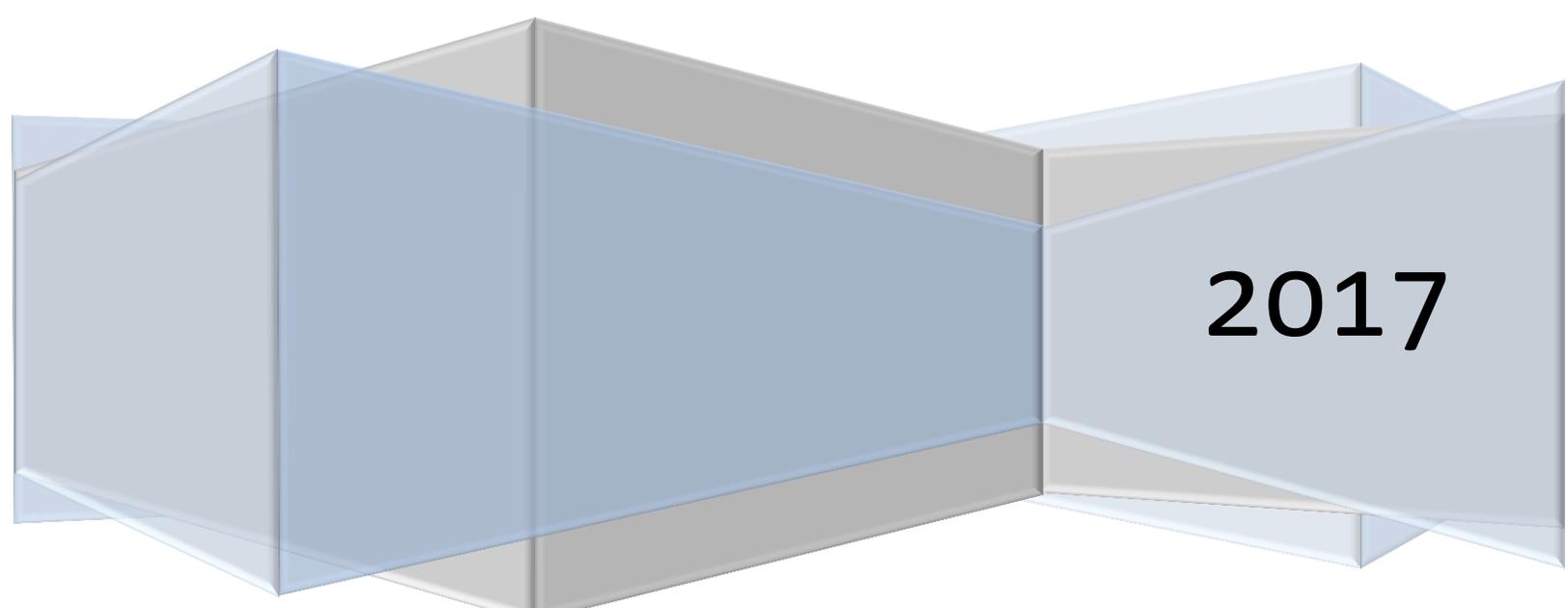


# **Workplace Safety & Health Act Review**

**MFL Occupational Health Centre Submission**

**Michael Kelly, Executive Director**



**2017**

The MFL Occupational Health Centre (OHC) has been providing workplace safety and health services, training, and injury assessment for the past 35 years, working with workers, health and safety committees, employers and governments to make work safer in Manitoba. One of our primary roles has been to help workers strengthen workplace health and safety policy, practice and understanding. In doing so, we have applauded successes, and worked on and communicated where we experience gaps or barriers in legislation, regulation and policy.

Last year we saw over 200 clients with workplace injuries who sought help and expertise in assessing their injuries. 250 workers were trained to assess ergonomic hazards in their workplaces in the ongoing effort to prevent the strains and pains of work and repetitive actions. Corporations, government departments, and non-profit organizations sent almost 900 participants to us to learn more about psychological health and safety in workplaces, and our trained volunteer based Cross Cultural Development Program continues to deliver 40 workshops annually to over 650 newcomer Manitobans. The following recommendations come from the learned experiences of workers and OHC staff who work with workplace safety and health issues every day.

