



Evaluation of the Implementation and Effectiveness of the Ontario Working at Heights Training Standard

IWH Speaker Series

Lynda S. Robson, PhD, Scientist Cameron Mustard, ScD, President & Senior Scientist

February 26, 2019

Background

- Falls from heights (FFH) are a major safety concern in Ontario's construction sector
 - Leading cause of fatalities
 - Major cause of lost-time injuries

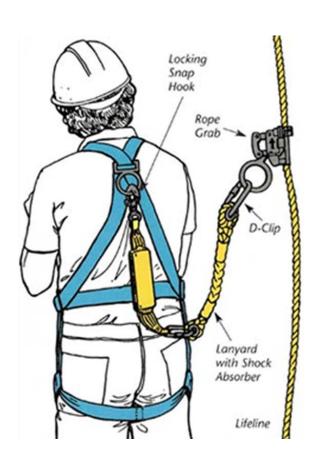
FFH of particular concern since swing stage collapse with multiple

fatalities in 2009



Background (2)

- Working at heights (WAH) training regulations came into effect on April 1, 2015
 - "Grandfathered" until October 1, 2017 for those with prior FP training
 - Since 2001, fall protection (FP) training required, but not specified
- Accompanied by 2 new standards:
 - WAH program standard
 - 3 hrs of theory and 3.5 hrs practical content
 - WAH training provider standard



Overarching evaluation questions

- 1) To what extent is the target population for the WAH training being reached?
- 2) What impact has introduction of the WAH training requirements had on fall prevention on construction projects?

Evaluation design

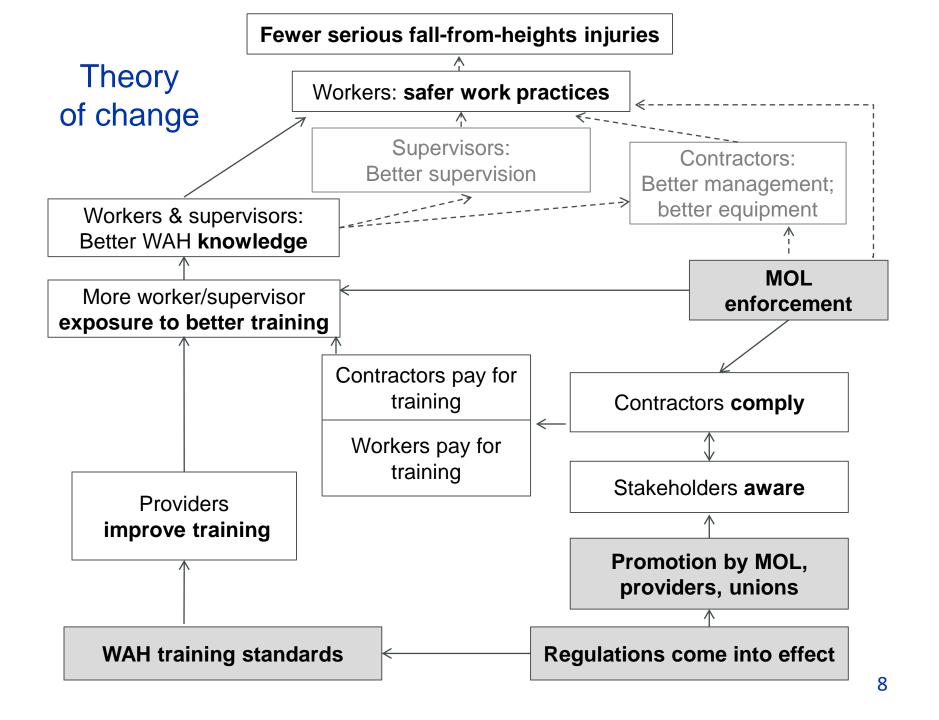
Evaluation Element	Evaluation Question
Administrative data – training activity	1
Training provider survey	1
Construction employer survey	1,2
MOL inspector interviews	1,2
Learner follow up survey study (IHSA)	2
Administrative data – injury trends	2

Conclusions (1)

- 1) To what extent is the target population for the WAH training being reached?
- The IWH evaluation found consistently strong evidence that the mandatory WAH training program reached the target population. Construction sector employers were aware of the training requirement and compliance with the training requirement was high (>90%) for both large and small employers. As the regulation came into full force, 420,000 Ontario workers had been trained.

