

# HEALTHCARE INDUSTRY RISK ASSESSMENT

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## Document Information

Field	Details
Facility Name	_____
Facility Type	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/> Laboratory <input type="checkbox"/> Other: _____
Assessment Date	_____
Assessor Name	_____
Assessor Position	_____
Department/Unit	_____
Review Date	_____
Document Reference No.	RA-HEALTH-_____

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## 1. Introduction

This Risk Assessment document is designed to identify, evaluate, and control hazards specific to healthcare environments. Healthcare facilities present unique risks including biological hazards, patient handling injuries, exposure to infectious diseases, pharmaceutical hazards, and workplace violence. This assessment aims to protect healthcare workers, patients, visitors, and the community by systematically identifying potential hazards and implementing appropriate control measures in compliance with healthcare regulations and infection control standards.

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## 2. Scope of Assessment

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This risk assessment covers the following healthcare activities and areas:

- Patient care and treatment areas
- Emergency department
- Operating rooms/surgical suites
- Laboratory and diagnostic services
- Pharmacy and medication handling
- Radiology and imaging services
- Sterilization and decontamination
- Waste management and disposal
- Patient transport
- Administrative areas
- Maintenance and engineering
- Other: \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Number of Staff Affected:** \_\_\_\_\_

**Number of Beds/Patients:** \_\_\_\_\_

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### 3. Risk Identification

Risk ID	Risk Description	Risk Category	Affected Area/Personnel
HLTH-001			
HLTH-002			
HLTH-003			
HLTH-004			
HLTH-005			
HLTH-006			
HLTH-007			
HLTH-008			
HLTH-009			
HLTH-010			

### 4. Risk Analysis Matrix

#### Risk Scoring Criteria

##### Likelihood Scale:

Score	Likelihood	Description
1	Rare	May occur only in exceptional circumstances
2	Unlikely	Could occur but not expected
3	Possible	Might occur at some time
4	Likely	Will probably occur in most circumstances
5	Almost Certain	Expected to occur in most circumstances

## Impact Scale:

Score	Impact	Description
1	Negligible	Minor injury/illness, no treatment required
2	Minor	First aid treatment, minor infection risk
3	Moderate	Medical treatment, potential disease transmission
4	Major	Serious injury/illness, hospitalization required
5	Catastrophic	Fatality, outbreak, or permanent disability

## Risk Analysis Table

Risk ID	Likelihood (1-5)	Impact (1-5)	Risk Score (L×I)	Risk Level
HLTH-001				
HLTH-002				
HLTH-003				
HLTH-004				
HLTH-005				
HLTH-006				
HLTH-007				
HLTH-008				
HLTH-009				
HLTH-010				

## Risk Level Classification:

- **Low (1-4):** Acceptable risk, monitor and review
- **Medium (5-9):** Action required within reasonable timeframe
- **High (10-16):** Immediate action required

- **Critical (17-25):** Operations must cease until risk is reduced

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## 5. Risk Control Measures

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Risk ID	Current Controls	Additional Controls Required	Responsible Person	Target Date	Status
HLTH-001					<input type="checkbox"/>
HLTH-002					<input type="checkbox"/>
HLTH-003					<input type="checkbox"/>
HLTH-004					<input type="checkbox"/>
HLTH-005					<input type="checkbox"/>
HLTH-006					<input type="checkbox"/>
HLTH-007					<input type="checkbox"/>
HLTH-008					<input type="checkbox"/>
HLTH-009					<input type="checkbox"/>
HLTH-010					<input type="checkbox"/>

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## 6. Healthcare Industry-Specific Hazards

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The following hazards are commonly encountered in healthcare operations:

## **6.1 Biological Hazards**

- Bloodborne pathogens (HIV, Hepatitis B & C)
- Airborne infectious diseases (TB, COVID-19, Influenza)
- Contact with contaminated materials and surfaces
- Needlestick and sharps injuries

## **6.2 Chemical Hazards**

- Chemotherapy drugs and cytotoxic agents
- Disinfectants and sterilizing agents
- Anesthetic gases
- Laboratory chemicals and reagents

## **6.3 Physical Hazards**

- Radiation exposure (X-ray, CT, nuclear medicine)
- Laser hazards in surgical procedures
- Noise from equipment
- Slips, trips, and falls

