



RETURN TO WORK SUPPORT SERVICES REFERENCE MANUAL

Revised November 18, 2011

**Health Care Services
604 232-7787**

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This manual is intended to assist with specific processes related to doing business with WorkSafeBC. This is not a stand-alone document and it is intended that this manual be used in conjunction with the Return To Work Support Services Memorandum of Agreement, and all the related Schedules, dated November 1, 2010. Please ensure that all Program staff has access to this manual.

1. REFERRAL PROCESS

- .1 When an RTWSS referral is received from WorkSafeBC by the Provider through the Health Care Provider Portal, the provider must 'acknowledge' the referral within 24 hours (excluding Saturday, Sunday and BC statutory holidays). The Provider is required to contact the Board Officer within one (1) business day to confirm the specific services required, only if the referral does not explicitly indicate which services are required.
- .2 If a Provider initially receives a verbal approval from a Board Officer for an RTWSS referral, the Provider must remind the Board Officer to complete the referral through the provider portal to formalize the referral.
- .3 Prior authorization from the Board Officer is required for additional services not noted on the RTWSS referral. Note that the Board Officer is not required to submit a new Rehabilitation and Psychological Referral when requesting additional services; the request could be verbal.
- .4 The Provider must book the appointment with the Injured Worker within one (1) business day of acknowledging the referral. If the Provider requires confirmation of service expectations from the Board Officer, they are required to book the appointment within one (1) business day of confirming the services. If the Provider portal is not available, the Provider must book the appointment with the Injured Worker in the same timeframe and confirm the outcome of this communication or lack thereof with Provider Referrals.
- .5 The Provider must notify Provider Referrals if they are unable to contact the Injured Worker within two (2) days of receiving the referral, or if the referral has been canceled. The contact information is provided through the Health Care Provider Portal.
- .5 If the Injured Worker cannot keep his/her appointment the Contractor is responsible for rescheduling the appointment within five (5) business days from the initial appointment date.
- .6 Provider Referrals contact information:
Fax: 604-233-9777 or 1-888-922-8807
Toll Free Telephone: 1-866-481-8887
Hours of Operation: 8:00 am to 4:30 pm, Monday to Friday

For assistance with Program related business process questions for referrals, please contact Health Care Services at WorkSafeBC at (604) 232-7787.

If you are experiencing problems using the Provider Portal or have questions about how to use it, please call TELUS Health Solutions at 1-855-284-5900

2. WORKSAFEBC DISCLOSURE OF MEDICAL INFORMATION

- .1 Providers will receive a copy of the medical section of the Injured Worker's claims file on CD-ROM. The worker information contained on the CD is password protected. In order to open the files, enter the worker's numeric claim number as the password.

Note: Adobe Acrobat Reader 5.0 (or higher version) is required to read the files contained on the CD. If you do not have this software, it can be downloaded for free at www.adobe.com (specifically: <http://www.adobe.com/products/acrobat/readstep2.html>).

3. JOB SITE VISITS AND JOB DEMANDS ANALYSES

- .1 All JDAs, JSVs, and subsequent JSVs must be pre-approved by the Board Officer. This approval will come as the initial referral, however may also come verbally for subsequent services.
- .2 Providers shall comply with all applicable occupational health and safety regulations while conducting JSVs and JDAs. Providers are responsible for being equipped with the appropriate safety equipment when attending a job site.
- .3 A job site visit, subsequent JSV and/or JDA cannot occur on the same day.

4. GRTW PLANNING and MONITORING

- .1 The flat fee for the GRTW Plan includes all subsequent revisions and extensions to the original plan.
- .2 The functional screen, when requested or deemed necessary by the Provider, can be performed in the clinic or at the work place. Additional information may be obtained by contacting other treating health care professionals and from the medical disclosures information.
- .3 During GRTW Monitoring, contact with both the worker and the Board Officer is expected on a weekly basis, at minimum. It is the responsibility of the Provider to ensure that this contact occurs.
- .4 The expected maximum length of GRTW Monitoring is six (6) weeks. WorkSafeBC recognizes that in some instances, a GRTW may extend beyond six (6) weeks duration. In those instances, a subsequent block of monitoring may be approved by the Board Officer. This approval must be obtained before completion of the first block of intervention and as soon as it is determined that the Injured Worker is going to require more than the original block of up to six (6) weeks.
- .5 The GRTW Monitoring Discharge fee is to be billed for only one of three (3) possible durations of GRTW:
 - GRTW monitoring up to and including six (6) weeks duration
 - GRTW monitoring greater than six (6) weeks and up to eight (8) weeks duration
 - GRTW monitoring greater than eight (8) weeks duration

