



**ROAD TO ZERO:**  
**A Prevention Strategy**  
for Workplace Health and  
Safety in Ontario  
2008 – 2012

**WSIB**  
ONTARIO  
**CSPAAT**

ROAD TO  
ZERO



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## SECTION I

# Introduction

Occupational injuries, illnesses and fatalities continue to plague the province of Ontario. The pain and suffering affects thousands of workers each year as well as their families, communities and workplaces. In addition, avoidable incidents continue to place a significant burden on our healthcare system. The accumulated economic impact that results has been estimated at \$15 billion<sup>1</sup> annually.

There really are **no accidents.**



The magnitude of this social and economic cost provides a clear obligation to renew and redouble our efforts to improve workplace health and safety. In fact, prevention organizations have been contributing to this effort since the turn of the twentieth century.

In 1998, the Workplace Safety and Insurance Board (WSIB) publicly recognized the importance of prevention in workplace health and safety by creating the Prevention Division. This ushered in a new vision statement calling for the elimination of all workplace injuries and illnesses, and led to the 2005 launch of *The Road Ahead: 2006 – 2010*.

Currently, the WSIB provides over \$190 million<sup>2</sup> annually to fund the prevention system. As a result, there has been substantial improvement in a number of key performance metrics. Since 1998, particularly in lost-time injury rates. Despite the successes, however much work remains to be done and, there is strong evidence that workplace health and safety attitudes, behaviours and practices can still be improved.

This strategic planning document is focused on developing a platform to eliminate all injuries, illnesses, and fatalities in Ontario workplaces. Section II of the document outlines the motivation and case for change. Section III describes the desired future state, and Section IV outlines strategic goals. Finally, Section V provides a roadmap for next steps to advance the plan and align system partners.

<sup>1</sup> WSIB Report: “Costs of Injuries to the System”

<sup>2</sup> Estimated 2007 WSIB funding for the Prevention Division, Ministry of Labour (MoL), Health and Safety Associations (HSAs), and Research

## SECTION II

# Motivation for Change

A convincing case for change rests in an understanding of three key points. First, the social cost of the status quo is unacceptable; second, expending efforts and resources to improve the situation has tangible economic and social benefits; and, third, there are clear areas in which to drive system improvement.



## Social Impact

Workplace injuries and illnesses continue to take a serious toll. On average, two people die each week from a workplace incident, another five succumb to occupational disease, and a further 1,600 worker injuries cause lost time from work.<sup>3</sup>

By contrast, the benefits of prevention are substantive. For workers, families and communities, there is continued quality of life, ongoing participation in work, leisure and educational activities, and preservation of income and assets. For organizations and businesses, prevention benefits include more profitable enterprises, reduced disruption to operations, increased productivity and competitiveness, retention of valued staff, and reduced exposure to economic penalties and levies. The wider population also has much to gain from having a safer, positive and more productive workforce, and from less demand placed on the health care system.

## Prevention Success

In order to evaluate prevention activity performance between 1999 and 2006, three areas need to be considered. Injury and illness statistics provide information on the number and severity of workplace incidents. Surveys of workers and employers expose an important leading variable: attitudes regarding health and safety. And evidence of collaboration among partners indicates the degree to which the structure and design of the system is effective.

<sup>3</sup> WSIB 2006 current injury statistics

## SECTION II: Motivation for Change

**First**, three key injury and illness statistics imply success for prevention activities. Since 1999, the lost-time injury rate has declined by 27 per cent, and the no lost-time injury rate has decreased by 15 per cent. Young worker fatalities have decreased by almost 40 per cent since 1999.

**Second**, survey results<sup>4</sup> reveal areas where attitudes of workers and employers are positive: 93 per cent of employers indicate that they place a high priority on health and safety in their daily work; 84 per cent of employers have made an improvement in workplace safety procedures in the last six months; and 81 per cent of workers say that they personally place a high priority on workplace health and safety.

**Third**, three examples of collaboration and partnership demonstrate the potential value of an integrated prevention system:

- The High-Risk Firms and Last Chance initiatives are estimated to have resulted in 14,649 fewer lost-time injuries, with an estimated cost avoidance of \$960 million<sup>5</sup>
- The Sarnia-Lambton Partnership has cut injuries by half in the six years since industry, construction owners and local building trades joined together to reduce workplace accidents<sup>6</sup>
- The Electrical and Utilities Safety Association (E&USA) has publicly committed to *The Road to Zero* with the goal of reaching zero injuries and illnesses at work by 2011. More than 10 per cent of its member employers have signed on to the program.<sup>7</sup> Further, the Mines and Aggregates Safety and Health Association (MASHA) has also committed to reaching zero by 2016.



