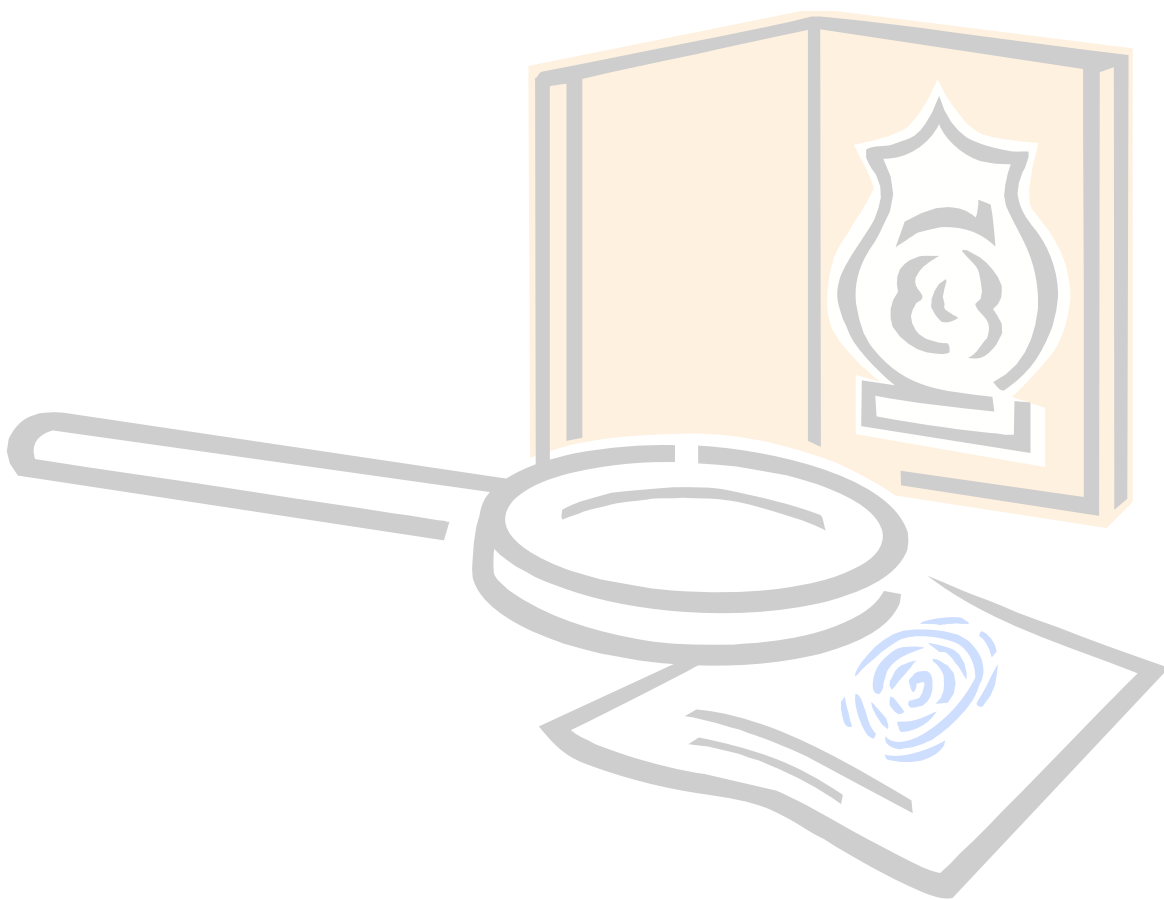


Event Investigation Guidelines



*Prepared by VCH Worksafe and Wellness
September 2008*

For the latest edition of this document, refer to the VCH Intranet.

Guidelines

This document discusses concepts and methods that can help you to investigate an event. The information and sample in the document is only one approach.

The terms “incident”, “accident” and “event” will be used interchangeable in this document.

Vancouver Coastal Health is using the term “event” to describe employee “incidents”.

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Terms

This document uses various terms to describe different groups within Vancouver Coastal Health. Consistent with definitions outlined in the [Workers Compensation Act](#) of BC and WorkSafeBC [Occupational Health & Safety Regulation](#) are described as follows:

administrative controls means the provision, use and scheduling of work activities and resources in the workplace, including planning, organizing, staffing and coordinating, for the purpose of controlling risk.

employer is any person who has one or more persons working for them in or about an industry, through either a hiring contract or an apprenticeship contract. The contract can be written or oral, express or implied.

engineering controls means the physical arrangement, design or alteration of workstations, equipment, materials, production facilities or other aspects of the physical work environment, for the purpose of controlling risk.

hazard means a thing or condition that may expose a person to a risk of injury or occupational disease. (Near miss)

incident includes an accident or other occurrence which resulted in or had the potential for causing an injury or occupational disease.

qualified means being knowledgeable of the work, the hazards involved and the means to control the hazards, by reason of education, training, experience or a combination thereof.

supervisor means a person who instructs, directs and controls workers in the performance of their duties.

worker is any person who is in a contract of service or apprenticeship, written or oral, express or implied;

- any learner who, although not under a contract of service or apprenticeship, becomes subject to the hazards of an industry while undergoing training or probationary work specified or stipulated by the employer as a preliminary to employment;
- any independent operator admitted by the Board, who is neither an employer nor a worker;
- any person enrolled in a vocational or training program approved by the Minister of Education, Skills and Training and the Minister of Labour, and attending the program at its designated location, when deemed a worker by the Board at the request of either minister.
- [Vancouver Coastal Health's interpretation is further defined as](#) follows:

- **Supervisory Personnel includes:** Managers, Head Technologists, Superintendents, Supervisors, Assistant Managers, Foremen, Charge Nurse and all those responsible for the direction of members of the workforce.
- **Employees/Medical Staff** includes all persons employed by or who provide services to Vancouver Coastal Health.

Regulation

The regulatory requirements for conducting accident investigations are contained in the *Workers Compensation Act* Part 3, Division 10 and WorkSafeBC Occupational Health & Safety Regulation Section 3.4.

Vancouver Coastal Health's Standards

Responsibilities and expectations are described in the "[Safe & Healthy Workplace Policy](#)" and Investigation of Incidents/Accidents & Occupational Disease [Program Element #6](#) of the organization's [Safe & Healthy Workplace Program](#).

