

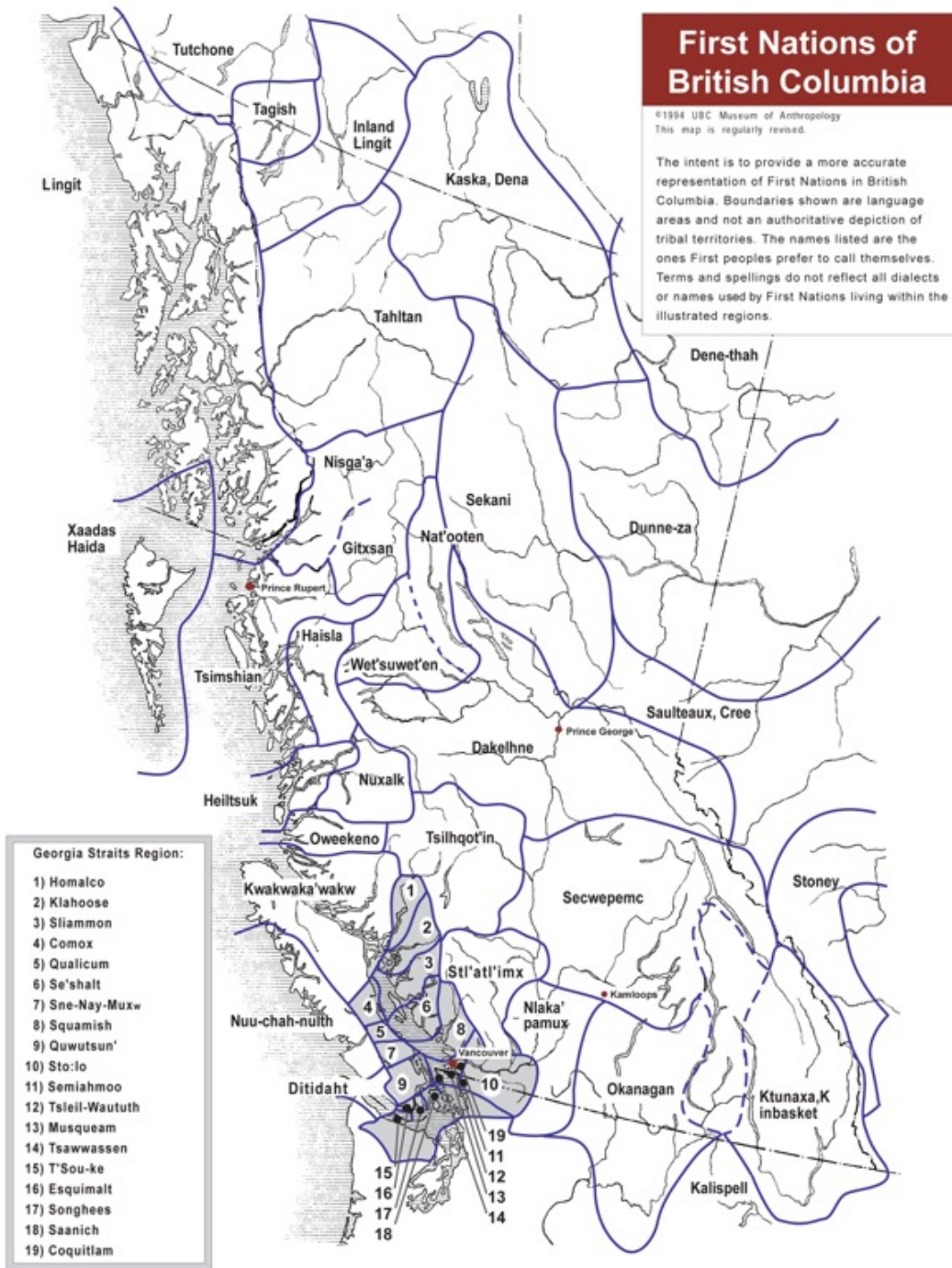
Community Physician Health and Safety Guide





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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 colonialization on First Nations, Métis, and Inuit peoples, and 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.





Section Overview

Section 1 Introduction	This guide has been developed to assist community physicians and their staff, as employers and workers, to understand and maintain compliance with the Workers Compensation Act (WCA) and the Occupational Health and Safety (OHS) Regulation to ensure the health and safety of themselves, their co-workers, and their employees. The focus is on the prevention of work-related illnesses and injuries.
Section 2 Health and Safety Laws	In British Columbia, workers are protected by the WCA and the OHS Regulation which require employers to ensure the health and safety of all workers at their workplace. Workers are responsible for ensuring the health and safety of themselves and other workers while conducting their work at their workplace.
Section 3 Rights and Responsibilities	In British Columbia, all workers, including community physicians, medical office assistants, nurses, and allied health providers, have fundamental health and safety rights.
Section 4 Health and Safety Program	A health and safety program has many benefits. Such a program ensures workplace hazards and associated risks are identified and controlled, improves health and safety performance, communicates health and safety commitments and policies to staff, and provides a framework for attaining health and safety goals and objectives. Health and safety programs assist with implementation by defining roles, responsibilities, and accountability for tasks, including corrective action as the program evolves.
Section 5 Managing Risk	Managing risk in the workplace involves identifying what hazards are in the workplace that might cause harm to your workers, and determining what reasonable steps need to be taken to prevent that harm from occurring.
Section 6 General Conditions	A fundamental purpose of the OHS provisions of the WCA is to protect workers and other people at the workplace from health and safety hazards. Physicians and their support staff all share in the responsibility of ensuring the health and safety of people at their workplace. General conditions are hazards, information, or other factors a physician must consider when employing workers.
Section 7 Young and New Worker Training	As employers, physicians are responsible for ensuring their workers are properly instructed and trained to do their work safely. This includes providing general safety and training orientation for new and young workers. It also includes training workers on how to safely perform their specific tasks and providing supervision and ongoing training to ensure that workers continue to work safely.
Section 8 Chemical and Biological Hazards	Physicians as employers must consider the risks associated with chemical and biological hazards from the products workers may encounter in the workplace.



Section 9 First Aid	Physicians as employers must provide first aid services, supplies, and equipment that meet the requirements outlined in the OHS Regulation.
Section 10 Preventing Workplace Violence, Bullying and Harassment	Physicians as employers must consider any hazard from a workplace violence lens when conducting their office risk assessment and must implement appropriate controls to protect themselves and their workers.
Section 11 Working Alone	Physicians as employers must ensure their staff, who could be working alone in the office or elsewhere, have a means of communicating with their employer or supervisor if assistance is required.
Section 12 Joint Health and Safety Committee	Workplace health and safety is a team effort. For the system to work as intended, everyone must know – and do – what is expected of them in their role. Responsibility is shared according to each person’s legal obligations, which are often based on that person’s authority and control at the worksite. The intent is to address workplace hazards quickly, effectively, and internally. Depending on the number of workers in a community practice, a joint committee or a worker health and safety representative could be required.
Section 13 Reporting and Investigating Incidents and/or Injuries	Employers must report serious incidents and fatalities to WorkSafeBC and investigate incidents that cause injury or have the potential to cause serious injury.
Section 14 Emergency Preparedness and Response	Community physicians must have a written emergency preparedness plan appropriate to the hazards of the worksite and address non-medical emergencies. The plan must be developed, implemented, and annually reviewed with the joint committee or worker representative, and be shared with all workers.
Section 15 Radiation Hazards	Where radiation is part of the operations in a community practice, the employer must consider and control the associated hazards and risks.

Acknowledgements

The *Community Physician Health and Safety Guide* has been developed through consultation with WorkSafeBC, Doctors of BC, and the Ministry of Health – Health and Safety Unit. We appreciate their valuable contributions.

With recognition and appreciation, we thank the Alberta government for permission to adapt its *A Physician’s Guide to Occupational Health and Safety Responsibilities* to B.C.’s workplace regulations and legislation, and for our province’s community physicians and support staff.

Please note this guide is primarily focused on regulatory requirements for community physicians, and it is important to recognize there are other key factors that support workplace health and safety. Supplemental education, training, and considerations related to cultural safety and humility, anti-racism, psychological health and safety, diversity, equity, and inclusion will enhance health and safety programs.





Introduction

Community physicians, as employers, and their support staff, as workers, must understand and maintain compliance with the Workers Compensation Act (WCA) and Occupational Health and Safety (OHS) Regulation to ensure the health and safety of themselves, their co-workers, and their employees. The focus is on the prevention of work-related illnesses and injuries.

Workplace health and safety is a team effort. For the system to work, everyone must know – and do – what is expected of them in their role. When everyone adopts good health and safety practices as part of their regular workplace routine, health and safety standards can be met without external enforcement. Individuals must do their part in ensuring health and safety at work.