## Areas for Improvement

Although previous successes provide reason for optimism, improvements can still be made. Further consideration of the same three variables – injury and illness statistics, survey results, and partner collaboration – illustrates areas of both concern and opportunity.

Three additional measures of injury and illness represent challenges on *The Road to Zero*. For the same period, 1999 to 2006, the numbers show that reported injuries and traumatic fatalities are not declining fast enough, while total claims costs have significantly increased. As the number of workers covered has increased by 14 per cent,<sup>8</sup> these rates have declined; however, in order to reach zero, the rate of reduction needs to be substantially larger than the growth of insured workers.

Turning again to the worker and employer survey, the responses to several questions outlined in the table on the next page also cause reason for concern. Since attitudes and behaviours in the workplace underpin future performance, these results uncover a significant barrier to achieving zero.

<sup>4</sup> Ipsos-Reid WSIB pre- and post-advertising testing, 2006, 300 adult sample

<sup>5</sup> Statement to the Legislature by the Honourable Steve Peters, Minister of Labour, May 1, 2006

<sup>6</sup> Sarnia-Lambton Economic Partnership: [www.sarnialambton.on.ca/](http://www.sarnialambton.on.ca/)

<sup>7</sup> E&USA website: [www.eusa.on.ca](http://www.eusa.on.ca)

<sup>8</sup> WSIB 2006 current injury statistics

## SECTION II: Motivation for Change

- **Survey results:** There are a number of areas where the attitudes and experience of workers and employers demonstrate the magnitude of the challenge we face. 51 per cent of workers and 36 per cent of employers state that employees in their organization don't report accidents to their supervisor; 26 per cent of both workers and employers claim that employees in their organization show very little interest in workplace safety issues, and, correspondingly, 24 per cent of workers and 26 per cent of employers are not convinced that workplace health and safety programs actually reduce workplace accidents

In addition to concerns raised by the injury statistics and survey results, system-wide risks also appear to present serious challenges. Maximizing the value of prevention efforts requires the coordination and cooperation of a large number of players. These include the system's core partners – Ontario's Health and Safety Associations (HSAs), the Ministry of Labour (MoL), and WSIB – as well as provincial/municipal governments, non-governmental agencies, business owners, employer and labour associations, educators, community groups and professional/trade associations. Three key areas for attention surface when taking this perspective: fragmented effort, gaps in activity, and capacity limits.

- **Fragmented effort:** Prevention partners work largely independently, and a need exists to align efforts and clarify roles; the risk for inconsistent messages and duplication of effort must be removed
- **Activity gaps:** Insufficient coordination of efforts and evidence-based support for decision making has resulted in lost opportunities for significant improvement in numerous areas including occupational disease prevention, proactive data analysis, and risk mitigation for new employers and vulnerable workers

- **Capacity limits:** The provincial workforce is diverse, multi-faceted, and widespread, driving the need for enhanced capabilities and coordination (for example, new information and communications technology, and simple workplace-gearred tools and protocols).

There is, however, an overarching need to understand the realities of running a profitable enterprise, and then to demonstrate how integrating occupational health and safety principles can help keep that enterprise safe and profitable.

The challenges and obstacles along *The Road to Zero* are significant. A transformation from the inside out will be required. Core partners will need to build effective alliances and partnerships, strong leadership and improved capacity and capabilities. They must also learn how to leverage scarce resources to advance a very large and diverse system on an ambitious new prevention strategy.

## SECTION II: Motivation for Change

# The Tipping Point

A prevention strategy must take into consideration the formidable challenges posed by emerging workforce demographics. There are large numbers of new and young workers, an aging workforce, and a growing number of small and geographically diverse businesses. All this implies that targeted programs with a limited number of contact points will not effect a widespread change of attitudes and behaviours. Instead, a mass market approach is needed to influence the culture and social norms of the population.

The ability to reach the general population and affect workplace health and safety requires the system to surpass a “tipping point”. In other words, for prevention to turn the corner in terms of social adoption, the concept must become part of the mainstream consciousness. A strategy that strives to embed the prevention mindset in social norms, values and beliefs will be the only viable path to achieving the zero target.

Several high priority societal issues provide examples worth consideration (see next page).

In each of these transformations, Canadian culture has been dramatically impacted by the education, training, enforcement, and social marketing behind the change. A successful prevention strategy will learn from these campaigns and extract guidelines and principles for implementation.

