

# Strategic Plan

## 2011-2013

WORKPLACE HEALTH, SAFETY AND COMPENSATION COMMISSION  
NEWFOUNDLAND AND LABRADOR

# Table of Contents

Overview of the Organization .....	3
Board Governance .....	4
Mandate .....	5
Lines of Business.....	5
Primary Clients.....	6
Vision .....	7
Mission .....	7
Values.....	7
Strategic Issues and Goals.....	9
Appendix A: Mandate .....	17
Appendix B: Strategic Directions.....	18

## Message from the Chairperson

As Chairperson for the Workplace Health, Safety and Compensation Commission (the Commission), I hereby submit the Strategic Plan for 2011 – 2013. In accordance with the Government's commitment to accountability, this strategic plan outlines the goals and objectives established by the Commission for 2011 – 2013. These goals end on December 31, 2013.

The 2011 – 2013 Strategic Plan has been prepared under my direction and in accordance with the *Transparency and Accountability Act* and the *Guidelines for Performance Based Planning for Category 1 Government Entities*. This strategic plan is not intended to describe everything the Commission will do from 2011 to 2013 but focuses on the key priorities for the Board of Directors (the Board). These key priorities have been identified in the strategic directions outlined for the Commission and include: client service, education and awareness of workplace health and safety, claims management and finances.

As Chairperson, my signature below is indicative of the Board's accountability for the preparation of this plan and achieving the goals and objectives outlined.



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Ralph Tucker  
Chairperson, Board of Directors  
Workplace Health, Safety and Compensation Commission

November 30, 2010  

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Date

# Overview of the Organization

The Workplace, Health, Safety and Compensation Commission (the Commission) administers a mandatory, employer-funded, no fault work-injury insurance system, which it administers under the *Workplace Health, Safety and Compensation Act*. The Commission promotes safe and healthy workplaces, provides return-to-work programs and fair benefits to injured workers and their dependents based on reasonable assessment rates. The Commission serves over 17,000 employers and more than 12,000 injured workers across Newfoundland and Labrador. Offices are located in St. John's, Grand Falls-Windsor and Corner Brook and are staffed by over 390 employees.

The Commission's three lines of business are: education on the prevention of workplace injuries, illnesses, and occupational disease; injured workers' claims management; and employer assessments (insurance coverage). These lines of business are supported by the Commission's four main functional areas:

1. Employer Services – Prevention Services and Assessment Services.
2. Worker Services – Compensation Services and Health Care Services.
3. Corporate Services – Communications, Corporate Governance and Planning, Human Resources, Internal Audit, Legal and Investigations.
4. Financial Services – Finance and Information Technology Services.

In 2009 the Commission's total revenue was approximately \$180 million (\$160 million in assessment revenue from employers, \$16 million in investment income and \$4 million in other revenue). The Commission's funded ratio reached 87.5 per cent compared to 77.3 per cent at the end of 2008. A significant portion of this improvement was due to the favourable performance of the investment market in 2009 as well as the Commission's adherence to its investment policies.

The Commission is pleased with its improving financial position considering the financial crisis faced by the Commission in 2000 when the funded ratio was 65.2 per cent. However, program costs continue to increase and market volatility, assessment revenue and the number of claims filed make the Commission vulnerable to funded ratio changes. Claims duration continues to be a focus area for the Commission. Programs such as early and safe return to work and labour market re-entry along with effective claims management are necessary to help decrease duration.

The average base assessment rate to be paid by employers in 2009 remained at \$2.75, making it approximately 20 per cent higher than the average rate of the other workers' compensation boards in Atlantic Canada. This is significant given that in 2002 the base assessment rate was \$3.24 and 45 per cent higher than the average rate of those boards.

A critical aspect of the Commission's mandate is promoting public awareness and educating employers, workers and others about workplace health and safety. The Commission's efforts to educate workers and employers in health and safety awareness are contributing to safer workplaces and reduced injuries for workers. The incidence rate (number of injuries per 100 workers) for lost time claims in 2009 was 1.9, a significant decrease since 2001 when the incidence rate was 3.0.