Incidents That Must Be Investigated

The following types of incidents must be investigated:

- Time loss (beyond the day of injury);
- Medical aid (by a registered medical practitioner);
- Aggressive/violent behaviour;
- Needle stick injuries;
- Near misses that did not involve injury, but had a potential for causing serious injury.
- Death or critical condition with serious risk of death;
- Major structural failure or collapse;
- Major release of toxic or hazardous substance;
 - A major release of a hazardous substance does not only mean a considerable quantity, or the peculiar nature of the release, such as a gas or volatile liquid, but, more importantly, the seriousness of the risk to the health of workers. Factors which determine the seriousness of the risk include the degree of preparedness of the employer to respond to the release, the necessity of working in close proximity to the release, the atmospheric conditions at the time of the release and the nature of the substance.

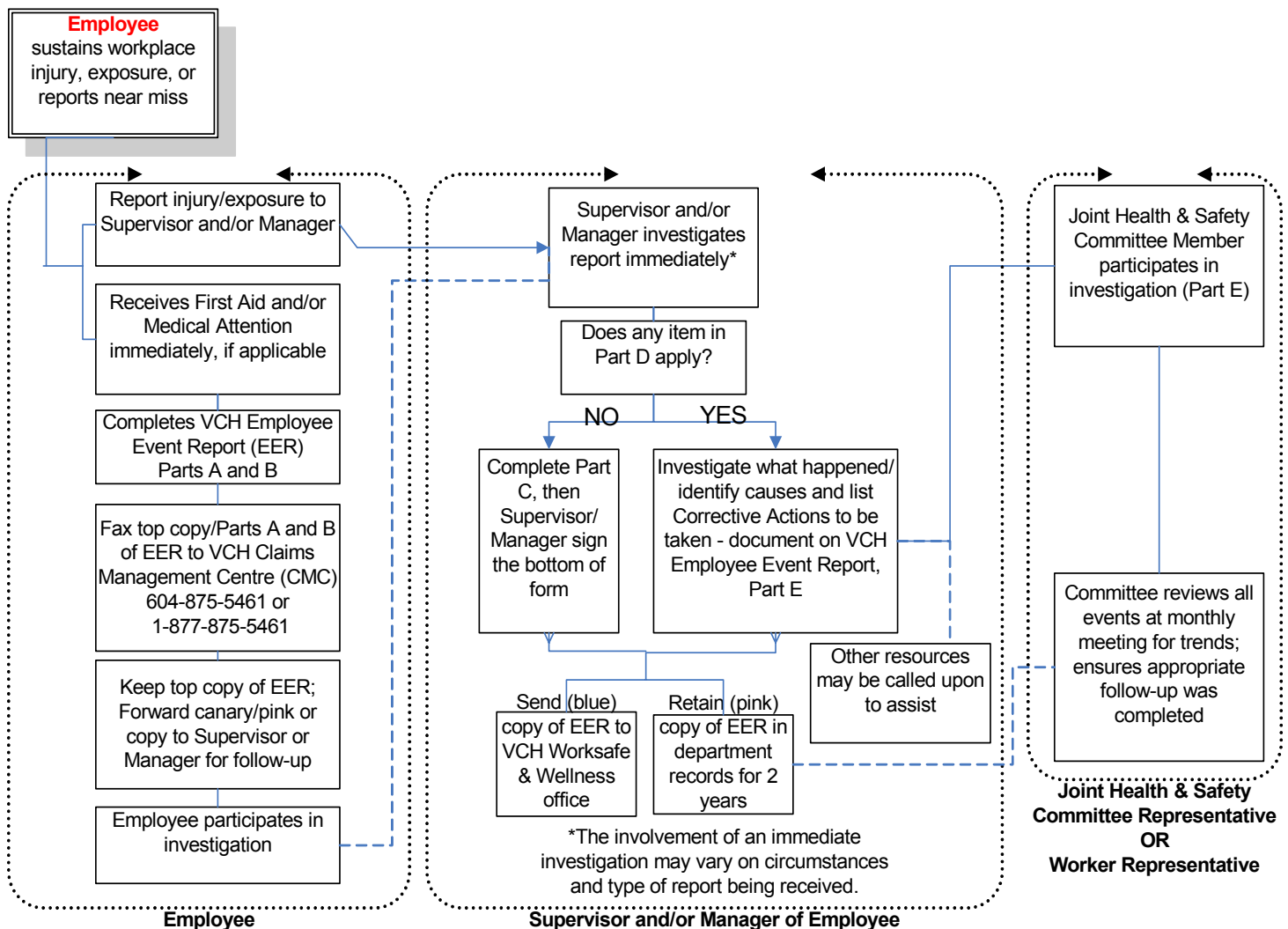
The Investigation

What the Results Must Be

An event investigation must determine certain facts and the [Employee Event Report](#) must show them.

- WHO was involved or injured
- WHERE did the event happen
- WHEN did the event occur
- WHAT were the immediate and basic/root causes
- WHY was the unsafe act or condition permitted
- HOW can a similar event be prevented
 - What can management do to prevent the event from recurring?
 - What can the supervisor do to prevent recurrence?
 - What can the worker do?

Overview of the Employee Event Reporting Process



Who Should Conduct the Investigation?

Events must be investigated by people knowledgeable about the type of work involved (such as the employee submitting the report) at the time of the event. Investigations must be carried out with the participation of one employer representative (management) and if reasonably available, one worker representative ([Joint Health & Safety Committee \(JHSC\)](#)) or a worker representative where a JHSC is not required). A worker representative is not an employer representative (supervisor or manager).

What Follow-up Action is Required after an Event Investigation?

After an investigation, the employer must without undue delay undertake any corrective action required to prevent recurrence of similar events and must document the actions taken on the Employee Event Report form. The report must be provided to the Joint Health & Safety Committee or worker representative as applicable. The completed Employee Event Report does not have to be provided to WorkSafeBC unless requested by a WorkSafeBC officer or by order.

The Supervisor and/or Manager's Role

Step 1

- Review the Employee Event Form (EEF) to ensure that Part A and B are completed.
 - Ensure that the employee has received appropriate care post event, if applicable.
 - If the description of event is incomplete or too vague – contact the employee to get more information. If the employee is away for an extended period of time before returning but can be reached by phone, email or mail then do so.
- Document immediate actions taken post event in Part C of the form. Use an additional sheet if necessary.
- If **no items** in “Part D. Investigation Required If Event Includes” apply, then date and sign at bottom of form and return to your local VCH Worksafe and Wellness office ([OH&S Advisor](#)). Retain a copy (Pink) for the department files.

