

NOTE: The numbering of the *Workers Compensation Act* has changed, effective April 6, 2020. See worksafebc.com/wca2019.

Ensuring Staff Are Safe and Healthy

The Role of Health Care Supervisors



Helping health care supervisors meet their
occupational health and safety responsibilities

WORK SAFE BC

About WorkSafeBC

At WorkSafeBC, we're dedicated to promoting safe and healthy workplaces across B.C. We partner with workers and employers to save lives and prevent injury, disease, and disability. When work-related injuries or diseases occur, we provide compensation and support injured workers in their recovery, rehabilitation, and safe return to work. We also provide no-fault insurance and work diligently to sustain our workers' compensation system for today and future generations. We're honoured to serve the workers and employers in our province.

Prevention Information Line

We provide information and assistance with health and safety issues in the workplace.

Call the information line 24 hours a day, 7 days a week to report unsafe working conditions, a serious incident, or a major chemical release. Your call can be made anonymously. We can provide assistance in almost any language.

If you have questions about workplace health and safety or the Occupational Health and Safety Regulation, call during our office hours (8:05 a.m. to 4:30 p.m.) to speak to a WorkSafeBC officer.

If you're in the Lower Mainland, call 604.276.3100. Elsewhere in Canada, call toll-free at 1.888.621.7233 (621.SAFE).

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Health and safety resources

You can find our health and safety resources on worksafebc.com, and many of them can be ordered from the WorkSafeBC Store at worksafebcstore.com.

In addition to books, you'll find other types of resources at the [WorkSafeBC Store](#), including DVDs, posters, and brochures. If you have any questions about placing an order online, please contact a customer service representative at 604.232.9704, or toll-free at 1.866.319.9704.

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About this book

Supervisors play an important role in any industry. They direct the work of staff and develop and implement plans to keep workers from being injured. Effective supervision is one of the most important aspects of a successful health and safety program.

In health care, many believe that a supervisor's responsibilities are solely clinical in nature and are not aware that supervisors have a legal duty to ensure the health and safety of all workers under their direct supervision.

This book explains how supervisors in health care settings can contribute to workplace health and safety. The purpose of this book is to:

- Outline the legal responsibilities of supervisors.
- Describe common duties supervisors may perform to ensure the health and safety of their staff.
- Provide information, tools, and resources to help supervisors fulfill their responsibilities.

This book is for employers, supervisors, educators, and joint health and safety committee members or worker representatives in acute, residential, home, and community care.



1. Workplace health and safety responsibilities



Two key pieces of provincial legislation apply to workplace health and safety:

- The *Workers Compensation Act* (the Act)
- The *Occupational Health and Safety Regulation* (the Regulation)

Employers, supervisors, and workers have responsibilities for health and safety in the workplace and must comply with both the Act and the Regulation.

Employers must:

- Ensure the health and safety of all workers working for that employer and on the employer's worksite.
- Establish occupational health and safety policies and programs.
- Implement interventions to remove or minimize hazards.
- Provide appropriate personal protective equipment (PPE).

- Provide workers with information, training, and supervision about safe work practices.
- Coordinate occupational health and safety with all employers in their workplace.
- Consult with the joint health and safety committee or worker health and safety representative on preventive measures.

Supervisors act as a representative of the employer and must:

- Ensure the health and safety of all workers under their direct supervision.
- Know the work-related hazards and the applicable regulations.
- Ensure workers under their direct supervision understand those hazards and how to protect themselves.
- Ensure workers under their direct supervision adhere to safe work practices and procedures.
- Ensure workers have and correctly use the required PPE.
- Consult with the joint health and safety committee or worker health and safety representative.

Workers must:

- Work safely, following the employer's safe work procedures and practices.

- Report any unsafe work conditions or unsafe acts to their supervisor or employer.
- Cooperate with the joint health and safety committee or worker health and safety representative.

Sample job titles for health care supervisors

A supervisor can be responsible for one person or a whole team and may be a member of a union or excluded staff. Some typical health care job titles that can be considered supervisory are:

- Case Manager
- Charge Nurse
- Clinical Practice Chief
- Clinical Resource Nurse
- Director
- Director Of Care
- Manager
- Patient Care Coordinator
- Resident Care Coordinator
- Site Leader
- Team Leader
- Unit Chief



Who is a supervisor?

In B.C., The Regulation defines a supervisor as “a person who instructs, directs, and controls workers in the performance of their duties.” The role a worker has in an organization, as well as the activities and functions performed, determines whether or not they are a supervisor. To decide if the regulatory definition of “supervisor” applies in a particular situation, answer these questions:

- Does the person instruct staff in the work they do?
- Does the person provide staff with direction on what work to perform?
- Does the person have control over how staff do their work?

If the answer to *all* of these questions is yes, the worker is a supervisor.

Supervisors in health care can have many job titles — team leader, case manager, charge nurse, patient care coordinator — and their job functions can change from day to day. Regardless of job title, when workers are engaged in supervisory activities, they are legally responsible for the health and safety of the workers supervised.

How can supervisors fulfill their regulatory responsibilities?

Access to the Act and Regulation

Workers must be able to access the Act and Regulation while at work. Both are online at worksafebc.com and printed copies can be ordered through Crown Publications, Queen's Printer for British Columbia at www.crownpub.bc.ca. Whatever format is provided, the workers you supervise need to know how to access the documents.

Supervisors can ensure the health and safety of their staff by:

- Making sure workers know the work tasks, the hazards, and safe work procedures to control the risk of injury.
- Confirming that workers have the necessary orientation, training, equipment, and resources to work safely.
- Sharing and communicating information among workers that is relevant to their health and safety.
- Conducting informal daily safety inspections and planned (e.g., monthly) formal inspections.
- Monitoring conditions and staff work practices.
- Correcting unsafe conditions and work practices.
- Ensuring hazard control measures are implemented and maintained.
- Conducting incident investigations.



What are supervisors' responsibilities in multi-employer workplaces?

Multi-employer workplaces are sites where staff from two or more employers work. Health care sites are often multi-employer workplaces. An example of such a workplace would be a residential care facility where three different employers provide nursing care, housekeeping services, and food services.

At a multi-employer workplace, supervisors must:

- Make sure that work done by the staff they supervise does not negatively affect other employers' workers.
- Share relevant health and safety information with all the employers and workers involved.
- Cooperate with other employers' supervisors to investigate workplace incidents.

In a multi-employer workplace, it is important to identify a “prime contractor” because they have additional responsibilities under the Act. The Act defines a prime contractor as the directing contractor or employer who ensures that all activities at the worksite related to health and safety are coordinated and in accordance with legislative requirements. If not specified otherwise in writing, **the owner of the workplace** is considered the prime contractor.

The prime contractor is responsible for:

- Coordinating the health and safety activities of all employers, workers, and others at the workplace.
- For each on-site employer, obtaining the name of the person designated to supervise that employer's workers.

2. Hazard identification, risk assessment, and hazard control



WorkSafeBC has produced a video series called *Supervision in Health Care: Know Your Responsibilities*, which can be downloaded by visiting worksafebc.com and entering the title in the search engine. The video series contains four sections. An introductory video provides general information on supervision in health care, and three subsequent videos portray typical situations that supervisors may encounter:

- Identification and assessment of hazards
- Control of hazards
- Correction of unsafe work practices

Supervisors are responsible for ensuring that their staff can work safely. To do this, they must determine:

- Where and how staff might be harmed (what hazards exist).
- How likely it is that harm will occur (the amount of risk involved).
- What to do to prevent harm from occurring (how to control hazards).

The processes involved are known as hazard identification, risk assessment, and risk control.



What is a workplace hazard?

The Regulation defines a hazard as a “thing or condition that may expose a person to risk of an injury or occupational disease.” In health care, the hazards are often associated with the people being cared for. Other hazards, such as a wet floor, may be obvious and readily identifiable, while hazards such as radiation from an X-ray machine may be less obvious.

The primary hazards in health care are:

- Overexertion
- Falls, slips, and trips
- Violence
- Infectious disease

Examples of other hazards to which health care workers may be exposed are:

- Cytotoxic and hazardous drugs
- Cleaning and disinfecting products
- Driving
- Radiation from nuclear medications and equipment such as X-ray machines and CT scanners
- Electrical hazards
- Bullying or harassment

How can supervisors identify hazards?

Bullying and harassment

Bullying and harassment is considered a workplace hazard in B.C. It is defined as any inappropriate conduct or comment toward a worker that would reasonably cause that worker to be humiliated or intimidated. This does not include reasonable actions taken by a supervisor relating to the management and direction of workers or the place of employment.

Supervisors and those they delegate to help with hazard identification can use a range of methods and strategies:

- Talking to staff, peers in other facilities, and joint health and safety committee members (and in some cases, persons in care and their family and visitors).
- Observing how work is done.
- Completing workplace inspections.
- Encouraging staff to report unsafe conditions.
- Investigating incidents.
- Reviewing injury and incident reports and other data.
- Reviewing supplier information, including Safety Data Sheets (SDSs) and equipment manufacturers' instructions.

Communicating and consulting with staff is integral to hazard identification. Bringing together workers with different areas of expertise to identify hazards allows those with day-to-day experience of the work to provide valuable input. Communication and consultation also:

- Encourages suggestions for improvements.
- Increases staff morale and work satisfaction because staff feel they are being listened to and involved in the process.
- Improves trust, communication, and teamwork.
- Improves productivity as a result of better decision-making processes.
- Contributes to a positive workplace culture.

How can supervisors assess risk?

As hazards are identified, the risk of injury they pose must be assessed. The best risk assessments are done by a team of individuals who understand the work and the hazards involved. Such a team typically includes supervisors, clinicians, directly involved workers, and joint health and safety committee members.

Anyone assessing risk must ask:

- How much of the hazard is present?
- How often and for how long does staff work with or around the hazard?
- What are the chances of staff being injured?
- What are the potential outcomes of an injury (how serious)?

To assess the risk of injury related to the care of a person, look at the tasks (for example, transferring, bathing, dressing), and how often and where they are performed.

