

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



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.



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.



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 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

Health and Safety Program

Roles, Rights, and Responsibilities

Managing Risk

Why Register

Registration Requirements

Program Requirements

Program Policy

Policy and Procedures Review Frequency

Employers

Supervisors

Workers

Multiple-employer clinic

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



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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



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.

1



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.

3



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

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www.cphs.switchbc.ca

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 |

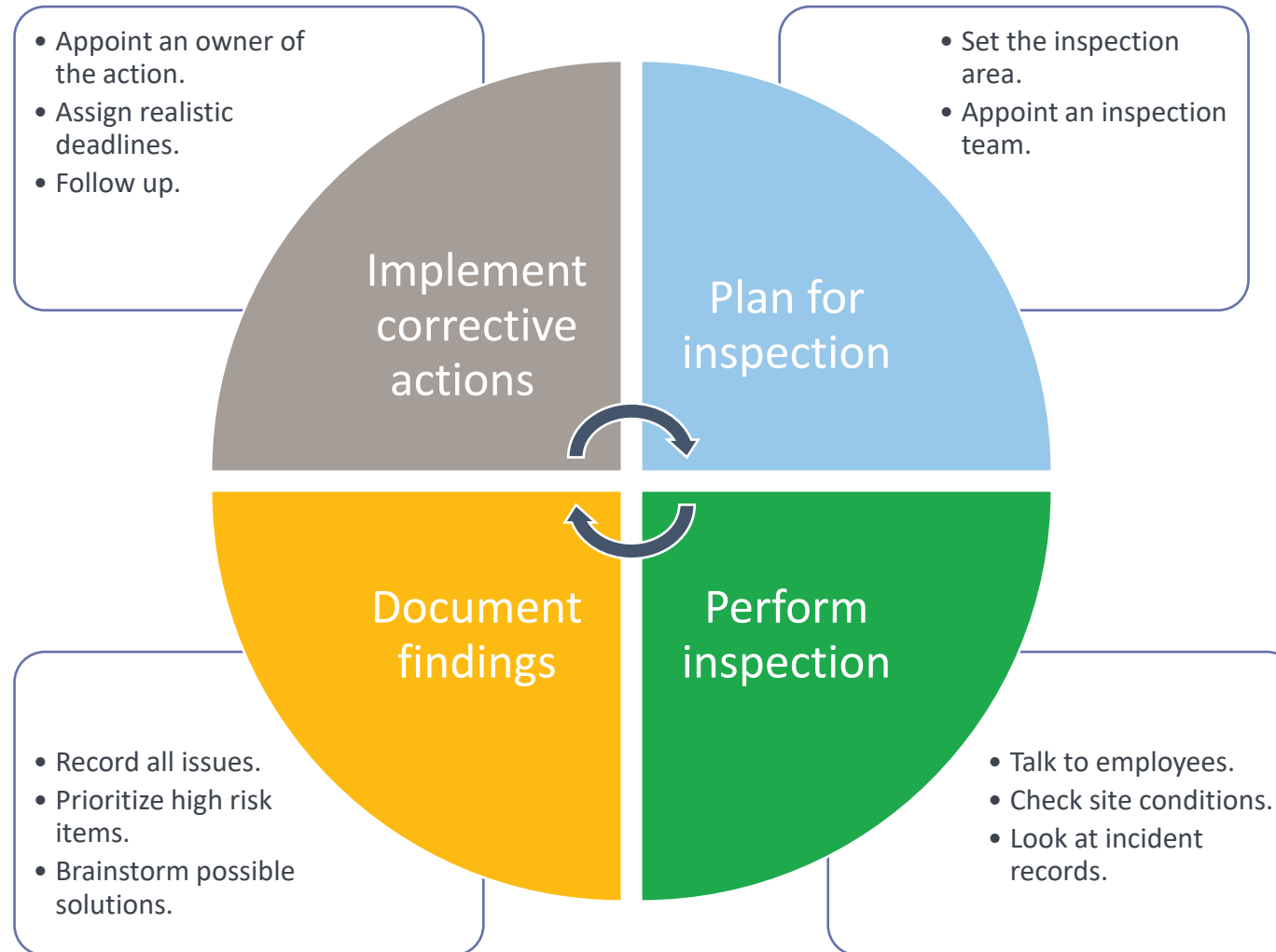
PART A – WORKPLACE INSPECTION

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"/> |

What are workplace inspections and why do we do them?

