

From Hazards to Help: Practical Steps for Safety Inspections, Emergency Response, and Incident Reporting

## Community Physician Health and Safety (CPHS) Program



Safety, Wellbeing, Innovation, Training & Collaboration in Healthcare

Shannon Kapoor, Dawn Wong, & Brook Haight  
February 10, 2026 via Zoom



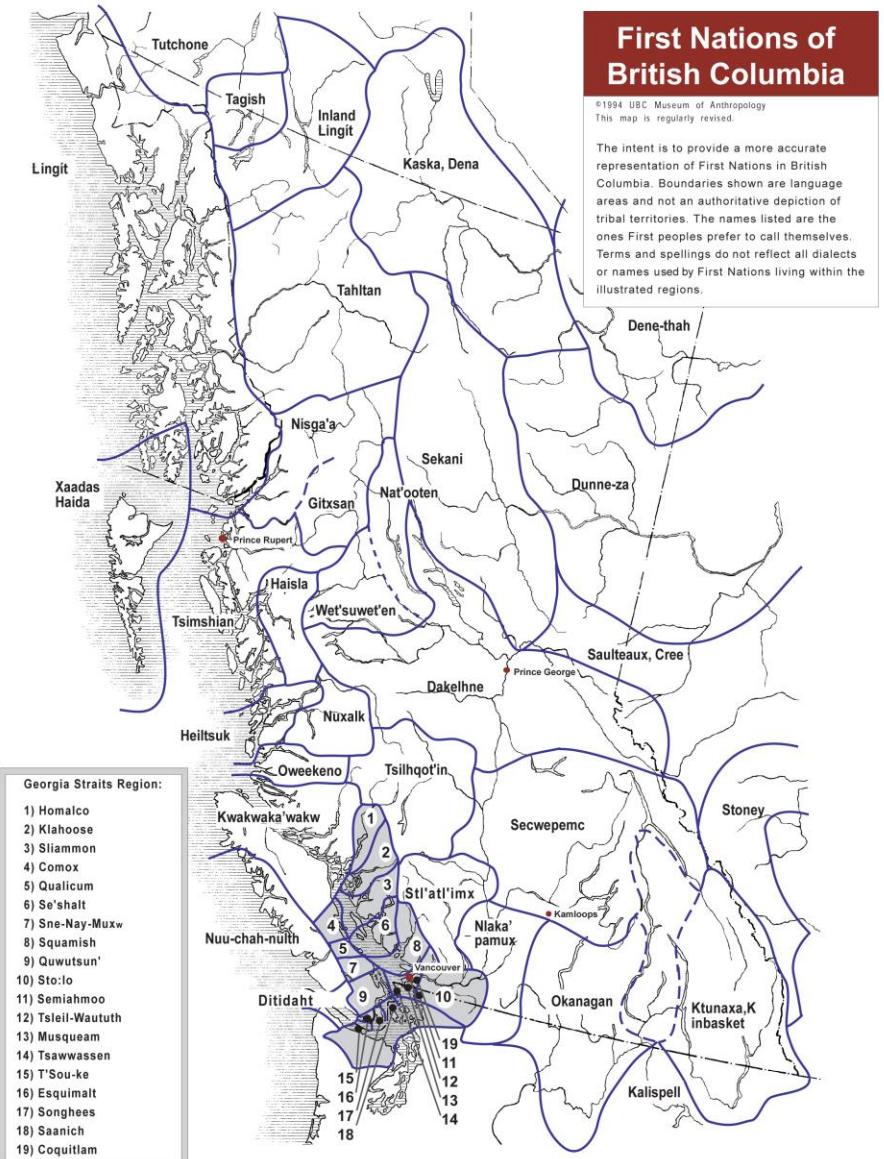
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# Territorial Acknowledgement

SWITCH BC humbly and respectfully acknowledges the unceded lands of approximately 200 distinct First Nations in British Columbia.

We further acknowledge the profound harms of colonization on First Nations, Métis, and Inuit peoples as well as the ongoing, intergenerational trauma people are living with today.

In our work and in our lives, we are committed to listening and learning, to truth and reconciliation, and to finding better ways of being on this land.



# Disclosure and Conflict Management

The Community Physician Health and Safety Program (CPHS) is an initiative funded by Doctors of BC and the Ministry of Health, via the Physician Master Agreement.

The content presented today is aligned with current occupational health and safety regulations in British Columbia and is unbiased.



# Webinar Learning Objectives

**Describe** the core components of a community medical clinic's workplace health and safety program, including legal responsibilities, roles, and regulatory requirements.

**Identify** common community medical clinic workplace hazards and **discuss** appropriate procedures for risk management, emergency response, incident reporting, and first aid.



 **Registration**

-  **Health and Safety Program**
-  **Roles, Rights, and Responsibilities**
-  **Managing Risk**
-  **Health and Safety Meetings**
- Worker Representative / Joint Occupational Health and Safety Committee (JOHSC)**
-  **Young or New Worker Orientation**
-  **Bullying and Harassment**
-  **Violence Prevention**
-  **Chemical, Biological, and Radiation Hazards**

 **Ergonomics**

-  **Working Alone or In Isolation**
-  **Site Conditions, Storage, and Postings**
-  **Workplace Inspections**
-  **Emergency Preparedness and Response**
-  **First Aid**
-  **Incident and Injury Reporting and Investigation**