The answers to these questions make it possible to determine the likelihood of harm occurring: the more frequently workers engage in the tasks that may harm them, the higher the chances they may be injured. Observation of practices and analysis of injury history help to determine the severity of the potential harm. This is important for establishing what controls are needed. This is discussed more fully later in the chapter.



To assess the risk posed by some hazards, such as exposure to radiation, supervisors may need to consult with specialists or use specialized equipment to take measurements. Supervisors should determine whether a risk assessment for a similar hazard has already been conducted and should consider these existing assessments. The results of the assessment should be compared to regulatory requirements (e.g., standards, guidelines, exposure limits). Resources available through the WorkSafeBC website, a workplace

health and safety department, and the joint health and safety committee should be used to analyze the results.

See Appendix B for a sample risk assessment tool.

How can supervisors identify risk controls?

Reducing risk of injury usually takes a number of control measures

Most workplace hazards are addressed using a combination of the types of control measures described here. For example, to control the risk of exposure to needle sticks, control measures include safety-engineered needles, sharps containers, gloves, and work procedures on handling needles and disposing of used needles.

Risk controls are the steps taken to remove or minimize the risk of injury from a hazard. Risk controls may be called control measures, corrective actions, or protective actions. Controls are categorized into a “hierarchy of controls” — elimination, substitution, engineering, administrative controls, and personal protective equipment (PPE), with elimination being the most effective and PPE the least effective. The risk control process requires that the most effective types of controls be considered first. The following questions can direct your efforts in making effective safety improvements:

Can the hazard be *eliminated* from the workplace? This is the most reliable of all control measures and should always be considered first. Examples include removing clutter from a hallway and changing a medication administered by a needle to one given orally.

Can a less hazardous product or process be *substituted*? For example, replacing an irritating cleaning solution with one that is not irritating to the skin and/or respiratory system. Note that care must always be taken not to introduce new hazards into the workplace.

Can *physical changes* (also known as *engineering controls*) be made to the workplace layout, equipment, or materials to reduce exposure to the hazard? For example, using mechanical lifts to reposition persons receiving care and using safety-engineered needles.

Can *changing how the work is done* (also known as *administrative controls*)— including work procedures, scheduling, staffing, and supervision — reduce exposure to the hazard? For example, screening people for infectious disease before they arrive at the facility and using a neutral zone when passing sharps in the operating room.

Can *personal protective equipment (PPE)* provide additional protection from the hazard? PPE is often used in conjunction with the other control measures and is the least effective and reliable of all safety measures. However, it is often essential for infection control purposes. Examples include wearing gloves, gowns, face shields, respirators, and goggles when caring for people with infectious disease.

How far do we have to go to control hazards?

The Regulation often uses the term “practicable” to describe how much effort employers have to make to eliminate or minimize a hazard. Practicable is defined as being “that which is reasonably capable of being done.” When determining what is practicable consider:

- Level of risk.
- How often workers are exposed to the risk.
- Availability of suitable control measures.
- Cost-effectiveness of controlling the risk.

Although some control measures may be expensive initially, the risk reduction benefits may significantly outweigh the costs.

In some cases, supervisors can deal with a hazard on their own by consulting with their staff. In other cases, the solution may require input, assistance, or resources from senior management, the joint health and safety committee, other departments, the workplace safety adviser, or other employers with staff in the workplace.

After control measures are chosen, a supervisor must take the following implementation steps:

Step 1. Decide what should be done right away and what changes will require more time to implement. Consider the severity of the hazard and likelihood of it causing harm. Work may have to stop until the problem can be fixed.

Step 2. Communicate any changes in work processes or procedures to staff, including whether the measures are temporary until more permanent solutions can be put in place.

Step 3. Make sure that staff have the resources and training needed to make the changes.

Step 4. Follow up. Check to ensure implementation has been successful and has produced the intended results.

Note: it is the employer’s responsibility to decide which control measures will be used and to provide the necessary equipment, resources, and training to implement the controls. The role of the supervisor is to evaluate possible control measures and ensure that those control measures are properly implemented.

Education and training are not control measures

Educating and training workers is one of the last steps when implementing a control measure, not the first. Only after a hazard has been identified, assessed, and control measures developed should workers be educated and trained about the hazard and the measures put in place to minimize the risk of injury.

Safe work procedures

Safe work procedures describe the steps that workers must take to complete a task and prevent exposure to workplace hazards. For example, they could include the sequence of actions required to use a ceiling lift, mix a cleaning agent, or respond when a client becomes violent. A safe work procedure should define the hazard, list the tools, equipment, and materials needed, and give clear and concise step-by-step directions for each worker involved in the process.

See Appendix C for work procedure writing guidelines and template.



3. Primary hazards in health care and some common controls

The four primary hazards in health care are:

- Overexertion
- Falls, slips, and trips
- Violence
- Infectious disease

How can overexertion hazards be controlled?



Overexertion is the leading cause of workplace injury in health care. The consequence of overexertion is usually a musculoskeletal injury (MSI) — damage to the soft tissues of the body that is often cumulative in nature. While the majority of health care injuries due to overexertion can be attributed to patient handling activities, risk of injury also exists for those workers lifting or pushing heavy objects. A supervisor can greatly assist in reducing the risk of MSI by paying close attention to how tasks are performed and ensuring that staff follow correct safe practices. Supervisors can also encourage communication and teamwork,

request that enough mechanical aids and transfer-assist devices are available, and ensure that these devices are correctly used.

Patient handling tasks that present a significant risk of overexertion include:

- Transferring
- Repositioning
- Boosting
- Dressing
- Bathing
- Toileting
- Portering
- Assisting with walking

The choice of control measures for reducing the risk of injury from patient handling activities depends largely on the patient's

mobility assessment. Some common control measures may include the use of mechanical lifts, such as ceiling and sit/stand lifts, and low-friction repositioning sheets.

Resources for preventing injuries caused by overexertion can be found on [worksafebc.com](https://www.worksafebc.com) by typing “patient handling” in the search field, or on your organization’s website.

How can risks from falls, slips, and trips be reduced or controlled?



Falls, slips, and trips are most commonly caused by wet, slippery, or uneven surfaces, cluttered or poorly lit work areas, and electrical cords.

Common controls for reducing the risk of injury from fall, slip, and trip hazards include good maintenance and housekeeping practices, adequate lighting, proper footwear, and well-maintained parking lots and walkways.

Supervisors should ensure that:

- Staff are aware of the risks and are encouraged to report and correct (if possible) unsafe conditions.
 - Staff follow good housekeeping practices.
 - Indoor and outdoor walkways and surfaces are inspected regularly so that trip hazards are removed or repaired.
- Floors are cleaned in a way that minimizes the risk of leaving wet surfaces.
 - Staff wear supportive, slip-resistant footwear.
 - Cords for call bells, pumps, monitors, computers, and other equipment are properly contained.
 - Spills are immediately cleaned up.
 - Snow and ice are routinely removed, especially prior to shift changes.

Resources for preventing injuries caused by slips, trips, and falls can be found on [worksafebc.com](https://www.worksafebc.com) by typing “slips, trips, and falls” in the search field, or on your organization’s website.

Work-related violence does not have to occur at the worksite

If a worker perceives a threat of violence at work, home, or in their community, it is considered work-related as long as it results from the worker's employment.

What is work-related violence and how can it be controlled or eliminated?

Health care workers are at risk of exposure to violence because they interact closely with persons in care and family members under difficult and stressful circumstances. Aggressive or violent behaviour may stem from a patient's medical or mental condition or from prescribed medications. Whatever the cause, supervisors must make sure staff understand that violence is generally preventable and not acceptable — it is not “just part of the job.”

The Regulation 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 he or she is at risk of injury” (section 4.27 of the Regulation). This definition includes *attempted* behaviour. Therefore, the violent person does not need to have actual means of hurting the worker, such as using a weapon or committing a crime. A violent person is one who demonstrates behaviour that gives a worker a reason to believe that they are at risk of injury.

Collecting and assessing patient information is key to developing a behavioural care plan that makes staff aware of the risk of violence and describes the actions that will reduce the risk of triggering violent behaviour. Care plans often need to be developed by a multi-disciplinary team, and staff must be encouraged to report any changes in the patient's condition or behaviour so the care plan can be continually updated.



Common controls for reducing the risk of injury from violence include:

- A screening program to identify people with a history of violent behaviour.
- An alert notification policy and system and control measures that both clinicians and support staff are fully aware of for dealing with the risk of exposure to violent behaviour.
- A behavioural care plan based on a person's needs, likes, and dislikes.
- A training program on how to recognize and deal with escalating behaviour.

Code White response plan

'Code White' is a call for help in a violent or potentially violent situation. A Code White response plan provides details about the emergency response to aggressive behaviour or a violent occurrence. The response will depend on the resources available in the workplace (for example, the number of staff). Not all workplaces have an advanced response team.

- Clear communication regarding visiting hours (where applicable) and expectations of family and visitor conduct.
- Closed circuit camera monitoring systems; for example, a camera could be used to monitor the area outside a locked door so staff could visually assess the person and situation before opening the door.
- Automatic door-closing and locking devices for medication room doors.
- Telephones or panic buttons for high-risk areas.
- Lock-down procedures that can be used with controlled entry points.
- Secure access between a facility and outside or between different areas of a facility.

Resources for preventing injuries caused by violence can be found on [worksafebc.com](https://www.worksafebc.com) by typing "violence" in the search field, or on your organization's website.

Medical information: Confidentiality versus disclosure

Care professionals are expected to maintain the confidentiality of patient, resident, and client health care information, and use it appropriately. One such appropriate use is when there is reason to believe that the person receiving care poses a risk to the health and safety of another person.

The relevant information must be shared within the organization in a way that allows other workers to know about the risk involved, including triggers for violent behaviour, and interventions to minimize the risk. Appropriate information must also be disclosed to other employers and workers who work with the person receiving care (for example, housekeepers, food service workers, staff at other facilities where the person may receive care, and ambulance paramedics).

Note: WorkSafeBC has published its expectations in a bulletin called *Communicate Patient Information: Prevent Violence-Related Injuries to Health Care and Social Services Workers*. There are two versions, one for public and one for non-public bodies. The bulletins can be found on [worksafebc.com](https://www.worksafebc.com) by typing "communicate patient information" in the search field.