Conclusion (2)

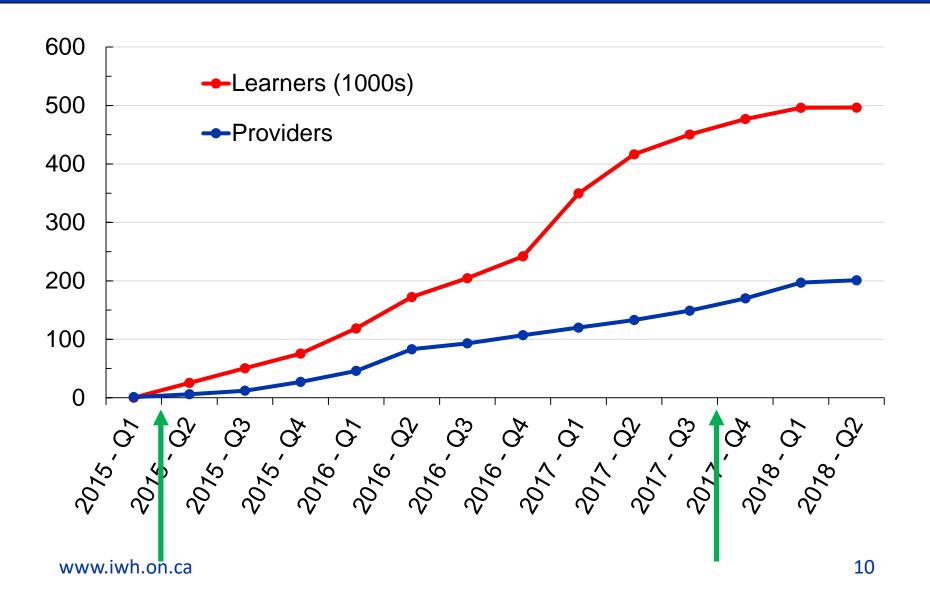
- 2) What impact has introduction of the WAH training requirements had on fall prevention on construction projects?
- The evaluation found consistent evidence that the training
 had an impact at the worksite. Employers and learners reported
 substantial WAH training-attributable changes toward safer
 practices. A statistically significant but modest impact on losttime claims for targeted falls was found in 2017. The full effect
 of the program on the prevention of injury cannot yet be measured.



Outline of presentation: five quantitative elements

Evaluation Element	Evaluation Question
Administrative data – training activity	1
Training provider survey	1
Construction employer survey	1,2
MOL inspector interviews	1,2
Learner follow up survey study (IHSA)	2
Administrative data – injury trends	2

Number of successful WAH learners and approved training providers, cumulative



Provider survey: Estimate of sector distribution of WAH learners

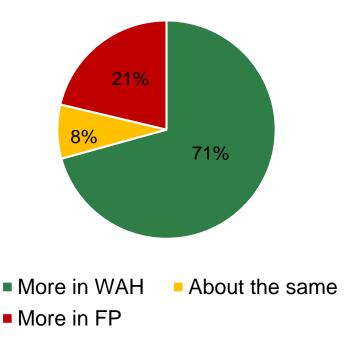
Sector	Number of providers delivering to sector	Weighted average % (n = 84)
Construction	83	77.6
Utilities	9	6.7
Manufacturing	32	3.7
Transportation & warehousing	3	3.3
Repair & maintenance (non-construction)	7	1.2
Other	n.d.	2.0
Unspecified	24	5.5

Based on 86 responses to "Which sectors do your WAH learners mostly come from (e.g. construction, manufacturing, utilities, etc.)?"