The importance of focusing on the prevention of workplace injuries, illnesses and occupational diseases is a shared responsibility of the Commission, its partners and stakeholders working cooperatively to create and sustain a culture of health and safety. Where an injury or illness does occur, the Commission and its stakeholders work together to minimize the impact of the injury.

In doing so, recovery is assisted and loss of income is lessened through appropriate health care intervention and proactive implementation of early and safe return to work. Key to this portion of the Commission's work is its partnerships and Memorandums of Agreement with various health care provider groups.

Good communication, co-operation and sound working relationships with clients, stakeholders and partners are critical to the success of the Commission's business strategies. The Commission works with the Occupational Health and Safety Branch of the Department of Government Services to make recommendations respecting workplace health and safety and to develop programs promoting health and safety. The Commission also works closely with stakeholder groups representing injured workers and employers. In addition, partnerships have been developed with industry associations, government departments, unions and health and safety coalitions at both provincial and national levels.

## Board Governance

By statute, the Board of Directors consists of ten members appointed by the Government of Newfoundland and Labrador, including the chairperson and representatives of employers, workers and the public. The Chief Executive Officer is a non-voting member of the Board of Directors.

### **Chairperson:**

Ralph Tucker

### **Members representative of employers:**

Elizabeth Forward  
Jack Parsons  
Darren Roberts  
John Peddle

### **Members representative of workers:**

Louise Ade  
Grant Barnes  
George Kean  
Greg Pretty

### **Members representative of the public:**

Peggy Roche  
Derek Hiscock

### **Non-voting members:**

Leslie Galway, CEO, Workplace Health, Safety and Compensation Commission;  
Kimberly Dunphy, Assistant Deputy Minister, Occupational Health and Safety Branch,  
Department of Government Services

# Mandate

The Commission provides services to employers, injured workers and dependents, and the public through the administration of the *Workplace Health, Safety and Compensation Act (the Act)*. These services include the promotion of workplace health and safety in order to prevent and reduce workplace injuries and occupational disease. The Commission also ensures injured workers receive the best care possible and benefits to which they are entitled, recover from their injuries and return to work in an early and safe manner. In addition, the Commission must also ensure adequate funding for services through sound financial management. See Appendix A for duties and powers of the Commission as contained in the *Act*.

# Lines of Business

The Commission is organized along four business functions which are worker services, employer services, corporate services and financial services. These functions support the organization's three main lines of business which are:

1. Education on the prevention of workplace injuries, illnesses and occupational disease;
2. Injured workers' claims management;
3. Employer assessments (insurance coverage).

Each line of business is described below. For more details on the Commission and its programs and services, please visit the Commission's website at [www.whscc.nl.ca](http://www.whscc.nl.ca).

## 1. Education on the prevention of workplace injuries, illnesses and occupational disease

This line of business is responsible for the design, development, delivery, coordination, monitoring and evaluation of workplace health and safety education and injury, illness and occupational disease prevention initiatives. Specific activities include:

- Promoting public awareness of, and fostering commitment to, workplace health and safety;
- Educating and providing advice to employers, workers and others about workplace health and safety;
- Promoting and providing funding for workplace health and safety research;
- Developing standards for certification under the *Occupational Health and Safety Act*, certifying people who meet these standards, and approving training programs for certification;
- Promoting the importance of health and safety education and training, and developing strategic partnerships, as appropriate, in its delivery; and,
- Cooperating with, and making recommendations respecting workplace health and safety to, the Occupational Health and Safety Branch of the Department of Government Services.

The Commission continues to focus on the prevention of injuries in the workplace as its first line of defence. Successful promotion of safe and healthy workplaces requires the cooperation of stakeholder groups. A collaborative approach will lead to healthier and safer workplaces and will help injured workers achieve early and safe return to work and will ultimately reduce injuries and lower claim costs.