An investigation must occur within 24 to 48 hours of the event or as soon as practicable.

Step 2

- If any criteria is met in “Part D. Investigation Required If Event Includes” then an investigation is required.
- If reasonably available, contact a worker Joint Health & Safety Committee representative, or a worker representative if a JHSC is not required.
- Complete Part D of the Employee Event Report.
 - **Identify causes and contributing factors** (including root causes)
 - **Document action items (corrective action)** including the person responsible for the action and, if possible, the estimated completion date. If an action requires a Maintenance Requisition, input reference number on completion date section.
 - **Obtain names and signatures**

Step 3

- Forward a copy (Canary) to your local VCH Worksafe and Wellness office ([OH&S Advisor](#)) as soon as the investigation is completed. *If a formal investigation has been initiated, indicate on the form and return.*
- Retain a copy (Pink) for the department files for 2 years.
 - The Joint Health & Safety Committee/representative should receive a copy (Pink) for discussion at the next scheduled meeting.

The Affected Employee's Role

To participate in the investigation and assist with identifying the contributing factors, causes and corrective actions to prevent recurrence.

A designate may be used to complete the Employee Event Report when an employee is unable to or absent from work. In this case, the designate must identify the completion on behalf of the employee.

The "Worker" Joint Health & Safety Committee Representative's Role

To participate in the investigation and assist with identifying the contributing factors, causes and corrective actions to prevent recurrence.

A worker representative is not an employer representative (supervisor or manager).

For a contact list of your local Joint Health & Safety Committee membership, please contact one of the two co-chairs or refer to the posted minutes in the area.

Excerpt from the [Workers Compensation Act, Part 3, Section 139 and 140:](#)

(139) Worker health and safety representative

A worker health and safety representative is required in each workplace where there are more than 9 but fewer than 20 workers of the employer regularly employed, and in any other workplace for which a worker health and safety representative is required by order of the Board.

The worker health and safety representative must be selected in accordance with section 128 from among the workers at the workplace who do not exercise managerial functions at that workplace.

To the extent practicable, a worker health and safety representative has the same duties and functions as a joint committee.

(140) Participation of worker representative in inspections

This Part or the regulations give a worker representative the right to be present for an inspection, investigation or inquiry at a workplace, and if no worker representative is reasonably available, the right may be exercised by another worker who has previously been designated as an alternate by the worker representative.

Tools for the Investigation

To determine the most probable cause(s) of an event, consider all details of the investigation, including observers (witnesses) statements and, where possible, the affected employee's statement.

Determine if the event was due to an **unsafe act, an unsafe condition, unsafe or inadequate procedures, or a combination of these**. Consider whether the accepted/current procedures adequately address safety concerns associated with the activity was taking place when the event happened.

Unsafe Acts – an unsafe act is a specific action or lack of action by an individual that is under the individual's control. Examples of unsafe acts include:

- Knowingly not following established procedures or rules
- Knowingly disregarding a hazard
- Abusing equipment
- Knowingly using equipment incorrectly
- Choosing not to use personal protective equipment (PPE)
- Not following a safe work procedure

Unsafe Conditions – examples include:

- Poor housekeeping of area (clutter, cleaning, storage issues, etc.)
- Congested areas
- Deficient equipment
- Equipment lacking safeguarding or having ineffective safeguarding
- Lack of or inadequate training
 - Inadequate training should be considered an unsafe condition as opposed to a deficiency in skill or ability
- Lack of personal protective equipment
- Poor visibility or weather conditions

Inadequate Procedures – indications that procedures are inadequate include:

- Procedures are not available in written form
- Procedures do not
 - identify inherent hazards
 - hazard control methods
 - safeguards that must be in place
 - address pre-operation inspection requirements
 - lock-out requirements
- Procedures direct improper use of equipment or tools

