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

### **Community Physician Health and Safety (CPHS) Program**



Safety, Wellbeing, Innovation, Training & Collaboration in Healthcare

Carolina Borges, Dawn Wong, & Brook Haight December 2, 2025 via Zoom





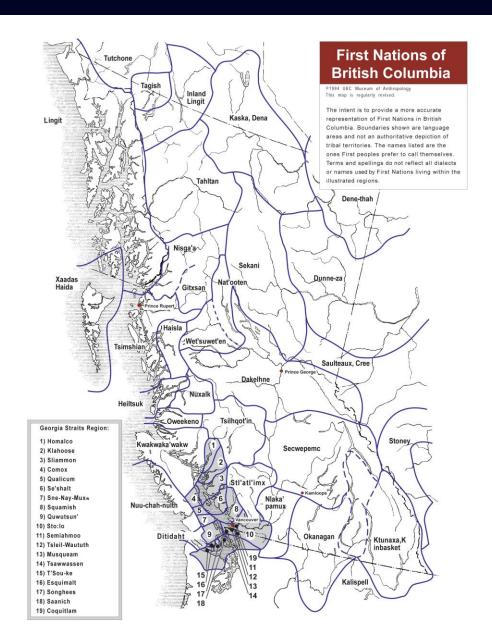


#### **Territorial Acknowledgement**

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.



### 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.





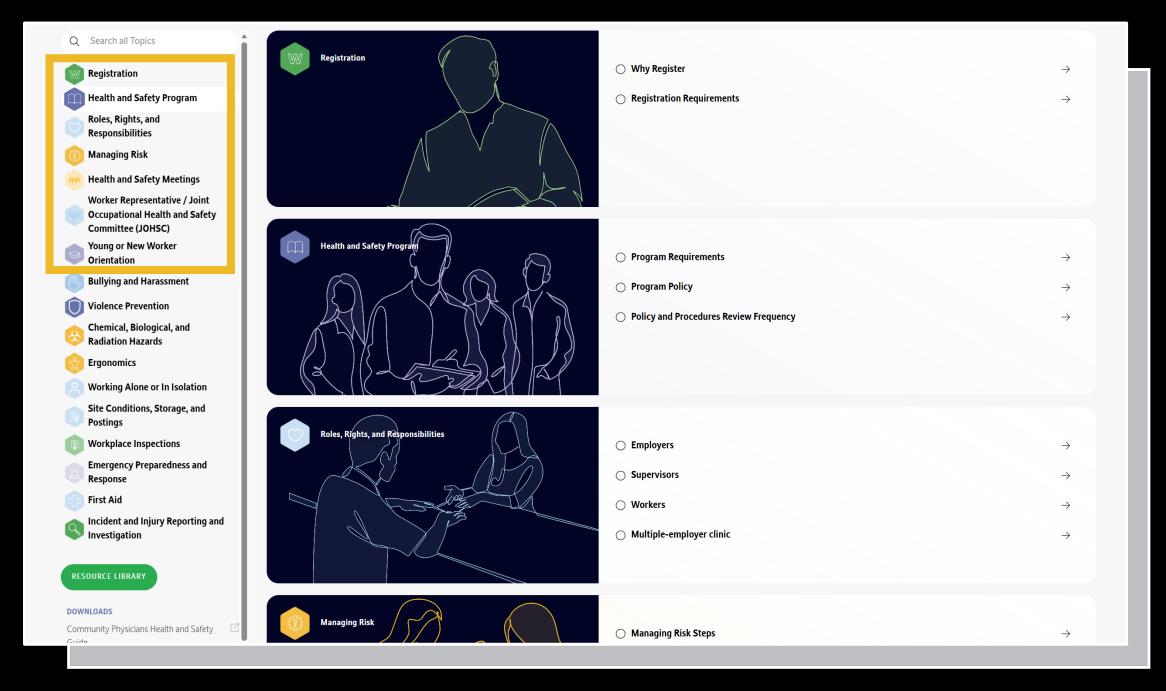
### **Webinar Learning Objectives**



**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.







#### Introduction to CPHS Program

Managing Risk

Chemical and Biological Hazards

**Violence Prevention** 

**Bullying and Harassment** 

Q&A

Community Physician Health and Safety Program

Helping You Build a Safer Clinic -

Free, Voluntary, and Confidential

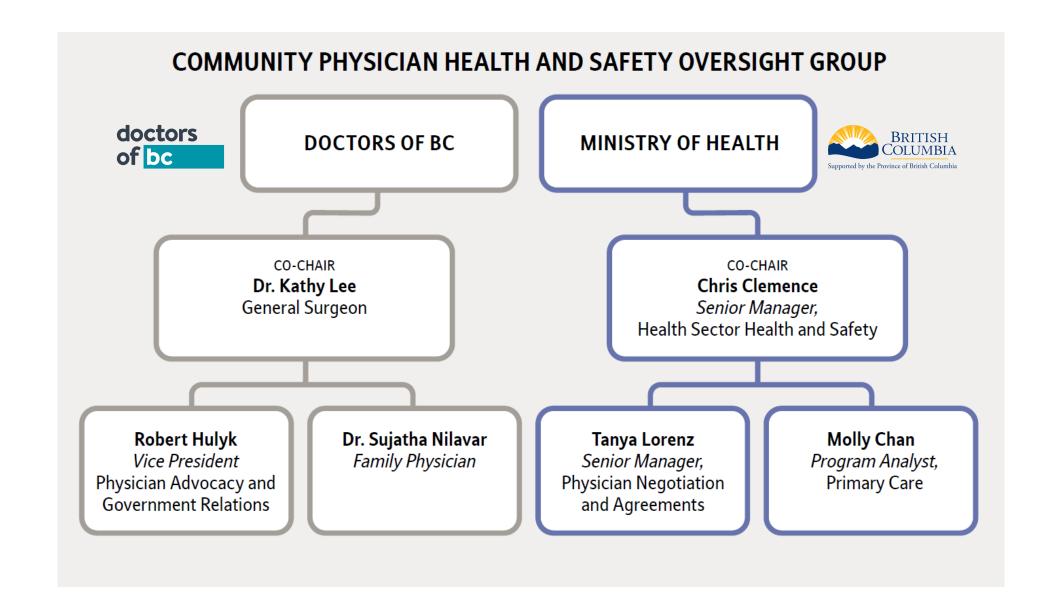


Safety, Wellbeing, Innovation, Training & Collaboration in Healthcare









### **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.



#### **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.



#### 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.

2







### **Poll Question 2:**

What kind of occupational health and safety supports would you find most helpful for your clinic?