Social Transformations <sup>9</sup>	From ...	To ...
<b>Seatbelts</b>	<ul style="list-style-type: none"> <li>• Use of seatbelts purely optional</li> <li>• 14 per cent usage rate in 1984</li> </ul>	<ul style="list-style-type: none"> <li>• Acceptance of seatbelts as a mandatory safety tool</li> <li>• 81 per cent usage rate in 2006</li> </ul>
<b>Smoking</b>	<ul style="list-style-type: none"> <li>• Pervasive presence of smoking</li> <li>• Ashtrays in planes, offices, bathrooms, elevators, cars</li> <li>• 65 per cent of men smoked in 1965</li> </ul>	<ul style="list-style-type: none"> <li>• Shared belief that smoking is unhealthy &amp; socially undesirable</li> <li>• Bans on smoking in public places</li> <li>• 20 per cent of men smoked in 2006</li> </ul>
<b>Drinking and Driving</b>	<ul style="list-style-type: none"> <li>• A socially accepted practice</li> <li>• 1.64 alcohol related fatalities/100 million vehicle miles (1982)</li> </ul>	<ul style="list-style-type: none"> <li>• An illegal activity, widely believed to be inappropriate and unwise</li> <li>• 0.57 alcohol related fatalities/100 million vehicle miles (2004)</li> </ul>
<b>Climate Change</b>	<ul style="list-style-type: none"> <li>• Fringe issue with minimal mainstream acceptance</li> <li>• Leded gasoline, disposable society, acid rain, ozone layer</li> </ul>	<ul style="list-style-type: none"> <li>• Recognized as one of the most important issues of our time</li> <li>• New fuels, recycling, clean-air acts, carbon controls, green buildings</li> </ul>

<sup>9</sup> **Seatbelts:** National Highway Traffic Safety Administration

**Smoking:** 2002 Progress Report on Tobacco Control, Health Canada and Health Canada website for 2006

**Drinking and Driving:** National Institute on Alcohol Abuse and Alcoholism

SECTION III

# Desired Future State for Workplace Health & Safety in Ontario

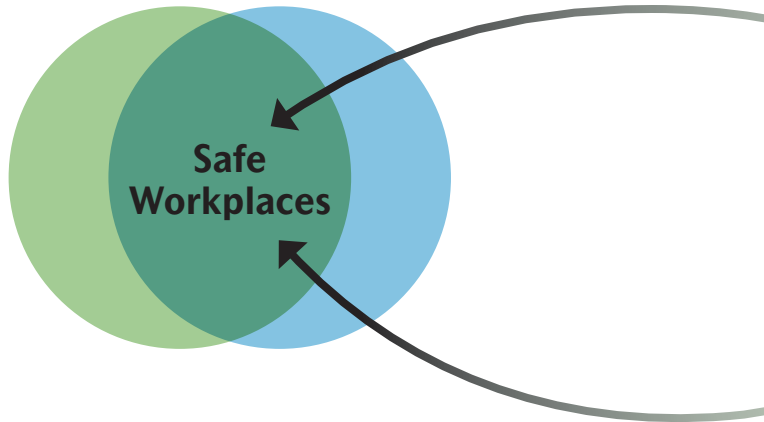


Safe and healthy workplaces start and end with the attitudes and behaviours of both workplace parties – employers and workers. There must be a belief that workplace injuries are unacceptable and preventable. Workplace parties need to be aware of their responsibilities and their rights. They must know and respect the hazards of their jobs and they will need appropriate tools, knowledge and training to make their workplaces safe. Finally, some workers and employers will require support to fulfill their roles.

There are many workplaces throughout Ontario that already have a deep commitment to health and safety. They have demonstrated a level of health and safety excellence that is an example for others to follow. However, there are still many other workplaces that do not. It is in these workplaces that the combined resources of prevention partners are needed to transform the attitudes and behaviours of workers and employers.

Prevention partners have a range of tools that can be used to promote workplace health and safety. This toolset includes: raising the awareness and profile of health and safety through social marketing campaigns; motivating change in workplace behaviours through financial and non-financial incentive programs; providing needed capabilities through training, certification and the exchange of best practices; supporting the employers and workers who need it most; and, as a last resort for workplaces that demonstrate continued difficulty in changing attitudes and behaviours, enforcing workplace legislation and minimum safety standards.

