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The *Workers Compensation Act* requires that the employer must post a copy of this report in a conspicuous place at or near the workplace inspected for at least seven days, or until compliance has been achieved, whichever is the longer period. A copy of this report must also be given to the joint committee or worker health and safety representative, as applicable.

Inspection Report #201615752139A		
Employer Name	Jobsite Inspected	Scope of Inspection
PROVINCIAL GOVERNMENT (WORKERS'COMP CO-ORDINATOR)	14323 57 Avenue Surrey Pretrial Services Centre Surrey BC V3X 1B1	2016 Provincial Correction Centre Inspection Initiative

Date of Initiating Inspection	Date of This Inspection	Delivery Date of This Report	Delivery Method
Oct 25, 2016	Oct 25, 2016	Oct 31, 2016	Email

**THERE ARE SIX (6) ORDERS OR OTHER ITEMS OUTSTANDING**

**ACTION REQUIRED**

Summary of Orders or other Items		
See "Orders/Items – Full Details" section of this Inspection Report for orders/items cited		
Order/Item No.1 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>WCA173(1)(c)</b>
Notice of Compliance Required.		
Order/Item No.2 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>WCA176(1)(c)</b>
Notice of Compliance Required.		
Order/Item No.3 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>WCA176(4)</b>
Notice of Compliance Required.		
Order/Item No.4 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>WCA176(5)</b>
Notice of Compliance Required.		
Order/Item No.5 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>OHS4.30(2)</b>
Notice of Compliance Required.		
Order/Item No.6 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>OHS4.28(1)</b>
Notice of Compliance Required.		

<b>ORDER STATUS LEGEND</b>	
<b>Order Status</b>	<b>Description</b>
Outstanding	Order Outstanding - Action Required to Achieve Compliance
Complied	Compliance Achieved - No Further Action Required
Closed	Order is Closed
Rescinded	Order has been cancelled – No Further Action Required

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## INSPECTION NOTES

An inspection of this workplace was conducted on October 25th, 26th, and 27th, 2016 by Occupational Safety Officers Allan Goodman and Ron Schouten.

### **Background**

In late October 2012 WorkSafeBC launched an initiative to inspect all nine adult custody correctional centres in the province. The purpose of the Provincial Correctional Centre Initiative at that time was to assist parties in achieving regulatory compliance. The inspections focused on 3 Key Areas: workplace accountabilities & responsibilities (supervision), violence in the workplace(VITW), and blood and body fluid (infectious disease).

### **2016 Inspection Initiative**

This current inspection is the result of a new inspection initiative focusing on workplace violence and compliance verification. This initiative consists of inspecting a sample of the nine correctional centres with a view towards verifying that key areas of the centre's workplace violence procedures and controls have been operationalized and entrenched in the day to day operations.

The definition of workplace violence provided in the Occupational Health and Safety Regulations (OHSR) will be used to determine compliance during these site inspections. OHSR 4.27 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.

Verification & validation of the workplace violence procedures focused on the following key areas:

- All violence in the workplace (VITW) risk assessments conducted since 2012, including recommended corrective actions, status of corrective action implementation, and participants in the assessment process
- Current makeup of inmate population (general population, inmates with mental health needs (IMHN), gang and related peer-to-peer concerns) in relation to any notable change in population makeup since 2012
- Staff incident reports (ICON) filtered for violence against staff
- Standard Operating Procedures (SOPs) related to Code Yellow Staff Assaults, Escorts, Transports, Cell Extractions, and Exercise Periods
- Facility/work area changes (new blocks, living units, changes to layout/function) since 2012
- Work procedure changes (e.g. modified lockdown, direct/indirect supervision, medication distribution) since 2012
- Joint Health and Safety Committee (JHSC) meeting minutes for the past 12 months
- Employer incident investigation reports (EIIRs) for the past 12 months
- Workplace inspection reports for the past 12 months
- Joint Health and Safety Committee functioning
- Training & supervision of workers in the top high risk activities involving inmate interaction