## **6.4 Ergonomic Hazards**

- Patient handling and manual lifting
- Repetitive motions
- Prolonged standing
- Awkward postures during procedures

## **6.5 Psychosocial Hazards**

- Workplace violence from patients/visitors
- Verbal abuse and harassment
- Work-related stress and burnout

- Shift work and fatigue

## 6.6 Pharmaceutical Hazards

- Medication errors
- Exposure to hazardous drugs
- Allergic reactions
- Drug diversion risks

## 6.7 Equipment Hazards

- Electrical equipment failures
- Medical device malfunctions
- Compressed gas cylinders
- Sharps and surgical instruments

## 6.8 Environmental Hazards

- Poor ventilation in isolation areas
- Temperature extremes
- Inadequate lighting
- Waste management issues

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## 7. Infection Control Measures

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### 7.1 Standard Precautions Checklist

Measure	Implemented	Comments
Hand hygiene protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PPE availability and use	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Respiratory hygiene/cough etiquette	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safe injection practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sharps safety protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Environmental cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Linen handling procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Waste management protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### 7.2 Transmission-Based Precautions

Precaution Type	When Applied	Measures
Contact Precautions		
Droplet Precautions		
Airborne Precautions		

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## 8. Emergency Response Procedures

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### 8.1 Emergency Contacts

Role	Name	Contact Number
Facility Administrator		
Infection Control Officer		
Safety Officer		
Security		
Emergency Services		911 / 000 / 999
Poison Control		

### 8.2 Emergency Procedures

#### Needlestick/Sharps Injury:

1. Allow wound to bleed freely; wash with soap and water
2. Do not squeeze the wound
3. Report immediately to supervisor
4. Seek medical evaluation
5. Complete incident report and initiate post-exposure protocol

#### Blood/Body Fluid Exposure:

1. Wash affected area immediately
2. Flush eyes/mucous membranes with water if affected
3. Report to supervisor immediately
4. Seek medical evaluation
5. Document exposure details

#### Chemical Spill:

1. Evacuate immediate area if necessary

2. Notify appropriate personnel
3. Contain spill if safe to do so
4. Use appropriate PPE and spill kit
5. Document and report incident

### **Code Blue (Medical Emergency):**

1. Call emergency response team
2. Begin CPR if trained
3. Retrieve AED/emergency equipment
4. Clear area for response team
5. Document all actions taken

### **Fire Emergency:**

1. R - Rescue patients in immediate danger
2. A - Alarm - activate fire alarm
3. C - Contain - close doors to contain fire
4. E - Extinguish or Evacuate

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## 9. Personal Protective Equipment (PPE) Requirements

PPE Item	Required	Specification
Gloves (examination)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Gloves (sterile surgical)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Gowns/Isolation gowns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Face masks (surgical)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
N95/P2 Respirators	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fit tested: <input type="checkbox"/> Yes <input type="checkbox"/> No
Face shields/Goggles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Shoe covers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Lead aprons (radiology)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rating: _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

## 10. Sign-Off and Approval

### Assessor Declaration

I confirm that this risk assessment has been conducted in accordance with applicable healthcare regulations and represents an accurate evaluation of the identified hazards.

Assessor Name:	_____
Signature:	_____
Date:	_____

### Infection Control Review

I have reviewed this risk assessment from an infection control perspective and confirm that appropriate measures are in place.

IC Officer Name:	_____
Signature:	_____
Date:	_____

## Management Approval

I approve this risk assessment and authorize the implementation of the identified control measures.

Manager Name:	_____
Position:	_____
Signature:	_____
Date:	_____

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## 11. Review Schedule

Review Type	Frequency	Next Review Date
Routine Review	Quarterly	
Comprehensive Review	Annually	
Post-Incident Review	As required	
Outbreak Response Review	As required	

### Triggers for Immediate Review:

- Any workplace incident or near-miss
- Disease outbreak or increased infection rates
- Changes in procedures or equipment
- New infectious disease threats

- Changes in regulations or guidelines
- Staff feedback or concerns

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## Document Control

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Version	Date	Author	Changes Made
1.0			Initial version

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*This document is a template and should be customized to meet specific facility requirements and local healthcare regulations.*