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MFL Occupational Health Centre

Submission to the Legislative Review Committee

The Workers Compensation Act Legislative Review 2025-2026

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Introduction

The MFL Occupational Health Centre (OHC) is a worker-centred community health centre serving over 3,500 workers annually through clinical services, occupational health and safety education, cross-cultural programming, and injured worker support. Established in 1981 through a resolution at the Manitoba Federation of Labour Convention, OHC is an accredited community health centre and Winnipeg Regional Health Authority facility. Our clinical practice spans nearly three decades of supporting injured workers through the workers compensation system, and our Cross-Cultural Health and Safety Programming reaches workers from over 25 cultural communities across Manitoba. This combination of clinical experience and community-based prevention work informs every section of this submission.

This submission addresses seven issues that OHC considers among the most pressing for the current review: newcomer workers, online platform workers, WCB healthcare advisor guidance, adjudicator performance and training, psychological injuries, causation and presumption in occupational disease claims, and injury prevention. OHC submitted to the last review of The Workers Compensation Act in 2016, and several of the concerns raised at that time continue to be relevant. Where this is the case, we note it in the sections that follow. We welcome this review as an opportunity to revisit those concerns alongside emerging issues that have become more pressing in the intervening decade.

1. Newcomer Workers

Background

Immigrants make up over 20% of Manitoba's population and roughly 24% of the young workforce aged 15 to 54. Immigration accounts for approximately 88% of recent labour force growth in the province. Between 80% and 90% of Manitoba's permanent residency immigration comes through the Economic Class stream, of which 74% is through the Manitoba Provincial Nominee Program. The MPNP ties workers to their nominating employer for two years of service, as is the case with other foreign nationals working in Canada under temporary work permits. Newcomer workers are disproportionately represented in industrial sectors such as food processing, manufacturing, and low-trained health care work, often in jobs with higher risk for injury and exploitation.

For newcomer workers, the stakes of maintaining employment are exceptionally high. Resettlement in Canada is costly, many newcomers support family members in their countries of origin through remittances, and those on work permits tied to a single employer face the real risk of losing their immigration pathway if they lose their job. These pressures make newcomer workers extremely reluctant to make complaints or report injuries if there is any reason to expect it might put their employment at risk. While the Act currently prohibits discouraging a worker from filing a claim, it does not provide a clear, accessible anti-reprisal framework.

OHC's Perspective

Over the past two decades, OHC has seen increasing numbers of injured newcomer workers referred through its community networks with difficult WCB claim experiences: denied or disputed claims, poor recovery, and unsuccessful return to employment. OHC raised concerns about newcomer workers in its 2016 submission to the WCA review. The core problems identified then have persisted. What follows is drawn from OHC's direct clinical and programmatic experience.

Many newcomer workers fear, rightly or wrongly, that a work injury will jeopardize their immigration prospects. They are vulnerable to informal advice circulating in their communities advising them not to disclose injuries. Most do not learn about WCB or what to do in the event of an injury until after they are hurt. If they do receive information beforehand, it comes amidst an overwhelming volume of other new information at a time when they have little experience with the Canadian health care system.

WCB's standard process for filing claims and initial adjudication is ill-equipped for complex newcomer work injuries. On initial phone interviews, newcomer workers are uncertain and confused about how to respond to questions and why certain information matters. Language interpretation is only available by phone, with no continuity between interactions and no provision for in-person interpretation at meetings at WCB. When an injured newcomer worker seeks initial health care, they may not know what details about the nature or mechanism of their injury are important to communicate. Incomplete medical reports then contribute to claim denials. For example, a worker who reports "soreness at work" may not understand that this alone does not constitute an

acceptable injury incident, and that a repetitive strain injury claim requires a more specific description of the mechanism of injury.