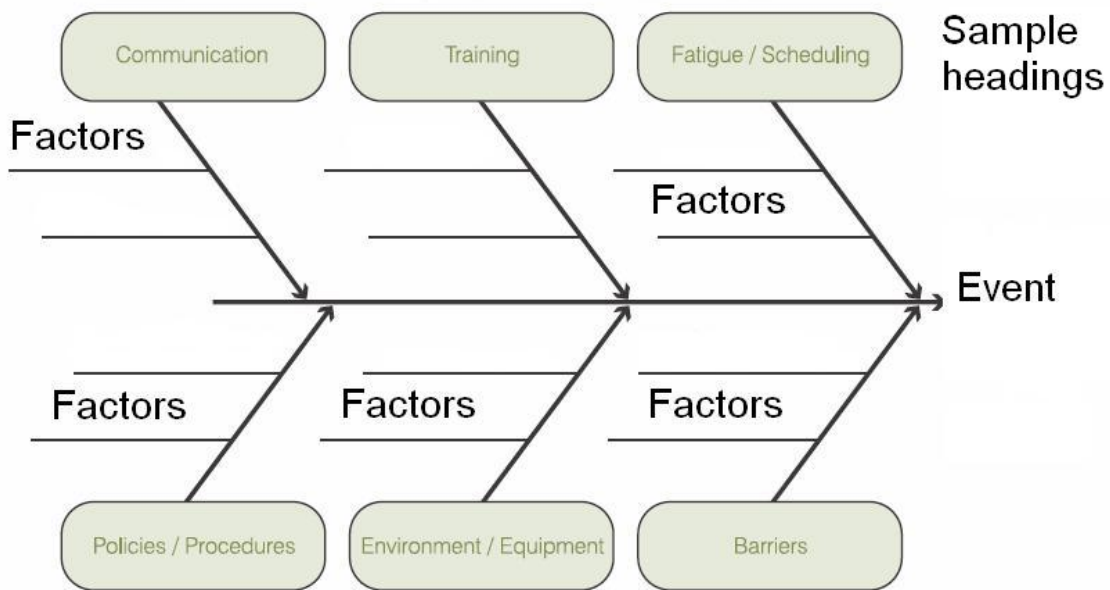
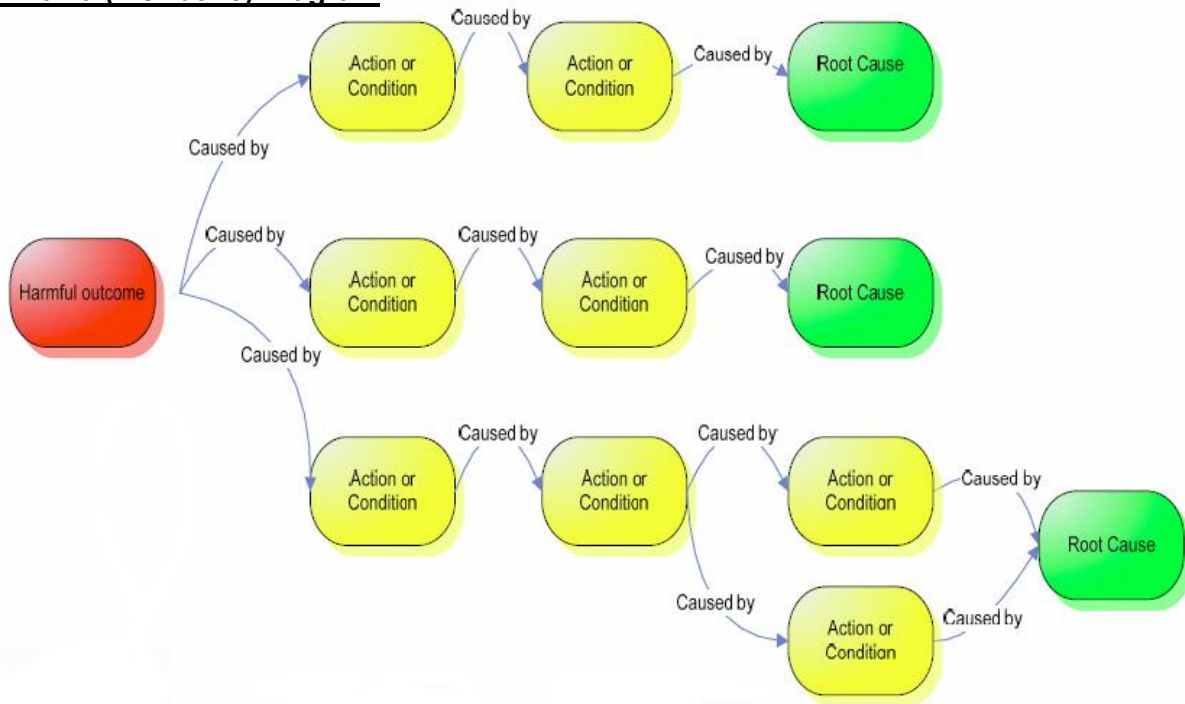
Personal Factors – a personal factor is a deficiency in skill or ability, a physical condition, or a mental attitude. It is a factor inherent in an individual at the time of the event. Examples include:

- Performing a task in an unsafe manner
- Work fatigue (ie. Due to a manual exertion)
- Distress due to an emotional problem(s)
- A condition causing an allergic reaction in some but not most workers should be considered a personal factor, not an unsafe condition.

What Caused the Employee's Event?

Tools to help identify how the event occurred:

Cause and Effect Diagram Ishikawa (Fishbone) Diagram

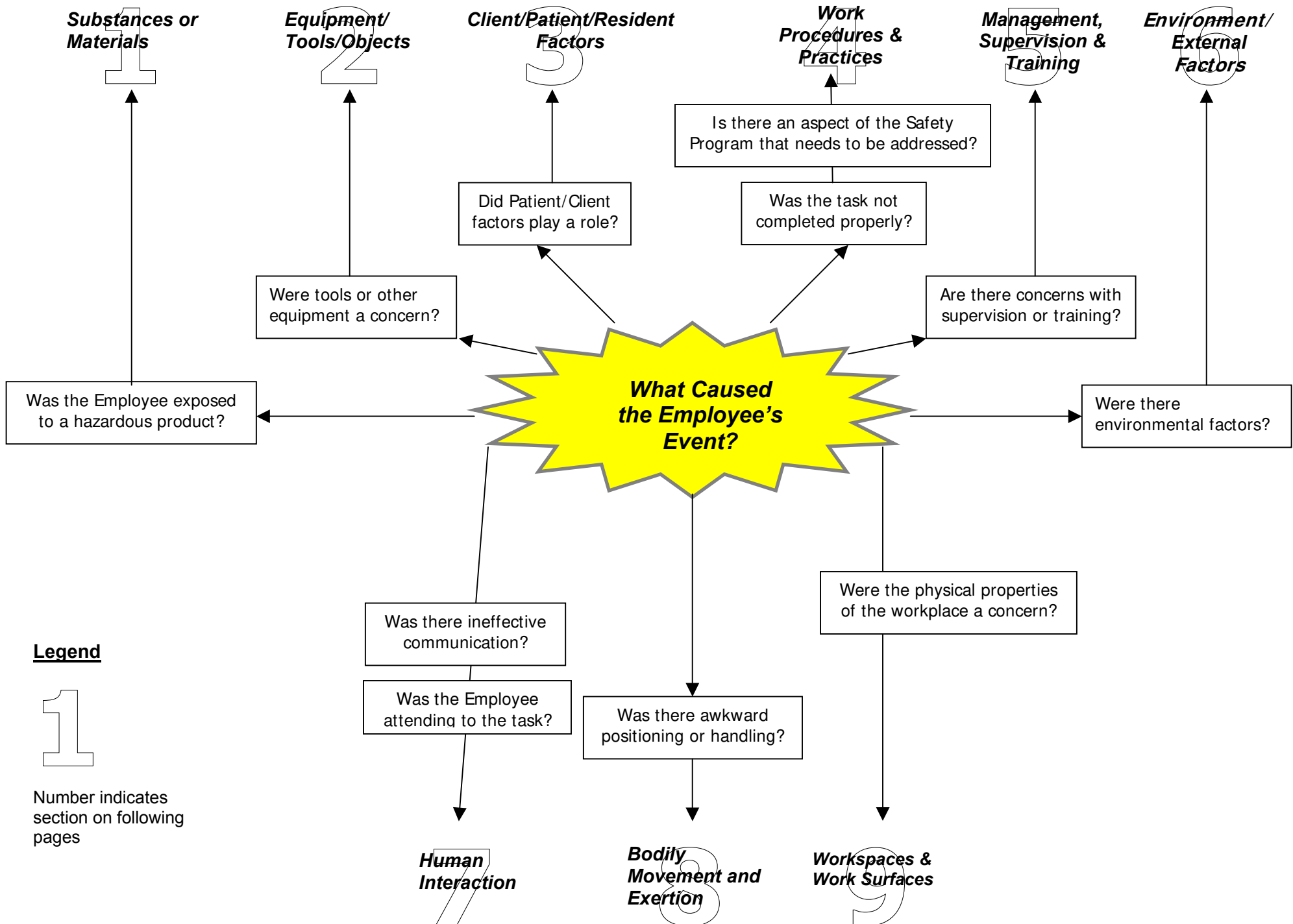


Narrative Timeline

Time	Activity	Source of information

Tools to expand on Causes, Conditions, Acts

See the following pages



Substances or Materials

Did the employee handle a hazardous material?

- Biohazardous (ie. BBF, cytotoxic, blood, urine, etc.)
- Corrosive (ie. Acidic, basic)
- Explosive material
- Flammable
- Irritating
- Oxidizing (ie. Bleach)
- Pressurized (ie. Compressed gases)
- Radioactive
- Sensitizing
- Toxic (ie. Mercury)

Was the employee wearing personal protective equipment (PPE)?

- Eye protection (glasses, goggles, face shield)
- Skin (gloves)
- Barriers (ie. Lab coat, surgical mask, hair net)
- Respiratory protection (N95, ½ face respirator, full face respirator, PAPR, SCBA)

Is the PPE appropriate?

Was the material or product stored appropriately?

- In an appropriate cabinet
- On the floor
- Secured in a storage area/facility
- Was there a spill containment in place

Was a spill kit available?

- Procedures in place
- Signs posted
- Staff training

Was the substance or material used appropriately?

- Safe handling procedures
- Manufacturer's instructions
- Material Safety Data Sheets (MSDS) available?
- Workplace Hazardous Materials Information System (WHMIS) training provided?

Equipment/Tools/Objects

Was the equipment/tool operating correctly?

- Was the device used correctly?
- Was the operator trained? Refresher?
- Was the equipment maintained?
- Have there been problems in the past?

Was there something wrong with the equipment?

- Written operating instructions available?
- Was it defective?
- Did it fail?
- No warning prior to use
- Not locked out
- Substandard
- Lift equipment inadequate

Was the equipment designed for the intended purpose?

Sharps

- What type of sharp was used?
 - Size and gauge
 - What is it used for?
 - Was it appropriate for the task?
- Was it a safety engineered product?
 - Was it activated?
 - Was the staff trained on its use?
- Disposing
 - Was there a sharps container available?
 - Was it full?
 - Were there obstructions at the opening? (i.e. Scissors)
 - Size of container
 - Placement of container
 - Was it disposed appropriately?

Client/Patient/Resident Factors

Exposures

Was the patient's chart, care plan, kardex updated to reflect current precautions? Was it communicated to the staff?

- Respiratory protection
- Isolation precautions (i.e. Droplet precautions)
- Other

Were there signs posted at the patient room?

Care Activity (see checklist next page)

Were lifting devices used?

- Ceiling, portable floor lift
- Sliding sheets
- Other

Personal Care

- Bathing
- Dressing
- Ambulating
- Catching falling patient
- Feeding
- Treating patient
- Transferring
 - To/from bed, stretcher, chair, toilet
 - Lateral
 - Upright
- Repositioning
 - Moving up/over in bed
 - In chair, wheel chair

Musculoskeletal Injuries (MSIs) from care activities

- Was the client/patient/resident's weight a factor?
- Awkward posture?
- Was excessive force used?
- Repetition?
- Prolong duration?
- Contact pressure?

Aggression

Was the client/patient/resident flagged?

- Was there previous history of aggression/violence?
 - What contributed to the aggression?
- Were staff made aware of alerts? How?
- Were precautions communicated to staff?

Was debriefing done?

INDIVIDUAL

Bodily Movement and Exertion

- Contact/Impact with Hard Surfaces
- Overexertion
- Overextending
- Repetitive Motion
- Awkward posture
- Prolonged posture
- Other (specify):

Personal Performance

- Distraction
- Inattention
- Rushing
- Fatigue
- Illness
- Knowledge or skill lacking
- Previous injury
- Other (specify):

ENVIRONMENT

Patient Factors

- Unable to follow directions
- Increased/decreased muscle tone
- Resistive or aggressive
- Fatigued
- Unsteady
- Excessive weight (specify weight _____ lbs)
- Other (specify):

Manual Object Handling Factors

- Bulky/awkward
- Above shoulder
- Difficult to grip
- Visually obstructive
- Excessive Weight (specify weight _____ lbs)
- Other (specify):

Equipment

- Not available
- Not suitable for the application
- Defective/Broken
- Not properly used
- Difficult to handle
- Other (specify):

Work Space and Work Surfaces

- Inadequate design / lay-out
- Poor spacing / access
- Inadequate floor condition (e.g. rough, slippery)
- Improper storage
- Other (specify):

ORGANIZATION

- Inadequate procedure followed
- Failure to get help
- Emergency procedure
- Inadequate patient status/mobility assessment
- Inadequate communication with patient / co-workers / supervisor
- Inadequate staffing
- Inadequate training
- Inadequate safety policies and procedures
- Other (specify):

Work Procedures & Practices

Procedures

Are there written up-to-date policies and/or procedures that addresses the work processes related the event or near miss?

Are the relevant policies/procedures clear, understandable and readily available to all staff?

Practices

Are the relevant policies/procedures actually used on a day-to-day basis?

- If the not, what got in the way of their usefulness to the staff?
- What positive or negative incentives were absent?

Was the employee properly trained and/or qualified to perform their functions?

Was the employee oriented to the job, facility, and unit policies/procedures?

Was the employee wearing the appropriate personal protective equipment (PPE)?

- Is PPE made available?
- Appropriate type and size accessible?

Was lock-out performed?

- Were the systems identified requiring lockout?
- Was training provided?
- Procedures available or updated?

Safety Program

Was the work area inadequately inspected?