# A Model for Reinforcing Safe and Healthy Workplaces



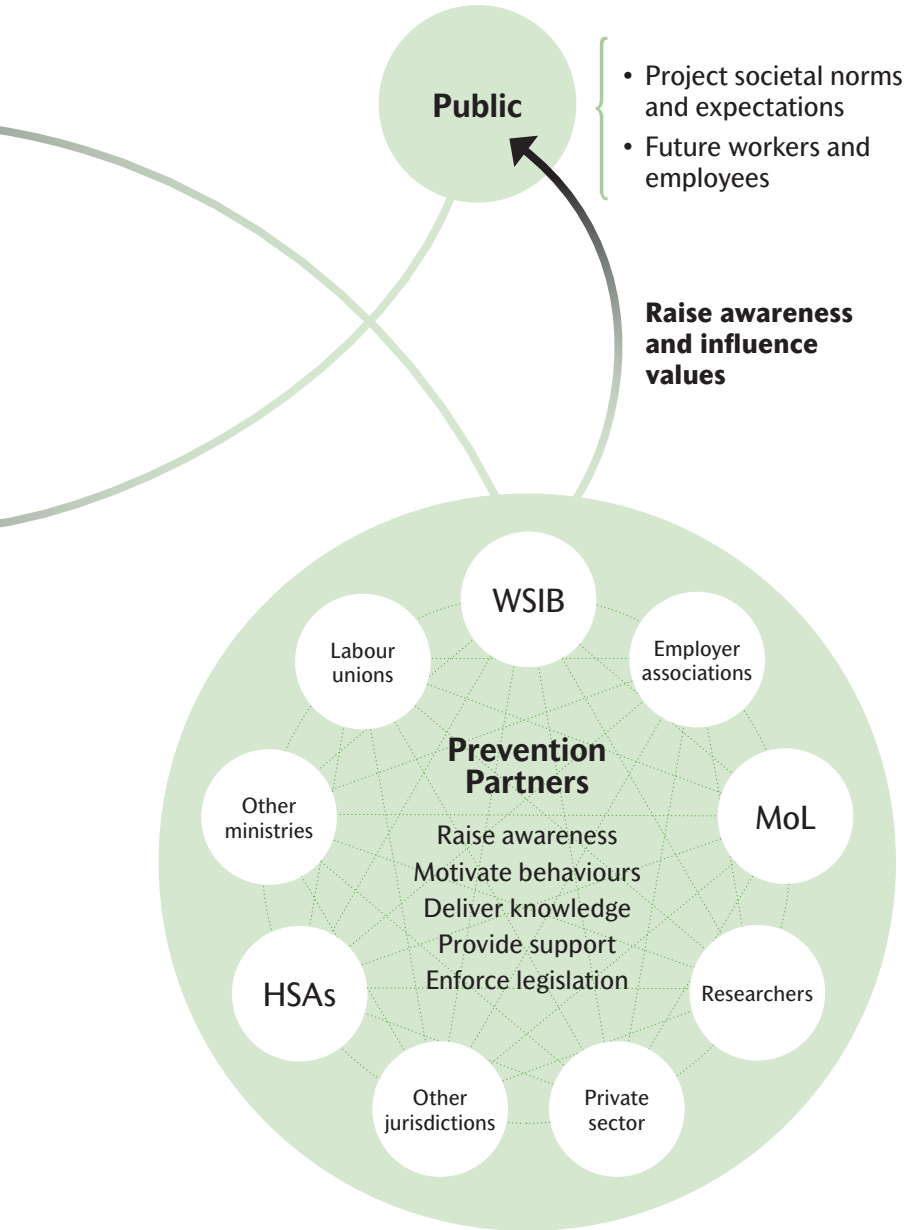
## Employers

- Believe all workplace injuries are preventable and unacceptable
- Are aware of their responsibilities
- Make health and safety a management priority
- Understand their workplace hazards
- Create a safe work environment
- Can access support to fulfill their responsibilities

## Workers

- Believe all workplace injuries are preventable and unacceptable
- Are aware of their health and safety rights
- Identify and respect the hazards of their job
- Are educated and trained in safe work practices
- Are primary guardians of their own safety
- Have the support necessary to exercise their rights





## SECTION III: Desired Future State

# Employers A Model for Health and Safety

### BELIEF

Health and safety at the worksite starts with the belief that illnesses and injuries can and must be prevented. Belief is powerful – it opens up the possibility that our friends, family and workers do not have to face unmitigated workplace risk. Belief in prevention, and a refusal to accept workplace injuries and illnesses, is the spark that drives employer action and commitment to change.

### AWARENESS

Roles and responsibilities provide a means of understanding what to do about health and safety. They also prescribe a bare minimum of workplace health and safety accountability. However, the simple existence of roles and responsibilities is not enough. Business owners have many other concerns to address – therefore a key component of a safe work environment is ensuring the right people in each workplace are aware of their responsibilities to create a safe and healthy place to work.

### PRIORITY

Health and safety must be a priority at the workplace. If it is not, then there will always be another reason to trade it for something else. Making health and safety a priority means it is not acceptable to make sacrifices that degrade it. As an example, it can be as simple as instilling a belief among staff that it is all right to take a little extra time to do a job safely.

## HAZARDS

With the right beliefs, awareness and priorities, employers are in a good position to make workplaces safe. However, another critical ingredient is employers' understanding of the hazards particular to their workplaces. This means going beyond simple descriptions – to answer key questions about the worksite. What can injure or cause illness? What is likely to injure or cause illness? What are reasonable and effective means of mitigating these risks? This needs to be relentlessly pursued at the start of every shift in every workplace.

