

How to Complete the Hazard Risk Assessment

Contents

How to Use This Document	4
Physical Hazards	6
In-person administrative interactions	7
Computer-based administrative tasks	8
Manual handling	9
Chemical Hazards	11
Storing and handling chemicals	11
Biological Hazards	13
Interacting with patients showing signs of respiratory illness	13
Handling potentially infectious blood or body fluids	14
Psychosocial Hazards	15
Having difficult conversations with patients	15

How to Use This Document

This document helps clinics complete the [Hazard Risk Assessment](#) by providing examples of common hazards and related control measures. The list is not exhaustive, and clinics may have additional tasks and/or risks that are not represented in this guide.

Throughout the document, text boxes will provide additional guidance on the application of the instructions. The information in the text boxes is not essential to understanding the rest of the document.

The figures below show how to use each part of the Reference Guide to complete the [Hazard Risk Assessment](#).

1	Task at Risk
2	Hazards
3	Example Controls

Figure 1 – Reference Guide Template

TASK AT RISK	HAZARDS	RISK BEFORE CONTROLS		CONTROLS	RISK AFTER CONTROLS	
1	2	P		3	P	
		S			S	
		R			R	

Figure 2 – Taken from Hazard Risk Assessment Template

1. Task at Risk

For this column, enter the information from location one of the Reference Guide into location one of the Hazard Risk Assessment.

2. Hazards

For this column, enter the information in location two of the Reference Guide into location two of the Hazard Risk Assessment. Refer to the figures above for further guidance.

3. Risk Before Controls

Use Figure 3 to determine the risk rating before controls. Select the appropriate rating for each item (probability, severity, risk) using the drop-down menu in the “Risk Before Controls” column of the Hazard Risk Assessment, or by writing it in manually.

Risk Matrix		Probability		
		High (H) Frequent; likely to occur during normal work.	Medium (M) Occasional; may occur from time to time.	Low (L) Rare; unlikely to occur.
Severity	High (H) Serious injury or illness; major property damage; permanent disability.	High (9)	High (8)	Medium (6)
	Medium (M) Injury requiring medical treatment; some time off work.	High (7)	Medium (5)	Low (3)
	Low (L) Minor injury; minor property damage; no time off work.	Medium (4)	Low (2)	Low (1)

Figure 3 – Risk Matrix

4. Controls

Example:

Task A has a hazard which is likely to occur during normal work, so the clinic selects a probability rating of “High”. The worst possible injury caused by this hazard would be minor enough that the employee would not need to take time off work, so the clinic selects a severity rating of “Low”. Task A is then rated “Medium (4)” before controls.

Task B has a hazard which is not likely to be a problem from day-to-day, but it has happened in the past a few times. The clinic selects a probability rating of “Medium”. The worst possible injury caused by this hazard would be a permanent injury or death, so the clinic rates the severity “High”. This means that Task B would be rated “High (8)” before controls.

After assessing the hazards, determine if they can be eliminated. If they cannot be eliminated, clinics must implement controls to manage the hazards.

For each task, look at the list of example controls in location three of the Reference Guide. Copy the controls that the clinic plans to implement into location three of the Hazard Risk Assessment. You don't need to add controls from the example list that the clinic won't implement. Clinics may also add additional controls that are not listed in the Reference Guide.

The controls listed in the Reference Guide are organized according to the hierarchy

of controls. Figure 4 explains the types of controls to implement. More detailed information is available in the Portal section, [Managing Risk](#).

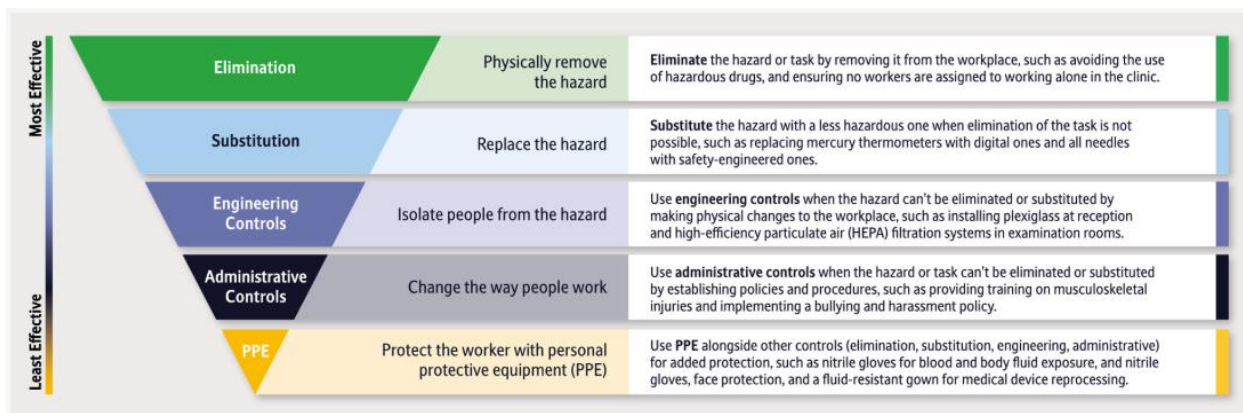


Figure 4 – Hierarchy of Controls

It is often better to use multiple types of controls than to rely on a single type. Prioritize tasks with the highest risk rating over tasks with lower risk ratings.

