



Equine Dentistry	SAFE WORK METHOD ST	ATEMENT (SWMS)	
TA	ASK OR ACTIVITY: Equine Dentis	try	
Business Name:		ABN:	SWMS#
Business Address:			
Contact Person:	Phone:	E jil:	
THIS SAFE WORK METHOD	STATEMENT IS APPROVED BY	THE PC. OF THE ROJECT	
Under the Work Health and Safety Regulation (WHS Regulation), a person conduct the proposed work starts.	cting a business or under a (PC 1) is	required to en that a safe work method s	statement (SWMS) is prepared before
Full Name:			
Signature:		Title:	Date:
Details of the person(s) responsible for ensuring implementation, monitoring a	opliance the VMS a well as review	s and modifications of the SWMS.	
Full Name:		Title:	Phone:
ALL PERSONNEL PARTICIPATING IN ANY ACTIVITY ON THIS & VMS IN HAVE THE FOLLOWING COMMUNICATED	NA. 2 OF ALL RELEVANT PERSONNI EVELOPMENT AND APPROVAL OF	EL WHO HAVE BEEN CONSULTED AND COTHIS SWMS	OMMUNICATED TO IN THE
Safety meetings or toolbox talks will be sched and in account with a gislative requirements to first identify any site hazards, and then to further take steps to either eliminate or continuous hazard.			
If an incident or a near miss occurs, all work must ste, anately. Depending on the severity of the incident, a meeting will be called with all workers to amend the SWMS if required. The meeting may also be an educational opportunity.			
Any changes made to the SWMS after an incident or a near miss must be approved by the Person Conducting Business or Undertaking and communicated to all relevant personnel.			
The SWMS must be kept and be available for inspection at least until the work is completed. Where a SWMS is revised, all versions should be kept. If a notifiable incident occurs in relation to which the SWMS relates, then the SWMS must be kept for at least two years from the occurrence of the notifiable incident.			

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CLIENT OR PRINCIPAL	CONTRACTOR DETAILS
Client:	SCOPE OF WORKS
Project Name:	
Project Address:	
Project Manager:	
Contact Phone:	
Date SWMS supplied to Project Manager:	
ANY HIGH BIOK CONSTRUCTOR	NAME OF THE POLIT
ANY HIGH-RISK CONSTRUCTOR	N WC & BEIN C ARIED OUT
☐ involves a risk of a person falling more than 2 meters	is carried out on or near pressurised gas mains or piping
☐ is carried out on a telecommunication tower	carried out on or near chemical, fuel or refrigerant lines
☐ involves demolition of an element of a structure that is load-bearing	$\square$ is carried out on or near energised electrical installations or services
☐ involves demolition of an element related to the physical integral of a functure	☐ is carried out in an area that may have a contaminated or flammable atmosphere
☐ involves, or is likely to involve, disturbing asb	☐ involves tilt-up or precast concrete
☐ involves structural alteration or repair that —quires term — v sup —rt to prevent collapse	☐ is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor
☐ is carried out in or near a confined space	☐ is carried out in an area of a workplace where there is any movement of powered mobile plant
☐ is carried out in/near a shaft or trench deeper that. tunnel involving use of explosives	☐ is carried out in areas with artificial extremes of temperature.
$\square$ is carried out in or near water or other liquid that involves a risk of drowning.	☐ involves diving work.
ANY HIGH-RISK MACHINER	Y OR EQUIPMENT NEARBY

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RISK MATRIX									
LIKELIHOOD	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC	SCORE	ACTION	HEIRARCHY OF CONTROLS	
ALMOST CERTAIN	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4 ACUTE	SCORE ACTION	Elimination Remove the hazard.		
LIKELY	2 MODERATE	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4A ACUTE	DO NOT PROCE	Substitution	
POSSIBLE	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	4 ACUTE	3H HIGH	Review before work starts.	Replace the hazard.	
UNLIKELY	1 LOW	1 LOW	2 MODERATE	3 HIGH	4 ACUTE	2M MODERATE	Ensure control measures in place.	Isolate People from the hazard	
RARE	1 LOW	1 LOW	2 MODERATE	3 HIGH	3 HIGH	1L LOW	nitor and	Engineering Isolate the hazard.	
is the second m	rchy of Controls: ost effective metho nging the work is th	d of controlling a	hazard. Enginee	ering by isolati	on is the in ost e	en 'ive, while	rd. Substitution Administrative effective	Administrative Change the work.  PPE	

