



How to Become an Authorized Physiotherapy Provider

WCB-Alberta requires specific administrative information before a clinic can be granted a physiotherapy contract and become an authorized WCB provider. Please ensure your application includes the following information:

1. Provide your company legal name, head office address, name(s) of all owner(s), phone and fax numbers, and email address of the clinic. List any partners, parent, shareholders, affiliates, divisions and subsidiaries. Identify the type of company (partnership/corporation/private) and the date of establishment of your company.
2. The name, address and telephone numbers of any additional clinics, operated by the same owner, that are WCB authorized.
3. The clinic where services will be provided must be located within the province of Alberta and should include, but not be limited to, the following:
 - Minimum of two treatment plinths per therapist
 - Dedicated exercise area (exclusive of treatment space)
 - Sink
 - Access to bathroom
 - Separate office/charting area/dedicated room for privacy
 - Computer (in clinic)
 - High speed Internet (where available) (in clinic)
 - Fax machine (in clinic)
 - Telephone (in clinic)

A schematic illustration of the floor plan of the clinic indicating:

- Approximate room dimensions and square footage
 - Emergency exits
 - Access to the building (stairs, elevator, wheelchair ramp, etc)
 - A secure storage area for Worker files
4. A list of all therapeutic, diagnostic and exercise equipment.
Please see enclosed checklist entitled “Physiotherapy Equipment Requirements”.
 5. A list of all licensed Physiotherapists working at the clinic including:
 - A photocopy of their PACA license
 - A brief CV (indicating education and work experience)
 - A list of specialized courses
 - A copy of their professional liability insurance coverage
 6. A copy of the clinic’s Comprehensive or Commercial Liability Insurance, with an insurer licensed in Alberta, in an amount not less than TWO MILLION (\$2,000,000.00) DOLLARS per occurrence, and for an aggregate (if more than one occurrence) of not less than TWO MILLION (\$2,000,000.00) DOLLARS





7. A copy of the clinic's written plan for reporting and investigating all illnesses, accidents and incidents involving Workers. **Please see enclosed sample entitled "Potential Emergencies".**

The plan must provide for:

- An emergency evacuation procedure
 - Prompt emergency care, if required
 - A verbal report of any illness, accident or incident involving a worker within twenty-four (24) hours to the WCB
 - A follow up investigation recording the essential facts surrounding the incident
 - A written copy of the follow up investigation being delivered to WCB within seventy-two (72 hours) of the incident
8. A commitment to using the WCB's electronic reporting system as a condition of becoming WCB-approved. To meet this requirement, the applicant will require a PC running Microsoft Internet Explorer 5.5 or higher and a high-speed internet connection. Applicants in geographic locations where high-speed Internet access is not available will be exempt from this requirement upon providing notification to the WCB. Information on how to sign up for online reporting will be sent to you upon receiving your signed contract.

The clinic will not provide services to workers until the contract has been signed and given final approval.

The WCB does not represent or warrant that any minimum amount of work or dollar value will be realized by the Contractor. The WCB does not represent or warrant that the Contractor will realize any specific amount of business if granted a contract for physiotherapy services to injured workers.

Incomplete applications will not be considered for a contract until all information is received by WCB. If successful, a contract will be forwarded for signing. Applications can be faxed but the original copy (or emailed version) is required before a contract can be forwarded. Please forward all information to the address below:

Health Care Strategy
Workers' Compensation Board - Alberta
131 Airport Road
Edmonton, Alberta T5G 0W6
Tel: 780-498-3219
Fax: 780-498-3998
Email: hcs.physiotherapy@wcb.ab.ca





PHYSIOTHERAPY EQUIPMENT REQUIRMENTS

**** Indicate with a for the mandatory and optional equipment**

ASSESSMENT EQUIPMENT	
MANDATORY EQUIPMENT	OPTIONAL EQUIPMENT
<input type="checkbox"/> Reflex hammers <input type="checkbox"/> Goniometers and finger goniometers <input type="checkbox"/> Grip dynamometer (measured in kg or lbs) <input type="checkbox"/> Tape measures <input type="checkbox"/> Sensory testing equipment	<input type="checkbox"/> OTHER (please list)

TREATMENT MODALITIES	
MANDATORY EQUIPMENT	OPTIONAL EQUIPMENT
<input type="checkbox"/> Hot/cold packs <input type="checkbox"/> Ultrasound <input type="checkbox"/> Interferential <input type="checkbox"/> EMS	<input type="checkbox"/> Traction <input type="checkbox"/> Contrast Baths <input type="checkbox"/> Laser <input type="checkbox"/> TENS <input type="checkbox"/> OTHER (please list)

EXERCISE EQUIPMENT	
MANDATORY EQUIPMENT	OPTIONAL EQUIPMENT
<input type="checkbox"/> Stationary bike <input type="checkbox"/> Treadmill <input type="checkbox"/> Free weights <input type="checkbox"/> Theraband <input type="checkbox"/> Shoulder Pulleys <input type="checkbox"/> Resistive exercise equipment Specify: _____	<input type="checkbox"/> Elliptical trainer <input type="checkbox"/> OTHER (please list)