### 2. Injured workers' claims management

The delivery of compensation and health care services to injured workers is a critical line of business for the Commission. Major areas of activity include: claim registration, determination of entitlement to benefits, case management and health care planning for all claims related to workplace injuries and occupational disease. Programs supporting these activities include wage-loss benefits, early and safe return to work, labour market re-entry and pensions. The ultimate goal of claims management is to assist injury recovery and minimize loss of income through appropriate health care intervention and the proactive implementation of early and safe return to work. This is done by working in partnership with injured workers, employers and health care providers. In the case of a fatality, or a death resulting from an occupational disease, there are programs and services available to dependents of the deceased worker.

A primary component of claims management is health care management which consists of planning and coordinating health support and advisory services from health care professionals within the Commission. This component ensures that injured workers receive optimal health care in the most cost-effective manner. In addition, the Commission is continuously establishing and maintaining partnerships with external health care providers.

### 3. Employer assessments (insurance coverage)

The *Workplace Health, Safety and Compensation Act* requires employers performing work in the province to register with the Commission. The assessment revenue collected from employers is used to pay the cost of injured workers' claims and associated system administration costs. There are some individuals who are not required to register however they may request optional personal coverage or independent operator coverage.

Mandatory registration and insurance coverage applies to two groups of employers referred to as assessment-based employers and self-insured employers. Assessment-based employers are insured through collective liability and contribute to the Commission's Injury Fund through assessment premiums based on their annual payrolls. Self-insured employers (e.g., provincial and federal governments) are individually liable. The Commission pays the actual cost of claims and invoices that amount with the applicable administration fee.

Major activities under the employer assessments line of business include employer registration, administration and monitoring of employer payroll reporting, assessment rate setting, collection and payroll auditing.

## Primary Clients

The primary clients of the Commission are as follows:

- Workers
- Injured workers
- Employers
- Pensioners (life pensions and pension replacement benefits)
- Surviving spouses and dependents

### Vision

The vision of the Commission is of safe and healthy workplaces within a viable and sustainable insurance system which reduces the impact of workplace injuries by providing the highest level of service to workers and employers.

### Mission

Improving client service will continue to be a primary focus of the Commission during the 2011 – 2013 and the 2014 – 2016 planning cycles. Many of the changes initiated by the Commission to improve client service such as PRIME and claims management will mature during this period.

The Commission strives to achieve a balanced approach that promotes a safe, healthy workplace, ensures injured workers receive the best care and benefits to which they are entitled, recover from their injuries and return to work in an early and safe manner and ensures adequate funding for services through sound financial management.

To achieve its mission, the Commission will draw on its strengths which include knowledgeable, caring staff committed/dedicated to client service; engaged Board of Directors; the Commission's engagement with stakeholders and partnership with external agencies; and progressive programs for each line of business. The challenges facing the Commission include changing the mindset that workplace injuries are inevitable; engaging all parties in the return to work goal; increasing understanding of the Commission's roles and responsibilities in prevention and injury management; establishing a well-recognized brand; developing new and improved business delivery methods including Web services (i.e., client service); and maintaining/balancing reasonable benefits at an affordable cost.

*By December 31, 2016, the Commission will have improved client service to support the prevention and management of workplace injuries, illnesses and known occupational disease.*

*Measure: Improved client service*

*Indicators:*

- *Increased education about workplace health and safety and prevention practices*
- *Improved claims management services*
- *Increased access to Commission services*
- *Improved financial sustainability*

This mission is in line with the key strategic direction for the Commission as set out by the Minister of Human Resources, Labour and Employment (refer to Appendix B).