Work shouldn't hurt and everyone should come home safe every day; making workplace safety and health legislation better, more accessible and more enforceable will help to protect those at work and build a stronger safety culture in Manitoba.

Here are our recommendations to make the Workplace Safety and Health Act (WSHA) and Regulations stronger:

### **AUTOMATIC ADOPTION OF OCCUPATIONAL EXPOSURE LIMITS**

Legislation concerning Threshold Limit Values (TLVs) and Occupational Exposure Limits (OELs) should be maintained. The American Conference of Governmental Industrial Hygienists (ACGIH) has the resources and mandate to thoroughly research and synthesize available data regarding chemicals, biological agents, and physical hazards that affect the health of workers. The current process and timelines are acceptable and provide the proper space for industries to adapt operations when necessary.

WSH legislation could be enhanced by the development of an intensive appeal process, by which industries or workplaces could appeal the automatic adoption where worker safety is proven.

**Recommendation:**

- That Manitoba maintain the current requirement for automatic adoption of OELs, as recommended by ACGIH, in order to protect workers from serious known workplace hazards.
- That an appeal process be developed whereby industries prove worker safety.
- That the appeal process include the Minister’s Advisory Committee to provide recommendation on appeals.

**PSYCHOLOGICAL HAZARD IDENTIFICATION**

As per Section 2(2) e of the WSHA, every worker in Manitoba has the right “to know about the safety and health hazards in their workplaces”. Current research clearly demonstrates that workplace psychological hazards can be identified and that they cause significant physical and psychological harm to workers. Across Canada, thirteen psychosocial factors are well-known to promote or inhibit these hazards and it takes a concerted effort to properly assess them in the workplace. The WSHA currently recognizes the importance of preventing workplace harassment and violence through Regulation [see Sections 18(1) aa and 18(1) bb]. It also stipulates in Section 18(1) d that regulations must “prescribe minimum standards of welfare facilities at workplaces”. Such standards may meet the physical needs of workers, however, there is no explicit language in the WSHA that acknowledges the broad range of detrimental psychological hazards that can exist in workplaces and must be controlled for.

**Recommendations**

- That a new section be added to the WSHA respecting the establishment of a standardized regulatory framework, such as the CSA National Standard on Psychological Health and Safety in the Workplace, which will assist in identifying workplace

psychological hazards and implementing evidence-based approaches to prevent work-related illness and injury.

- Development of this new Regulation should be led by the Minister's Advisory Council on Workplace Safety and Health, with additional input from mental health experts.

## **Psychological Harassment**

Since February 1, 2011, workplace safety and health law and regulations in Manitoba have prohibited personal harassment, often referred to as bullying, in the workplace. This was a very welcome and important step forward to protect workers from the significant, lasting and harmful effects of bullying at work. However, in our experience at the OHC over the last six years, this provision has largely been ineffective in providing this protection to workers.

Under the current WSHA and Regulations, the responsibility for ensuring protection from harassment rests on the employer who must develop a workplace harassment prevention policy and is also responsible for investigating and addressing incidents of workplace harassment. However, many workplaces in Manitoba continue to operate without policies, or with inadequate policies to provide the needed protection to workers.

A weakness of the WSHA and Regulations regarding harassment in Manitoba is that there is effectively no government assistance for victims of workplace harassment in terms of making a complaint, investigation, and obtaining relief and recourse. This is especially problematic for workers when it is the employer, or person in authority in the workplace, who is the harasser, as well as when the employer is negligent or noncompliant regarding harassment prevention policies.

In contrast, both Saskatchewan and British Columbia have implemented external enforcement for victims of harassment who are not receiving sufficient protection and/or recourse. In British Columbia, the government administers harassment complaints when an employer has insufficient workplace harassment policies.

Manitoba's WSHA and Regulations do not include provisions for relief and punishment for workplace harassment. Employers are responsible for developing their own policies for relief and punishment. In Quebec, however, legislation provides clear remedies for victims of workplace harassment and punitive measures for employers who failed to prevent or stop the harassment.