The guide has been developed for use by all community physicians and support staff in British Columbia in all work settings, such as, but not limited to:

Physicians in community practice settings, including:

- Private offices
- Medical clinics
- After hours and walk-in clinics

Private, non-health authority, College of Physicians and Surgeons of British Columbia-accredited diagnostic and treatment facilities, including but not limited to:

- Non-hospital surgical facilities
- Diagnostic imaging
- Medical laboratories
- Pulmonary function laboratories
- Clinical neurophysiology
- Cardiac exercise stress testing

Physicians as workers and as supervisors in other work settings, such as:

- Primary Care Networks (PCNs) where allied health providers who are employed by the health authority are working in community physicians' offices
- Clinics
- Medical/surgical facilities





This guide is meant to be read in its entirety to provide information on the legislated roles and responsibilities for workplace health and safety in British Columbia. It should also be used as a reference resource when health and safety issues arise in the workplace. The laws for health and safety are **minimum requirements**. SWITCH BC will continue to monitor regulations and requirements and update this guide as necessary to support community physicians and staff.

Organizations that invest in developing strong positive, health and safety cultures have been shown to have increased productivity, reduced absenteeism, and reduced staff turnover ([The University of British Columbia, 2021](#)). They have been shown to offer increased customer experience ratings and lower costs through reduced injury rates.

Resources and links can be found on the [SWITCH BC](#) website.

Note: *Not all requirements under the WCA and OHS Regulation are discussed in this resource. **This is not a definitive guide to the legislation and does not exempt readers from their responsibilities under applicable legislation.** In case of inconsistency between this resource and the occupational health and safety legislation or any other legislation, the legislation will always prevail.*

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Health and Safety Laws

In British Columbia, workers, including community physicians and medical office assistants (MOA), are protected by the WCA and by the OHS Regulation.

Community physicians include family physicians or specialists who work in or own a community practice. Community physician **employers** are responsible for ensuring the health and safety of all workers at their worksite.

Workers are responsible for taking reasonable care to ensure the health and safety of themselves and others while conducting their work at the worksite.





British Columbia's OHS legislation is a set of laws that help protect the health and safety of workers while at work.



British Columbia's OHS legislation has three main parts:

1. Workers Compensation Act
2. Occupational Health and Safety Regulation
3. WorkSafeBC Prevention Policies



There are also WorkSafeBC OHS Guidelines to further assist community physicians and their staff in meeting their obligations.



Workers Compensation Act

The **WCA** establishes the Workers' Compensation Board of B.C. (WorkSafeBC) as an entity and sets out its mandate. The WCA provides the legal authority and framework for its activities, including prevention and enforcement.



The health and safety provisions of the WCA address matters such as the rights and responsibilities of employers, supervisors, and workers; joint committee and worker representatives; the right to refuse unsafe work; accident reporting; investigations; enforcement; administrative penalties; offences; and regulation-making authority. Community physicians are required to abide by the WCA and should be registered with WorkSafeBC if they employ workers.



Occupational Health and Safety Regulation

The **OHS Regulation** contains legal requirements that must be met by all workplaces, including community physician practices under the jurisdiction of WorkSafeBC.



The OHS Regulation is designed to promote workplace health and safety, and to protect workers and other people present at workplaces from work-related risks to their health, safety, and wellbeing. Compliance with the requirements provides the basis on which workers and employers, in cooperation, can address workplace health and safety concerns. The requirements are a foundation upon which to build an effective approach to health and safety in the workplace.



WorkSafeBC Prevention Policies

The **Policies for the Workers Compensation Act** or prevention policies are passed by WorkSafeBC's Board of Directors and are binding on WorkSafeBC officers and other employees, as well as on the Workers' Compensation Appeal Tribunal when making decisions.



WorkSafeBC OHS Guidelines

WorkSafeBC issues the WCA and OHS Guidelines to help with the application and interpretation of sections of the WCA and OHS Regulation. OHS Guidelines are not intended to provide exclusive interpretations. Although they are not legally binding, they assist employers, supervisors, and employees on how to comply with requirements. Many sections of the WCA and OHS Regulation have associated guidelines.





Where do I find the legislation?

- Occupational health and safety legislation is searchable on the WorkSafeBC website under [Law and Policy](#).
- You can download the mobile app for [OHS Regulation](#) from WorkSafeBC.



How does the legislation apply to community physicians?

Community physicians must consider their health and safety responsibilities as both employers – where they employ staff (i.e., their private practice or clinic) – and as workers. For example, physicians in a primary care network, where they are not the employer, have responsibilities as co-workers (e.g., pharmacists, nurses, or social workers) to ensure the health and safety of themselves and others.

Who is covered under British Columbia’s OHS Legislation?

The WCA and OHS Regulation cover most workers and employers in British Columbia, including community physicians and clinic staff.

The major exception is:

- Employers who are self-employed with no workers. An example is an incorporated physician working independently with no support staff.

Resource:

WorkSafeBC - [Who does and doesn’t need coverage?](#)





General Obligations of Employers



Who is an employer under the Workers Compensation Act?

“**Employer**” includes every person having in their service under a contract of hiring or apprenticeship, whether the contract is written or oral, express or implied, a person engaged in work, or about an industry.

☆ **Example:** a physician who owns and operates a clinic, including the hiring of staff.

“**Worker**” includes a person who has entered or works under a contract of service, whether the contract is written or oral, expressed, or implied.

☆ **Example:** a physician working in a hospital alongside other health care staff.

“**Supervisor**” is a person who instructs, directs, and controls workers in the performance of their duties.

☆ **Example:** a physician has medical students assigned to them.

- A supervisor need not have the title “supervisor.” They may have some other title or have no title at all.
- The supervisor will normally be appointed by an employer as such, but a person may be a supervisor without being specifically appointed by an employer if, as a matter of fact, they instruct, direct and control workers in the performance of their duties. The employer themselves may be a supervisor.

“**Direct supervision**” may take place even though a worker may be located in a different place than the supervisor or may travel to different places as part of their work. Directions may be given by any communications medium.



Resources:

WorkSafeBC - [Workers Compensation Act](#)

WorkSafeBC - [Definitions](#)

WorkSafeBC - [General Duties of Supervisors](#)

If you are a community physician in British Columbia, you may be required to register with WorkSafeBC. To help physicians in registering, Doctors of BC and WorkSafeBC have developed a physician-specific [guide](#) and [video](#).

Registration is required if:

- You are an employer, or
- You operate through an incorporated company including a partnership, corporation, or proprietorship.





Why is registration important for community physicians?

Registration ensures you and any workers you employ receive coverage for healthcare benefits, wage-loss benefits, and rehabilitation benefits in the event of a work-related injury or illness.

Registration ensures physicians are not subject to lawsuits from workers or other employers (i.e., no-fault insurance system).

If you do not register and a worker is injured, you could be responsible for both the worker's WorkSafeBC claim costs and your unpaid premiums.

If a community physician meets WorkSafeBC registration criteria as an employer, but has not been paying premiums, WorkSafeBC may charge physicians retroactively.



Registration is not required if:

- Your income is exclusively reflected in a T4 Statement of Remuneration Paid or are retired and receive benefits under a T4A Statement of Pension, Retirement, Annuity, and other income from a health authority (i.e., you are a worker).
- You exclusively provide your services to a health authority under a salary agreement as described in the [Physician Master Agreement](#).

Note: If you receive a T4 statement fulfilling the role of worker, but you also fulfil the role of employer as the business owner, you are required to register.



What is Personal Optional Protection?

If you are injured on the job, [Personal Optional Protection \(POP\)](#) insurance provides you with compensation. For eligible and approved physician owners and partners (unincorporated only), POP will pay healthcare, wage-loss, and rehabilitation benefits if you are injured at work. You can choose how much wage-loss coverage you purchase. You need to submit a [Physician Registration Application](#) with the POP insurance application. Physicians may also choose to purchase additional coverage through other insurance companies.

For further information about additional coverage through POP, contact WorkSafeBC's Employer Service Centre at **1-888-922-2768**.

You can register for Personal Optional Protection if:

You provide your services to a health authority as an independent contractor in your own name (e.g., Dr. Jane Smith) and your revenue is earned solely through one or more of:

- A service contract.
- A sessional contract.
- Fee-for-service payments from the Medical Services Plan (MSP), WorkSafeBC, or ICBC.
- Longitudinal Family Practice Payment Model.
- Earnings related to private practice (e.g., third-party, medico-legal, and private billings).



Resource:

WorkSafeBC - [WCA, Part 2, Division 4, Section 21](#)





Rights and Responsibilities

In British Columbia, all workers, including community physicians, medical office assistants, nurses, and allied health workers, have fundamental health and safety rights and responsibilities under [WorkSafeBC Regulation, Part 3](#).





Core Worker Rights

To Know – The employer must notify workers of any hazards in the workplace they know or should know of, and provide the training, health and safety rights, awareness, instruction, supervision, and equipment needed to work safely.

To Participate – Workers may participate in workplace health and safety through the joint health and safety committee or through the worker health and safety representative.

To Refuse – Workers **must** refuse work that they reasonably believe may endanger themselves or other workers.

Right to Refuse Unsafe Work

There are potentially three steps to follow when refusing unsafe work, click the image below to expand the chart or download the chart [here](#).



