 **JOB HAZARD ANALYSIS – PSP**

Instructions are located on page 2 of this document.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **JOB\*:** | Instructor, Children Program Exercise | | | **Name of Building / Outdoor facility where the job is performed:** |  | | | |  |
| **Base/Wing/Unit:** | Select a Base/Wing/Unit | | |  |
|  | |  | |  |  | |  | |  |
|  | | | **Name(s)** | | |  | **Date** | |  |
| **Initial analysis completed by:** | | | Caroline Gauthier, Ed Gagnon, Karen A Donovan | | |  | | 2017/03/23 |  |
| **Completed locally by:** | | |  | | |  | | Select a date |  |
| **Reviewed and recommended for approval** | | |  | | |  | | YYYY/MM/DD |  |
| **by LOHSR/LOHSC employee member:** | | |  | | |  | | /    / |  |
| **Approved by SLER:** | | |  | | |  | | /    / |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DISTRIBUTION – Electronic copy approved by the SLER, but not signed by employee:** SLER, LOHSC/LOHSR, Manager/Supervisor who supervises the job, [**OHS@CFMWS.com**](mailto:OHS@CFMWS.com)   |  |  |  | | --- | --- | --- | | I acknowledge that I have reviewed this document and I am committed to discuss safety concerns with my manager when they may arise in order to prevent occupational injuries and illnesses to myself or any other person in the workplace. | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_  Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Manager/Supervisor Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature | \_\_\_\_\_\_\_\_\_\_\_\_  Date | |

**DISTRIBUTION – Signed copy by Employee and Manager:** Employee (Original), Local HR Office (Copy of page 1 only)

|  |
| --- |
| **HR Office Use**   * Record in Accero, the date the employee signed the JHA Date entered in Accero “Date Screen”: * File in the employee’s personnel file a hard copy of page 1 Date filed in personnel file: |

**References:**

* NPF OHS Policy (HRPOL13): 13.8 Employees’ Right to know, 13.21 OHS Prevention Program
* Canada Labour Code Part II, 124 and 125 Duties of Employers
* Occupational Health and Safety Regulations, Part XIX – Hazard Prevention Program
* Occupational Health and Safety Hazard and Risk Assessment performed by Resource Environmental Associates Limited

**Overview**

A Job Hazard Analysis (JHA) is a process that:

* offers a step-by step approach to recognize, assess and control hazards, and monitor the ongoing effectiveness of controls
* systematically evaluates certain jobs, tasks or processes
* helps to eliminate or reduce risks or hazards in order to protect workers from injury or illness

**Definitions**

**Hazard**: Hazard means any practice, behaviour, substance, condition, or combination of these that can cause injury or illness to people, or damage to property.

**LOHSC/LOHSR**: Local Occupational Health and Safety Committee / Local Occupational Health and Safety Representative

**NSER**: National Senior Employer Representative

**SLER**: Senior Local Employer Representative

**Workplace** means any place where an employee is engaged in work for the employer. This includes the physical work location and the greater work environment, where work-related functions and other activities take place and work relationships exist such as when employees are on travel duty, attend conferences or any employer’s sponsored activities or events.

**Instructions**

STEP 1 – The SLER receives from NSER a fillable generic JHA specific to a job. The SLER selects a manager who knows the job and the workplace at the local Base/Wing/Unit.

STEP 2 – The manager selected by the SLER completes the following fields of the JHA electronically and returns to SLER when completed:

* Base/Wing/Unit
* Name of Building / Outdoor facility where the job is performed
* Completed locally by and date
* Controle measures recommended
* Additionnal control measures in place
* Hazardous substances
* Safety equipment.

STEP 3 – The SLER reviews the JHA with the LOHSC/LOHSR to ensure it is complete and discuss any concerns. When agreed upon, one LOHSC member representing the employees or the LOHSR add his/her name and date to the line “reviewed and recommended for approval by LOHSC/LOHSR employee member”. Then, the SLER add his/her name and date to the line “Approved by SLER”.