Example:

Task B was rated “High (8)” before controls, and Task A was rated “Medium (4)” before controls. If a clinic was unable to implement controls for both at the same time, the clinic would prioritize controls for Task B first.

5. Risk After Controls

Once the clinic adds and implements all chosen controls, use Figure 3 to rate the probability and severity of each task with controls in place. Probability and/or severity should now be rated lower than before.

Tasks rated “High” or “Medium” after controls may require additional controls to further manage the associated hazards.

Example:

For Task A, the risk after controls is now rated “Low (1)”. The clinic could decide that the risk is managed well and choose not to implement any further controls.

For Task B, the risk after controls is now rated “Medium (5)”. The clinic could decide to implement further controls manage the hazard.

Physical Hazards

These are tasks or workplace conditions that can cause injury through physical contact or exposure to energy, force, or unsafe conditions. Examples include:

- Handling heavy or awkward objects.
- Using repetitive motions or sustained awkward body positions.
- Walking on wet, uneven, or cluttered floors.
- Using medical equipment, like sharps, cautery equipment, X-rays, or autoclaves.
- Using electrical devices, like kitchenware or items with frayed cords.
- Experiencing physical violence from a patient.
- Working in excessively noisy, dark, or humid environments, or in uncomfortable temperatures.

Task at Risk
In-person administrative interactions
Hazards
Interacting with patients in the clinic while scheduling, greeting patients, or handling patient inquiries can present a risk of experiencing violent, threatening, or aggressive behaviour, as patients who become frustrated or frightened may act in ways unlike their usual selves.
Example Controls
<u>Elimination</u> • Use written or telephone communication instead of meeting in person if the person has a history of violent behaviour. <u>Engineering</u> • Create a physical barrier between staff and patients (e.g., plexiglass at the reception desk). • Arrange furniture so that there is a clear path to the exit, and patients will not be able to corner staff in a room. <u>Administrative</u> • Regularly review the HEARD+D de-escalation tool for in-person and telephone communications.

- Place an alert on the patient's file if they have previously exhibited aggressive or threatening behaviour.
- Document any concerning patient behaviours in an incident report, even if no injury occurs.
- Ensure that a second staff member is present when interacting with a patient with a known history of violent behaviour.
- Call for backup if a patient begins to show concerning behaviours during an interaction.
- Post a patient code of conduct visibly in the office.

Personal Protective Equipment

- Consider keeping a panic alarm or whistle in your pocket.

Task at Risk

Computer-based administrative tasks

Hazards

Maintaining awkward, unnatural postures for long periods, such as looking down at a desk, can cause musculoskeletal injuries (e.g., sprains and strains). Repetitive tasks such as typing can cause cumulative trauma disorders (e.g., carpal tunnel). Computer screen glare can cause eye strain. Prolonged sitting places sustained stress on muscles and joints and can contribute to lower back pain, neck and shoulder strain, and poor circulation.

Example Controls

Elimination

- Use screen readers and dictation programs.
- Place computer screens perpendicular to light sources to eliminate glare.
- Arrange items at the workstation so overhead and strenuous forward reaching is not required.
- Adjust the settings on your screen to match your preferences (e.g., using a high contrast theme or reducing screen brightness).

Substitution

- Rotate through various job tasks and body positions (e.g., performing standing tasks intermittently) to allow your body to rest.

Engineering

- Use adjustable equipment (e.g., chairs, monitors) with ergonomic features (e.g., lumbar supports, armrests) that allow you to set up your workstation according to best practices for ergonomics.
- Install anti-glare shields for your computer screen and adjust the lighting around your workstation.
- Choose a sit-stand desk if possible.
- Use ergonomically friendly computer equipment (e.g., computer mice, keyboards, headsets).
- Use a monitor riser, external keyboard and external computer mouse when using a laptop at a fixed workstation.

Administrative

- Stretch often throughout the day.
- Every 30 minutes, focus your eyes on something 30 feet away for 30 seconds.

Personal Protective Equipment

- Use braces (e.g., wrist or shoulder supports) if advised by a health care professional.

Task at Risk

Manual handling

Hazards

Lifting objects while restocking supplies or filing can lead to musculoskeletal injuries (e.g., sprains and strains), especially when someone is unaccustomed to heavy lifting or is not warmed up. Objects may also fall if they are improperly stacked.

Example Controls

Elimination

- Place heavy objects on lower shelves.

- Ask the delivery worker to place the object directly where you need it.

Substitution

- Lift objects weighing over 50lbs with a partner.
- Put away the contents of boxes individually instead of placing the whole box on the shelf.

Engineering

- Use a step stool instead of reaching above shoulder height.
- Sit on a step stool when accessing lower shelves and drawers.
- Move materials using a cart when possible.

Administrative

- Stretch before periods of heavy lifting.
- Train staff how to lift properly, including testing the weight of an object before moving it and gripping it properly.
- Limit the height of stacked boxes.
- Do not overfill shelves and drawers.