This inspection included interaction and engagement with corrections staff and front line workers to gauge their understanding of their workplace procedures and controls. The inspection included the participation of a worker representative from the joint committee along with employer representative(s). The intention was to ensure that the policies, practices and procedures have been made operational. Focus was on those work activities that present with a high risk of violence to staff from inmate interaction and that haven't been controlled by engineering measures. Consideration was given to possible changes that may have occurred in the work environment, which may affect the risk to workers of workplace violence and the site's risk assessment and procedures, such as:

- Increase in inmates with mental health needs and
- Increase in multiple gang and related peer to peer issues.

## Centre Description

The Surrey Pre-Trial Services Centre is a secure facility with a population that consists mainly of remanded inmates. It consists of several living units and a segregation unit. The centre currently houses approximately 530 inmates and has an overall bed count of 810 when all of the Living Units are in operation.

## Incident Reporting and Investigations

The inspection included the review of Code Yellow incidents from January, 2015 to June 27, 2016, including the Employer Incident Investigation Reports (EIIRs) which resulted from those incidents. We noted that not all VITW incidents that were documented in the ICON reports had corresponding EIIRs. A list of those incidents was provided to the employer representative, however, the employer representative could not produce the missing EIIR's or verify that the investigations had been undertaken.

As such Order #1 is issued.

We reviewed all of the EIIR's provided to us and we determined that not all of the EIIR's contained recommended corrective actions to prevent the recurrence of a similar incident. Some had no corrective actions listed but indicated that the unsafe condition that significantly contributed to the incident was an "unpredictable inmate". However, in many cases the inmate was identified as IMHN and further training of the staff member involved may have been a viable recommended corrective action.

As such Order #2 is issued.

In some instances the recommended corrective action(s) to prevent the recurrence of similar incidents that were identified in the EIIR have not been implemented. The corrective action(s) was either not taken and/or only one of the recommendations was implemented. We noted that, as the same or similar incident(s) occurred again at later date(s), the corrective actions were either not implemented, or were not effective.

As such Order #3 is issued.

All EIIR's are reviewed by the JHSC and the recommendations are discussed. The employer provided us with a copy of a tracking sheet for the EIIR recommendations however, this tracking spreadsheet has not been made available to the JHSC, nor could any of the worker representatives recall seeing this document before. No other follow up report has been issued to the worker representatives or staff to indicate the status of implementation of the recommendations, or to communicate reasons for corrective actions not being implemented.

As such Order #4 is issued.

## Staff Assault Alert & Muster Reports

1) Staff was questioned as to their knowledge of the recently implemented "Staff Assault Alert" feature in CORNET. This system includes a means of 'flagging' inmates with a documented history of violence towards staff and provides a means of identifying inmates who may pose a higher risk of violent tendencies towards staff. This feature is available at all adult custody centres such that when inmates are transferred from centre to centre staff are provided with information, such as, behaviours, incidents, triggers, etc. of these inmates. Consequently, this feature has been implemented as a control measure to assist in minimizing the risk to workers from violence. However, during our staff interviews we found overwhelmingly that staff were either not aware of this feature, or did not know how to utilize this feature. In addition, it was discovered that a staff assault alert can be expired (removed from the system) by staff at the centre, contrary to information provided to us by the Branch.

2) Under the Adult Custody Policy, Section 7.2.1 muster briefings and reports are in part, one of the methods for ensuring the passage of critical information, including staff safety, from one shift to another. However, we found that at this centre documented incidents of staff assault(s) were either not being included on the muster report, or were only remaining on the report for the one day. Without including this critical information during the muster briefing, and on the muster report, and not repeating it on the report for a sufficient number of days to ensure all required staff are made aware of staff assault(s), workers are not being

provided with sufficient information to ensure their safety in dealing with these inmates.

As such Order #5 is issued.

