# What Do We See? Using Walkthroughs for Safety

## Training Materials:




***Presented by:***

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***Bob Rafferty, OGS Director Health, Safety, and Security Management***



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# What Do We See? Using Walkthroughs for Health and Safety

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## Conducting Walkthroughs

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## Definitions

- **Walkthrough** - inspection or examination of the workplace to find existing or potential hazards
- **Hazard** - potential source of harm or adverse health effect
- **Risk Assessment** – identifying risk factors and determination of the level of risk. Walkthroughs are used as part of a Risk Assessment
- **Risk Level** – determined by the potential harm the hazard may cause, number of times persons are exposed and the number of persons exposed
- **Control Measure** - action or activity that can be used to prevent or eliminate a hazard, or reduce it to an acceptable level

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## Why Conduct a Walkthrough?

- To identify occupational hazards and implement control measures
  - To design work in a way that will make it safer for the workers
  - To make sure that employers use the best ways to control hazards (see the "Hierarchy of Controls")
  - To fix the hazard, not the worker!

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## When to Conduct a Walkthrough?

- Proactively to PREVENT injuries/illnesses
  - On a regular basis
  - Before Health and Safety Committee meetings
  - Annual Workplace Violence Reviews
- Post-Incident as a review and evaluation

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## Who Should Conduct a Walkthrough?

- Union representatives
  - Local and/or Agency H&S Chairs
  - Stewards
  - Rank and file members
- Management
  - Local and/or Agency H&S Co-Chairs
  - Facilities/Building management
  - Purchasing
- Others?

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## What are We Looking For?

- Physical hazards
- Hazardous chemicals
- Workplace violence
- Ergonomic issues
- Poor equipment
- Lack of training or skills
- Unclear or contradictory rules or instructions
- Others???

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## Worksite Inspection

- Check for Environmental Factors
- Use a Checklist – include:
  - Interiors
  - Buildings and grounds
  - Field assignments
- Make note of dangerous areas
- Talk to people in different areas

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## Using Checklists

- Include the types of areas and related hazards that are common to YOUR workplace
- Offices
  - Fire safety, egress, ergonomics, equipment, air quality, parking Lots
- Facilities
  - Secure entry, waiting areas, blind spots, contraband control
- Field Work
  - Cell service, safe access, work boots, equipment, coordination with local law enforcement

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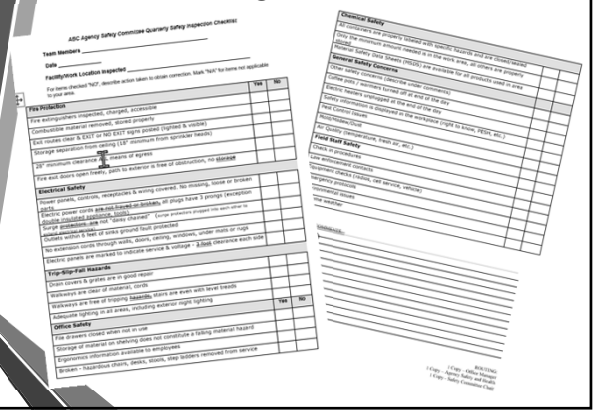
## Using Checklists



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## Walkthroughs and Risk Assessments

Risk Assessments Activities

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## Going Beyond the Walkthrough

- H&S Committees need more information than just what environmental hazards are identified
- Walkthroughs are part of the whole risk assessment process, and are not limited to environmental risk factors

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## 3 Elements of a Risk Assessment

| | |
|---|---|
| Evaluation of the physical environment (Walkthrough): | to determine the presence of factors that may put employees at risk for workplace violence |
| Administrative risk factors: | assess policies, practices and procedures (WVP, BBP, SPH etc)<br>What is expected of staff? How do they conduct work? What are the reporting protocols? |
| Records examination: | review of incident reports, injury and illness logs, workers' compensation etc |

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## Finding Risk Factors

How serious is the potential problem?

harm to employees | damage to property

How likely is it that an incident would occur from this risk factor?