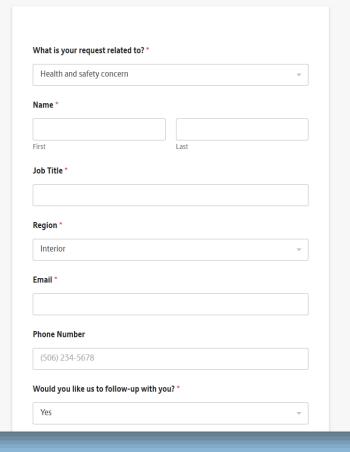
### **Scope of Clinic Visit**



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.



#### **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



**About** 

Create Account



# **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



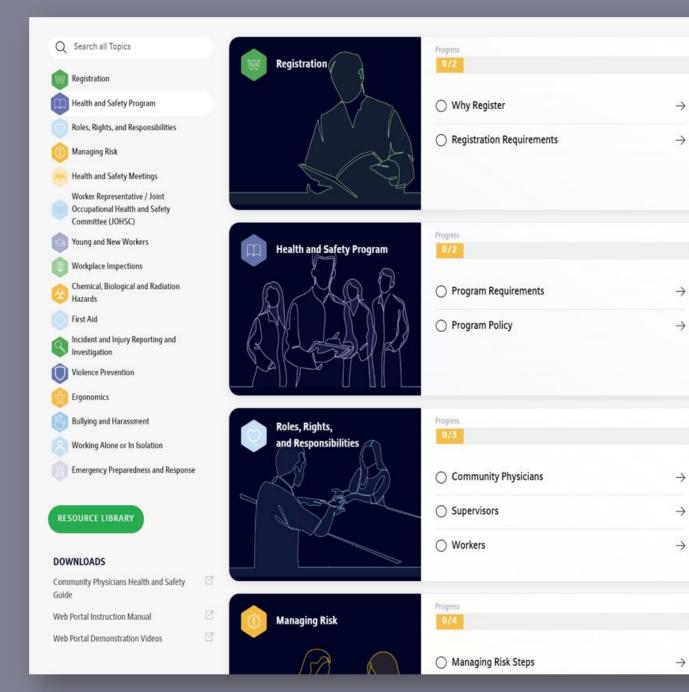






www.cphs.switchbc.ca

#### **Build Your Program**





### **Managing Risk**



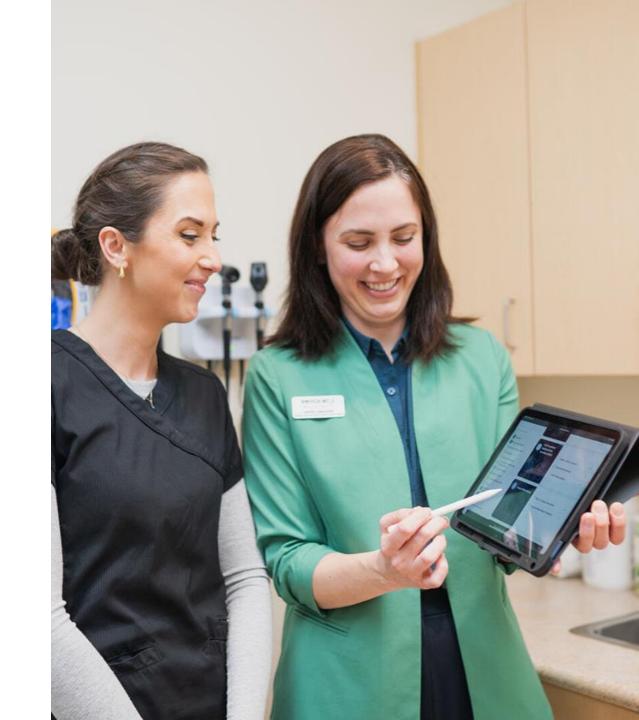


### **Learning Objectives**

- Identify common workplace hazards and basic principles of risk management.
- 2. Outline the steps to assess and control workplace risks effectively.

### **Identifying Workplace Hazards**

- ✓ Walk through the clinic to observe how tasks are performed.
- ✓ Assess activities, processes, equipment, and substances used by workers.
- ✓ Consult workers about any health and safety issues they've experienced.
- ✓ Review incident and first aid records.





### **Identifying Workplace Hazards**



Physical	Chemical	Biological	Psychosocial
Poor workstation setup	Cleaning products	Bloodborne infectious agents	Workplace violence
Sharps	Disinfecting agents	Airborne pathogens	Bullying/harassment
Radiation	Medications/ pharmaceuticals	Medical specimens	Working alone
Slips/trips/falls	Liquid nitrogen	Contaminated sharps or instruments	High workload
Noise	Formaldehyde/ formalin	Medical waste	Emotional stress

### **Poll Question 3:**

Which category of hazards do you think your clinic faces the most?





#### **Hazard Risk Assessment**

Hazard risk assessments should be **reviewed annually** or sooner if new equipment, materials, or work processes are introduced.



#### **Hazard Risk Assessment**

#### Risk Inventory

Begin by identifying hazards in your workplace. Hazards include anything that can cause harm, such as exposure to chemicals, contaminated medical waste, or improper workstation ergonomics. Examples of common hazards in medical clinics have been provided.