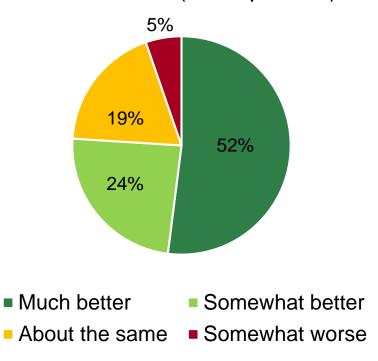
Training provider survey

- Contacted only higher-volume providers (n = 124 of 199)
- 70% participated (n = 87)
- 87% offered fall protection (FP) training before regulation change

Practical hands-on skill acquisition (% responses)



Overall preparation -- WAH relative to FP (% responses)



Construction employer survey – method & sample

- infoCanada list of construction employers (6+ employees)
- n = 390 respondents (response rate 15%)
- Telephone interview
- Diverse sample:
 - Large (20+ employees) and small (<20 employees)
 - GTA and non-GTA
 - General and specialty trade contractors
 - Residential and non-residential sectors
 - Unionized and non-unionized

Construction employer survey: reach of WAH regulation

- 93% of all employers (n = 390) were **definitely aware** of the WAH training requirement
- 79% had some permanent employees using FP equipment
 - Of those, 92% were in compliance with WAH training reg.
- 25% had some temporary employees using FP equipment
 - Of those, 91% were in compliance with WAH training reg. regulation
- Compliance was >90%, irrespective of :
 - sector (residential vs. non-residential) size (<20 vs. 20+ employees)
 - location (inside vs. outside GTA)
 unionization

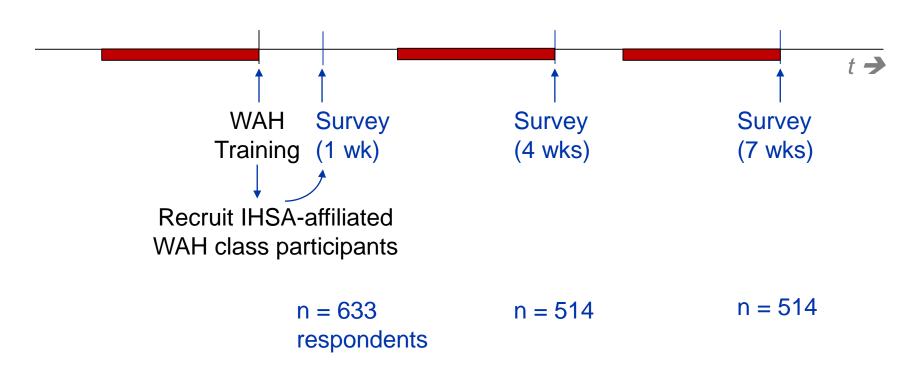
Construction employer survey: WAH training impacts

Impact attributed to WAH training	% of companies
Purchased new equipment (harnesses, guardrails, other)	40
Modified/created fall rescue plan	37
Equipment inspected more often	33
Employees tie off more often	28
Supervisors take action to prevent falls more often	27