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## Risk Assessment Matrix

Determining the Degree of Risk

| ***SEVERITY*** | ***LIKELIHOOD*** | | | | |
|---|---|---|---|---|---|
| | **Frequent** | **Likely** | **Possible** | **Rare** | **Unlikely** |
| **Catastrophic** | **CRITICAL** | **CRITICAL** | **HIGH** | **MEDIUM** | **LOW** |
| **Severe** | **CRITICAL** | **HIGH** | **MEDIUM** | **LOW** | **LOW** |
| **Moderate** | **HIGH** | **MEDIUM** | **LOW** | **LOW** | **SLIGHT** |
| **Minor** | **MEDIUM** | **LOW** | **LOW** | **SLIGHT** | **SLIGHT** |

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Elements of a Risk Assessment
• Facility walkthrough/worksite inspection (interior/exterior/field work)
• Identifying control measures
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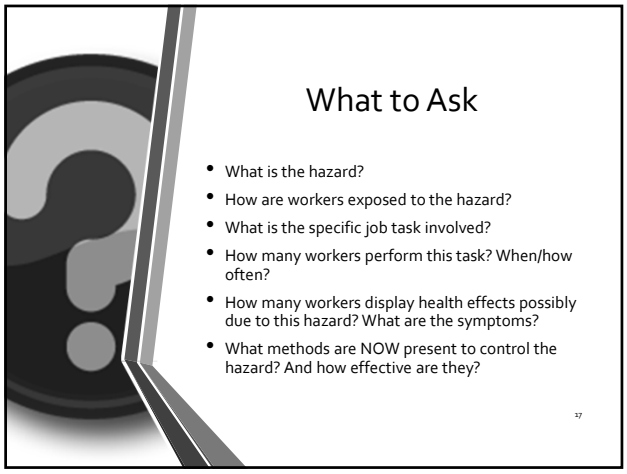
What to Ask
• What is the hazard?
• How are workers exposed to the hazard?
• What is the specific job task involved?
• How many workers perform this task? When/how often?
• How many workers display health effects possibly due to this hazard? What are the symptoms?
• What methods are NOW present to control the hazard? And how effective are they?
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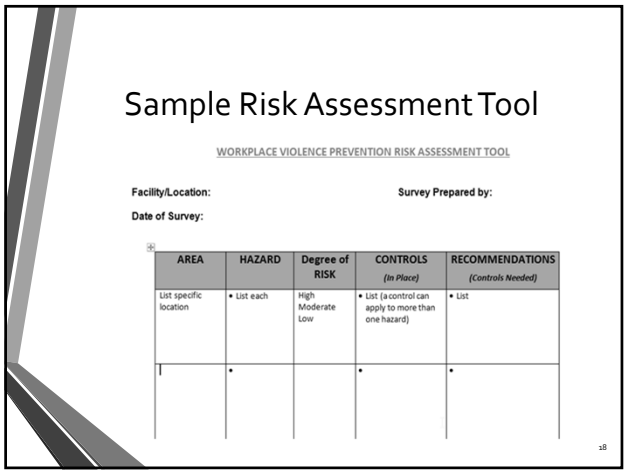
Sample Risk Assessment Tool
WORKPLACE VIOLENCE PREVENTION RISK ASSESSMENT TOOL
Facility/Location:
Survey Prepared by:
Date of Survey:
AREA
HAZARD
Degree of RISK
CONTROLS (In Place)
RECOMMENDATIONS (Controls Needed)
List specific location
• List each
High Moderate Low
• List (a control can apply to more than one hazard)
• List
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## Post Incident Assessments

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## RAs as a Post Incident Response

- Conduct a fact-finding review to:
  - Determine the cause of the incident
  - Find ways to eliminate systemic factors
  - Recommend appropriate solutions
  - Prevent a recurrence
  - Report to the Local or SW H&S Committee for further action
- This may include:
  - visiting the incident site
  - speaking to affected employees or witnesses
  - reviewing incidents reports

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## RA - Post Incident Review: Fact Pattern

**Who What Where When Why How?**

- **Who?**
  - Who was injured
  - Who was involved – client, patient, customer, co-worker
  - Who else was impacted
- **What?**
  - Describe the nature of the incident
  - What else was going on at the time
  - What happened as a result?