## SAFE WORK ENVIRONMENT

A safe work environment requires an open and meaningful commitment to health and safety. This involves worksite design, job design, worker consultation, awareness and safety skills development, company culture, management culture, and a dedication to translating good intentions into meaningful results. It means seeking out support where needed. It means continually pursuing a deeper understanding of workplace hazards and effective means of resolving them.

## SUPPORT

Support for workplace health and safety can come, in countless forms, from other employers, health and safety specialists, HSAs, the MoL, WSIB and many other organizations. The key is to ensure that needed tools and support are available, understandable, relevant to the specific workplace, and accessible.

## SECTION III: Desired Future State

# Workers A Model for Health and Safety

### BELIEF

Health and safety for workers starts with the belief that they can play a role in protecting their own health and safety – that a workplace injury is preventable and unacceptable. This belief is a key building block in the lifelong process of understanding workplace risks and taking appropriate action to mitigate them.

### AWARENESS

Workers, especially new and vulnerable ones, need to be aware of their health and safety rights. They need to understand that they can refuse unsafe work and can, if necessary, confidentially raise their concerns to objective third parties specifically designated to assist them. They also need to know that they have a right to safe workplace training. Many young and vulnerable workers benefit from strong health and safety programs at their first job. However, many do not have that opportunity. It is too late, and unacceptable, to learn about this right – to be introduced to health and safety – through their first workplace injury.

### RESPECT

Workers also need an awareness of and healthy respect for the hazards of their jobs. They should understand what they need to protect themselves from, and they should know the potential consequences of a lack of protection. Chronic exposure to hazardous environments can be a seemingly benign experience – until it is too late. Following the same routine at work or taking the same shortcuts can also seem normal and acceptable – until it is too late.

## EDUCATION AND TRAINING

There are ways of mitigating workplace risks. However, these can only be effective if they are learned and put into practice. Further, education and training is a lifelong process; it starts before the first job, and continues through the worker's life into every subsequent job. Workers need access to effective training material that they understand. This can be at work, in school, at home or on their own.

## GUARDIANS OF THEIR OWN SAFETY

Workers should see themselves as the primary guardians of their own safety. They should not take for granted that they are working at a safe worksite, that their co-workers are not endangering them, or that safe work practices are encouraged by their employer. Certainly, all of these things should be happening – and there is much energy and effort spent to ensure that they do; however, the workers suffer the most direct consequences. Workers need to embed risk mitigation into their everyday approach to work, and to demand safe and healthy workplaces, in order for a culture of prevention to take hold.

## SUPPORT

Support for workers can come in many forms. First and foremost they must receive support to exercise their rights. They need appropriate channels to report unsafe working conditions; they need employer support to practice safe and healthy work habits; and they need access to the body of health and safety knowledge that is applicable and relevant for their work.

# Strategic Goals

## Our Health and Safety Vision

A future where all Ontario workplaces embrace an integrated health and safety culture, and where any workplace injury or disease is unacceptable.

## The Prevention Mission

Lead and partner in the creation of the healthiest and safest workplaces in the world, where **zero** injuries and illnesses is the only acceptable measure of success.



## Meaningful progress in pursuit of the vision and mission will require:

- The **commitment and combined efforts** of all prevention system stakeholders and workplace parties
- A **passion for excellence** and the constant pursuit of our goal
- A **fundamental change in attitudes**, perceptions and behaviours regarding the attainability of zero workplace injuries and our individual responsibility to fulfill our roles
- **Acceptance** on the part of all workplace parties of their **primary responsibility to eliminate fatalities, injuries, and illnesses** in their own place of work
- **Partnership** with the prevention system, stakeholders, and workplace parties to **embody the vision** of zero workplace injuries, **provide courageous leadership** to transform the values and beliefs regarding workplace safety, and **ensure efforts create superior results**.

As discussed previously in this document, there are many compelling reasons for a renewed focus on prevention in Ontario. The number of injuries and fatalities is not declining fast enough. There are clear gaps in employer and worker attitudes and behaviours. The prevention system is facing many challenges, including fragmented partner effort, activity gaps and limits to capacity. And there are increasing calls for improved system accountability, efficiency and effectiveness.

As we continue to pursue *The Road to Zero*, our focus over the next five years must be on new approaches to promoting workplace health and safety. We must seek to become more effective, more coordinated, more relevant, and more accountable.

## SECTION IV: Strategic Goals

# Four Key Thrusts

Our efforts will be directed along **four key thrusts**:

1. Creating a national habit of safety by driving a transformation in values and behaviors
2. Providing leadership to align prevention partner efforts and achieve improved outcomes
3. Instilling an evidence-based, priority-focused and outcome measurement mindset in the prevention system
4. Developing WSIB and prevention partner capabilities, information management tools, and communications technology.