### Values

- **Client Service**

*Each individual will provide accessible and timely service in the delivery of the Commission's programs to our clients.*



## WHSCC 2011 – 2013 Strategic Plan

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- **Safety**

*Each individual will take responsibility for their own safety and the safety of coworkers and others in the workplace.*

- **Compassion**

*Each individual will treat each other and those they serve truthfully, fairly and with care and empathy.*

- **Leadership**

*Each individual will perform their roles and responsibilities and will work towards being a recognized leader in their position; and each individual will initiate and promote improvements in how they serve others and work together.*

- **Teamwork**

*Each individual will support each other and work collaboratively to ensure the Commission fulfills its mandate.*

- **Accountability**

*Each individual will be responsible for their actions and performance to help the Commission achieve its mandate.*

# Strategic Issues and Goals

The Commission's strategic issues were identified in consideration of government's strategic direction, the Commission's mandate and available resources. The strategic issues for the current planning cycle are client service, claims management delivery, prevention and financial sustainability. These strategic issues along with the associated goals, objectives, measures and indicators for 2011 – 2013 are outlined and discussed individually.

## Strategic Issue One: Client Service

Over a number of years (since 2004) the Commission has continued development and implementation of a new business model to achieve its mandate. Inherent in this model is the requirement to offer programs and services to the Commission's clients at a high standard of client service. Client service is intrinsic in each of the lines of business, whether it is providing compensation and health care services for injured workers, or promoting and fostering a safe and healthy workplace for all workers and employers, or ensuring employers' assessments reflect their work injury experience.

Improved client service has been a common element in the long term strategic projects undertaken in each line of business: the development and implementation of PRIME which couples insurance and an incentive for employers to undertake safety improvement and return to work initiatives; the redesign and ongoing implementation of a new claims management model; the promotion of the early and safe return to work program; the development and implementation of Web services both streamlining and providing greater access to services; and the implementation of new programs to raise awareness of workplace health and safety injury and illness prevention practices. Implementation of elements of these initiatives will continue through the planning period 2011 – 2013.

Other client service initiatives to improve accessibility and timeliness of service during the current planning period will include development and implementation of the client service centre, and enhancing business processes and service delivery through the Web. Continued investment in staff development through ongoing client service training initiatives, implementing succession and capacity planning and focusing on recruitment and retention efforts will also contribute to enhanced client service levels.

Given the degree of change occurring within the Commission, a change management program involving the delivery of change management training to staff is ongoing. This program focuses on improving work approaches through team building, improving internal communications and improving client service.

While client service is a focal strategic issue for the Commission and significant progress has been made, an integrated client service strategy is needed. The strategy will establish a common definition of client service, identify how to create/facilitate a common understanding and foster commitment to client services throughout the Commission, and align the client service initiatives underway. The strategy will address client service for all departments as well as Web services.

The Commission plans to create and establish a consistent, memorable brand reflective of the scope of the organization's mandate. The branding initiative will complement the client service strategy, signifying the change and enhancement in client service.

**Goal One:** By December 31, 2013, the Commission will have improved client service.

**Measure:** Improved client service

**Indicators:**

- Implemented key initiatives of an integrated client service strategy
- Improved access to Commission services
- Completed brand review and developed a consistent brand approach

**Objective One:** By December 31, 2011, the Commission will have initiated processes to improve service delivery.

**Measure:** Initiated processes to improve service delivery

**Indicators:**

- Developed an integrated client service strategy
- Improved access to Commission services
- Completed planning and assessment for the brand review

**Objective Two:** By December 31, 2012, the Commission will have identified and initiated changes to improve service delivery.

**Objective Three:** By December 31, 2013, the Commission will have implemented key initiatives to improve client service.

### Strategic Issue Two: Claims Management Delivery

The Commission is sensitive to the needs and well being of injured workers and the families of those workers who have lost their lives due to workplace accidents or occupational disease. After an injury or occupational disease has occurred and a claim filed with the Commission, the Commission works to ensure workers receive the benefits to which they are entitled while receiving the best care possible to enable them to recover from their injuries and return to work in an early and safe manner.