No prohibited action

In addition to the rights outlined on the previous page, the worker is protected from prohibited actions for exercising a health and safety right or carrying out any duty in accordance with the OHS Regulation. Employers are prohibited from firing, disciplining, or otherwise taking prohibited actions against workers for using their right to refuse unsafe work.

Responsibilities of employers, supervisors, and workers

Community physicians, as employers, have a legal responsibility to ensure the health and safety of all workers at the site.

This includes resolving any workplace conditions that are hazardous to the health or safety of the workers.

Community physicians must ensure workers:

- Are aware of all known or reasonably foreseeable health and safety hazards to which they are likely to be exposed by their work.
- Comply with OHS provisions, regulations, and any applicable orders.
- Are aware of their rights and duties under the OHS provisions and regulations.

Community physicians must also establish workplace health and safety policies and programs in accordance with regulations by:

- Providing and maintaining in good condition protective equipment, devices, and clothing as required by regulation, and ensuring that these are used by the employer's workers.
- Providing workers the information, instruction, training, and supervision necessary to ensure the health and safety of those workers in carrying out their work and to ensure the health and safety of other workers at the workplace.
- Making a copy of the WCA and the OHS Regulation readily available for review by the employer's workers and, at each workplace where workers of the employer are regularly employed, post and keep a notice posted advising where the copy is available for review.
- Consulting and cooperating with the joint health and safety committee or the worker health and safety representative for the workplace of the employer.
- Cooperating with the WorkSafeBC Board, safety officers of the Board, and any other person carrying out a duty under the OHS provisions or the regulations.

Supervisors, including community physicians and office managers, must ensure the health and safety of all workers under their direct supervision.

This includes:

- Being knowledgeable about the OHS provisions and those regulations applicable to the work being supervised.
- Complying with the OHS provisions, the regulations, and any applicable orders.

Supervisors must ensure workers under their direct supervision:

- Are aware of all known or reasonably foreseeable health or safety hazards in the area where they work.
- Comply with the OHS provisions, the regulations, and any applicable orders.
- Consult and cooperate with the joint committee or the worker health and safety representative for the workplace.
- Cooperate with the WorkSafeBC Board, safety officers of the Board, and any other person carrying out a duty under the OHS provisions or the regulations.



Workers, including medical office assistants, nurses, and PCN staff such as contracted allied health workers, and nurse practitioners, must:

- Take reasonable care to protect their own health and safety and the health and safety of other people who may be affected by their acts or omissions at work.
- Comply with the OHS provisions, the regulations, and any applicable orders.
- Carry out their work in accordance with established safe work procedures as required by the OHS provisions and the regulations.
- Use or wear protective equipment, devices, and clothing as required.
- Not engage in horseplay or similar conduct that may endanger the worker or any other person.
- Ensure that their ability to work without risk to their own health or safety, or to the health or safety of any other person, is not impaired by alcohol, drugs, or other causes.
- Report to the supervisor or employer:
 - Any contravention of the OHS provisions, the regulations, or an applicable order of which the worker is aware.
 - The absence of or defect in any protective equipment, device or clothing, or the existence of any other hazard, that the worker considers is likely to endanger them or any other person.
- Cooperate with the joint health and safety committee or the worker health and safety representative for the workplace.
- Cooperate with the WorkSafeBC Board, safety officers of the Board, and any other person carrying out a duty under the OHS provisions or the regulations.

Resources:

WorkSafeBC - [OHS Regulation, Part 3](#)

WorkSafeBC - [WCA, Part 2, Division 4, Section 21](#)



☆ Example: Undue Hazard and Refusal of Work

You are a physician who employs clinic support staff. Normally, there are two MOAs at the reception desk. Due to operational challenges and a complex patient panel, there is a backlog of paperwork to process and one of the MOAs has gone home sick without replacement. The main entry door to the office was left unlocked and patients are arriving for afternoon appointments.

This clinic's working alone procedure states, "**When working alone, the front entrance door must be locked and patients must be screened and checked in before they can enter the office waiting room.**"

The office assistant informs you they will not work with the door unlocked, citing an unsafe working condition (i.e., existing working alone procedure).

At this point, notification of an unsafe condition has been made to you as the employer. It could proceed to a right to refuse unsafe work if you do not remedy the situation. At that point, the worker could formally refuse unsafe work.



Health and Safety Program

An organizational health and safety program provides several benefits to employers, including community physicians. By developing and implementing a health and safety program, the physician employer meets legislative requirements and controls their practice's health and safety risks effectively.

A health and safety program helps to improve health and safety performance while communicating an employer's health and safety commitments to their staff and provides a framework for attaining its health and safety goals and objectives through well-thought-out policies and procedures. Health and safety programs help delineate roles, responsibilities, and accountability for tasks, while checking corrective actions in a timely way as the program evolves.



All medical offices, despite their size, must follow all applicable requirements under the WCA and the OHS Regulation, in addition to having an appropriate health and safety program.

If your practice has 50 workers or fewer, it is considered a **low hazard-rated** operation as determined by WorkSafeBC. You will need an **informal health and safety** program with the requirements noted below. SWITCH BC is actively working with Doctors of BC to create resources and templates to better support health and safety program development and will add components to this guide as available.

Am I required to have a health and safety program?

All community medical practices must follow all applicable requirements under the WCA and the OHS Regulation, in addition to having an appropriate health and safety program. The program must be designed to prevent work-related injury and illness. The employer of the practice must assess the number of workers, and the nature and extent of the risks and hazards, including whether the workplace creates a low, moderate, or high risk of injury or illness.

WORK SAFE BC considers all community-based family physician and specialist clinics to be a **low risk of injury**.

Which type of health and safety program do I require?

A health and safety program must be initiated and maintained by the employer. If the workplace is low risk of injury or illness:

- An informal health and safety program is required for workplaces with fewer than 50 workers.
 - Workplaces require the addition of a joint health and safety committee once there are 20 or more workers. See [Section 12](#) of this document for details of a joint health and safety committee.
- A formal health and safety program is required for workplaces with 50 or more workers.

Informal program requirements:

The employer of the community practice must:

- Maintain a program based on regular monthly meetings with workers for discussion of health and safety matters.
- Ensure meetings are directed at maintaining a cooperative interest in the health and safety of the workforce and correcting unsafe conditions and practices.
- Maintain a record of the meetings and items discussed.

Once worksites have 20 or more workers a joint health and safety committee is required.



Formal program requirements:

A formal program and the employer must:

- Define a statement of the employer’s aims and the responsibilities of the employer, supervisors, and workers.
- Conduct regular inspections of the premises and work practices at appropriate intervals to identify and correct the development of unsafe conditions.
- Provide appropriate written instructions for workers.
- Hold periodic meetings with workers to review health and safety items.
- Outline a process for investigating incidents and injuries to prevent re-occurrence.
- Maintain records and statistics, including relating to inspections and incident investigations, which can be made available to the joint health and safety committee.
- Provide instruction and supervision of workers in safe performance of work.





Managing Risk

Hazard identification, assessment, and control is the foundation of workplace health and safety and is a requirement under the WCA and OHS Regulation.

Before opening a new medical office, the employer must identify and assess hazards. Once this process is completed, your findings will inform the development of office policies and procedures. A hazard risk assessment should be revisited once per year or if there is a change in operations of the business.





Identifying and Assessing Hazards

What is a Hazard?

A hazard is any situation, condition or thing that may cause harm to your workers. In a medical office, hazards might include disinfecting chemicals, used sharps, electricity, biomedical equipment, or biological agents. After you determine what hazards exist, the next step is to assess the risk these hazards pose to workers, so you can dedicate the appropriate attention and level of control to each one.

Hazards may be grouped into four main categories:

Physical Hazards

Lifting and handling loads

Repetitive motions

Slipping and tripping hazards

Equipment

Ergonomic

Fire

Electricity (e.g., poor wiring, frayed cords)

Excess noise

Inadequate lighting

Extreme temperatures

Vibration

Workplace violence (e.g., aggressive language, threats)

Lasers

Cautery equipment

Sharps





Chemical Hazards

Chemicals (e.g., solvents, cleaners, medications such as antineoplastics, cytotoxic or hazardous drugs)

Sterilizing agents (e.g., glutaraldehyde)

Bleach

Dusts (e.g., bone dust)

Smoke

Fumes, mists, and vapours

Gases (e.g., anesthetic gases or oxygen)

Liquid nitrogen

Formaldehyde

Mercury (e.g., broken thermometers or sphygmomanometers)

Hydrogen peroxide

Latex

Biological Hazards

Viruses, bacteria, and fungi (e.g., influenza, varicella, rubeola)

Moulds

Blood and body fluids (e.g., hepatitis A, B, and C or HIV)

Sewage

Airborne pathogens

Psychosocial Hazards

Working conditions (e.g., workload)

Stress

Fatigue and burnout

Working alone

Workplace violence

Working with chronically ill and dying patients

Bullying, embarrassment, and harassment



What is Risk?

The risk is the chance that someone could be harmed by these hazards, as well as the potential severity of harm.

Managing Risk

Managing risk in your office involves thinking about what might cause harm to your workers and determining whether you, as the employer, are taking reasonable steps to prevent that harm from happening.