**RESOURCE LIBRARY**

**DOWNLOADS**

- Community Physicians Health and Safety Guide



**Registration**



**Why Register**



**Registration Requirements**



**Health and Safety Program**



**Program Requirements**



**Program Policy**



**Policy and Procedures Review Frequency**



**Roles, Rights, and Responsibilities**



**Employers**



**Supervisors**



**Workers**



**Multiple-employer clinic**



**Managing Risk**



**Managing Risk Steps**



Workplace Inspections and Site Conditions

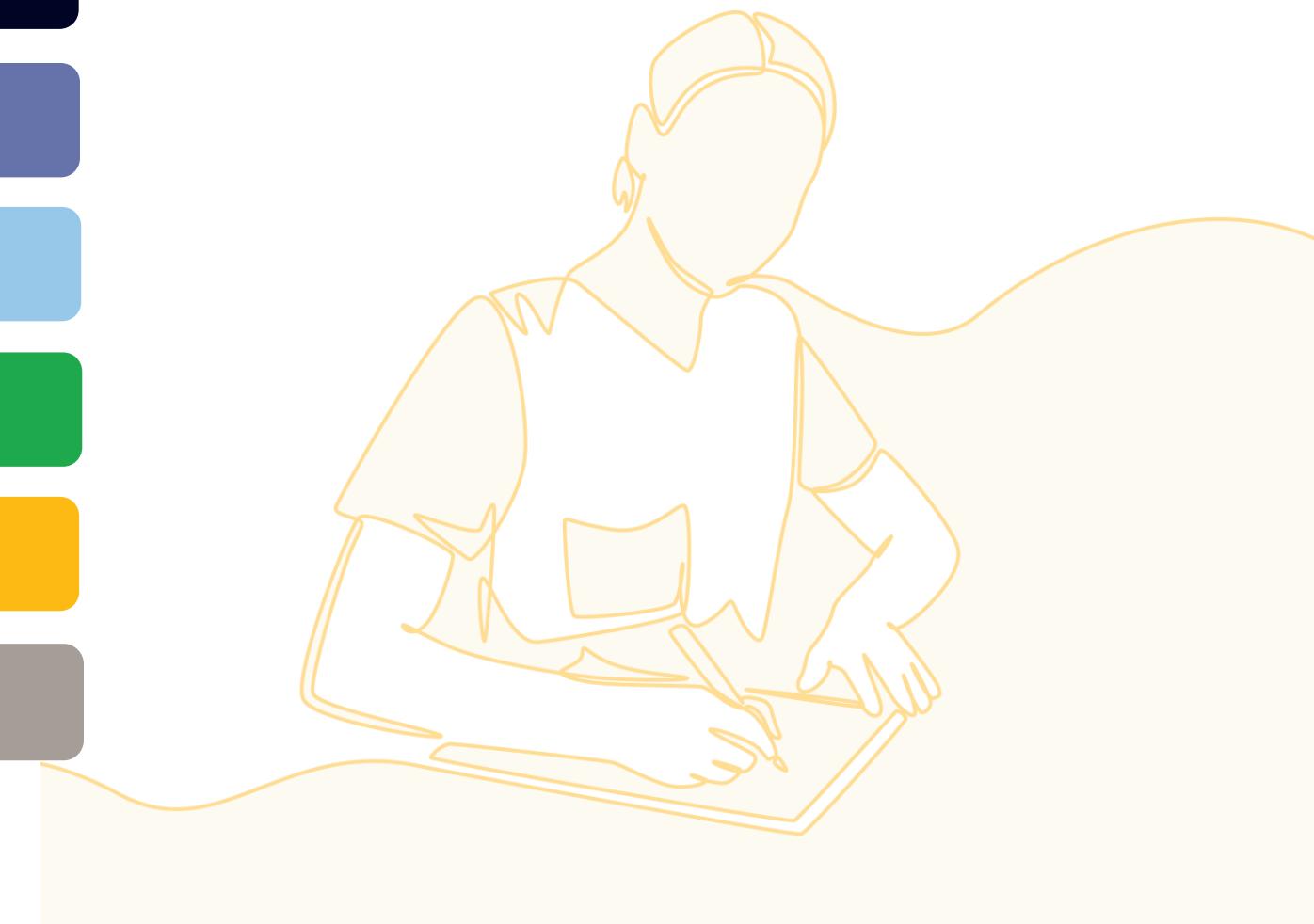
Ergonomics

Working Alone or in Isolation

Emergency Preparedness

First Aid

Incident and Injury Reporting



# Community Physician Health and Safety Program

Helping You Build a Safer Clinic –

*Free, Voluntary, and Confidential*



Safety, Wellbeing, Innovation, Training & Collaboration in Healthcare



# COMMUNITY PHYSICIAN HEALTH AND SAFETY OVERSIGHT GROUP

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*Family Physician*

**Tanya Lorenz**  
*Senior Manager,  
Physician Negotiation  
and Agreements*

**Molly Chan**  
*Program Analyst,  
Primary Care*

## Poll Question 1:

*Have you heard of the Community Physician Health and Safety Program?*

# Community Physician Health and Safety (CPHS) Program

1



## Clinic Assessments

- In-person expert advice from experienced health and safety advisors.
- Actionable recommendations unique to clinic needs.
- Business protection, ensuring compliance with WorkSafeBC regulations.
- Ongoing workplace health and safety support.

3



## De-escalation Tools

- Free printable guides, reference sheets, dos and don'ts posters, a patient code of conduct, and learning resources.
- Designed to help Medical Office Staff in managing challenging encounters while promoting healthier, safer, and more inclusive clinic environments.

2



## Web portal

- Ready-to-use checklists, policies, and procedure templates for all occupational health and safety topics.
- Reduced administrative burdens with easy access to necessary resources in one central location.
- Progress tracking to build a health and safety program that is unique to each clinic.

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## Poll Question 2:

***Which components of a Health and Safety Program would you like more support with?***

# Scope of Clinic Visit



**1-844-743-2747**

If you have questions about the Community Physicians Health and Safety Program, or are experiencing technical issues, connect with our team Monday through Friday 8:30-4:30pm.

SWITCH BC Health and Safety Advisors are available to provide urgent and discreet help to your clinic for any matters related to your clinic's health and safety. Connect with an Advisor by using the form below or create an account to use our streamlined Connect With Us feature.

What is your request related to? \*

Health and safety concern

Name \*

First

Last

Job Title \*

Region \*

Interior

Email \*

Phone Number

(506) 234-5678

Would you like us to follow-up with you? \*

Yes

## Health and Safety Topics

- Registration
- Health and Safety Program
- Roles, Rights, and Responsibilities
- Managing Risk
- Health and Safety Meetings
- Worker Representative / JOHSC
- Young or New Worker Orientation
- Bullying and Harassment
- Violence Prevention
- Chemical, Biological, and Radiation Hazards
- Ergonomics
- Working Alone or in Isolation
- Site Conditions, Storage, and Postings
- Workplace Inspections
- Emergency Preparedness and Response
- First Aid
- Incident and Injury Reporting and Investigation

# Community Physician Health and Safety Program

Community physicians and their support staff must comply with the regulations to prevent work-related injuries and illnesses. This portal provides physician-specific resources and tools to simplify the process of building a tailored health and safety program for your practice, reducing administrative burdens.

[START BUILDING YOUR PROGRAM](#)

# Build Your Program

Search all Topics

- Registration
- Health and Safety Program
- Roles, Rights, and Responsibilities
- Managing Risk
- Health and Safety Meetings
- Worker Representative / Joint Occupational Health and Safety Committee (JOHSC)
- Young and New Workers
- Workplace Inspections
- Chemical, Biological and Radiation Hazards
- First Aid
- Incident and Injury Reporting and Investigation
- Violence Prevention
- Ergonomics
- Bullying and Harassment
- Working Alone or In Isolation
- Emergency Preparedness and Response

**RESOURCE LIBRARY**

**DOWNLOADS**

- Community Physicians Health and Safety Guide
- Web Portal Instruction Manual
- Web Portal Demonstration Videos



### Registration

Progress 0/2

- Why Register →
- Registration Requirements →



### Health and Safety Program

Progress 0/2

- Program Requirements →
- Program Policy →



### Roles, Rights, and Responsibilities

Progress 0/3

- Community Physicians →
- Supervisors →
- Workers →



### Managing Risk

Progress 0/4

- Managing Risk Steps →

# Workplace Inspections and Site Conditions

# Learning Objectives

1. *Define the purpose of workplace inspections in maintaining a safe work environment.*
2. *Describe how inspection findings are documented and used to prevent incidents.*

# Clinic Safety Inspection Checklist

Workplace inspections must be completed at regular intervals to prevent the development of unsafe conditions.

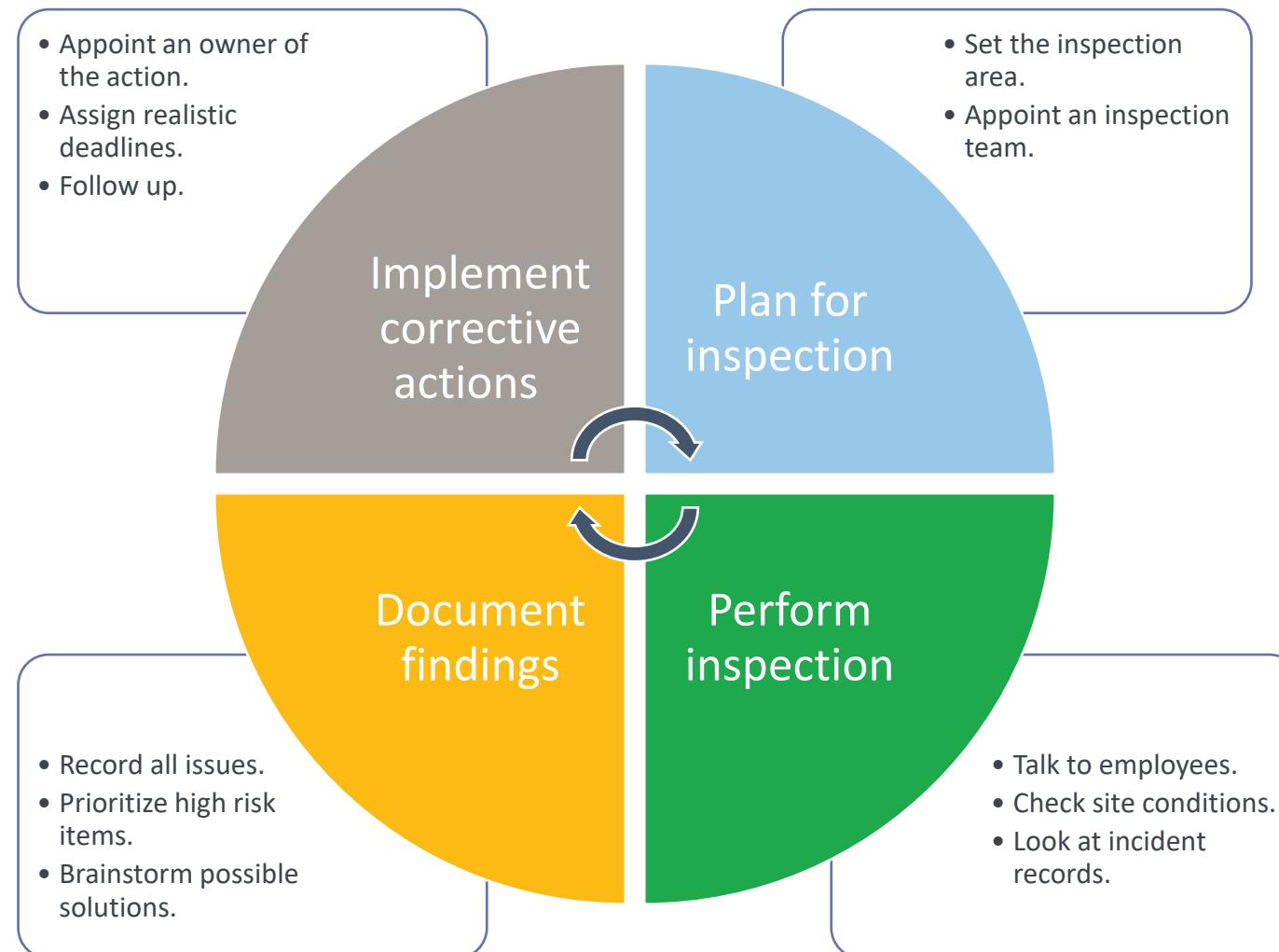
General Information				
Clinic name:				
Clinic address:				
Inspection date:				
Clinic locations inspected:	<input type="checkbox"/> Reception and waiting areas	<input type="checkbox"/> Offices and admin areas	<input type="checkbox"/> Exam and treatment rooms	<input type="checkbox"/> Washrooms and staff areas
	<input type="checkbox"/> Lab or nurse station	<input type="checkbox"/> Storage areas (medical/general)	<input type="checkbox"/> IT, mechanical, or utility room	<input type="checkbox"/> Parking and entry areas