Over the last several years, a number of key initiatives to improve the Commission's claims management have been undertaken. In 2006, the Commission identified its duration strategy through the new claims management model. Since that time, this strategy has become more comprehensive with the input of stakeholders and incorporation of factors impacting return to work as identified through the evaluation of early and safe return to work (ESRTW) practices completed in 2010. The model requires several years to build and fully implement the policy, procedures, management model and information technology toolkit. Over the next planning cycle, the comprehensive claims duration strategy will build upon the Commission's efforts to date and will focus on factors impacting claim duration that are within the Commission's control. Additional improvements in claims management delivery will be realized as the Commission acts on the recommendations of the ESRTW evaluation and continues to build on quality improvements to the Labour Market Re-entry (LMR) Program.

In addition to the Commission's efforts to improve claims management, employer participation in PRIME can have a positive impact on claim outcomes by promoting an effective return to work program following work injuries and thereby reducing overall claims duration.

Implementation of the comprehensive claims duration strategy will occur over the planning period 2011 – 2013.

**Goal Two:** By December 31, 2013, the Commission will have further improved the delivery of claims management services.

**Measure:** Improved delivery of claims management services

**Indicators:**

- Continued implementation of the key elements of the claims duration strategy through the ongoing development of the claims management model
- Implemented improvements to Commission's ESRTW program delivery
- Enhanced the education and promotion of ESRTW
- Continued quality improvements to the LMR program
- Improved the knowledge base for management of occupational disease claims
- Implemented initiatives to increase employer participation in PRIME

**Objective One:** By December 31, 2011, the Commission will have implemented initiatives designed to enhance the delivery and quality of claims management services.

**Measure:** Implemented initiatives

### Indicators:

- Continued implementation of the key elements of the claims duration strategy through the ongoing development of the claims management model
- Enhanced internal and external education efforts for ESRTW
- Defined key performance indicators for ESRTW and LMR programs
- Improved the knowledge base for management of occupational disease
- Completed planning for initiatives to increase PRIME participation

**Objective Two:** By December 31, 2012, the Commission will have implemented additional claims management service improvements.

**Objective Three:** By December 31, 2013, the Commission will have further improved delivery of claims management services.

### Strategic Issue Three: Prevention

Prevention of injuries and occupational disease is integral to the work of the Commission and is beneficial to all workers and employers.

In recent years the lost time incidence rate has been reduced by almost 50 per cent to 1.9, a significant achievement for employers, workers, the Commission and the Occupational Health and Safety Branch of the Department of Government Services. The size of the province's workforce, the nature of the industries and the fact that the Commission provides workplace insurance coverage for 98 per cent of the workers employed in the province contributes to the challenge of reducing the incidence rate. Continued improvement of the incidence rate requires increased and continuous diligence by all involved to provide and maintain healthy and safe workplaces. The Commission delivers numerous ongoing programs including those created to raise awareness of workplace health and safety injury and illness prevention such as the youth game show, prevention workshops, CEO Leadership Charter and Priority Employer Program, and those programs created to provide workplace health and safety training.

In the previous planning cycle the Commission placed greater focus on prevention efforts/ programs and continued its award winning social marketing safety campaign. The Commission also continued to promote the establishment of industry sectoral councils to advance safety improvements. As part of PRIME, an employer incentive program was implemented for all employers and the Commission is focused on increasing employer participation in the program. The Commission will continue these initiatives.

Ongoing injury prevention initiatives will continue to target high incidence groups including the top five long term incidence and fatality industries. The Commission's workplace prevention programs include activities to specifically address the education and awareness needs for each of the industries.

The Commission took steps to raise awareness of occupational disease in the last planning cycle. During the period 2011 – 2013, the Commission will enhance its focus on prevention of known occupational disease, continue the necessary policy development based on medical and scientific knowledge and continue the actuarial review as well as periodic reviews to ensure occupational disease is adequately funded. Increasing financial requirements to fund occupational disease claims are expected due in part to the Commission's activities to increase awareness of occupational diseases, the impact of the latency factor for occupational disease presentation, and the potential occurrence of new occupational diseases. The Occupational Disease Advisory Panel (ODAP), created in 2009 by the Commission, will provide oversight of occupational disease over the next three year planning cycle.