How can the risk of infectious disease be controlled?

HIV, hepatitis B and C, norovirus, tuberculosis, influenza, and measles are just a few of the diseases that health care workers can be exposed to in the course of their work.



Common control measures for reducing the risk of exposure to infectious disease include:

- Immunizations
- A variety of engineering controls (for example, safety-engineered medical sharps, barriers, and isolation rooms)
- Administrative controls (for example, hand washing, hands-free passing of surgical instruments, and pre-screening of patients)
- PPE

Supervisors must be familiar with infection control practices and post-exposure procedures at their workplaces. Supervisors should encourage their staff to get vaccinated against the infectious diseases they may be exposed to (where vaccines are available). Staff must know to seek first aid and report if they

come in contact with infectious material (for example, workers who have a needle stick injury must be advised to seek a medical assessment, and ideally should be seen at their local emergency room within two hours of the exposure).

Resources for preventing harm caused by infectious disease can be found on [worksafebc.com](https://www.worksafebc.com) by typing “infectious disease” in the search field, or on your organization’s website.

Critical incident stress management (CISM)

A critical incident is a sudden and unexpected event that can cause emotional or psychological trauma to the workers who were exposed to the incident either directly or indirectly (e.g., witnessed the incident). The strong (but normal) reactions such as feeling anxious, having difficulty concentrating, or having trouble going near the scene of the incident have the potential to interfere with their ability to function effectively either at work or at home.

For employers with an Employee & Family Assistance Program (EFAP), confidential, short-term counselling services are available without charge. Supervisors should inform staff about the services provided by their EFAP or CISM team after a critical incident.

For employers who do not have an EFAP, WorkSafeBC offers a critical incident response program at no cost. If you have questions or wish to arrange an intervention, please page the Critical Response Specialist at 1-888-922-3700, toll-free in B.C. Your call will be answered immediately between 9:00 a.m. and 11:00 p.m., seven days a week.

4. Workplace inspections

Regular workplace inspections are one of the most effective means to identify hazards before they can cause an injury. They can be informal or planned and should include examination of the environment, equipment, and work practices.

Who is responsible for responding to a report of an unsafe condition or act?

Section 3.10 of the Regulation requires any person who receives a report of an unsafe condition or act to investigate and ensure that any necessary corrective action is taken without delay.

What is an informal inspection?

An *informal inspection* is the ongoing observation of the work environment and work tasks. An informal inspection allows supervisors to:

- Ask staff about health and safety concerns they may have, and if they have any suggestions for improvement.
- Encourage staff to report hazards.
- Check that equipment is in good working order.
- Observe staff as they work and intervene if they witness unsafe practices.
- Reinforce safe work practices.
- Verify that care plans are up to date and being followed.
- Determine if previously recommended corrective measures are in place and effective.

What is a planned inspection?



A *planned inspection* allows supervisors to find hazards that might be missed during an informal inspection. Planned inspections involve preparation and take a detailed look at the workplace and work activities.

Inspections should be scheduled at intervals that will prevent the development of unsafe working conditions. The frequency of inspections is typically monthly but will vary depending on the work environment and the hazards present.

Planning the inspection

The supervisor or delegated staff member should begin by finding out if the employer has a relevant standardized checklist or inspection report form to use while conducting a planned inspection. Using a checklist increases the

effectiveness of the inspection by providing an outline of items to be inspected, and helps make sure areas with the potential for significant hazards are not missed. Previous inspection and injury reports should be reviewed to determine the hazards in the area and previous issues that have occurred requiring attention or follow-up.

Interdepartmental/multi-employer coordination of managing hazards

In today's overlapping and multi-employer work environments, workers from other departments and other employers closely interact. This can mean they are also affected by hazards within your area or by the actions of your staff. The opposite is also true. When doing inspections and addressing hazards, it is important to keep this in mind. Addressing noted hazards may involve cooperation and coordination of supervisors from other departments or employers.

Examples of hazards that can affect workers from other departments or other employers are:

- Overfilled laundry or garbage bags.
- Positioning slings not placed under patients before patients are sent for diagnostics in another department.
- Sharps from instruments not removed or disposed of before the instruments are sent for cleaning and sterilization.
- Floors left too wet and/or without adequate signage or safe pathways for travel.
- No purple alert indicators posted or communication to other workers about a person's aggressive behaviour.
- Too much equipment left in hallways, corridors, and storage rooms so that free access and flow are limited.

Delegating staff to do workplace inspections

A supervisor can delegate a staff member to conduct planned workplace inspections as long as the staff member is familiar with the work area and the safe work practices required, and knows how to perform inspections. However, the supervisor should still review the inspection report and take an active role in follow-up on inspection items.

Conducting the inspection

Once areas requiring inspection are identified, including out-of-the-way places, remember to:

- Talk to staff about their health and safety concerns.
- Assess the physical environment and equipment.
- Watch for deviations from accepted work practices.
- Determine if assessments have been done in areas where changes are planned.

Examples of specific inspection checklists include:

- General
 - Facility/building safety inspection
 - Community care safety inspection
 - Home care pre-visit checklist

- Hazard-based
 - Safe patient handling
 - Falls, slips, and trips
 - Violence/aggressive behaviour
 - Working alone
 - Biohazards

(See Appendices D to H for inspection checklists on patient handling; slips, trips, and falls; violence prevention; working alone; and biohazardous material, respectively.)



Recording the results

The inspection record can be in any form, but should allow for complete and accurate documentation of findings, including both safe and unsafe work practices and conditions found and recommendations for improvement. Accurate recording ensures proper action will be taken, demonstrates management commitment and interest, and provides information for future reference. Good record keeping is part of

demonstrating due diligence as WorkSafeBC officers may request to review documents as part of a WorkSafeBC inspection. (See Chapter 10, Due Diligence in the Workplace.)

When and how should prompt corrective action be taken?

Hazards identified during inspection must be prioritized according to their risk of causing injury or illness. Imminent hazards such as a frayed sling, an outdated care plan for a client requiring care that involves a known hazard, a full sharp container, or a torn floor tile must be addressed immediately. Hazards that are less likely to cause imminent injury or illness may be addressed by creating an action and communication plan that describes when measures will be put in place and who is responsible (for example, crowded storage or lack of storage space). When permanent measures are not feasible immediately, temporary measures must be undertaken to avert immediate danger.

5. Incident investigation



A workplace incident is an event that caused or could have caused an injury or illness. Examples of more common incidents include a patient transfer that caused a shoulder strain and unprotected contact with the body fluids of a patient. Examples of incidents that could have caused harm but did not (near-misses) include stopping a care activity that likely would have led to violent behaviour and the discovery of a used needle on a counter.

When is an incident investigation conducted?

When an incident or near-miss occurs, an investigation is usually completed to find out what happened, why it happened, and how to prevent it from happening again.

A preliminary and full investigation must be conducted after any event involving:

- Injury that required medical treatment, including time-loss injuries.
- A near-miss or incident that could have caused a serious injury.
- Serious injury or death.
- Major release of a hazardous substance.
- Major structural failure or collapse of a building.
- A fire or explosion that has a potential for causing serious injury

An investigation should begin as soon as the supervisor of the worker involved is notified of an incident, preferably before the scene changes and while witnesses clearly remember details and are still available to be interviewed. Preservation of the scene, for police or WorkSafeBC, may be necessary under certain circumstances, such as the failure of a mechanical lift or after an extreme act of violence occurs.

Who participates in an incident investigation?

Section 174 of the Act requires that incident investigations “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.”

Inspection versus investigation

Inspections are *proactive*. They are done to identify hazards so that corrective action can be taken to prevent injuries from occurring.

Investigations are *reactive*. They are done to identify hazards and contributing factors that resulted in an injury or a near-miss. Investigation results must include recommended corrective action(s) to prevent another injury from occurring.

The investigation team typically includes the supervisor of the worker who was injured and a worker representative from the department, or if reasonably available, a member of the joint health and safety committee who is familiar with the work and trained to do investigations.

The injured worker is a valuable source of information about what happened and should be included in the investigation when possible. However, if the worker is not available, the investigation should not be unduly delayed.

A supervisor or manager responsible for budget decisions may also need to review investigation reports, approve corrective actions, and delegate action items.

Workers are required to report all injuries

Workers often do not realize that all injuries caused by work activities, even minor sprains and strains, must be reported to their employer. Supervisors can't facilitate changes to the work environment or work processes to prevent incidents from happening again if they don't know about the original incident! Make sure all staff members in your organization know what to report and how to report it.

Additional resource



For more information on incident investigations, see the following WorkSafeBC publications:

- [Incident investigations in health care: focusing on change instead of blame](#)
- [Reference guide for employer incident investigations](#)

How is an investigation conducted?

An investigation should focus on the situation and the conditions that allowed the incident to occur — it should never focus on the individual or assign blame.

Preparing to investigate

The investigators should be trained how to conduct investigations. Investigators should not start with a fixed opinion or make assumptions about the cause of the incident. A supervisor responsible for an incident investigation should begin by obtaining any forms or other paperwork the employer requires. After that, the supervisor should:

- Determine who should be on the investigation team and how to contact them.
- Make a list of general open-ended questions to get the investigation started (more incident-specific questions can be added during the investigation).
- Determine if the hazard is still present and, if so, what control measures are needed (for example, PPE).
- Determine if equipment (for example, camera, tape measure, flashlight) is required.

Reporting incidents to WorkSafeBC

Under section 172(1) of the Act, employers must immediately report incidents to worksafebc if they result in serious injury or death, involve a major structural failure, or a release of a hazardous substance, or involve a fire or explosion that had a potential for causing serious injury to a worker



Gathering information

To find out as much as possible about the event and the factors that contributed to the incident, the investigation team should:

- Record basic information such as the date, time, and location of the incident and the date and time it was reported.
- Note who was involved, including witnesses, and anyone with supporting information.
- Describe equipment in use and environmental conditions.
- Determine where equipment and people were positioned, using a diagram if helpful.
- Interview workers who witnessed the incident and anyone who can give relevant information, even if they were not present.
- Review documents such as training records, inspection reports, equipment manuals, maintenance logs, msdss, care plans, and work procedures.
- Inspect equipment, asking for technical help as needed.