# First Thrust

## CREATING A NATIONAL HABIT OF SAFETY BY DRIVING A TRANSFORMATION IN VALUES AND BEHAVIOURS

Societal expectations of workplace health and safety will continue to be a major influence on the behaviours of employers and workers. We must continue to shape societal values through multiple efforts – creating social marketing and awareness campaigns; integrating health and safety into education curricula; promoting professional and industry standards of health and safety that significantly exceed legislated minimums; embedding health and safety in key business and economic processes (i.e., incorporating health and safety performance into public service procurement processes); and holding regular public health and safety events and commemorations. We must raise the bar for health and safety performance.

We must also reach out to key stakeholder groups to raise the profile of health and safety and to help those most at risk:

- **Vulnerable workers:** Immigrants, migrants, and other disadvantaged workers face unique challenges; they are often unaware of their rights and potentially face communication or cultural challenges, placing them at higher risk for injury
- **Young workers:** Our newest and most inexperienced workers can face a daunting task – successfully integrating into a new environment, exceeding their employers' and co-workers' expectations, and learning how to properly protect themselves from injury
- **New employers:** New employers must cope with an array of business regulations and legislated requirements and, unfortunately, health and safety can often get lost in the crowd

## SECTION IV: Strategic Goals

- **Small business:** Collectively, small employers account for a significant proportion of Ontario worksites and workers. Yet, due to their size, they face unique challenges in making their worksites healthy and safe.

Across all employer groups high-performing enterprises know the value of their human resources, and take the necessary steps to attract, retain, and motivate them in a safe and supportive working environment. Measuring occupational health and safety performance is one of the key indicators of the overall performance of these enterprises.

In identifying top performing companies for business excellence awards, occupational health and safety risk criteria is embedded in the recognition process.

Going forward, we need to develop targeted social marketing campaigns to ensure that we are getting the right message to the right group of people. Our messages will be more effective if they are timely, meaningful, relevant, and reinforced with appropriate actions.

We also need to reach parents of young workers and make them take interest in their child's first job. We have to make them realize that workplace safety is the next logical extension of what should be a life-long concern for, and commitment to, their children's safety.

## **First Thrust** Summary

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Influence behaviours of employers and workers through increased societal expectation

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Integrate into every public service procurement selection process a commitment to actively managing occupational health and safety throughout the life cycle of each project

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Conduct targeted outreach to vulnerable workers, young workers, new employers, and small business

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Ensure every student leaving school has achieved a recognized level of proficiency in occupational health and safety and first aid

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Create targeted social marketing campaigns

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## SECTION IV: Strategic Goals

# Second Thrust

### PROVIDING LEADERSHIP TO ALIGN PREVENTION PARTNER EFFORTS AND ACHIEVE IMPROVED OUTCOMES

System partnerships must be strengthened if we are to achieve our prevention vision and provide value for money. Combined effectiveness depends on the ability to collaborate and work together towards a common purpose. To that end, increased clarity of roles and responsibilities must be achieved, and an alternative governance model with HSAs will be developed.

In addition, further partnerships must be leveraged to achieve the prevention vision. One area of immediate interest is engaging health and safety leaders and prevention advocates in the community to motivate change in new ways. E&USA, MASHA, the Sarnia-Lambton partnership, and the Safe Communities Incentive Program (SCIP) provide clear and inspiring examples of the potential for industry- and community-led health and safety initiatives.

We need to ensure that a meaningful safety message is understood by each worker, practiced by each worker, and reinforced by each employer. An annual self-assessment by each employer – a statement of their commitment to continuous improvement in occupational health and safety management – will be required.

Lastly, the prevention system should strive to increase employer involvement. Employers finance many activities in the prevention system, and are the direct focus of much of the prevention effort. Encouraging a stronger employer voice in the design and execution of the prevention system will help to ensure that efforts are well aligned with employer needs.

## Second Thrust Summary

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Strengthen core partnerships in order to enhance prevention system effectiveness

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Engage health and safety leaders in the community to motivate change in new ways

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Promote employer engagement in the prevention system through an agreed process

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Require an annual self-assessment statement from each employer, setting out their commitment to continuous improvement in occupational health and safety in their enterprise

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## SECTION IV: Strategic Goals

# Third Thrust

### INSTILLING AN EVIDENCE-BASED, PRIORITY-FOCUSED AND OUTCOME MEASUREMENT MINDSET IN THE PREVENTION SYSTEM

A critical aspect of this strategic thrust is the development of an integrated model to pinpoint areas of greatest need. Segmentation will help identify the occupations, employers, geographies and industries that have the highest need for support. It will also enable prioritization, and provide a basis for planning efforts and predicting system capacity. When combined with a robust performance measurement system, the segmentation model will provide a means of creating baseline metrics for each area of focus.

