|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Description of Task: | | | | | | | |
| Position/Job: | | | | Department/Unit: | | | |
| **Potential Hazards** | | | | **Personal Protective Equipment Required** | | | |
|  | *Risk for Injury (check all that apply)* | | | *Specify Type, Manufacturer, Model* | | | |
|  | Biological (puncture/spill/splash/exposure) | | |  | Head Protection: | | |
|  | Caught In/Under/Between Wall, Equipment | | |  | Eye Protection: | | |
|  | Chemical/Hazardous Substance/Medication | | |  | Hearing Protection: | | |
|  | Contact with Hot/Cold Object/Substance | | |  | Face Protection: | | |
|  | Contact with Sharp Object (not biological) | | |  | Hand Protection: | | |
|  | Electrical | | |  | Foot Protection: | | |
|  | Falling or moving equipment/material | | |  | Respirator/Fit Test: | | |
|  | Moving machinery / parts | | |  | Body Protection: | | |
|  | MSI-Awkward / sustained postures | | |  | Hi Visibility Apparel: | | |
|  | MSI-Forceful exertions | | |  | Other: | | |
|  | MSI-Repetitive motions | | | **Equipment and/or tools required to perform task** | | | |
|  | Noise | | |  | | | |
|  | Surfaces/Objects causing slips, trip or falls | | |
|  | Task requires more than 1 worker | | |
|  | Violent, Aggressive or Reactive Behaviours | | | **For machine operation tasks complete the following** | | | |
|  | Working Alone or in Isolation | | | Machine Description and Safety Features: | | | |
|  | Working at Heights | | |
|  | Other: | | |
| Patient/Client/Resident Related Tasks - be knowledgeable of patient specific hazards (CARE Alert, Falls Risk, Patient Handling Assessment, Isolation Precautions, etc.) | | | | *Set-up and maintenance of this equipment is only to be performed by trained/authorized staff following the manufacturer’s manual*. | | | |
| **Training and Proficiency:** | | | | | | | |
| Staff who perform this task must be trained as indicated below in this safe work procedure prior to performing it. Training must be documented. This SWP must be available to staff.  Read Procedure and Sign Other Required Training: *Specify*  Demonstrated Competency Watched Video | | | | | | | |
| **Responsibilities** | | | | | | | |
| **Manager/Supervisor or Designate:** Ensure all staff are trained and that duties are performed in accordance to training, established health and safety regulations, guidelines, policies and procedures (e.g. following safe work procedures). | | | | **Staff performing task:** Perform task in accordance to training, established health and safety regulations, guidelines, policies and procedures (e.g. following safe work procedures). Follow process for reporting hazards, injuries, occurrences and patient safety events. | | | |
| Approved by: (Name and Title) | | | Original Effective Date | | | Revised Effective Date | Reviewed Date |
|  | | |  | | |  |  |
| This safe work procedure was created by [insert names/ committee] and will be reviewed any time the task, equipment or materials change and at a minimum of every three years from the last revision date. | | | | | | | |
| **Notes/Other Considerations:** | | | | | | | |
|  | | | | | | | |
| **Steps to be taken to complete task safely:** (This is a clear description in order of steps to follow to safely perform the task. This section may include pictures, diagrams, do’s and don’ts, etc.) | | | | | | | |
| **1** | |  | | | | | |
| **2** | |  | | | | | |
| **3** | |  | | | | | |
| **4** | |  | | | | | |
| **5** | |  | | | | | |
| **Related Materials:** | | | | | | | |
| **References:** | | | | | | | |