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RA - Post Incident Review: Fact Pattern

- **Where?**
  - Actual location
- **When?**
  - Date and Time of incident/ season/shift
- **Why?**
  - What was in place (or not in place) that allowed this to happen?
- **How?**
  - Look for the obvious and underlying causes
  - What materials were involved/used that caused the injury? (Chemicals, faulty machinery, weapons, etc.)

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## Addressing the Hazards

Identifying and using control measures

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## Identifying Control Measures


How can the hazards be eliminated or reduced?

Who has the authority to make the changes needed?

Who should be involved?

Use the "Hierarchy of Controls"

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## Hierarchy of Controls

Most Effective

**Elimination or Substitution**

***Getting rid of the hazard or using safer products***

**Engineering Controls**

***Using better and safer workplace designs***

**Administrative Controls**

***Changing the way a job is done/Training workers***

**Personal Protective Equipment (PPE)**

***(such as gloves or masks)***

Least Effective

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## Common Substitutions

- "Green" products for chemicals
- Less toxic chemicals for more toxic ones
- Traps for pesticides

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## Common Engineering Controls

- Back-up alarms
- Controlled access doors/ Swipe Cards
- Metal detectors
- Curved mirrors
- Well-lit parking lot areas and entrances
- Voice recognition software
- Adequate evacuation routes
- Adequate ventilation and temperature control
- Enclosures around noisy equipment, or hazardous areas
- Retractable needles
- Machines for heavy lifting (Hoyer lifts, pallet movers)

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## Common Administrative Controls

- Check-in Procedures
- Buddy System
- Training
- Emergency Action Plans
- Alternating tasks
- Staffing patterns
- Design staffing patterns to provide necessary assistance/coverage
- Signage

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## Personal Protective Equipment (PPE)

- Least effective control measure - should only be used:
  - while other, more effective controls are being developed or put into place, or
  - if there is not a better way to control the hazard
- PPE does not change or eliminate the hazard
- The PPE may be flawed – if it fails, the worker is not protected (e.g. respirators leak)
- Workers may find PPE is uncomfortable and awkward
- PPE may create more hazards (e.g. back belts or wrist splints)

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## Putting it all together

Prioritize findings
Summary reports
Communicating back to workers

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## Risk Assessment Summary

- The H&S Committee should complete a risk assessment report or summary, and include recommendations for control measures
- See sample Risk Assessment Summary form – include:
  - Key Findings
  - Recommended control measures
  - Time frames for completion
  - Resources needed
  - Next steps

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## Prioritizing Findings

- What is the severity?
- Which affect multiple people?
- What is the frequency?
- Which can be addressed easily and quickly?
- Which need further investigation?
- Have any been addressed before?
  - If this is a second attempt or more to address the hazard, make a record of what controls have failed in the past


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## Sample RA Summary

**Risk Assessment Summary Report Form**

1. Agency/Facility:_____
2. Report date: _____

3. Members of the Committee that completed this assessment:

_____ _____
_____ _____
_____ _____
_____ _____

4. Date(s) of assessment: _____

5. Indicate all data reviewed by the Committee:
   a) Relevant policies _____
   b) Injury /incident data (list all sources)
      workplace violence incident log _____
      SH-900 Log _____
      Workers' Compensation data _____
      Other data (specify: restraints, unusual incidents, etc) _____
   c) Physical plant assessments (include copy of risk assessment form) _____
   d) Staff questionnaire survey _____
   e) Focus groups _____
   f) Other (list)_____

6. Summarize key findings (use attachment, as necessary):

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## Prioritizing Recommendations

- **Effectiveness**
  - Will the control measure eliminate or reduce the hazard?
- **Feasibility & functionality**
  - Is the control measure doable?
  - Does is address the problem appropriately?
- **Unintended consequences**
  - Don't trade one hazard for another!
  - Will it cause negative impacts on other people or systems?

