

SOUTHERN MAINE COMMUNITY COLLEGE PPE JOB HAZARD ASSESSMENT

DEPARTMENT: Nursing

WORK AREA(S): CLINICAL, NURSING LABS & SIMULATION

JOB/TASK(S) ACTIVITIES WITHIN THE NURSING SCOPE OF PRACTICE

Job Hazard Analysis to determine personal protective equipment by task. This document meets the requirements of 1910.132(d)(2)

APPROVED BY: [Signature]

DATE: 5/16/24

EYES	LIKELY work-related hazards:	Is PPE Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Work activities, such as: <input type="checkbox"/> abrasive blasting <input type="checkbox"/> drilling <input type="checkbox"/> sanding <input type="checkbox"/> hammering <input type="checkbox"/> chopping <input type="checkbox"/> chipping <input type="checkbox"/> sawing <input checked="" type="checkbox"/> using computers <input type="checkbox"/> cutting <input type="checkbox"/> other: _____ <input type="checkbox"/> cooking _____ <input type="checkbox"/> grinding _____ <input checked="" type="checkbox"/> mixing <input type="checkbox"/> none of the above <input checked="" type="checkbox"/> pouring _____	LIKELY work-related hazards: <input type="checkbox"/> airborne dust <input checked="" type="checkbox"/> glare <input type="checkbox"/> dirt <input type="checkbox"/> high intensity light <input type="checkbox"/> flying particles/objects <input type="checkbox"/> hot sparks <input checked="" type="checkbox"/> blood and body fluids <input type="checkbox"/> eye strain <input type="checkbox"/> chemical mists <input type="checkbox"/> other: _____ <input type="checkbox"/> grease splatter <input type="checkbox"/> none of the above <input checked="" type="checkbox"/> chemical splashes	If yes, use: <input type="checkbox"/> Safety glasses with side shields <input checked="" type="checkbox"/> Safety goggles pouring, mixing medications etc. <input checked="" type="checkbox"/> Face shield <input type="checkbox"/> Welding shield <input type="checkbox"/> Other: _____ _____ _____ _____
HEAD AND FACE	LIKELY work-related hazards:	Is PPE Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Work activities, such as: <input checked="" type="checkbox"/> cleaning <input checked="" type="checkbox"/> pouring <input type="checkbox"/> painting <input checked="" type="checkbox"/> mixing <input type="checkbox"/> working with heavy objects <input type="checkbox"/> other: _____ <input type="checkbox"/> cooking _____ <input type="checkbox"/> work in extreme cold or heat <input type="checkbox"/> none of the above <input type="checkbox"/> work with heavy equipment _____	LIKELY work-related hazards: <input type="checkbox"/> chemical mists <input type="checkbox"/> live hoses and cables <input checked="" type="checkbox"/> chemical splashes <input type="checkbox"/> dropped objects <input type="checkbox"/> flying particles or objects <input type="checkbox"/> hot sparks <input checked="" type="checkbox"/> blood and body fluids <input type="checkbox"/> burns <input type="checkbox"/> extreme heat <input type="checkbox"/> other: _____ <input type="checkbox"/> extreme cold _____ <input type="checkbox"/> grease splatter <input type="checkbox"/> none of the above	If yes, use: <input checked="" type="checkbox"/> Face shield pouring, mixing medications etc. <input type="checkbox"/> Welding shield <input type="checkbox"/> Head protection: _____ <input type="checkbox"/> Warm head gear <input type="checkbox"/> Other: _____ _____ _____ _____

HANDS AND ARMS

Work activities, such as:

- material handling working with glass
- sanding using power tools
- grinding using computers
- sawing using knives
- cutting work in extreme cold or heat
- chopping lifting
- hammering pouring
- cooking mixing
- working with heavy objects other: _____
- working with electricity _____
- work with heavy equipment *none of the above*

LIKELY work-related hazards:

- blood dropped objects
- chemical splashes electric shock
- tools or materials that could scrape, bruise, or cut vibration
- extreme heat musculoskeletal disorders
- extreme cold sharps injury
- grease splatter burns
- animal bites other: _____
- crushing _____
- live hoses and cables *none of the above*

Is PPE Required? Yes No Not applicable

If yes, use:

- Gloves
- Liquid/leak resistance _____
- Cold resistance _____
- Heat resistance _____
- Abrasion/cut resistance _____
- Slip resistance _____
- Protective sleeves _____
- Other: _____

FEET AND LEGS

Work activities, such as:

- use of corrosives working with live hoses
- use of flammable materials Using sharp objects or tools
- working with heavy objects slippery surfaces
- working around blood working with electricity
- work in extreme cold or heat lifting
- cutting other: _____
- sawing _____
- work with heavy equipment *none of the above*

LIKELY work-related hazards:

- chemical splashes dropped objects
- crushing live hoses and cables
- blood electric shock
- tools or materials that could scrape, bruise, or cut animal bites
- extreme heat other: _____
- extreme cold *none of the above*

Is PPE Required? Yes No Not applicable

If yes, use:

- Safety shoes or boots _____
- Toe protection _____
- Electrical protection _____
- Heat/cold protection _____
- Puncture resistance _____
- Anti-slip soles _____
- Warm socks & clothing _____
- Other: closed toe footwear worn in clinical, laboratory and simulation settings