STEP 4 – The SLER distributes an electronic copy to 1. LOHSC/LOHSR; 2. Manager/Supervisor who supervises the job; and 3. [OHS@CFMWS.com](mailto:OHS@CFMWS.com) .

STEP 5 – The Manager/Supervisor who supervises the job goes over the approved JHA with the employees performing the job. They both sign and date a hard copy of the document. The Manager/Supervisor sends a copy of the first page to Local HR office and provides the employee with the original document.

NOTES:

1. Step 5 must be performed when a new approved JHA is available, during the employee orientation, and each time the approved JHA is updated.
2. The approved JHA is reviewed at least every 3 years, or when a new process, task, equipment is introduced in the workplace.

STEP 6 – NPF National Environment, Health and Safety Manager prompts a review of the generic JHA every three years.

| **Activity** | **Hazard** | **Risk/Impact Injury** | **Control Measures Recommended**  Select **Yes** if in place; **No** if not in placeor **N/A** if it doesn’t apply | | | | **Additional Control Measures in place** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Y** | **N** | **N/A** |  | List below |
| Demonstrate and instruct children exercise classes | Perform physical activity while instructing | Bruises, muscle tear, strain, sprain, dislocation, concussion |  |  |  | Appropriate attire and footwear  Warm-up / cool down / stretching |  |
| Demonstrate and instruct children exercise classes | Slip, trip, fall | Broken bone / fracture, bruises, cuts, scrapes, punctures, strain, sprain, dislocation, concussion |  |  |  | Appropriate footwear  Proper housekeeping  Site inspections and opening checklist |  |
| Demonstrate and instruct children exercise classes | Struck accidentally by sports equipment | Bruises, cuts, scrapes, punctures, head injury  strain, sprain, dislocation, concussion |  |  |  | Maintain space between instructor, equip, clients |  |
| Demonstrate and instruct children exercise classes | Struck accidently, or hit by child | Bruises, cuts, scrapes, punctures, head injury  strain, sprain, dislocation |  |  |  | Maintain space between instructor, equip, clients  HIGH FIVE® |  |
| Demonstrate and instruct children exercise classes | Bit, pinched or hit by a child on purpose (may be special needs) | Bruises, cuts, scrapes, punctures, head injury  strain, sprain, dislocation |  |  |  | Maintain space between instructor, equip, clients  Compile personal information at the time of registration and follow up with guardian before, during and after session.  HIGH FIVE® |  |
| Exposure to a large group of agitated children in a gym | Noise | Stress, hearing loss |  |  |  | Variation of activities (e.g. active-quiet, indoor-outdoor)  Hearing protection, if required |  |
| Demonstrate and instruct children exercise classes - Outdoor | Insect bites and stings | Rash, allergic reaction, infection, cuts, scrapes, punctures |  |  |  | Avoid area with insects  Use insect repellent  Allergic reaction/anaphylaxis plans in place |  |
| Demonstrate and instruct children exercise classes - Outdoor | UV radiation | Sunburns, skin cancer |  |  |  | On the job training- weather conditions Protective clothing ( e.g. Hats, T-shirts/Tanks )  Sunscreen  Prefer shaded area  SOP – All weather conditions |  |
| Demonstrate and instruct children exercise classes - Outdoor | Adverse weather conditions - lightning | Burns, death |  |  |  | On the job training- weather conditions HIGH FIVE®  SOP – All weather conditions |  |
| Demonstrate and instruct children exercise classes – Outdoor | Adverse weather conditions - heat | Heat stroke, blister, burns, scalds |  |  |  | On the job training – weather conditions Prefer shaded area  Supervisor conducts frequent rounds/ contacts  Staff to cool off in water during activities  HIGH FIVE®  Drinking water provided to staff Protective clothing (Hats, T-shirt/Tanks)  SOP – All weather conditions |  |
| Demonstrate and instruct children exercise classes – Outdoor | Adverse weather conditions - cold | Frostbite, hypothermia |  |  |  | On the job training – weather conditions Supervisor conducts frequent rounds/ contacts  Staff to warm up during activities  HIGH FIVE®  Protective clothing and layering strategies  SOP – All weather conditions |  |
| Demonstrate and instruct children exercise classes - Outdoor | Walk on sharp object | Cuts, scrapes, punctures |  |  |  | Appropriate footwear  Frequent patrols or sweeps of playground area to identify hazards for removal |  |
| Demonstrate and instruct children exercise classes - Outdoor | Slip, trip, fall over uneven surfaces or protrusions | Broken bone / fracture bruises, cuts, scrapes, punctures, strain, sprain, dislocation, concussion |  |  |  | Appropriate footwear  Frequent patrols or sweeps of playground area to identify hazards for removal |  |