Workers in Manitoba are also required to inform the employer of incidents of harassment, however there is no provision in the Act or Regulations requiring employers to educate and train employees on recognizing and addressing harassment.

## **Recommendations**

- Establish an external enforcement function for Workplace Safety and Health Division to provide administration of harassment complaints when an employer has insufficient policies or is non-compliant.
- Develop standard remedies, compensation and punishment for harassment. Punitive measures should also be developed for employers who do not comply with their duty to provide a harassment free workplace.
- Require employers to provide training and education to employees on recognizing and addressing harassment in the workplace.

## **Reference**

Carr, Kayla Alice, "Workplace Harassment: A Cross-Jurisdictional Comparative Analysis of Legislative Responses to this Workplace Phenomenon in Canada" (2014). LLM Theses. Paper 15.

## **Accessible Language**

Language conveys attitude and behavior. The WSHA is inconsistent in how it uses pronouns, which depicts the Act as disjointed and behind the times. It is rife with the use of masculine pronouns where more inclusive language should be.

Examples of this can be found in the definition of employer, worker, duties of workers (5) and Minister (14) as examples. Although some sections have been updated to include his and her, him and her, we would recommend that the

province modernize the Act, using inclusive language, to paraphrase our current Prime Minister, “because its 2017”.

**Recommendation:**

- Modernize the WSHA and Regulations using inclusive language.

**Musculoskeletal Injuries**

Musculoskeletal injuries (MSIs) account for more than 50% of WCB’s lost time claims. While all other injuries have been decreasing for several years, MSIs are staying steady. Lost time injuries were 4.3 per 100 FTEs in 2006 and are now 3.0 in 2015. MSIs have remained a constant ~60% of all claims from 2006-2015, (Manitoba Workplace Injury Statistics Report, 2006-2015). Sections 4(1)a, 2(2)a of the W210 Act along with Part 8 of the WSH 217 regulations are the main statutes used by workplace safety and health officers to enforce the control of musculoskeletal risk factors.

In our experience, several issues have arisen that impede the proper implementation of ergonomic principles to successfully control musculoskeletal risk factors. Section 4(2)a,” provide and maintain a workplace, necessary equipment, systems and tools that are safe and without risks to health, so far as is reasonably practicable” is seen by some to involve ergonomic design for a safe workplace while others refuse to accept that equipment, systems and tools that are safe to health should not include MSI issues.

**Recommendation:**

- Make section 4(2)a clearer to all stakeholders that good ergonomic design of tools, equipment and systems will also lead to better control of MSIs. Example - maintain a workplace, necessary equipment, systems and tools that are safe and without risks to health, including musculoskeletal health.

Regulation 217 Section 1.1 includes a definition of musculoskeletal injury and lists six specific risk factors and one general risk factor. Risk factors are known to cause or aggravate MSIs. The proper assessment and control of MSI risk factors does reduce injuries and lost time claims. One risk factor is 'a repetitive motion'. In our experience this definition is ambiguous and has led to miscommunication and confusion with safety and health stakeholders.

**Recommendation:**

- Expand repetitive work to include, speed of work, duration of work, frequency of work, and time pressure.

Section 8.1(1)a requires an assessment of MSI risk to be conducted. It is silent on who should conduct the assessment. The assessment should not be onerous nor require a certified professional to conduct it. However, since 2007 too many reports have been written that are substandard, came to the wrong conclusion, wasted resources on the wrong solutions, lead to confusion and frustration between various stakeholders, and have brought disrepute to the field of ergonomics.

**Recommendation:**

- Clarify Regulation Part 8 to require workplaces to have assessments conducted by individuals with experience, knowledge, training and skill in the field of musculoskeletal injury prevention, ergonomics and/or human factors.
- Strike a balance between professional ergonomic assessments and assessments conducted by those who lack competence. Add to section 8.1(1)a the need to have an assessment conducted by those qualified based on knowledge, training, skill and experience in the field of MSI prevention, ergonomics and/or human factors.

