

# Information Bulletin

March 10, 2022

## Attention: Health Care Providers

## Subject: Incident Reporting

At WorkSafeBC, the health and safety of all workers is our top priority. This bulletin serves to remind you of the steps that should be taken if an injured worker is involved in an incident of any sort, while in your care. For clarity, an incident is defined as any physical or psychological trauma, a near miss situation, exposure to a situation that poses potential danger or an imminent safety hazard, or similar, sustained by a worker while the provider is delivering services.

When a health care provider becomes aware of an incident, they are asked to address the immediate situation, and when able are to notify the WorkSafeBC Board Officer responsible for the worker's claim and the Program Manager in Health Care Programs, who is responsible for quality oversight of the service where the incident occurred. Providers must complete the Health Care Programs Incident Report (form 83M380) within the timeframe stipulated in their contract.

An example of an incident that should be reported could include a minor fall of a worker attending a rehabilitation program.

### Incident details

Date of incident (yyyy-mm-dd) 2022-03-01	Time of incident (24 hr clock) 14:25	Incident location: Treadmill in gym
<b>Select the type of incident</b> (one or more may be selected, as applicable):		
<b>Worker/home related</b> <input type="checkbox"/> worker complaint/concern <input checked="" type="checkbox"/> worker injury/fall <input type="checkbox"/> threat or verbal/physical abuse towards worker <input type="checkbox"/> worker exposure <input type="checkbox"/> procedural error/unsafe practice by staff, affecting the worker <input type="checkbox"/> threat to worker safety <input type="checkbox"/> environment hazard/faulty equipment <input type="checkbox"/> other	<b>Staff/personnel/facility related</b> <input type="checkbox"/> staff complaint/concern <input type="checkbox"/> staff injury (relating to worker's care/treatment) <input type="checkbox"/> threat or verbal/physical abuse towards staff <input type="checkbox"/> staff exposure <input type="checkbox"/> threat to staff safety <input type="checkbox"/> environment hazard/faulty equipment <input type="checkbox"/> other	<b>Risk management/security related</b> <input type="checkbox"/> theft/loss of worker property <input type="checkbox"/> damage to worker property <input type="checkbox"/> theft/loss of Provider/staff property <input type="checkbox"/> damage to Provider/staff property <input type="checkbox"/> privacy/confidentiality violation <input type="checkbox"/> other
Description of event (provide details of the events leading up to and after the accident/incident) Ms. Sample was walking on the treadmill with a moderate incline, when she lost her footing and fell off the rear of the treadmill. She was able to grab onto the handle to steady herself but landed <u>fairly hard</u> and abruptly in a standing position. The physiotherapist in the gym at the time witnessed the incident and attended to Ms. Sample.		
Was anyone injured as a result of this incident? If so, provide details of the injury sustained and to whom <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<u>Were</u> emergency service required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## Action plan/recommendations

**Immediate action plan** (describe what corrective measures were taken immediately following the incident)

A brief assessment with the physiotherapist was completed following the incident; no first aid was deemed necessary. Ms. Sample noted that she was "feeling fine", prior to leaving for home approximately sixty minutes after the incident.

**Follow-up/recommendations** (provide details of any subsequent recommendations and/or action to be taken, and by whom)

Ms. Sample is expected in the clinic tomorrow, the physiotherapist will speak to Ms. Sample and reassess, if necessary, at that time.

The Health Care Programs Incident Report form can be downloaded from our website: [Forms & Resources - WorkSafeBC](#), search 83M380.

Incident reports can be submitted through the Provider Portal for services that receive referrals through the Provider Portal. For services that do not receive referrals through the Provider Portal, please fax or mail the Incident Report to the number/address at the bottom of the form

For more information regarding incident reporting, please refer to your contract and reference manual.

## Contact us

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