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: _____

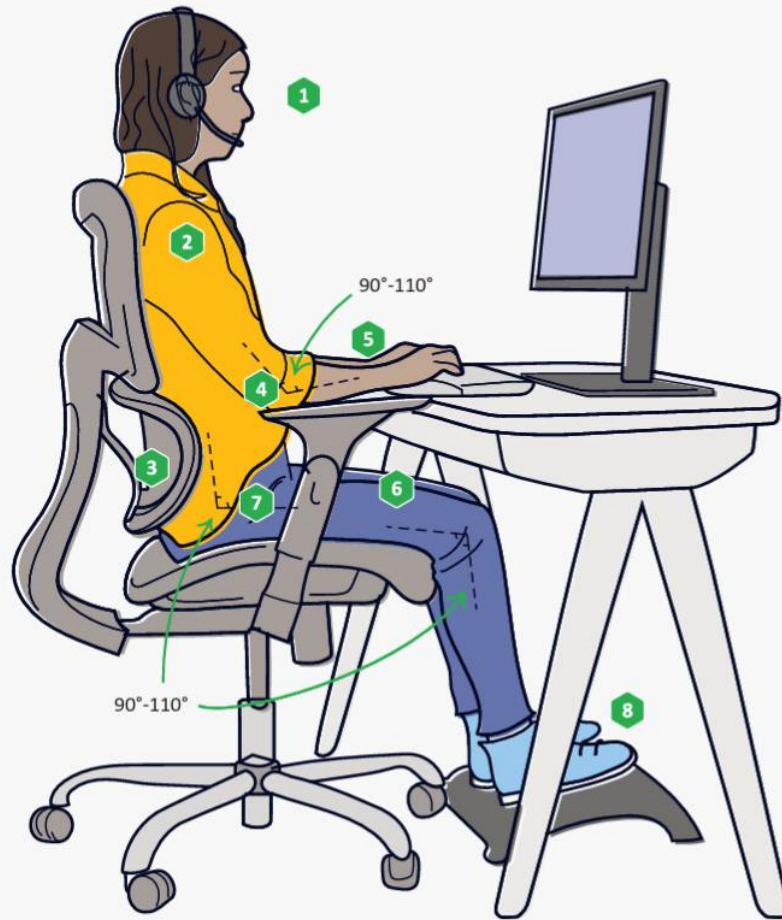
Representative sample of workers, including workers with MSI signs and symptoms: _____

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.

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

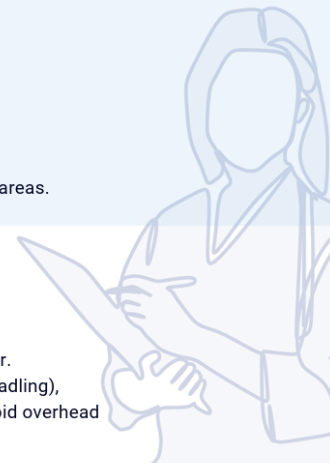
- Sitting or standing without movement for long hours.
- Awkward posture (slouching, leaning, twisting, holding the phone between ear and shoulder).
- Repetitive motions (typing, clicking, charting).
- Contact stress (wrists on hard desk edges).
- Heavy lifting (boxes or supplies).

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).



scan to learn more

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:

$$\text{Possibility of injury} \times \text{Frequency of exposure} \times \text{Access to help} = \text{Actual risk}$$

For example

$$\text{Possibility of disabling injury} = 2 \quad \text{Frequency of exposure} = 2 \quad \text{Access to help} = 1$$

$$2 \times 2 \times 1 = 4 \text{ is Moderate risk}$$

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 Alone 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 |

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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 |
|---|-----------------------------|--------------------------------|-------------------------|------------|-------------------------|-----------------------------------|
| Activity | | | | | | |
| Working with patients with the potential for violence | | | | | | |
| After hours emergency call-out | | | | | | |
| Working isolated from other workers | | | | | | |
| Environment | | | | | | |
| Extreme weather conditions | | | | | | |
| Other: | | | | | | |
| Substance | | | | | | |
| 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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| Scope | 2 |
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| Definitions | 2 |
| Responsibilities | 2 |
| Risk Identification & Assessment | 3 |
| Risk Control | 3 |
| Procedures | 3 |
| 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

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



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.