OHC has also seen cases from large workplaces, such as food processing plants with on-site nurse stations, where injured workers are counselled or dissuaded from attending their own health care provider or filing WCB claims. Through its work with newcomer workers, particularly in food processing, OHC has documented the many forms claim suppression takes: offering lighter work or a break instead of reporting an injury; discouraging workers from filing with WCB because the system is "too difficult to navigate" and instead encouraging them to apply for Employment Insurance; assigning workers who report injuries with unproductive duties such as standing idle on a production line; and telling workers they cannot see their family doctor until the employer authorizes it or that they can only see an employer-selected provider. Newcomers with limited English-language proficiency are particularly vulnerable. The WCB Compliance Office is aware of concerns in some of these workplaces, but limited public reporting makes it difficult to assess the prevalence and extent of the problem.

In addition to systemic pressures toward early return to work, many injured newcomer workers also return to work prematurely, driven by fear of income and job loss. OHC has helped workers with back injuries who are then required to stand to do their job, or workers with hand or arm injuries given duties to perform with one arm. In many cases this undoes the benefits of their intercurrent physiotherapy treatment and runs counter to best practice for rest in the early stages of recovery. For low-wage earners, and newcomers carrying the burden of remittances back home, the reduction in earnings while on workers compensation is itself a barrier to remaining off work long enough to recover.

When legitimate work injuries are denied at initial adjudication, injured workers lose access to treatment such as physiotherapy (Manitoba Health no longer covers ambulatory physiotherapy outside hospitals) and their families are placed in dire circumstances. Their only recourse is a lengthy appeals process. When work injuries that OHC's clinicians assess as legitimate are not accepted at initial adjudication, the costs of income support, social services, and health care shift to the public system. The extent to which newcomer work injuries not addressed by WCB add to public service costs is unknown but likely disproportionately greater than for other workers.

Key Recommendations

- The Act should include a clear anti-retaliation provision protecting workers from any adverse employment action related to a workplace injury or claim. This should apply to termination, reduced hours, discipline, or threats affecting future employment. It should include a complaint process, reinstatement remedies, and a reverse onus requiring employers to demonstrate the action was unrelated to the claim.
- WCB should establish a newcomer-sensitive claims pathway with embedded navigation support to improve early claim accuracy and accessibility. This should include specially trained intake staff, plain-language explanations of rights and processes before detailed fact-gathering, and culturally responsive, trauma-informed communication practices.

Navigation support should be integrated early in the process and delivered in partnership with community organizations that offer in-person interpretation and culturally grounded support.

- The Act and WCB should establish clear, multilingual communication standards to ensure workers understand their rights and can engage meaningfully in the claims process. Communication should be provided in the worker's preferred language across all stages, including written materials and decisions. This should include proactive messaging that reporting a workplace injury does not affect immigration status, delivered through workplaces and community channels, not limited to WCB materials.
- WCB should strengthen its approach to identifying and addressing claim suppression. This should include proactive investigation methods that do not rely solely on worker complaints, modelled on Manitoba Employment Standards' enforcement practices. Intake staff, adjudicators, and case managers should have a duty to report suspected claim suppression to the Compliance Unit.
- WCB should collect and analyze data on immigration status and language to improve system accountability and design. This would support assessment of injury rates, claim outcomes, and service gaps for newcomer workers, including linkage with existing provincial datasets. This recommendation was first raised in 2016 and remains unaddressed.
- The Act should prioritize full recovery and safe return to work over default expectations of early return. This would clarify that early return is not appropriate in all cases, particularly for complex injuries. Wage-loss benefits for low-wage earners should be set at 100% of income to reduce pressure for premature return to work.

2. Online Platform (Gig) Workers

Background

The rise of gig and platform-based work represents one of the most significant shifts in Manitoba's labour market. Workers providing services through digital platforms in sectors such as delivery, ride-hailing, home care, and cleaning are frequently classified as independent contractors rather than employees, placing them outside the scope of mandatory WCB coverage. At the time of OHC's 2016 submission, Manitoba covered only approximately 75% of its workers under WCB, the third lowest coverage rate in the country. The 2016 review recommended that coverage be extended, but no new group of workers has been brought under mandatory coverage since 2008.

Emerging employment models, particularly in home care, social enterprise, and platform-based service delivery, present challenges for the workers compensation system. In some cases, workers who meet the legal criteria of employees are classified as independent contractors, resulting in a lack of WCB coverage and reduced access to medical care, wage replacement, and rehabilitation. Misclassification shifts liability away from employers, weakens incentives for maintaining safe working conditions, and undermines system fairness.