Further information on Regulation 217 Part 8: Require workplaces to provide basic ergonomic assessment information when reporting on issues in the workplace. Section 8.1(1)a requires an assessment to be conducted. It is silent on what constitutes an ergonomic assessment. Some workplaces believe a walkthrough observation report is an assessment. Some have conducted checklist assessments

that are missing valuable information about the task. A number of improvement orders requiring ergonomic assessments have had to be redone because the regulation is silent on what is required to conduct a proper assessment.

**Recommendation:**

- Develop a Workplace Safety and Health bulletin on conducting ergonomic assessments with information and a template with the minimum requirements for an ergonomic assessment. Consult the CCPE and BCPE associations regarding ergonomic assessments as well as the Ontario Ministry of Labour since they dealt with this issue in the late 1990's.

Further information on Regulation 217 Part 8: Provide workplaces with information on acceptable methods to monitor the effectiveness of MSI controls. Section 8.1(3)a requires a workplace to monitor the effectiveness of controls. It is silent on what constitutes 'monitoring'. Some workplaces believe talking to workers and verbal feedback is acceptable. A functioning and fully developed health and safety program requires documentation on activities. In MSI prevention, monitoring should include methods, tools and templates to monitor short and long term MSI controls effectiveness.

**Recommendation:**

- Develop a Workplace Safety and Health bulletin on monitoring MSI controls with methods, tools and templates. One example is conducting a confidential worker discomfort survey to monitor controls. Surveys should preferably be administered by the Workplace Safety and Health (WS&H) Committee.

Section 17.1(5)b annual report information from the Chief Prevention Officer annual report, including performance indicators and goals, and 17.1(3)c iii – information on implementation in government is silent on specific ergonomic hazards. The latest CPO annual report, January 2016 did not mention the 2015 WSH enforcement strategies. The 2015 strategies included initiatives for ergonomic hazards in the construction and manufacturing sectors. There is no

public information available on the number of improvement orders based on Part 8, the number of inspections for specific ergonomic hazards or complaints nor the number of health and safety committees recommended for MSI prevention training.

**Recommendation:**

- Clarify in the CPO annual report, measurables for each WSH enforcement strategy and to conduct a review of all W210 Act and 217 Regulations that enforcement officers cite for each year. This will shed light on trends, which statutes are rarely cited and help with future Act and Regulation changes.

Clarify Engineering Labour Standards as not health and safety standards. Since the last WSH Act review, engineering labour standards have become an issue in workplaces that base productivity on performance. The methods for conducting engineered labour standards are technical and are based on breaking the job down to specific motions or on the performance of an average or training worker. The issue is the notion that physiological strain and fatigue can be controlled with rest breaks. The guidelines which these fatigue rest periods are based on were developed in the 1960s and have been shown repeatedly by scientific researchers as not protecting workers from biomechanical strain and back MSIs. There is a belief in the community that engineering labour standards if acceptable for performance are acceptable for health and safety. This is not a valid belief.

**Recommendation:**

- Develop a Workplace Safety and Health bulletin on engineering labour standards. Information on their history, methods, outcomes and assumptions should be included. Specifically, it must be clarified that engineering labour standards are not health and safety standards. Only a proper ergonomic assessment can determine the level of risk for developing MSIs.

## **Newcomer Workers**

The number of newcomers to Manitoba has been steadily rising over the last decade. In 2015, the province received an annual total of 12,517 immigrants who came to Manitoba as permanent residents (Government of Canada, 2015). In addition to new immigrants, Manitoba also received another approximately 1,000 migrant workers in the same year through the Temporary Foreign Worker Program (Government of Canada, 2015).

Since 2000, the OHC has delivered programming on workplace health and safety with newcomer workers. OHC is in a unique position to be able to share the experience and the knowledge we have gained from newcomers dealing with workplace health and safety.

Newcomer workers face particular challenges to their health and safety at work and are more vulnerable than Canadian-born workers to develop injuries and illness. Newcomers have little knowledge of existing health and safety laws or the resources available to address health and safety concerns. Those immigrant workers who are not fluent in English or French are often employed in high risk industries such as the food processing sector, and are at increased risk of injury and illness due to an inability to understand or communicate effectively about health and safety at work.

