

Optimizing your practice: WorkSafeBC and safety at your workplace

Presenters:

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doctors
of bc

WORK SAFE BC

Links to Attendance and Evaluation Forms

Please complete an attendance form in order to obtain CPD credits:

Link to Attendance Form: <https://forms.office.com/r/S1wCr0ar8C>

And an evaluation form to help us improve this program and develop future CPD:

Link to Evaluation Form: <https://forms.office.com/r/nxU3dPeqfE>



The University of British Columbia Division of Continuing Professional Development (UBC CPD) is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME) to provide study credits for continuing medical education for physicians. This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and has been approved by UBC CPD for up to **1.5 MOC Section 1** Group Learning credits. This program meets the certification criteria of the College of Family Physicians of Canada and has been certified by UBC CPD for up to **1.5 Mainpro+** Group Learning credits. Each physician should claim only those credits accrued through participation in the activity.

Disclosures

Ms. Jacqueline Holmes, Dr. Celina Dunn, Dr. Olivia Sampson

- Employed at WorkSafeBC
- Funding: WorkSafeBC
- Mitigation of perceived/potential bias
 - Partnered Physician education committee with UBC CPD providing input and oversight
 - Role of WorkSafeBC as neutral advisor
 - Evidence informed approach

Holly Pastoral, Program Manager, Physician Business Services, Doctors of BC

- Nothing to disclose

Learning Objectives

1. Recognize how physicians can assure/obtain personal coverage for workplace injury/disease
2. Recognize employer registration requirements that apply to physicians
3. Identify WorkSafeBC Occupational Health and Safety regulatory requirements for your clinic workplace to ensure safety of yourself and your workers
4. Using case studies, review office-based strategies, to keep you, your staff, and patients safe
5. Find resources relevant to WorkSafeBC and other relevant agencies under Provincial Health Services Agency (e.g. BCCDC, PicNet)

Reflections from a colleague

“I wish I had known this”

- Physician-run family practice; safety complaint was made to WorkSafeBC
- WorkSafeBC officer arrived at physician clinic to investigate – during office hours while physicians were seeing patients
 - Officer requested review of policies, procedures that the physicians were unaware they needed to have in place
 - With direction towards WorkSafeBC website and templates, developing the policies, procedures and training were “easy”
 - What was difficult: complainant continued to pursue avenues of complaint that might have resolved quickly and simply had the office been able to show policies, procedures and training existed prior to the complaint being made

Reflections from a colleague

"I wish I had known this"

- "As physicians we trained all our lives, spent time and resources on the clinical side...how we manage patients...that's literally all our focus ... in terms of management, we make sure our staff is paid, beyond that management is not something we have been trained to do or supported in."
- "We found out the hard way...there are things you need to do ... I wish I had known this."

Reflections from a colleague

Resources and support are necessary

- “I wish there had been a package when I registered supporting what I needed to have in place” – safety, HR, etc.”
- This webinar is a first step of a larger program at Doctors of BC “ Business Pathways” to support business operations for community clinics through education, resources, checklists
- For today, we are hoping to show **proactive development of safety protocols is time saving and WorkSafeBC has resources to help physicians do this easily**

Focus of today's presentation

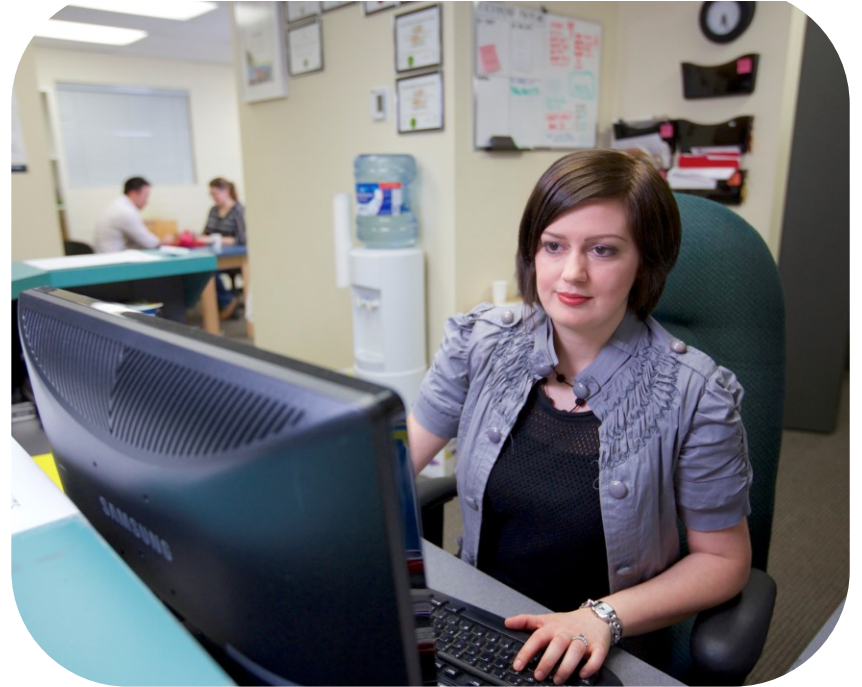
- 1 Overview of WorkSafeBC
- 2 Physician registration and coverage
- 3 Your office/clinic as a workplace: what are my responsibilities?
4 Requirements for small and medium/large employers
- 5 Claims reporting
- 6 Case scenarios
- 7 WorkSafeBC templates and resources
- 8 Doctors of BC Pathways

Overview of WorkSafeBC

Our vision

Safe and healthy workplaces.

Compassionate and responsive service.



