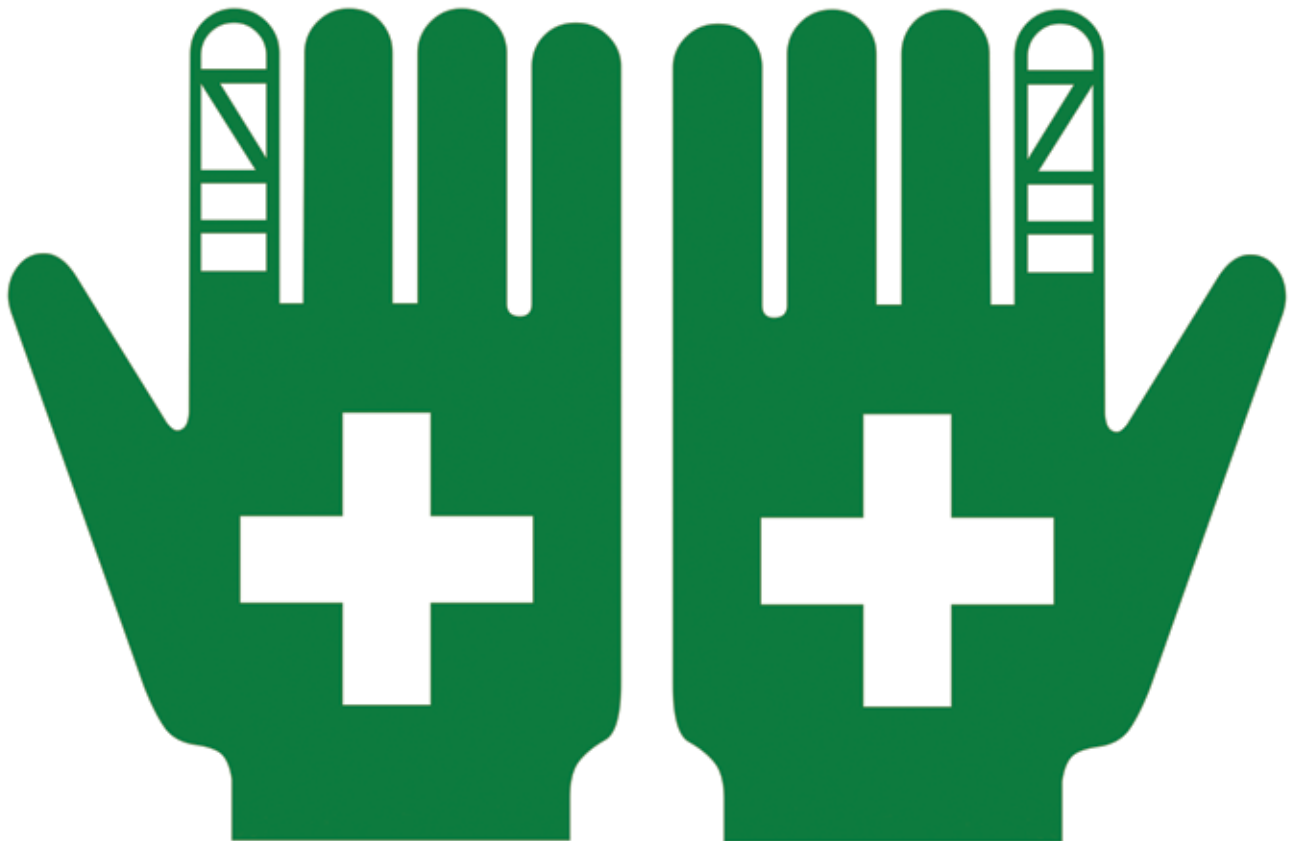


A 2014 New Year's Resolution:

Conduct a Risk Assessment for Your Clinic!

By Dr Lam Mun San and Dr Wong Sin Yew

If you own a clinic or are responsible for the operation of a medical practice, please read on.



Legislation and legal requirements

The Factories Act was replaced by the Workplace Safety and Health (WSH) Act with effect from 1 March 2006. There were fundamental changes in the way the Ministry of Manpower approached workplace safety, which are highlighted below:

- The WSH Act now applies to all workplaces in Singapore (not just factories, hence the name change) and the current legislation covers various industries, including healthcare. In fact, the healthcare industry has been included under the WSH Act since 2008.
- Business owners and companies are responsible for ensuring workplace safety. Ignorance is not an excuse, If we may paraphrase one of our ministers: "do not ask for leniency because this is your first offence, but rather, this is the first time that we caught you".
- The responsibility to reduce risks at workplaces lies on all stakeholders (doctors, nursing staff, clinic staff, patients and their relatives).
- Workplace accidents can be prevented by implementing higher penalties as deterrents.

WSH offences that were committed in Singapore are highlighted in the local media regularly. But thankfully, no medical establishment (hospital or clinic) has ever been cited in the news for breaching the WSH Act, and hopefully there will be never be any in the future as well. However, it is critical for clinic owners and operators to know that risk assessments are mandatory for all workplaces. Under the WSH Act, failure to produce a documented risk assessment for the workplace (conducted within the past three years) at the request of a relevant official is an offence.