- Are there monthly inspections?
- Are the inspections inadequate?
- Are the employees trained?

Is the overall safety program inadequate?

- Are there policies and procedures available?
- Safety not considered for purchasing?
- Safety not included in meetings?

Management, Supervision and Training

Is the event a Human Resources issue?

Are there any supervision factors involved?

- Control or follow-up lacking
- Inadequate scheduling
- Management training
- No formal job observation
- Planning inadequate

Is the employee adequately training?

- Was the employee trained prior to the event?
- Is the training monitored or documented?
- When? Refresher required?
- Was the training adequate? Did it meet the requirements?
- Was the employee orientated?

Environment/External Factors

Is the event an indoor air quality (IAQ) concern?

- What are the concerns?
 - Temperature
 - Relative humidity (moisture in air)
 - Air movement (stagnant air)
 - Dusty, mouldy odours
- What is nearby the location? (i.e. Restroom, kitchen, loading dock, garbage bins, street, parking lot, etc.)

Is the sound level (noise) excessive?

- Are there vibrations?
- Frequency? (how often, when)

What type of equipment / tools are in the area?

- Do they produce heat, gases, dust, etc.?
- What is the distance to the equipment?
 - Is there specialized exhausting ventilation installed?
 - Is it operating correctly?

Is the work area set up correctly/ergonomically?

- Was there an ergonomic assessment done?
- What are the lighting levels? Is there a glare?

What are the weather conditions?

- Does the event recur during specific times/periods?

Is there construction nearby?

Does the event involve radiation?

Does the event involve a motor vehicle?

- Road conditions
- Weather/Seasons
- Vehicle maintenance

Human Interaction

Is there a workplace conduct issue?

- Verbal, physical, willful misconduct

Was the employee subject to an aggressive act?

- Verbal, Physical violence
- Is the source a visitor, client, patient, resident
- Did the event occur due to client/patient/resident care?
 - What task?
 - Is there a history?

Was communication sufficient?

- Improper instructions provided/given
- Instructions misunderstood
- Instructions not heard

Was the employee...?

- Distracted by others
- Not paying attention to task
- Not completing the task completely or properly
- Not following established procedures or policies

Did/does the employee have any personal issues or traits?

- Emotional problems
- Fatigue (due to overtime, shift length, duties, rotation, family events, etc)
- Illness or allergy
- Knowledge or skill lacking
- Language difficulties
- Physical disabilities
- Influence of alcohol or drugs (includes medications)

Was the employee working at unsafe speeds?

- Driving
- Operating equipment
- Performing a task

Did the employee do anything else that was unsafe?

- Apparel hazard (ring, watch, etc)
- Horseplay
- Misjudging distance
- Moving too fast, running
- Throwing, not handling

Bodily Movement and Exertion

Did the employee move an object unsafely?

- Lifting heavy objects
- Lifting above shoulder
- Lifting more than 5 time/minute
- Lifting using one hand
- Manual material handling
- Twisting torso during lift

Did the employee perform the task without using proper body mechanics?

- Applying constant pressure with body part
- Contact with vibrating surfaces
- Overexertion or overextending
- Repetitive motion
- Squeezing

Was the employee in an unsafe body position?

- Awkward position
- Cramped
- Kneeling work position
- Lengthy work in same position
- Squatting
- Twisting, rotation, flexing
- Pushing

Workspaces and Work Surfaces

Was there something wrong with the work area?

- Design layout inadequate
- Inadequate clearance, drainage, fire escapes
- Poor housekeeping
- Poor spacing, access

Are objects stored improperly?

- Heavy objects stored high (elevation)
- Piled too high (elevation) or overloaded
- Poor location

Was the employee working on a surface that was unsafe?

- Working at heights
- Rough, sharp, slippery, steep surface

Fixed emergency stations not available?

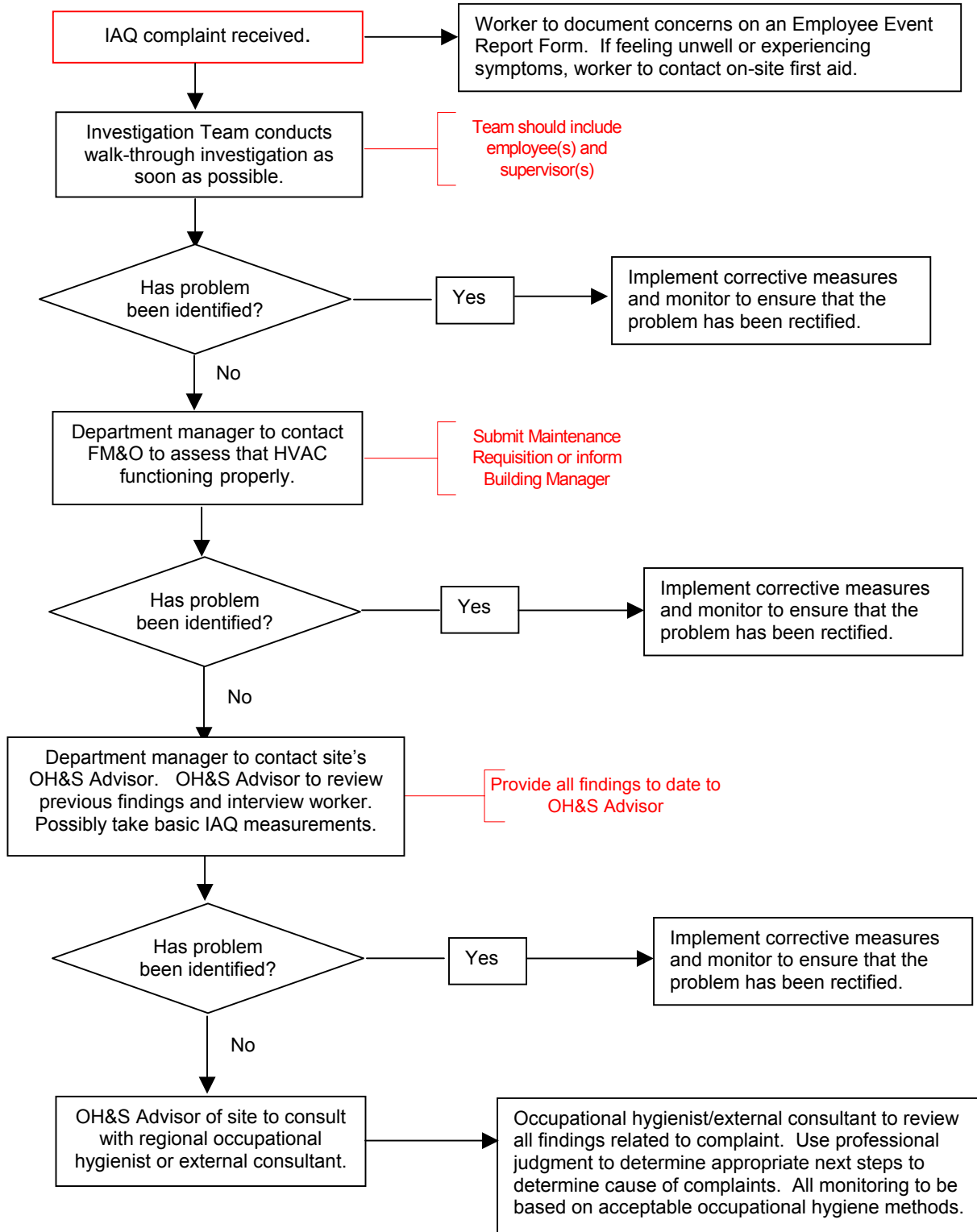
- Eyewash stations
- Emergency showers
- Spill kits
- Fire pull stations
- Emergency doors/escapes