3 Lines of Business at WorkSafeBC

Prevention

- Occupational health and safety regulator and inspectorate
- Education and consultation
- 500,000+ workplaces
- ~ 40,000 inspections/yr

Insurance

- Sole insurer of workers' compensation in British Columbia
- Employer funded
- 255,000+ registered employers*
- ~ 2.3 million workers covered*

Claims

- Income replacement benefits
- Clinical, return to work, and emotional support
- Long-term pensions
- Exempt from the *Canada Health Act*

* [WorkSafeBC Statistics: Statistics 2020](#)

**Registration and coverage
for physicians**

Employer - Worker

Employer – must register to cover workers

Employer/Industry (fund the system; protected from lawsuit):

- Under the *Workers Compensation Act* of B.C.
- Physicians may be either required or eligible to **register** with WorkSafeBC (and pay premiums based on payroll)
- Refer to the resources slide for the *Physician Guide to Registration and Insurance Coverage*

Worker – can claim for workplace injury/disease

Worker:

- Under the *Workers Compensation Act* of B.C.
- You are automatically **covered** in the case of work-caused injury or disease
- Wage loss/disability payments, health care costs

How do I know if I am considered a worker?

There are many possibilities

- You are covered and considered a worker for any portion of your **work that is salaried** (i.e., you receive a T4)
 - For this portion of work, you're not allowed to register as an employer
- For **incorporated physicians**, you must register as an employer, and then you are considered a worker of your incorporation and are covered as such
 - Your incorporation is the employer and is required to register
 - Rare exceptions
- For those considered **independent operators**, you are not covered unless you purchase personal option protection (POP)
 - WorkSafeBC will prioritize your application for personal option protection if you are not otherwise covered

To find out how to get coverage as worker

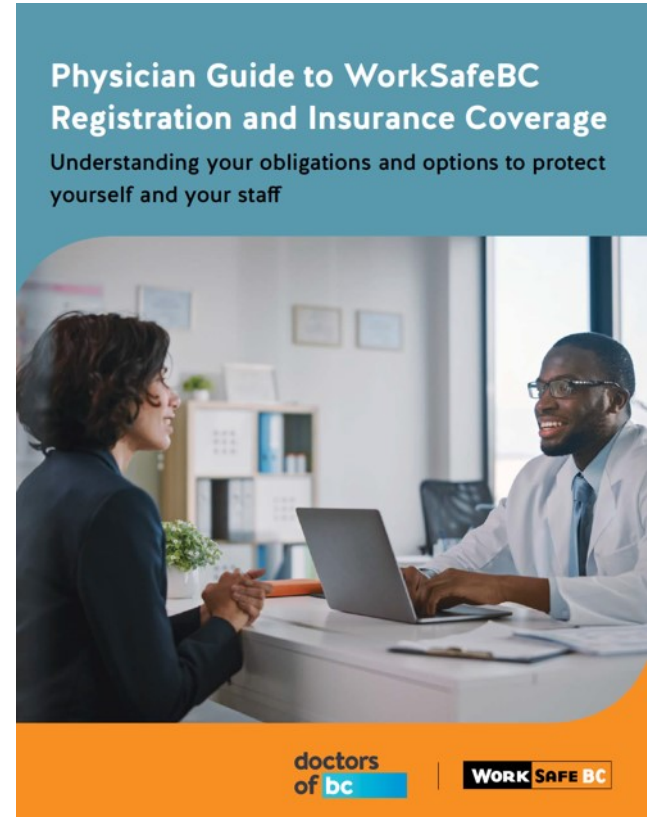
And if you are required to register as an employer

WorkSafeBC's Employer Service Centre can help:

- All physicians should complete a form (www.worksafebc.com/en/insurance/need-coverage/optional-coverage/personal-optional-protection) , or
- Phone 1.888.922.2768

Resource

Physician Guide to WorkSafeBC
Registration and Insurance Coverage



Your office/clinic as a workplace:
what are my responsibilities?

General duties of employers

Section 21 of the *Workers Compensation Act*

(1) Every employer **must**

(a) ensure the health and safety of

(i) all workers working for that employer, and

(ii) any other workers present at a workplace at which that employer's work is being carried out, and

(b) comply with the OHS provisions, the regulations and any applicable orders.

An employer **must** also:

- Provide to the employer's workers the **information, instruction, training and supervision** necessary to ensure the health and safety of those workers in carrying out their work and to ensure the health and safety of other workers at the workplace

General duties of **workers**

Section 22 of the *Workers Compensation Act*

(1) Every worker **must**

- (a) take reasonable care to protect the worker's health and safety and the health and safety of other persons who may be affected by the worker's acts or omissions at work,
- (b) comply with the OHS provisions, the regulations and any applicable orders.

A worker **must** also:

- Carry out the worker's work in accordance with established safe work procedures
- Use or wear protective equipment, devices and clothing as required by the regulations,
- Not engage in horseplay or similar conduct that may endanger the worker or any other person,
- Ensure their ability to work without risk to that worker's health or safety, or to the health or safety of any other person, is not impaired by alcohol, drugs or other causes,
- Report to the supervisor or employer hazards or health and safety contraventions that the worker considers is likely to endanger the worker or any other person
- Cooperate with the joint committee or worker health and safety representative for the workplace

Coordination at multiple-employer workplaces

Section 24 of the *Workers Compensation Act*

- (1) The prime contractor of a multiple-employer workplace must
 - a) ensure that the activities of employers, workers and other persons at the workplace relating to occupational health and safety are coordinated, and
 - b) do everything that is reasonably practicable to establish and maintain a system or process that will ensure compliance with the OHS provisions and the regulations in respect of the workplace.
- (2) Each employer of workers at a multiple-employer workplace must give to the prime contractor the name of the person the employer has designated to supervise the employer's workers at that workplace.

Multi-Employer Workplaces

This may apply to you for the following if you are:

1. In a partnership with other physicians
2. Involved in Primary Care Networks (Health Authorities and physician offices)
3. Hiring a contractor to conduct work (repairs, office work etc.)
4. Responsibilities to others working at your clinic includes locums and residents

Each employer of workers at a multiple-employer workplace must give to the prime contractor the name of the person the employer has designated to supervise the employer's workers at that workplace.

Every employer must ensure the health and safety of all workers working for that employer, and any other workers present at a workplace at which that employer's work is being carried out, and comply with the OHS provisions, the regulations and any applicable orders.