5. ATTENDING PHYSICIAN COMMUNICATION

- .1 Providers should contact the Attending Physician to gain support for the GRTW Plan wherever indicated.
- .2 Providers may advise the Attending Physician that the BCMA Return to Work Planning Request fee code (19976), may be invoiced to WorkSafeBC by the Attending Physician. The fee code allows the Physician to invoice for the endorsement of a Graduated Return to Work Plan.
- .3 Providers may advise the Attending Physician that the BCMA Telephone Consultation fee code (19930), may be invoiced to WorkSafeBC by the Attending Physician. The fee code allows the Physician to invoice for up to fifteen (15) minutes of telephone consultation. The fee code may be billed only once per communication, however Physicians may bill this fee code on more than one occasion per claim. The fee code should not be used for routine inquiries.

6. MENTORING

If an RTWSS provider hires new staff, that new clinician must have at least two years of experience working with RTWSS or RTWSS-type services. It is up to the provider to ensure that the clinician meets this contracted requirement. If they do not, the provider must put a plan in place to ensure that the clinician is supervised and mentored while providing the RTWSS services to WorkSafeBC injured workers, until they have reached the two years of experience. WorkSafeBC does not need to be notified of new clinicians (unless that new person is not a PT, OT, or Kinesiologist) or of the mentoring plan, but that information must be available if requested. WorkSafeBC will review potential clinician resumes if requested.

7. PROGRAM INTERRUPTIONS

- .1 GRTW Monitoring may be interrupted, or postponed with Board Officer approval for any of the following reasons:
 - Medical conditions (accepted on the claim or not) which require further investigation or intervention and preclude safe participation in the service
 - Extended illness supported by a Physician's note
 - Scheduled absence (e.g. vacation)
- .2 The Provider must identify the nature and duration of all interruptions, and report it in the relevant Progress and/or Discharge Reports.
- .3 Program interruptions must be a minimum of three (3) consecutive business days, otherwise it is considered an absence. For interruptions greater than twenty (20) business days, Providers are encouraged to consider discharging the Injured Worker. Please consult with the Board Officer.
- .4 Program interruptions must be documented in the GRTW Monitoring Discharge Report
- .5 Program withdrawal or discharge may occur due to non-compliance:
 - The Injured Worker has the right to voluntarily withdraw from the GRTW.
 - The Board Officer has the right to withdraw the Injured Worker from the GRTW at any time.

- The Provider may discharge an Injured Worker who is not benefiting from the GRTW for reasons of poor levels of participation. Evidence for the poor participation must be included in the Discharge Report.
- The Provider shall notify the Board Officer as soon as the Injured Worker has withdrawn, or if the Provider is considering a discharge for the reasons above.

8. REPORTING

- .1 Reports must be submitted electronically through the WorkSafeBC Provider Portal at www.myworksafebc.com. Please refer to the “WorkSafeBC Provider Portal User Guide” for specific instruction on how to submit reports.
- .2 Only reports sent through the WorkSafeBC Provider Portal will be used to determine report timeliness for the purposes of invoicing.
- .3 All reports must be submitted using the guidelines found in this manual. All documents that are submitted must contain the following information on **each page** of the document:
 - Injured Worker's name
 - Injured Worker's claim number
 - Document name and page number
- .4 If Board Officers request that a copy of any report be faxed directly to them, the Provider must indicate on the version sent to the Board Officer that it is a copy and should not be scanned, by including “COPY: Do not scan” on the cover. In addition to the copy sent to the Board Officer, the Provider must also submit the report through the Health Care Portal.
- .5 Any e-mail communication containing Injured Worker information must be encrypted. If is not encrypted, do not send it by e-mail.