In many newcomers' countries of origin, workers health and safety rights are not observed and human rights, including labour rights, are violated. Newcomer workers must understand their health and safety rights and responsibilities in the workplace in order to understand the context of workplace health and safety in Canada. Job specific safety training will be better understood and assimilated by newcomer workers once this context has been established.

Information on workers' health and safety rights and responsibilities is not provided at all in most workplaces. However, because the exercising of rights and responsibilities occurs in the workplace, the employer has a special duty to ensure that this information is provided to all workers.

## **Recommendations:**

- Section 4(2) of the WSHA should be amended to require employers to provide education and information on workers' health and safety rights and responsibilities as part of the training the employer is required to provide all workers.
- The WSHA should require employers to ensure that health and safety information and training is understood by all workers in the workplace. This will involve providing extra assistance to workers with limited language abilities in English or French.
- The Province of Manitoba should continue to allocate resources to ensure the availability in all workplaces of basic workplace health and safety information in the main languages of Manitoba's immigrant workers.

## **Reference**

Government of Canada "Facts and Figures 2015: Immigration Overview - Permanent Residents – Annual IRCC Updates".

Government of Canada "Facts and Figures 2015: Immigration Overview – Temporary Residents – Annual IRCC Updates".

McLaughlin, J., J. Hennebry et al., Migrant Worker Health Project Web Site, 2012, [www.migrantworkerhealth.ca](http://www.migrantworkerhealth.ca).

## **Health & Safety in the Agricultural Sector**

The most dangerous work in Manitoba is in the agricultural sector. Agriculture has had more deaths in the past decade than any other sector. Between 2006-2015, 48 deaths occurred in the agricultural sector according to the Workers Compensation Board of Manitoba.

The most frequent causes of death in agriculture are people being trapped or pinned by equipment, followed by animal-related incidents, being struck by an object, falls, and drowning, according to the Canadian Agricultural Safety Association.

Other health and safety hazards in agriculture that can result in serious illness and injuries include heavy lifting, repetitive and awkward postures, poor ventilation systems in greenhouses, agrochemicals, weather extremes, and confined spaces (McLaughlin, J., J. Hennebry et al., 2012). In fact, musculoskeletal injuries are the most common injury in farm work, according to SAFE Work Manitoba.

Farms in Manitoba employ approximately 400 migrant farmworkers who come to Manitoba every year to work in the sector during the growing season. Migrant farmworkers have work permits which are tied to a single employer making them extremely dependent on their employer. Migrant farmworkers are extremely reluctant to voice concerns and even to seek health care for fear they will jeopardize their continued employment with the farmer in subsequent years. This precarious employment, combined with language barriers and social isolation on the farms where they both live and work, make migrant farmworkers an extremely vulnerable group for injuries and illnesses. This vulnerability also underscores the importance of health and safety training for workers in this sector and the need for monitoring and enforcement to ensure that workers are receiving the training they need to work safely.

A number of Canadian studies have found that health and safety training has been inconsistent and insufficient for migrant farmworkers. (Russell, 2003; Preibisch, 2003; Verduzco & Lozano, 2003; Hennebry et al, 2012; McLaughlin, Hennebry & Hains, 2014). A study in B.C. revealed that 74% of the Mexican farmworkers surveyed had received no health or safety training (Otero & Preibisch, 2009).

A study of 100 migrant farm workers in Ontario found that only 14% received training on how to avoid musculoskeletal injuries. The same study revealed that 78% of those migrant farm workers who had experienced a workplace injury had not received any instructions which would have helped prevent the injury. (McLaughlin, Hennebry & Hains, 2014).

Manitoba's Workplace Safety & Health Branch has prioritized the agricultural sector for inspections in both 2015 -16 and 2016-17, according to their website:

“Inspections will take place at agricultural operations and farms that have not been visited by WSH in the last three years, where migrant, immigrant and young workers are employed, and where a serious incident has occurred or has not been reported to WSH.” (2015-16)

“Agriculture experiences a high number of fatalities each year, and workers are often working alone. Inspections will focus on training, supervision, grain handling, power take-offs, farm implements and working with chemicals.” (2016-17)

According to Workplace Safety and Health staff, 91 inspections took place in the agricultural sector in 2016-17. Workplace Safety & Health's website suggests that approximately 50% of inspections result in one or more orders being issued to an employer.