Health and Safety Programs

small, medium, large employers – physician clinics

Health and safety basics

Employers with fewer than 20 workers	Employers with 20 – 50 workers
Informal health and safety program – monthly meeting, worker representative required (see resources)	Formal health and safety program – Joint Health and Safety Committee required (see resources)
New and young worker orientation and training (checklist – see resources)	
Bullying/harassment policy, procedures, training (see resources)	
Discussion of any hazards related to the job and work tasks (site specific to the workplace)	
Maintain record of meetings and matters discussed – when meetings held, who attended, and nature of what was discussed	

Claims

Claims reporting information as an employer

- You may be alerted by your worker or by WorkSafeBC Claims notification (generally a letter)
- Your worker will be required to complete an Application for Compensation and Report of Injury or Occupational Disease (form 6), which can be done through Teleclaim by calling 1.888.967.5377 (1.888.WORKERS)
- You're required to send an **Employer's Report of Injury or Occupational Disease** (form 7) to WorkSafeBC within three days of an injury or illness to one of your workers
- Refer to resource page for links to the Form 7 and "request for review"

Claims: Info for workers and employers

WorkSafeBC supports injured and ill workers and their employers

New claims

- Workers advise their employer, seek first aid/medical attention, and report to WorkSafeBC
- Claims are for injuries/diseases, not exposures without illness
- Reporting by using phone, online, fax, or mail.
- If employers disagree with a decision, they can request a review from the **Review Division**.
- For more info, call the Claims Call Centre at 1.888.967.5377, or use the Email us form on worksafebc.com.

Form 6 — worker

WORK SAFE BC



APPLICATION FOR COMPENSATION AND REPORT OF INJURY OR OCCUPATIONAL DISEASE



RESET

For your convenience, WorkSafeBC offers three options for reporting a work-related injury and filing a claim:

- Call our Teleclaim Centre** – The fastest and easiest way to report an injury and file a **TIME-LOSS CLAIM** is to call us at **1.888.WORKERS** (1.888.967.5377). One of our knowledgeable representatives will take your information over the phone, explain the process, and refer you to services to aid with your recovery and return to work. Teleclaim is available Monday to Friday, from 8 a.m. to 6 p.m.
- Report your injury online** – Go to worksafebc.com and select "Report injury or illness" to input your information. You can submit your report online and, once submitted, you can follow the status of your claim online.
- Submit the paper form** – Clearly **PRINT** your information on the form below, sign it, and submit it by fax or mail.
FAX: 604.233.9777 in Greater Vancouver, or toll-free within BC at **1.888.922.8807**
MAIL: WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1

For assistance, please call:

- Claims Call Centre at 604.231.8888 or toll-free throughout Canada at 1.888.967.5377, Monday-Friday, 8 a.m. to 6 p.m.
- The BC Legislature provides impartial advisers on all workers' compensation matters. The Workers' Advisers Office is independent and separate from WorkSafeBC and provides free advice and assistance to help injured workers with their claims.
 Phone: 604.335.5931
 Toll-free: 1.800.663.4261
 Website: gov.bc.ca/workersadvisers

WorkSafeBC claim number (if known)		Customer care number (if known)	
Worker last name		First name	Middle initial
Preferred first name		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Date of birth (yyyy-mm-dd)	Personal health number (from BC CareCard)	Social insurance number	
Address line 1		Address line 2	
City	Province/state	Country (if not Canada)	Postal code/zip
Home phone number (please include area code)		Business phone number (please include area code)	Business extension
Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred language	What is your dominant hand? Left <input type="checkbox"/> Right <input type="checkbox"/>	Height Weight

Information about your employer

Employer organization name			
Type of business (if known)		Operating location (if known)	
Address line 1		Address line 2	
City	Province/state	Country (if not Canada)	Postal code/zip
Employer contact last name	First name	Employer phone number (please include area code)	Extension

Information about your employment

1. What is your occupation?		2. Have you been employed by this firm for less than 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	3. If yes, start date (yyyy-mm-dd)
4. At the time of injury, were you (please check all that apply):			
Permanent <input type="checkbox"/>	Apprentice <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Casual <input type="checkbox"/>
Temporary <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Principal/partner or relative of employer <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Full time <input type="checkbox"/>	Student <input type="checkbox"/>	Fisher <input type="checkbox"/>	
Part time <input type="checkbox"/>	New entrant to workforce <input type="checkbox"/>	Hired on a contract basis <input type="checkbox"/>	
5. How many employers do you have?			

Form 7 – employer

WORKSAFE BC



Employer's Report of Injury or Occupational Disease



As an employer, the **Workers Compensation Act** requires you to submit this report **within three days** of an injury to one of your workers, even if you disagree with the claim. By submitting your report promptly, you avoid penalties and delays in the adjudication of the claim. Please report using one of the following options:

- Online – The quickest and easiest option:** The online screen application customizes questions to the worker's injury. You can save your report and update it later with new information. Once submitted, you can follow the status of the claim online. Go to worksafebc.com and select "Report injury or illness."
- Fillable PDF form:** Type in your details online, print the form, and submit it by **fax or mail**. Go to worksafebc.com and select "Report injury or illness."
- Paper form:** Clearly print details, sign the form, and submit it by **fax or mail**.

Fax: 604.223.9777 in Greater Vancouver or toll-free within BC at 1.888.922.8807
Mail: WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver BC V6B 1J1

RESET

Employer information				WorkSafeBC claim number (if known)	
Employer's name (as registered with WorkSafeBC)				Type of business	
WorkSafeBC account number		Classification unit number		Operating location number	
Employer address line 1 (street)		Employer contact last name		First name	
Employer address line 2 (street)		Employer contact telephone (and area code)		Extension	Employer contact fax (and area code)
City	Province/state	Employer payroll contact last name		First name	
Country (if not Canada)	Postal code/zip	Employer payroll contact telephone (and area code)		Extension	Employer payroll contact fax (and area code)