When interviewing workers, the team should:

- Talk to each worker privately, in a comfortable location.
- Put the worker at ease and explain that the goal is to understand what happened and why.
- Ask the worker to describe what happened, using open-ended questions such as “Tell me about...”
- Listen carefully and do not interrupt.
- Summarize key points and then review the wording with the worker to make sure the summary is accurate and to give the worker a chance to correct details.
- Ask for ideas on how this incident could have been prevented and how similar incidents could be avoided.
- Thank all workers interviewed and encourage them to contact the investigation team if they think of anything else.

Sometimes using a table to organize information is helpful.

Typical investigation questions to ask when gathering information

Before the incident

- What were the events that led up to the incident? For some incidents, it is important to examine what happened over several days prior to the incident.
- What processes (tasks) were happening immediately prior to the incident?
- What was the worker (or others) doing immediately prior to the incident?
- What was the last activity before the incident happened?

During the incident

- What happened at the time of the incident?
- What processes (tasks) were occurring at the time of the incident?
- What activities was the worker performing at the time of the incident?
- What hazards was the worker exposed to?
- What factors may have contributed to the incident occurring?
- Were workers responding to the incident at unnecessary risk?

After the incident

- What happened after the incident?
- How and when was the incident reported?

Evaluating the information

When evaluating information that has been gathered from visiting the incident location and interviewing workers and others, the investigation team should:

- Make a timeline for the incident, and group the information chronologically — before, during, and after the incident.
- Look beyond a single cause. Most incidents are the result of several factors happening in combination. Contributing factors may include ergonomics risk factors, the environment (light, noise, and time of day), equipment or materials, supervision, nature of work, job processes, or training.
- Consider the recommendations to be included in the final report.

Documenting

The results of an incident investigation must be documented. Some of the information required in an incident investigation report includes:

- Place, date, and time of the incident.
- Names and job titles of persons injured in the incident.
- Names of witnesses.
- Brief description of the incident.
- Statement of the sequence of events that preceded the incident.
- Identification of any unsafe conditions, acts, or procedures that contributed in any manner to the incident.
- Recommended corrective actions to prevent similar incidents.
- Names of the persons who investigated the incident.

The report should also include an action plan that:

- Defines the corrective actions needed, including temporary ones.
- Assigns responsibilities to individuals for taking specific actions.
- Recommends a timeline.

The investigation team should review a draft copy of the report to ensure that it is accurate and the recommendations are appropriate. When the report is complete, it must be provided to the joint committee or worker health and safety representative if applicable, or posted in the workplace.

Following up

After the report is submitted, follow-up will be needed to make sure corrective actions have been put in place and are working as planned. Staff should be informed of actions taken as well as any reasons actions were not taken. Workers must know how to prevent similar incidents and that their supervisor and employer are working to keep them safe.

6. Staff knowledge of workplace hazards and safe work practices

Supervisors can ensure staff are knowledgeable about workplace hazards and safe work practices to protect themselves by supporting worker education and training, observing how staff work, correcting unsafe work practices, and communicating health and safety information.

How can supervisors support staff education and training?

Workers require both general education about health and safety issues, such as their responsibilities for ensuring safe workplaces, and specific skills training about the hazards present in their workplace and the control measures put in place to eliminate or minimize the risk of injury. For example, if a particular kind of mechanical lift is used in the workplace, staff need to know how to assess the person receiving care to make sure the use of the lift is appropriate, as well as how to operate it safely and report any mechanical problems.

Supervisors are expected to know:

- What education and training staff require to work safely.
- What training options are available and how to access them.
- What training staff have already received, and which staff members need further training.



- How to support workers to apply the skills they have learned.
- When observed practice does not meet organizational policy or procedure.

Examples of health and safety training include:

- Worker orientation on hazards in the workplace and safe work practices.
- Safe patient handling for musculoskeletal injury prevention.
- Violence prevention techniques, including verbal de-escalation and risk communication procedures.
- Blood and body fluid exposure prevention and post-exposure procedures.
- Familiarization with the Workplace Hazardous Material Information System (WHMIS).

Why should supervisors observe staff work practices?

Observing staff while they work or demonstrate specific tasks is one of the most effective ways for a supervisor to find out if staff are safely performing their work. Task observations can be conducted formally (during orientation for new or returning staff) or informally (during day-to-day activities). Observing staff allows supervisors to:

- Learn how tasks are being done.
- Ask about safety concerns or issues that should be addressed.
- Recognize and reinforce good practices.
- Correct unsafe practices.

Before observing, supervisors should review care plans and written safe work procedures that apply to the tasks and use these as a checklist to verify that the key safety hazards are being adequately addressed.



Recognizing and reinforcing safe work practices

Supervisors should use positive on-the-spot coaching to acknowledge safe work practices. The focus should be on reinforcing what is being done right to motivate repeat performance. Staff can be asked why they did a particular task in the way they did, and what skills or knowledge they used. When workers are not working safely, supervisors must intervene.

Correcting unsafe work practices

A supervisor observing an unsafe work practice must speak to the worker directly and find out why a safe work procedure is not being used. When taking corrective action, supervisors should:

- Clearly express concern about the actions or behaviour and the reasons for the concern.
- Focus on the actions or behaviours that need to be changed rather than on the individual worker.
- Ask open-ended questions to determine exactly what the worker was doing and why; for example, “Why did you decide to reposition the patient using that technique?” Find and stress something positive about what the worker was trying to

Safety huddles

Safety huddles are brief meetings with staff (three to five minutes) to discuss safety issues of any kind. Safety huddles are designed to promote staff dialogue on safety concerns and use staff knowledge and expertise to problem solve and create safe work practices.

1. The safety huddle discussion should include:
2. A brief description of the safety concern.
3. A group discussion of potential solutions to resolve or manage the concern.
4. Identification of any follow-up action items (for example, fill out a requisition, ask for more information).

do, being sure it's linked with the concern. For example, "It's important not to get Mr. Smith agitated. We'll have to figure out how we can make him more comfortable when we need to use the lift."; "I think that we need to reconsider where we put the sharps container."

- Clarify expectations and commitment to actions.
- Remind the worker how much they are valued by the department and the organization.

Supervisors should also take notes when they discuss safe work practices with a worker. If a worker continues to work unsafely, it may be necessary to initiate progressive disciplinary action following your organization's processes.

How can supervisors communicate health and safety information to staff?

Health and safety information can be communicated to staff in a number of ways. It should be part of worker orientation, integrated into training for assigned tasks, written into work procedures, and included in care plans. This information can be made accessible to staff through safety notice boards, classroom or computer-based training materials, posters, handbooks, and so on.

In health care, workplace hazards and the risk of injury can change as quickly as the condition of the person in care. Part of a supervisor's responsibility is to ensure that changes are communicated promptly to all workers who are at risk. Health and safety information should be exchanged regularly on an informal basis and considered at shift-change and staff meetings.

See Appendix I for a staff meeting agenda template.

When starting a shift, supervisors should ask:

- Are there any new staff needing orientation?
- Does anyone have health and safety information for the team?
- Are there any new health and safety issues that need to be addressed?
- What tasks or areas need attention today?

7. Joint health and safety committees

Supervisors must work collaboratively with members of a joint health and safety committee or a worker health and safety representative when performing duties that ensure staff are protected from injury and illness.

What is a joint health and safety committee?



A joint health and safety committee is made up of worker and employer representatives who meet once a month. Members of the committee are trained in health and safety processes and procedures, and they work cooperatively to promote health and safety in the workplace.

Each workplace with 20 or more regularly employed workers must have a joint committee that advises on workplace health and safety. Smaller workplaces with more than 9 but fewer than 20 workers must have a single worker health and safety representative.

Note: there can be additional requirements for joint health and safety committees that have been ordered by WorkSafeBC or agreed to under collective agreements.

How are joint committee members selected?

Management representatives are typically supervisors selected by the organization. In unionized workplaces, the unions determine the process to select worker representatives. How the union selects worker representatives is sometimes determined by the collective agreement. In non-unionized workplaces, worker representatives must be elected by workers who have non-managerial functions. The number of worker representatives on a joint committee must be equal to or greater than the number of employer representatives.

What does a joint committee do?

Joint committees are given time to perform the duties and functions of the committee, including:

- Identifying unhealthy or unsafe situations.
- Helping resolve worker complaints concerning health and safety.
- Consulting with workers and the employer on issues related to health and safety.
- Providing the employer with advice on programs, policies, and procedures that affect the health and safety of workers.
- Submitting written recommendations to the employer about programs or improvements needed.
- Participating in worksite inspections, incident investigations, and inquiries.
- Carrying out any other duties and functions described in the Regulation, such as investigations of refusal of unsafe work.
- Disseminating information and promoting health and safety.

How can supervisors support a joint committee?

Education and training

- All new joint committee members are required to receive eight hours of training.
- All joint health and safety committee members are also entitled to eight hours of leave per year to attend health and safety training courses.

Section 117 of the Act requires supervisors to “consult and cooperate with the joint committee or worker health and safety representative for the workplace.” By supporting the work of the joint committee, a supervisor can improve the identification and control of workplace hazards.

Supervisors can support the joint committee by:

- Sharing information with the committee about actual and potential hazards and safe work procedures, and providing copies of all WorkSafeBC inspection reports.
- Improving deficiencies identified by the committee.
- Using the committee as a resource for hazard identification.
- Involving committee members in incident investigations.
- Obtaining health and safety information that the committee requests.
- Recognizing and acknowledging committee work.
- Informing new workers about the committee, what it does, and where to find information about health and safety activities.
- Ensuring that staff who are committee members have the necessary time to attend meetings and participate in committee activities.
- Encouraging staff to participate in health and safety initiatives.

What role do supervisors play when a joint committee issues a written recommendation?

The joint health and safety committee has the authority to submit written recommendations to the employer on ways to improve workplace health and safety. For example, the committee might recommend that a new type of slider sheet be considered, a training program be established for violence prevention, or testing or sampling of the work environment be carried out.