#### Risk entries

Examples				
Hazard identified:	Associated risk:	Task or activity at risk:		
Chemical hazard (exposure to cleaning agents, disinfectants, and preservative solutions).	Respiratory issues, chemical burns, or allergic reactions.	Storing, handling, and using chemicals in the clinic.		
Biological hazard (exposure to infectious diseases).	Contracting illnesses through contact with bodily fluids or contaminated surfaces	Handling of blood samples, patient care activities, cleaning of contaminated equipment, and disposal of medical waste.		
Ergonomic hazard (poor workstation setup).	Strain injuries, back pain, or musculoskeletal disorders from prolonged sitting, standing, or improper posture.	Typing at a computer, standing for long periods during patient assessments, or lifting patients.		
Psychological hazard (workplace violence).	Anxiety, depression, burnout, or emotional exhaustion.	Dealing with distressed patients and families.		

Hazard identified:	Associated risk:	Task or activity at risk:









#### **Hazard Risk Assessment**

For each hazard in your clinic...

- Risk = Severity x Probability.
- Higher risk score → faster corrective action.



Hazard Risk Assessment

#### Risk Assessment

After identifying the hazards in your clinic, assess the risk they pose. Risk refers to the likelihood that a staff member could be harmed by these hazards, as well as the potential severity of that harm. Hazards with a higher chance of harm and potential severity have a higher risk level.

#### Step 1: Severity Potential

What are the potential consequences of exposure to this hazard, and how severe would these consequences be for the affected person? Look at the descriptions below and choose the one most suitable.

Severity Rating	Description
High	Serious injury or illnesses.  Examples: Contracting serious infectious diseases like HIV or hepatitis; severe respiratory issues, chemical burns, or long-term health effects from chemical or radiation exposure; major injuries from falls, equipment incidents, or workplace violence; chronic conditions from repetitive strain injuries.
Medium	Injury requiring medical treatment beyond first aid or injury requiring days off work.  Examples: Moderate respiratory issues, burns, dermatitis, or musculoskeletal injuries, such as sprain or strains; mental health issues from workplace violence; moderate injuries from equipment or falling objects.
Low	Minor injuries requiring first aid only.  Examples: Cuts, bruises, or mild irritation; short-term discomfort or pain; dizziness; temporary stress with no lasting impact.

#### Step 2: Probability

What is the likelihood of harm, such as injury or illness occurring? Consider this without new or interim controls in place. Look at the descriptions below and choose the one most suitable.

Probability Rating	Description
High	Likely to be experienced once or twice a year.
Medium	May be experienced once every five years.
Low	May occur once during a working lifetime.

#### Step 3: Hazard Risk Rating Scoring Matrix

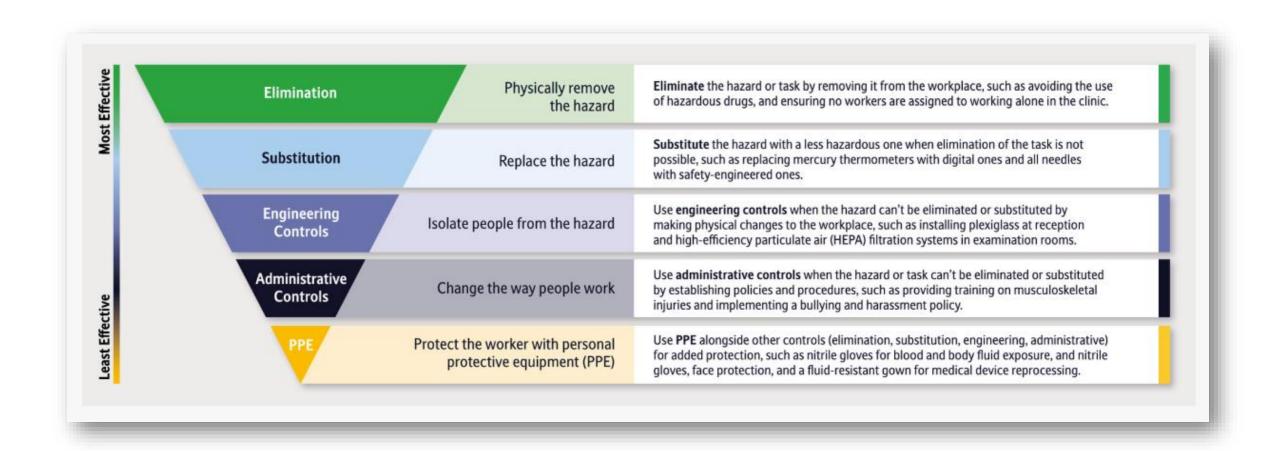
Take Step 1 rating and select the correct row, take Step 2 rating and select the correct column. Circle the risk score where the two ratings cross on the matrix below to obtain the risk rating.

Severity	Probability		
	High	Medium	Low
High	9	8	6
Medium	7	5	3
Low	4	2	1

Note: The numbering classification in the risk matrix is used to prioritize the levels of risk (see table below). The higher the level of risk, the sooner action is required to address the issue.

#### **Controlling Risks**





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### Chemical, Biological, and Physical Hazards



### **Learning Objectives**

- 1. List common chemical and biological hazards found in the workplace.
- Explain the procedures for handling, labeling, and storing hazardous materials and hazardous substances safely.



#### **Common Chemical Hazards in Medical Clinics**

- Liquid nitrogen
- Oxygen cylinders
- Disinfecting agents (e.g., enzymatic detergent)
- Antiseptics (e.g., chlorhexidine)
- Cleaning products (e.g., bleach)
- Specimen preservatives (e.g., formalin)
- Fire extinguishers.

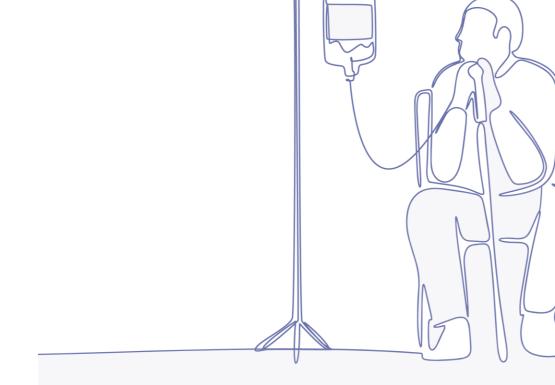




### Workplace Hazardous Materials Information System (WHMIS)

#### Requirements:

- ✓ Supplier labels.
- ✓ Safety Data Sheet (SDS) available.
- ✓ Stored according to SDS instructions.
- ✓ Staff are informed of major hazards.
- ✓ Staff training.