## PART A – WORKPLACE INSPECTION

Items marked \* are mandatory as per the British Columbia Occupational Health and Safety Regulation.

General Clinic Setting	Yes	No	N/A
* Floors and walkways are free of slips and trip hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring is in good condition (e.g., carpets flat, floors clean, and not slippery).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tripping hazards that cannot be eliminated are clearly marked (e.g., changes in floor height, cords secured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Stairs with more than 4 steps have a handrail on one side (on both sides if wider than 112 cm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*The clinic ventilation system is regularly inspected and maintained (building owner's responsibility).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Temperature control is in place to maintain a comfortable indoor work environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Sufficient washrooms are available for staff use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Staff washrooms are clean, functional, and stocked with necessary supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*A designated area, free from workplace contaminants, is available for staff to store and eat food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*All clinic equipment (e.g., autoclave) is regularly inspected and properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walkways are clear of materials or equipment and at least 1 metre (3 ft.) wide.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Smoking or vaping (including lit or activated products) is prohibited inside the clinic and within 6 metres (8 ft.) of doors, windows, and air intakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No signs of water damage or leaks are apparent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Inspection Process



# Ergonomics

# Learning Objectives

1. *Identify common ergonomic risks in clinical and administrative tasks.*
2. *Demonstrate how to implement proper workstation setup and use of body mechanics (posture and positioning) to reduce the risk of musculoskeletal injuries.*

# Musculoskeletal Injury (MSI) Risk Assessment Worksheet

## Instructions

1. Review the [Guide to Musculoskeletal Injury \(MSI\) Risk Assessment](#) for information on how to conduct an MSI risk assessment. The guide also describes the physical demands risk factors and contributing risk factors that you need to consider as part of a risk assessment.
2. In the “Description” section of this worksheet:
  - Note the date of the assessment and who is conducting the assessment.
  - Name and describe the job or task being assessed.
  - Note which worker representatives are participating.
3. This worksheet has five sections that address different risk factors. The first part of each section covers physical demands risk factors. The second part of each section covers contributing risk factors.
4. For the physical demands risk factors component of each section, consider the low-, moderate-, and high-risk criteria for each risk factor. Check the boxes for the **highest level of risk** that is present.
5. For the contributing risk factors component of each section, determine if any contributing risk factors are present. The presence of one or more contributing risk factors may increase the overall risk of injury.
6. For each of the five sections, write notes to describe any specific observations you may have.
7. On the last page, record the results on the “Summary of risk” table. The results will help you decide which risk factors pose a greater risk to workers so you can focus on controlling those risk factors first.

## Description

Date:

Completed by:

Job or task being assessed:

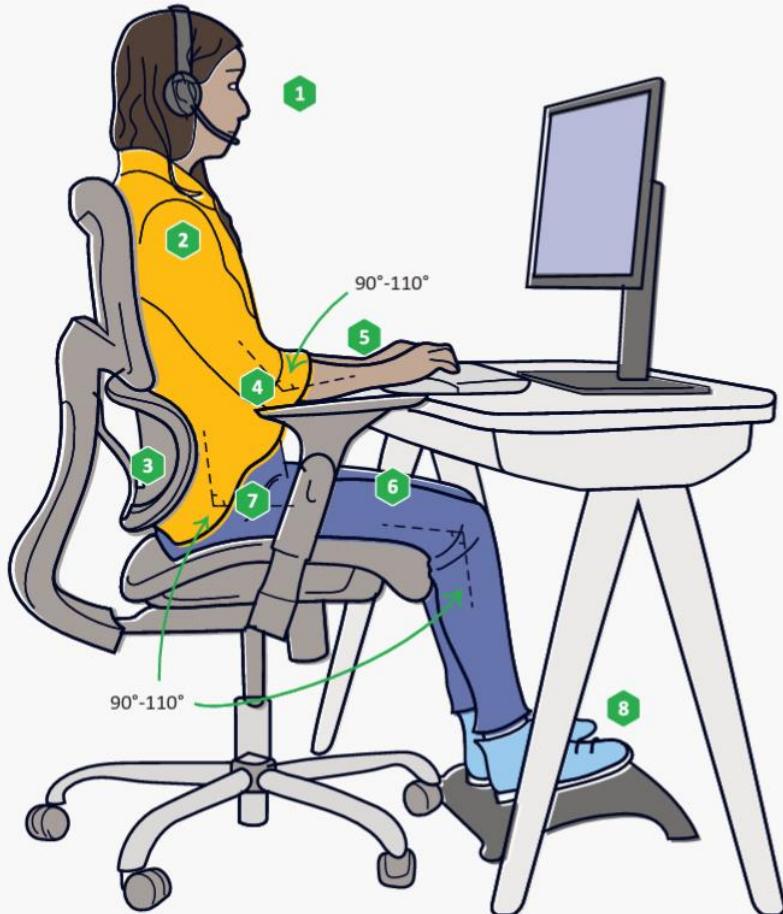
Representative sample of workers, including workers with MSI signs and symptoms:

Joint health and safety committee (or worker health and safety representative) reviewed?

Yes       No

# Assessing the Risk of Musculoskeletal Injury

# Computer Workstation Ergonomics



## When using your computer, follow these guidelines for sitting:

- 1 Eyes should level with the top of the screen, raise or lower your chair and monitor to allow this. The main screen should be directly in front of you and about a straight arm's length away.
- 2 Shoulders should be relaxed. Use armrests to reduce stress on the shoulders and back but remove them if they interfere with typing or mouse use. Keep your phone nearby to minimize reaching and use a headset instead of cradling your phone between your ear and shoulder.
- 3 Lower back should be supported by the backrest. If needed, use a rolled-up towel or small foam pillow for extra support.
- 4 Forearms should be parallel to the floor. Elbows bent about 90 degrees or slightly more.
- 5 Wrists should remain straight at all the times, including when using the keyboard or mouse. Keyboard should be flat, so you do not bend your wrists.
- 6 Thighs should be parallel to the floor with knees at 90 degrees or slightly more.
- 7 Hips should be at knee level, or slightly above, with a back angle of 90 degrees or slightly more.
- 8 Feet should be fully supported. If they don't reach the ground after adjusting your chair and table, use a slightly sloped footrest.