| Provide first aid treatment | Exposure to blood and body fluids | Bloodborne pathogens – acute or chronic |  |  |  | Current First aid and CPR cert.  On the job training – Communicable illness and spill protocols  Gloves Nitrile of different sizes to fit all team members  First aid kits properly checked and maintained  Spill kits readily available and accessible  Pocket mask Follow universal precautions Skills practiced and assessed regularly at in-service trainings  Sterilize area where injury/illnesses was treated |  |
| Carry/Lift/Push/Pull items less than 20 lbs | Slip, trip, fall over uneven surfaces or protrusions | Broken bone / fracture bruises, cuts, scrapes, punctures, strain, sprain, dislocation |  |  |  | Proper housekeeping  Ensure the path is clear  SOP – Safe lifting |  |
| Carry/Lift/Push/Pull items less than 20 lbs | Awkward postures | Strain, sprain, dislocation |  |  |  | Guideline - Manual materials handling (MMH)  Two person lifts when req.  SOP – Safe lifting |  |
| Carry/Lift/Push/Pull items more than 20 lbs | Awkward postures | Strain, sprain, dislocation |  |  |  | Safe method of manually lift or carry > 22lbs (10 kg) training  Carts and dollies  Two person lifts when req.  SOP – Safe lifting |  |
| Carry/Lift/Push/Pull items more than 20 lbs | Struck by dropped objects or items falling from material handling equipment | Bruises, cuts, scrapes, punctures broken bone / fracture |  |  |  | Safe method of manually lift or carry > 22lbs (10 kg) training  Safety footwear  Carts and dollies  SOP – Safe lifting |  |
| Stack and remove equipment and supplies from storage room | Struck by falling equipment from rack or while lifting | Bruises, cuts, scrapes, punctures, concussion |  |  |  | Racks for equipment  Bins for small items  Heavy equipment not stored on racks  Proper housekeeping  SOP – Safe lifting  SOP – Proper storage |  |
| Stack and remove equipment and supplies from storage room | Falls due to hazards on floors | Bruises, broken bone / fracture, concussion |  |  |  | On the job training - Housekeeping On the job training - Proper storage  Racks for equipment  Bins for small items  Signage displayed |  |
| Stack and remove equipment and supplies from storage room | Moving equipment in storage room | Strain, sprain, crushed fingers |  |  |  | Place frequently used items on arm level shelving |  |
| Cleaning with household products | Contact with skin and inhalation | Skin irritation, eye, nose and throat irritation |  |  |  | On the job training - Cleaning  Follow manufacturer instruction  SDSs available and up-to-date  PPE practice  Effort to purchase “green” products are enforced  SOP – Chemical usage |  |
| Disinfect toys after fouling or general cleaning | Contact with chemicals | Adverse skin reaction, contact with eyes |  |  |  | Online course – WHMIS  On the job training – WHMIS applied to the workplace  Orientations conducted  MSDS available and up-to-date  SOP - Chemical usage  PPE Practice  Efforts to purchase “green” products are enforced |  |
| General office and administrative duties (Including computer work) | Sitting at desk performing computer work | Minor muscle aches, headaches, eye strain |  |  |  | Adjustable chair Adjustable keyboard tray  Worker has ability to schedule breaks as required  A DND/CF Guide to Office Ergonomics  Poster - Stretching exercise |  |
| Communicate with parents | Stress/harassment from dealing with the parents | Stress, psychological illness |  |  |  | Online course - Prevention of Workplace Violence  Course - Dealing with difficult customers  Try to diffuse situation  Involve Supervisor as needed  Refer parents to Camp Policy Manual  Workplace Violence Notices displayed – zero tolerance  Client Statement Violence-Free Environment  Prevention of Workplace Violence Policy  [Harassment Prevention and Resolution Policy](https://www.cfmws.com/en/AboutUs/Library/PoliciesandRegulations/Corporate/Documents/HarassmentPrevention_andResolutionPolicy_Bil.pdf)  HIGH FIVE® |  |
| Money handling | Violence while being robbed | Stress, psychological illness |  |  |  | Online course - Prevention of Workplace Violence  On the job training – Ensure personnel know to not attempt to resist robbery attempts  Onsite safe used  Onsite security cameras Count money behind a closed door  Only small floats kept onsite  Presence of coworkers / patrons (deterrence)  Guidelines - Handling money  Prevention of Workplace Violence Policy |  |
| Working Alone | Violence from dealing with unsatisfied clients | Violence / harassment, stress, psychological illness |  |  |  | Online course - Prevention of Workplace Violence  Panic button send alarm to MPs Security custodian at events  Onsite security cameras  Phone Lockup procedure  Client Statement Violence-Free Environment |  |
| Indoor air quality | Pollutants (e.g. moulds, CO, VOCs) | Eye, nose, and throat irritation, cough, aggravation of asthma |  |  |  | Maintenance and inspection performed by building owner |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Hazardous Substances**