### **WorkSafeBC Regulations**

✓ Written procedures.

✓ Worker Training: safe handling, use, storage, disposal and emergency procedures





#### Safe Work Practice: Handling Liquid Nitrogen in Medical Clinics

#### Purpose

To establish a standardized procedure for the safe storage, handling, and use of liquid nitrogen at the clinic.

#### Scope

This procedure applies to all staff in the clinic who store, handle, or use liquid nitrogen.

#### Hazards

- Cryogenic Burns: Liquid nitrogen is extremely cold (-196°C). Direct contact with the liquid or surfaces cooled by it can cause severe frostbite.
- Asphyxiation: When liquid nitrogen warms to room temperature, it rapidly expands into a gas, increasing its volume by 700 times. This can displace oxygen in the room, creating a risk of suffocation. Nitrogen gas is colourless and odourless.
- Explosion: Liquid nitrogen naturally transitions to a gas at room temperature. If stored
  in a sealed container, this expansion can cause the container to explode.

#### Safe Work Practices

#### Storage

- · Only store liquid nitrogen cylinders in cool, well-ventilated areas.
- Liquid nitrogen must only be stored in containers specifically designed for cryogenic liquids.
- Secure cylinders in an upright position. Protect cylinders from physical damage; do not drag, roll, slide or drop. Use a suitable hand truck for cylinder movement.

#### Decanting or Dispensing

- Never handle liquid nitrogen with bare hands or without eye protection. Use appropriate
  personal protective equipment (PPE):
  - Wear clothing that covers arms, legs, wrists, ankles, and feet.
  - Wear eye protection such as goggles, safety glasses, or face shields.
  - Wear cryogenic gloves when handling liquid nitrogen or any object cooled by it.
     For small amounts where high dexterity is essential (e.g., during a medical procedure), and there is low risk of direct contact with the liquid, medical gloves, such as nitrile gloves, may be used.
- · Only handle and use liquid nitrogen in well-ventilated areas.







#### **Using Liquid Nitrogen**

Let's stay safe at work!

#### Know the risks

- Extremely cold → cryogenic burns.
- Gas expansion → less oxygen → asphyxiation risk.
- Can **explode** if in improper or sealed containers, or when exposed to heat.

#### Work safely

- Use only cryogenic-rated containers with pressure release valves.
- Never store it in sealed containers.
- · Store and use only in well-ventilated areas.
- · Never handle with bare hands.
- Wear cryogenic gloves for dispensing.
- · Always wear eye protection or a face shield.
- · Dispense below waist height.
- · Let unused liquid nitrogen evaporate in ventilated areas

#### First aid for liquid nitrogen exposure

- Skin: Do not rub. Rinse with lukewarm water.
- Eyes: Rinse with water immediately, remove contact lenses if present, and flush for 15 minutes (use an eyewash station when possible).
- Inhalation: Move to fresh air. Keep the area of the spill ventilated (e.g., door open).



### Liquid Nitrogen



Download at cphs.switchbc.ca



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.









### **Determining Emergency Washing Requirements**



\* Enzymatic detergent, hydrogen peroxide, and formalin are considered very hazardous materials



Outlines controls and procedures to minimize workers' exposure:

- ✓ Medical waste disposal procedures
- ✓ Decontamination procedures
- ✓ Hepatitis B vaccination
- ✓ Safety-engineered needles
- ✓ Post-exposure procedures
- ✓ PPE
- ✓ Training



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Insert Clinic Name Insert Month, Year

**Exposure Control Plan for Biological Hazards** 









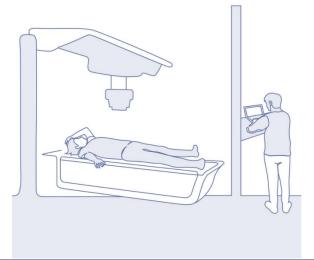




### **Controlling Radiation Risks**

- ✓ Exposure control plan (ECP).
- ✓ Keep exposure as low as reasonably achievable
- ✓ Personal dosimeter.
- ✓ Reproductive risks.
- ✓ Conduct radiation surveys (keep records ≥10 years).

# **Exposure Control Plan for Ionizing Radiation**









### PPE

## Policy and Procedure

# Personal Protective Equipment Policy and Procedures











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### **Poll Question 4:**

Which of the topics or hazards that we discussed was most useful to learn about the occupational regulations?

- a) Hazardous materials
- b) Biological hazards
- c) Hazardous drugs
- d) Radiation
- e) PPE



#### **Violence Prevention**



### **Learning Objectives**

- Define workplace violence and employers' obligations regarding recognizing risks.
- Describe the procedures for reporting and responding to incidents of workplace violence.



# What is Workplace Violence?

Workplace violence is any attempt or use of physical force by someone other than a worker that could injure a worker, including threats or actions that make a worker feel at risk of injury.

#### **Violent situations in a medical clinic can be:**

- Patient-initiated
- Family members conduct
- Visitors or members of the public
- Between patients and/or their family members







# Regulations - Violence



# **Employer Responsibilities**

#### Violence Risk Assessment

To determine the type of violent incidents anticipated in the clinic, the likelihood of occurrence, and to define control measures.