Take regular breaks of 20 seconds to two minutes to stand up, walk around, or stretch.

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## Poll Question 3:

***How confident are you in adjusting your workstation or posture to reduce injury risk?***

## Poll Question 4:

*Would you and/or your team  
participate in a brief ergonomics  
assessment and coaching if available?*

# Protect Your Body

*Let's prevent MSI at work!*

Musculoskeletal Injury (MSI) is an injury to muscles, joints, or soft tissues  
— such as sprains and strains — caused or worsened by work tasks  
like repetitive motion, awkward posture, or heavy lifting.

**Stay aware, know the risks, and keep healthy.**

#### Spot the risks in your clinic

- Sitting or standing without movement for long hours.
- Awkward posture (slouching, leaning, twisting, holding the phone between ear and shoulder).
- Repetitive motions (typing, clicking, charting).
- Contact stress (wrists on hard desk edges).
- Heavy lifting (boxes or supplies).

#### Watch for signs and symptoms

- Stiffness or pain in neck, shoulders, or back.
- Tingling or numbness in hands or wrists.
- Swelling, weakness, or reduced mobility in affected areas.

#### Take action

- **Adjust** your chair, desk, and monitor to fit you.
- **Stretch** frequently.
- **Move** around for a few minutes every hour of sitting.
- **Report** workspace ergonomic issues to your supervisor.
- **Use** risk controls such as headphones (avoid phone cradling), footrests (adjust chair height), a step stool/ladder (avoid overhead reaching), or a dolly (move heavy loads).



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This poster is part of the Community Physician Health and Safety Program from SWITCH BC. Funding for this initiative is provided by the Physician Master Agreement (2022) negotiated by Doctors of BC and the Ministry of Health.

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# Working Alone or in Isolation

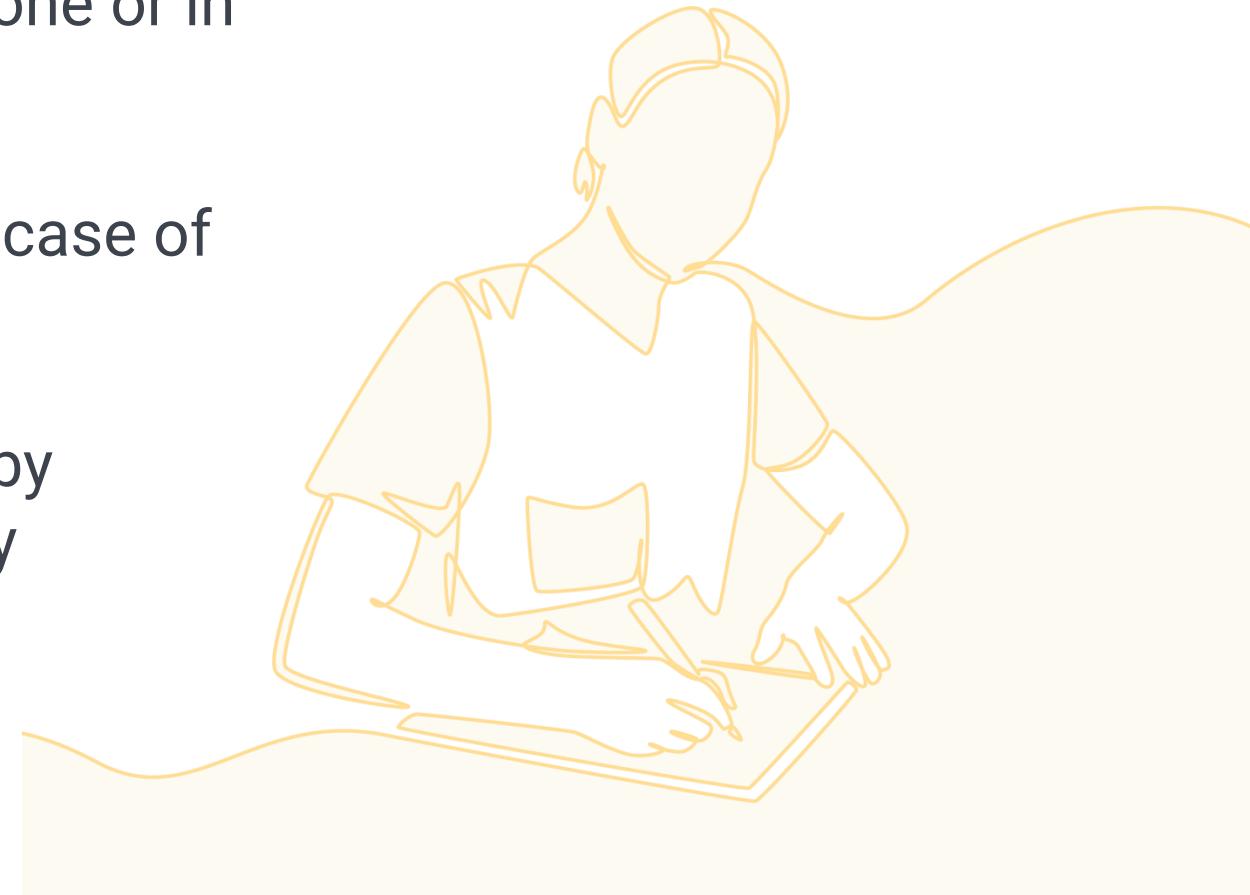
# Learning Objectives

- 1. Summarize the legal and organizational requirements for working alone or in isolation.*
- 2. List and describe procedures and controls designed to reduce related risks.*

# What is “Working Alone”?

A worker is considered to be working alone or in isolation when:

- ✓ No one is readily available to help in case of an emergency, injury, or illness.
- ✓ If a worker cannot be seen or heard by someone capable of providing timely assistance.



# Employer Responsibilities



- 1) Identify hazards and assess risks.
- 2) Eliminate or minimize the assessed risks.
- 3) Develop and implement a written procedure for checking on the well-being.
- 4) Provide staff training.

## Working Alone or in Isolation Risk Assessment

Before assigning a worker to work alone, the employer must complete a risk assessment and eliminate or minimize any risks associated with working in isolation.

Clinic name:

Assessment date:

Working alone risk is determined by the following equation:

**Possibility of injury x Frequency of exposure x Access to help = Actual risk**

For example

Possibility of disabling injury = 2 Frequency of exposure = 2 Access to help = 1

$2 \times 2 \times 1 = 4$  is Moderate risk

### Working alone risk assessment – explanation of numerical codes

Severity of injury	Frequency of exposure to risk (e.g., workplace violence)		Access to help
No reasonable possibility of injury.	0	No foreseeable exposure.	0 Always have a reliable way to request assistance (e.g., panic button, clinic phone).
Minor injury not requiring medical care.	1	Once every several years.	1 Unreliable means of communication to request assistance (e.g., bad cell reception, out of clinic work).
Injury requiring delayed medical care.	2	Frequent exposure to risk (e.g., monthly).	2
Injury requiring immediate medical care (i.e., life threatening or disabling injury).	3		

### Working Along Risk Rating Matrix

Severity of injury	Frequency of exposure x access to help			
	4	2	1	0
3	12	6	3	0
2	8	4	2	0
1	4	2	1	0
0	0	0	0	0



## Working Alone or in Isolation Risk Assessment

2

After calculating the risk level, use the following table to determine how frequently the worker should check in while working alone. **Specific time intervals must be established in consultation with the worker.**

Risk levels of working alone	Suggested time interval	Leeway
6 to 8 high risk	1-2 hours	20 min
3 or 4 moderate risk	4-6 hours	40 min
1 or 2 low risk	shift start and end	60 min
0 negligible risk	policy does not apply	–

### Working Alone Risk Assessment

While working alone or in isolation isn't always hazardous, it can become risky under certain conditions. The level of risk depends on factors such as location, type of work, and interactions with patients. Given the range of possible circumstances, it's essential to assess each situation individually.