				PERS		TIVE EQUIPM					
		Select the app	propriate PPL	abo√ ≃uitab	ic or the equi	pment used or	the job task	being perforr	ned (if applica	ıble).	
FOOT PROTECTION	HAND PROTECTION	HEAD PROTECTION	HEARING ETION	P ECTION	R PIRATORY PROTECTION	FACE PROTECTION	HIGH-VIS CLOTHING	PROTECTIVE CLOTHING	FALL PROTECTION	SUN PROTECTION	HAIR/JEWELLERY SECURED
Other PPE R	Required:										
	Pe	ermit or Licen	ses Requirem	ents		Mandatory Qualifications and Training					



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
1. Preparation	Incorrect use of personal protective equipment (PPE), Unskillfully hand practice	4A	<ul> <li>Provide comprehensive training to all work on the correct use of personal protective equipment (PPE) specific to equine dentistry, ensuring they us arstand it apportance and application.</li> <li>Conduct a pre-operational briefing to specify an appment needed, including PPE such as gloves, goggles, face shields, and protective clothing, an ensure it is readily available and in good condition.</li> <li>Implement a buddy system ware a more experienced or supervises those less familiar with correct PPE usage, providing reliance and support when no usary.</li> <li>Regularly instruction and left system of wear and part are replacing any damaged items immediately to maintain effectiveness and left system and such a lards.</li> <li>Develop clear critter or viructions and usual aids outlining the proper step-by-step procedures for donn and doff to be effectively.</li> <li>Schelle rutine is resher courses on the correct usage and maintenance of PPE to reinforce knowled a anadher one among all workers.</li> <li>Set up resigned areas for PPE storage that are clean and easily accessible to prevent contamination and for request additional guidance without hesitation.</li> <li>Unize competency-based assessments to verify proficiency in PPE use, allowing only qualified individuals to participate in tasks that require specific safety equipment.</li> <li>Engage in regular audits and feedback sessions to identify potential gaps in PPE training or adherence, facilitating continuous improvements in safety practices.</li> <li>Foster a strict adherence policy by implementing disciplinary actions for non-compliance, driving home the importance of following PPE protocols diligently.</li> </ul>	2M
2. Equipment setup	Improper assembly, High noise levels	3Н	<ul> <li>Ensure all equipment is correctly assembled according to the manufacturer's instructions before use.</li> <li>Conduct a pre-use check of all dental equipment to confirm proper operation and safety compliance.</li> <li>Provide training for all personnel on the assembly and disassembly of equine dentistry equipment.</li> <li>Implement regular maintenance schedules to prevent malfunction due to wear or improper setup.</li> <li>Use hearing protection, such as earplugs or earmuffs, to safeguard against high noise levels.</li> <li>Position signage around the work area during equipment setup to warn of potential high noise areas.</li> <li>Ensure adequate lighting in the equipment setup area to enhance visibility and accuracy.</li> <li>Keep a well-organised workspace to reduce clutter and optimise safe equipment handling.</li> <li>Verify that noise-dampening materials are fitted onto machines where applicable to minimise sound output.</li> </ul>	1L



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
		1	- Position equipment securely on stable surfaces to prevent tipping or accidents during setup and use.	1.1101.
			- Implement a buddy system where team members check each other's equipment setup as an additional safety measure.	
			- Use vibration-absorbing mats or stands up to noisy equipment to decrease noise transmission.	
			- Conduct risk assessments regularly to identify and mirrare any possible hazards related to equipment setup.	
			- Ensure only qualified and trained personnel are in consiler or administering sedation.	
			- Use appropriate some poroto as tailored to the includual horse's size, temperament, and health condition.	
			- Conduct a passedation are essment of the corse to identify any potential health issues that might complicate section.	
	Emergency situations during sedation, physical injuries due to patient movement	4A	- Have surgency sulpment such as oxygen, intravenous fluids, and resuscitation kits readily available in case of verse a ctions.	
			- Mainta cle comme cation among all team members present during the procedure to ensure veryon is aw of the sedation process.	
3. Sedation of horse			- Per tion and restrain the horse safely before administering sedation to minimise the risk of injury if the horse is unexpectedly.	2M
			- bserve the horse closely during sedation for any signs of distress or unexpected reactions.	
			- Ensure an emergency plan is in place and understood by all team members in case rapid intervention is required.	
			- Keep the area around the horse clear of unnecessary equipment or obstacles to prevent injuries due to sudden movement.	
			- Ensure appropriate personal protective equipment such as gloves and helmets are worn by handlers.	
			- Limit the number of people present during sedation to essential personnel to minimise confusion and crowding.	
			- Provide adequate recovery space for the horse post-procedure to allow it to regain full consciousness safely.	
4. Dental check-up	Inhalation of bioaerosols, Contact with harmful substance	4A		2M



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SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
5. Tooth extraction	Musculoskeletal disorde from prolonged static posture, na., Contamination risk due to dirty instruments	4A		2M