To manage risk:



1. Understand the risk

Begin by identifying hazards in your practice. In a community office, hazards might involve electrical cords, lab specimens, disposing of sharps or biological waste. After you determine what hazards exist, the next step is to assess the risk these hazards pose to your workers so you can dedicate the appropriate attention and level of control to each one.



2. Implement measures to control risk

The greatest risk or risks should be addressed first. If you cannot eliminate a risk, you need to implement control measures to minimize it. The hierarchy of controls (on [page 26](#)) will help you select and implement more effective measures to control risks.



3. Communicate the risk

A key step in managing risk is communicating the risk to your workers and what to do to control the risk. Provide workers with in-office training on how to identify and document hazards, and safe work procedures. If a physician requires education on identifying practice hazards and controlling risks, support is available from SWITCH BC and WorkSafeBC (on [page 27](#)).



4. Monitor and update

Monitor the effectiveness of the risk control measures in place and work with your staff to improve those that are not working as intended. Look for new or changing hazards and risks during your office's monthly safety inspections and annual review of past assessments. As a physician employer, ensure you observe and supervise any work activities that have a higher level of risk.

As an employer, you need to be aware of emerging risks, which can go unnoticed until they create hazards that may cause injuries. In a community office, an example could be a reception area carpet that is worn and creating a tripping hazard for staff and patients.





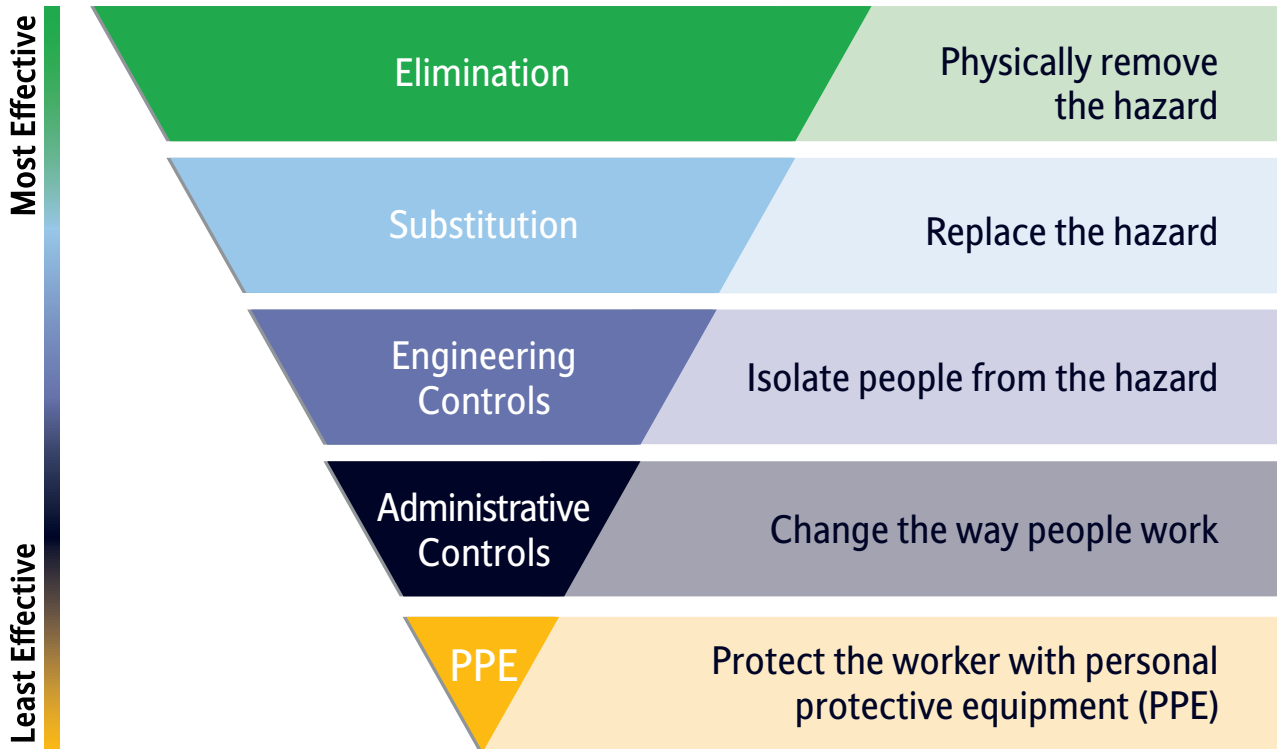
Eliminating and Controlling Hazards

The community physician is responsible for identifying, eliminating, or controlling all hazards identified in their office.

Whenever possible, hazards should be eliminated. If this is not possible, hazards must be controlled effectively to reduce risk. Control of hazards means reducing the hazard to levels that do not present a risk to your workers' health and safety.



Hierarchy of Controls (recommended by WorkSafeBC)



<h2 style="background-color: #2e8b57; color: white; padding: 10px;">Elimination</h2>	<p>Eliminating the hazard completely is always the first and most effective choice. When considering using elimination controls, ask yourself: “Can I find safer ways to perform the task?” For example, one common hazard that physicians face is the risk of exposure to infectious diseases. By providing consultations via virtual or telephone options, physicians can eliminate the risk of exposure to themselves and their staff.</p>
<h2 style="background-color: #808080; color: white; padding: 10px;">Substitution</h2>	<p>Substitution involves replacing the material or process with a less hazardous one. When considering using substitution controls, ask yourself: “Can I use something less harmful?” For example, substituting latex gloves for nitrile or other materials of equal or greater protection.</p>
<h2 style="background-color: #4b4b9b; color: white; padding: 10px;">Engineering Controls</h2>	<p>If you cannot eliminate the hazards or substitute safer alternatives, engineering controls are the next best options. These involve using work equipment or other means to prevent workers from being exposed to a hazard. Engineering controls are physical changes to the workplace and may include additional equipment or modifications such as partitions, dual egress, or highly visible signage. For example, medical clinics may have a higher risk of exposure to infectious diseases through needlestick injuries. Using self-retracting needles is one way to reduce the risk of this type of injury.</p>
<h2 style="background-color: #000033; color: white; padding: 10px;">Administrative Controls</h2>	<p>Administrative controls involve identifying and implementing safe work procedures so your workers can perform their job duties safely. Examples of administrative controls include implementing staff immunization programs, ensuring regular maintenance of equipment, providing training and supervision for workers, and developing safe work procedures.</p>
<h2 style="background-color: #ffcc00; color: white; padding: 10px;">Personal Protective Equipment</h2>	<p>Using PPE is another important control to protect workers.</p> <p>When using this measure, ensure that:</p> <ul style="list-style-type: none"> • The right type of PPE is selected for the task. • The PPE fits properly and is comfortable under working conditions. • Workers are trained in the need for PPE, its use, proper donning and doffing techniques, and proper disposal. • Workers are fit tested for use of N95 or other types of respiratory protection where it is required.



Resource:
WorkSafeBC - [Managing risk](#)





General Conditions

Community physicians or clinic employers and workers all share the responsibility of ensuring health and safety. Employers are responsible for ensuring workers are aware of any known or reasonably foreseeable health and safety hazards while at work and must correct hazardous conditions. Workers must protect their own health and safety and the health and safety of other people who may be affected by what they do at work. General conditions in this section include considerations for physical, environmental, site-specific information, and other factors an employer must consider in their office.





General Conditions

Physician practices have an obligation to establish safe working environments where staff can work and function safely. Specifically, the office environment allows for:

- Safe movement of people, equipment, and materials entering and leaving the space.
- Adequate lighting.
- Proper storage and handling of materials and equipment.
- A designated place to store and consume food.
- Access to accessible washrooms and/or change rooms.
- Access to safe drinking water.
- An unpolluted fresh air intake, free from tobacco and marijuana smoke or e-cigarette vapour, being a minimum of six metres away from outdoor smoking areas.
- A ventilation system for the supply and distribution of air and removal of indoor air contaminants that is designed, constructed, and operated in accordance with established engineering principles, and [ASHRAE Standard 62, Ventilation for Acceptable Indoor Air Quality](#).

Workplace impairment as an occupational health and safety issue is of increasing concern to employers and workers. Physical or mental impairment, including fatigue, can create a significant risk of injury and death to the impaired worker, their co-workers, and the public. Physicians and their staff share responsibility for managing all types of impairment in the workplace. No worker should be impaired by alcohol, drugs, or other substances, nor be suffering from a physical or mental impairment while at work.

Another consideration for community physician offices is **ergonomics**. Ergonomics is the interactions between people and their physical and organizational environments. **Ergonomic requirements** intend to reduce strains and sprains and other injuries.

A **musculoskeletal injury (MSI)** is an injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels, or related soft tissue. These injuries may be caused or aggravated by work, and MSI risks can exist in any type of workplace. As required by the OHS Regulation, physicians must identify the factors in their offices that may expose workers to a risk of MSI and assess the risk.