Type of hazard	Severity of injury (0 to 3)	Frequency of exposure (0 to 2)	Access to help (1 to 2)	Risk level	Time level for check-in	Control measures to minimize risk
<b>Activity</b>						
Working with patients with the potential for violence						
After hours emergency call-out						
Working isolated from other workers						
<b>Environment</b>						
Extreme weather conditions						
Other:						
<b>Substance</b>						
Toxic chemical						
Infectious agents or pathogens						
Other:						

Completed by:

Employer review:

SAVE/ PRINT

Conduct a Risk Assessment: Available Template

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Insert Clinic Name

Insert Month, Year

## Working Alone and in Isolation Policy and Procedure



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### Contents

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Training .....	4
Annual Review .....	4
Reference .....	4
Approval .....	4

V2.0

Working Alone and in Isolation Policy and Procedure | 1

# Working Alone Policy and Procedures

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# Emergency Preparedness

# Learning Objectives

1. *Describe key components of an effective emergency preparedness plan.*
2. *Summarize evacuation procedures and the importance of drills.*

## Poll Question 5:

*Do you have an emergency preparedness plan for your clinic?*

Insert Clinic Name

Insert Month, Year

## Emergency Preparedness Plan and Response Procedures



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### Emergency Plan

Our clinic is committed to protecting the health and safety of all staff, patients, and visitors in the event of an emergency. Our emergency preparedness plan is based on timely response, clear communication, and coordinated action to minimize harm and maintain continuity of care. All staff are expected to understand and carry out their responsibilities as outlined in the emergency plan, including participation in required training and drills.

### The Workplace

Clinic Name	
Clinic Address	
Phone	

### Emergency Risks

The following natural and man-made disasters could impact our clinic (check all that apply):

<input type="checkbox"/> Fire	<input type="checkbox"/> Severe Weather	<input type="checkbox"/> Wildfire
<input type="checkbox"/> Hazardous Material Spill	<input type="checkbox"/> Flooding	<input type="checkbox"/> Disease Outbreak
<input type="checkbox"/> Power Outages	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

### Communication Plan

- The emergency plans will be communicated to staff through regular drills, posted notices in common areas, and briefings during orientation and periodic safety meetings.
- In the event of a disaster, staff will be contacted by the emergency warden through phone calls, text messages, or group messaging apps, depending on the situation and available communication channels.

V2.0

Emergency Preparedness Plan and Response Procedures | 2

# Creating an Emergency Preparedness Plan

1. Consider the types of emergencies the clinic is likely to face.
2. How would the clinic's business activities affect these emergencies?
3. How would the clinic's business activities affect others in an emergency?
4. How might the activities of nearby businesses or infrastructure affect the clinic in an emergency?



# Communicating the Plan

## Emergency response drills:

- Build muscle memory.
- Increase staff confidence and understanding of the plan.
- Help spot gaps in the plan.

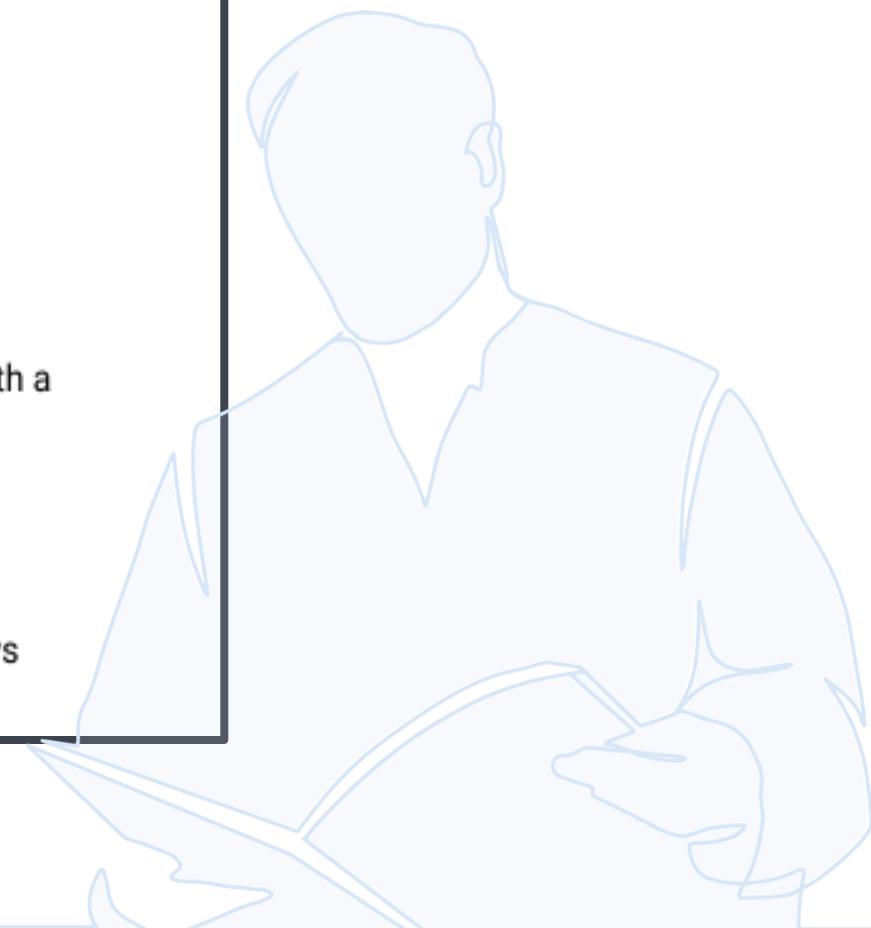
Emergency Drill Evaluation			
Conduct at least once a year to ensure staff are familiar with emergency procedures and evacuation routes.			
General Information			
Clinic name:			
Clinic address:			
Drill date:			
Type of drill: (e.g., fire, earthquake, lockdown, other)			
Emergency warden: (name, position)			
Drill participants: (full name)			
FOR ALL DRILL TYPES			
Communication and Response	Yes	No	N/A
Communication was effective between staff and the emergency warden (response procedures).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All staff members stopped work immediately when alerted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The emergency warden effectively guided staff and patients during the drill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All staff members followed emergency procedures correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assigned roles were effectively followed by staff (e.g., first aid, call 911).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR DRILLS WITH EVACUATION			
Evacuation Observations	Yes	No	N/A
The emergency alarm/evacuation alert was clearly heard throughout the clinic (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The emergency warden effectively guided staff and patients during the evacuation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All evacuation routes were clear and unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All occupants were evacuated safely and went to the designated muster point.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All occupants were accounted for at the muster point by the emergency warden.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation time (HH:MM):			



## Fire

1. Leave the area immediately and alert others of the danger.
2. Activate the nearest fire alarm pull station.
3. Assist anyone in immediate danger only if it is safe to do so.
4. Shut down equipment or processes as pre-planned, if applicable.
5. Close all doors behind you to help contain the fire.
6. Exit the building using the nearest stairwell—do not use elevators.
7. If the space is filled with smoke, stay low, as smoke rises, and cover your face with a shirt or towel, preferably damp.
8. Follow designated evacuation routes and avoid cutting through hazardous areas.
9. Call 9-1-1 immediately to report the fire and request fire department assistance.
10. Do not re-enter the building until authorities confirm it is safe.

If it is safe to do so, you may fight a small, contained fire with a fire extinguisher. Always keep a clear exit behind you and never turn your back on the fire.



## When to Call 9-1-1

Call 911 immediately if you witness or experience any situation that requires urgent fire, medical, or police assistance.



### Emergency fire response examples include:

- Any fire, smoke, or burning smell
- Suspected gas leak



### Emergency medical care examples include:

• Major bleeding	• Severe burns
• Chest pain or tightness	• Convulsions that are not stopping
• Choking or breathing difficulties	• Severe allergic reaction
• Loss of consciousness	• Serious head injury
• Signs of a stroke	• Major bleeding



### Emergency police response examples include:

• Immediate threat to someone's safety or life, such as screams, attacks, gunshots, or car accidents with injuries.	• A serious crime just happened, like a sexual assault or a robbery.
• In-progress crime, like a fight, a break-in, or a report of an impaired driver.	• Suspicious circumstances or people that could indicate a crime is about to happen, such as a prowler.



### Tell the emergency operator the following:

The nature of the emergency.

The location with wayfinding details.

Your name and call back number.

Follow the emergency operator's instructions.

You may need to stay on the phone until emergency personnel arrive.



## Emergency Warden Duties

Emergency wardens help guide evacuations and ensure everyone is accounted for.