### **Risk Assessments**

#### 1) Centre:

A risk assessment of this correctional centre was conducted in 2013 by a third party consultant, with the report issued in 2014. This risk assessment resulted in several recommendations. The employer reviewed the risk assessment in 2016 and stated to us that all recommended corrective actions previously identified were implemented.

#### 2) Microwaves:

As part of their province-wide directive this centre conducted a risk assessment for the use of microwave ovens in the facility in March, 2016. As a result of this risk assessment the employer implemented the following:

- Ensuring microwaves are secured to counter surfaces
- Advised tier representatives of repercussions in the event of misuse
- Posters on units warning inmates that any misuse will result in removal from the units for extended periods of time or permanently

The employer has determined that removal of microwave ovens from the facility is not considered at this time.

#### 3) Centralized Laundry Program:

A risk assessment was conducted in June, 2013 to assess the potential risks of a centralized laundry program at this centre, resulting in the centralized laundry program being implemented.

#### 4) Toaster Ovens:

A risk assessment was conducted in June, 2013 to assess the potential risks of replacing toasters in living units with toaster ovens. The assessment resulted in no changes being implemented at this time.

#### 5) Inmate Visits:

A risk assessment was conducted in August, 2013 to assess the potential risks of changing the procedure for inmate visits from in-person to video visits, resulting in this change being implemented. Feedback from staff indicates that this has been a positive change.

#### 6) Central Control:

A risk assessment was conducted in October, 2013 to assess the potential risks of changing from a central control system to a control system expandable from dual to a quad system as needed, involving four separate control centres. This resulted in the centre currently running on a dual control system, with the potential for a quad system.

#### 7) Segregation:

The review of the Code Yellow incident reports revealed that a high percentage of the staff assault incidents occurred in the new Segregation Unit. The employer did not provide any evidence of a risk assessment being carried out for this Unit, although one may have occurred prior to the 2013 to present time frame for which we previously requested documents? Given the high number of incidents involving staff in the past 20 months in this unit and the violence level of some of the incidents, including punches to the head or face, and being spat on, the employer must carry out a VITW risk assessment for the Segregation Unit.

As such Order #6 is issued.

### **Violent Incidents**

During our review of the EIIRs we noted that several of the incidents involving a staff member occurred when there was more than one officer present in the area at the time of the incident however, staff expressed concern during the interview process that in

some single-staffed living units, managing a changing mix of inmate population with complex needs may be increasing their risk of injury from violence. This was of particular concern in the living units where the ratio of inmates to Living Unit Officer have become excessively high. The employer has several living units which are currently housing up to 60 inmates, and these are presently single-staffed, with limited support from Program/LUSO Officers. However, operational demands on the Program/LUSO Officers for other duties such as escorting the healthcare nurse on medication rounds, which is placing ever increasing demands on officer time, have reduced this support to the single Living Unit Officer. Living Unit staff believe that with these high inmate to staff ratios their ability to monitor inmate activities, and ensure their own safety in doing so, is greatly reduced.

There is no injury statistics evidence available at this time to substantiate these concerns, however during our inspection of the living units, we observed the effects of the high inmate count population and support the staff perception that it could reduce the Officers ability to monitor and control the environment in these specific high volume living units.

### **Inmate Population**

Management and staff reported that inmates with complex needs have increased over the last few years and the evidence found was that the facility has taken steps via living unit re-allocation (LU-G) to adequately manage these risks at this time. Although there is a recognized increase in gang-affiliated inmates, the employer and worker representatives reported that they have been able to also adequately manage these risks at this time. Staff did however express concern that although they are able to currently manage these risks, any substantial increase in this type of inmate population may result in an inability to manage this population safely with the current resources (i.e. staffing, facility layout, inmate placement). We discussed with the employer representatives that they must continue to monitor the risks associated with changing inmate population.

### **Hospital Escorts**

SPSC is adhering to the Adult Custody Policy with respect to staffing requirements for off-site escorts. We discussed with the worker and employer representatives, as well as a Classification Officer, that when a Staff Assault Alert is present on an inmate's file it should be given additional consideration when determining the classification of an inmate for escort.

