



POLICY AND PROCEDURE

SUBJECT: USE OF POWER TOOLS	Policy No.: 608 Revised: December 2015 Supersedes: December 2011 Page: 1 of 1
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PURPOSE:

To ensure, to the greatest extent possible, the safety of personnel and patients whose job or therapy program requires that they use power tools in the Occupational Therapy and Recreation Therapy Department.

POLICY:

Prior to using any power tool in the Occupational Therapy and Recreation Therapy Department, employees or patients must have successfully completed an equipment competency check-out.

PROCEDURE:

- A. Individuals needing to be checked out contact the designated individual(s) within the department approved to check out others on power tools.
- B. The designated individual(s) administers a performance check-out on the machines the individual needs to use.
- C. Upon the successful completion of a performance check-out, the equipment competency check-out documentation is included in that employees file
- D. Patients utilizing power tools must have a signed Release Agreement (Attachment A) on file and be supervised at all times by an approved user.
- E. Responsibility of the user:
 - 1. Successful completion of department competency for power tool use.
 - 2. Obtain patients signature on Release Agreement prior to use of equipment.
 - 3. Thoroughly clean the power equipment and surrounding area after use.

Director, Occupational Therapy and Recreation Therapy Department

Signature(s) On File

COUNTY OF LOS ANGELES/DEPARTMENT OF PUBLIC WORKS
RISK MANAGEMENT DIVISION

II. RELEASE AGREEMENT

NAME OF AGENCY:

EQUIPMENT/DEVICE:

I hereby warrant, release and discharge any and all claims for damage (including personal injury) or property damage which may hereinafter accrue to any persons involved in the use of this device against the County of Los Angeles. This release is intended to discharge the County of Los Angeles and its Special Districts, elected and appointed officers, employees and agents, from liability against all liability arising out of or connected in any way with the use of this device.

I further understand that accidents and injuries can arise out of handling and use of this device. I know the risks involved in the use of this device. I hereby agree to assume those risks and to hold harmless all of the persons or entities mentioned above who might otherwise be liable for injuries or damages resulting from such risks.

This device will be used as a part of a therapeutic rehabilitation program, and a trained staff will be present to provide supervision during all use.

I understand and agree that this release, including the assumption of risk, is to be binding on me and any associations.

AGENCY REPRESENTATIVE NAME:

AGENCY REPRESENTATIVE SIGNATURE:

DATE:

WITNESS:

NOTE: This document should be kept on file, in the department sponsoring the above event, for at least 2 years from the date of the event.

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