### General information

Clinic name:	
Emergency warden: (name, position)	
Start date:	

**The appointed Emergency Warden is responsible for assisting staff and other clinic occupants during emergency evacuations.**

Duties include calling emergency services, safely guiding people towards the muster point, and accounting for all staff and patients who were inside the clinic.

Clinic staff should familiarize themselves with the evacuation procedures to assist the Emergency Warden in promptly and efficiently directing evacuees to the designated muster point.

### If the fire alarm sounds:

1. Ensure your own safety first. If the fire puts you at risk, evacuate immediately and notify emergency personnel if you are unable to assist others.
2. Instruct everyone in the clinic to evacuate and proceed to the designated muster point.
3. If safe, assist disabled or mobility-impaired persons to evacuate.
4. Check rooms and work areas quickly to ensure no one is left behind, and close doors to help contain the fire.
5. Once evacuation is complete, report to emergency services if anyone remains in the building or in an area of refuge.
6. Remain at the muster point and ensure no one re-enters until the fire department or emergency services give the "all-clear."

### Disability Assistance: Visually Impaired Persons

1. Inform the person of the nature of the emergency and offer to guide them.
2. As you walk, describe your location and any obstacles in the path.
3. Once you reach safety, orient the person to their surroundings.
4. Ask if further assistance is needed, and do not leave them alone until backup arrives.

### Disability Assistance: Mobility-impaired Persons (in buildings with stairs)

1. Have wheelchair users or anyone unable to use stairs unassisted remain in the Area of Refuge\* or stairwell until they are assisted by fire personnel.
2. Designate a staff member to notify fire personnel of anyone in the area of refuge.
3. Ask another staff member to stay with the person in the area of refuge (if safe to do so) until fire personnel arrive.



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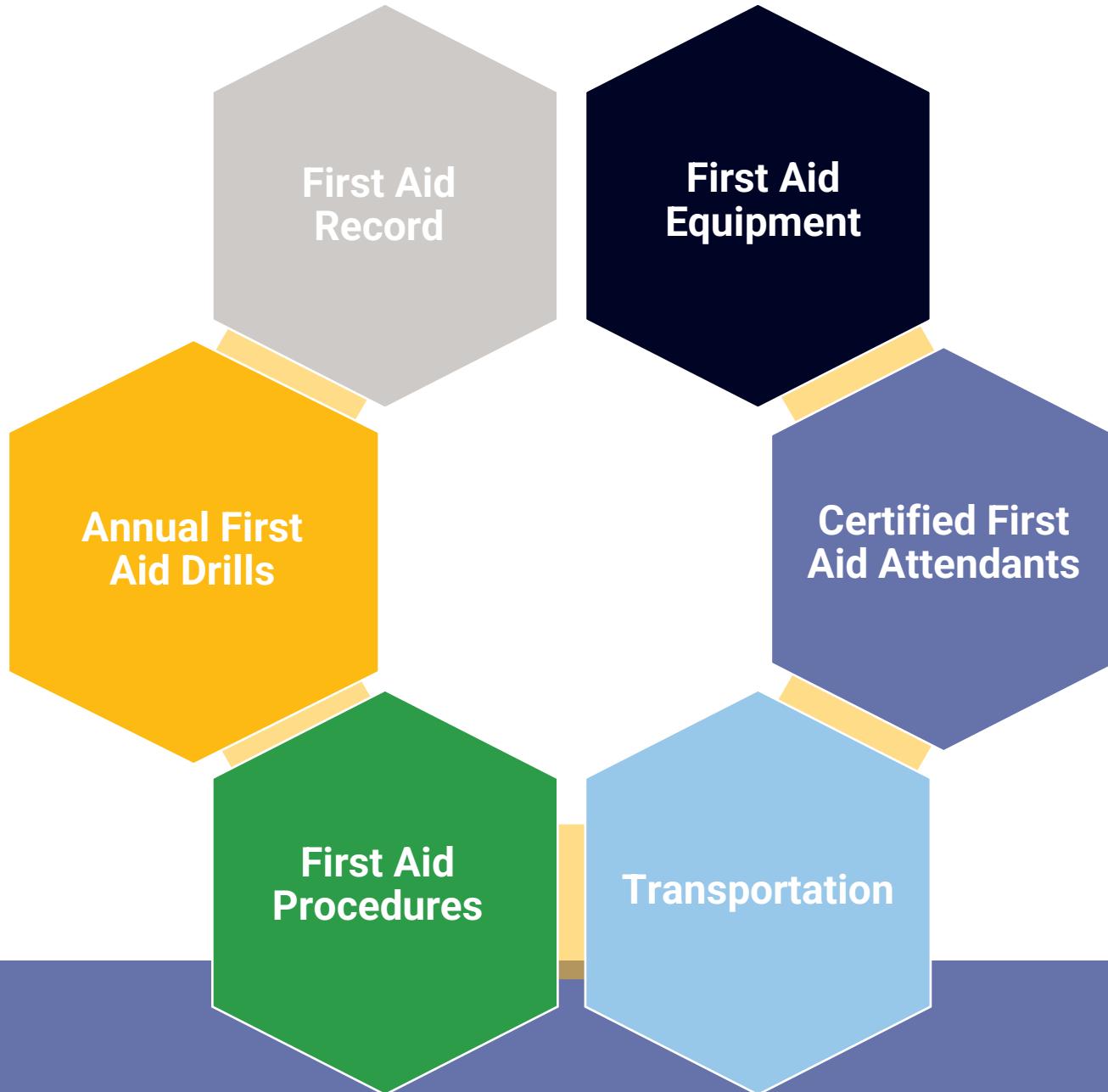
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# First Aid

# Learning Objectives

1. *Identify the location and components of first aid kits, equipment, and attendants in the workplace.*
2. *Explain the importance of prompt and proper first aid treatment.*

# Employer Responsibilities



# First Aid Checklist

First Aid Checklist	
All listed items are required for establishing a first aid program. Use this checklist to confirm the clinic's compliance.	
<b>Workplace information</b>	
Clinic name:	<input type="text"/>
Clinic address:	<input type="text"/>
<b>First aid assessment</b>	
A written first aid risk assessment has been completed within the past 12 months, and the level of first aid equipment and supplies required, and whether a first aid attendant, is needed have been determined.	
Yes	
<input type="checkbox"/>	
<b>First aid general requirements</b>	
There is an effective means to call for backup if needed (e.g., call for help, phone, panic alarm).	
Yes	
<input type="checkbox"/>	
If a first aid attendant is required, they hold a valid certification obtained within the last 3 years (e.g., Occupational First Aid Basic).	
Yes	
<input type="checkbox"/>	
First aid supplies and equipment are available, and the clinic meets minimum requirements.	
Yes	
<input type="checkbox"/>	
A fully stocked first aid kit containing the items required by WorkSafeBC.	
Yes	
<input type="checkbox"/>	
A process is in place to check first aid supplies/equipment and replenish missing inventory (e.g., it is reviewed twice a year).	
Yes	
<input type="checkbox"/>	
All staff are aware of precautions for blood and body fluid exposures.	
Yes	
<input type="checkbox"/>	
<b>First aid records</b>	
All first aid treatments for occupational injuries provided in the clinic are recorded.	
Yes	
<input type="checkbox"/>	
First aid records are kept confidential and retained for at least 3 years.	
Yes	
<input type="checkbox"/>	
<b>First aid procedures</b>	
Clinic-specific first aid procedures are printed and posted in a visible area.	
Yes	
<input type="checkbox"/>	
First aid procedure drills are conducted at least once per year.	
Yes	
<input type="checkbox"/>	
<b>Checklist completion</b>	
Completed by: (name, position)	<input type="text"/>
Date completed:	<input type="text"/>
<b>SAVE / PRINT</b>	

# First Aid Assessment

For community physician clinics. Must be completed to assess the clinic's first aid needs and reviewed annually.

## Workplace information

Clinic name:

Clinic address:

## Number of workers in the clinic

Enter the maximum number of workers per shift.

2 – 5 workers  6 – 9 workers  10 – 19 workers  20 – 49 workers  50 – 99 workers

## Hazards in the clinic

Common hazards include chemical (disinfectants), biological (infectious materials), and physical (equipment) hazards.