Yet only two stop work orders have been issued in this sector and no administrative penalties given to employers in the sector in the period of 2008-2017, according to the report available on their website and retrieved on July 5, 2017.

In addition, a workplace health and safety strategy that does not involve workers in any significant way is not likely to be successful. Although the agricultural sector faces high demands, this makes it even more important that workers have access to the health and safety training and information they need in a language they understand. The Manitoba government should allocate resources to assist farmers communicate essential health and safety information to migrant workers employed on Manitoba farms.

## **Recommendations**

- Workplace Safety and Health should continue to prioritize enforcement efforts in the agricultural sector, with a special focus on those farms employing migrant workers. Proactive monitoring and enforcement

activities should focus on accessible training for workers to ensure they have the information and training they need to work safely.

- Reports regarding all enforcement strategies, activities and results should be publically available on the Workplace Safety and Health website.
- Health and safety information for agricultural work should be developed in multiple languages, particularly in Spanish, and this information should be distributed by employers as part of the training they are required to provide all workers. Government inspectors should also distribute this information to workers when they visit farms.

## References

- Russell, R. (2003). *Jamaican Workers' Participation in CSAWP and Development - Consequences in the Workers' Rural Home Communities*. In Canadian Migrant Agricultural Workers' Program Research Project. The North-South Institute. Ottawa.
- Preibisch, K. (2003). *Social Relations Practices between Seasonal Agricultural Workers, their Employers and the Residents of Rural Ontario*. North-South Institute, Ottawa.
- Hennebry, J., Preibisch, K., McLaughlin, J. (2012). *Health Across Borders — Health Status, Risks and Care among Transnational Migrant Farmworkers in Ontario*. CERIS Ontario Metropolis Centre, Toronto.
- Otero, G., Preibisch, K. (2009). *Farmworker Health and Safety: Challenges for British Columbia*. WorkSafeBC, Vancouver.
- McLaughlin, J., Hennebry, J., Haines, T. *Paper versus Practice : Occupational Health and Safety Protections and Realities for Temporary Foreign Agricultural Workers in Ontario*, Perspectives interdisciplinaires sur le travail et la santé [Online], 16-2 | 2014

## Domestic Violence

Although often overlooked as workplace issue and relegated to the realm of personal issues, domestic violence pervades an individual's life, inevitably following them to their workplace. It is impossible to completely separate home life from work life. The effects of domestic violence in the workplace include everything from tardiness, absenteeism, and decreased productivity to serious injury or even

death. In 2012 the Canadian Labour Congress (CLC) partnered with researchers at the University of Western Ontario to conduct the first ever pan-Canadian survey on domestic violence in the workplace. Among their findings, of those who reported experiencing domestic abuse, over half reported that it continued at the workplace in some way. When domestic violence impacts the workplace it becomes workplace violence, putting victims and their coworkers at risk.

Ontario has included domestic violence in their Workplace Health and Safety Regulations, requiring employers to take precautions to protect workers if they are aware of domestic violence. Manitoba should follow the example of Ontario and specifically address domestic violence in their Workplace Health and Safety regulations. Current violence prevention regulations in Section 11 of Manitoba Workplace Safety and Health Recommendations do not specify domestic violence. Workplace assessments, therefore, are inclined to assess the risk of violence to employees from clients and coworkers, overlooking the risks posed by domestic violence.

In 2016, Manitoba Employment Standards were amended to allow victims of domestic violence up to 10 days of paid leave and up to 17 weeks of job protection in every 52 week period, to seek services (medical, psychological, counselling, victim services, or legal), to relocate, or for other prescribed purposes. Specifically addressing domestic violence in the Workplace Health and Safety Act would complement this progressive legislation and better ensure safety from all types of violence at work, by drawing attention to this specific, often overlooked, violence risk.