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6. Grinding teeth	Risk of foreign body flying into eyes, Inhalation of dust, Noise exposure	4A		1L
7. Medication administration	Possible allergic reactions, Incorrect dosage administration	ЗН		2M



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8. Post-operative care	Injury due to horse profiting, Failure in monitoring recovery proce	ЗН		2M
9. Clean and Disassemble Equipment	Mishandling of sharp instruments causing injury, contact with	3Н		1L



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SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
	contaminants remaining on used equipment			
10.Clean up and dispose waste	Contact with biologically contaminated waste, Improper handling of sharp waste causing punctures	3Н		2M



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11.Record Keeping	Loss of confidential information, Miscommunication due to incorrect record keeping	211		1L
12.Review dental procedure	Fatigue leading to errors, Musculoskeletal discomfort from extended periods in one position	2M		1L



JOB STEP	POTENTIAL HAZARDS	IR	CONTROL MEASURES	RR
SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK
13.Equipment maintenance	Electrical shock, Italy from disassembling ass	ЗН		1L
14.On-going patient monitoring	Non-compliance with after-care instructions, Recurrence of dental issues	2M		1L



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15.Follow-up appointment	Risk of misdiagnosis from hurried examination, Transmission of diseases between horses in the waiting area	ЗН		2M



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SPECIFIC WORK STEPS	HAZARDS THAT MAY ARISE	INITIAL RISK	SPECIFIC MEASURES TO BE PUT IN PLACE TO ELIMINATE OR CONTROL THE RISKS	RESIDUAL RISK



#### **EMERGENCY RESPONSE - CALL 000 FOR EMERGENCIES**

Ensure to have an Emergency Management Plan in place as well as adequate numbers of trained first aid staff with easy access to fully stocked first aid kits, rescue equipment, material safety data sheets, adequate access to emergency communication equipment and fire-fighting equipment suitable for all classes of fire and ignition sources.

#### LEGISLATIVE REFERENCES

RELEVANT LEGISLATION AND CODES OF PRACTICE. DELETE THE LEGISLATIVE REFERENCES. ANY STATE OF AT ARE NOT APPLICABLE.

#### **Queensland & Australian Capital Territory**

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

Legislation QLD: https://www.worksafe.qld.gov.au/laws-and-compliance/work-health-and-safety-laws Codes of Practice QLD: https://www.worksafe.qld.gov.au/laws-and-compliance/codes-of-practice

Legislation ACT: https://www.worksafe.act.gov.au/laws-and-compliance/acts-and-regulations

Codes of Practice ACT: https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice

#### **New South Wales**

Work Health and Safety Act 2011

Work Health and Safety Regulations 2017

Legislation NSW: https://www.safework.nsw.gov.au/legal-obligations/legislati

Codes of Practice NSW: https://www.safework.nsw.gov.au/resource-library/lis > odes-oi racti

#### **Northern Territory**

Work Health and Safety (National Uniform Legislation) Act 2011

Work Health and Safety (National Uniform Legislation) Regulation 201

Legislation NT: https://worksafe.nt.gov.au/laws-and-compliance/wo\_place-

Codes of Practice NT: https://worksafe.nt.gov.au/f

#### South Australia

Work Health and Safety Act 2012 (SA)

Work Health and Safety Regulations 2012 (SA)

Legislation for SA: https://www.safework.sa.gov.au/resources/legislation

Codes of Practice for SA: https://www.safework.sa.gov.au/work\_aces/codes-of-practice#COPs

#### Tasmania

Work Health and Safety Act 2012

Work Health and Safety (Transitional and Consequential Provisions) Act 2012

Work Health and Safety Regulations 2012

Work Health and Safety (Transitional) Regulations 2012

Legislation for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/acts-and-regulations

Codes of Practice for TAS: https://worksafe.tas.gov.au/topics/laws-and-compliance/codes-of-practice

Details of permits, licenses or access required by regulatory bodies (add or delete as required):

- Permits from local council
- Authorisation to commence work
- Any required documents.