The employer must respond to any written recommendations from the joint committee in writing within 21 days. (Supervisors can be required to respond to written recommendations if directed by the employer.) If the employer agrees with the recommendations, the response must include a timetable for implementation. For example, if the employer agrees that a violence prevention training program should be established, the response should say when the program will be developed, when it will be delivered, and who is responsible. If the employer disagrees with a recommendation, the response must give reasons for disagreeing.

If it is dissatisfied with the employer's response, the joint health and safety committee can request assistance from WorkSafeBC.

8. Refusal of unsafe work



What is refusal of unsafe work?

Under Section 3.12 of the Regulation, if workers have reasonable cause to believe that carrying out a work process or operating a tool, appliance, or equipment would create an undue hazard to themselves or others, they must refuse to carry out the work.

What is the procedure for investigating a work refusal?

Work refusal *is not* a routine way to solve problems — it is a serious procedure. Supervisors should understand the procedure and know what to do when a worker refuses to undertake work because of safety concerns. The procedure involves the following steps.

Verbal refusal of unsafe work

WorkSafeBC considers a verbal report to a supervisor of refusal of unsafe work sufficient to constitute a work refusal. All work refusals are required to be investigated as outlined by the process described below. Supervisors must ensure that any verbal reports are followed up and any documents required by the organization are completed.

Step 1. After being informed of the worker’s refusal of unsafe work, the supervisor must immediately begin an investigation. The supervisor either ensures the unsafe work condition is corrected promptly or explains to the worker refusing the work why the employer and supervisor believe the work to be safe. The worker may be assigned temporary work until the investigation is completed.

Step 2. If the worker is not satisfied with the decision and continues to refuse the work, the employer and supervisor must carry out another investigation in the presence of the worker and another worker. The other worker must either be a member of the joint health and safety committee or a worker selected by the union representing the worker. If there is no joint committee or the worker is not represented by a trade union, then the other worker is selected by the worker who made the report and must be reasonably available. At this stage, the supervisor may wish to get additional support from another supervisor or from an occupational health and safety adviser. It may also be necessary at this stage to provide the worker with temporary duties (without loss of pay) until the work refusal ends and the worker returns to their original duties.

Step 3. If further investigation produces results that are still unsatisfactory for the worker and the worker continues to refuse work that they believe is unsafe, then either the employer or the

worker must contact WorkSafeBC immediately to initiate an investigation by an officer. A WorkSafebc officer will investigate the matter and issue whatever orders are considered necessary. For more about the involvement of WorkSafeBC officers, see chapter 9, cooperating with WorkSafeBC prevention officers.

See Appendix J for a work refusal report form.

Discrimination against workers

Workers have a responsibility to report and refuse unsafe work conditions. When the unsafe work refusal procedure is followed, workers must not be disciplined, experience a loss in hours or pay, or be subject to any actions that adversely affect their employment conditions. Section 3.13 of the Regulation and section 151 of the Act protect workers from being punished or receiving retribution from either their employer or union if they report a workplace health and safety concern. Workers who believe they have been discriminated against for refusing unsafe work can ask WorkSafeBC to investigate. The employer or union must prove that no discriminatory action occurred.

9. Cooperating with WorkSafeBC prevention officers

What is the role of WorkSafeBC prevention officers?

WorkSafeBC prevention officers inspect workplaces to ensure employers are meeting the requirements for health and safety set out in the Act and the Regulation.

All WorkSafeBC officers have the legal authority to enter a workplace such as a health care facility, including patient rooms, at any time. They can talk to any worker and ask for information from the employer to help them complete their inspection.

Note: WorkSafeBC officers can perform inspections at any operating hour.

Why might a prevention officer visit a workplace?



A prevention officer might visit a workplace for any of the reasons outlined below. Anyone concerned about the right of an officer to be in the workplace should ask to see the officer's credentials.

Routine inspection. A prevention officer may visit a workplace to determine if the employer is meeting health and safety requirements. Usually the officer will explain the purpose or intent of the visit to the employer at the time of inspection. No prior warning, notice, or appointment is required by legislation, and staff must cooperate with the officer.

Complaint-driven inspection. Workers may report their concerns about a health and safety concern to WorkSafeBC, and they may do so anonymously. A prevention officer may then investigate the matter by visiting the workplace to obtain more information.

Scheduled consultation. An officer may visit a workplace at a pre-arranged time to consult or provide education on health and safety topics or review specific equipment or work processes.

Incident investigation. If an incident requiring further investigation has occurred, a WorkSafeBC officer will conduct or assist the employer with the incident investigation.

Investigation of unsafe work refusal. If a worker has refused to carry out work because of safety concerns, and the situation cannot be resolved in collaboration with the employer, supervisor, and worker, then a WorkSafeBC officer must investigate the matter and issue an inspection report that either supports the refusal or indicates that an undue hazard has not been identified. Where a prevention officer has made a finding that the investigation into a work refusal under Section 3.12 of the Regulation has not identified an undue hazard, and the worker refuses to return to work, the worker is no longer protected by the provisions of Section 3.13 of the Regulation.

Posting inspection reports

Supervisors must post any inspection or compliance reports they receive. Good places to post reports include staff or joint health and safety committee message boards. The reports must remain posted for seven days or until complied with. If the inspection report contains orders that are related to the joint committee or worker health and safety representative, the report must remain posted for 12 months. Any compliance plans must be shared with the joint committee or the worker health and safety representative and the union, if applicable.

What happens during an inspection by a prevention officer?

Regardless of the reason the WorkSafeBC officer is inspecting the workplace, supervisors must cooperate and provide the information the officer requests, such as injury statistics, policies, care plans and charts, or education and training records. If information is not readily available, the supervisor must establish when it will be.

During an inspection, the officer may be accompanied by a representative of the employer and *must* be accompanied by a worker. The Act requires that a joint health and safety committee member or a worker representative be considered first and, if they are not reasonably available, the WorkSafeBC officer may select another worker and/or speak with several workers. The employer may object to the officer's choice if recruiting the worker for an inspection will unduly impede the provision of health care but may only object to one worker on this basis. Time spent by a worker accompanying an officer is considered time spent working for the employer.

Supervisors should advise WorkSafeBC officers about any risks that may not be evident for someone new to the worksite, or any operational issues that may affect the inspection. (For example, "Now is not a good time to enter this room because Mr. Jones is being bathed.")

What is an order?

If a prevention officer notes violations of the Act or Regulation during an inspection, they will provide verbal or written direction to the employer that requires them to take action(s) to correct the health and safety deficiencies. The evidence to support the deficiencies is given in the order.

Repeat orders or orders related to high hazard situations can lead to the organization receiving a financial penalty from WorkSafeBC.

Orders and penalties can also be levied against supervisors.

What happens after a WorkSafeBC inspection?

After inspecting a workplace, an officer will write an inspection report that may include orders. The officer must inform the employer of the outcome of the inspection and provide the reasons for any orders. A supervisor receiving this information may ask questions to clarify expectations regarding any corrective actions required. The inspection report must be posted in the area inspected and should be copied to the organization's health and safety department.

If orders are issued, the employer will be required to respond in a specified time, typically within 30 days. The WorkSafeBC officer may require a notice of compliance that outlines how the employer will address the deficiencies described in the inspection report. All actions in the notice should be outcome-based, measurable, and have a responsible person and timeline for completion attached. Once a deficiency is corrected, the nature of the correction should be described.

See Appendix K for a notice of compliance action plan template.

10. Due diligence in the workplace



What is due diligence?

For supervisors, due diligence means taking all reasonable steps to prevent injuries, illness, or accidents in the workplace and protect the well-being of workers.

Why must supervisors exercise due diligence?

Due diligence is a legal concept. If an incident does occur, supervisors will not be considered negligent as long as they

can show they took all reasonable steps to:

- Identify conditions with the potential to adversely affect workers.
- Correct the identified unsafe conditions.
- How can supervisors demonstrate due diligence?

Supervisors exercise due diligence when they perform all their responsibilities, including:

- Knowing the work and the hazards.
- Taking steps to eliminate or minimize hazards.
- Making sure staff are aware of hazards and how to protect themselves.
- Facilitating the removal of unsafe conditions and correcting unsafe work practices.
- Participating in inspections.
- Conducting incident investigations
- Complying with the Act and the Regulation.

Supervisors can demonstrate due diligence by keeping records of the following:

- Steps taken to identify hazards.
- Actions taken to eliminate or minimize hazards, and correct reported hazards.
- Training that staff received and when they received it.
- When inspections and investigations were conducted and what actions were taken to solve problems.
- When safety information was shared with staff (for example, at staff or department meetings, during shift changes, during one-on-one meetings).

- When unsafe practices were corrected and when progressive discipline was used to enforce safety rules and safe work procedures.

Supervisors should ensure that health and safety records, including training records for staff, are kept up to date.

See Appendix L for a due diligence checklist for supervisors and Appendix M for online resources.

Appendices

Appendix A: Glossary of terms

Administrative control	Modification of work procedures or organization of work to reduce exposure to a hazard. This is the fourth type of control measure to be considered in the hierarchy of control measures.
Control measure	The action or method used to remove a hazard from a workplace or reduce the risk of injury or disease from a hazard. Also referred to as a corrective action or protective measure.
Elimination control	Removal of a hazard from the workplace. This is the first type of control measure to be considered in the hierarchy of control measures.
Engineering control	Use of equipment or modification of the workplace to reduce exposure to a hazard. This is the third type of control measure to be considered in the hierarchy of control measures.
Hazard	A thing or condition that exposes a person to risk of injury or occupational disease.
Hierarchy of control	A system of applying control measures in order of effectiveness to eliminate or minimize the risk of injury from exposure to a hazard. The types of control measures and their order of effectiveness is elimination, substitution, engineering, administrative controls, and personal protective equipment (ppe). In health care, effective management of risk of injury often involves a combination of control measures.
Incident investigation	An investigation done after a workplace event that caused or could have caused an injury or illness. Such investigations are done to identify hazards and contributing factors that resulted in an injury or a near-miss. Investigation results must include recommended corrective action(s) to prevent another injury from occurring.
Informal inspections	Regular, unplanned observations of work areas and practices to prevent the development of hazardous conditions.
Joint health and safety committee	A committee consisting of worker and employer representatives who meet on a regular basis to deal with workplace health and safety issues.
Multi-employer workplace	A workplace where staff of two or more employers are working at the same time.