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
- Chest pain or tightness
- Choking or breathing difficulties
- Loss of consciousness
- Signs of a stroke
- Severe burns
- Convulsions that are not stopping
- Severe allergic reaction
- Serious head injury
- 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.
- In-progress crime, like a fight, a break-in, or a report of an impaired driver.
- A serious crime just happened, like a sexual assault or a robbery.
- 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.

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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.

*** Area of Refuge** is a designated place in a building where occupants can safely wait during a fire or other emergency when evacuation is not safe or possible.

For example, a person who uses a wheelchair may be unable to navigate stairs during an emergency. Elevators must not be used during a fire. Occupants must remain in the area of refuge until rescued by emergency personnel.

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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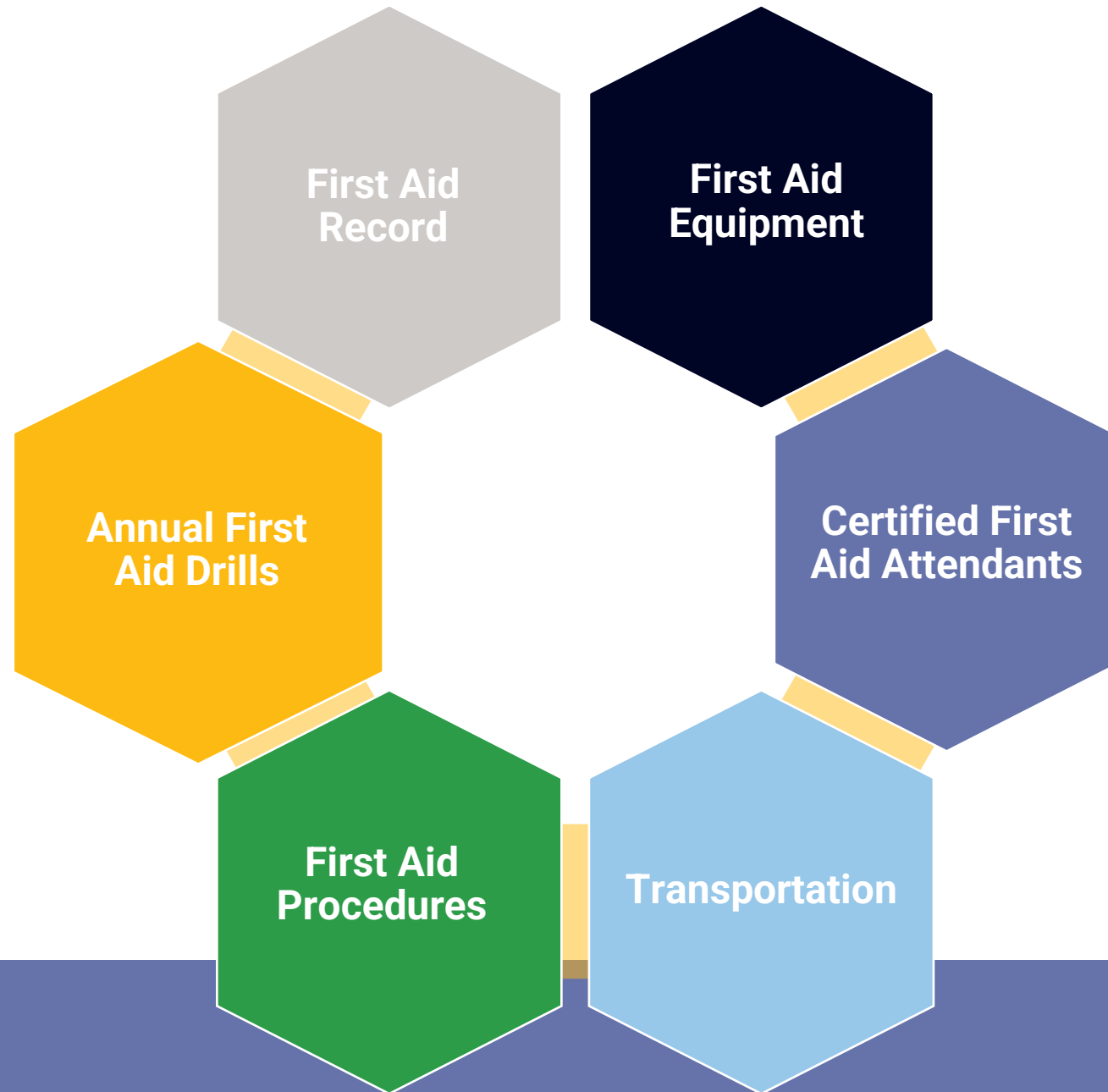
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First Aid