## Recommendations

- That Manitoba follow the lead of Ontario and include domestic violence in their WSHA Regulations, requiring employers to take precautions to protect workers against domestic violence.

## References

Wathen, C. N., MacGregor, J. C. D., MacQuarrie, B. J. with the Canadian Labour Congress. (2014). *Can Work be Safe, When Home Isn't? Initial Findings of a Pan-Canadian Survey on Domestic Violence and the Workplace*. London, ON: Centre for Research & Education on Violence Against Women and Children

Occupational Health and Safety Act, R.S.O. 1990, c. O.1 Section 32.0.4 <http://bit.ly/2srPKTt> viewed June 29, 2017.

## Temporary Workers

The Workplace Safety and Health Enforcement Strategy for 2016/17 identified young, new and migrant workers, particularly those working in the areas of agriculture, manufacturing, social services, and temporary agencies, as a vulnerable sector of the workforce (Government of Manitoba).

Workers employed by temporary help agencies, particularly those providing unskilled labour and those doing low wage work, are especially vulnerable to occupational risks and hazards. They also represent a potential risk to their coworkers if inadequately trained. These workers essentially have two employers, the agency and the client employer. This three way relationship can create confusion as to where responsibility for safety and health training lays, each employer believing the other is more responsible. The worker, caught in the middle, sometimes receives only bare essential training and safety orientation, with little regard to understanding. A recent study by the Institute for Work and Health, done primarily in Ontario, found that both the temporary help agency and the client employer tended to provide sufficient health and safety training to cover their legal requirements, without considering practical realities of the workplace. (MacEachen, 2014) Safe Work Manitoba describes the joint responsibilities of both employers to provide training and health and safety information, noting that these requirements are not always completed. (Safe Manitoba, 2015)

Temporary help workers are frequently assigned less desirable, more physically difficult work than permanent employees. In fact, a cursory review of temporary help agency websites in Manitoba found one agency advertising that temporary

employees can be hired to do work that permanent employees can (or will) not do. Worker assignment and training is often done quickly and there is a serious possibility of a mismatch between the skills of the worker and the job requirements. Because their continued employment relies so heavily on making a good impression, and on positive feedback from the client employer to the agency, workers are unlikely to request more training, indicate a mismatch in skills, or report a safety issue, and are much more likely to accept dangerous work.

Research has demonstrated that although temporary workers are at increased risk of injury related to job assignment, inadequate training and preparation, and fear of speaking up, they are unlikely to take advantage of their legal right to access worker's compensation, for fear of being penalized. (MacEachen, 2014) Because these workers are reluctant or even discouraged by employers to make complaints, claims, report issues to a health and safety committee, or even contact WSH, for fear of discrimination, there is no way to know what issues are occurring based on injury statistics. This leaves inspections as the only tool available to help with safety and health concerns. We recognize and applaud the 2016/17 Workplace Safety and Health strategy to address health and safety issues affecting vulnerable populations, including those working for temporary help agencies, however there is currently no reporting of inspections, complaints, improvement orders, or any described initiatives so it is unclear how this has been accomplished.

Section 2 of the WSHA legislates the right of all Manitobans to not only know about the safety and health hazards in their workplace, refuse dangerous work, and be safe from discrimination, but to fully participate in health and safety activities at their workplace. THWs are at a serious disadvantage in that the very structure of their work prevents them from participating and contributing to their own health and safety. The most basic, and very effective, means of promoting health and safety to workers, the joint health and safety program (Section 7.4), is available to "regular" workers, but not to those hired for temporary work. Health and safety programs have no mandate to ensure representation by temporary or other vulnerable workers. Therefore, these workers, who are usually in the best position to identify risks, hazards, and solutions, are essentially silenced. Including

the voices of temporary and other vulnerable workers in all health and safety work would improve the safety of all workers.