Was a confined space involved?

- Was there appropriate signage?
- Were individuals trained?
- Was there sufficient equipment available?

Frequent Event Types

Indoor Air Quality (IAQ) – Reference: [VCH IAQ Program](#)



Exposures and Outbreaks (GI, TB, etc.)

When the Occupational Health Nursing Program (OHNP) sends notification of a confirmed or declared outbreak or exposure to a department manager, each staff member that affected is required to complete an Employee Event Report.

It is understood that the exposure may have occurred between a period of time, however documentation is important in the event the exposure results in a developed infectious disease or experiences symptoms causing time loss from work. Therefore the following are guidelines for the supervisor and/or manager in completing the Employee Event Report.

Completing the Employee Event Report – For Employees

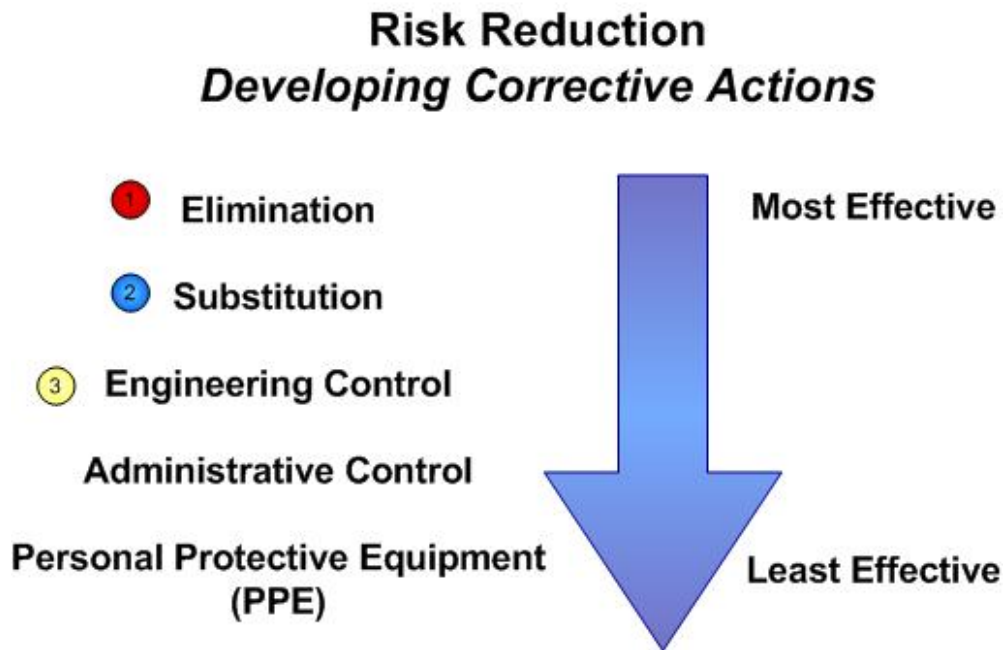
- The “description of event” should be specific in that it describes how the employee was (potentially) exposed, such as
 - provided patient care ...
 - worked on Unit with patient that was later confirmed as positive
 - received “Exposure Notification” letter from OHNP and specify details of letter ...
- If you visit the doctor or Emergency Department as a result of the letter, a WorkSafeBC claim is initiated and this information will be required from you in order to process the necessary documentation for the claim.
- **Indicate if a visit was made to a Physician or to the Emergency Department.**

Completing the Employee Event Report – For Supervisors and/or Managers

- List factors that may have led to potential exposure such as:
 - Patient at time of care not known to have been positive with infectious disease
 - No indication of precautions required at time of patient care
- List corrective actions that the department could implement
 - In most cases, Infection Control/Risk Management would be initiating an investigation into the matter, however, an investigation must be carried out for the purposes of preventing or minimizing exposure to workers. **Therefore, the actions to be taken as a result of the Infection Control/Risk Management investigation that would prevent or minimizing exposure to workers must be documented on the Employee Event Report.**
- If there are more than one (1) Employee Event Report received regarding the same exposure, the department **may bundle them and send one response for Part E – Event Investigation** to OH&S, Worksafe & Wellness.

Actions to Prevent Recurrence

The ultimate goal of an investigation is the development of actions to reduce the potential for recurrence of a similar event. The initial focus is on the removal or elimination of the circumstances that allowed the event to occur; if no action can be applied then refer to the below figure for the varying degrees of effectiveness in change using other possible options.



Engineering controls measure or limit or reduce exposure to toxic substances, physical agents, mechanical hazards and other types of hazards. Examples may include: ventilation, isolation, elimination, enclosure, substitution and design of the workplace or equipment.

Administrative controls measure or limit or reduce the period of exposure to a biological, chemical or physical agent, or ergonomic hazard. Examples may include: job enrichment, job rotation, work/rest schedules, work rates and periods of adjustment.