Personal Protective Equipment

- Wear utility gloves to improve grip.
- Wear a properly fitted brace (e.g., back brace or wrist brace) if advised by a health care professional.

Chemical Hazards

These are substances that can cause harm through inhalation, ingestion, or skin contact. Examples include:

- Chemicals used to disinfect and sterilize.
- Liquid nitrogen.
- Gases and pressurized containers (e.g., carbon dioxide, anesthetic gases).
- Chemicals used for preservation (e.g., formaldehyde).
- Dusts (e.g., cast dusts).
- Mercury (e.g., thermometers or sphygmomanometers).
- Hazardous drugs (e.g., cytotoxins, opioids).

Task at Risk
Storing and handling chemicals
Hazards
Exposure to cleaning agents, disinfectants, and preservative solutions can cause respiratory issues, chemical burns, eye damage/irritation, organ toxicity, or allergic reactions.
Example Controls
<u>Elimination</u> • Outsource certain procedures that require the use of hazardous chemicals off-site. <u>Substitution</u> • Use less toxic or non-reactive chemicals. • Choose pre-mixed or pre-diluted solutions to reduce handling risks. <u>Engineering</u> • Store chemicals in ventilated cabinets and away from electrical sources. • Install an eyewash station and/or emergency shower. <u>Administrative</u> • Follow the clinic's safe work procedures (SWP) for procedures requiring the use of chemicals. • Maintain an up-to-date chemical inventory and Safety Data Sheets (SDS). <u>Personal Protective Equipment</u>

- Wear gloves, safety glasses/goggles, gowns/lab coats, and face shields as required following the clinic's PPE policy, SWP, and SDS.
- Ensure proper fit and condition of PPE.
- Train staff on the correct use and disposal of PPE.

Biological Hazards

These are microorganisms or biological materials that can cause infection, allergy, or toxicity in humans. These are typically present on contaminated surfaces and equipment, or in body fluids. Examples include:

- Allergens and moulds
- Viruses, bacteria, and fungi

Task at Risk
Interacting with patients showing signs of respiratory illness
Hazards
Viruses and bacterial infections can spread through the air when patients cough, sneeze, or speak, or by touching contaminated surfaces.
Example Controls
<u>Elimination</u> • Schedule patients with communicable illness for telehealth visits when clinically appropriate. • Advocate for adherence to immunization schedules. Advise when to receive yearly influenza vaccinations. <u>Engineering</u> • Install a plexiglass barrier at reception. <u>Administrative</u> • Follow the clinic's Exposure Control Plan for Biological Hazards. • Change gloves and clean hands thoroughly immediately after examination. • Regularly clean and disinfect surfaces. Encourage patients to use an alcohol-based hand sanitizer upon arrival and to wear a mask if they have symptoms of respiratory illness. • Place patients requiring contact precautions in a separate exam room right away, rather than having them wait with other patients. <u>Personal Protective Equipment</u>

- Use masks, safety glasses, and gloves if the patient has symptoms of respiratory illness.

Task at Risk
Handling potentially infectious blood or body fluids
Hazards
When infectious blood enters the body through a needlestick injury or accidental contact with the eyes or an unprotected cut, serious infections can be spread.
Example Controls
<u>Engineering</u> • Use safety-engineered needles where clinically appropriate. • Keep samples of body fluids in appropriate sample containers and transport samples inside protective bags. <u>Administrative</u> • Follow the clinic's Exposure Control Plan for Biological Hazards. • Change gloves and clean hands thoroughly immediately after examinations. • Clean and disinfect surfaces after use. • Dispose of sharps immediately in their designated containers. • Offer Hepatitis B vaccinations to any employee working with potentially contaminated blood. <u>Personal Protective Equipment</u> • Where a risk of splashing bodily fluids exists, wear a full-face shield, a mask, and a fluid-resistant gown in addition to gloves.

Psychosocial Hazards

These are aspects of work design, organization, or social interaction that can negatively impact psychological health or social functioning. Examples include:

- Aggressive or threatening behaviour from the public.
- Embarrassment, bullying, or harassment from colleagues or supervisors.
- Organizational concerns, such as ineffective communication or a lack of recognition.
- Workload management concerns, such as changing deadlines or working alone.
- Physical factors of the workplace, such as lack of natural light and crowding.

Task at Risk
Having difficult conversations with patients
Hazards
Difficult conversations, such as those involving diagnoses or treatment options, can trigger staff and patients alike. Patients who feel frightened, hopeless, or overwhelmed can act in ways unlike their usual selves.
Example Controls
<u>Elimination</u> • Use written communication instead of having a conversation if meeting with or calling the patient is considered to pose a safety risk. <u>Substitution</u> • Communicate by phone if the person has a history of violent behaviour. <u>Administrative</u> • Ensure another staff member is present in the office when delivering difficult news. • Review the HEARD+D de-escalation tool before beginning the conversation. Step away, or end the phone call, if you feel yourself getting triggered. • Try not to overwhelm the patient with too much information. Have supporting material handy for them to read through when ready and invite them to book a follow-up to discuss. • Book longer appointments where possible, to allow time for discussion.