Worker information					
Worker last name		First name		Middle initial	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Date of birth (yyyy-mm-dd)		Home phone number (include area code)		Social insurance number	
Address line 1			Address line 2		
City		Province/state	Country (if not Canada)	Postal code/zip	
1. What is the worker's occupation?		2. Has the worker been employed by this firm for/less than 12 months?		3. If yes, start date (yyyy-mm-dd)	
<input type="checkbox"/> Permanent <input type="checkbox"/> Apprentice <input type="checkbox"/> Self-employed <input type="checkbox"/> Temporary <input type="checkbox"/> Volunteer <input type="checkbox"/> Principal/partner or relative of employer <input type="checkbox"/> Casual <input type="checkbox"/> Part time <input type="checkbox"/> New entrant to workforce <input type="checkbox"/> Hired on a contract basis		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Incident information					
5. Date of incident (yyyy-mm-dd)		Time of incident (hh:mm)		6. Period of exposure resulting in occupational disease (yyyy-mm-dd)	
<input type="checkbox"/> am <input type="checkbox"/> pm OR		<input type="checkbox"/> am <input type="checkbox"/> pm		From To	
7. Did worker report injury or exposure to employer?		8. The injury or disease was first reported to employer on (yyyy-mm-dd)		(yyyy-mm-dd)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> First aid <input type="checkbox"/> Supervisor <input type="checkbox"/> Other (specify)	
9. Name of person reported to					
10. Describe how the incident happened			11. Describe the injury in detail (what part of the body was injured)		
			12. Side of body injured		
			<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> Not applicable		
13. Describe the work incident location (address, city, province) and where incident occurred (e.g., shop floor, lunchroom, parking lot)					
14. Did the injury(ies) or exposure result from a specific incident?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Form 8/11 — physician

WORK SAFE BC

(See reverse of form for submission criteria.)



RESET

Physician's Report

SELECT ONE ONLY: **Physician's First Report (F8)** **The worker's condition or treatment has changed (F11)**
(Required if you suspect the worker may be disabled beyond the day of injury or if the claim is for a hernia, back condition, shoulder or knee strain/spain, occupational disease, or mental disorder) (Required if the worker's condition or treatment has changed since last report or if the worker is ready for return to work)

Date of service (yyyy-mm-dd)	Date of birth (yyyy-mm-dd)	WorkSafeBC claim number
Employer's name	Worker's last name	
Employer's telephone number <small>(must include area code)</small>	First name	Middle initial Gender
Operating location address	Mailing address (include postal code)	
Date of injury or when patient was first treated for this condition (yyyy-mm-dd)	Worker's contact telephone number <small>(must include area code)</small>	Worker's personal health number (BC Services Card/CareCard)
Who rendered first treatment?		

Are you the worker's regular practitioner? YES NO

If YES, how long has the worker been your patient? 0-6 months 7-12 months > 1 year

Are there prior or other problems affecting injury, recovery, and disability?

From injury or last report, has the worker been disabled from work? YES NO If YES, as of what date? (yyyy-mm-dd)

Injury codes and descriptions

Diagnosis (text)

CSA BP/AP (code) CSA NOI (code) ICD9 (code)

Clinical information

What happened? Subject to, examination, investigations, treatments/meds, specialists consult?

Return-to-work planning

Is the worker now medically capable of working full duties, full time? YES NO

If NO, what are the current physical and/or psychological restrictions?

Estimated time before the worker will be able to return to the workplace in any capacity
 Currently at work 1-6 days 7-13 days 14-20 days > 20 days

If appropriate, is the worker now ready for a rehabilitation program? YES NO If YES, select WCP or Other

Do you wish to consult with a WorkSafeBC physician or nurse advisor? YES NO

If possible, please estimate date of maximal medical recovery (full recovery or best possible recovery) (yyyy-mm-dd)

Payee number	Practitioner number
Payee name	Practitioner name

8 / 11

Case scenarios

Case 1: Bullying/Harassment (BH) & Prohibitive Action

I'm starting a practice with a colleague and MOAs (or joining one)

What would WorkSafeBC have expected me to have prepared to prevent risk?

- What do I need to do to prepare?
 1. **Review** the [BH Policy P2-21-2](#) and [Prohibited Action](#) legislative requirement for provincially regulated employers
 2. **Document:** You may use the WorkSafeBC fillable templates for [policy](#), [reporting procedures](#), [developing investigation procedures](#), and [sample worker checklist](#)
 3. **Train:** Let your workers know about your workplace BH policy and protocols
- What happens if WorkSafeBC shows up?
 - Provide your workplace policy and procedures documents to the Officer
 - Provide to the Officer information/records of your staff training
 - Answer any questions about any incidents that have been reported to you (this may be the reason the Officer has come to your workplace as follow-up to a reported bullying/harassment complaint against an individual in the workplace)

Bullying and Harassment policies

Introduced November 1, 2013

- An employer has a duty to ensure the health and safety of its workers
- Employers must take all reasonable steps to prevent where possible, or otherwise minimize, workplace Bullying and Harassment
- Policies set out obligations for:
 - Employers
 - Supervisors, and
 - Workers

Definition

Bullying and Harassment

Bullying and harassment **includes:**

any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated.

Bullying and harassment **does not include:**

any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.

Bullying and Harassment enquiries

- From January, 2016 to March 2021 there were over 4,801 specific allegations of workplace Bullying and Harassment
- 2014 to present, there were 7 Prevention Officer inspections at physician clinics related to Bullying and Harassment
- In 2020:
 - 3,510 Bullying and Harassment enquiries were received
 - There were over 1,001 Bullying and Harassment questionnaires
- Canada-wide 2012* survey found 45% of respondents admitted being bullied
 - Only 1 in 3 bullied workers report
 - 1 in 3 develop health problems as a result of bullying
 - 26% of bullied workers left their positions to stop the bullying
 - 40% of Canadian workers experience bullying on a weekly basis

Handy template

Also in resources section

Snip of example you can personalize:

- [Developing a Policy Statement Template: Workplace Bullying and Harassment](#)

<Organization name>
**Workplace bullying and harassment
policy statement**

This is an example of a policy statement. It can be adapted to meet the needs of individual workplaces. Additional resources and an explanation of legal duties can be found at www.worksafefbc.com/bullying/.