Personal Protective Equipment (PPE) is the last resort in controlling hazards and should only be considered if other controls are not practicable. PPE is any device worn by a worker to protect against hazards, examples of PPE may include: surgical masks, N95 respirators, respirators, gloves, safety goggles, safety shoes/boots or lab coats.

Note that such items as training and policy development are necessary components but do not change the underlying conditions that lead to error or events.

Refusal of Unsafe Work

Procedure for refusal ([OH&S Regulation, Section 3.12](#))

(1) A person must not carry out or cause to be carried out any work process or operate or cause to be operated any tool, appliance or equipment if that person has reasonable cause to believe that to do so would create an undue hazard to the health and safety of any person.

(2) A worker who refuses to carry out a work process or operate a tool, appliance or equipment pursuant to subsection (1) must immediately report the circumstances of the unsafe condition to his or her supervisor or employer. **[Complete a VCH Employee Event Report]**

(3) A supervisor or employer receiving a report made under subsection (2) must immediately investigate the matter and

(a) ensure that any unsafe condition is remedied without delay, or

(b) if in his or her opinion the report is not valid, must so inform the person who made the report. **[Document all actions on Part E of the VCH Employee Event Report]**

(4) If the procedure under subsection (3) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, the supervisor or employer must investigate the matter in the presence of the worker who made the report and in the presence of

(a) a worker member of the joint committee,

(b) a worker who is selected by a trade union representing the worker, or

(c) if there is no joint committee or the worker is not represented by a trade union, any other reasonably available worker selected by the worker.

(5) If the investigation under subsection (4) does not resolve the matter and the worker continues to refuse to carry out the work process or operate the tool, appliance or equipment, both the supervisor, or the employer, and the worker must immediately notify an officer, who must investigate the matter without undue delay and issue whatever orders are deemed necessary.

No discriminatory action

(1) A worker must not be subject to discriminatory action as defined in section 150 of Part 3 of the *Workers Compensation Act* because the worker has acted in compliance with section 3.12 or with an order made by an officer.

(2) Temporary assignment to alternative work at no loss in pay to the worker until the matter in section 3.12 is resolved is deemed not to constitute discriminatory action.

Note: The prohibition against discriminatory action is established in the *Workers Compensation Act* Part 3, Division 6, sections 150 through 153.

Due Diligence

What is the Standard of Due Diligence?

VCH as the Employer is required to uphold the standard of *due diligence*, defined as taking all reasonable care to protect the safety and health of employees or co-workers. To determine if VCH sites are meeting the standard of due diligence, part of the on site inspections may include a review of Health and Safety related records and documentation, which are good indicators to see how well VCH Worksafe & Wellness (WW) programs have been implemented to prevent hazards and incidents.

WorkSafeBC Inspections

What happens during a WorkSafeBC Inspection?

Please ensure your staff is aware that WorkSafeBC officers may conduct their compliance inspections without advance notice and will ask questions of managers and staff. Officers are expected to show their credentials but if not, staff can also ask to see them. When interviewed, please ensure that staff:

- Cooperate in providing the officers with requested records or information,
- Inform the officer if they don't understand the question or if they don't know the answer.

WorkSafeBC officers have the authority to request VCH for any documents related to their inspection (without client authorization or a search warrant, see [release of information policy](#)) such as; completed employee incident investigation reports, records of worker training, inspection reports and checklists, staff meeting minutes on safety topics, safe work procedures and equipment maintenance logs. WorkSafeBC inspection findings allow representatives of Worksafe and Wellness, Joint Occupational Health & Safety Committee union and employer members to work together to maintain compliance with WorkSafeBC regulation, and continually improve the VCH Worksafe and Wellness Program with the goal of keeping our employees and the workplace safe and healthy.

WorkSafeBC Inspection Report - Order / Directive Compliance

When a WorkSafeBC Inspection is conducted, if further information is required, or deficiencies are identified, an Inspection Report (IR) is submitted by the WorkSafeBC Officer to the Employer. The IR may contain either a 'Directive' or an 'Order'.

- Directive - is a request for further information that is required to show compliance with regulation,
- Order - is an indicator of non-compliance and is identified as such on the firm file.

When an Order is received, VCH can request a "Post Order Conference" with the issuing officer. The Manager and JOHSC, along with the Advisor, Safety and Compliance and others (E.G. MSIP Advisor, or WVP Advisor) can meet with the Officer to gain an understanding of how the Officer arrived at his/her findings and what their expectations are in relation to compliance to the Order(s). This is an opportunity for both VCH and WSBC to work collaboratively to ensure both parties understand the issue at hand, processes and workflow practices specific to the program area, the opportunities to revise or correct practices and implement sustainable controls to ensure the health and safety of both patients and staff.

In either case when receiving a directive or order, a compliance action plan termed a 'Notice of Compliance' is usually required within 30 days of the date of the directive or order, which must outline the employer's planned actions to achieve compliance.

WorkSafeBC officers review and either accept or reject the plan. If the plan is rejected, it must be re-written and re-submitted until it is accepted. Once accepted, and all actions identified are implemented, WorkSafeBC will write off the order as having achieved compliance.

When an Order or Directive is received by a VCH site, the applicable [Advisor, Safety and Compliance \(OHS\)](#) should be notified and takes the following actions:

- Receives a copy of and reviews the Inspection Report,
- Contacts the site and arranges a meeting with the site management and members of the Joint Health and Safety Committee,
- Works with the site management and members of the Joint Health and Safety Committee to identify the actions required to achieve compliance based on the order / directive,
- Drafts the Notice of Compliance - compliance action plan,
- When all parties are in agreement, submits the Notice to WorkSafeBC on behalf of the site.

Continues to work with the site to implement the actions identified in the Notice of Compliance until compliance is achieved.

References

[Canadian Root Cause Analysis Framework, A tool for identifying and addressing the root causes of critical incidents in healthcare](#), Canadian Patient Safety Institute

[Investigation of Incidents/Accidents & Occupational Disease](#), Program Element #6, [Safe & Healthy Workplace Program](#), Vancouver Coastal Health Authority

[Investigation of Accidents & Diseases. Reference Guide & Workbook](#), WorkSafeBC

[Occupational Health & Safety Regulation](#), WorkSafeBC

[Safe & Healthy Workplace Policy](#), Vancouver Coastal Health Authority

[Workers Compensation Act](#), Queen's Printer, The Province of British Columbia