Outcome-focused “best-practice” tools will then be needed for deployment to targeted segments. However, in order for prevention tools to be effective they must be relevant, accessible, and put into practice to create a national habit of safety. To ensure this happens, interventions must be designed with a specific audience, intended use, and delivery mechanism in mind.

On the occupational disease front, we are all too aware of the implications today of our failures decades ago to address exposures to then-known carcinogens and contaminants. Around 200 workers die each year from cancers and respiratory diseases caused by past exposures to hazardous substances. While today exposures to known hazards are tightly controlled, more can be done to address those that are newly emerging, including the kinds of psychosocial hazards, produced through human interactions in the workplace, that are known to present serious risks to physical and mental health.

Consideration will be given to sector-specific supervisory training in occupational health and safety. This will ensure that supervisors know their responsibilities and have the necessary skills to help staff work safely.

We will take innovative approaches to devise site-specific risk assessments, and work plans that use pictograms and colours so as to overcome language or literacy problems in high-risk sectors. This will further embed the safety habit, and help to ensure a common approach to occupational health and safety worker by worker, enterprise by enterprise.

A priority for our system is developing an agreed-upon set of performance targets and outcome measures. This will provide a clear purpose for prevention partners, and set the stage for system management and accountability.

Finally, with segmentation, performance targets, and outcome measures comes the potential to pursue continuous improvement. By critically assessing results, opportunities for improvement will be exposed – enabling a continuous cycle of learning, improvement and execution.

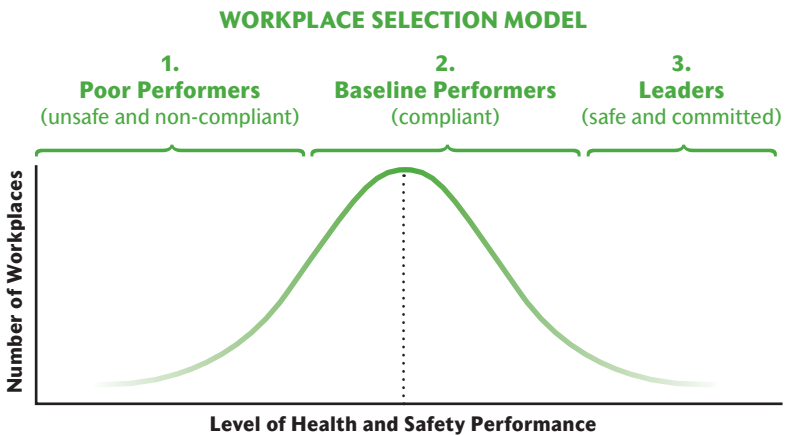
## SECTION IV: Strategic Goals

# An Integrated Model for Health and Safety

Simply put, an integrated model for health and safety will help ensure that prevention system efforts are applied to those areas where they can have maximum impact, and that the rationale for selecting areas for focus is based on a solid foundation of evidence. This rationale will be set out on an annual basis in the individual business plans of the Health and Safety Associations. The selection/segmentation approach for workplaces will be based on a wide range of prevention data that is available to the WSIB and partners. Further, we will assess needs for each segment to ensure that appropriate interventions and effort are applied in each case. A simplified view of an integrated model is provided below:

### **Step 1:** *Workplaces are Identified as Poor Performers, Baseline Performers, or Leaders*

An integrated model is used to categorize workplaces and identify those workplaces where prevention effort will have the largest return or impact.





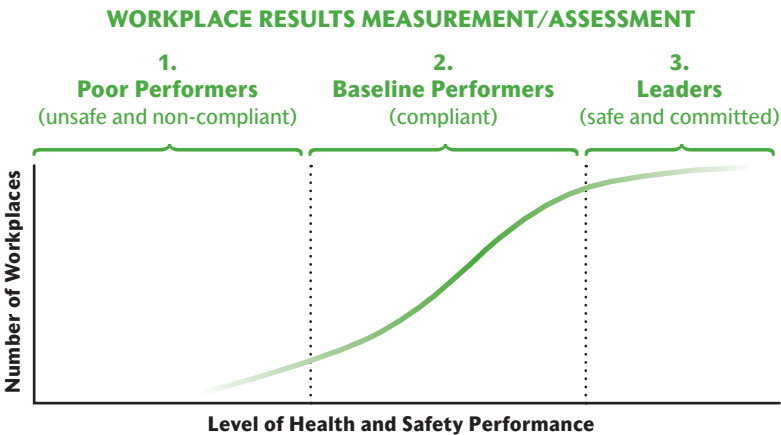
**Step 2: Prevention Effort is Applied to Each Workplace Based on Their Needs**

The prevention partners pursue a targeted and coordinated approach to the appropriate workplaces. Further, annual targets for effort and results are created.

