



Title of Program or Initiative: _____

Subject area:

- Musculoskeletal injury prevention – Safe resident handling
- Violence prevention / dementia care
- Musculoskeletal injury prevention – Other: _____
- Infectious agent / hazardous materials exposure prevention
- Bullying and harassment
- Leadership
- Occupational health and safety committees

Other: _____

Can you provide a brief description of the program or initiative?

Who was involved in developing or delivering it?

How did you implement it in your organization? What worked well? What would you do differently?

What changes have you seen as a result of this program or initiative?

Do you have any resources or templates you'd be willing to share?

- Yes No

May we contact you for more information?

- Yes No

Can we list a contact for your organization for interested people to follow-up with?

Name of contact: _____ Email: _____
Phone: _____