Musculoskeletal injury (MSI)	Injury to one or more of the soft tissues of the body, including muscles, tendons, ligaments, joints, nerves, blood vessels, or other related soft tissue, often due to overexertion and repetitive motion.
Notice of compliance (NOC)	A written confirmation that an employer has complied with orders issued by a WorkSafeBC officer, or a plan that details actions to be taken to correct the safety deficiencies. Employers are usually given 30 days to submit an noc. Nocs must be posted in the workplace and copies given to the JOHSC, worker representative, and/or union, as applicable.
Occupational health and safety (OHS)	A discipline concerned with the social, mental, and physical well-being of workers.
Occupational Health and Safety Regulation (the Regulation)	The legal requirements that must be met by all workplaces under the jurisdiction of WorkSafeBC. The purpose of the Regulation is to promote occupational health and safety and to protect workers from work-related risks to their health, safety, and well-being. Visit worksafebc.com and search “OHS Regulation” to access the Regulation.
Order	Verbal and written direction issued by a WorkSafeBC officer to an employer, requiring them to take action to comply with a stated section of the <i>Workers Compensation Act</i> or the Occupational Health and Safety Regulation.
Personal protective equipment (PPE)	Equipment worn by a worker to prevent injury or exposure to a workplace hazard. Examples of ppe include gloves, gowns, safety eyewear, face shields, n95 respirators, lead aprons, and safety footwear. This is the fifth and last type of control measure to be considered in the hierarchy of control measures. This is the least effective one.
Persons in care	Patients, residents, and clients who receive health care.
Planned inspections	Inspections scheduled at intervals that will prevent the development of unsafe working conditions. The frequency of inspections is typically monthly but will vary depending on the work environment and the hazards present.
Prime contractor	In a multi-employer workplace, the directing contractor, employer, or person who enters into a written agreement with the owner of that workplace, or if there is no written agreement, the owner of the workplace.

Risk	The chance of injury, occupational disease, or negative health effects from exposure to a hazard.
Risk assessment	The process of evaluating the risk of injury, occupational disease, or negative health effects associated with a hazard.
Safety Data Sheet (SDS)	A fact sheet issued by the manufacturer of a product that provides information about the hazardous components of the product and procedures for safely working with it. An SDS includes information on the hazardous ingredients, physical and chemical dangers of working with the product, safety procedures, personal protective equipment needed, spill and leak cleanup, disposal practices, etc.
Substitution control	Replacing a hazardous product or substance with a less hazardous one. This is the second type of control measure to be considered in the hierarchy of control measures.
Worker health and safety representative	A staff member with non-managerial duties who performs the same actions as a JOHSC. A worker health and safety representative is required at a site when there are 10 to 19 regularly employed workers of the employer.
Workers Compensation Act (the Act)	The statute that gives WorkSafeBC the legal authority to set and enforce occupational health and safety standards and establish policies regarding compensation, assessment, rehabilitation, and occupational health and safety. www.bclaws.ca/eplibraries/bclaws_new/document/id/freeside/96492_00
WorkSafeBC inspection	An inspection performed by a WorkSafeBC officer to ensure that the workplace meets the minimum requirements set out in the Act and Regulation. WorkSafeBC officer authority is defined in section 179 of the Act.
WorkSafeBC inspection report	A written report detailing the results of an inspection by a WorkSafeBC officer. The report notes any findings, including deficiencies in workplace safety or health and may include corrective orders. Inspection reports must be posted in the worksite and provided to members of the joint committee or the worker health and safety representative. They are public documents, and a copy of any inspection report can be obtained from WorkSafeBC.

Appendix B: Sample risk assessment tool

Date: _____ Location: _____ Site: _____

Manager/supervisor: _____ Task/Job: _____

Completed by: _____

Description of Activity:

Example: employees overfilling linen bags with soiled laundry, a daily occurrence, creating heavy bags, resulting in injuries — 2 time loss injuries last month.

Risk Assessment

The following steps are to be followed in order to determine the most appropriate control measure(s) for the identified hazards:

1. Identify the hazards
2. Assess the level of risk (see Area Risk Assessment)
3. Obtain worker input
4. Identify possible control measures
5. Choose most effective control measures and plan for implementation (may require short term and long term planning)
6. Implement control measures, including education of workers
7. Evaluate effectiveness of control measures

Risk Matrix

		Consequences				
		Worker	<ul style="list-style-type: none"> Report only First aid No time loss 	<ul style="list-style-type: none"> Medical treatment Family Doctor Ongoing treatment Time loss up to 3 months 	<ul style="list-style-type: none"> Medical treatment Emergency Room Ongoing treatment Time loss more than 3 months Irreversible injury / illness 	Fatality
		Organizational	Review by Department, Manager, JOHSC	Scrutiny by Senior Mgt or WorkSafeBC	Possible public, media or political scrutiny	Formal Inquiry, national media
			1	2	3	4
Likelihood	1 incident or more per month	5	Medium	High	Extreme	Extreme
	1 incident per 3 months	4	Medium	High	High	Extreme
	1 incident per 6 months	3	Low	Medium	High	Extreme
	1 incident per year	2	Low	Medium	Medium	Extreme
	History of incident in past 2 years	1	Low	Low	Medium	Extreme

Minimum Required Actions

Low	<p>Maintain Existing Controls</p> <ul style="list-style-type: none"> • Provide Safe Work Procedures • Provide Education/ Training • Provide Supervision • Review assessment if situation changes or in 2 years
Medium	<p>Monitor / Maintain Existing Controls</p> <ul style="list-style-type: none"> • Manager Level - Efforts must be made to reduce the risk. Review hierarchy of controls, identify and implement additional control measures needed to reduce risk • Consider engineered control options • Provide Safe Work Procedures • Provide Education/Training • Provide Supervision • Review assessment if situation changes or in 2 years
High	<p>Implement immediate controls</p> <ul style="list-style-type: none"> • Manager Level - Substantial efforts must be made to reduce the risk. Risk reduction measures should be implemented urgently within a defined time period and it might be necessary to consider suspending or restricting the activity, or to apply interim risk control measures, until this has been completed. • Consider and plan for engineered control options • Review and upgrade Safe Work Procedures • Review and upgrade Education/Training • Improve quality of Supervision • Reassess upgraded controls
Extreme	<p>Implement immediate short term controls and plan for longer term controls</p> <ul style="list-style-type: none"> • Senior Management Level - Immediate efforts must be made to reduce the risk. Urgent efforts must be made within a defined time period and it might be necessary to consider suspending or restricting the activity, and apply interim risk control measures, until this has been completed. • Engineered controls required • Revise Quality of Safe Work Procedures • Revise Quality of Education/Training • Increase/Improve Quality of Supervision • Reassess upgraded controls

Source: Northern Health Authority

Appendix C: Work procedure writing guidelines and template

- Under the template heading “Purpose,” describe why you are writing the safe work procedure (what is this safe work procedure for? When is it to be used?)
- Under “Scope,” indicate who will use the procedure and briefly explain when this procedure is applicable.
- Under “Overview of Hazards,” list all safety hazards and potential risks associated with these hazards.
- Under “Equipment,” list all personal protective equipment, tools, and training required to perform the task safely.
- Under “Procedure Steps,” describe the activity or process in sequence. The section should be clear, concise, and self-contained.
 - Begin each numbered step with an action word (e.g., **Place** absorbent on spill).
 - Be specific when describing how the work is to be performed (e.g., Lock breaker in “off” position).
 - Include photographs and/or diagrams if these are helpful.
 - Remember to mention any reporting or documentation requirements that are part of the procedure.
 - Use **WARNING** before a step to alert readers to a situation that may cause injury. The warning alert message can appear before Step 1 if appropriate. It should not be repeated frequently throughout the procedure — it should be used only where essential.
 - Use **CAUTION** before a step to alert readers to a situation that may cause damage to equipment or systems.
 - Use **NOTE** before a step to alert readers to possible problems and to identify knowledge that they are expected to have.
- Under “Definitions,” define any terms specific to the procedure.
- Under “In Case of Emergency/Accident,” indicate first-aid measures and list emergency response steps.
- Under “References,” list relevant policy, legislation, standards, guidelines, and manuals used in the development of the safe work procedure.

Name of Safe Work Procedure:		
Department:	Location:	
Initial Issue Date	Current Version Issue Date	Next Review Date

Purpose

Scope

Overview of Hazards

Equipment

Procedure Steps

Read all of the steps in this work procedure before beginning work!

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Definitions

In Case of Emergency/Accident

References

Supervisor/manager _____ Signature_____

Source: Fraser Health Authority

Appendix D: Patient handling safety inspection checklist

✓	Item
<input type="checkbox"/>	Are staff aware of and following safe patient handling procedures? <ul style="list-style-type: none"> • Ensure staff are aware of their roles and responsibilities.
<input type="checkbox"/>	Do staff know where safe patient handling work procedures are located? <ul style="list-style-type: none"> • Procedures may be posted on an intranet site or in a unit binder.
<input type="checkbox"/>	Is patient mobility information clearly documented for staff to follow (e.g., Kardex or Care Plan), and if there are multiple sources, do all sources match?
<input type="checkbox"/>	Do staff know how to do a pre-transfer check to ensure safety for themselves and their patients before transferring a patient?
<input type="checkbox"/>	Is the supply of patient handling equipment and slings in the department sufficient?
<input type="checkbox"/>	Do staff know where the equipment and slings are stored?
<input type="checkbox"/>	Are ceiling lifts or slider sheets/bags used for in-bed positioning? <ul style="list-style-type: none"> • Observe or ask. Staff must be using assistive devices (e.g., positioning sling, slider sheet, slider bag, Z-slider) to move a patient in bed.
<input type="checkbox"/>	Are lifts, beds, and other equipment maintained in good condition?
<input type="checkbox"/>	Does the department have a documented education and training plan for its patient handling program? <ul style="list-style-type: none"> • Determine where education and training records are kept for these sessions. • Identify who coordinates the education and training and ask if there is a dated plan in place for staff education and training.

Identify any corrective actions taken as a result of the inspection.