<b>Poor Performers</b>	<b>Baseline Performers</b>	<b>Leaders</b>
<ul style="list-style-type: none"> <li>• MoL inspection/prosecution</li> <li>• WSIB surcharge</li> <li>• WSIB Workwell</li> </ul>	<ul style="list-style-type: none"> <li>• HSA training/education/advice</li> <li>• WSIB Safety Groups/SCIP</li> <li>• Joint Health &amp; Safety Committee (JHSC) representative</li> <li>• Sector Interagency Groups</li> <li>• OHS providers</li> <li>• Websites/publications</li> </ul>	<ul style="list-style-type: none"> <li>• Accreditation</li> <li>• CEO Leadership Charter</li> <li>• ZeroQuest</li> <li>• Community Charter</li> </ul>

**Step 3: Measure Performance and Manage Effort for Results**

System performance and results are measured on a regular basis. Further, WSIB funding is made available on the understanding that resources will be directed to pursuing system-wide targets – and tied to the achievement of those targets.



## SECTION IV: Strategic Goals

### Third Thrust Summary

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Develop an integrated model to identify areas of greatest need and examine the benefit of a prevention-focused occupational disease surveillance system

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Create outcome-focused “best practice” tools

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Pioneer innovative approaches using pictograms and colour codes for risk assessments

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Consider sector-specific supervisory training in occupational health and safety

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Align partners to deliver and manage system through agreed targets and outcome measures

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Continuously improve performance through a cycle of learning, improvement and execution

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## Fourth Thrust

### DEVELOPING WSIB AND PREVENTION PARTNER CAPABILITIES, INFORMATION MANAGEMENT TOOLS, AND COMMUNICATIONS TECHNOLOGY

This strategy proposes new approaches, increased prevention activity and a need for improved system management. In order to deliver on this ambitious plan, investments in the core capabilities of the prevention system are required. This need spans a deep understanding of: running a safe and profitable enterprise; marketing a simplified safety message to the hard-to-reach; integrating the principles of prevention into the running of the enterprise; leveraging information communications technology; and delivering training that provides the necessary skills in a user-friendly manner.

There is a growing need to create new information management and communication tools that will enable the capture, sharing and directed delivery of critical prevention information. The merits of a web-based virtual advisory service need to be explored in this context.

Prevention data is critical to developing insight into the sources of risk and areas of greatest opportunity. It is equally valuable to the WSIB, prevention partners, and employers. As the number of users and programs that rely on this information multiplies, the need for improved data collection, analysis, and reporting infrastructure increases.

We need to critically assess our incentive programs and create a plan for renewal and alignment – capped by an industry-endorsed accreditation program. The current suite of incentive programs has evolved to meet specific needs and to provide a diverse set of improvement incentives. However, the programs have been criticized for being too

## SECTION IV: Strategic Goals

complex, for a potential over-emphasis on lagging indicators, and for non-alignment across programs. A plan for renewal of the programs would address these criticisms, and at the same time seek increased industry involvement in their development.

### **Fourth Thrust** Summary

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Improve core capabilities of the system by understanding how safe and profitable enterprises operate, and by investing in marketing the message to the hard-to-reach

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Invest in information communications technology to enable the creation of a virtual advisory centre

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Create new tools to capture and share critical prevention knowledge

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Assess incentive programs and create a plan for their renewal and alignment, capped by an industry-endorsed accreditation program

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A close-up, over-the-shoulder view of a person driving a car. The driver's right hand is on the steering wheel, which is black with a textured grip. The background is a blurred view of a road and greenery through the windshield. The car's dashboard and a circular gauge are partially visible on the right side.

# Implementation

The Prevention Strategy provides an agenda for discussing the key content, focus, and intent of the prevention system. It is the responsibility of each of the prevention system partners to drive the implementation of the strategy into operational plans that both motivate and harness commitment.

This strategy was developed in the context of the increasingly complex and changing world of work, the new economic and industrial environment, and the concern that the rate at which fatalities, injuries, and illnesses are being reduced to zero is not acceptable.

We recognize that to successfully implement this strategy requires the commitment and proactive involvement of all workplace influencers; everyone must believe that the only measure of success is zero fatalities, injuries and illnesses.

For the five years covered by this strategy, we have set a goal of zero fatalities and a 7% reduction in injury rates each year.

Our focus is on delivering the four key thrusts; efforts will be led by the WSIB and the system's core partners, the HSAs and the MoL.

Resources will be allocated and aligned in the most effective way – with targets set, results measured, and action taken to correct any under-performance. Because of the flexibility built into the plan, strategic focal areas can shift as necessary. We will foster agile organizational responses to react to changing workforce pressures and dynamics.

**All employees have the right to a safe work environment.  
Working together in partnership, we can make this a reality.**





**A Prevention Strategy** for Workplace Health and Safety in Ontario