For assistance with Program related business process questions for reporting, please contact Health Care Services at WorkSafeBC at (604) 232-7787.
If you are experiencing problems using the Provider Portal or have questions about how to use it, please call TELUS Health Solutions at 1-855-284-5900

9. INJURED WORKER SATISFACTION

- .1 WorkSafeBC will survey workers, and will provide the results to the Providers.
- .2 The Provider shall inform the Injured Worker of his/her right to contact the Board Officer, Quality Assurance Supervisor, or Program Manager in the event that the Injured Worker has an unresolved complaint.

10. INVOICES

- .1 Invoices must be submitted electronically through the WorkSafeBC Provider Portal at www.myworksafebc.com. Please refer to the “WorkSafeBC Provider Portal User Guide” for specific instruction on how to submit invoices.
- .2 Where applicable, the report must be submitted separately, **prior** to invoicing for the respective service.

- .3 Invoices must be received within 90 days of the date of service in order to be eligible for payment. Invoices received after 90 days from the date of service may not be paid.

For assistance with Program related business process questions for invoicing, please contact Health Care Services at WorkSafeBC at (604) 232-7787.

If you are experiencing problems using the Provider Portal or have questions about how to use it, please call TELUS Health Solutions at 1-855-284-5900.

11. TRAVEL

- .1 Where total travel time exceeds one (1) hour for any visit to the work site, the Provider may bill a Pre-Authorized Travel fee, as outlined in Schedules A-1 and B.
- .2 Travel time is from the Provider's approved clinic location where the referral was accepted.
- .2 Providers are advised to remind the Board Officer to note travel authorization in the Injured Worker's claim log to ensure payment of the Pre-Authorized Travel fee.
- .3 In rare instances, exceptional incidental travel expenses, may be pre-approved by the Board Officer for JSVs and JDAs. Providers are advised to remind the Board Officer to note the approved expenses in the Injured Worker's claim log to ensure payment.
- .4 Expenses must be identified to and approved by the Board Officer prior to travelling.
- .5 Pre-authorized expenses, where applicable, include items such as hotels and ferry costs. It does not include parking or mileage. Mileage is not a billable item.
- .6 Receipts supporting the expenses must be made available by the Provider if requested by WorkSafeBC.

12. INTERPRETER SERVICES

WorkSafeBC has contracted Interpretation Service Providers throughout BC. These Interpretation Providers will bill WorkSafeBC directly for Interpretation Services. If your organization has an in-house interpreter, interpretation provided by the in-house interpreter must not be billed to WorkSafeBC.

12.1. Booking Interpreters

The Contractor is responsible for booking all interpretation appointments with the Interpretation Provider; therefore, the Contractor must check every incoming referral to see if an interpreter is required. A paper referral will have a box checked to indicate that an interpreter is required. A referral coming through the Health Care Provider Portal will indicate "Interpreter Required" on the Referral screen.

When required, the Contractor is authorized to use Dial-In Interpretation via the toll-free number provided by WorkSafeBC to conduct a 3-way call with the Injured Worker and interpreter simultaneously (see 12.3 – Dial-in Interpretation).

Once the appointment(s) has been arranged with the Worker, if required, the Contractor must then contact one of the WorkSafeBC contracted Interpretation

Providers for their area (see Approved Interpretation Services Provider List - Appendix F) to book an interpreter for In-person Interpretation. The preferred method of contact is by telephone; however, each Interpretation Provider may make available alternate means of booking that may be used by the Contractor (e.g. on-line booking system).

The Contractor must provide the Interpretation Provider with the following identifiers:

- **Referral Authorization Number** (noted on each incoming referral from WorkSafeBC)
- Worker Claim Number
- Worker Name
- Appointment details (date, location, time, number of hours required & the length of any breaks that may be expected)

When the Interpretation Provider accepts the request, they will provide the Contractor with a **Reference Number** for the appointment(s). Please make a note of this number in the event of any issues with the appointment.