The Commission will continue to work with the Occupational Health and Safety (OHS) Branch of Government regarding enforcement for injury and occupational disease prevention in the workplace. The new OHS Regulations requirement for increased training standards is expected to help reduce the incidence rate and the number of fatalities.

To ensure the programs are responsive to employers' and workers' needs and are effective catalysts of change, the Commission will undertake the development of an integrated prevention strategy. This strategy will cover a broad portfolio of programs. Part of that strategy will be to include an evaluation component in the program design to ensure that programs are evaluated regularly for their effectiveness.

**Goal Three:** By December 31, 2013, the Commission will have implemented key elements of the integrated prevention strategy.

**Measure:** Implemented key elements

**Indicators:**

- Developed program evaluation methodology
- Implemented prevention initiatives related to known occupational disease
- Increased OHS training standards

**Objective One:** By December 31, 2011, the Commission will have completed planning and assessment to develop an integrated prevention strategy.

**Measure:** Completed planning and assessment

**Indicators:**

- Completed planning and assessment to develop an integrated prevention strategy
- Initiated development of a methodology to evaluate prevention program effectiveness
- Commenced initiatives designed to improve education for the prevention of known occupational disease
- Implemented new OHS training standards

**Objective Two:** By December 31, 2012, the Commission will have developed and initiated implementation of key elements of the integrated prevention strategy.

**Objective Three:** By December 31, 2013, the Commission will have continued implementation of the integrated prevention strategy.

### Strategic Issue Four: Financial Sustainability

The Commission practices sound financial management of the funds collected through employer assessments to ensure the financial sustainability of the insurance system. Managing sustainability is done through investment policy, establishing experience based assessment rates and providing affordable compensation benefits.

The Commission takes a long-term view in managing and evaluating the performance of the Injury Fund given the long-term nature of the benefits provided to injured workers. In 2009, there was a marked improvement in the Commission's funded position as the rate of return on investments rose to 18.1 per cent compared to a negative return in the previous year. Several more years of similar positive returns are required to ensure the financial stability of the Injury Fund.

In January 2009, the Commission implemented a new long-term funding strategy/policy which provides guidance to ensure the Commission responds to external factors, such as volatile investment markets, in a controlled and responsible manner. It provides for a minimum annual adjustment in the average assessment rate of five per cent. Rate adjustments that are calculated to be less than 5 per cent are not passed on to employers, to avoid relatively minor fluctuations in assessment rates on a year-over-year basis. Currently a surcharge is reflected in the average employer assessment rate to amortize the current funding deficiency.

The funding needs related to occupational disease will be a consideration as the Commission moves forward. Efforts to raise awareness of occupational disease through emerging research and scientific knowledge will likely result in an increase in claims and requests for expanded coverage. Currently, the workers' compensation legislation allows claims for occupational disease that are the result of workplace exposure. At present these claims are funded through current assessment revenues. This gives rise to two concerns. The first concern is that today's employers are funding occupational diseases that resulted from exposure in years past, in many cases at the workplaces of employers no longer in operation. The second concern is whether current assessment rates are sufficient to cover the occupational diseases that will arise or become evident in the future. Long latency periods must be a consideration in decisions on current assessment rates.

To address this matter and government's Action Plan in response to the Statutory Review an actuarial review has been undertaken to identify the impacts of establishing a reserve for occupational disease. Decisions regarding the impact of funding occupational disease will be made once the actuarial evaluation has been completed.

On January 1, 2011, the Commission will convert to International Financial Reporting Standards (IFRS) and cease to report under Canadian Generally Accepted Accounting Principles (GAAP). This is necessary to comply with the Canadian Accounting Standards Board's 2008 decision that all publicly accountable enterprises will be required to report under IFRS. The adoption of IFRS will increase the volatility of the Commission's reported financial results.



**Goal Four:** By December 31, 2013, the Commission will have implemented further management practices to support the financial sustainability of the workplace injury/illness compensation system.