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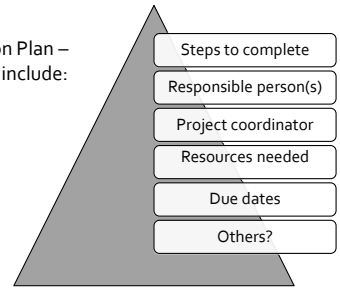
## Action Planning

- Create an Action Plan – include:

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## Communicate Back to Workers!

Let employees know the results of your actions:

- Email (PEF or Agency)
- Newsletters
- PEF Bulletin Board
- Membership and/or staff meetings
- Others?

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## Walkthrough Activity

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## Mapping Activity

1. In your group choose a specific area at the workplace to conduct a "walkthrough"
   - Actual area in a workplace, or
   - Representative of an area common to the group
2. Alternate - use Claim Processing Center map in your training packet
3. Answer the questions in the Activity handout in your training packet
4. Choose a group member to report back to the larger group

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## Helpful Hints for the Activity

- Choose a sample walkthrough checklist from your training packet to use – or create one of your own
- Use the Risk Assessment Matrix and sample Risk Assessment Tool in your training packet to determine the level of risk for each hazard you identified
- Include a recommendation/control measure for at least 2 of the hazards you identified

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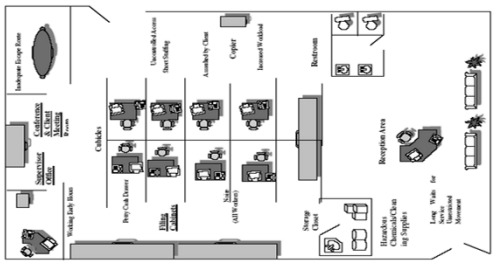
## ALTERNATE Activity

You may choose to use the Claims Processing Center Map in your handout

**Example of a Risk Factor Map – Claims Processing Center**



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**Each Team Reports:**

- What workplace hazards did you find?
- What control measures do you recommend?
- What are the next steps to address the hazards?

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## Activity Report Out

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## Thank You!

- Questions??
- Comments???
- Evaluation Forms

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**Activity Handout**

# Conducting Walkthroughs

**TASKS:**

In your group, choose a specific area at the workplace to conduct "walkthrough". This can be an actual area in one of your workplaces, or an example of one that represents an area common to the group.

1. What area did you choose?

2. Draw a basic floor plan of the area. Label all entrance/exits, furniture, machinery, etc.

3. Choose a sample walkthrough checklist from your training packet – or create one of your own.

4. List the hazards you “see”.

5. How would you assess the incident hazards and degree of risk (use the Risk Assessment Matrix and Sample Risk Assessment Tool in your training packets)?

6. Include a recommendation/control measure for at least 2 of the hazards you identified.

7. What are the next steps to address the hazards you identified?

***ABC Agency Safety Committee Quarterly Safety Inspection Checklist***

**Team Members** _____

**Date** _____

**Facility/Work Location Inspected** _____

For items checked "NO", describe action taken to obtain correction. Mark "N/A" for items not applicable to your area.

| **Fire Protection** | **Yes** | **No** |
|---|---|---|
| Fire extinguishers inspected, charged, accessible | | |
| Combustible material removed, stored properly | | |
| Exit routes clear & EXIT or NO EXIT signs posted (lighted & visible) | | |
| Storage separation from ceiling (18" minimum from sprinkler heads) | | |
| 28" minimum clearance ALL means of egress | | |
| Fire exit doors open freely, path to exterior is free of obstruction, no storage | | |
| **Electrical Safety** | | |
| Power panels, controls, receptacles & wiring covered. No missing, loose or broken parts | | |
| Electric power cords are not frayed or broken, all plugs have 3 prongs (exception double insulated appliance, tools) | | |
| Surge protectors are not "daisy chained" (surge protectors plugged into each other to extend electrical service) | | |
| Outlets within 6 feet of sinks ground fault protected | | |
| No extension cords through walls, doors, ceiling, windows, under mats or rugs | | |
| Electric panels are marked to indicate service & voltage - 3 foot clearance each side | | |
| **Trip-Slip-Fall Hazards** | | |
| Drain covers & grates are in good repair | | |
| Walkways are clear of material, cords | | |
| Walkways are free of tripping hazards, stairs are even with level treads | | |
| Adequate lighting in all areas, including exterior night lighting | | |
| **Office Safety** | **Yes** | **No** |
| File drawers closed when not in use | | |
| Storage of material on shelving does not constitute a falling material hazard | | |
| Ergonomics information available to employees | | |
| Broken - hazardous chairs, desks, stools, step ladders removed from service | | |

