Hazard Assessment

School/Worksite: Horizon School Staff Group: School Nurse		Job/Position Summary: Liaises with fami issues. Administer and monitors medicat look after first aid kits and maintain docu	ions. A	Admin	isters	first ai	d,	Assessment Team: Chelsea Goodwill, Linden Lonsberry	Date Completed: April 2014	
Step 1 (1) List types of work and work related activities		Step 2 (2)	Step 3					Step 4 Identify and Implement Hazard Contro	ls	
		Identify Existing or Potential Hazard Sources/Types	Assess Risk and Prioritize the Hazards					Engineering (3) Administrative (4) Personal Protective Equipment (5)	Corrective Action	
Type of Work	Related Task/Activities	Environmental Tools/Equipment People Hazard Types	A - Frequency of Exposure (6)	zard	C – Potential	evel	Risk Priority (9)	Summary of Recommended Hazard Controls In Place		Date Completed
WOLK		Ergonomic, Biological, Psychosocial, Physical, Chemical	A - Fr of Exp	B – Hazard Probability	Consec	Risk Level A x B x C	Risk P	Yes No		Completed
oo	Maintain Yearly medical school budget Process medical forms as received from parents.	Use computer and telephone.	4	1	2	8	Low	Implement CESD Office Ergonomics Guidelines and self-assessment checklist. Micro-breaks – alternate from standing to seated positions regularly.		
Administrative documentation	Update student files in CUM folders Update student medical files for staff. Update lanyard information for each student.	Use various medical aids and instructional tools.	3	1	1	3	Low	2. follow safe work procedures for lifting/handling loads. Use CESD office/classroom general safety checklist CESD Procedures for Blood and Body Fluids. Participate in district annual flu immunization program. Training: Nonviolent crisis Intervention.		
inistrative	Record keeping of student contact.	Awkward postures: bending, leaning, kneeling, and squatting on floors, chairs, at tables of various heights.	1	2	2	4	Low	3. Use CESD office/classroom general safety checklist. Implement CESD Office Ergonomics Guidelines and self-assessment checklist. Micro-breaks – alternate from standing to seated positions regularly.		
Adm		4. Potential for physical injury or verbal abuse from children or parents (hit , kicked, or bitten)	1	3	3	9	Low	4. CESD Procedures for Blood and Body Fluids. Training: Nonviolent crisis Intervention. Conduct a pre-assessment of the student and communicate all concerns to Principal.		

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		5. Physical injury from falls over clutter, sharp edges on furniture, unstable shelves etc. found in homes.	1	2	2	4	Low	5. Report all hazards to principal. Identify hazards for other staff until fixed. Ensure first aid kit it up to date and available.	
		6. Transport bags/boxes of materials from personal vehicle, storage rooms etc. by hand or using carts. Uses shoulder bags, boxes, knapsacks etc. to lifting/carry materials < 20 lbs.	3	3	3	27	Med	6. Use mechanical aids (dolly) for transporting loads. Review guidelines for backpacks and CESD safe lifting procedures. Ask for assistance if required.	
	Administration of medication Emergency first aid / triage	Physical injury from writing, documenting, locking, carrying medications. Stress from issuing medications and possible legal implications. Laceration from pill cutter.	4	2	3	24		7. Stretching of arms and hands if necessary. Be aware of students current behaviour.	
ıff and	Seizure monitoring with reports to Families and doctors.						Med	Always use gloves when handling medication. Assistance in administering medication if required. Caution with pill cutter.	
to Staff	Medication monitoring Collaboration with medical professionals, public health officials and SHOS nurse	8. Student aggression. body fluids; exposure to virus, bacteria or disease. Cuts, sprains and/or strains.	3	3	3	27	Med	8. Note student behaviour, NVCI training, Always use appropriate PPE. Immunizations. Be aware of body positions.	
al support Students	Provide information and public health advisories to families.	9. Strains/sprains from catching student; physical contact with convulsions. Possible exposure to body fluids.	3	3	2	18	Low	9. Do not catch a falling student, keep distance with convulsive seizures. Use appropriate PPE.	
	Written and oral reports to medical professionals.	10. Exposure to medications; adverse side effects.	4	1	2	8	Low	10.Use gloves. Research medication and potential side effects; inform staff and family.	
medical St	Maintain first aid kits and medical supplies in first aid room.	11. Use computer and hand written notes; prolonged sitting.	4	2	2	16	Low	11. Implement CESD ergonomics guidelines, take breaks.	
Provide m	Health promotion / prevention for students. Assist with hygiene, showers, toileting,	12.Carrying large loads of supplies; sprains and strains. Possible contact with sharp objects.	2	1	1	2	Low	12. Implement CESD Office Ergonomics Guidelines. Stretch necessary body parts prior if need be. Ask for help or use a dolly.	
Pro	laundering etc. as needed. G-tube feeding and monitoring.	13. Use of educational tools/equipment that may be sharp or electronic.	3	1	1	3	Low	13. Be aware of possible hazards; explain any possible risks to students and staff.	
	Staff training.	14. Exposure to body fluids and wet surfaces.	2	1	2	4	Low	14. Use appropriate PPE. Use caution around wet surfaces and signs.	

