operations and Infrastructure Divisions of DPW reported the most significant increases in the incidence rate in 2007 when compared to 2006 at 4.1% and 39% respectively. The increase in the incidence rate in the Operations Division in 2007 when compared to the prior five year period is 24%. However the incidence rate in 2007 for the Infrastructure Division is actually 3.5% lower than the average incidence rate for the prior five year period.

INJURIES BY CLASSIFICATION

Over the last three years the Operation Driver Worker classification has accounted for 60% of the total injuries in the Operations Division with an average of 440 claims. The second group with the most injuries is the Urban Forestry Specialist, Laborer and Crew Leader with approximately 13% of the injuries with an average of 98 claims per year.

Within the Infrastructure Division, the City Laborer Regular classification has accounted for approximately 22% of the total injuries with an average of 43 claims per year. The second classification with the most injuries is the Electrical Mechanic classification with approximately 11% of the injuries with an average of 22 claims per year.

OPERATIONS	2005	2006	2007
Operation Driver Worker	480	371	468
Urban Forestry Spec, Laborer & Crew Leaders	109	98	88
Vehicle Serv Tech	25	30	16
Sanitation Worker	18	27	25
Garage Custodian/Attendant	8	8	1
Carpenter	5	10	6
Electrical Mechs & Wrkers	12	5	6
INFRASTRUCTURE			
City Laborer Regular	48	41	40
City Laborer Seas Sewers	31	22	6
Electrical Mechanic	24	24	19
Electrical Worker	16	11	16
Iron Worker	11	8	5
Laborer (Elect Servcs)	18	19	20

A total of 28 employees have had 10 or more claims in a three year period from 2005 to 2007 for a total of 330 claims. 82% of those employees hold the title of Operation Driver Worker.

CLAIMS BY INCIDENCE TYPE

Traumatic injuries in DPW have accounted for 95% of the total injuries since 2005. However the actual number of traumatic injuries since 2005 has decreased by 12.8% from 1121 to 977. While occupational injuries represent a small percentage of total claims, they have increased by 82% from 17 in 2005 to 31 in 2007.

	2005	2006	2007
Cumulative Traumatic Injuries	10	9	10
Occupational Injuries	17	29	31
Psychological Injury	3	6	9
Traumatic Injuries	1121	1004	977

RECOMMENDATIONS

The Department of Public works needs to develop a classification system to record how the injuries are occurring following the model developed for the MFD. Consideration is to be given not only to the type of duty but the equipment and tools being used, the type of training provided, and the appropriate safety protocols to be established to minimize injuries.

DPW should also develop a Safety Plan that includes an analysis of causes of injury and measures taken to address cause or reason for injury. The report should examine whether injuries are due to inadequate training, faulty equipment, lack of situational awareness, lack of wellness/fitness, human error, crew

size, or SOP breech, or any other reason identified by the department. Safety goals and objectives as well as safety outcomes and indicators need to be defined and modified on an annual basis.

DPW should also determine the effectiveness of its light duty program and develop department wide alternative that takes into consideration business needs, employee's medical restrictions, and return to duty considerations.

DPW should resume use of Injury Review Program and document interventions provided and policies or practices changed as a result of the Program.

Re-define the role of first and second line supervisors in accident prevention and accident investigation. Increase accountability of supervisor for safety in respective work units.

Work with DER to assess the adequacy of physical ability test components for physically demanding jobs to ensure new hires are physically fit to perform essential functions.