1. Workplace conduct
Bullying and harassment is not acceptable or tolerated in this workplace. All workers will be treated in a fair and respectful manner.

<Organization name>
**Workplace bullying and harassment
policy statement**

This is an example of a policy statement. It can be adapted to meet the needs of individual workplaces. Additional resources and an explanation of legal duties can be found at www.worksafefbc.com/bullying/.

1. Workplace conduct
Bullying and harassment is not acceptable or tolerated in this workplace. All workers will be treated in a fair and respectful manner.

2. Bullying and harassment
(a) includes any inappropriate conduct or comment by a person towards a worker that the person knew or reasonably ought to have known would cause that worker to be humiliated or intimidated, but
(b) excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment.
Examples of conduct or comments that might constitute bullying and harassment include verbal aggression or insults, calling someone derogatory names, harmful hazing or initiation practices, vandalizing personal belongings, and spreading malicious rumours.

3. Workers must:

- not engage in the bullying and harassment of other workers
- report if bullying and harassment is observed or experienced
- apply and comply with the employer's policies and procedures on bullying and harassment

4. Application
This policy statement applies to all workers, including permanent, temporary, casual, contract, and student workers. It applies to interpersonal and electronic communications, such as email.

5. Annual review
This policy statement will be reviewed every year. All workers will be provided with a copy.

Date created	Annual review date
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Bullying Harassment Complaint Process

- Worker reports to the employer if experienced or witnessed bully/harassment
- Employer follows their policy and process/procedure to address the complaint
- Employer takes reasonable steps to address the incident that may include:
 - Discussions with the parties separately and/or together
 - Involvement of a third party for mediation purposes
 - Coming to a solution with clear outcomes
- Note: if the worker is hesitant to report to the employer, they may call WorkSafeBC and be referred to resources that includes a bullying/harassment questionnaire for the complaint
- Refer to resource page for links

Prohibitive Action Complaints

Due to performance issues, I was thinking of letting a staff member go; this staff member also recently raised a concern about COVID safety protocols at the clinic

It is illegal for an employer or union to penalize a worker for raising a health or safety issue at work.

Prohibited action takes place when these **three** elements are present:

- A worker notices a health and safety issue at the employer's workplace
- The worker raises the issue with the employer, union, or WorkSafeBC; and
- The employer takes a negative action because of the reported issue

Negative action includes:

Suspension, lay off, elimination of job, demotion, an opportunity for promotion taken away, duties transferred to someone else, sent to another work site, reduced wages, change in working hours, coercion or intimidation, discipline, reprimand or worker penalized in any way.

Case 2: Violent Incident

Staff member threatened on phone / front desk by a patient

- **What would WorkSafeBC have expected me to have prepared to prevent risk?**
 - Review legislative requirements for [Violence in the Workplace](#)
 - Conduct a risk assessment of your workplace taking into account
 - History of violent/aggressive incidents at your workplace
 - Work area layout (barriers, emergency numbers, panic buttons if applicable)
 - Procedures in place to mitigate incidents
 - Complete a violence risk assessment document
 - Train/discuss with your workers what to do in the event of a violent incident
- **What happens if WorkSafeBC shows up?**
 - An Officer may present to your workplace in the event WorkSafeBC was notified of a violent incident
 - Provide any documentation you have for your office about your violence risk assessment/review and discussion with workers (this includes any history you may have had with incidents, your protocols, and incident debriefing with and support for workers)
- [Take Care: How to Develop and Implement a Workplace Violence Prevention Program | WorkSafeBC](#)

Your health is our top priority.
So is the safety of our staff.

**WE ALL
DESERVE
RESPECT.**

If you have respectful feedback or have any concerns that we can help with, let us know.

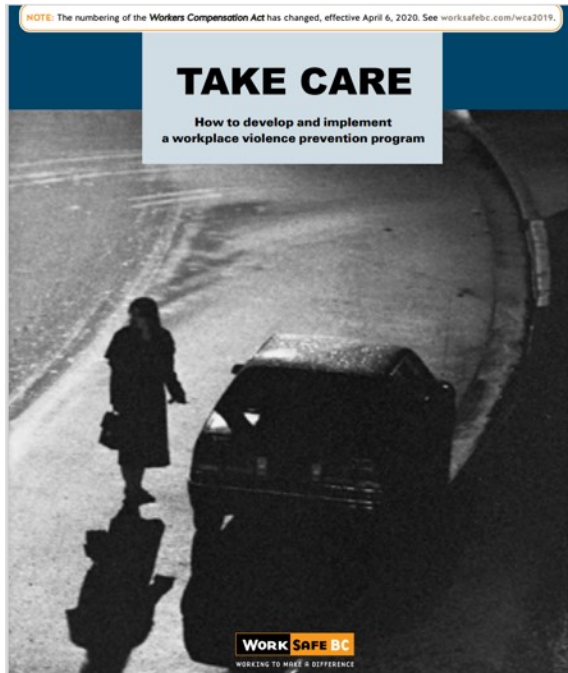
However, if you are treating anyone in an aggressive or verbally abusive manner, you may be asked to leave.



- [violencepreventionguideforcommunityoffices.pdf](#) (doctorsofbc.ca)
- Downloadable sign: [we_all_deserve_respect_poster.pdf](#) (doctorsofbc.ca)

Take Care:

How to develop and implement a workplace violence prevention program



Short method for conducting a risk assessment

Here is a simple and effective way of conducting a risk assessment in organizations of all sizes:

- If your company is small, include all the employees.
- Larger organizations should gather as many employees as possible; ensure that at least one from every site, section, and shift is present. Gather groups by division or job description, or include a representative from each. It is essential to involve the joint health and safety committee.
- Get the group to discuss the following three questions, asking each person to answer in turn:
 1. What violence have you been exposed to on this job?
 2. Do you know of any violence that has happened to others in similar jobs?
 3. What violence-related concerns do you have on this job?
- In a very large organization, you may want to supplement this process by sending all employees a form listing the three questions. The forms can be anonymous, but make sure employees list their job types, shifts, and locations (for example, "file clerk, afternoon shift, Surrey office").
- List the answers on a chalkboard or a large sheet of paper. This should establish a comprehensive summary of the real and perceived risks.
- Many firms find it advantageous to include staff in establishing procedures for eliminating or minimizing risks. In any case, written procedures must be developed for the training of workers.