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FUNCTIONAL	
MANDATORY EQUIPMENT	OPTIONAL EQUIPMENT
<input type="checkbox"/> Adjustable lifting/carrying equipment <input type="checkbox"/> Push/pull equipment (upper and full body) <input type="checkbox"/> Crates/boxes (weight ranging up to 100 lbs) <input type="checkbox"/> Step Ladder (6 feet) <input type="checkbox"/> Access to stairs	<input type="checkbox"/> OTHER (please list)

PROPRIOCEPTIVE	
MANDATORY EQUIPMENT	OPTIONAL EQUIPMENT
<input type="checkbox"/> Balance/wobble board <input type="checkbox"/> Exercise ball	<input type="checkbox"/> Mini trampoline <input type="checkbox"/> Body blade <input type="checkbox"/> BAPS <input type="checkbox"/> Foam roller <input type="checkbox"/> Pro Fitter <input type="checkbox"/> OTHER (please list)

HANDS	
MANDATORY EQUIPMENT	OPTIONAL EQUIPMENT
<input type="checkbox"/> Therapy Putty <input type="checkbox"/> Power webbing <input type="checkbox"/> Dexterity equipment <input type="checkbox"/> Desensitization equipment	<input type="checkbox"/> Flexbar <input type="checkbox"/> Digiflex <input type="checkbox"/> OTHER (please list)

PATIENT EDUCATION	
MANDATORY EQUIPMENT	OPTIONAL EQUIPMENT
<input type="checkbox"/> Written home exercise programs <input type="checkbox"/> Patient education resource material such as <input type="checkbox"/> Information on self-management <input type="checkbox"/> Lifting <input type="checkbox"/> Back Care	<input type="checkbox"/> OTHER (please list)





POTENTIAL EMERGENCIES - Sample

The following are identified potential emergencies: Fire, medical emergencies, natural disasters.

EMERGENCY PROCEDURES

In the event of a fire occurring within or affecting the work site, the first staff member alerted to the fire is to follow these instructions:

- Notify the emergency or rescue/evacuation Dr. for that day (see below).
- Pull the fire alarm to alert the nearest fire station (initiate the nearest fire alarm).
- Take the sign-in sheet upon evacuation (used to account for patients).

Designated emergency worker (Doctor) is to follow rescue and evacuation procedure (see below).

In the event of a medical emergency, staff members will:

- Notify the patient's Dr. immediately about the nature and location of the medical emergency
- Dr. will assess patient and provide care and comfort measures.
- Dr. will direct the front office in assisting him/her with the emergency- ie. supplies, call 911 etc.
- Dr. will arrange for transfer of patient to medical facility or hospital, if necessary.

In the event of a natural disaster:

- Designated emergency or rescue/evacuation Dr. will direct all staff and patients to a safe place within the building (NE corner – storage closet).
- If the building is unsafe, the Dr. will follow the rescue and evacuation procedure (see below).
- Dr. will ensure that a staff member has or will call 911 to report the emergency and arrange for transportation of injured staff or patients if necessary.

LOCATION OF EMERGENCY/FIRST AID EQUIPMENT

Emergency equipment is located:

- Fire alarms are located in the emergency exits (2-front door and doctor's office exit door)
- Fire extinguishers are located at the emergency exits near the fire alarms

First Aid Supplies are located at:

- First Aid Kit at main reception desk.
- Blankets in the storage room.
- Transportation for ill and injured patients/staff is by ambulance. Call 911.

WORKERS TRAINED IN THE USE OF EMERGENCY EQUIPMENT

All staff is required to refresh themselves monthly on the location of emergency equipment and usage (directions on equipment).

LOCATION AND USE OF EMERGENCY FACILITIES

The nearest emergency services are located;

- Fire station:
- Ambulance:
- Police:
- Hospital:





FIRE PROTECTION REQUIREMENTS

Sprinkler systems are located in all rooms of the building.

ALARM AND EMERGENCY COMMUNICATION

Pulling the fire alarm will automatically alert the fire department and initiate an alarm within the entire complex.

- The fire alarm signal is intermittent sharp beeps.

DESIGNATED EMERGENCY AND RESCUE/EVACUATION WORKERS

The following workers are responsible for coordinating rescue and evacuation:

- Tuesday, Thursday, Saturday Name _____
- Monday, Wednesday, Friday Name _____
- Will replace each other in case of absence or inability: _____

PROCEDURES FOR RESCUE AND EVACUATION

For evacuation and rescue:

- Ensure that a staff member has or will call 911 to report the emergency.
- Evacuate and direct all persons to the safe designated gathering point in an agreed upon assembly area.
- Assist ill or injured patients/workers to evacuate the building.
- Account for everyone including staff and patients using the patient sign-in sheet.
- Identify the name and last known locations of anyone not accounted for and pass them to the emergency officials in charge.
- Provide care and comfort measures to injured patients/staff if required.
- Call 911 to arrange for transportation of ill or injured persons to the nearest health care facility if required.
- Meet responders upon their arrival and convey specific information about hazards in the building, access, location of persons with special needs, etc.
- Serve as a liaison with emergency responders (e.g. fire department, ambulance).
- Upon receiving clearance from the emergency responders, notify staff and patients that the building is safe for re-entry.

FOLLOW UP

Following any emergency that involves a patient/worker on WCB:

- Provide WCB with a verbal report within 24 hours (780-498-3999)
- Investigate and record the incident on an Incident Report Form. Deliver this to WCB within 72 hours.