#### Victoria

Occupational Health al. Safety Act

Occupational Health and affety gulations 2017

Legis on VIC: https://www.ssafe.vic.gov.au/occupational-health-and-safety-act-and-

gulat

des on actice VI autps://www.worksafe.vic.gov.au/compliance-codes-and-codes-practice

#### Western Australia

Work Health and Safety Act 2020

Work Health and Safety Regulations 2022

Legislation Western Australia: https://www.commerce.wa.gov.au/worksafe/legislation

Codes of Practice WA: https://www.commerce.wa.gov.au/worksafe/codes-practice

#### Safe Work Australia Links

Law and Regulation (All States): https://www.safeworkaustralia.gov.au/law-and-regulation Model Codes of Practice: https://www.safeworkaustralia.gov.au/resources-publications/model-codes-of-practice

#### **Model Codes of Practice**

- Managing noise and preventing hearing loss at work
- Confined spaces
- Labelling of workplace hazardous chemicals
- Managing risks of hazardous chemicals in the workplace
- Welding processes
- First aid in the workplace
- Managing the risk of falls at workplaces
- Hazardous manual tasks
- Managing the risk of falls in housing construction
- Managing electrical risks in the workplace
- Demolition work
- Excavation work
- Work health and safety consultation, cooperation and coordination
- Managing the work environment and facilities
- How to manage work health and safety risks
- Managing risks of plant in the workplace
- Construction work





#### SIGNATORIES OF THE SAFE WORK METHOD STATEMENT

The signed and dated personnel listed below have cooperated in the consultation and development of this Safe Work Method Statement which has been approved by the Person/s Conducting a Business or Undertaking (PCBU). In signing this Safe Work Method Statement each individual acknowledges and confirms that they have read this SWMS in full, having raised any questions for items on this Safe Work Method Statement that require clarification, and confirms that they are competent, skilled and knowledgeable for the task assigned to them. Every person acknowledges that they have received the relevant training and qualifications where required, before carrying out any work contained in this Safe Work Method Statement. By signing this Safe Work Method Statement each individual agrees to work safely, to follow any safe work instructions which are provided, and agrees to use all Personal Protective Equipment where appropriate.

Worker Name	Signature	Date

#### SAFE WORK IN THE STATEMENT MONITORING AND REVIEW

The SWMS must be reviewed regularly to make sure it remains a fective of must be reviewed (and revised if necessary) if relevant control measures are revised. The view process should be carried out in consultation with workers (including contractors of the SWMS and their health and safety representatives who represented that work group at the workplace.

When the SWMS has been revised the PCBU mast ensure that advised that a revision has been made and how they can access the revised SWMS, including all persons who will need to change a work procedure or system as a rest of the review are advised of the changes in a way that will enable them to implement their duties and the involved in the work must be provided with the relevant information and instruction that will assist them to understand and implement the revised SWMS.

The SWMS must be monitored regularly for the effectiveness of ensuring hazard controls are effective in reducing the risk of incidents, keeping the workplace safe for all personnel. The person responsible for monitoring the effectiveness of the Safe Work Method Statement should employ a multi-faceted approach which includes but is not limited to:

- Spot Checks.
- 2. Consultation with workers, contractors and sub-contractors.
- 3. Internal audits on a continual basis.

An approach of continuous improvement, promptly recording inconsistencies or deficiencies, followed up by immediate corrective action and consultation with all relevant personnel ensures that the PCBU is consistently developing ever-improving systems of safe work principles.

REVIEW NUMBER	1	2	3	4	5	6	7
NAME							
INITIALS							
DATE							

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### SAFE WORK METHOD STATEMENT REVIEW CHECKLIST

This Safe Work Method Statement Review Checklist is to be followed and used upon initial development of the SWMS to help ensure that all steps have been adequately taken before work commences. Think of this document as an internal audit review checklist before commencing work, and may form part of a Toolbox Talk (safety meeting) and may be used as an opportunity for education and training.

ITEMS WHICH MUST BE INCLUDED IN THE SWMS	COMPLETED	COMMENTS
The company details have been entered, including the project name and address.		
All relevant personnel consulted during the development of the SWMS.		
Name, signature, position and date signed of the person approving the SWMS.		
Specific personnel and qualifications, experience is noted in the SWMS.	7	
Provides a step-by-step process of tasks required to carry out the activity or task.		
Adequate risk assessment of any identified hazards has been completed.		
Foreseeable hazards are identified and documented for each step.		
Any hazards listed in any site risk assessments have been added to the SWMS		
SWMS initial risk (IR) column as well as residual risk (RR) column pupleted.		
Check control measures added to the SWMS are the most effective selective selective.		
Responsible person is assigned and listed on the part the important of measures.		
Permit or licenses requirements specified, sur as Hot Work, Electric Work, Work at Heights etc.		
SWMS identifies plant and equipment to be us		
Details of inspection checks required for any equipment listed at noted on the SWMS.		
Describes any mandatory qualifications, experience, and or skills required to perform the work.		
Applicable personal protective equipment is selected on the SWMS.		
Reflects and documents any legislative references and/or Australian Standards.		
Identifies any hazardous substances used with specific control measures in line with any SDS.		
REVIEWED BY	DATE REVIE	WED
SIGNATURE	DATE COMPL	ETED