## Possible injuries to staff

Common types of injuries include skin/eye irritation, allergies, burns, needlesticks, slips, trips, falls, cuts, and violence-related injuries.

## Workplace hazard rating

Medical clinics are considered low-hazard workplaces by WorkSafeBC. Refer to [WorkSafeBC's Workplace Hazard Ratings](#).

Low  Moderate  High

## Accessible or less accessible by ambulance personnel

Medical clinics are considered accessible workplaces by WorkSafeBC. Refer to [WorkSafeBC's Schedule 3-A](#).

Accessible  Less accessible



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## First Aid Assessment

2

## Any barriers to providing first aid in the clinic

Provide details if "Yes"

No  Yes

## Clinic location type

Typical driving time from the nearest ambulance station to your clinic.

Not Remote ( $\leq 30$  minutes)  
(Clinic is deemed a workplace Class 1)

Remote ( $> 30$  minutes)  
(Clinic is deemed a workplace Class 2)

## First aid assessment results

To determine the type of equipment and supplies required in your clinic, visit [SWITCH BC First Aid Assessment](#).

Equipment/supplies required:	<input type="checkbox"/> Personal first aid kit	<input type="checkbox"/> Basic first aid kit	<input type="checkbox"/> Intermediate first aid kit
First Aid Attendant required: <i>(select more than one item, if applicable)</i>	<input type="checkbox"/> No attendant	<input type="checkbox"/> Basic first aid attendant	<input type="checkbox"/> Intermediate first aid attendant
<input type="checkbox"/> Basic first aid attendant (transport)		<input type="checkbox"/> Intermediate first aid attendant (transport)	
Facility required:	<input type="checkbox"/> No facility ( $<100$ workers)	<input type="checkbox"/> Dressing station ( $\geq 100$ workers)	<input type="checkbox"/> First Aid Room ( $\geq 200$ workers)

## Assessment completion and employer review

Completed by: (name, position)		Date completed:	
Reviewed by: (signature)		Date reviewed:	

# Employer Responsibilities: First Aid Assessment for the Workplace



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Clinic Address	Clinic Name	Distance to clinic by ambulance station	Workers Present
300-2889 East 12th Avenue, Vancouver, B.C. V5J		Less than 30 minutes	10-19
		① Your closest ambulance station Name: 245 – Victoria Dr Address: 1538 East King Edward Avenue, Vancouver, BC, Canada Distance: 2.4 km	✓
<p><b>IN CASE OF A MEDICAL EMERGENCY: CALL 911</b></p> <p><b>First Aid Procedure with First Aid Attendant</b></p> <p><b>Clinic</b> Name: Address:</p> <p><b>Closest Hospital</b> Name: Distance: Address:</p> <p><b>First Aid Supplies and Personnel</b> First Aid Kit Location: _____ First Aid Kit Type (Basic/Intermediate): _____ First Aid Attendant (Contact Information): _____</p> <p><b>Transportation</b> Transportation options for medical treatment, if needed: _____ Contact number: _____</p> <p><b>For All First Aid Events:</b> 1. Immediately contact First Aid attendant who will determine if 911 should be called. Specify location of injured person. 2. The First Aid attendant will meet the injured person to provide treatment for the injury and document first aid given on a first aid record. 3. Inform the clinic supervisor of the first aid event.</p> <p><b>Blood and Body Fluid Exposure (including needle stick injury):</b> 1. Flush or wash the affected area immediately with soap and water. 2. Allow the wound to bleed freely. Do not force bleeding. 3. Inform the clinic supervisor of exposure and report to first aid attendant who will document exposure as per WorkSafeBC requirements. 4. Direct the injured person to the nearest Emergency Department within two hours of exposure for appropriate evaluation and treatment.</p> <p><b>Medical Emergency (911 required):</b> 1. Ensure the accident area is safe and there is no further hazards present. 2. Do not move the injured person unless there is a risk of further injury. 3. Keep calm and do not leave the injured person unattended. 4. Contact First Aid attendant and report the location and condition of the injured person. 5. The First Aid attendant will refer the injured employee to medical attention if beyond the scope of the attendant's training. 6. Assist the First Aid Attendant as needed (e.g., calling 911 or taxi). 7. Designate someone to meet ambulance and direct to the injured person if called.</p> <p><b>Reporting Injuries and Exposures:</b> • All injuries and exposures must be reported to the clinic supervisor. • Determine if the incident requires immediate reporting to WorkSafeBC.</p> <p></p> <p><b>SWITCH BC</b></p> <p>This poster must be displayed in an area visible to staff.</p> <p><b>PRINT / SAVE</b></p>			

# First Aid Procedure

- ✓ Auto detects closest ambulance station.
- ✓ Calculates First Aid Attendant requirements.

cphs.switchbc.ca/topic/first-aid/#module-employer-responsibilities

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About   Partnerships   Build Your Program   Clinic Assessments

First Aid Requirements

Determine your first aid requirements

Select your clinic's distance to the nearest ambulance station (or nearest emergency department if it is closer) and the number of workers to determine the required first aid kit and attendants.

Distance to ambulance station from clinic: Less than 30 minutes

Workers present in workplace: 2-5

First Aid Kit Type: Personal Kit

First Aid Attendant Type: -

Your first aid kit must include:

Item	Quantity
Adhesive bandages, sterile, assorted sizes (standard strip, large fingertip, knuckle, large patch)	16
Gauze pad, sterile, individually wrapped, 7.6 x 7.6 cm (3 x 3 in.)	6
Conforming stretch bandage, relaxed length, individually wrapped, 5.1 cm x 1.8 m (2 in. x 2 yd.)	1 roll
Compress/pressure dressing with tie, sterile, 10.2 x 10.2 cm (4 x 4 in.)	2
Triangular bandage, cotton, with 2 safety pins, 101.6 x 101.6 x 142.2 cm (40 x 40 x 56 in.)	1
Adhesive tape, 2.5 cm x 2.3 m (1 in. x 2.5 yd.)	1 roll
Antiseptic wound cleansing towelette, individually wrapped	6
Hand/skin cleansing towelette, individually wrapped (or equivalent)	4
Examination gloves, disposable, medical grade, one-size, non-latex, powder free	2 pairs
Biohazard waste disposal bag (single use)	1
Splinter forceps/tweezers, fine point, stainless steel, minimum 11.4 cm (4.5 in.)	1
Contents list	1
Blank first aid records	

PRINT

FEEDBACK

# First Aid Requirements

**NOTE:** The numbering of the Workers Compensation Act has changed, effective April 6, 2020. See [worksafebc.com/wca2019](http://worksafebc.com/wca2019).

THIS NOTICE IS TO BE POSTED BY THE EMPLOYER IN A CONSPICUOUS PLACE

# NOTICE TO WORKERS

## TO PREVENT INJURIES

- Comply with the Occupational Health and Safety Regulation
- Use all safety devices and required personal protective equipment
- Where conditions appear to be dangerous, notify your supervisor or employer, your health and safety committee representative, or the nearest WorkSafeBC office

## IF YOU ARE INJURED

- Get first aid immediately — even for slight injuries
- Notify your employer as soon as possible, giving particulars of all injuries sustained and full details of the cause
- If you require medical attention, you may choose your own physician, chiropractor, dentist, naturopathic physician, or podiatrist
- If you intend to change your physician or practitioner while on a claim, advise WorkSafeBC

## HOW TO CLAIM COMPENSATION

- Telling your employer and doctor that you were injured at work will help initiate your claim
- If you lose time from work beyond the day of injury, call WorkSafeBC's Teleclaim centre at 1 888 967-5377 and press 2

## FOR ASSISTANCE WITH YOUR CLAIM

- Please call the Claims Call Centre to speak to a client service representative at 604 231-8888, or toll-free at 1 888 967-5377
- More information is available online at [WorkSafeBC.com](http://WorkSafeBC.com)

# Notice to Workers

Print and display!

## First Aid Record

To be completed for every injury or exposure to contaminants that required treatment, even if it is not reportable to WorkSafeBC.  
All first aid records must be kept at the workplace for at least three years.