| **Chemical Safety** | | |
|---|---|---|
| All containers are properly labeled with specific hazards and are closed/sealed | | |
| Only the minimum amount needed is in the work area, all others are properly stored | | |
| Material Safety Data Sheets (MSDS) are available for all products used in area | | |
| **General Safety Concerns** | | |
| Other safety concerns (describe under comments) | | |
| Coffee pots / warmers turned off at end of the day | | |
| Electric heaters unplugged at the end of the day | | |
| Safety information is displayed in the workplace (right to know, PESH, etc.) | | |
| Pest Control Issues | | |
| Mold/Mildew/Dust | | |
| Air Quality (temperature, fresh air, etc.) | | |
| **Field Staff Safety** | | |
| Check in procedures | | |
| Law enforcement contacts | | |
| Equipment checks (radios, cell service, vehicle) | | |
| Emergency protocols | | |
| Environmental issues | | |
| Extreme weather | | |

COMMENTS:_____

ROUTING:
1 Copy – Office Manager
1 Copy – Agency Safety and Health
1 Copy - Safety Committee Chair

# Health and Safety Walk-Through Checklist/ Reporting Form

***(Prepare a separate checklist for each floor)***

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **BUILDING:** Name/ Address: | | | | | | | Floor: | | | | |
| Management Attendees: | | | | | | | | | | | |
| CSEA Attendees: | | | | | | | | | | | |
| PEF Attendees: | | | | | | | | | | | |
| Date: | | Annual? | YES | | NO | | Follow-Up? | YES | | NO | |

**ISSUES NEEDING IMMEDIATE ATTENTION :**



| POSTINGS: | Yes | No | Not Applicable | Location of Deficiency (Office Number/ Employee Name and Phone Number/ Description): |
|---|---|---|---|---|
| "What To Do In An Emergency" (Red Sheets) | | | | |
| If February, March or April, annual DOSH Log Summary for Prior Year | | | | |
| Right-To-Know Poster | | | | |
| Job Safety and Health Poster | | | | |
| Dated List of Floor's TSO Members | | | | |
| Map of Exits/Evacuation Plan | | | | |
| List of Defibrillator 1st Responders | | | | |

| PAGE 2 – Health and Safety Walk-Through Checklist/Reporting Form | | | | |
|---|---|---|---|---|
| **EXTINGUISHERS/ LIGHTS/ SIGNS:** | **Yes** | **No** | **Not Applicable** | **Location of Deficiency (Office Number/ Employee Name and Phone Number/Description):** |
| **Extinguishers?** | | | | |
| **Extinguishers recharged within last year? (dated sticker attached)** | | | | |
| **Emergency Lights operate? (test)** | | | | |
| **Exit Signs in Place?** | | | | |
| **Signs Lighted, When applicable?** | | | | |
| **Fire Phones, where applicable** | | | | |

| **TRIP HAZARDS: (Floor Obstructions)** | **Location of Deficiency (Office Number/Employee Name and Phone Number/Description):** |
|---|---|
| **Describe:** | |

| Page 3 – Health and Safety Walk-Through Checklist/Reporting Form | |
|---|---|
| **AISLE/ WORK AREA ENTRY WIDTH (Aisles should be 48" or wider; Work area entries should be 28" wide or more)** | **Location of Deficiency (Office Number/Employee Name and Phone Number/Description):** |
| **Describe:** | |

| **TENANT SAFETY ORGANIZATION** | **Yes** | **No** | **Location:** | **Comments:** |
|---|---|---|---|---|
| **Marshal has charged two-way radio?** | | | | |
| **TSO members have vests?** | | | | |
| **Fire Exit Doors Work?** | | | | |
| **Exit Route Clear/Unblocked?** | | | | |
| **Ask At Least One Tenant Safety Organization Member to Describe His or Her Duties in an Evacuation** | **OK?** | | **Comments:** | |
| | **Yes** | **No** | | |
| | | | | |