n = 306



Longitudinal survey of WAH training participants - design

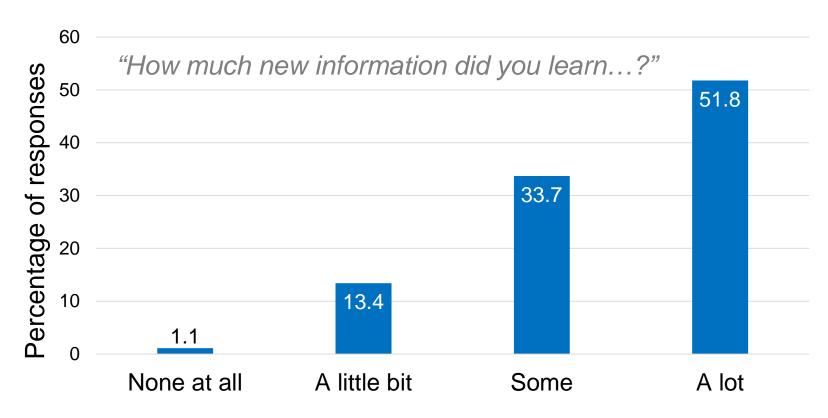


= 12 WAH safety practices targeted by WAH training

Learner characteristics

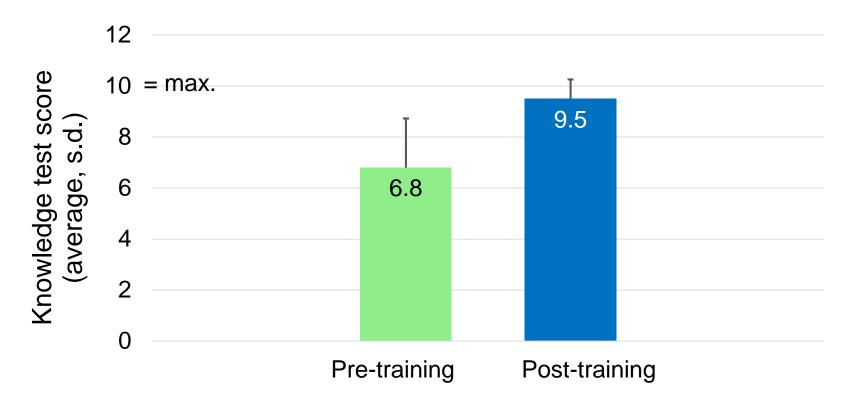
- Diverse with regards to:
 - Frequency of FP equipment use
 - Whether FP training taken previously
 - Residential/non-residential
 - Unionized
 - GTA/non-GTA
 - Work role
 - Years of construction experience
 - ∘ Age
 - IHSA staff/IHSA training partner