### Workplace information

Clinic name:

Clinic address:

### Worker and incident information

Injured worker:  
(name, position)

Date of incident\*:

Time of incident\*:

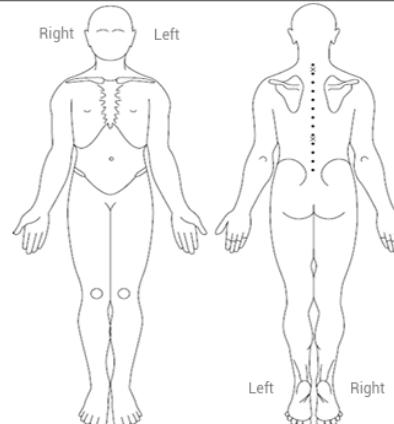
\* Date and time the worker **reported** the injury, exposure, disease, or illness to the employer, manager, or first aid attendant.

### Witness information (if available)

1.

2.

### Mark injured or exposed areas:



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## First Aid Record

2

### Description of how the injury, exposure, or illness occurred:

What happened?

### Description of the nature of injury, exposure, or illness:

What did you see? (i.e., signs and symptoms)

### Description of the treatment given:

What did you do?

### Arrangement(s) made relating to the worker

e.g., return to work/medical treatment/ambulance/follow-up.

### First aid attendant (or employer representative)

Name, position:

Signature:

Date:

### Injured worker

Signature:

Date:

**SAVE / PRINT**

# Employer Responsibilities: First Aid Record for Injuries and Exposures

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# Incident and Injury Reporting

# Learning Objectives

1. *Describe the process for reporting incidents and injuries, including timelines and responsibilities.*
2. *Explain why accurate reporting is essential for prevention and compliance.*

## Poll Question 6:

***How confident are you currently with  
the process of reporting an  
occupational injury to WorkSafeBC?***

# Incident Report

To be completed for every workplace incident, whether it caused injury or not, by the worker who experienced it.

## Incident details

Clinic name:

Location of incident:

Date of incident:

Time of incident:

Worker involved:  
(name, position)

## Type of occurrence

<input type="checkbox"/> a) No injury, near miss.	<input type="checkbox"/> f) Property damage.
<input type="checkbox"/> b) Injury, no first aid required.	<input type="checkbox"/> g) Serious injury*.
<input type="checkbox"/> c) Injury, first aid required.	<input type="checkbox"/> h) Major release of hazardous substance.
<input type="checkbox"/> d) Injury, medical treatment beyond first aid required.	<input type="checkbox"/> i) Major structural failure/collapse, or blasting.
<input type="checkbox"/> e) Mental health injury.	<input type="checkbox"/> j) Fire or explosion with potential for serious injury*.

\* Serious injuries are life-threatening or can cause permanent impairment, including major fractures, amputations, serious burns, chemical exposure, spinal cord and brain injuries, and heat or cold stress. If g, h, i, or j, report it immediately to WorkSafeBC at 1-888-621-7233 (24/7).

## Description of incident

What happened? Summarize the sequence of events, the unsafe factors and the resulting injury, if any. Describe the environment/surrounding conditions; activities taking place in the space; availability, use, and functionality of necessary equipment; and people involved.

## Witness information (staff or public)

1.

2.

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# Steps for Employees after Injury

1. Seek first aid.
2. Tell the manager or supervisor about the injury.
3. Seek further medical attention if necessary.
4. Complete a formal incident report as soon as possible.
5. Report the injury to WorkSafeBC if further medical care or time off was required.

# Steps for Employers



Make the area safe

Check on employee safety

Report to WorkSafeBC

Prepare for the Return to Work

Investigate

# WorkSafe BC Reporting Criteria

## Report an incident within 3 days if:

- Staff lose time from work beyond the day of the injury.
- Further medical attention (other than first aid) is required.
- Medical equipment belonging to the employee is broken (e.g., eyeglasses).

## Immediate reporting of a workplace incident is required if:

- A staff fatality occurs.
- The staff injury is likely to be permanent, life threatening, or life-altering (such as a disability).
- There is a significant spill of a hazardous material.
- There is a major structural failure at the worksite (building collapse).

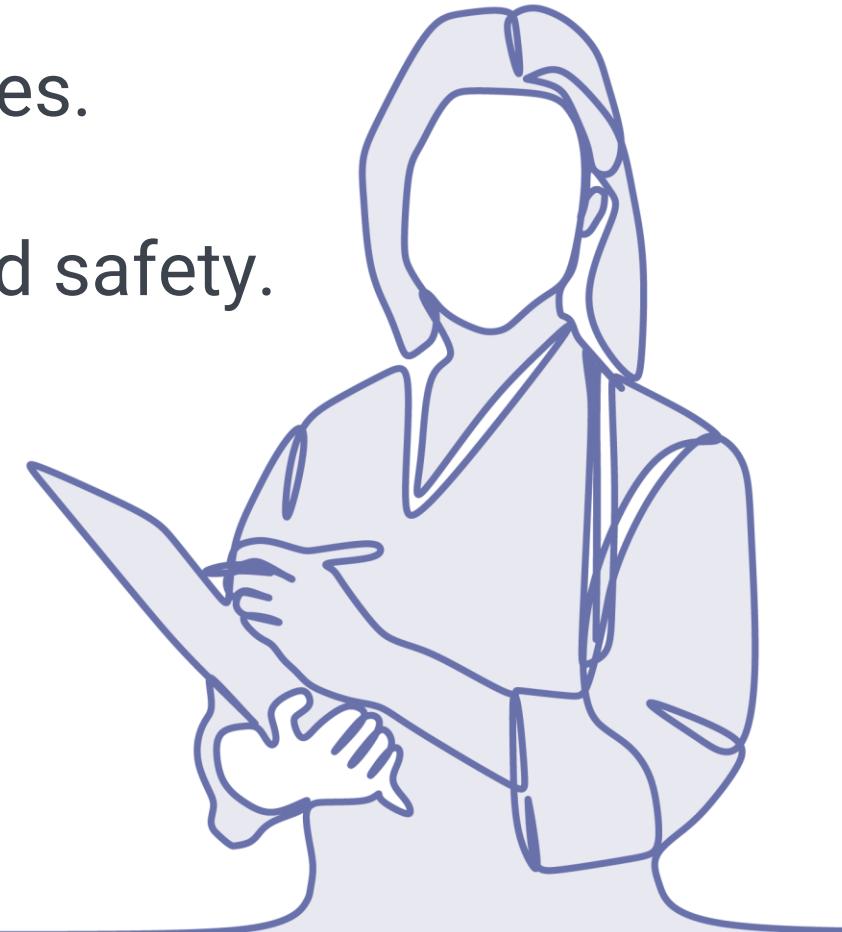
# Benefits of reporting injuries

- Provides peace of mind.
- Increases report accuracy.
- Supports employees to receive compensation without delay.
- Provides an opportunity to voice any concerns you may have.



# Benefits of Internal Records

- Makes reporting easier if the situation changes.
- Helps identify trends in the workplace.
- Shows staff you're prioritizing their health and safety.



# Build Your Program

Search all Topics

- Registration
- Health and Safety Program
- Roles, Rights, and Responsibilities
- Managing Risk
- Health and Safety Meetings
- Worker Representative / Joint Occupational Health and Safety Committee (JOHSC)
- Young and New Workers
- Workplace Inspections
- Chemical, Biological and Radiation Hazards
- First Aid
- Incident and Injury Reporting and Investigation
- Violence Prevention
- Ergonomics
- Bullying and Harassment
- Working Alone or In Isolation
- Emergency Preparedness and Response

**RESOURCE LIBRARY**

**DOWNLOADS**

- Community Physicians Health and Safety Guide
- Web Portal Instruction Manual
- Web Portal Demonstration Videos

**Registration**



Progress 0/2

- Why Register →
- Registration Requirements →

**Health and Safety Program**



Progress 0/2

- Program Requirements →
- Program Policy →

**Roles, Rights, and Responsibilities**



Progress 0/3

- Community Physicians →
- Supervisors →
- Workers →

**Managing Risk**



Progress 0/4

- Managing Risk Steps →



Next Step: Book an Assessment

# Questions?



# Thank you!

**Next Webinar:**  
• February 10<sup>th</sup>

Our email: [CPHS@switchbc.ca](mailto:CPHS@switchbc.ca)

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# Evaluation: Managing Risk, Isolation, and Respect in the Workplace



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