

Tools for step three:
CHECK

Analyze and
verify the
effectiveness of
controls



Serious incident and fatality prevention model

WorkSafe
SASKATCHEWAN
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WorkSafe Saskatchewan is an injury prevention and workplace safety partnership between the Saskatchewan Workers' Compensation Board (WCB) and the Ministry of Labour Relations and Workplace Safety. Through the partnership, both agencies offer programs and support that help employers and workers develop workplace safety and health programs.

The National Safety Council, SaskPower and subject matter experts from across industries supported the development of WorkSafe Saskatchewan's serious incident and fatality prevention model.

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TOOL ONE

Controls analysis and verification table

Guidance:

Use the following considerations when verifying that controls are in place and that they are suitable and effective in mitigating risk. Refer to this list only as an aid during control analysis and verification, since it is not exhaustive.

| CONTROL TYPE | EXAMPLES | CONSIDERATIONS WHEN VERIFYING CONTROL |
|--------------------------------------|---|---|
| Engineering controls | <ul style="list-style-type: none"> • Mechanical ventilation • Machine guarding • Electrical or mechanical interlocks • Photo eye or light curtain • Drone, robotic or wearable technology • Physical barriers | <ul style="list-style-type: none"> • List of all electrical interlocks to check. • Mechanical guarding is secure and requires tool to remove. • Barriers are appropriate for the hazard they are meant to protect against. • Use of technology is appropriate for working environment. • Use of technology does not add undue additional risk. |
| Administrative controls | <ul style="list-style-type: none"> • Training • Policy or procedure • Pre-task inspection • Peer review | <ul style="list-style-type: none"> • Method to track training requirements by job title or position. • Method to validate training effectiveness such as competency tests. • Method to validate procedure in the field. • Pre-task inspection covers all critical safety elements. |
| Personal protective equipment | <ul style="list-style-type: none"> • Selected based on hazard and exposure potential • Examples include protection for hearing, respiratory, eye, face, hands, body and feet | <ul style="list-style-type: none"> • Comply with personal protective equipment manufacturer's recommendation for inspecting and replacing personal protective equipment. • Ensure variety of personal protective equipment size and fit to accommodate entire workforce. • Validate that workers use personal protective equipment as intended. |
| Management Oversight | <ul style="list-style-type: none"> • Ensuring workers follow controls • Conducting field "spot checks" • Engagement with workers on safety concerns | <ul style="list-style-type: none"> • Method to document and communicate results of "safety walks" or leadership engagements in the field. • Continuous sharing of lessons learned throughout the work activity. • Follow up with worker on actions taken on safety concerns. |
| Cultural | <ul style="list-style-type: none"> • Stop work authority and actual use • Near miss reporting systems • Peer-to-peer safety coaching | <ul style="list-style-type: none"> • Cross-training employees to recognize hazards outside their work area. |

Critical controls for serious incident and fatalities matrix

TOOL TWO

Guidance:

List the controls in the appropriate box on the matrix, considering the type of control (based on the hierarchy of controls) and the purpose of the control. Identify whether it is a new or existing control and whether it has been verified as suitable and effective. As additional guidance, use the control analysis and verification table (page 5).

Evaluate whether the identified controls are effective, or if the organization needs improvements or additional controls. If the control is effective, take no further action until you reevaluate it during the regular review cycle. If you find that improvements or new controls are necessary, enter them under Actions or Remarks and track them using the action-planning template.

NOTE: After completing the critical controls for serious incidents and fatalities matrix, consider what additional controls or improvements could make the system more robust. Keep the following points in mind:

Even though the table lists the top left as the most effective controls, it does not mean that the bottom right is not important.

A robust risk controls system will have a range of measures in place across the entire matrix. A wide range of critical controls is necessary to best reduce or prevent exposure to hazardous situations.

You do not need a control in every box to maintain a robust control system.

MOST EFFECTIVE

Prevent exposure to the hazard



LEAST EFFECTIVE

Reduce the impact of exposure to the hazard

Elimination of the hazard

CONTROL:

NEW EXISTING

VERIFIED?

YES NO

ACTIONS OR REMARKS:

Substitution to lessen the hazard

CONTROL:

NEW EXISTING

VERIFIED?

YES NO

ACTIONS OR REMARKS:

CONTROL:

NEW EXISTING

VERIFIED?

YES NO

ACTIONS OR REMARKS:

CONTROL:

NEW EXISTING

VERIFIED?

YES NO

ACTIONS OR REMARKS:

CONTROL:

NEW EXISTING

VERIFIED?

YES NO

ACTIONS OR REMARKS:

CONTROL:

NEW EXISTING

VERIFIED?

YES NO

ACTIONS OR REMARKS:

Critical controls for serious incidents and fatalities matrix







| Engineering controls | Administrative controls | Personal protective equipment |
|---|---|---|
| <p>CONTROL:</p> <p>_____</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> EXISTING</p> <p>VERIFIED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ACTIONS OR REMARKS:</p> | <p>CONTROL:</p> <p>_____</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> EXISTING</p> <p>VERIFIED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ACTIONS OR REMARKS:</p> | <p>CONTROL:</p> <p>_____</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> EXISTING</p> <p>VERIFIED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ACTIONS OR REMARKS:</p> |
| <p>CONTROL:</p> <p>_____</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> EXISTING</p> <p>VERIFIED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ACTIONS OR REMARKS:</p> | <p>CONTROL:</p> <p>_____</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> EXISTING</p> <p>VERIFIED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ACTIONS OR REMARKS:</p> | <p>CONTROL:</p> <p>_____</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> EXISTING</p> <p>VERIFIED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ACTIONS OR REMARKS:</p> |
| <p>CONTROL:</p> <p>_____</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> EXISTING</p> <p>VERIFIED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ACTIONS OR REMARKS:</p> | <p>CONTROL:</p> <p>_____</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> EXISTING</p> <p>VERIFIED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ACTIONS OR REMARKS:</p> | <p>CONTROL:</p> <p>_____</p> <p><input type="checkbox"/> NEW <input type="checkbox"/> EXISTING</p> <p>VERIFIED?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ACTIONS OR REMARKS:</p> |










TOOL THREE










Action planning template for adding or enhancing controls










Guidance:

Use the following action planning template to track corrective or preventative actions related to the implementation of additional controls or enhancements to existing controls.

| | | | |
|---|-----------------------------------|--|--|
| 1 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED / COMMENTS |
| | START DATE |   | |
| 2 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED / COMMENTS |
| | START DATE |   | |

| | | | |
|---|-----------------------------------|--|--|
| 3 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED/COMMENTS |
| | START DATE |   | |
| 4 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED / COMMENTS |
| | START DATE |   | |
| 5 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED / COMMENTS |
| | START DATE |   | |

| | | | |
|---|-----------------------------------|--|--|
| 6 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED / COMMENTS |
| | START DATE |   | |
| 7 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED / COMMENTS |
| | START DATE |   | |
| 8 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED / COMMENTS |
| | START DATE |   | |

| | | | |
|----|-----------------------------------|--|--|
| 9 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED / COMMENTS |
| | START DATE |   | |
| 10 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED / COMMENTS |
| | START DATE |   | |
| 11 | CORRECTIVE OR PREVENTATIVE ACTION | | OWNER |
| | DUE DATE | STATUS  | ADDITIONAL RESOURCES NEEDED / COMMENTS |
| | START DATE |   | |



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