12.2. Contractor Responsibilities When Interpreters Are Involved

The Contractor is responsible for:

- Arranging the Interpretation Services for any relevant appointments, as follows:
 - Requests for Interpretation Services should be directed to any of the Interpretation Providers authorized within the relevant Service Region noted in the Appendices (Approved Interpretation Services Provider List).
 - Whenever possible, Interpretation Services should be booked at least twenty four (24) hours in advance of the required service date to avoid the emergency surcharges associated with last minute bookings.
 - Contact the Interpretation Provider by phone and provide the language desired and appointment details, including any safety equipment required for job site visits, if applicable.
 - Be as accurate as possible with the times requested as WorkSafeBC pays for the time booked for appointments that end early. WorkSafeBC also pays a referral fee for appointments cancelled with less than twenty four (24) hours notice and a surcharge for requests that are made with less than twenty four (24) hours notice.
 - If the Interpretation Provider informs that they are unable to supply an interpreter for the appointment requested, the Contractor should contact another Interpretation Provider on the list and repeat the process.
 - If all Interpretation Providers are unable to supply an interpreter, and re-scheduling the appointment is not the best option, contact the Health Care Services Quality Assurance Supervisor or Program Manager responsible for Interpretation and Translation Services at 604 232 7787 or toll free at 1 888 967-5377 (local 7787).
 - Accurately document the interpreter's service hours, to the minute, on the Interpreter Assignment Sheet (to be provided by interpreter) following each interpretation service. Please note that interpreters are not paid for any breaks that they willingly take at a time agreeable to the Contractor during

the appointment. Interpreters are also not paid for the Injured Worker's breaks so care must be taken to maximize the use of the interpreter's scheduled time, and not book it over the time the Worker is scheduled to take a break. Ensure that any time taken for breaks is deducted from the total time of the Interpretation Service that the Contractor signs off.

- Notify the Interpretation Provider of any cancellations as soon as possible.
 - Inform Quality Assurance Supervisor of Interpretation Services in Health Care Services in the event of any quality concerns, including tardiness and no-shows.
 - If the Contractor fails to arrange an interpreter and the appointment cannot take place due to communication barriers, WorkSafeBC shall not be charged for this visit by the Contractor.
- Making every effort to ensure cost-effective usage of Interpretation Services, including not scheduling interpreters over Injured Workers' breaks and maximizing use of the scheduled time over only the core components of the appointment requiring interpretation.

12.3. Dial-in Telephone Interpretation

This process can be used to communicate with the Worker about any scheduled appointments, cancellations or changes and is available 24 hours a day, 7 days a week.

Please refer to the following "**Quick Reference Guide**" on how to effectively utilize **Language Line** Services Dial-in Telephone Interpretation Service.

13. REPORTING GUIDELINES

Job Site Visit Report

Required Headings	Content
Worker and Claim Information	<ul style="list-style-type: none"> • Injured Worker's name • Claim number • Date of injury • Accepted area(s) and nature of injuries • Board Officer: name and title • Date of visit • Participants attending the visit
Employer and Job Information	<ul style="list-style-type: none"> • Company name • Work Site address • Contact person: name, title and phone number • Injured Worker's occupation • Job attachment status • Usual pre-injury work schedule (days and hours)
Purpose of Job Site Visit	<p>List one or more of the following options, or provide details:</p> <ul style="list-style-type: none"> • Physical Demands Analysis • Confirmation of job demands • Review of possible modifications • Ergonomic Assessment – possible modifications • Exploration of return to work (RTW) opportunities with employer • Graduated Return to Work (GRTW) support
Job Site Visit Findings	<p>Depending on the purpose of the JSV, must include some or all of the following information:</p> <ul style="list-style-type: none"> • Description of job tasks and analysis of critical job demands relevant to accepted injury(ies) including, but not limited to: <ul style="list-style-type: none"> • frequency of task performance • weights/heights • distances • postures and duration of activity • Description of tools and equipment used • Description of work area - ergonomic perspective <ul style="list-style-type: none"> • heights, distances, postures, seating, standing, etc. considerations • Description of environmental factors (e.g. weather, slippery floor, lighting, indoor/outdoor) • Identification of potential or existing barriers to return to work including a description of workplace factors which may impact or be currently impacting return to work. • Identification of return to work options • Status of GRTW Plan (if applicable)
Recommendations	<p>If required, include recommendations regarding:</p> <ul style="list-style-type: none"> • Modifications to Injured Worker's job duties or work station/tools • Recommendations for equipment and/or work area modifications (e.g. to improve ergonomics) • Need for revisions to existing GRTW Plan • Advice provided to Injured Worker/employer to facilitate success of RTW
Report Prepared By	<ul style="list-style-type: none"> • Name(s) and Signature(s) of report writer(s).