OHC's Perspective

OHC's direct clinical experience is primarily with injured workers in traditional employment relationships, not with gig platform workers specifically. However, the coverage gaps created by gig and platform work are closely connected to the newcomer worker issues OHC sees daily. Workers in platform-based home care are disproportionately newcomers, temporary foreign workers, and individuals in precarious employment. They face the same language barriers, limited awareness of rights, and fear of retaliation that OHC documents in other sectors, compounded by the fact that they may have no WCB coverage at all.

OHC also sees the downstream effects of coverage gaps in its clinical practice. Workers injured in uncovered or misclassified employment who cannot access WCB benefits turn to the public health system, social assistance, and community organizations like OHC for support that the compensation system should be providing. The cost of these injuries does not disappear when coverage is absent; it is shifted to the public system and to the workers themselves.

Key Recommendations

- The statutory definition of "worker" should be clarified to explicitly capture employment-like control in platform-based models, ensuring that workers performing work under arrangements that resemble employment have access to workers compensation protection.
- Coverage should be made compulsory for all Manitoba workplaces to ensure the costs of workplace injury are collectively borne by industry, consistent with the Meredith Principles. OHC made this recommendation in 2016; no action has been taken.
- The Act should be amended to require WCB to regularly consult with excluded industries, employers, and workers on whether they should be brought under mandatory coverage.
- Coordination should be strengthened among WCB, Employment Standards, CRA, and Workplace Safety and Health to address misclassification.
- WCB should be provided with clearer authority to proactively audit employer classification practices in high-risk or emerging sectors.
- Proportionate penalties for deliberate misclassification should be introduced alongside incentives supporting voluntary compliance.

3. WCB Healthcare Advisor Guidance

Background

The WCB contracts with physicians and other healthcare providers to act as internal Health Care Advisors. According to WCB policy, their role is to provide advice, opinions, and support to WCB decision-makers and healthcare provider colleagues in the community. In practice, however, the opinions of internal WCB Health Care Advisors frequently become the deciding factor in claims management, including determinations about whether injuries are work-related and decisions about return to work.

OHC's Perspective

OHC raised concerns about the role of WCB health care consultants in its 2016 submission, noting that WCB claims decisions did not consistently reflect the medical opinions of workers' treating providers. The concerns OHC identified then remain relevant. As a member of Manitoba's healthcare system, OHC is part of a larger network of providers, physicians, and facilities that see injured patients daily. The treating health care provider is often in the best position to understand and assess the factors that will complicate recovery and return to work.

WCB Health Care Advisor opinions frequently take precedence over the clinical opinions of treating physicians and specialists who have an ongoing relationship with the worker. This often occurs through paper file reviews, without the advisor examining or even seeing the injured worker. At the early stage of a claim, the medical advisor function is to review diagnosis and authorize coverage of investigations and expedite relevant referrals. At later stages, typically at one year or when recovery is not progressing, the advisor's opinion determines whether continued entitlement is warranted and may result in benefits being discontinued on the basis of pre-existing conditions or contributing factors that are not always clearly specified or directly related to the compensable injury. For treating health care providers, this process can undermine the therapeutic relationship and complicate care planning. Research by the Institute for Work and Health has found that administrative hurdles, disagreements about medical decisions, and lack of role clarity impede the meaningful engagement of health care providers in return to work, resulting in challenges for injured workers and inefficiencies in the system.

Current administrative and reporting processes also create barriers for healthcare providers managing work-related injuries. Physicians and nurse practitioners face unclear expectations and limited communication from WCB, contributing to incomplete forms, claim delays, and provider frustration. Providers have identified a need for greater communication when WCB decisions affect active care plans, and they often lack practical guidance on documenting functional capacity and return-to-work needs.

Key Recommendations

- Where a WCB Health Care Advisor has not examined the worker, the Act or policy should require decision-makers to explain the basis for relying on that opinion over direct clinical evidence from treating providers.
- Policy should clarify that the opinions of treating healthcare providers should generally be given significant weight, particularly where they are well-supported by clinical findings. WCB should not turn to independently contracted health care consultants without the worker's consent and unless attempts to involve the treating provider are unsuccessful or no treating provider is available.
- Health Care Advisors should be required to provide independent medical opinions consistent with professional standards; their role should be to interpret medical evidence rather than advocate for the Board's position.