| Page 4 – Health and Safety Walk-Through Checklist/Reporting Form | | | |
|---|---|---|---|
| **Ask A Defibrillator Team Member the Location of the Defibrillator** | **OK?** | | **Comments:** |
| | **Yes** | **No** | |
| | | | |

| **OTHER** | | **Describe/Comment:** | **Location of Deficiency (Room Number/ Employee Name and Phone Number/ Description):** |
|---|---|---|---|
| **Stained or Wet Ceiling Tiles** | | | |
| **Unclean Floors or Walls** | | | |
| **Loud Noise Level** | | | |
| **Temperature** | | | |
| **Air Quality/ Air Flow** | | | |
| **Appliances/ Cords** | | | |
| **Other Electrical** | | | |
| **Cleanliness/Lighting/Functioning:** | | | |
| ○ **Bathrooms/Restrooms** | | | |
| ○ **Kitchens/Kitchenettes** | | | |
| ○ **Break Rooms** | | | |
| ○ **Conference Rooms** | | | |
| ○ **Storage Rooms** | | | |
| ○ **Hallways** | | | |
| ○ **Elevator Lobbies** | | | |
| ○ **Other** | | | |

**Page 5 – Health and Safety Walk-Through Checklist/Reporting Form**

| **ISSUES REPORTED BY EMPLOYEES DURING WALK-THROUGH**<br>**Describe/Comment:** | **Employee Name/Telephone Number:** | **Location (Room Number/ Description):** |
|---|---|---|
| | | |
| | | |
| | | |

**COMMENTS/OBSERVATIONS:**

File - Violence

# HOME VISITING: CHECKLIST FOR *MANAGERS*, ETC...

***Are your staff who visit:***

1. Fully trained in strategies for the prevention of violence?
2. Briefed about the area where they work?
3. Aware of attitudes, traits or mannerisms which can annoy clients?
4. Given all available information about the client from all relevant agencies?

***Have they:***

5. Understood the importance of previewing cases?
6. Left an intinerary?
7. Made plans to keep in contact with colleagues?
8. The means to contact you, even when the switchboard may not be in use?
9. Got your home telephone number (and have you got theirs)?
10. A sound grasp of your organization's preventative strategy?
11. Authority to arrange an accompanied visit, security escort or use of taxis?

***Do they:***

12. Carry forms for reporting incidents?
13. Appreciate they need for this procedure?
14. Use the forms?
15. Know your attitude to premature termination of interviews?
16. Know how to control and defuse potentially violent situations?
17. Appreciate their responsibilities for their own safety?
18. Understand the provisions for their support by your organization?

***OK - So what else is needed?***

This factsheet was produced by PEF's Health and Safety Department (518)785-1900, ext. 254 or (800)324-4306, ext. 254 (September 1995)
Information obtained from the *Report to the DHSS Advisory Committee on violence to staff* ((Skelmersdale Report) HMSO ISBN D11 3211589)

# HOME VISITING:
# CHECKLIST FOR *STAFF* WHO MAKE HOME VISITS

***Have you:***

1. Had all the relevant training about violence to staff?
2. A sound grasp of your unit's safety policy for visitors?
3. A clear idea about the area in which you are going?
4. Carefully previewed today's cases?
5. Asked to "double up", take an escort or use a taxi if unsure?
6. Made appointment(s)?
7. Left your itinerary and expected departure/arrival times?
8. Told colleagues, manager, etc...about possible changes of plan?
9. Arranged for contact if your return is overdue?

***Do you carry:***

10. Forms to record and report incidents?
11. A personal alarm or radio? Does it work? Is it handy?
12. A bag/briefcase, wear an outer uniform or car stickers that suggest you have money or drugs with you? Is this wise where you are going today/tonight?
13. Out-of-hours telephone numbers, etc...to summon help?