Job Demands Analysis Report

Required Headings	Content
Worker and Claim Information	<ul style="list-style-type: none"> • Injured Worker's name • Claim number • Date of injury • Accepted area(s) and nature of injuries • Board Officer: name and title • Date of visit • Participants attending the visit
Employer and Job Information	<ul style="list-style-type: none"> • Company name • Work Site address • Contact person: name, title and phone number • Injured Worker's occupation • Job attachment status • Usual pre-injury work schedule (days and hours)
Job Demands Analysis Findings	<ul style="list-style-type: none"> • Detailed description of job tasks and analysis of critical job demands relevant to accepted injury(ies) including, but not limited to: <ul style="list-style-type: none"> • frequency of task performance • weights/heights • distances • postures and duration of activity • Description of tools and equipment used • Description of environmental factors (e.g. weather, slippery floor, lighting, indoor/outdoor) • Workplace factors (e.g. labour relations) that may influence work climate • Workstation design • Psychosocial factors (e.g. stress from dealing with upset customer) • <u>If involved with GRTW Planning</u>, then identify potential or existing barriers to return to work including a description of workplace factors which may impact or be currently impacting return to work.
Recommendations	<p><u>If involved with GRTW Planning</u>, include recommendations regarding:</p> <ul style="list-style-type: none"> • Modifications to Injured Worker's job duties or work station/tools • Need for revisions to existing GRTW Plan, if applicable • Advice provided to Injured Worker/employer to facilitate success of RTW, if applicable
Report Prepared By	<ul style="list-style-type: none"> • Name(s) and Signature(s) of report writer(s).

GRTW Plan: GRTW Plans are recommended to be presented in a table format, using a Word document or Excel spreadsheet, with the following required information:

Required Information	Content
Worker and Claim Information	<ul style="list-style-type: none"> • Injured Worker's name • Claim number • Date of injury • Accepted area(s) and nature of injuries • Board Officer: name and title
Employer and Job Information	<ul style="list-style-type: none"> • Company name • Work Site address • Contact person: name, title and phone number • Injured Worker's occupation and title • Usual pre-injury work schedule (days and hours)
GRTW Plan Parameters	<ul style="list-style-type: none"> • GRTW start and end dates • Length of GRTW plan (in weeks)
Weeks	<ul style="list-style-type: none"> • Each Week of Plan: In numerical order (i.e. 1, 2, 3, etc.)
Date Range	<ul style="list-style-type: none"> • From and To dates of a defined period of specific hours and tasks
Hours	<ul style="list-style-type: none"> • Defined From and To time of shifts
Job Tasks	<ul style="list-style-type: none"> • Specific tasks Injured Worker is to perform, including the maximum allowable for weights, distances, and heights, if applicable.
Comments	<ul style="list-style-type: none"> • Include any additional relevant information: e.g. frequency/duration of breaks; symptom control techniques and strategies recommended to Injured Worker; modifications or aids required, etc. • Concurrent clinical treatment recommendations.
Treatment Team Members	<ul style="list-style-type: none"> • Names and professional designations of the team members who have participated in development of GRTW Plan.
Plan Prepared By	<ul style="list-style-type: none"> • Name(s) and Signature(s) of Plan writer(s).