Resources:

WorkSafeBC - [OHS Regulation, Part 4](#)

WorkSafeBC - [Musculoskeletal Injury \(MSI\) Risk Assessment Worksheet](#)



Young and New Worker Training

Physician employers must ensure all workers, including young and new workers, are trained for:

- Safe operation of office equipment and medical instruments.
- Safe procedures when working with harmful materials.
- Correct use of personal protective equipment.
- Effective verbal de-escalation techniques.

Workers must:

- Participate in and apply training learned.
- Not perform work they believe is unsafe.





Young and New Worker Orientation and Training

All young and new workers must receive orientation training before they start work. A young worker is defined as anyone under the age of 25. A new worker is defined as anyone new to the workplace, returning to a workplace where a hazard in that workplace has changed, or relocated to a new workplace if the hazards in that workplace are different from the previous workplace.

SWITCH BC is actively working with Doctors of BC to create resources and templates to better support health and safety program development and will add components to this guide as available. The following topics must be included in the young or new worker's orientation and training:

- Name and contact information of the young or new worker's supervisor.
- The employer's and young or new worker's rights and responsibilities under the WCA and OHS Regulation, including the reporting of unsafe conditions and the right to refuse unsafe work.
- Workplace health and safety procedures, such as what to do if a spill occurs.
- Hazards to which the young or new worker may be exposed such as physical or verbal aggression.
- Working alone or in isolation "procedures" in the clinic.
- Violence in the workplace including responding to verbally aggressive patients.
- Location and use of personal protective equipment.
- Location of first aid facilities and summoning for first aid.
- Reporting illnesses and injuries sustained at work.
- Emergency procedures, including an office fire, flood, or power loss.
- Instruction and demonstration of the young or new worker's job duties.
- The office's health and safety program.
- Workplace Hazardous Materials Information System requirements.
- Contact information for the health and safety committee or the worker health and safety representative, as applicable to the workplace ([See Section 12](#)).

The employer must keep a record of all young and new worker orientation training.



Resources:

WorkSafeBC - [WCA, Part 2, Division 4, Section 21](#)

WorkSafeBC - [OHS Regulation, Part 3, Section 3.22-3.25](#)

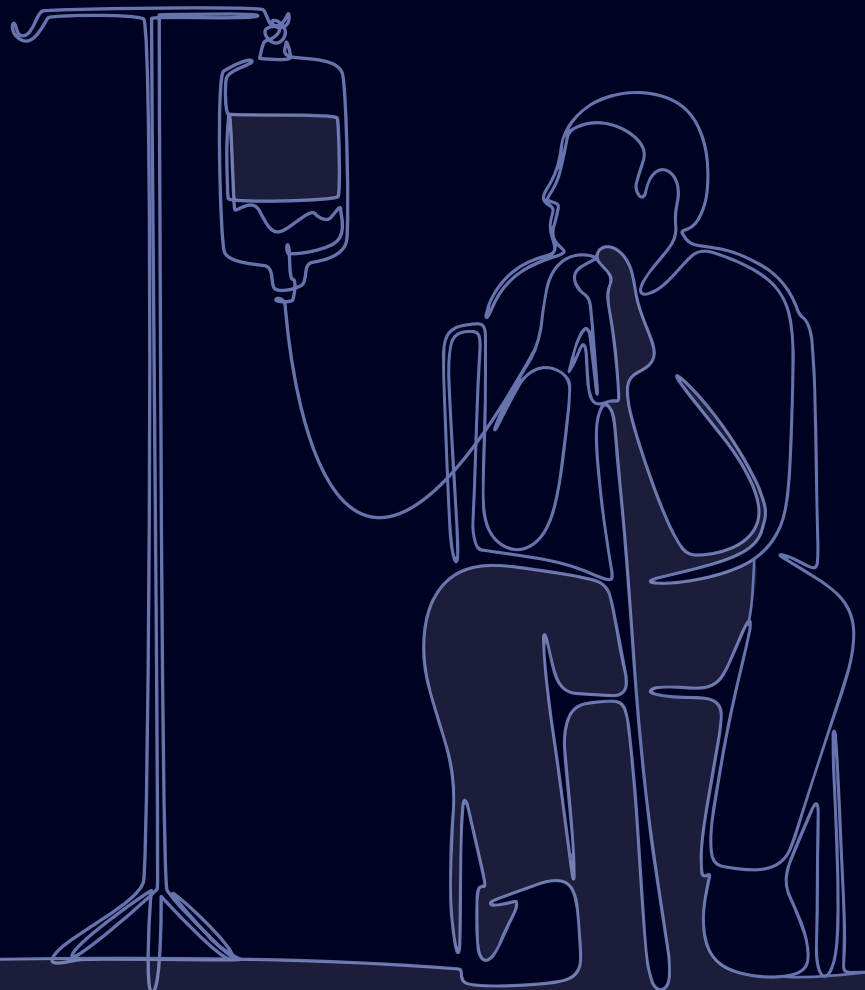
WorkSafeBC - [Health care & social services](#)



Chemical and Biological Hazards

Physician employers must consider the risks associated with chemical and biological hazards their workers might encounter while at work. Biological agents may be designated as hazardous substances under the OHS Regulation and require the employer to develop an Exposure Control Plan.

For instance, if a patient is known to be infected with tuberculosis and the workers could be exposed, the physician must identify the risk of exposure and implement the controls required to protect workers.





Legislation Applicable to Chemical Hazards, Biological Hazards, and Other Harmful Substances

Legislation related to chemical and biological hazards and other harmful substances is found in several sections of the WorkSafeBC [OHS Regulation Part 5: Chemical and Biological Agents](#), and [OHS Regulation Part 6: Substance Specific Requirements](#) outlines some specific requirements related to worker exposures and monitoring.

The following biological agents are designated as harmful substances:

- A liquid or solid material that is contaminated with a prion, virus, bacterium, fungus, or other biological agent that has a classification given by the Public Health Agency of Canada as a human pathogen that causes an adverse health effect.
- A biological toxin that causes an adverse health effect.



Resources:

WorkSafeBC - [OHS Regulation, Part 5, Section 5.1.1](#)

Public Health Agency of Canada - [Pathogen Risk Assessment](#)



Workplace Hazardous Materials Information System (WHMIS)

Hazardous materials may cause serious health problems in workers or cause fires or explosions in the workplace. WHMIS provides information on hazardous products, as defined and described in the federal [Hazardous Products Act](#) and [Hazardous Products Regulations](#), so workers can protect themselves. While WHMIS was updated in 2015, responsibilities for employers, workers and others remain unchanged.

Each hazardous product must have a label and data sheet. Labels identify the product's hazards and precautionary measures. Data sheets provide more detailed information. If the product is not classified as a hazardous product, the employer must still provide training, supervision, and safe work procedures. These labels are explained within the WHMIS 2015 training.



Resources:

WorkSafeBC - [OHS Regulation, Part 5, Section 5.3-5.19](#)

WorkSafeBC - [WHMIS](#)

WorkSafeBC - [WHMIS 2015: The Basics](#)





Biological Agents

Exposure Control Plan (ECP)

Most health care workers are likely to be exposed to biological agents designated as hazardous substances (i.e. biological hazards). Community physician employers are required to develop and implement an ECP for their office, which is a detailed requirements document designed to reduce the risk of workplace exposure.

An ECP must include the following elements:

- A risk assessment conducted by a qualified person to determine if there is a potential for exposure.
- A list of all work activities where there is a potential for exposure.
- Controls to eliminate or minimize the potential for exposure.
- Standard or routine infection control precautions for all work activities that have been identified as having a potential for exposure.
- A description of the PPE needed to eliminate or minimize the exposure.

Community physician employers must also:

- Inform workers about the contents of the ECP and provide them with adequate education, training, and supervision to work safely.
- Keep a record of all training and education provided to workers.
- Keep a record of all workers who have been exposed to a biological agent while performing work activities.



Resource:

WorkSafeBC - [Sample Exposure Control Plan for Biological Agents for Occupational First Aid Attendants \(OFAAs\)](#)

Considerations for medical sharps

Any medical sharp used to care for or treat a person must be a safety-engineered medical sharp.

If more than one type of safety-engineered hollow bore needle or safety-engineered medical sharp is available in commercial markets, the needle or sharp that provides the highest level of protection from accidental parenteral contact must be used. The requirement to use safety-engineered medical sharps does not apply if they are clinically inappropriate, meaning their use would compromise patient safety or the success of the procedure.

Safe work procedures and practices relating to the use of safety-engineered hollow bore needles and safety-engineered medical sharps must be developed and implemented before use of these devices.

Considerations for labeling and identifying containers

A container holding a biological agent designated as a hazardous substance must be clearly identified by the relevant biohazard symbol or by other means that indicates the presence of a biological hazard.

A laboratory sample of a known or suspected biological agent designated as a hazardous substance must be transported only in accordance with the federal Transportation of Dangerous Goods Act, 1992 (Canada).



Vaccination and medical evaluation

If the [Communicable Disease Control Immunization Program](#) issued by the BC Centre for Disease Control, as amended from time to time, lists a vaccine that protects against infection by a biological agent that is designated as a hazardous substance, the employer must offer the vaccination – at no cost to the worker – to all workers who are at risk of workplace exposure to that biological agent.