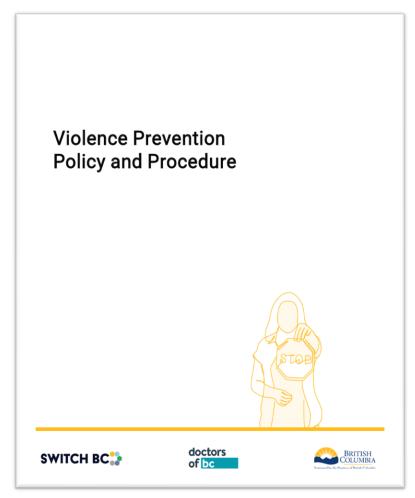
#### Violence Prevention Policy

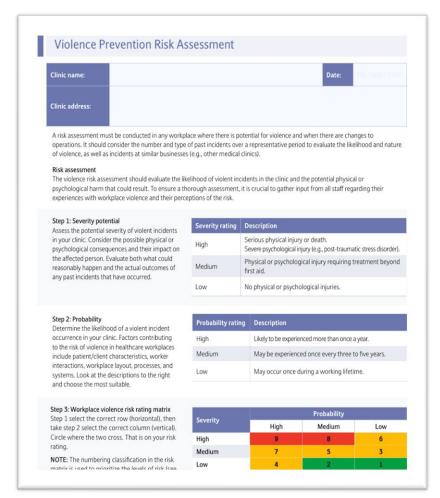
After a violence risk assessment has been conducted, a policy with procedures must be established.

#### Workers Training

Workers must be informed about violence risks and trained to follow safety procedures, respond safely, and report incidents.

**Goal: Be Proactive, Not Reactive** 







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Violence Pre	evention Clinic Insp	ection	1					
Clinic name:								
Clinic address:								
Area inspected:	Office and Clinic Rooms Outside areas including grounds and parkings lot(s)		Waiting area and reconstructions Storage, staff areas, a washrooms	and	Date: Time:	90 HH 1		
PART A - INSPECTION								
Access and controls						Yes	No	N/A
Access to work areas is	controlled (e.g., locked doors, buzz	ers) and rest	ricted after hours.					
The clinic is laid out to c	learly separate staff work areas fro	m patient/p	ublic areas.					
The work area allows for staff to quickly remove themselves from situations if they are being targeted or threatened (i.e., secure offices, safe room with locking door, access/egress clear).								
The reception area is set	t up to allow for good visibility of p	eople arrivin	g and exiting.					
Counters and desks provide an adequate barrier against threatening behaviour in the reception area.								
Access to staff-only rooms is controlled by locked doors.								
Exam and treatment rooms are equipped to ensure assistance can be obtained if needed (e.g., duress alarm system, phones, or control panel to alert co-workers of a violent incident).								
Exam and treatment rooms are arranged with furniture positioned to ensure visibility and enhance staff safety.								
Counter/desk provides a barrier between staff and the public in exam and treatment rooms.								
There is an emergency exit door available for use in case of emergencies.								
Worksite environment						Yes	No	N/A
Lighting is appropriate for all indoor areas, facility grounds, and parking lots.								
The immediate outside a	rea is free from signs of vandalism,	drug paraph	ernalia, alcohol, and can	nabis establis	hments.			
Security and safety me	easures					Yes	No	N/A
Emergency response phone numbers are posted by the phone.								
Staff wear identification where appropriate.								
Staff are instructed on the appropriate response to incidents of violence at the clinic.								
Duress systems, if available, are routinely tested to ensure operational.								
SWITCH	ВС∷	doctor of bc	rs		ATT .	BRITT	dH BLX	



#### **Patient Code of Conduct**

**Insert Clinic Name** is committed to providing a safe, professional, and respectful healthcare environment for all patients, visitors, and staff. To support this, we ask patients to follow this Code of Conduct when visiting the clinic and interacting with our doctors and staff.

#### Respectful Behaviour

- Treat all clinic staff, health care providers, and other patients with courtesy and respect.
   Harassment or discrimination will not be tolerated.
- Patients must not engage in disruptive behaviour that compromises the safety of staff
  or other patients. It is the staff's discretion to define what behaviour is considered
  disruptive.

#### 2. Zero Tolerance for Violence and Aggression

- Disrespectful language, intimidation, physical aggression, or abusive and threatening behaviours towards staff or other patients will not be tolerated. Such actions may lead to immediate consequences, including removal from the clinic and law enforcement involvement. They could also result in the patient being banned from the clinic.
- · Patients must not bring weapons or any dangerous items into the clinic.

#### 3. Health and Safety Expectations

- Follow infection control measures, such as wearing a mask if required, using hand sanitizer, and maintaining social distancing when applicable.
- If you have a contagious illness (e.g., flu, COVID-19, severe cold) please call ahead to discuss rescheduling or alternative care options.

#### 4. Compliance with Clinic Policies and Staff Instructions

- Follow all clinic rules and protocols, including sign-in procedures and waiting room guidelines.
- · Recording (audio or video) of staff or other patients is strictly prohibited.
- · Respect the privacy and confidentiality of all patients and staff.

#### 5. On-time Appointments and No-Show Policy

- Patients must check in at reception upon arrival and follow the clinic's registration process
- Arrive on time for your scheduled appointment. If late, you may need to reschedule or wait until the next available time slot.
- If you need to cancel or reschedule, a minimum of Insert Number of Hours/Days
  of notice is required.
- Repeated missed appointments or last-minute cancellations may result in fees, appointment restrictions, or dismissal from the clinic, at the clinic's discretion.

Your health is our top priority.

So is the safety of our staff.

# We all deserve respect.

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

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













# **Develop a Safety Plan**

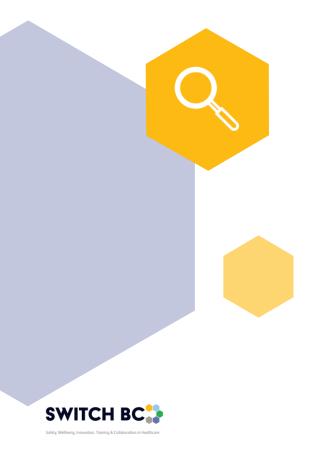
- Code of conduct poster.
- Clear sightlines to patients.
- Controlled access to staff-only areas (e.g., lockable doors).
- Effective physical barriers (e.g., fixed plexiglass above reception counter).
- Office furniture arranged to prevent individuals from being cornered and to allow for a quick escape.
- Clear workspaces free of potential weapons.
- Emergency alert systems (e.g., panic buttons).
- Adequate lighting.





# WORK SAFE BC

# Regulations - Violence



# Worker responsibilities:

- Take personal responsibility for the safety of yourself and others.
- Conduct work and respond to violence in accordance with established policy and procedures.
- Attend training on violence prevention.
- Report to the supervisor or employer immediately any hazard that can endanger the worker or any other person, and any incidents, including a near miss.
- The right to refuse unsafe work.