### Recommendations:

- Reports regarding all enforcement strategies, activities and results should be publically available on the Workplace Safety and Health website.
- Add to the definition of “contractor” means a person **or agency** who, pursuant to one or more contracts directs the activities of one or more employers or self-employed persons involved in the work at a workplace (<< Entrepreneur, **Temporary Agency**>>) Thus enforcing the WSH through Section 7.1.
- A new section should be added to the WSHA Regulations, which would address safety and health risks of temporary workers, and should include:
  - Require temporary help agencies to establish workplace safety and health committees to provide an opportunity for temporary workers to identify safety issues and to inform solutions unique to temporary work.
  - Require employers with heavy usage of temporary help agencies to include temporary workers on their safety and health committee. (Note that this would be valuable for long term contract workers, e.g. cleaners, and other vulnerable populations as well).
  - To prevent confusion, include in regulations clear direction regarding the unique responsibilities of each employer - the temporary help agency and the client employer - for health and safety orientation and for training to do the work.
  - Strengthen the requirements of client employers to manage the work environment and safety of temporary workers.

## References

Understanding the Management of Injury Prevention and Return to Work in Temporary Work Agencies <http://bit.ly/2elteok>

Safe Work Manitoba bulletin -

[https://www.safemanitoba.com/Page%20Related%20Documents/resources/bulletin\\_241\\_temporary\\_workers\\_-\\_employer\\_responsibilities.pdf](https://www.safemanitoba.com/Page%20Related%20Documents/resources/bulletin_241_temporary_workers_-_employer_responsibilities.pdf) obtained July 24, 2017

## IMPORTANCE OF PREVENTION

Manitoba Five-Year Plan for Workplace Injury and Illness Prevention, released in April 2013, after broad consultation with the public and with worker and employer representatives, committed government to the goal of “making Manitoba a nationally recognized health and safety leader” we recommend that this goal be enshrined in legislation.

In 2014, Bill 65 came into force, formally establishing a consolidated arms-length prevention entity, SAFE Work Manitoba, as well as a prevention committee of the WCB Board of Directors – both positive steps. A lot of progress has been made on the prevention side of the health & safety equation, but much more remains to be done. SAFE Work Manitoba is currently in the process of developing a new workplace health and safety ‘certification standard’ (SAFE Work Certified), using Industry-Based Safety Programs as the delivery vehicle for health and safety services (training, consulting, program verification/auditing, etc.). We have a fundamental concern that there is no formal worker representation on any of the existing Industry-Based Safety Associations (though we note favourably that worker experience and input has been established as an integral part of the auditing framework for SAFE Work Certified), and (2) we note also that all five industries have heavily male-dominated workforces, and Safety Associations have not yet been established for female dominated workforces, including health care, where the injury rate has remained persistently high.

As of 2015, only 22% of WCB covered employers had access to an Industry-Based Safety Program. SAFE Work Manitoba is targeting to grow that percentage to 60%

by 2020, but even this target will leave a lot of workplaces unable to access a full range of health and safety services, including certification.

### **Recommendations:**

- That SAFE Work Manitoba continue to promote workplace health and safety prevention through broad public awareness and marketing campaigns;
- That Manitoba complete implementation of the current Five-Year Workplace Injury and Illness Prevention Plan, and that the WSHA be amended to require five-year prevention plans (incorporating prevention, enforcement and legislative/regulatory framework);
- That SAFE Work Manitoba see through to completion the new SAFE Work Certified standard and prevention incentive initiatives, including a comprehensive evaluation component to assess their effectiveness;
- Worker views and experience with health & safety should remain integral components of the standard.
- That SAFE Work Manitoba actively pursue expansion of the new SAFE Work Certified program into all sectors, with priority given to expansion into the health care sector, where government/regional health authorities are major employers and injury rates have been persistently high; and,
- That the ground-breaking SAFE Workers of Tomorrow program be adequately resourced to expand their youth-focused workplace health and safety presentations and outreach to ALL high school students in the province.

### **Reference**

Five-Year Plan for Workplace Injury and Illness Prevention (2013), Message from the Minister, [https://www.gov.mb.ca/labour/safety/pdf/workplace\\_injury\\_illness\\_prevention\\_web.pdf](https://www.gov.mb.ca/labour/safety/pdf/workplace_injury_illness_prevention_web.pdf)