- Workers and treating providers should receive copies of all Health Care Advisor opinions and should have an opportunity to respond before new medical conclusions affect entitlement or benefits.
- Where conflicting medical opinions exist, decision-makers should provide clear written reasons explaining how the evidence was weighed and why one opinion was preferred.
- Return-to-work plans should be developed jointly by the worker, their employer, and the worker's treating health care provider. Where there is disagreement, there should be a quick and accessible mechanism to engage WCB to intervene and build consensus before a worker resumes activities.
- WCB should establish a clinician-led collaborative framework with healthcare providers, including a joint working group to redesign reporting forms and guidance, improved communication and education for providers involved in WCB cases, case-based learning opportunities, and clear protocols for notifying providers when decisions affect their care plans.
- The Act should be amended to establish a Medical Advisory Committee to review and advise the Board on all medical matters relevant to the administration of the Act, including adoption of guidelines and policies, to ensure they are consistent with current best practice and the generally held opinion of the medical profession. OHC recommended this in 2016.
- The Act should make explicit that an injured worker has the right to choose the health care provider or facility they will attend.

4. WCB Adjudicator Performance and Training

Background

The quality and consistency of adjudicator decision-making is fundamental to the fairness of the workers compensation system. Adjudicators make consequential decisions about workers' access to benefits, recovery, and return to work. The impact of these decisions is amplified for workers with complex claims, including newcomer workers, workers with psychological injuries, and workers with occupational diseases.

OHC's Perspective

OHC continues to hear from injured workers who experience decision-making as inconsistent, difficult to understand, and insufficiently responsive to the realities of complex claims. While the Act gives the Board broad authority to decide compensation matters and to delegate adjudicative functions, it does not prescribe minimum competency standards, specialized training requirements, or public quality-assurance reporting for those performing these functions. As a result, there is limited transparency in how adjudicators are trained, evaluated, or held accountable, and limited assurance that decision-making reflects current medical and occupational health evidence. While some changes in compliance and enforcement have begun to address certain unfair employer practices, the broader culture persists.

OHC sees the impact of these gaps most acutely in newcomer worker claims, where adjudicators handling initial adjudication have little or poor orientation to the circumstances of newcomer workers, and in psychological injury claims, where the complexity of evidence and the evolving nature of the field require specialized knowledge. Intake staff, adjudicators, and case managers are well-positioned to identify potential claim suppression and other barriers, but currently have no formal duty to report suspected issues to the Compliance Unit

Key Recommendations

- Establish minimum statutory competency expectations for claim decision-makers. Amend the Act to require the Board to maintain competency standards for staff or agents exercising delegated adjudicative functions, including training in procedural fairness, evidence assessment, decision writing, effective communication, trauma-informed practice, and cultural competency.
- Require specialized training for complex claim areas. Amend the Act to require enhanced, role-specific training for decision-makers handling complex claims, including psychological injury and occupational disease, reflecting the distinct legal tests, evidentiary challenges, and evolving medical knowledge associated with these claims.
- WCB should be required to report publicly on adjudicator training standards, quality indicators, and outcomes, including measures of decision consistency, timelines, and appeal rates.
- Decision-makers should be required to provide clear, sufficient written reasons, including how relevant evidence was considered and weighed, to ensure transparency and support meaningful reconsideration and appeal. While reasons are provided in practice, the Act does not establish a clear standard for the sufficiency or transparency of those reasons.
- Strengthen internal detection and public accountability for claim suppression. Amend the Act to require the Board to establish a formal, documented process for identifying and referring suspected claim suppression or reprisal arising in claim handling. This should include clear expectations for staff, standardized referral pathways to compliance functions, and training to support early detection. The Act should also require regular, accessible public reporting on enforcement activity under the claim suppression provisions.
- The WCB should be mandated to collect, analyze, and publicly share anonymized claim and outcome data, and to support partnerships with research institutions to advance evidence-based policy development. OHC recommended this in 2016.