***Can you:***

14. Be certain your attitudes, body language, etc...won't cause trouble?
15. Defuse potential problems and manage aggression?

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Information above obtained from the Report of the DHSS Advisory Committee on violence to staff (Skeltonrsdale Report) HMSO ISBN D 11 321158 9)

# Hazard Assessment Matrix

## Determining the Degree of Risk

| ***SEVERITY*** | ***LIKELIHOOD*** | | | | |
|---|---|---|---|---|---|
| | **Frequent** | **Likely** | **Possible** | **Rare** | **Unlikely** |
| **Catastrophic** | **Critical** | **Critical** | **High** | **Medium** | **Low** |
| **Severe** | **Critical** | **High** | **Medium** | **Low** | **Low** |
| **Moderate** | **High** | **Medium** | **Low** | **Low** | **Slight** |
| **Minor** | **Medium** | **Low** | **Low** | **Slight** | **Slight** |

Use the chart to determine the degree of risk for each hazard you identify. Ask:

- What is the Risk Factor?
- Severity: How serious is the potential problem? Will it cause
    - harm to employees
    - damage to property
- Likelihood: How likely is it that an incident would occur from this risk factor?

For example:

Chemicals are stored in a closet on the 2nd floor. The chemicals are caustic and can cause harm if splashed on the skin.

The harm to employees would be severe. But the closet is in a properly ventilated secured area, and the only person with access is the maintenance supervisor who is trained on safe handling of the chemicals and has the proper PPE. Also, the chemicals are only used for special projects that happen once a year. So the likelihood of an incident is rare – bringing the risk level down to "Low".

However, if the area is unsecure, untrained staff have access to the chemicals, and they are often used, then the risk is severe and likely, making the risk level "High".

## WALKTHROUGH/RISK ASSESSMENT TOOL

**Facility/Location:** **Survey Prepared by:**

**Date of Survey:**

| AREA | HAZARD | Degree of RISK | CONTROLS *(In Place)* | RECOMMENDATIONS *(Controls Needed)* |
|---|---|---|---|---|
| List specific location | • List each | High<br>Moderate<br>Low | • List (a control can apply to more than one hazard) | • List |
| | • | | • | • |
| | • | | • | • |
| | • | | • | • |
| | • | | • | • |
| | • | | • | • |

# WALKTHROUGH/RISK ASSESSMENT TOOL

## What Risk Factors Are We Looking For?

- Physical hazards
- Safety issues
- Unsecured areas
- Violent clientele
- Hazardous chemicals
- Ergonomic issues
- Poor equipment
- Lack of training or skills
- Unclear or contradictory rules or instructions
- Etc.

## Finding Risk Factors

- How serious is the potential problem?
    - harm to employees
    - damage to property
- How likely is it that an incident would occur from this risk factor?

## What to Ask

- What is the hazard?
- How are workers exposed to the hazard?
- What is the specific job task involved?
- How many workers perform this task? When/how often?
- What methods are NOW present to control the hazard? And how effective are they?

# Risk Assessment Summary Report Form

1. Agency/Facility:_____
2. Report date: _____

3. Members of the Committee that completed this assessment:

| | |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. Date(s) of assessment: _____

5. Indicate all data reviewed by the Committee:
   a) Relevant policies _____
   b) Injury /incident data (list all sources)
      workplace violence incident log _____
      SH-900 Log _____
      Workers' Compensation data _____
      Other data (specify: restraints, unusual incidents, etc) _____
   c) Physical plant assessments (include copy of risk assessment form) ____
   d) Staff questionnaire survey _____
   e) Focus groups _____
   f) Other (list)_____

6. Summarize key findings (use attachment, as necessary):

# Risk Assessment Summary Report Form

7. List recommendations by following categories (use attachment, as necessary):
*(Consider cost and other feasibility, significance of the risk factor that it addresses, etc. Long term items may require research, budget appropriations or high-level approvals)*

a) Immediate: (within 60 days)

b) Intermediate (60-90 days):

c) Long Term (more than 90 days):

Copy sent to: _____
_____
_____

# Example of a Risk Factor Map – Claims Processing Center