If a worker may have been exposed to the human immunodeficiency virus (HIV), hepatitis B and C viruses, or any other biological agent designated as a hazardous substance, the employer must advise the worker to seek immediate medical evaluation.



Resources:

WorkSafeBC - [OHS Regulation, Part 6](#)

Centers for Disease Control and Prevention - [Sharps Safety for Healthcare Settings \(U.S. Department of Health & Human Services\)](#)

WorkSafeBC - [OHS Regulation, Part 6, Section 6.33-6.40](#)



Hazardous Drugs

A hazardous drug is defined as an agent that possesses a specific destructive action on certain cells or that may be genotoxic, carcinogenic, mutagenic, teratogenic, interferes with reproduction, or is toxic to human organs at low dose.

A wide range of people can be at risk of exposure to hazardous drugs in the workplace, including pharmacy workers, nurses, physicians, and health care aides. In the past, most hazardous drugs were antineoplastic, which refers to drugs used to treat cancer. However, increasingly these drugs are being used to treat diseases other than cancer, such as rheumatoid arthritis, multiple sclerosis, and skin psoriasis.

An employer must develop an ECP that describes how workers will be protected from hazardous drugs. An ECP is a detailed requirements document that includes information on workplace responsibilities, the nature of the hazards, the risks associated with exposure, and the control measures in place.



Resources:

WorkSafeBC - [OHS Regulation, Part 6, Section 6.42-6.58](#)

WorkSafeBC - [Safe Work Practices for Handling Hazardous Drugs](#)





First Aid

In community physician offices, employers must provide equipment, supplies, facilities, first aid attendants, and services to promptly render first aid to workers if they suffer an injury at work and transport the injured workers to medical treatment if required.



**According to WorkSafeBC, first aid means:**

- in cases in which a person will need medical treatment, treatment to preserve life and minimize the consequences of injury until medical treatment is obtained, and
- care for minor injuries that would otherwise receive no medical treatment or that do not need medical treatment

In British Columbia, workplace first aid requirements are outlined in [WorkSafeBC Regulation Part 3 Section 3.15 to 3.21](#) and are based on:

- How hazardous the workplace is.
- The number of workers on each shift.
- Whether the workplace is accessible or less-accessible by ambulance personnel.
- Whether the workplace is considered remote (i.e. where an ambulance cannot reach the location within 30 minutes under normal travel conditions).

Employer Responsibilities

Assess the circumstances of the workplace, including:

- The number of workers who may require first aid at any time.
- The nature and extent of the risks and hazards in the workplace, including whether the workplace creates a low, moderate, or high risk of injury. For community physician practices, a low risk of injury is assumed.
- The types of injuries likely to occur.
- Any barriers to first aid being provided to an injured worker.
- The time that may be required to obtain transportation and to transport an injured worker to medical treatment.



Review the assessment within 12 months after the previous assessment was completed, and whenever a significant change affecting the worksite occurs.



First aid equipment supplies and facilities/storage must be kept clean, dry, ready for use, and be readily accessible any time a worker works in the workplace.



The employer must provide for each workplace such equipment, supplies, facilities, first aid attendants, and services as are adequate and appropriate for:

- Promptly rendering first aid to workers if they suffer an injury at work.
- Transporting injured workers to medical treatment.

**Resources:**

WorkSafeBC - [OHS Regulation, Part 3, Section 3.16](#)
 WorkSafeBC - [First Aid Record form](#)
 WorkSafeBC - [First Aid requirements](#)
 WorkSafeBC - [OHS Regulation, Part 3, Section 3.14](#)



Preventing Workplace Violence, Bullying and Harassment

All employers in British Columbia, including community physicians, must:

- Conduct an office risk assessment to address workplace violence and implement appropriate controls aimed at protecting physicians and their staff.
- Implement procedures for responding to reports or incidents of bullying and harassment.



WorkSafe BC defines violence as “the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that the worker is at risk of injury.” For physicians and their staff, violence might look like: physical gesturing such as pointing or pounding a counter, threatening language, or posturing if patients’ needs are unmet, receiving aggressive language in person or over the phone, or physical assault. Physician and support staff health and safety should receive the same priority, care, and concern as patient health and safety.

The potential for violence in the workplace is recognized as a hazard in healthcare in British Columbia. Under **OHS Regulation, Part 4, Section 4.28**, employers are required to consider workplace violence when conducting their risk assessment. Identifying situations where workers may be exposed to violence assists the employer in the implementation of controls, such as policies and procedures, to decrease the possibility of their workers being exposed to violence.

Legislated Requirements

Employer Responsibilities

Employers must conduct a risk assessment where risk of injury from violence exists that includes:

- Consideration of previous experience in that workplace.
- Workplace experience in similar worksites.
- The location and circumstances in which work will take place.

Employers where risk of violence is identified must:

- Establish procedures, policies, and work environment arrangements to eliminate the risks from violence.
- Establish procedures, policies, and work environment arrangements to minimize the risk to workers if elimination of the risk is not possible.
- Ensure that a worker reporting an injury or adverse symptom as a result of an incident of violence is advised to consult a physician of the worker’s choice for treatment or referral.
- Train all workers in safe work procedures before they are exposed to the risk of violence.
- Inform workers where persons have a history of violent behaviour and whom workers are likely to encounter in the course of their work.
- Instruct workers, who may be exposed to the risk of violence, the means to recognize the potential for violence, the risk prevention and reporting procedures in place, and the appropriate response to an incident including where to obtain assistance.

Resource:

WorkSafeBC - **OHS Regulation, Part 4, Section 4.27-4.31**



Categories of Workplace Violence

Fifty-nine per cent of all violence-related time-loss claims in B.C. come from people working in healthcare and social services (WorkSafeBC, 2021). In 2023, SWITCH BC completed engagement sessions with nearly 1,300 health care workers and learned 89 per cent of respondents experienced verbal violence and 52 per cent experienced physical violence ([What We Learned, SWITCH BC, 2023](#)). Moreover, the Doctors of BC members reported one in two physicians had been involved in, or impacted by, a health and safety incident in the previous 12 months ([2023 Health Authority Engagement Survey Report, Doctors of BC](#)).

Whenever there is direct interaction with members of the public, the potential for violent incidents exists. Violence in the workplace may include attempted or actual assaults or any threatening statement or behaviour towards a worker which gives reasonable cause to believe that they are at risk of injury.

Incidents of violence may not occur at the worksite, but an incident is considered workplace violence if it arises from a worker's employment.

Violence may arise from:

- A stranger.
- A client/patient.
- A co-worker.
- Domestic issues.

Factors to consider when assessing the risk of workplace violence

Does the work involve any of the following?

- Working alone or in small numbers.
- Working between 11 p.m. and 6 a.m.
- Working in isolated or remote areas.
- Providing emergency interventions.
- Working with patients in a community office setting.
- Working with unstable or violent individuals.
- Working at or near a worksite targeted by protestors or action groups.
- Working with or having controlled substances on site.
- Working in proximity to businesses that experience an elevated risk, such as retail (especially with money, prescription drugs or jewelry).
- Working in or near areas of increased crime.
- Working with persons where domestic violence is a concern.
- Visiting clients/patients in their homes.

A violence prevention program is a key part of a health and safety program and is required by WorkSafeBC. Physicians will be supported in developing violence prevention control measures through the Community Physician Health and Safety Program.

Resource:

[WorkSafeBC - Preventing Workplace Violence in Health Care: Five Steps to an Effective Program manual](#)





Bullying and Harassment

What is bullying and harassment?

A worker is bullied and harassed when someone takes an action that they knew or reasonably ought to have known would cause that worker to be humiliated or intimidated. This includes any threatening statement or behaviour which gives the worker reasonable cause to believe they are at risk of injury. When an employer or supervisor takes reasonable action to manage and direct workers, it is not bullying and harassment.

Bullying and harassment in the workplace can take many forms, including verbal aggression, personal attacks, and other intimidating or humiliating behaviours. Examples of behaviour or comments that might constitute bullying and harassment include verbal aggression or insults, calling someone derogatory names, harmful hazing or initiation practices, vandalizing personal belongings, spreading malicious rumours, horseplay, and practical jokes.

If workplace bullying and harassment is not addressed, it can lead to lost productivity, illness, anxiety, and depression. Bullying and harassment may cause people to leave work permanently and file WorkSafeBC claims. Employers, workers, and supervisors have legal obligations to prevent and address bullying and harassment in their workplace.

Improper behaviour must be reported and investigated when bullying and harassment involves violence or threats between co-workers.

Resources:

WorkSafeBC - [OHS Regulation, Part 4, Section 4.24-4.26](#)

WorkSafeBC - [OHS Policies, P2-21-2](#)

WorkSafeBC - [Workplace Bullying and Harassment](#)

Responding to bullying and harassment

Employers must take all reasonable steps to prevent where possible, or otherwise minimize, workplace bullying and harassment.

Workers also have obligations which include:

- Not engaging in the bullying and harassment of others.
- Reporting any bullying and harassment behaviours they experience or observe in the workplace.
- Applying and complying with the employer's policies and procedures.