## **Benefits of De-escalation Skills**

- Reduces stress.
- Minimizes absenteeism.
- Improves patient relationships.
- Maintains a safe environment.
- Increases overall efficiency.
- Fewer patient complaints.



Q: Which of these do you see as most relevant, or most needed, in your own clinic setting?

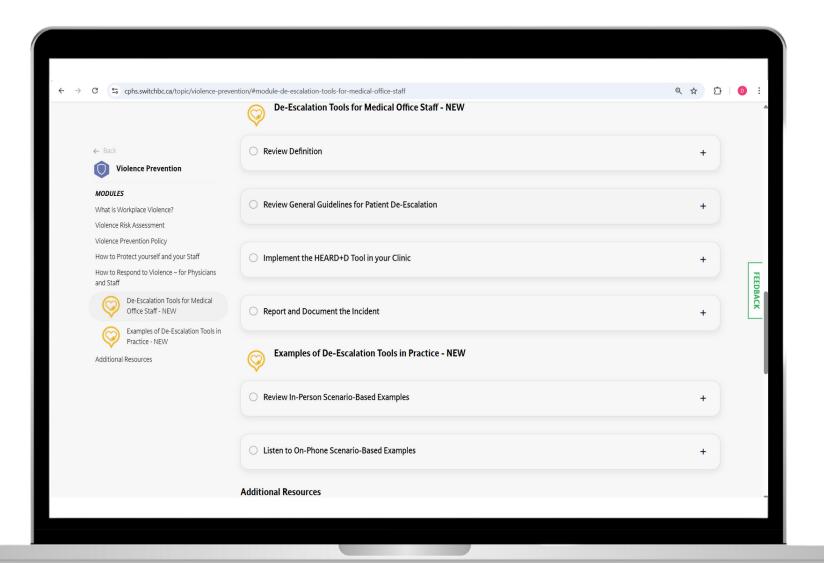




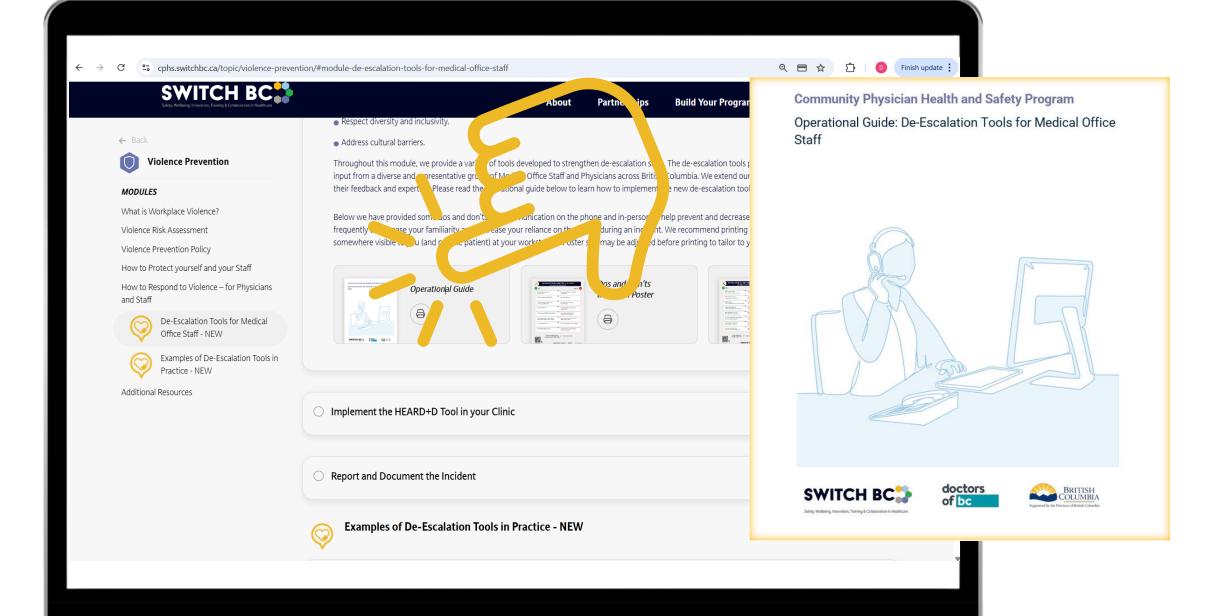


### **De-Escalation Tools:**

- Operational Guide
- HEARD+D Tool
- HEARD+D Reference Card
- Audio Clips
- Scenario-Based Examples
- Posters
- Learning Resources









#### DE-ESCALATION DOS AND DON'TS: IN PERSON

Your safety is the highest priority





Give your full attention and face the person.

Do not engage in side conversations or other tasks.

Model calmness and speak slowly.

Do not raise your voice.

Provide alternatives, offer choices, and encourage their ideas.

Do not question or challenge their statements.

Keep a safe distance.

Do not invade their personal space or get too close.

Have your hands visible and palms open.

Do not hide your hands, clench your fists, or cross your arms.

Keep workspace and counters clear of objects that could be used as weapons. Do not leave heavy, sharp, or pointed objects on the counter.

Have an exit plan ready.

Do not turn your back, unless escaping.

If in imminent danger, call 911.

Do not hesitate to call for help from other staff or police.

If you are feeling unsafe, create space and ask for help.

Stay calm, take a breath, and notice your reaction.









# phone On the



#### DE-ESCALATION DOs AND DON'Ts: ON THE PHONE

Your safety is the highest priority



DOs

Avoid being dismissive. "You will have to call back later, we're busy."

Allow the person to vent.

Use the person's name.

Use silence and active listening.

"Thank you for letting me know, Sara."

Avoid interrupting the person.

Interrupting can cause increased frustration.

Model calmness.

"I want to help, but I need us to speak respectfully."

Do not pressure a response.

"You need to calm down."

Validate their experience.

"I hear your frustration and want to help."

Do not discredit their experience.

"Lots of patients are dealing with this."