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.

Workplace information

Clinic name:

Clinic address:

First aid assessment

Yes

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.

☐

First aid general requirements

Yes

There is an effective means to call for backup if needed (e.g., call for help, phone, panic alarm).

☐

If a first aid attendant is required, they hold a valid certification obtained within the last 3 years (e.g., Occupational First Aid Basic).

☐

First aid supplies and equipment are available, and the clinic meets minimum requirements.

☐

A fully stocked first aid kit containing the items required by WorkSafeBC.

☐

A process is in place to check first aid supplies/equipment and replenish missing inventory (e.g., it is reviewed twice a year).

☐

All staff are aware of precautions for blood and body fluid exposures.

☐

First aid records

Yes

All first aid treatments for occupational injuries provided in the clinic are recorded.

☐

First aid records are kept confidential and retained for at least 3 years.

☐

First aid procedures

Yes

Clinic-specific first aid procedures are printed and posted in a visible area.

☐

First aid procedure drills are conducted at least once per year.

☐

Checklist completion

Completed by:
(name, position)

Date
completed:

SAVE / PRINT

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



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 (≤ 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: | <input type="checkbox"/> No attendant | <input type="checkbox"/> Basic first aid attendant | <input type="checkbox"/> Intermediate first aid attendant |
| (select more than one item, if applicable) | <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 (≥ 100 workers) | <input type="checkbox"/> First Aid Room (≥ 200 workers) |

Assessment completion and employer review

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

SAVE / PRINT

| 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

Select

2-5

6-9

10-19

20-49

50-99

100-199

200-499

IN CASE OF A MEDICAL EMERGENCY: CALL 911

First Aid Procedure with First Aid Attendant

Clinic
Name:
Address:

Closest Hospital
Name:
Distance:
Address:

First Aid Supplies and Personnel
First Aid Kit Location:
First Aid Kit Type (Basic/Intermediate):
First Aid Attendant (Contact Information):

Transportation
Transportation options for medical treatment, if needed:
Contact number:

For All First Aid Events:

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.

Blood and Body Fluid Exposure (including needle stick injury):


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.

Medical Emergency (911 required):

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.


Reporting Injuries and Exposures:

- All injuries and exposures must be reported to the clinic supervisor.
- Determine if the incident requires immediate reporting to WorkSafeBC.



