



Please complete, scan and send by email to SED.waiver@albertahealthservices.ca or send by fax to 403.343.4697 (dial 1 before the number when calling from outside the Red Deer area).

Task <i>(Describe each task in which the conventional device would be used)</i>	Risk <i>(check one)</i>	Hazards <i>(Describe the hazards, contributing factors and conditions that would cause a risk i.e. medication error, unpredictable client, etc.)</i>	Assessment <i>(Using the table below, rate the frequency, severity and probability of the task and hazard)</i>			Risk Assessment <i>(Office Use Only)</i>	
			Frequency of Task	Potential Severity	Probability	Risk Level	Risk Rating
	<input type="checkbox"/> Worker <input type="checkbox"/> Patient <input type="checkbox"/> Both						
	<input type="checkbox"/> Worker <input type="checkbox"/> Patient <input type="checkbox"/> Both						
	<input type="checkbox"/> Worker <input type="checkbox"/> Patient <input type="checkbox"/> Both						
	<input type="checkbox"/> Worker <input type="checkbox"/> Patient <input type="checkbox"/> Both						
	<input type="checkbox"/> Worker <input type="checkbox"/> Patient <input type="checkbox"/> Both						
	<input type="checkbox"/> Worker <input type="checkbox"/> Patient <input type="checkbox"/> Both						

Assessment Rates		
Frequency of Task	Potential Severity	Probability
4 - Often <i>(1 or more times per day)</i>	4 - Critical <i>(Fatality/Permanently disabling)</i>	A - High probability of risk resulting in an incident. Very likely to occur <i>(expected to happen)</i>
3 - Frequently <i>(1 or more times per week)</i>	3 - Major <i>(medical treatment for greater than 90 days and will recover)</i>	B - Moderate <i>(known to occur)</i>
2 - Occasionally <i>(1 or more times per month)</i>	2 - Serious <i>(medical treatment for less than 90 days)</i>	C - Low , Unusual <i>(known to occur but not normally anticipated)</i>
1 - Seldom <i>(Less than once per month)</i>	1 - Minor <i>(medical treatment but able to return to normal activities)</i>	D - Extremely Low, Occurrence very unlikely and practically impossible to occur <i>(one in million)</i>

Hazard Assessment completed by <i>(print name)</i>	Signature	Date <i>(yyyy-Mon-dd)</i>
Hazard Assessment completed by <i>(print name)</i>	Signature	Date <i>(yyyy-Mon-dd)</i>

For Office Use Only

Risk Management Matrix to be completed by provincial panel.

Risk Level

Frequency	4	C	B	A	A
	3	C	B	B	A
	2	D	C	B	B
	1	D	D	C	C
Risk Levels		1	2	3	4
		Severity			

Risk Rating

Risk Level	A	3	2	1	1
	B	4	3	2	1
	C	5	4	3	2
	D	5	5	4	3
Risk Rating		D	C	B	A
		Probability			