Knowledge gain – subjective measure from survey



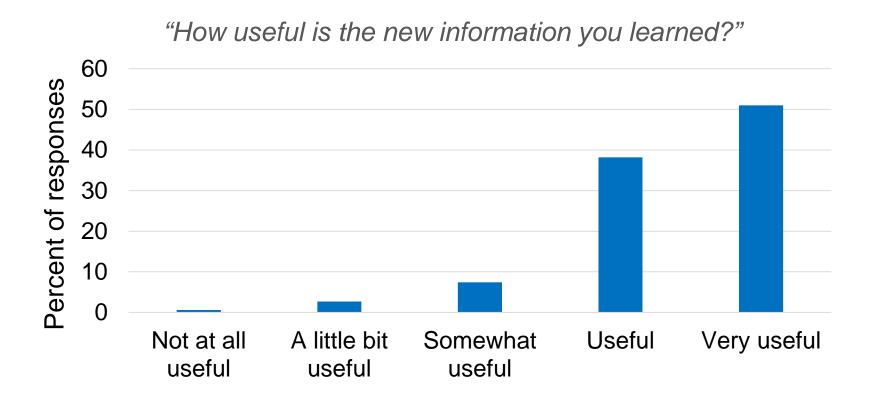
n = 633

Knowledge gain – objective measure – IHSA tests



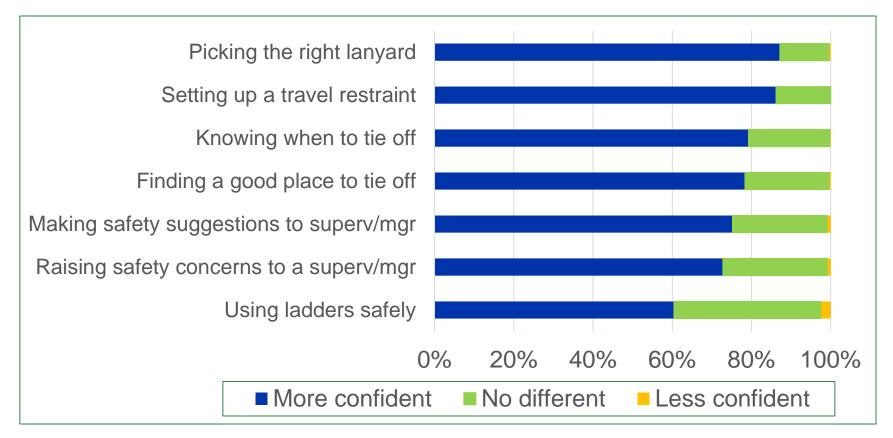
$$n = 429$$

Usefulness of new information from WAH training



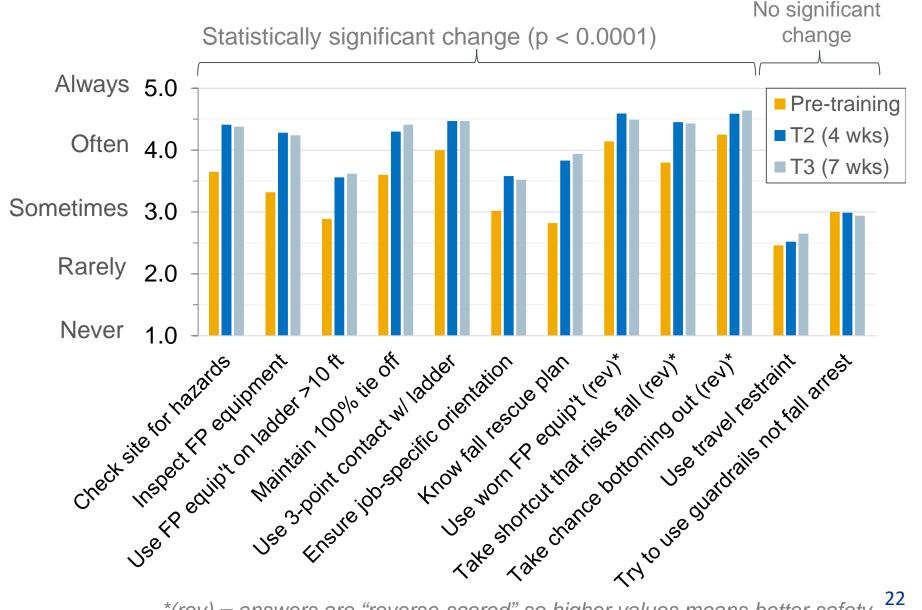
n = 633 respondents

Impact of training on confidence on WAH safety skills



n = 633 respondents

Average WAH safety practice scores before & after training



Analysis of WSIB lost-time claim records: 3 injury categories

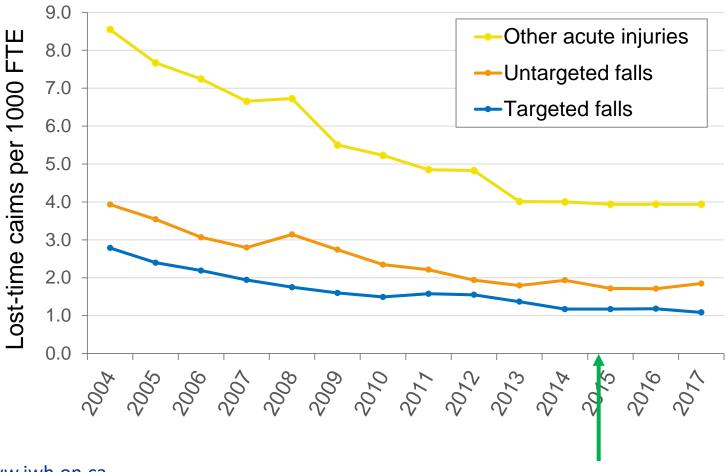
Injury Category	Examples
Targeted falls	Falls from roofs, ladders, scaffold; falls through floor openings
Untargeted falls	Falls same level; falls down stairs
Other acute injuries	Contact with objects & equipment (excl. bodily reaction & exertion, burns, environmental conditions, diseases)

Based on:

- event and nature of injury codes (CSA Z795)
- WAH learning objectives
- Input from two IHSA content experts