Chinook's Edge School Division No. 73

Hazard Assessment

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Staff Group: School Nurse		issues. Administer and monitors medicat							April 2014	
		look after first aid kits and maintain docu	iments	on al	I daily	activit	ties.			
	Collaborate with families.	15. Exposure to body fluids.	4	1	2	8	Low	15. Use appropriate PPE; ensure training is completed by professional.		
	Drive students home or to appointments. Attend collaborative meetings.	16. Awkward/uncomfortable postures: sitting, bending, leaning, kneeling, squatting on floors, chairs or tables of various heights.	3	1	2	6	Low	16. Review general ergonomic tips for classrooms.		
	Attend weekly swimming.	17. Working alone with high risk children or adults; potential for physical injury or verbal abuse.	4	4	2	32	Med	17. Have other staff to assist with meetings. Have a cell phone on person at all times. Complete NVCI training.		
	Attend Student Lock Down's (SLD). Attend field trips. Assist with feeding.	18. Use personal vehicle. Homes may contain unpleasant conditions (tripping hazards, diseases, pets, allergens, etc)	2	2	2	8	Low	18. Appropriate vehicle insurance in place; drive only when weather permitting. Keep cell phone on person at all times, continuously assess area for hazards. Wear appropriate footwear.		
	Perform lifts/transfers as needed. Attend OH&S meetings monthly.	19. Use of personal vehicle; sitting for prolonged periods of time.	4	2	2	16	Low	19. Have adequate vehicle insurance in place; drive only if weather is suitable. Adhere to CESD ergonomic guidelines; take breaks if able.		
er	Supervision.	20. Potential to slip on wet surfaces.	3	2	2	12	Low	20. Wear appropriate footwear, be cautious of surroundings.		
Other	Pack and carry bags and equipment.	21. Physical/verbal abuse from students.	3	3	2	18	Low	21. Have NVCI training and a cell phone on person at all times. Adhere to lockdown procedures.		
	Clean/disinfect equipment and areas.	22. Exposure to weather elements (hot/cold/wet), slips/falls from terrain.	1	1	2	4	Low	22. Dress appropriately for weather conditions as well as footwear; be cautious of surroundings.		
		23. Contact with body fluids.	3	1	1	3	Low	23. Use PPE as required.		
		24. Sprains, Strains, hyper-extension, etc	3	3	2	18	Low	24. Use good body mechanics and assistance if needed. Undergo training as required.		
		25. Prolonged sitting and use of personal vehicle.	1	1	2	2	Low	25. Implement CESD ergonomic guidelines. Vehicle insurance as required and only driving if weather permits.		

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Staff Group: School Nurse	issues. Administer and monitors medica look after first aid kits and maintain doc	tions. A	Admin	isters	irst ai	Assessment ream. Cheisea Goodwill, Liliden Lonsberry	April 2014				
	26. Potential for injury from students.	4	3	2	24	Med	26. NVCI training as required and be aware of students behaviours.				
	27. Strains/sprains, etc	3	1	2	6	Low	27. Implement good body mechanics, carry an appropriate weight or make several trips. Mechanical aids for assistance.				
	28. Chemical exposure; body fluid exposure.	4	2	2	16	Low	28. Use appropriate PPE, have MSDS available, adhere to policies.				
							Step 5: Review/Communicate with affected staff (List staff members)			
							Step 6: Date of review with affected staff members				

¹ <u>TYPE OF WORK</u> includes a description of the broad general nature of the work carried out (e.g. office work, classroom preparation, cleaning). The <u>WORK RELATED ACTIVITIES</u> would be the specific activities carried out within each type of work starting with an action verb e.g. operating office equipment, using computers, lesson planning, vacuuming floors)

¹ HAZARDS can be identified using several methods including personal experience/intuition, physical observations, task/job analysis, or incident investigation.

Engineering Controls: Preferred method. Reduces exposure by removing or isolating hazard from worker. E.g. elimination, ventilation, substitution, redesign, guarding, enclosure, automation, mechanical aids

Administrative Controls: Practices that reduce likelihood of exposure by altering the time or way a task is performed e.g. training/education, safe work procedures, purchasing stds, supervision, signage, job rotation/scheduling, housekeeping etc.

¹ **Personal Protective Equipment (PPE)**: Not to be used as primary control unless engineering or administrative controls are not feasible. E.g. safety glasses, safety footwear, gloves, respiratory protection, hearing protection ¹ ASSESS AND PRIORITIZE: Frequency of Exposure to Hazard: 1= less once/month; 2= at least once/month; 3 = at least once/week; 4= one or more times daily

¹ Hazard Probability: Likelihood hazard will result in an incident causing harm: 1= not likely; 2= Remote- not likely but possible once every 5-20 years; 3= Occasional – likely to happen once every 1-5 years; 4= probable – expected to happen often once/year

Potential Consequence: Severity of loss if hazardous event occurs 1= negligible (no injury, first aid; limited property damage); 2=Marginal (medical aid, minor injury/illness-no lost time); 3= Critical (lost time injury, temporary disability); 4= Catastrophic (serious injury/illness; permanent disability, death, extensive property damage)

Risk Classification: 1-18 = Low risk (minimal controls); 19-36 = Medium Risk- Take scheduled action to minimize; 40-64 = High Risk - "Critical Task" Take immediate action to eliminate hazard or reduce degree of risk