5. Psychological Injuries

Background

Manitoba’s workers compensation system recognizes psychological injury within both its legislative and policy framework. The Workers Compensation Act includes provisions addressing post-traumatic stress disorder (PTSD) and acute reactions to traumatic workplace events, and WCB policy has evolved to address a broader range of circumstances in which psychological injury may arise.

However, psychological injury claims present distinct challenges compared with physical injury claims. They often emerge gradually, involve multiple workplace stressors, or develop through complex workplace dynamics such as harassment, excessive workload, or cumulative exposure to stressful conditions. As a result, workers, employers, healthcare providers, and representatives frequently experience uncertainty about when a claim is appropriate, what evidence is required, and how these claims are evaluated in practice.

Across Canada, psychological injury claims account for a relatively small proportion of total accepted claims (approximately 2–5%) but represent a disproportionately higher share of claim duration and cost. This reflects the complexity of recovery, the challenges associated with return to work, and the difficulty of establishing clear causal pathways in many cases.

While Manitoba's policy framework provides some flexibility in recognizing psychological injury beyond acute traumatic events, much of this flexibility is implemented through policy interpretation rather than clearly articulated pathways that are widely understood by system users.

OHC's Perspective

OHC raised concerns regarding psychological injury in its 2016 submission to the WCA review. At that time, the focus was on recognition of psychological injury within the workers compensation system. Since then, Manitoba has taken important steps to formally recognize psychological injury through both legislation and policy. Based on OHC's current clinical and programmatic experience, the central challenge is no longer whether psychological injury is recognized, but how clearly and consistently the system supports its adjudication in practice.

Workers experiencing psychological harm often do not recognize the connection between their condition and workplace factors, particularly where the injury develops gradually or involves multiple contributing conditions. Healthcare providers may also face uncertainty about what types of workplace exposures are relevant and how to document them in a manner that supports a claim. Employers and worker representatives similarly lack clear reference points for understanding when a claim is appropriate. This uncertainty contributes to delayed reporting, incomplete or inconsistent documentation, and avoidable claim denials at early stages of adjudication. In many cases, the difficulty is not the absence of policy, but the limited visibility of how that policy is applied in practice.

Psychological injuries are also less visible than physical injuries and are more sensitive to workplace dynamics such as power relationships, job security, and organizational culture. These factors can influence whether concerns are raised, how they are described, and what information ultimately reaches the adjudication process.

Recovery pathways for psychological injuries typically differ from those associated with physical injuries. Workers often require coordinated mental health assessment, treatment, and gradual reintegration into the workplace. Effective recovery depends on timely access to care, clear communication between parties, and alignment between healthcare providers, employers, and the compensation system.

Manitoba's occupational health and safety system is increasingly recognizing factors such as workload, harassment, and organizational stressors as legitimate workplace hazards. As compensation systems encounter more claims arising from these same conditions, greater clarity is needed on how workplace-level prevention information is considered within adjudication.

Key Recommendations

- The Act should be amended to clarify how psychological injuries arising from substantial or cumulative workplace stressors are recognized and assessed. While Manitoba recognizes psychological injury, statutory language remains oriented toward acute events. Greater clarity—drawing on approaches in jurisdictions such as British Columbia and Ontario—would reduce reliance on policy interpretation and improve adjudicative consistency.
- WCB should strengthen public-facing guidance on psychological injury claims. Guidance should clearly outline when a claim may be appropriate, what workplace exposures are relevant, and what documentation supports a claim, improving submission quality and reducing delays.
- WCB should improve transparency in psychological injury adjudication. This includes clearer decision criteria, illustrative case examples, and publication of aggregate claim data to improve predictability, confidence, and submission quality.
- WCB should strengthen coordination of recovery and return-to-work processes for psychological injury claims. Improved integration across WCB, healthcare providers, employers, and worker representatives would support timely care, reduce fragmentation, and improve recovery outcomes.
- WCB should clarify how workplace prevention information is considered within psychological injury adjudication. As workplaces increasingly assess workload, organizational stressors, and other psychosocial risks, clearer guidance is needed on how this information is contextualized without altering legal tests.