GRTW Monitoring Discharge Report

Required -Headings	Content
Worker and Claim Information	<ul style="list-style-type: none"> • Injured Worker's name • Claim number • Date of injury • Accepted area(s) and nature of injuries • Board Officer: name and title
Employer and Job Information	<ul style="list-style-type: none"> • Company name • Work Site address • Contact person: name, title and phone number • Injured Worker's occupation and title
Participation	Summary of: <ul style="list-style-type: none"> • Attendance • Absences with dates and reasons for absences • Level and nature of participation
Status of RTW Plan	<ul style="list-style-type: none"> • GRTW start date and end date • Demonstrated and/or reported ability to meet critical job demands • Comment on Injured Worker's tolerance with respect to work activities • GRTW outcome • Outstanding barriers including (if no barriers, please indicate that): <ul style="list-style-type: none"> • Any new barriers that have been identified during the GRTW.
Conclusions/ Recommendations	<ul style="list-style-type: none"> • Include the appropriate discharge category; e.g. Fit To Return To Work With No Limitations If Injured Worker has not been successful in completing GRTW Plan, include: <ul style="list-style-type: none"> • Recommendations for further intervention, if appropriate. • If there are no recommendations, please indicate "No Recommendations."
Treatment Team Members	<ul style="list-style-type: none"> • Names and professional designations of the team members who have participated in implementation and monitoring of GRTW Plan.
Report Prepared By	<ul style="list-style-type: none"> • Name(s) and signature(s) of report writer(s).

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APPENDIX A - QUICK REFERENCE GUIDE FOR INTERPRETERS



WORKSAFBC – HEALTH CARE SERVICES

Keep this Quick Reference Guide (QRG) nearby for easy reference to effectively utilize **Language Line**® Dial-in Telephone Interpretation Service.

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When placing an outgoing call:

1. **DIAL 1-866-874-3972**
 2. **ENTER ON YOUR TELEPHONE KEYPAD:**
Client ID 5 5 6 6 9 4
 3. **WHEN PROMPTED, YOU MUST PROVIDE THE FOLLOWING INFORMATION:**
 - **Your unique Clinic Vendor Code: XXXXX** (this code must be accurate or service will be denied)
 - **Worker Claim #**
 - **Worker First & Last Name**
 - **Language required**An Interpreter will be connected to the call.
 4. **BRIEF THE INTERPRETER.**
Summarize what you wish to accomplish and give any special instructions.
 5. **USE CONFERENCE HOLD** on your phone to place the interpreter on hold. This can be accomplished by either pressing the 3-way conference button or the feature code on your phone system. This is critical so determine how to access the function before placing the call.
 6. **ADD THE LIMITED ENGLISH SPEAKER (INJURED WORKER)** to the line. As the call is ringing, conference back the Interpreter who will introduce you and your company in language and complete your call via the interpreter.
 7. **SAY “END OF CALL”** to the Interpreter when the call is completed.
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Following are important tips to help you optimize your experience.

UNKNOWN LANGUAGE – If you do not know which language to request, our representative will help you.

WORKING WITH AN INTERPRETER - Give the Interpreter specific questions to relay. Group your thoughts or questions to help conversation flow quickly.

INTERPRETER IDENTIFICATION - Our Interpreters identify themselves by first name and number only. For reasons of confidentiality, they do not divulge either their full names or phone number.

DEMONSTRATION LINE – To hear a recorded demonstration of over-the-phone interpretation call our demonstration line at 1 800 996-8808 or visit our website at www.LanguageLine.com.

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Any further questions can be directed to Language Line Services, Bruce Linkletter at (416) 884-5465 or blinkletter@languageline.com

APPENDIX B - WORKSAFEBBC APPROVED INTERPRETATION SERVICES PROVIDER LIST

VANCOUVER & LOWER MAINLAND	PROVIDER INFORMATION
VANCOUVER; RICHMOND, BURNABY, DELTA, TSAWWASSEN, SURREY, LANGLEY, WHITE ROCK, NEW WESTMINSTER & COQUITLAM	<i>*Please note that the following Interpretation Providers are listed in alphabetical order</i>
Abbotsford Community Services Society (ITS)	Tel: 604-870-3769 Toll Free: 1-877-889-8886
DIVERSEcity Community Resources Society	Tel: 604-597-1358
MOSAIC Interpretation Services	Tel: 604-254-8022
The Provincial Language Service (PLS)	Tel: 604-675-4099 Toll Free: 1-877-228-2557