Offer alternatives and choice.

"Which option works best for you?"

Do not force choices or give ultimatums.

"This is the only option."

Show ownership and engage the person.

"Let's find a solution together."

Do not ignore their need for support.

"This isn't my problem."

Ask questions that elicit a 'yes'.

"Just to confirm, you need ...?"

Avoid complex questions.

"What do you want me to do about it?"

Use a clear and steady tone.

Speak at a slower than normal pace.

Avoid speaking too quickly.

Confusion can heighten emotions.



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If you are feeling unsafe, end the call. "I want to give this my full attention, let me call you back in [30 minutes] so I can review everything."







## **De-escalation Tool for Medical Office Staff (HEARD+D) IN PERSON**



1 Hear Listen actively and model calmness.

Empathize Acknowledge and validate their feelings and experiences.

Assess the situation and yourself. Recognize your emotional state and biases and ask for help if needed.

4 Resolve Inform and o

Inform and offer solutions.

**Defuse** Set clear bound

Set clear boundaries and protect yourself.

6 Document

Notify your manager and chart the incident.

#### FRUSTRATED BEHAVIOUR

**Assess** 

Showing irritation

Sighing, pacing, fidgeting

"This is stressful!"
"I can't believe this."

#### **ANGRY BEHAVIOUR**

Visibly irritated, sharp, loud, pressured speech, demanding action

Loud voice, clenched fists, abrupt gestures

"This is unacceptable/ridiculous!"
"I need it right now!"

#### AGGRESSIVE BEHAVIOUR

Physical posturing, verbal intimidation, hostile tone, accusatory statements

Yelling, cursing, or slamming, invading personal space

"You're being stupid."
"You're useless."

#### THREATENING BEHAVIOUR

Physical or verbal threats

Pointing fingers, raising a fist, blocking exits, mentioning weapons

"You'll regret this!"
"I'll come back with a gun!"



# SWITCH BC





Inform/provide context and reasoning, confirm their needs,

"Appointment availability is further out because.../The clinic has a policy

"Here's what I can do (provide options if possible): Which one would work

When appropriate, note specific patient needs (e.g., hard of hearing, limited

that.../Prescription refills must.../What seems to have happened is... "To confirm you need Ito book an appointment! is that correct?"

English) in the medical record to help staff prevent future escalatio

or email an health and safety advisor at CPHS@SWITCHBC.ca.

Note: This chart provides examples of inappropriate behaviour, but it's up to you to assess where the patient is on the escalation scale. Need more information? Visit the portal at CPHS.SWITCHBC.ca

and offer solutions:

- · Be objective, state the facts, and use quotes
- . Describe the person's behaviour, incident details, and context. including date, time, location, contributing factors, statements, and de-escalation efforts. Consider the five W's: Who, What, Where, When,
- State the harm caused to you, if any (e.g. intimidation, fear, physical injury, threats made) on the incident report form.
- · Chart the incident with the assistance of your manager if needed.
- . When reporting to the police, do not share patient medical information (except if public safety is in danger).
- \*If the incident caused an injury requiring medical treatment, you are required to report to WorkSafeBC and conduct an incident investigation.







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Safety, Wellbeing, Innovation, Training & Collaboration in Healthcare

#### **De-escalation Tool for Medical Office Staff (HEARD+D)**

1 Hear

Listen actively and model calmness.

If the patient escalates from angry to aggressive behaviour, go to Step 5

2 Empathize

Acknowledge and validate their feelings and experiences.

3 Assess

Assess the situation and yourself. Recognize your emotional state and biases and ask for help if needed.

4 Resolve

Inform and offer solutions.

5 Defuse

Set clear boundaries and protect yourself.

If necessary, ask the person to leave (in person), or end the call (on phone).

6 Document

Notify your manager and chart the incident.







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Injured worker information:						
Full name:			Position/Job title:			
Tall name.			1 ostaony sob atte			
Witness information (staff or public, if there were any)	):		B 101 11 101 1B 11	. /5		
Full name(s):			Position/Job title/Patient/Public:			
Incident details:						
Location:				Date:		
				Time:		
Type of occurrence:						
a. Serious injury* to a worker		d. Mental health injury				
b. Major release of hazardous substance		e. Minor injury or no injury but had potential for causing injury (near miss)				
<ul> <li>Major structural failure or collapse; blasting accident or other dangerous incident involving explosives; fire explosion with potential for serious injury*</li> </ul>		f. Injury requiring medical treatment beyond first aid				
* Serious injuries are life-threatening or can cause permanent spinal cord and brain injuries, and heat or cold stress.			najor fractures, amputations,	serious bur	ns, chemical e	xposi
If a, b, or c, report it immediately to WorkSafeBC at 1-888-6.  Description of incident:	21-7233 (24	4/7).				
What happened? Summarize the sequence of events, the surrounding conditions; activities taking place in the spa involved.			2			

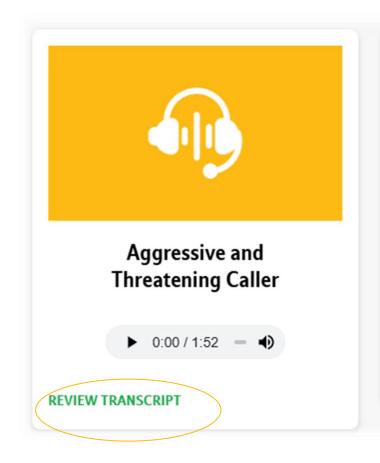


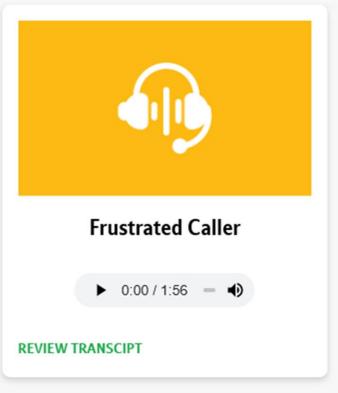


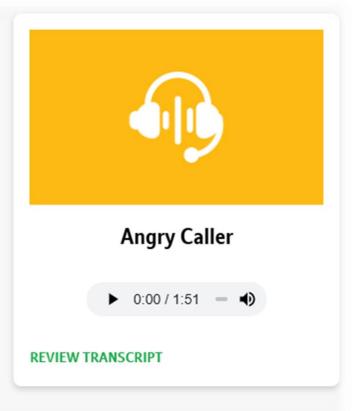




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# **Poll Question 5:**

When managing challenging patient behaviour, what type of support or resource has helped you or your team the most, OR that you look forward to enhancing?