Community physicians must inform workers of their bullying and harassment policy statement and procedures to minimize bullying and harassment, and train all workers and supervisors to recognize, respond to, and report incidents of bullying and harassment. The procedures must ensure a reasonable response to the report or incident, aim to fully address the incident, and ensure that bullying and harassment is prevented or minimized in the future.

In addition to establishing procedures, physicians are responsible for ensuring their staff follow these procedures and they review them annually. Resources and training are available to assist community physicians in meeting requirements related to bullying and harassment. Contact SWITCH BC for additional support at CPS@switchbc.ca.





Legislated Requirements

Employer Responsibilities

Employers must ensure the health and safety of all employees and any other workers at the worksite by:

- Taking steps to minimize bullying and harassment.
- Developing a policy statement to prevent and address bullying and harassment.
- Developing and implementing reporting procedures.
- Developing and implementing procedures to investigate and deal with incidents and complaints.

B.C. Human Rights Code

Some bullying and harassment may involve breaches of human rights, such as when it involves racial or sexual discrimination. For more information, review the [B.C. Human Rights Code](#), seek advice from a qualified legal professional, or contact the [B.C. Human Rights Tribunal](#). The [Doctors of BC Business Pathways](#) offers guidance and referrals to assist with legal matters.



Resources

WorkSafeBC - [Resource tool kit](#)

WorkSafeBC - [Responding to workplace bullying and harassment](#)

WorkSafeBC - [Toward a Respectful Workplace: A Handbook on Preventing and Addressing Workplace Bullying and Harassment](#)



Working Alone

Before a worker is assigned to work alone or in isolation, the employer must:

- Identify any hazards to that worker.
- Develop and implement a written procedure for checking the wellbeing of a worker assigned to work alone or in isolation.
- Train the worker on the procedure for checking in.



A worker is working alone or in isolation if they are at work and assistance is not readily available in case of emergency, injury, or illness. If a worker called for help, no one would answer their call.

Working in isolation means other people are present in the office but in different areas or separate rooms. For example, a physician is charting in an exam room at the rear of the building and the medical office assistant is at the front reception desk. If the physician called for help, the receptionist would respond.



Legislated Requirements

Employer Responsibilities

The employer must:

- Identify any hazards to the worker.
- Take measures to eliminate the hazard, and if it is not practicable to eliminate the hazard, to minimize the risk from the hazard.
- Minimize the risk from the hazard to the lowest level possible using engineering controls and/or administrative controls.

Procedures for checking the wellbeing of worker

- The employer must develop and implement a written procedure for checking the wellbeing of a worker assigned to work alone or in isolation.
 - The procedure for checking a worker's wellbeing must include the time interval between checks and the procedure to follow in case the worker cannot be contacted, including provisions for emergency rescue.
- A person must be designated to establish contact with the worker at predetermined intervals and the results must be recorded by the person.
 - In addition to checks at regular intervals, a check at the end of the work shift must be done.
 - The procedure for checking a worker's wellbeing, including time intervals between the checks, must be developed in consultation with the joint health and safety committee or the worker health and safety representative.
 - Time intervals for checking a worker's wellbeing must be developed in consultation with the worker assigned to work alone or in isolation. The employer should be checking in on the isolated/alone worker.



Resources:

WorkSafeBC - [OHS Regulation, Part 4, Section 4.20](#)

WorkSafeBC - [Working Alone: A Handbook for Small Business](#)

Canadian Centre for Occupational Health and Safety - [Working Alone - Working with Patients](#)

Canadian Centre for Occupational Health and Safety - [Working Alone - General](#)



Joint Health and Safety Committee

Workplace health and safety is a team effort. In workplaces that require a joint health and safety committee, responsibility is shared according to each person's legal obligations, which are often based on that person's authority and control at the worksite. The intent is to address workplace hazards quickly, effectively, and internally.

The joint health and safety committee acts as a forum for the community physician employer and their workers to collaborate and to improve health and safety in the workplace. A high functioning committee supports health and safety issues to be brought forward and acted upon quickly and effectively and will contribute significantly to health and safety in the workplace.





Joint Health and Safety Committee

The joint health and safety committee supports the employer's duty to ensure a healthy and safe workplace. The joint committee brings together representatives of the employer and the workers to identify and help resolve health and safety issues in the workplace.

When do you need a joint health and safety committee?

If your workplace has **20 or more workers**, you need a joint committee. This includes any workplace where there are 20 or more workers employed at the workplace for longer than a month. WorkSafeBC may also order that a joint committee be established in any other workplace.

When you need a worker health and safety representative?

If your workplace has **more than nine but fewer than 20 workers**, you need to have a worker health and safety representative. This includes any workplace where there are 10 or more workers employed at the workplace for longer than a month.

If you have **fewer than nine employees**, your site does not require a worker representative. As the physician employer, you can establish regular meetings with your staff to discuss health and safety concerns, risks, and mitigation strategies.

If you have questions about a health and safety committee or health and safety representative, reach out to SWITCH BC for guidance at CPHS@switchbc.ca.



Resources:

WorkSafeBC - [WCA, Part 2, Division 5](#)

WorkSafeBC - [OHS Regulation, Part 3](#)





Reporting and Investigating Incidents and/or Injuries

Employers must investigate and report serious incidents and fatalities to WorkSafeBC and must investigate incidents that cause injury or have the potential to cause serious injury.





First Aid Task Chart

This chart will help you decide the action that must be taken on each type of injury.



First aid incident occurs. Employee reports to first aid attendant or goes to first aid kit, if able. First aid is administered.

Type of Injury



Minor Injury
Keep records of first aid treatment

What is it?

- Small cut or scrap.
- Injury was minor in nature without the possibly of being more significant.

What should you do?

Report to the employer to ensure any corrective actions can be completed. Record in the first aid record treatment book. The book must be saved in a secure locked area and kept for three years.



Significant Injury

What is it?

- Serious injury.
- Injury requiring medical treatment.
- Minor injury, or no injury, but had the potential for causing serious injury.
- Structural failure or collapse of a building.
- Release of a hazardous substance.

What should you do?

For the noted incidents an investigation must be completed by the employer.

Preliminary investigation must be completed within 48 hours.

Interim corrective action must be put in place during investigation period.

Full investigation must be completed within 30 days.

Final corrective action once full investigation is completed a corrective action list and steps the organization will take to implement those action.



Serious Incident
Immediately report to WorkSafeBC

What is it?

- Serious injury to a worker or a worker's death.
- Incident involving a major structural failure or collapse of a building.
- Major release of a hazardous substance.
- Fire or explosion that had the potential for causing serious injury to a worker.



What should you do?

Serious incidents must be investigated by the employer and WorkSafeBC must immediately be notified by phone at **1-888-621-7233 (24/7)** so they can complete their investigation.



An employer must immediately notify WorkSafeBC of the occurrence of any accident that:

- Results in serious injury to or the death of a worker.
- Involves a major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system or excavation.
- Involves the major release of a hazardous substance.
- Involves a fire or explosion that had a potential for causing serious injury to a worker.
- Is required under the OHS Regulation to be reported.

A preliminary investigation must be completed within 48 hours of the occurrence of the incident that resulted in a worker requiring medical treatment or had the potential for causing serious injury to a worker.

The investigation must:

- Identify any unsafe conditions, acts, or procedures that significantly contributed to the incident.
- Determine the corrective action necessary to prevent, the recurrence of similar incidents, if unsafe conditions, acts, or procedures are identified.

A full investigation to be completed by the employer within 30 days is required for the above occurrences and for any incident requiring medical aid, resulting in a lost-time injury or a near miss that had the potential for significant injury.

An investigation must be carried out by persons knowledgeable about the type of work involved and, if they are reasonably available, with the participation of the employer or a representative of the employer and a worker representative.

Reporting workplace injury or disease

When workers such as an MOA or physician working in your practice suffers a work-related injury or disease, WorkSafeBC is a great resource. They offer support through each step of the claims process, from the initial report of the injury through to the worker's recovery and return to usual work duties.

Correcting an unsafe condition:

Remedy without delay

Unsafe or harmful conditions found during an inspection must be remedied without delay.

Reporting unsafe conditions

Whenever a person observes what appears to be an unsafe or harmful condition or act, the person must report it as soon as possible to a supervisor or to the employer. The person receiving the report must investigate the reported unsafe condition or act and ensure that any necessary corrective action is taken without delay.

Emergency circumstances

If emergency action is required to correct a condition which constitutes an immediate threat to workers, only those qualified and properly instructed workers necessary to correct the unsafe condition may be exposed to the hazard, and every possible effort must be made to control the hazard while this is being done.

Resources:

WorkSafeBC - [OHS Regulation, Part 3, Guideline 3.12](#)
WorkSafeBC - [WCA, Part 2, Division 10, Section 68](#)





WorkSafeBC Prevention Officers

WorkSafeBC prevention officers ensure employers meet minimum legislated standards to provide healthy and safe worksites, as outlined in the WCA and the OHS Regulation. Officers conduct inspections of worksites. Officers also investigate serious incidents and worker fatalities.