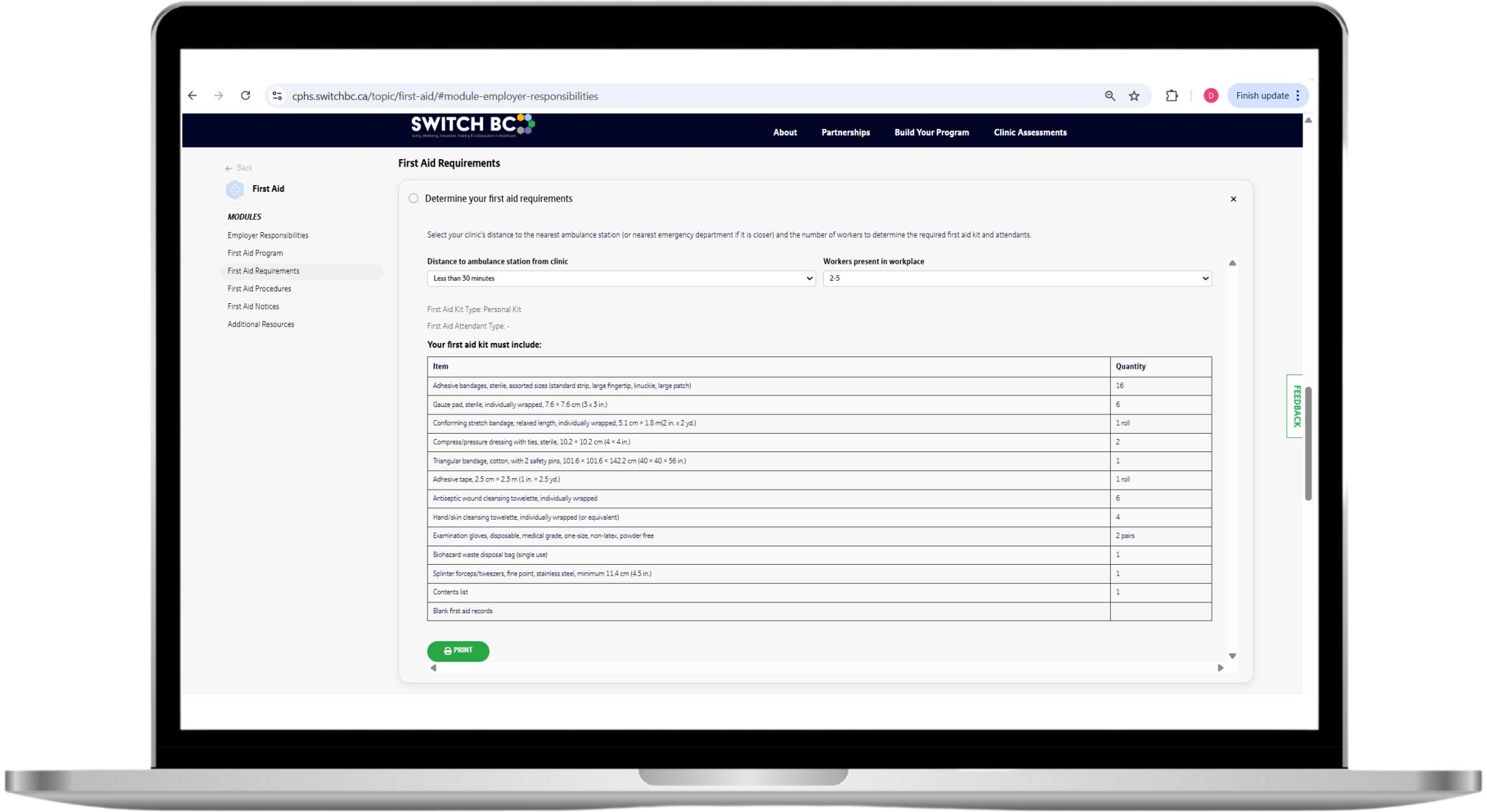
SWITCH BC

This poster must be displayed in an area visible to staff.

 PRINT / SAVE

First Aid Procedure

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



First Aid Requirements

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](https://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*:

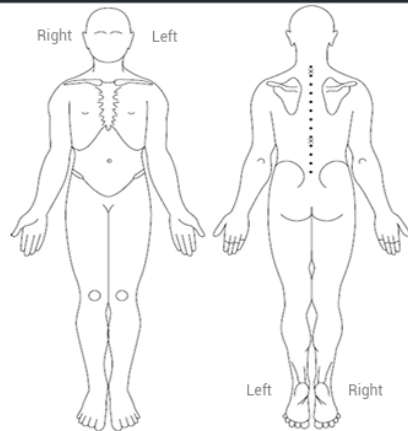
* Date and time the worker **reported** the injury, exposure, disease, or illness to the employer, manager, or first aid attendant.

Witness information (if available)

1.

2.