6. Causation and Presumption in Occupational Disease Claims

Background

Manitoba uses the dominant cause standard to adjudicate occupational disease claims. This standard requires that work be the dominant or principal cause of a worker's disease, not just a contributing factor. This is a higher threshold than the balance of probabilities standard applied to all other WCB claims in Manitoba. All other Canadian jurisdictions, with the exception of PEI, have eliminated the use of the dominant cause standard.

Because establishing a causal link between an occupational disease and work can be difficult, particularly for diseases with long latency periods or multiple contributing factors, the Act creates a presumption for certain diseases listed in the Occupational Diseases Regulation. However, this

presumption list remains narrower than those in other provinces and there are currently no parameters to ensure it is regularly updated to reflect emerging medical evidence.

As legal scholar Terence Ison observed in his Meredith Memorial Lecture, where a disability results from the interaction of two or more causative factors and would not have occurred in the absence of one of them, there is no scientific way to classify any single factor as predominant. The classification can only be made by arbitrary choice or political judgment, even if the decision is framed as a medical opinion. British Columbia employs the test of causative significance, meaning that work must be more than a trivial or insignificant aspect of the injury. The combination of the causative significance test, the balance of probabilities standard, and a benefit of the doubt provision favouring the worker represents the best compromise between competing interests and best serves the goals of the workers compensation system.

OHC's Perspective

OHC recommended the elimination of the dominant cause test in its 2016 submission. The recommendation was not adopted.

OHC's clinicians see the consequences of this standard directly. Workers present at OHC with occupational diseases, particularly respiratory conditions and musculoskeletal disorders, that are clearly connected to their work history but involve contributing factors outside the workplace. Under the dominant cause standard, these workers face an evidentiary burden that is functionally impossible to meet: they must demonstrate not just that work contributed to their condition, but that it contributed more than all other factors combined. In practice, this means that workers with decades of occupational exposure are denied compensation because they also have a non-work-related risk factor, even when the disease would not have developed without the workplace exposure.

The impact falls disproportionately on workers in the sectors OHC serves. Newcomer workers in food processing and manufacturing accumulate occupational exposures over years, but the long latency of many diseases means they may not present with symptoms until well after their initial exposure. By the time they do, the dominant cause standard makes it nearly impossible to establish entitlement. These denied claims result in the same downstream consequences OHC sees with other denied newcomer claims: workers falling out of the system and onto public health and social supports.

Key Recommendations

- The Workers Compensation Act should eliminate the dominant cause standard and adopt a causative significance test, consistent with the approach used in British Columbia, where work must be more than a trivial or insignificant contributing factor. OHC made this recommendation in 2016; no action was taken.
- The Act should add a benefit of the doubt provision favouring the worker in the event of evenly balanced probabilities, as exists in other jurisdictions such as British Columbia.

- An expert panel should be established to review the Occupational Disease Schedule at least every two years, and at any time emerging evidence warrants it, with authority to recommend expansions to the WCB.

7. Injury Prevention

Background

Prevention is a core function of the workers compensation system. Despite this mandate, serious challenges persist. Progress on reducing the time-loss injury rate has been limited, with particularly high rates continuing in healthcare and the public sector. Workplace violence is also increasing, with violence-related claims rising sharply in recent years, including a 40% increase from 2022-2024. Injury rates remain disproportionately high among vulnerable workers including newcomers. These are not new issues, yet they continue to go unaddressed at the scale required. The SAFE Work Certified program, one of WCB's key prevention initiatives, provides a structured framework for workplace safety management and financial incentives for employer participation. OHC supports the program's goals. However, the Industry-Based Safety Programs that deliver certification are closely connected to employer and industry structures, which may raise concerns about the perceived independence of the certification process. The current approach to auditor assignment, while governed by training and ethical requirements, is not fully transparent and may contribute to concerns about independence and consistency. In addition, there is limited publicly available information on complaint processes and quality assurance activities. This lack of transparency exists despite section 54.1(2)(g) of the Act, which enables the WCB to publish reports, studies, and recommendations related to workplace safety and health. In five of the past six years, the WCB has refunded to employers a total of over half a billion dollars in premiums from surplus funds, including $122 million in 2025, distributed to all Class E employers regardless of safety record or compliance. The disconnect between surplus distribution and unmet prevention needs undermines the system's commitment to injury prevention.