Officers may enter any workplace at any reasonable hour, interview persons at the site, require the production of records, or take samples or photographs.

Officers may write orders, stop work, or prevent the use of equipment if there are unsafe or unhealthy conditions at that site. For more details on the roles of officers, refer to the [WCA, Part 2, Division 2](#).

To report a serious incident, call the worksite emergency prevention information line toll-free: **1-888-621-7233** (24/7) or visit the [WorkSafeBC](#) website.

If you are a:

Worker	Call Teleclaim Centre at 1-888-967-5377 or report online, by fax, or by mail. Submit application for Compensation and Report of Injury or Occupational Disease (Form 6). See more information on how to report and what to expect .
Physician-Employer	Submit an Employer’s Report of Injury or Occupational Disease (Form 7) online with or without an account, or by fax or by mail. See all options for how to report .



Emergency Preparedness and Response

Emergency Preparedness:

- A workplace must have a written non-medical emergency plan.
- The employer must provide training in the appropriate emergency procedures.
- An employer must ensure a site assessment is conducted.





An emergency may be defined as any situation or occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate attention. Examples of non-medical emergencies requiring a preparedness policy and procedure include:

- Fire
- Flood or water leak
- Gas leak
- Power loss
- Equipment failure
- Earthquake
- Violent and aggressive behaviour
- Security breach, such as theft or unauthorized person

The OHS Regulation, Part 4, Section 4.13-4.18 and Section 5.97-5.102 require employers to establish an emergency response plan for response to an emergency that may require rescue or evacuation.



Legislated Requirements

Employer Responsibilities

Employers must establish an emergency response plan appropriate to the hazards of the workplace. The plan must address emergency conditions which may arise from within the workplace and from adjacent workplaces. The plan must be written, and affected workers must be consulted in the development of the plan.

The emergency response plan must include:

- An assessment of the risks posed by hazardous substances from accidental release, fire, or other such emergency.
- An inventory of all hazardous substances at the workplace that may endanger workers in an emergency, such as compressed gases or flammable liquids.
- A schedule to institute drills to test the system.
- Training for all workers in appropriate emergency procedures.

Develop procedures to:

- Notify workers and the first aid attendant of the nature and location of the emergency.
- Spill clean-up and re-entry.
- Rescue and safe evacuation of workers.
- Notify emergency personnel including fire and police.
- Notify adjacent workplaces or residences which may be affected.



Resources:

WorkSafeBC - [OHS Regulation, Part 4](#)

WorkSafeBC - [OHS Regulation, Part 5](#)

WorkSafeBC - [OHS Regulation, Part 5, Section 5.97-5.102](#)

Government of B.C. - [Prepared BC emergency guides and resources](#)





Radiation Hazards

Employers who provide radiation treatments within their workplace must consider the risks associated with it and control the hazards because of it.





Legislation Applicable to Radiation Safety

Radiation is energy that travels through material or space in the form of waves or streams of particles. It is present everywhere in our environment. There are two kinds of radiation:

- **Ionizing radiation:** is high-energy and poses greater risks to humans. In healthcare, examples include X-rays, CT scans, fluoroscopy, radiation therapy, and radioactive isotopes used in nuclear medicine.
- **Non-ionizing radiation:** is lower in energy and generally safer. In healthcare, examples include ultrasound, Magnetic Resonance Imaging (MRI), laser therapy, infrared treatments, phototherapy, and radiofrequency devices.

In Canada, the Canadian Nuclear Safety Commission regulates all aspects of nuclear energy, ensuring strict rules are followed for possession, use, packaging, transport, storage, and import and export of nuclear substances to protect the health, safety, and security of Canadians. For healthcare settings, this regulation applies to radioactive substances used in nuclear medicine and radiation therapy.

In B.C., WorkSafeBC also has regulations governing radiation exposure which applies to all sources of ultrasonic energy, non-ionizing and ionizing radiation, including radiation sources governed by the Nuclear Safety and Control Act (Canada). Employers must ensure that a worker's exposure to non-ionizing radiation does not exceed exposure limits as set by applicable Health Canada safety codes.

The OHS Regulation requires employers to develop an ECP with detailed requirements if a worker may exceed a specified action level. There are additional regulatory requirements for employers to:

- Specify that certain radiation equipment is installed, operated, and maintained in accordance with applicable Health Canada safety codes.
- Investigate radiation incidents or overexposures and take corrective actions.
- Establish and implement a quality assurance program and a regular preventative maintenance program for their diagnostic X-ray equipment.
- Ensure that any worker that exceeds or may exceed the action limit is provided with and uses a dosimeter to monitor their personal exposure to ionizing radiation.

Also:

- Owners of radiation equipment must ensure that shielding is adequate to ensure that the maximum exposure limits for ionizing radiation are not exceeded.
- Owners must maintain proper records of radiation surveys and worker exposures.



Resources:

WorkSafeBC - [OHS Regulation, Part 7, Section 7.17-7.25](#)

WorkSafeBC - [Radiation Safety](#)



Appendix: Glossary of Terms





Best Practice

For the purpose of this guide, a best practice in health and safety is defined as a program, process, strategy, or activity that has been shown to be effective in the prevention of workplace injury or illness; has been implemented, maintained, and evaluated; is based on current information; and is of value to, or transferable to, other organizations. Best practices are living documents and must be reviewed and modified on a regular basis to assess their validity, accuracy, and applicability. They may and often do exceed the requirements of Occupational Health and Safety legislation.

Biological Hazard

A hazard from organisms or by-products of organisms that can be harmful to humans.

Chemical Hazard

A hazard that is present when a worker is exposed to any chemical in the workplace in any form (solid, liquid, or gas).

Community Physician

Any physician (family physician or specialist) who works in or owns a community medical office.

Emergency

Any situation or occurrence of a serious nature, developing suddenly and unexpectedly, and demanding immediate attention.

Employer

A person who employs one or more workers or staff; is designated to represent an employer; oversees workers' health and safety; or is self-employed.

Equipment

Tools, supplies, machinery, and sanitary facilities used by workers at a worksite.

First Aid

The immediate and temporary care given to an injured or suddenly ill person at a worksite using available equipment, supplies, facilities, or services. First aid has three objectives: preserve life; prevent the injury or illness from becoming worse; and promote recovery.

First Aid Attendant

A competent individual designated by an employer to provide first aid to workers at a worksite.

Hazard

Any situation, condition or thing that may be dangerous to the health or safety of workers. There are four standard hazard categories: physical hazards; chemical hazards; biological hazards; and psychological hazards.



**Hazard Control**

Control measures implemented to eliminate or reduce the risk of harm to workers.

Incident

An undesired event that results in physical harm to a person or damage to property, including near misses.

Joint Health and Safety Committee

A group of worker and employer representatives working together to identify and solve health and safety problems in the workplace.

Near Miss

An incident that did not cause visible injury or property damage but that could have resulted in serious injury, personal harm, death, or property damage.

Personal Protective Equipment (PPE)

Equipment or apparel that, when worn, reduces the potential harmful effects of a known hazard (i.e., gloves, face masks, safety goggles, closed toe footwear).

Physical Hazard

A hazard that is an activity or substance that you visually see that threatens a worker's physical safety.

Potential danger

Any danger that is not normal for a job, or any dangerous conditions under which a worker would not normally carry out their work.

Psychosocial Hazard

A non-physical hazard that can influence the health of the workers.

Risk

The chance or probability that a person will be harmed or experience an adverse health effect if exposed to a hazard. It may also apply to situations with property or equipment loss, or harmful effects on the environment.

Safe Work Procedure

A written step-by-step description of how to perform a task from beginning to end.

Standards

Standards are produced by voluntary organizations, such as the Canadian Standards Association (CSA), American National Standards Institute, and the International Organization for Standardization. Standards do not have the power of law. However, if they are adopted by legislation, they become part of the law and are enforceable. For example, if the OHS standard states that workers must wear footwear approved to a particular CSA standard, then the CSA standard has the power of law.

Worker

A person engaged in an occupation, including managers, supervisors, students, residents, and volunteers.





Workers Compensation Act (WCA)

The Workers Compensation Act establishes the Workers' Compensation Board of British Columbia (WorkSafeBC) as an entity and sets out the mandate. The Act provides the legal authority and framework for all activities, including workplace health and safety activities.



Workplace Hazardous Materials Information System (WHMIS)

A comprehensive plan for providing information on the safe use of hazardous materials in Canadian workplaces. The information is provided by means of product labels, Material Safety Data Sheets, and worker education programs.



WorkSafeBC Guidelines

The guidelines help employers and workers apply and interpret sections of the Health and Safety Regulations and the WCA.



WorkSafeBC OHS Regulation

The Occupational Health and Safety Regulation contains legal requirements that must be met by all workplaces in British Columbia under the inspectional jurisdiction of WorkSafeBC.



WorkSafeBC Policies

The OHS policies set out WorkSafeBC policy with respect to matters under the OHS provisions of the WCA and the Occupational Health and Safety Regulation. The Workers Compensation Act requires WorkSafeBC and the Workers' Compensation Appeal Tribunal to apply these policies when making decisions.