Case 3: Needlestick Injury/Blood & Body Fluid Exposure

My support staff is assisting me in a mole removal – they recap the needle sustaining a needlestick injury

What would WorkSafeBC have expected me to have prepared to prevent risk?

1. **Review** the legislative Substance Specific Requirements for biological agents
2. **Use IPAC** (Infection Prevention & Control) guidance for your practice (PICNet Provincial Infection Control Network – BC) to create **Exposure Control Plan**
3. **Train staff**
4. **Advise** your workers to report incidents immediately to you to ensure timely follow-up for medical evaluation at your nearest hospital emergency room

What happens if WorkSafeBC shows up?


- A Prevention Officer will generally not present to your office following a blood and body fluid exposure
 - However, you may expect questions should a seroconversion result
 - If a Prevention Officer shows up, you will need to provide your exposure control plan for biological agents

WorkSafeBC – Prevention Communicable Diseases


Controlling Exposure: Protecting Workers from Infectious Disease | WorkSafeBC

Controlling Exposure

Protecting Workers from Infectious Disease



The collage consists of three images: the top left shows a healthcare professional administering a vaccine to a smiling woman's arm; the top right shows a person wearing blue nitrile gloves handling a glass vial; the bottom right shows a pair of hands being washed with white soap foam under a running faucet.



Employer responsibilities

The Act and the Occupational Health and Safety Regulation require employers to do the following:

- Identify biological agents that are, or may be, present in the workplace.
- Implement communicable disease prevention measures
- Develop and implement an exposure control plan when required (see Appendix B).
- Inform workers about how they may be exposed to biological agents in the workplace.
- Educate and train workers on safe work procedures, and supervise them. Safe work procedures include hand hygiene and the proper use of personal protective equipment (PPE).
- Offer vaccinations as specified in the BC Centre for Disease Control's [Communicable Disease Control Manual](#), without cost to workers who are at risk of occupational exposure.
- Purchase safety-engineered medical devices, where appropriate.
- Ensure workers report exposures, including needle-stick injuries.
- Tell workers to seek medical attention, as required.

Needlestick injuries: What if your staff (or patient) gets Blood & Body Fluid Exposure (BBF)

WorkSafeBC Prevention and Claims

Clinical management not WorkSafeBC

WorkSafeBC Prevention Requirement

- Biological agents
- Safety Engineered Medical Devices (SEMDs) - see link above
- Exposure Control Plans – see link above

Initial Clinical Management

- [BCCDC: Communicable Disease Control Blood and Body Fluid Exposure Management April 2021](#). Communicable disease control (bccdc.ca), Complete FORM HLTH 2339, pg7
- PEP for Prevention HIV in BC: [Microsoft Word - GUIDANCE FOR THE USE OF PEP_31March2020.docx \(bccfe.ca\)](#)
- You may see WorkSafeBC on forms for "occupational exposures" where your patient/worker can launch a claim

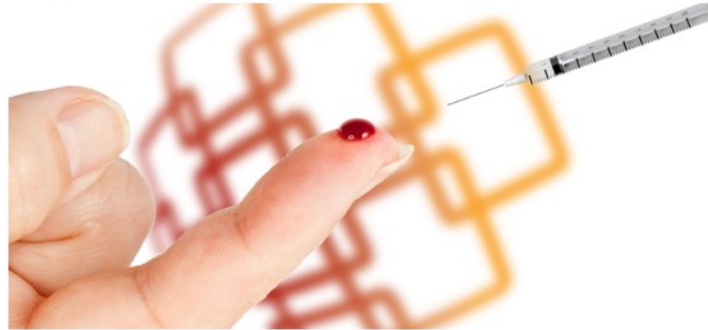
Follow up Clinical Management

- See Letter for clinical management: [Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid Letter for Followup Physician \(gov.bc.ca\)](#)

For expert advice about PEP (related to HIV) contact the St. Paul's Hospital Ambulatory Pharmacy: 1.888.511.6222

For those working for HA

How to Report a Blood and Body Fluid Exposure



I just had an exposure to blood and/or body fluid from a splash or sharps injury... *now what?*

If you scratched or punctured your skin with a used needle or instrument, or have come into contact with blood and/or body fluids to your non-intact skin or mucous membrane, immediately:

1. Wash the area thoroughly with soap and water.
2. Allow the wound to bleed freely. **Do not** force bleeding. **Do not** apply bleach or soak wound in bleach or other disinfectant.
3. Notify your Manager/Supervisor/Person in Charge and refer to your health authority specific policies.
4. Go to the nearest Emergency Department as soon as possible (**within 2 hours**).
5. Call the Provincial Workplace Health Contact Centre at 1-866-922-9464 and select Option 1 to speak to a Communicable Disease Exposure Management Nurse.

Blood & Body Fluid Exposure Management (04/21; BCCDC)

This document focuses on providing guidance for healthcare workers (HCWs) on the assessment of risk and management of persons potentially exposed to hepatitis B virus (HBV), hepatitis C virus (HCV) and Human Immunodeficiency Virus (HIV) transmission, through contact with blood and body fluids (BBF) in a healthcare or community setting