| **Hazardous Substances** | **Hazard** | **Risk/Injury** | **Control Measures Recommended**  Select **Yes** if in place; **No** if not in placeor **N/A** if it doesn’t apply | | | | **Additional Control Measures in place** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Check the box if the substance is present or stored in or near the workplace. |  |  | **Y** | **N** | **N/A** |  | List below |
| CHLORINE - Potential release of chemicals | CHEMICAL:  TOXIC chlorine vapour | EXPOSURE:  death, breathing difficulty, respiratory irritation, lung injury |  |  |  | Online course – WHMIS  On the job training – WHMIS applied to the workplace  On the job training – Emergency evacuation drill  Emergency Button  Phone in pool area  Emergency evacuation plan  Safety Data Sheet (SDS) |  |
| CHLORINE - Potential release of chemicals | CHEMICAL:  CORROSIVE | EXPOSURE:  Irritation, burns |  |  |  | Online course – WHMIS  On the job training – WHMIS applied to the workplace  On the job training – Emergency evacuation drill  Emergency Button  Phone in pool area  Emergency evacuation plan  Safety Data Sheet |  |
| ASBESTOS - Potential release of airborne asbestos fibers when renovation or demolition activities are occurring if control measures are not in place | EXPOSURE:  airborne asbestos fibers when building is being renovated or demolished | EXPOSURE:  Asbestosis, pleura, lung cancer, mesothelioma, death |  |  |  | On the job training - Awareness of the building asbestos management plan  Follow directive when building is being renovated  Do not perform or direct renovation without inquiring about the building asbestos management plan  Guidelines - Asbestos | If unknown, please leave this note:  Pending national inventory of asbestos in DND buildings |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Safety Equipment**

|  |  |
| --- | --- |
|  | **Physical Location of the item** |
| **First Aid Kit** |  |
| **Automated External Defibrillator** (AED) |  |
| **Safety Data Sheets Binder** (SDS or MSDS) |  |
| **Eyewash Station** |  |
| **Spill Kit** (use only if you are trained) |  |