### **Other Issues**

#### 1) Code Yellow Response:

When a Code Yellow is initiated, the Control Officer operates a button which overrides the requirement for them to acknowledge a door call by the responding officers, thereby reducing the time it takes for the responders to reach the area initiating the code. However, it was reported that this override feature is only in effect for approximately 25 seconds, which does not always provide enough time for responders to reach the destination, thereby delaying their response time. We discussed with the employer that they need to review this feature to ensure the override time is adequate to minimize any delays by the responding officers.

#### 2) Oleoresin Capsicum (OC) Container Reliability:

It was reported, and we observed, that some OC containers in use at this centre were either damaged or not reliable in operation. We discussed with the employer and worker representatives that the Adult Custody Policy Section 1.3.18 states that canisters requiring replacement are to be surrendered to the shift supervisor or Deputy Warden of Operations. We confirmed that, should a correctional officer determine that their OC container is damaged and/or not effective it will be replaced by the shift supervisor.

**ORDERS/ITEMS****An employer who fails to comply with Part 3 of the *Workers Compensation Act*, the *Occupational Health & Safety Regulation*, or WorkSafeBC orders may be subject to monetary or other sanctions as prescribed by the *Workers Compensation Act*.****Orders/Items - Full Details**

Order/Item No.1 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>WCA173(1)(c)</b>
<p>A review of the Code Yellow reports which included an act of violence against a staff member from January 2015 to June 27, 2016 indicates that several incidents which required employer incident investigations did not have a full incident investigation carried out. The employer representative was provided with a list of 15 ICON report numbers and could not provide evidence that the incident investigations had been carried out.</p> <p>This is in contravention of the Workers Compensation Act Section 173(1)(c).</p> <p>An employer must conduct a preliminary investigation under section 175 and a full investigation under section 176 respecting any accident or other incident that did not involve injury to a worker, or involved only minor injury not requiring medical treatment, but had a potential for causing serious injury to a worker.</p> <p><u>Measures to Ensure Compliance:</u> The employer must put a system in place to ensure all incidents which require an incident investigation under this section of the WCA are investigated from this date forward.</p> <p>Pursuant to section 194 (1) of the Workers Compensation Act, the employer must prepare a Notice of Compliance report. In accordance with section 194 (2), this report must detail what has been done to comply with the order, and where compliance has not been achieved by the time the report has been submitted, include a plan of what will be done to comply and when compliance will be achieved. Please submit the report no later than December 2, 2016 .</p>		
Order/Item No.2 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>WCA176(1)(c)</b>
<p>A review of the EIIR's provided indicate that several of the incident investigations did not contain any recommended corrective actions. The investigations identified unsafe conditions which significantly contributed to the incident, such as unpredictable inmates, but did not contain the required recommendations for corrective actions.</p> <p>This is in contravention of the Workers Compensation Act Section 176(1)(c).</p> <p>An employer must, immediately after completing a preliminary investigation under section 175, undertake a full investigation to, as far as possible, if unsafe conditions, acts or procedures are identified under paragraph (b) of this subsection, determine the corrective action necessary to prevent the recurrence of similar incidents.</p> <p><u>Measures to Ensure Compliance:</u> The employer must ensure that from this date forward any incident investigations which identify unsafe conditions which contributed significantly to the incident, include recommended corrective actions to eliminate or minimize the risk of recurrence of similar incidents.</p> <p>Pursuant to section 194 (1) of the Workers Compensation Act, the employer must prepare a Notice of Compliance report. In accordance with section 194 (2), this report must detail what has been done to comply with the order, and where compliance has not been achieved by the time the report has been submitted, include a plan of what will be done to comply and when compliance will be achieved. Please submit the report no later than December 2, 2016.</p>		

**Orders/Items - Full Details**Order/Item No.3 Status: **Outstanding**Cited: **WCA176(4)**

A review of the EIIR's indicates that although many contained recommended corrective actions, in some cases the corrective actions were not implemented, or if they were implemented, were not effective in preventing recurrence of similar incidents, specifically,

The investigation into the incident involving fluids through the feed hatch in the Segregation Unit(Seg) provided a recommended corrective action of utilizing a meal delivery cart, (which is available on site, or could be constructed at FRCC ) and the employer did not implement this action.