Action Taken	Person Responsible	Date Completed

Date:	Inspected By:
Site:	Areas Inspected:

Safety Inspections

Regular inspections are an essential means of identifying existing and potential hazardous conditions for corrective action.

Please ensure that a copy of the completed inspection report is delivered to the manager responsible for the work area(s) and a copy with all corrective actions taken is kept in each work area for review by WorkSafeBC, your safety department, or the joint health and safety committee.

Source: Fraser Health Authority

Appendix E: Slips, trips, and falls safety inspection checklist

✓	Item	Comments/Details
<input type="checkbox"/>	Floors kept clean, dry, and free from slippery substances.	
<input type="checkbox"/>	Floors kept clear and free of debris and clutter.	
<input type="checkbox"/>	Warning signs posted when floors are wet.	
<input type="checkbox"/>	Work areas are adequately lit.	
<input type="checkbox"/>	Walkways are even.	
<input type="checkbox"/>	Floor areas are not cracked, broken, or in disrepair.	
<input type="checkbox"/>	Equipment in hallways stored on one side of the hallway only.	
<input type="checkbox"/>	Items are stored off of the floor and away from the established walkway.	
<input type="checkbox"/>	Stairs and ramps have securely fastened handrails.	
<input type="checkbox"/>	Cords (e.g. call bell, power, telephone, computer) are kept out of the walkway (e.g. bundled).	
<input type="checkbox"/>	Employees are wearing appropriate footwear (e.g. slip-resistant soles, covered toe and heel).	
<input type="checkbox"/>	Other	

Identify any corrective actions taken as a result of the inspection.

Corrective Actions	Person Responsible	Date Completed

Date:	Inspected By:
Site:	Areas Inspected:

Safety Inspections

Regular inspections are an essential means of identifying existing and potential hazardous conditions for corrective action.

Please ensure that a copy of the completed inspection report is delivered to the manager responsible for the work area(s) and a copy with all corrective actions taken is kept in each work area for review by WorkSafeBC, your safety department, or the joint health and safety committee.

Source: Fraser Health Authority

Appendix F: Violence prevention safety inspection checklist

✓	Item	Comments/Details
<input type="checkbox"/>	Workers can describe the ALERT system <ul style="list-style-type: none"> Risk Assessment Documents/Charting/Care Planning* Meaning of purple dot/purple indicators Where to find information specific to client risk 	*Clinical workers-RN/RPN, LPN, CNE or other care givers as applicable Approach workers and ask questions to determine if the worker has a working knowledge of the ALERT system and specific procedures for preventing and managing aggressive behaviour in the work areas.
<input type="checkbox"/>	Workers can describe the procedure for summoning assistance for acting out clients/visitors <ul style="list-style-type: none"> Code White/alternate Security/911 Use of duress/call buttons, phones 	
<input type="checkbox"/>	Workers can describe methods for preventing and managing aggressive behaviour <ul style="list-style-type: none"> Care plan accommodations around known triggers* Multi-person care, security standby* Personal protection strategies (i.e. personal space, verbal de-escalation, release from grips, etc.) 	
<input type="checkbox"/>	Training records <ul style="list-style-type: none"> Workers have attended Fraser Health Prevention and Management of Aggressive Behaviour (PMAB) course applicable to department risk Workers have attended in-services applicable to department risk: ALERT System, safe interview techniques, handling cash, handling narcotics, robbery instructions, least restraint, managing aggressive visitors/family members, seclusion rooms, department security/emergency procedures 	Review the department in-services content and attendance record. Review the PMAB training records for the department (you will need to ask the manager for a list of current workers for accuracy).
<input type="checkbox"/>	Emergency call buttons, phones are in working order.	
<input type="checkbox"/>	Client/work areas are free of easily thrown objects/objects that could be used as weapons.	

✓	Item	Comments/Details
<input type="checkbox"/>	Door locking/opening mechanisms are in working order.	
<input type="checkbox"/>	Corridors/exit pathways out of rooms/work areas are free of items or furniture arrangements that could impede rapid exit.	
<input type="checkbox"/>	ALERT Documentation-review client charts * <ul style="list-style-type: none"> • ALERT Document(s) at the front of each client chart • Risk assessment outcomes noted in the progress notes 	*Units keeping client charts Review 3 charts minimum. Select at least one with a purple dot if available.
<input type="checkbox"/>	Visual purple indicators are in use* <ul style="list-style-type: none"> • Chart spine, kardex/MAR/ADL, client room/ bedside communication board, documentation 	*Client Areas
<input type="checkbox"/>	Other	

Identify any corrective actions taken as a result of the inspection.

Corrective Actions	Person Responsible	Date Completed

Date:	Inspected By:
Site:	Areas Inspected:

Safety Inspections

Regular inspections are an essential means of identifying existing and potential hazardous conditions for corrective action.

Please ensure that a copy of the completed inspection report is delivered to the manager responsible for the work area(s) and a copy with all corrective actions taken is kept in each work area for review by WorkSafeBC, your safety department, or the joint health and safety committee.

Source: Fraser Health Authority

Appendix G: Working alone safety inspection checklist

✓	Item	Comments/Details
<input type="checkbox"/>	Risk Assessments <ul style="list-style-type: none"> Risk assessment levels and controls easily available to staff for reference (WAP Appendix 6) Risk Assessments completed for every client Risk Assessment outcomes and controls communicated to front line staff. 	<ul style="list-style-type: none"> Review client chart to ensure assessment is present and complete Speak to staff and ask if they are made aware of potential hazards before they work alone.
<input type="checkbox"/>	High Risk Address List <ul style="list-style-type: none"> Department has created and maintains an up-to-date high risk address designation list. 	
<input type="checkbox"/>	Employee Emergency Contact Info <ul style="list-style-type: none"> Contact information is maintained and up-to-date 	
<input type="checkbox"/>	Check In / Check Out <ul style="list-style-type: none"> Procedure specific to office established and documented. Check in/out process is being followed Staff Check in/out is documented Failed Check in/out process established Staff know responsibilities and process if staff fail to Check in/out. 	<ul style="list-style-type: none"> Look for documentation of a check in/out process Are staff following the check in/out process. Checks must be documented.
<input type="checkbox"/>	Mobile Phone Sign In/Out <ul style="list-style-type: none"> Process established to sign in/out office mobile phones based on priority need 	
<input type="checkbox"/>	First Aid Kit <ul style="list-style-type: none"> Staff provided with a personal first aid kit 	
<input type="checkbox"/>	Onsite Risk Assessment Forms <ul style="list-style-type: none"> Forms available to staff. 	
<input type="checkbox"/>	Client Withdrawal of Services <ul style="list-style-type: none"> Process established and documented 	
<input type="checkbox"/>	Education and Training <ul style="list-style-type: none"> Staff have received training on the WAP WAP training part of New Employee Orientation Workers familiar with Right to Refuse Unsafe Work 	<ul style="list-style-type: none"> Look at training records Speak with staff if familiar with right to refuse unsafe work

Identify any corrective actions taken as a result of the inspection.

Corrective Actions	Person Responsible	Date Completed

Date:	Inspected By:
Site:	Areas Inspected:

Safety Inspections

Regular inspections are an essential means of identifying existing and potential hazardous conditions for corrective action.

Please ensure that a copy of the completed inspection report is delivered to the manager responsible for the work area(s) and a copy with all corrective actions taken is kept in each work area for review by WorkSafeBC, your safety department, or the joint health and safety committee.

Source: Fraser Health Authority

Appendix H: Biohazardous material safety inspection checklist

✓	Item	Comments/Details
<input type="checkbox"/>	<p>Education and Training</p> <ul style="list-style-type: none"> All clinical staff have received instruction on proper use of safety-engineered sharps they are expected to use. Staff are aware of biohazard exposure risks associated with their work. Training and education sessions are documented. 	<ul style="list-style-type: none"> Is instruction by a clinical specialist available? Can staff access the organization's biohazard exposure control plan? Have staff completed biohazard handling education?
<input type="checkbox"/>	<p>Safety-Engineered Sharps</p> <ul style="list-style-type: none"> Clinical sharps used for patient care are safety engineered. Safety devices are immediately activated after each use. 	<ul style="list-style-type: none"> Is instruction by a clinical specialist available? Can staff access the organization's biohazard exposure control plan? Have staff completed biohazard handling education?
<input type="checkbox"/>	<p>Employee Emergency Contact Info</p> <ul style="list-style-type: none"> Contact information is maintained and up-to-date 	<ul style="list-style-type: none"> For non-safety sharps: Are there documented clinical variances? Do staff or physicians disable or fail to activate safety shields? Are non-activated safety sharps observed in disposal containers? Is re-instruction available after accidents or problems?
<input type="checkbox"/>	<p>Sharps and Waste Containers</p> <ul style="list-style-type: none"> Sharps disposal containers are available and easily accessible at point of use. Containers are changed at or before the fill line is reached or when jammed or faulty. Waste is placed in the correct containers (i.e., non-clinical and non-sharp waste is not placed in sharps containers). 	<ul style="list-style-type: none"> Do staff know when and how to request container replacement or change a container that is filled, jammed, or faulty? Are enough replacement containers in stock on the unit to allow for timely change-out of filled containers? Are containers mounted at a height that allows clear viewing of the container opening (approx. 125 cm from floor to opening)? Are containers mounted away from areas above garbage or linen containers?