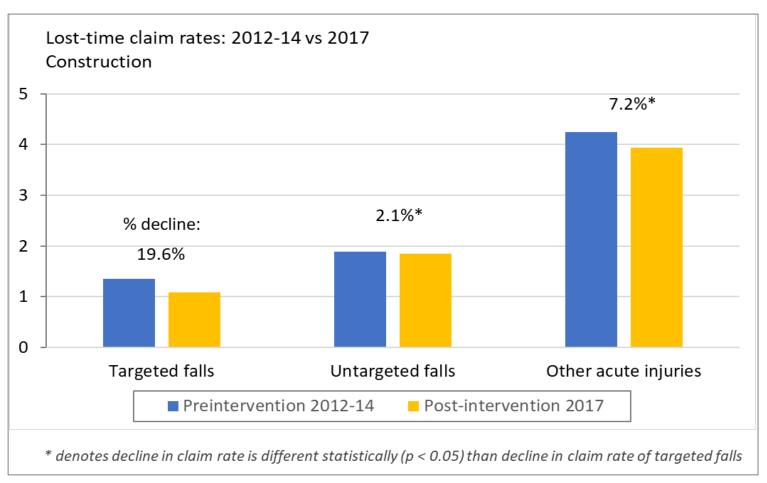
Three prior hypotheses about injury rate patterns over time; Hypothesis 1

A change in trend will be seen the in the lost-time claim rate of targeted falls following the Apr 2015 introduction of WAH training, in construction.



Three prior hypotheses about injury rate patterns over time: Hypothesis 2

The reduction in LT claim rate of targeted falls will be greater than the reduction of each of untargeted falls and other acute injuries, in construction



Apparent WAH intervention effect in construction is greatest in smallest firms

ETE amoularia	% change in lost-time claim rates		
FTE employees (WSIB imputed)	Targeted falls	Untargeted falls	Other acute injuries
< 5	-36.7	-4.2*	-21.9*
5-49	-6.8	+2.9	+1.2
50+	-12.3	-11.5	-9.5

^{*} denotes change in claim rate is different statistically (p < 0.05) than change in claim rate of targeted falls

Apparent WAH intervention effect is greatest in higher incidence rate firms

High/low incidence	% change in lost-time claim rates		
WSIB rate groups	Targeted falls	Untargeted falls	Other acute injuries
High	-22.2%	+5.2%*	-7.7%*
Low	-17.8%	-12.3%	-9.4%

^{*} denotes change in claim rate is different statistically (p < 0.05) than change in claim rate of targeted falls

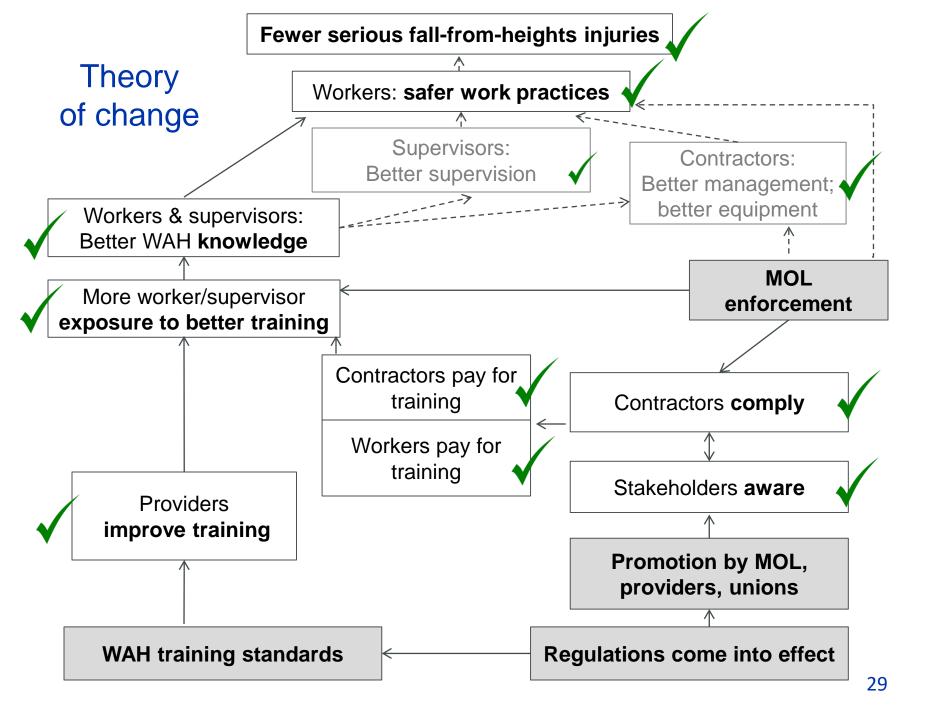
Three prior hypotheses about injury rate patterns over time: Hypothesis 3