- a) Training
- b) Policies and protocol
- c) Physical layout and/or security measures
- d) Emergency alert systems
- e) Team discussion or debriefs



# **Bullying and Harassment**



# **Learning Objectives**

- 1. Define workplace bullying and harassment.
- 2. Explain worker rights, employer responsibilities, and the procedures for reporting incidents.



# What is Bullying & Harassment?

#### Includes:

Any inappropriate conduct or comment toward a worker that a person knew or should reasonably have known would **cause that worker to be humiliated or intimidated**.

#### Excludes:

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



# **Examples of Bullying and Harassment Behaviours**

- Verbal aggression, insults, or threats.
- Humiliating initiation practices or hazing.
- Spreading malicious rumors.
- Calling someone derogatory names.
- Vandalizing personal belongings.
- Target social isolation and/or exclusion from work-related activities.
- Microaggressions
- Inappropriate flirting, unwelcome sexual comments, jokes, or advances.





# **Poll Question 6:**

Have you experienced or observed bullying or harassment incidents at work?

- a) Yes, I have experienced it.
- b) Yes, I have witnessed it.
- c) No.
- d) Prefer not to say.



# **Employer Responsibilities**

- Developing a policy.
- Establishing reporting procedures, outlining how concerns will be addressed.
- Training staff on policy and procedures.
- Reviewing policies and procedures annually.



# **Worker Responsibilities**

- Report any bullying and harassment behaviours.
- Not engage in the bullying and harassment of others.
- Apply and comply with the employer's policies and procedures.





# Bullying and Harassment Policy and Procedure









# Respectful Workplaces

Let's build one together!

A respectful workplace is a safe workplace. Our clinic is a place of respect - for everyone.

Management is committed to a workplace where everyone feels safe, respected, and included.

All reports will be taken seriously and investigated confidentially.

#### Bullying or verbal abuse will not be tolerated.

Bullying and verbal abuse is any behaviour, action, or comment, including those of a sexual nature, that can offend, intimidate, humiliate, or cause psychological or physical harm. Keep the following in mind:

- · Treat everyone with respect at all times.
- · Maintain professionalism in how you speak and act.
- · Kindness counts even small acts of kindness can create a positive workplace.
- Think before you make a joke. Humour isn't always appropriate.
- · Communicate openly. Solve small issues early whenever possible.
- · Observe disrespectful behaviour? Step in.
- · Participate in prevention measures, including education and training.

#### Speak up. If you see it, say it.

If you feel you are being bullied or verbally abused, please report it to management, or call WorkSafeBC (1-888-621-7233) for additional support.



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.











#### **Bullying and Harassment Complaint Form**

<b>Employer information</b>	
Clinic name:	
Location:	
Complainant information (victim of bullying or ha	arassment)
Name:	
Job position:	
Respondent information (alleged bully or harasse	er)
Name(s):	
Job position:	
Witness information (alleged bully or harasser)	
Name(s):	
Job position:	
Personal statement	
Please provide details on the bullying and harassm  Names of all those involved  Any witnesses to the incidents  Location, date, and time of the incidents  Attach any supporting documents, such as emails,	Details about the incidents including behaviour and/or language used     Other relevant information handwritten notes, or photographs. Attach additional pages, as necessary.
	continued overleaf
SWITCH BC	doctors of bc  BRITISH COTEMBA

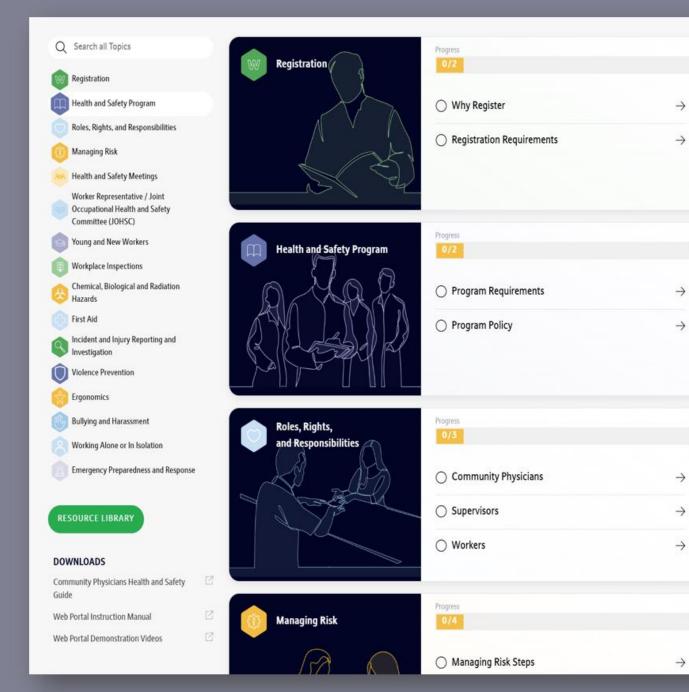
Bullying a	nd Harassme	nt Investigation	Form	
Employer information				
Clinic name:			Investigation start date:	
Investigator information				
Name(s):				
Job position:			Date:	
Document review				
List all documentation re (emails, notes, photographs				
Interviews				
Person interviewed: (name, position)			Interview date:	
Situation description: (including dates, language, actions, and reported/ observed impact)				
Person interviewed: (name, position)			Interview date:	
Situation description: (including dates, language, actions, and reported/ observed impact)				
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# **Build Your Program**







**Next Step: Book an Assessment** 

# **Questions?**



Thank you!

#### **Next Webinar:**

• February 10<sup>th</sup>



Evaluation: Managing Risk, Isola tion, and Respect in the Workplace