✓	Item	Comments/Details
☐	Emergency Procedures <ul style="list-style-type: none"> • An eyewash station is readily available. • Staff know how to report exposures and receive first aid and medical evaluation. • Staff know about blood and body fluid clean-up procedures. 	<ul style="list-style-type: none"> • Are staff familiar with the location and operation of the eyewash station? • Is eyewash solution inspected monthly and replaced when necessary? • Is spare solution on hand? • Are procedures posted and readily available?
☐	Negative Pressure and Isolation Rooms <ul style="list-style-type: none"> • Staff are trained in operation of negative pressure rooms. • Staff are familiar with isolation room set-up. 	<ul style="list-style-type: none"> • Are staff familiar with controls and alarms? • Do staff know correct set-up for each type of precaution, including appropriate signage — airborne, droplet, contact, etc.?
☐	Personal Protective Equipment (PPE) <ul style="list-style-type: none"> • PPE is readily available and consistently worn. • Eye/face protection is available and used when there is a splash/aerosol potential. • Staff know about correct use of procedure mask vs. N95 respirator. 	<ul style="list-style-type: none"> • Are different kinds of gloves (nitrile, latex, vinyl) used appropriately for the exposure risk? • Do staff using an N95 respirator undergo annual fit testing? • Is a full range of N95 respirator models and sizes readily available ? • Are staff aware of protective eyewear options — eye shields, face shields, procedure mask with integrated eye shield, etc.? • Are fluid-resistant gowns available?
☐	Hand Washing and Hand Sanitizer <ul style="list-style-type: none"> • Staff know and practise correct hand washing techniques. • Hand sanitizer is readily available and consistently used. 	<ul style="list-style-type: none"> • Are sinks and sanitizer easily available and frequently used? • Are soap and sanitizer dispensers refilled/replaced quickly? Are expiry dates current?
☐	Education and Training <ul style="list-style-type: none"> • Staff have received training on the WAP • WAP training part of New Employee Orientation • Workers familiar with Right to Refuse Unsafe Work 	<ul style="list-style-type: none"> • Look at training records • Speak with staff if familiar with right to refuse unsafe work
☐	Other	

Identify any corrective actions taken as a result of the inspection.

Corrective Actions	Person Responsible	Date Completed

Safety Inspections

Regular inspections are an essential means of identifying existing and potential hazardous conditions for corrective action.

Please ensure that a copy of the completed inspection report is delivered to the manager responsible for the work area(s) and a copy with all corrective actions taken is kept in each work area for review by WorkSafeBC, your safety department, or the joint health and safety committee.

Source: Fraser Health Authority

Appendix I: Staff meeting agenda template

Supervisor/manager generally chairs staff meeting and assigns minute taking.

Date: _____

Time: _____

Chair: _____

Minute taker: _____

Staff members present: _____

1. Review of agenda

Any additions/changes?

2. Review of minutes from previous meetings

Any outstanding action items?

3. Employees

Any employees leaving the area, new employees, birthdays, significant employee events to discuss?

4. Department/unit business

Any new clients/residents patients to discuss? Any information to be shared about persons in care or family members or other information specific to the area?

5. New or changed policies, procedures, practices

Any changes to the way work is done? How can staff find out more? What kind of education or training can staff access to learn about policies, procedures, or practices?

6. New or changed equipment/supplies/personal protective equipment

Any new equipment? Is training required, and if so, when will it be offered? Any changes in supplies or personal protective equipment? Where can these be found?

7. Inspection reports

What area was inspected? What issues were identified? How were they corrected?

8. Hazard reports

What were the hazards identified? How were they corrected? How long will it take to correct them? Has there been any follow-up?

9. Incident reports

How many staff incidents have there been since the last meeting? What happened? What corrective action and follow-up resulted? How many client/resident/patient incidents have been reported? What happened? What corrective action and follow-up resulted?

10. Round table for input from staff

Can processes be improved? Are there issues that need to be flagged and addressed before they become a problem?

Appendix J: Work refusal report form

Supervisor should interview the worker, examine the work process, and complete this form after ensuring the employer does not already have a form to be used as part of the organization's work refusal policy and procedure.

All employees have the right to refuse work if they believe it will create an undue hazard to themselves or others.

Date work refused: _____ Time: _____

Employee: _____

Supervisor/manager: _____

Department: _____

Location of work refused: _____

Task assigned: _____

Worker's reasons for refusing work (in own words, as detailed as possible): _____

Worker's signature: _____

Date of investigation: _____ Time: _____

Other workers interviewed: _____

Supervisor/manager observations after investigation: _____

Action recommended and taken: _____

Name of joint health and safety committee member involved: _____

Joint health and safety committee member's observation(s) after investigation: _____

Worker satisfied that problem has been resolved: Yes No

WorkSafeBC officer was called in: Yes No

Orders were issued: Yes No

If yes, determine who is responsible for follow-up. _____

Signatures of investigators:

Supervisor/manager _____

Joint health and safety committee member _____

Appendix K: Notice of compliance action plan template

Site: _____

Inspection report date: _____

	Order	Action	Person Responsible	Date Completed
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Supervisor/manager: _____

Joint health and safety committee member _____

Appendix L: Due diligence checklist

What is the standard of due diligence?

All reasonable care must be taken to protect the well-being of employees or co-workers.

What is the defence of due diligence?

All reasonable precautions to comply were taken in the circumstances.

What is the test of due diligence?

Documentation of an effective occupational health and safety (ohs) program. An effective OHS program includes:

- A written OHS program that has been implemented.
- An employer who takes steps to control or eliminate specific hazards.
- Written safe work procedures that workers understand and follow.
- Workers who are provided with adequate instruction, training, supervision, and discipline to work safely.

How can this checklist help?

The following checklist is intended to help employers determine if they have sufficient documentation of an effective ohs program. Other due diligence factors to consider include health and safety performance in the workplace, the employer's history of compliance with the *Workers Compensation Act* and OHS Regulation, the degree of hazard associated with violations, etc. This checklist is only a guideline.

Workplace (specify):

Part 1: Does the employer keep the following types of records or documents?

- Worker orientation records.
- Records of worker/supervisor training showing the dates, names of attendees, and topics covered (e.g., Lockout, WHMIS).
- Inspection reports and records of corrective actions taken to solve problems.
- Incident/accident investigation reports and records of corrective actions taken to solve problems.
- Records of meetings and crew talks where safety issues were discussed.
- Supervisor's notes and logs of safety contacts with workers.
- Records showing use of progressive discipline to enforce safety rules and written safe work procedures.
- Joint health and safety committee meeting reports showing steps taken to address health and safety issues.
- Subcontractor pre-qualification documents.
- Equipment log books and maintenance records.

- First aid records, medical certificates, hearing tests.
- Forms and checklists showing that the employer requires workers to follow safe work procedures (e.g., Confined space entry permits).
- Sampling and monitoring records of exposures to harmful substances.
- Emergency response plan and record of drills and any resulting improvements.
- OHS-related budget items and purchase orders.
- Statistics on the frequency and severity of accidents.

Part 2: Do the employer's records or documents show an effective OHS program?

Do records/documents indicate that the employer/management?

1. Yes No States and communicates a clear workplace OHS policy?
2. Yes No Assigns responsibility and resources for implementing the OHS program to an identified person(s)?
3. Yes No Includes workplace OHS issues on management meeting agendas?
4. Yes No Requires contractors to conform to OHS regulations?
5. Yes No Ensures that records are maintained (see part 1)?
6. Yes No Reviews statistics on the frequency and severity of accidents, as well as injury and illness trends over time?
7. Yes No Assigns responsibility for identifying hazards and conducting risk assessments?
8. Yes No Implements appropriate controls (engineering, work practice/administrative, PPE) for identified hazards (e.g., machine guarding, lockout, blood-borne pathogens, confined space, falls from elevation, chemical hazards, repetitive strain injury)?
9. Yes No Implements a preventive maintenance schedule as required by manufacturer and industry recommendations and standards?
10. Yes No Addresses the recommendations of the joint health and safety committee or the worker health and safety representative?
11. Yes No Reviews OHS program activities (e.g., once a year) and makes improvements as needed?

Do records/documents indicate that supervisors

12. Yes No Give crew talks/conduct safety meetings?
13. Yes No Receive training to perform their safety and health responsibilities?
14. Yes No Participate in inspections?
15. Yes No Conduct incident/accident investigations?
16. Yes No Take action to correct reported hazards?
17. Yes No Conduct orientation?
18. Yes No Conduct on-the-job training?
19. Yes No Evaluate training to ensure that it is effective?

- 20. Yes No Monitor work conditions and practices in areas where they have responsibility?
- 21. Yes No Correct employees not following rules and procedures?
- 22. Yes No Keep records of progressive discipline?
- 23. Yes No Have OHS considered as an element in their performance evaluation?

Do records/documents indicate that workers

- 24. Yes No Receive orientation?
- 25. Yes No Receive specific job instruction?
- 26. Yes No Receive health and safety training (e.g., responsibilities, hazards, engineering controls, written safe work procedures, use of PPE)?
- 27. Yes No Demonstrate the skills/knowledge necessary to perform their jobs safely?
- 28. Yes No Report injuries and hazards?
- 29. Yes No Participate in inspections?
- 30. Yes No Participate in incident/accident investigations?

When dealing with disciplinary procedures for workers, supervisors, and managers who don't follow safety rules or safe work procedures

- 31. Yes No Are there disciplinary procedures in place?
- 32. Yes No Are workers/supervisors/managers aware of them?
- 33. Yes No Are disciplinary procedures used effectively?
- 34. Yes No Are they monitored by the joint health and safety committee or the worker health and safety representative?
- 35. Yes No Are good records kept of progressive discipline used to enforce safety rules and written safe work procedures?

Checklist completed by (name): _____ Date: _____

Employer's Action Plan

Item # _____ Action Required (specify) _____

Action by (name) _____

Target Date _____ Completed _____

For more information on OHS programs or answers to other health and safety questions, contact your local WorkSafeBC office.

Source: WorkSafeBC

Appendix M: Online resources

WorkSafeBCcom — Health Care

The WorkSafeBC web portal for the health care industry provides online workplace injury prevention resources that are specific to health care and are intended for employers and workers. The resources target the primary causes of workplace injury, including patient handling, violence, and exposure to infectious disease. Visit [worksafebc.com](https://www.worksafebc.com) and type “health care” in the search box.

Canadian Centre for Occupational Health and Safety (CCOHS)

The ccohs website offers a range of workplace health and safety information and resources to help organizations implement prevention programs, assess risk, and raise awareness of health and safety issues. Much of the information can be downloaded for free.

www.ccohs.ca

Employers’ Advisers Office, B.C. Ministry Of Labour

The employers’ Advisers Office is independent of WorkSafeBC and provides advice, assistance, representation, and education to employers in B.C. On prevention, claims matters, and assessments. The office also conducts seminars on occupational health and safety issues. All services are free of charge.

www.labour.gov.bc.ca/eao

