



Instructions on Critical Tasks & Hazard Assessment Rollout

Part 1:

A. Managers/ supervisors are to ask staff to fill in on the form the **tasks and jobs that are part of their regular duties that they believe are high risk**. Some examples of some tasks performed are:

- Transferring patients/ clients/ residents.
- Administering medications via needles
- Replacing light bulbs
- Pushing food carts
- Paper filing
- Feeding a patient/resident
- Mopping
- Washing clothes

The tasks and jobs listed will be used to complete Part 2 (Critical Task and Hazard Assessment form based on the risk). **How would this be performed?** At your staff meetings, you will communicate this to your workers and have the form titled Worker Input – Critical Tasks and Hazard Assessment readily available for them to complete (the suggestion is to post it on your safety board as well as in your staff room).

B. Send the completed copies to your OESH rep on the agreed upon timeline.

Part 2:

A. Managers/ supervisors (and/or designate) are to complete the Critical Tasks and Hazard Assessment based on the tasks/jobs listed by their workers in Part 1. OESH will connect with managers/ supervisors to assist/ follow up based on risk and priority.

B. Managers/ supervisors will communicate the Completed Critical Tasks and Hazard Assessment to their staff during their department/ unit meetings.

C. Managers/ supervisors review/ update the Critical Tasks & Hazard Assessment every 3 years or sooner when an update is needed.