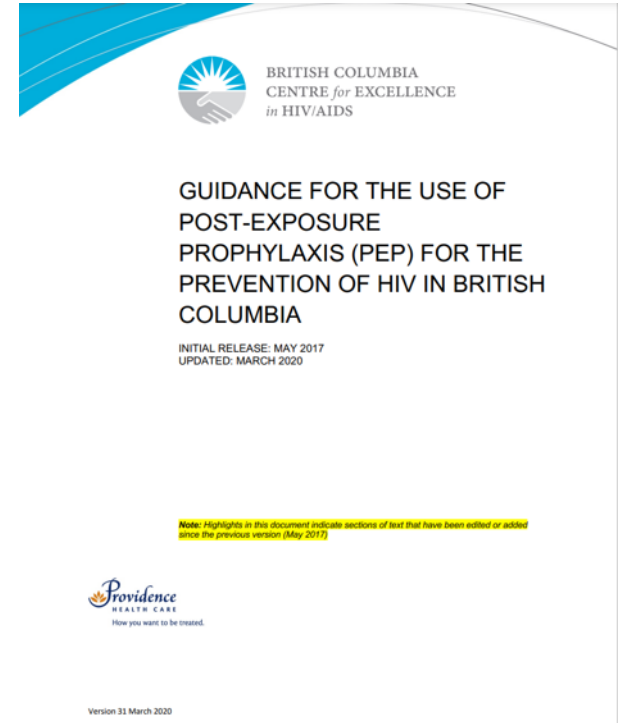
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Question about clinical management

- For expert advice related to PEP for the prevention of HIV, health care providers should contact St. Paul's Hospital Ambulatory Pharmacy: 1-888-511-6222

And BC Centre for Excellence in HIV/AIDS (BC-CfE) [GUIDANCE FOR THE USE OF PEP_31March2020.docx \(bccfe.ca\)](#); GUIDANCE FOR THE USE OF POST-EXPOSURE PROPHYLAXIS (PEP) FOR THE PREVENTION OF HIV IN BRITISH COLUMBIA; This guideline is intended to guide health care providers caring for persons who have experienced significant exposure to blood and/or body fluids in the workplace or community setting. This guideline is designed to deal specifically with exposures to HIV and is not applicable to other exposures such as viral hepatitis.



Ministry of Health FORMS HLTH 2339 and HLTH 2340

BRITISH COLUMBIA | Ministry of Health

Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid/Laboratory Requisition

NOTE: If exposed and/or source person(s) choose non-nominal HIV testing, identify only by initials, sex, and date of birth. Refer to back of form for guidelines for obtaining informed consent.

Exposed Person Information NOMINAL HIV TESTING NON-NOMINAL HIV TESTING

HOSPITAL: _____

SPECIMEN SENT TO BCCDC LABORATORY SERVICES (PHSA) UBC VIROLOGY LABORATORY

SCURNAME: _____ GIVEN NAME: _____ GENDER: M F PHN: _____ DATE OF BIRTH (YYYY / MM / DD): _____

ADDRESS: _____ HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

DATE & TIME OF EXPOSURE (YYYY / MM / DD) _____ HAS THE EXPOSED PERSON PREVIOUSLY RECEIVED HEPATITIS B VACCINE? NO UNKNOWN YES: # OF DOSES: _____ SEROCONVERSION? NO UNKNOWN YES PREGNANT? YES NO

WAS THIS AN OCCUPATIONAL EXPOSURE? YES NO IF YES, SPECIFY OCCUPATION: _____ INDUSTRY: _____ JOB ACTIVITY AT TIME OF ACCIDENT: _____

EMPLOYER'S NAME: _____ EMPLOYER'S PHONE NUMBER: _____ DATE BLOOD COLLECTED (YYYY / MM / DD): _____

Exposure Information

TYPE OF BODY FLUID	PLACE OF EXPOSURE (E.G. BEACH, PARK, HOSPITAL) CITY/TOWN:	TYPE OF EXPOSURE	YES	NO	UNKNOWN
		1. <input type="checkbox"/> PERCUTANEOUS			
		2. <input type="checkbox"/> PERMUCOSAL			
		3. <input type="checkbox"/> SEXUAL			
		4. <input type="checkbox"/> NON-INTACT SKIN			
BODY SITE WHERE EXPOSURE OCCURRED	TYPE OF INSTRUMENT	# PERCUTANEOUS EXPOSURE, WAS BLOOD VISIBLE ON INSTRUMENT?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>			
		INSTRUMENT RECENTLY IN SOURCE'S ARTERY OR VEIN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>			

Source Person (source of blood or body fluid to which the exposed person was exposed) NOMINAL HIV TESTING NON-NOMINAL HIV TESTING

KNOWN? YES NO GENDER: _____ SURNAME: _____ GIVEN NAME: _____ OCCUPATION: _____ DATE OF BIRTH (YYYY / MM / DD): _____ PHN: _____

FORM HLTH 2339, Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid/Laboratory Requisition (typically done in ER)

BRITISH COLUMBIA | Ministry of Health

Management of Percutaneous or Permucosal Exposure to Blood and Body Fluid Letter for Follow-Up Physician

Dear Health Care Provider,

_____ D.O.B. _____ was seen in the
 Last Name First Name Year/Mo./Day

Emergency Department of _____ Hospital on _____ following an exposure
 Year/Mo./Day

to blood or body fluid.

They received the following post-exposure prophylaxis:

FORM HLTH 2340, Management of Percutaneous or Permucosal Exposure to Blood or Body Fluid Letter for Follow-Up Physician Form

Case 4: Musculoskeletal Injury (MSI)

My MOA tripped over a cord in the office, sustaining a knee strain

- **What would WorkSafeBC have expected me to have prepared to prevent risk?**
 - Be aware of the legislative [Ergonomics \(MSI\) Requirements](#) for employers
 - Review your workplace for potential situations where workers could be injured (static postures, lifting, repetitive bending/stooping etc.)
 - Discuss with workers to ensure they recognize early signs and symptoms and report to you to mitigate ongoing issues (workstation review, implement protocols for lifting/carrying etc.)
- **What happens if WorkSafeBC shows up?**
 - A Prevention Officer will generally not present to your office following these types of injuries
 - You are required to submit a Form 7 to Claims in the event a worker is taking time off due to an incident or repetitive strain symptoms
 - If your worker is taking time off due to an MSI, a Form 8 will be required by the attending physician

What does adherence ("compliance") look like?