The pre-post reduction in LT claim rate of targeted falls in construction will be greater than in other economic sectors

	% change in lost-time claim rates		
	Targeted falls	Untargeted falls	Other acute injuries
Construction	-19.6	-2.1*	-7.2*
Manufacturing	-27.2	-5.3	+3.0*
Retail & Wholesale Trade	-27.9	-4.6*	+5.9*
Other Schedule 1	-17.4	-4.3	+7.8*

^{*} denotes change in claim rate is different statistically (p < 0.05) than change in claim rate of targeted falls

- No cross-sector differences in % change in rates targeted falls
- Pattern of rate changes similar across sectors: i.e., targeted falls > untargeted falls/other acute injuries



Conclusions (1)

- 1) To what extent is the target population for the WAH training being reached?
- The IWH evaluation found consistently strong evidence that the mandatory WAH training program reached the target population. Construction sector employers were aware of the training requirement and compliance with the training requirement was high (>90%) for both large and small employers. As the regulation came into full force, 420,000 Ontario workers had been trained.

Conclusion (2)

- 2) What impact has introduction of the WAH training requirements had on fall prevention on construction projects?
- The evaluation found consistent evidence that the training
 had an impact at the worksite. Employers and learners reported
 substantial WAH training-attributable changes toward safer
 practices. A statistically significant but modest impact on losttime claims for targeted falls was found in 2017. The full effect
 of the program on the prevention of injury cannot yet be measured.

Acknowledgements

- Research Scientists: Peter Smith, Benjamin Amick III, Vicky Landsman
- Research Support: Hyunmi Lee, Sabrina Tonima, Sabrina Imam, Kay Nasir, Lyudmila Mansurova, Isabel Sousa, Desiree Latour-Villamil, Kathy Padkapayeva
- Research Advice: Monique Gignac, Selahadin Ibrahim, Qing Liao
- Knowledge Transfer Support: Sara Macdonald
- Administrative Support: Dina Al-Khooly, Kristina Buccat, Mary Cicinelli
- Collaborating Organizations: Infrastructure Health and Safety Association, Ontario College of Trades
- Key Informants who oriented researchers to stakeholder perspectives on WAH training, especially during planning phase
- **Study Participants:** construction employers, WAH learners, WAH training providers, MOL labour inspectors

Project labour-management advisory committee

EMPLOYERS	LABOUR
Peter Cressatti Choinard Brothers Roofing	Blair Allin* International Brotherhood of Boilermakers
Ellaline Davies GVCA Safety Group	Glen Drewes* IBEW
Mike Dauncey Mattamy Homes	Tim Fenton Ont. Sheet Metal Workers' & Roofers' Conference
David Frame, OGCA	John Mandarino, LiUNA
Matt McCullum AlumaSafway/HHCA Safety Group	Carmine Tiano Ontario Building Trades
Rick Van Ihinger* Clifford Masonry	Al Ververgaert International Union of Elevator Constructors

^{*} Former Member of WAH Training Standard Committee

The Institute for Work & Health operates with the support of the Province of Ontario.

The views expressed in this document are those of the authors and do not necessarily reflect those of the Province of Ontario.

Keep up on evidence-based practices from IWH



Sign up online for our monthly e-alerts, our quarterly newsletter, event notifications and more: www.iwh.on.ca/subscribe



Follow @iwhresearch on Twitter: www.twitter.com/iwhresearch



Connect with us on LinkedIn: www.linkedin.com/company/institute-for-work-and-health



Subscribe to our YouTube channel: www.youtube.com/iwhresearch



This document/slide is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License: http://creativecommons.org/licenses/by-nc-nd/4.0/.



Institute for Work & Health

Research Excellence Advancing Employee Health