In addition, the investigation into the incident involving fluids thrown through the seals on the lower tier doors in Seg provided the recommended corrective action of installing a door seal or door frame gap seal and the employer did not implement this recommendation.

This resulted in similar incidents occurring on multiple subsequent occasions in this same area

This is in contravention of the Workers Compensation Act Section 176(4).

Following the full investigation, the employer must, without undue delay, undertake any corrective action determined to be necessary under subsection (1)(c).

Measures to Ensure Compliance:

The employer must implement the recommendations contained in these two incident investigation reports outlined above, or determine new corrective actions, to as far as possible prevent the recurrence of similar incidents in the Seg area of this Centre.

Pursuant to section 194 (1) of the Workers Compensation Act, the employer must prepare a Notice of Compliance report. In accordance with section 194 (2), this report must detail what has been done to comply with the order, and where compliance has not been achieved by the time the report has been submitted, include a plan of what will be done to comply and when compliance will be achieved. Please submit the report no later than December 2, 2016.

**Orders/Items - Full Details**Order/Item No.4 Status: **Outstanding**Cited: **WCA176(5)**

The employer provided the Officers with a copy of a recommended corrective action tracking spreadsheet which they state is used to track the implementation of corrective actions however, the worker representatives from the JHSC had never seen this document before and were not aware of any tracking mechanism. In addition, staff interviewed during this inspection indicated that they were not provided any follow up reports on corrective action implementation or provided any reasons why, if corrective actions were not implemented.

This is in contravention of the Workers Compensation Act Section 176(5).

If the employer takes corrective action under subsection (4), the employer, as soon as practicable, must

(a) prepare a report of the action taken, and

(b) either

(i) provide the report to the joint committee or worker health and safety representative, as applicable, or

(ii) if there is no joint committee or worker health and safety representative, post the report at the workplace.

Measures to Ensure Compliance:

The employer must ensure that the JHSC is provided the corrective action implementation spreadsheet at each monthly meeting for review and that implementation updates are provided in a timely manner to the committee.

Pursuant to section 194 (1) of the Workers Compensation Act, the employer must prepare a Notice of Compliance report. In accordance with section 194 (2), this report must detail what has been done to comply with the order, and where compliance has not been achieved by the time the report has been submitted, include a plan of what will be done to comply and when compliance will be achieved. Please submit the report no later than December 2, 2016.

Order/Item No.5 Status: **Outstanding**Cited: **OHS4.30(2)**

The employer has developed a staff assault alert feature for the Cornet application for the purpose of providing staff with information which will assist with mitigating the risk to workers from VITW when interacting with these specific individuals, however the staff interviewed at this Centre were either not aware of this feature in Cornet or had no idea how to access or find this feature.

In addition, the staff reported that some staff assault incidents do not get recorded on muster and they have no time to review all client logs. We reviewed the muster sheets and found that although there were incidents recorded or indicated on the muster, they were not on the muster the next day. This would not address informing incoming staff who are starting on a new rotation the next day or on subsequent days.

This is in contravention of the Occupational Health and Safety Regulation Section 4.30(2).

The duty to inform workers in Subsection 4.30(1) includes a duty to provide information related to the risk of violence from persons who have a history of violent behaviour and whom workers are likely to encounter in the course of their work.

Measures to Ensure Compliance:

The employer must ensure that all staff who are required to work directly with inmates are informed of and trained in how to utilize the Staff Assault feature in the Cornet application. In addition, the employer must develop and implement a policy of ensuring that staff assault incidents are carried forward on the muster for a minimum amount of days required to ensure all new oncoming staff are informed of the incidents.