Mark injured or exposed areas:



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doctors
of bc

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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

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: <i>(name, position)</i> | |

| 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. |

SAVE / PRINT

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:

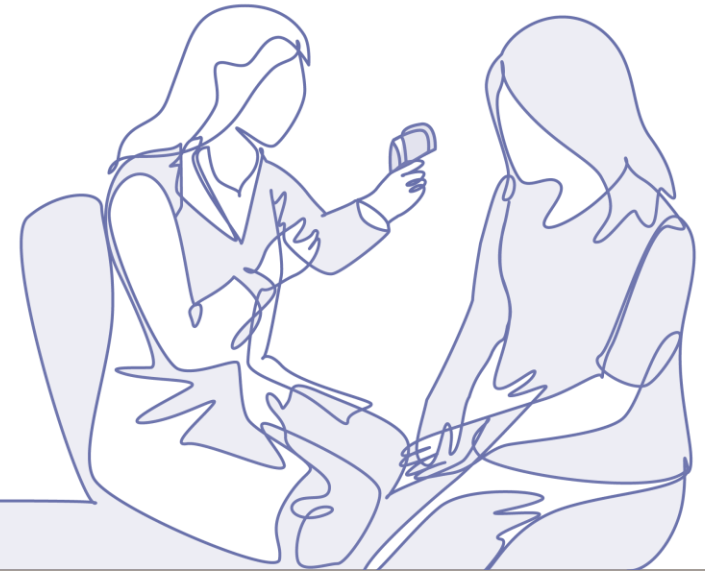
- Staff lose time from work beyond the day of the injury.
- Further medical attention (other than first aid) is required.
- Medical equipment belonging to the employee is broken (e.g., eyeglasses).

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).

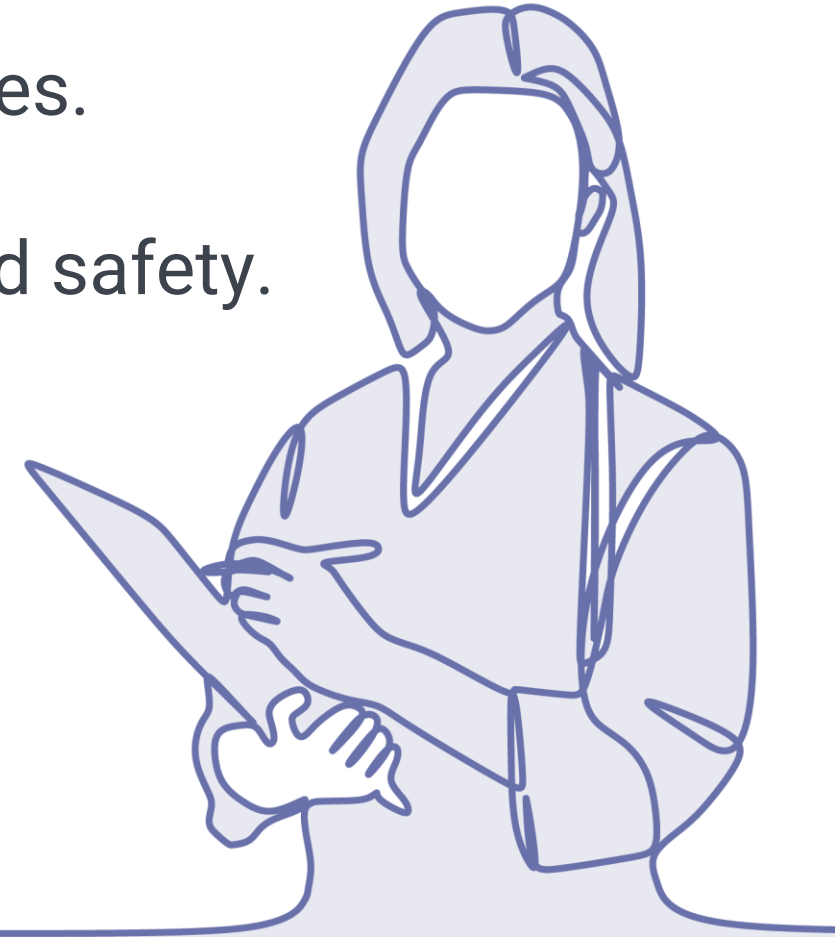
Benefits of reporting injuries

- 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!

Our email: CPHS@switchbc.ca

Next Webinar:
• **February 10th**

SWITCH BC 
Safety, Wellbeing, Innovation, Training & Collaboration in Healthcare

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



doctors
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