**Measure:** Implemented management practices

**Indicators:**

- Continued adherence to the funding policy
- Implemented further measures and expanded the scope of procurement activities to improve the cost effectiveness of service delivery.
- Communicated the impact of IFRS to stakeholders
- Determined the occupational disease reserve

**Objective One:** By December 31, 2011, the Commission will have continued adherence to the funding policy and implemented additional management practices.

**Measure:** Implemented management practices

**Indicators:**

- Continued adherence to the funding policy
- Implemented additional practices and expanded the scope of procurement activities to ensure cost-effectiveness
- Communicated the impact of IFRS to stakeholders

**Objective Two:** By December 31, 2012, the Commission will have continued adherence to the funding policy and implemented additional management practices.

**Objective Three:** By December 31, 2013 the Commission will have implemented further management practices to support the financial sustainability of the workplace injury/illness compensation system.

## Appendix A: Mandate

The mandate of the Commission is derived from the *Workplace Health and Safety Compensation Act*, particularly from the following sections:

### Duties and powers:

5. (1) The board of directors shall establish policies and programs consistent with this Act and regulations in relation to:
- (a) compensation benefits to injured workers and dependents;
  - (b) rehabilitation and return to work of injured workers;
  - (c) assessments and investments under this Act; and
  - (d) Part I.1

and the policies shall ensure the intent of this Act and regulations is being applied to provide services to injured workers and dependents and shall promote adequate funding for the services through sound financial management.

- (2) The board of directors shall:
- (a) consider and approve annual administrative and operating budgets and appoint auditors to audit the books and accounts of the commission, in addition to those audits that may be done under section 11;
  - (b) enact by-laws and regulations for the adoption of a seal and for the conduct of the business and affairs of the commission;
  - (c) establish, maintain and regulate advisory committees and their function and composition; and
  - (d) review this Act and regulations and recommend to the minister those changes that it considers advisable.
- (3) The board of directors may delegate in writing the powers of the board of directors to a director and the powers may be subject to the limitations, conditions and requirements that may be noted in the delegation.

### Duties of commission:

- 20.2 In order to promote health and safety in workplaces and to prevent and reduce the occurrence of workplace injuries and diseases the commission shall:
- a. promote public awareness of workplace health and safety;
  - b. educate employers, workers and other persons about workplace health and safety;
  - c. provide services to occupational health and safety committees and worker health and safety representatives established or appointed under the *Occupational Health and Safety Act* ;
  - d. promote and provide funding for workplace health and safety research;
  - e. develop standards for the certification of persons required to be certified under the *Occupational Health and Safety Act* and approve training programs for certification;
  - f. certify persons who meet the standards referred to in paragraph (e);
  - g. foster commitment to workplace health and safety among employers, workers and other persons; and
  - h. make recommendations to the department respecting workplace health and safety.

## Appendix B: Strategic Directions

Strategic directions are the articulation of desired physical, social or economic outcomes and normally require action by more than one government entity. These directions are generally communicated by government through platform documents, Throne and Budget Speeches, policy documents and other communiqués. The *Transparency and Accountability Act* requires departments and public bodies to take into account these strategic directions in the preparation of their performance-based plans. This action will facilitate the integration of planning practices across government and will ensure that all entities are moving forward on key commitments.

**Title:** Workplace Health, Safety and Compensation

**Outcome:** Improved client service within a financially sustainable system.

**Source:** Communication by the Minister responsible for the Workplace Health, Safety and Compensation Commission.

Focus Areas of the Strategic Direction	This Direction is/was				
	Not being implemented at this time (rationale included in the plan)	Addressed only in specific sub-areas (rationale included in the plan)	Addressed in the:		
			strategic plan	operational plan	branch/divisional work-plans
<i>Client service</i>			x		
<i>Education and awareness of workplace health and safety</i>			x		
<i>Claims management</i>			x		
<i>Finances</i>			x		

# Workplace Health, Safety and Compensation Commission



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