

Please complete this form, print, scan and return 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*).

Keep a copy of this form in the event an Occupational Health and Safety Inspector requests the documentation.

Alberta law required that safety devices be preferentially employed to protect healthcare workers from sharps injuries. Wherever possible, health care workers must use a commercially available safety engineered device in place of a conventional device. (*A commercially available device is one that is accessible through the marketplace and has been approved as a medical device by Health Canada*). The user may apply for a waiver to continue use of a conventional device in extraordinary occasions such as an appropriate safety engineered device is not commercially available or the use of a safety engineered device is not clinically appropriate. In order to deem a device not appropriate for clinical use the waiver must be completed by an individual who has the clinical expertise and experience to make that assessment.

Applicant Name (<i>print</i>)		Email	
Signature			Date (<i>yyyy-Mon-dd</i>)
Name of department manager (<i>if different from above</i>)		Signature	
Type of request (<i>check one</i>) <input type="checkbox"/> New request <input type="checkbox"/> Renewal, complete this information ►		Have other safety devices been examined for this/these application(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No, if no, why _____	
I am requesting/renewing the waiver because (<i>check one</i>) <input type="checkbox"/> No safety device commercially available <input type="checkbox"/> Patient safety is compromised by use (<i>please describe in detail</i>) _____ <input type="checkbox"/> Worker safety is compromised by use (<i>please describe in detail</i>) _____			
Where will the conventional item be used? (<i>include zone, site and program area</i>)			
What conventional item is/are required? (<i>please be specific</i>)			

For what applications will the conventional item be used?

How will the conventional device be restricted to the application outlined above?

Who will be accountable for ensuring the conventional device is used only for those applications outlined? *(complete information below)*

Name	Title
Program	Phone

Internal Use Only

Record number	Date received <i>(yyyy-Mon-dd)</i>
Waiver complete <input type="checkbox"/> Yes <input type="checkbox"/> No	Returned date <i>(yyyy-Mon-dd)</i>
HA attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Returned date <i>(yyyy-Mon-dd)</i>
Length of waiver	
Waiver approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Communication sent date <i>(yyyy-Mon-dd)</i>