OHC’s Perspective

Much of OHC's work is prevention-based, including workplace health and safety education and cross-cultural programming that reaches workers in high-risk sectors who are not well served by mainstream prevention channels. Through this work, OHC sees the gap between WCB's stated prevention priorities and what actually reaches vulnerable workers. The WCB's Five-Year Plan identifies newcomer prevention services as a priority, however, community-based delivery approaches that effectively reach these workers may not yet be fully developed. Prevention programming that relies on workers accessing centralized resources or employer-driven safety programs may not fully reach workers who face language barriers, precarious employment, or fear of employer retaliation.

OHC also observes opportunities to strengthen transparency and accountability in prevention activities. For example, while quality assurance activities related to the SAFE Work Certified program may be undertaken, they are not routinely made public and there is no clearly accessible

mechanism for workers or their representatives to raise concerns about audit quality or outcomes. The Prevention Advisory Council, which advises WCB on its prevention activities, does not include explicit representation from injured or ill workers whose experience navigating the system offers a distinct and valuable perspective on where prevention efforts may be falling short.

Key Recommendations

- Strengthen statutory prevention planning and reporting. Amend section 70 to require that the WCB's five-year operating plan and annual report include measurable prevention priorities, specific actions, timelines, performance indicators, and evaluation of effectiveness.
- Require a coordinated approach to workplace violence prevention. Amend the Act to require the WCB, under its section 54.1 prevention mandate, to develop and publicly report on a workplace violence prevention approach informed by workers, unions, employers, and high-risk sectors, with clear goals, accountability measures, and regular reporting on outcomes.
- Require regular independent evaluation of major prevention programs. Amend the Act, or direct the Board under section 69(3), to ensure programs including SAFE Work Certified are periodically subject to independent evaluation addressing effectiveness, governance, auditor independence, complaint processes, and quality assurance, with reports made public.
- Strengthen the independence and accountability of Industry-Based Safety Programs and SAFE Work Certified by ensuring governance structures are independent of direct employer influence, with clear safeguards for auditor independence, transparent quality assurance, accessible complaint mechanisms, and meaningful worker and union involvement in oversight.
- Tie surplus-distribution decisions to prevention and system adequacy. Amend the Funding Policy, and if necessary the Act, to require the Board to consider and publicly explain prevention needs and planned investments, the adequacy of benefits and coverage, and whether exclusions should apply for employers with serious recent non-compliance including claim suppression violations.
- Amend section 54.2(1)(d) so that the Prevention Advisory Council includes representation from workers with lived experience of workplace injury or occupational illness and the claims process.
- Amend section 54.1 to expressly require the WCB to support targeted prevention delivery models that effectively reach workers not well served by employer-driven or centralized approaches, including newcomers and workers in precarious employment, through community-based partnerships, multilingual education, and culturally responsive outreach.

Conclusion

Many of the issues raised in this submission have been part of OHC's engagement with the legislative review process across multiple review cycles. In the years since the last review, newcomer workers have come to represent a larger share of Manitoba's workforce, platform-based employment has grown, psychological injury claims have increased, and workplace violence has escalated. The workers compensation system has not kept pace. Across these seven issues, several themes recur: the system's processes are not well suited to the needs of its most vulnerable users, decision-making would benefit from greater transparency and consistency, prevention activities require stronger accountability, and the data needed to evaluate system performance is not being collected or made available. The legislative framework has not been updated to reflect current evidence on occupational disease, psychological injury, or the changing nature of employment. OHC's recommendations are grounded in the Meredith Principles: that injured workers are entitled to fair and adequate compensation, that the system should operate without fault, and that the costs of workplace injury should be borne collectively by industry. OHC is prepared to provide further information, participate in consultations, or present to the Committee on any of the issues raised in this submission. We thank the Legislative Review Committee for undertaking this important work and for the opportunity to contribute to it.

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