FRASER VALLEY REGION	PROVIDER INFORMATION
PITT MEADOWS, MAPLE RIDGE, PORT MOODY, MISSION ABBOTSFORD, ALDERGROVE, CLEARBROOK, CHILLIWACK, ROSEDALE & HOPE	<i>*Please note that the following Interpretation Providers are listed in alphabetical order</i>
Abbotsford Community Services Society (ITS)	Tel: 604-870-3769 Toll Free: 1-877-889-8886
MOSAIC Interpretation Services	Tel: 604-254-8022
The Provincial Language Service (PLS)	Tel: 604-675-4099 Toll Free: 1-877-228-2557

NORTH SHORE & SEA TO SKY CORRIDOR	PROVIDER INFORMATION
NORTH VANCOUVER, WEST VANCOUVER SQUAMISH, WHISTLER, PEMBERTON & LILLOOET	<i>*Please note that the following Interpretation Providers are listed in alphabetical order</i>
Abbotsford Community Services Society (ITS)	Tel: 604-870-3769 Toll Free: 1-877-889-8886
MOSAIC Interpretation Services	Tel: 604-254-8022
The Provincial Language Service (PLS)	Tel: 604-675-4099 Toll Free: 1-877-228-2557

THOMPSON OKANAGAN REGION	PROVIDER INFORMATION
KAMLOOPS, SALMON ARM, CACHE CREEK, KELOWNA, PENTICTON, VERNON, OSOYOOS, BARRIER, LILLOOET & MERRITT	<i>*Please note that the following Interpretation Providers are listed in the order in which they should be contacted</i>
<i>*Please contact the following Provider first to see if the desired interpreter is available:</i>	
Kamloops Immigrant Services	Tel: 250-372-0855 Toll Free: 1-866-672-0855
<i>*If the Provider above does not have the requested interpreter available, you can try this Provider:</i>	
The Provincial Language Service (PLS)	Tel: 604-675-4099 Toll Free: 1-877-228-2557

VANCOUVER ISLAND REGION	PROVIDER INFORMATION
THE ENTIRE ISLAND AND GULF ISLANDS, FOR EXAMPLE: VICTORIA, DUNCAN, NANAIMO, PARKSVILLE, TOFINO, UCUELET, PORT ALBERNI, CAMPBELL RIVER, COURTENAY, COMOX & PORT HARDY	<i>*Please note that the following Interpretation Providers are listed in the order in which they should be contacted</i>
<i>*Please contact the following Provider first to see if the desired interpreter is available:</i>	
Multilingual Services	Tel: 250-744-2853 (Business)

	Tel: 250-744-2854 (Home)
<i>*If the Provider above does not have the requested interpreter available, you can try this provider:</i>	
The Provincial Language Service (PLS)	Tel: 604-675-4099 Toll Free: 1-877-228-2557

OTHER AREAS IN BC	PROVIDER INFORMATION
We currently do not have contracted Interpretation Providers that can service areas outside the above listed regions for In-person Interpretation (ie. Sunshine Coast, Northern BC, Kootenays).	Please contact Health Care Services for assistance if an Interpreter is physically needed for an appointment in one of these under-served areas.

SIGN LANGUAGE INTERPRETATION SERVICES	PROVIDER INFORMATION
The WorkSafeBC Team Assistant (TA) of the Board Officer is responsible for booking all appointments for Sign Language Services. If a referral is received indicating that a Sign Language Interpreter is needed, please contact the TA with the appointment details so that they can book one for you.	N/A

LANGUAGE LINE SERVICES (Dial-in Interpretation)	PROVIDER INFORMATION
Client ID 556694 Unique Clinic Vendor Code xxxxxx (sent separately to each clinic)	Tel: 1-866-874-3972

If you have difficulty finding an Interpretation Provider that can accept your request for an interpreter, please contact the Quality Assurance Supervisor of Interpretation & Translation at the numbers below.

WorkSafeBC Health Care Services:

Telephone: 604-232-7787

Toll-free within BC: 1-888-967-5377

Fax 604-231-8424