Pursuant to section 194 (1) of the Workers Compensation Act, the employer must prepare a Notice of Compliance report. In accordance with section 194 (2), this report must detail what has been done to comply with the order, and where compliance has not been achieved by the time the report has been submitted, include a plan of what will be done to comply and when compliance will be achieved. Please submit the report no later than December 2, 2016.

**Orders/Items - Full Details**

Order/Item No.6 <input type="checkbox"/>	Status: <b>Outstanding</b>	Cited: <b>OHS4.28(1)</b>
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A review of the Code Yellow incidents reports provided by the employer for the period of January 2015 to June 27, 2016 indicates that a high percentage of the staff assault incidents occurred in the new Segregation Unit. The employer did not provide a risk assessment for this Unit at the time of this inspection.

This is in contravention of the Occupational Health and Safety Regulation Section 4.28(1).

A risk assessment must be performed in any workplace in which a risk of injury to workers from violence arising out of their employment may be present.

Measures to Ensure Compliance:

Given the number of staff assault incidents and the level of violence of some of these incidents, the employer must carry out an up to date VITW risk assessment to determine additional controls as necessary to reduce the risk and frequency of incidents of staff assault or violence towards staff.

Pursuant to section 194 (1) of the Workers Compensation Act, the employer must prepare a Notice of Compliance report. In accordance with section 194 (2), this report must detail what has been done to comply with the order, and where compliance has not been achieved by the time the report has been submitted, include a plan of what will be done to comply and when compliance will be achieved. Please submit the report no later than December 2, 2016.

## REFERENCES

**In addition to any orders, or other items, and the information provided in the Inspection Notes section in this Inspection Report, the officer may discuss other health and safety issues with the employer arising out of the inspection. The information below sets out the health and safety requirements discussed with the employer, and unless otherwise noted, violations of these requirements were not observed.**

Reference	Details Discussed
<b>WCA194(1)</b>  This Inspection Report contains one or more orders requiring you to submit a Notice of Compliance report. This report must be prepared in accordance with section 194(2) of the Workers Compensation Act.	Notice of Compliance
<b>WCA194(2)</b>  The employer or other person directed by an order under subsection (1) must prepare a compliance report that specifies: (a) what has been done to comply with the order, and (b) if compliance has not been achieved at the time of the report, a plan of what will be done to comply and when compliance will be achieved.	Notice of Compliance

Employer #	Mailing Address	Classification Unit #	Operating Location
4000	WORKERS' COMPENSATION PROGRAMS BC PUBLIC SERVICE AGENCY PO BOX 9404 STN PROV GOVT VICTORIA BC V8W 9V1	841102	306

Lab Samples Taken	Direct Readings	Results Presented	Sampling Inspection(s)
N	N	N	

Workers onsite during Inspection	Notice of Project Number
200	

Inspection Report Delivered To	Employer Representative Present During Inspection	Worker Representative Present During Inspection	Labour Organization & Local
Matt Lang	Joyce Oates	Sandra St Pierre	BCGEU Component One

WorkSafeBC Officer Conducting Inspection
Ronald Schouten

*Inspection Time	*Travel Time
33.25 hrs	4.00 hrs

\*The time recorded above reflects the inspection time and travel time associated with this inspection report and includes time spent on pre and post-inspection activities. Additional time may be added for subsequent activity.

### Right to Review

**Any employer, worker, owner, supplier, union, or a member of a deceased worker's family directly affected may, within 45 calendar days of the delivery date of this report, in writing, request the Review Division of WorkSafeBC to conduct a review of an order, or the non-issuance of an order, by contacting the Review Division. Employers requiring assistance may contact the Employers' Advisers at 1-800-925-2233.**

WorkSafeBC values your feedback. To obtain that feedback, an external market research provider may be contacting you to complete a survey.