- Policies and procedure documents
- Records of staff orientation and training
- Safety Meetings:
 - Maintain copies of safety meeting minutes (include topics and attendees)
 - Meetings are typically monthly - keep records of topics and attendance
 - Safety topics relevant to your practise – include in your new staff orientation
- Posters (e.g. respectful workplace, violent prevention)
- What are your new hiring procedures?
- Don't forget about learners (medical students/residents) in your office
- Records can be kept online or hard copy and be readily available

Resources

Accessing WorkSafeBC services

- Check worksafebc.com for regular updates and announcements.
- We provide services for workers and employers around the province, which includes helping employers prevent workplace injury, illness, and disease.
- **Prevention Information Line:**
1.888.621.7233 (1.888.621.SAFE)
- **Claims Call Centre/Teleclaim:**
1.888.967.5377 (1.888.WORKERS)
- **Registration/Insurance Assistance:** 1.888.922.2768

The screenshot shows the WorkSafeBC website homepage. At the top, there is a navigation bar with the WorkSafeBC logo, a search bar, and links for 'Contact Us' and 'Log in / Create an account'. Below the navigation bar is a large hero image of a smiling woman and man in a kitchen setting. A yellow banner across the image reads 'Communicable disease prevention' with a 'Read more' button. To the right of the hero image is a 'Popular links' sidebar with buttons for 'Report a workplace injury', 'View claim information', 'Search the OHS Regulation', 'Report payroll & pay premiums', and 'Get a clearance letter'. Below the hero image is a section titled 'Find information and services by topic' with three columns: 'Health & Safety' (Requirements, hazards, equipment, industries, training and certification, investigations), 'Claims' (Start a claim, claim status, benefits and services, recovery and work resources), and 'Insurance' (Clearance letters, coverage, report payroll and pay premiums, account management). Below this is another section titled 'Find information and services for you' with five columns: 'Workers', 'Employers', 'Health & safety committee members', 'Health care providers', and 'Vocational rehabilitation providers'. Each column has a small image representing the group.

Resources and links - WorkSafeBC

Physician Registration and Coverage

- [Physician Guide to WorkSafeBC Registration and Insurance Coverage](#)

General Duties – legislative requirements

- [General Duties of Employers](#)
- [General Duties of Workers](#)
- [Coordination at Multiple-employer Workplaces](#)

- **Health and Safety Basics: requirements for small and med/large employers**
- [Joint Committees and Worker Representatives](#)
- [Employer Accident Reporting and Investigation](#)
- [Young or New Worker Orientation and Training](#)

Resources and links - WorkSafeBC

Claims Information

- [Form 6](#) [Form 7](#) [Form 8/11](#)
- [Claim Request for Review - Protest](#)

Bullying Harassment

- [Bullying and Harassment Policy](#)
- [Bullying Harassment Resource Page](#) (general information page with templates)
- Templates - [policy](#) , [reporting procedures](#), [sample worker checklist](#)

Prohibited Action

- [Prohibited action complaints - WorkSafeBC](#)

Violence Prevention

- [Violence Prevention Requirements](#)
- [Take Care: How to Develop and Implement a Workplace Violence Prevention Program | WorkSafeBC](#)
- [Domestic Violence Handbook for Employers](#)

Resources and links - WorkSafeBC

Blood and Body Fluid Exposures

- **WorkSafeBC:** [Biological Agents](#)
 - Safety Engineered Medical Devices (SEMDs)
 - Exposure Control Plans
- **WorkSafeBC:** [Controlling Exposure: Protecting Workers from Infectious Disease | WorkSafeBC](#)
- **BCCDC:** [Communicable disease control \(bccdc.ca\)](#)
 - Communicable Disease Control Blood and Body Fluid Exposure Management April 2021
- **PHSA:** PIC Net: [British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf \(picnet.ca\)](#)
- **BC-CfE:** GUIDANCE FOR THE USE OF PEP_31March2020.docx (bccfe.ca)

Musculoskeletal Injuries (sprains, strains)

- **WorkSafeBC:** [Ergonomics \(MSI\) Requirements](#)

[Physician Health & Safety | Doctors of BC](#)

- Violence Prevention Guide for Community Clinics
- Memorandum of Agreement on Physical/Psychological Safety



BUSINESS PATHWAYS – WORKSAFEBC HUMAN RESOURCE TOOLS.

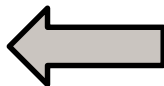
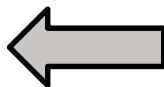
HUMAN RESOURCE TOOLKIT

Hiring Onboarding

Evaluating Performance Developing Skills

Fostering Culture

Ending employment
Coming Summer
2022



+ 1. Providing new employee with documentation.

- 2. Ensuring required policies are in place.

- Bullying and Harassment Policy as required by WorkSafeBC using [this template](#).
- More templates are available from WorkSafeBC on developing a [policy statement](#), [reporting structure](#), and [investigation procedures](#).
- Privacy Policy as required by regulations using [this template](#). See [Doctors of BC's Privacy Toolkit](#) for more information.
- Having other office policies in place can help set clear expectations for employees. Examples of sample office policies can be found [here](#).

+ 3. Training your staff on business processes and systems.

+ 4. Setting up payroll, taxes, and registrations.

- 1. Providing a safe workplace

- [WorkSafeBC](#) requires all employers to ensure a healthy and safe workplace for their employees.
- Reviewing the [Occupational Health and Safety info sheet](#) will help with understanding employer responsibilities.
- The following templates can help you plan for a safe workplace.
 - [First aid record](#)
 - [Hazard report](#)
 - [Workplace incident report](#)
 - [Workplace inspection checklist](#)

+ 2. Fostering a successful workplace culture

+ 3. Managing leaves of absence and leave requests

+ 4. Investing in human capital for retention

+ 5. Planning ahead to keep things running smoothly

QUESTIONS OR COMMENTS?

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Links to Attendance and Evaluation Forms

Please complete an attendance form in order to obtain CPD credits:

Link to Attendance Form: <https://forms.office.com/r/S1wCr0ar8C>

And an evaluation form to help us improve this program and develop future CPD:

Link to Evaluation Form: <https://forms.office.com/r/nxU3dPeqfE>



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