



Remarkable Risk  
Assessment Resources



Georgetown  Milton  Oakville

### PART E: INFECTION CONTROL (IC) PERMIT REQUEST FOR CONSTRUCTION AND MAINTENANCE

Department / Program Manager and/or Redevelopment Office to Complete This Section ↓

REDEVELOPMENT STAFF / DEPT / PROGRAM REQUESTING PERMIT	REDEVELOPMENT STAFF / MANAGER'S NAME
DATE OF REQUEST	TELEPHONE NUMBER
IF AVAILABLE - Floor plans/layout, relevant specifications and duration of construction timeframe <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", please provide a brief description): _____ _____ _____ _____ _____ _____ _____	



Forward the above information to the Occupational Health & Safety Department office at the Oakville site 30 days PRIOR to tendering or construction/renovation start date.

↓ This section to be completed by IPCS / Occupational Health & Safety Manager ↓

#### CLASS CONSTRUCTION ACTIVITY (CLASS I, II, III, IV)

Construction Classification and Risk Group Matrix				
Risk Group	Type A	Type B	Type C	Type D
Group 1	I	II	III	III/IV
Group 2	I	II	III	IV
Group 3	I	III	III/IV	IV
Group 4	III	III/IV	III/IV	IV

Shaded areas indicate that a joint construction / renovation permit from IC and CH&S is required.

Circle the appropriate Class of Construction Activity above → TYPE + GROUP = CLASS OF CONSTRUCTION ACTIVITY (Part D)

ADDITIONAL PRECAUTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Permit</b>	IC Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Permit Issued By: _____ (Infection Control)      Date: _____
	Permit Issued By: _____ (Occ. Health/Safety)
	PERMIT NUMBER: _____

FCS and OH&S to return copy of signed IC Permit, Schedule A and Class Construction Activity Checklist to Redevelopment Office / Program Manager



Georgetown  Milton  Oakville

**SCHEDULE B : INFECTION CONTROL  
CONSTRUCTION / RENOVATION / MAINTENANCE SITE INSPECTION**

Site Inspection Date: \_\_\_\_\_

Site Location: \_\_\_\_\_

Construction Activity Class:  I  II  III  IV

Additional Precautions Outlined in Infection Control (IC) Permit #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Compliance With IC Permit:  Yes → No further action

No → Complete "Site Inspection Report" in next section (immediate action is required to address issues identified below).

**SITE INSPECTION REPORT**

Site Supervisor / Contractor: \_\_\_\_\_

Other person(s) Involved: \_\_\_\_\_

Inspection Checklist:

Yes  No Permit obtained and/or initiated \_\_\_\_\_

Yes  No Communication (staff, public): \_\_\_\_\_

Yes  No Appropriate signage (no entry, notice of project for construction projects posted): \_\_\_\_\_

Yes  No Dust control in place: barriers, dust mats \_\_\_\_\_

Yes  No Ventilation controls in place, if required (HEPA negative pressure, etc.): \_\_\_\_\_

Yes  No Traffic control and public/pedestrian/staff safety \_\_\_\_\_

Yes  No Housekeeping (debris removal, etc.): \_\_\_\_\_

Yes  No Other: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action(s) Taken:  Informed Department / Program - Date: \_\_\_\_\_  Informed Redevelopment Office - Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resolved:  Yes  No - Explain \_\_\_\_\_

Site Inspection / Report Completed by: (signature with designation) - Date: \_\_\_\_\_

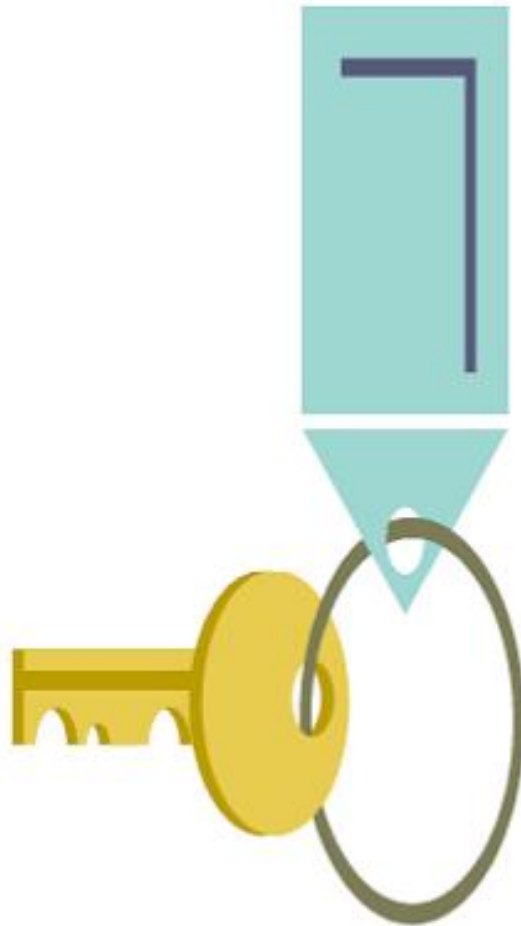
1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

# RISK ASSESSMENT

**Before Every Task / Duty**

**Ask Yourself:**

<b>W</b>	<i>What is the task or job I am about to do?</i>
<b>H</b>	<i>How will the resident respond?</i>
<b>A</b>	<i>Am I capable of performing this task / action?</i>
<b>T</b>	<i>Tools / PPE I need to take with me to do the task / job?</i>



The Key to Routine Practices is the assessment of risk and employee practices to determine the exposure controls required.

Ask yourself:

1. What contact with the resident am I going to have?
2. What is the task I am about to perform?
3. What is my risk of exposure to body substances like blood, mucous, urine, feces, non intact skin or mucous membranes?
4. Will the resident be co-operative?

The answers to these questions will guide you the correct strategies you need to take – like what PPE (personal protective equipment) I should wear to perform the task.