Different approaches to risk assessment

There are several approaches to risk assessment, and the corresponding attitudes towards workplace safety are summarised below:

- “As long as we do not get caught, who cares?”
- “Wait for an accident to happen, and then we’ll deal with it.”
- “Let’s be proactive and have a system to deal with all types of workplace hazards.”
- “Make workplace safety an integral part of our medical practice’s culture.”

Ideally, you should take the proactive approach: perform a risk assessment for your clinic, manage all the risks and document these activities. As a legal requirement, you must have the risk assessment check carried out once every three years. To reiterate, you must be able to provide this documentation on risk assessment when asked by any authorised representative from the regulatory body. This usually occurs during an inspection or audit of your medical practice, or when a workplace accident occurs at your medical practice.

Our experience with risk assessment

We have three specialist clinics managing patients with infectious diseases and all of them have been awarded bizSAFE Level 3 certification. The doctors and clinic operation staff at these clinics have undergone workplace safety training at different levels, which are conducted by accredited trainers. These training sessions provide a formal platform and allow participants to approach workplace safety systematically. Meanwhile, the risk assessments performed at our clinics follow a standard format that the regulatory body has outlined.

If you and your staff have no background knowledge of workplace safety, please consider attending suitable

courses before conducting a risk assessment for your medical practice. Government subsidies for these courses, run by accredited trainers, are available. If you have background knowledge and are familiar with the risk assessment process, you can proceed to perform it for your practice without attending any formal courses.

It is important to know the definitions of some key terms before conducting the risk assessment procedure:

- **Hazards:** any sources or situations with potential to cause bodily injury (physical, chemical, biological, mechanical, electrical or psychological).
- **Risk:** the likelihood that a hazard will cause injury.
- **Risk assessment:** the process of evaluating probabilities and consequences of injury or illness arising from exposure to identified hazards, and determining the appropriate measures for risk control.
- **Risk management:** the planning, organising, leading and controlling of an organisation’s assets and activities to minimise the adverse operational and financial effects of accidental losses.

The four recommended steps to conduct a risk assessment are:

- **Preparation:** form a team, gather information, and identify tasks for each person.
- **Risk assessment:** identify hazards, evaluate risk, and control risk.
- **Implementation and review:** obtain employer and management approval. Implement risk control, and communicate hazards to all workers. Conduct audits and regular inspections.
- **Record keeping:** documentation of the risk assessment is important, and must be kept for three years so that it can be made available upon request.

Eliminate and control risks

Hierarchical approach	Examples of control measures
Elimination/substitution of hazards	<ul style="list-style-type: none"> • Eliminating hazards is ideal, for example, the usage of non-latex gloves • Substituting more hazardous materials with less hazardous ones
Engineering controls	<ul style="list-style-type: none"> • Installing local exhaust ventilation to reduce exposure to solvents and vapours • Using a needleless intravenous delivery system, blunt-ended scissors and suture needles
Administrative controls	<ul style="list-style-type: none"> • Enhancing education and awareness • Implementing management policy for screening and vaccination • Providing warning signs and labels • Providing spill kits and training
Personal protective equipment	<ul style="list-style-type: none"> • Using such equipment to reduce skin contact and inhalation, such as gloves, masks, respirators and gowns

General risks in healthcare

Physical risks	Chemical risks
<ul style="list-style-type: none"> • Ergonomic • Slips, trips and falls • Noise • Sharps • Vibration • Ionising radiation • Non-ionising radiation 	<ul style="list-style-type: none"> • Hazardous materials: formaldehyde, mercury, solvents and liquid nitrogen • Anaesthetic waste • Sterilising/disinfecting agents: glutaraldehyde and ethylene oxide • Hazardous drugs: antineoplastic, anaesthetic and antiviral agents

Simple steps to enhance workplace safety in your clinic

Some infection control measures that you can implement include: ensuring the availability of personal protective equipment, adopting measures to reduce sharps injuries, and immunising all susceptible healthcare workers (HCWs) against known infectious risks.

Additionally, to improve physical safety, you can walk through your clinic, concentrate on its physical layout and work activities that are carried out, and make a list of all chemicals and equipment stored in the clinic. Major safety considerations for all workplaces include: height hazards; loose wires; the condition of equipment such as autoclave, ultrasound and laser machines; and fire and escape routes.

For a start, you can use the ten-page Workplace Safety and Health checklist for medical clinics provided by the WSH Council at <http://goo.gl/YbBm66>.

Infectious hazards in clinics

There are many types of infectious hazards in clinics. The first type is direct contact with blood and body fluids, for example: skin and soft tissue infections with open wounds; gastrointestinal infections; and hand, foot and mouth disease. HCWs may also be exposed to blood-borne hazards (HIV, syphilis, and hepatitis B and C viruses) through needlestick and sharps injuries, or when they come into contact with infected blood and body fluids.

HCWs may also face respiratory risks via droplet transmission (from mycoplasma, group A streptococcus, pertussis, meningococcus and the SARS virus) or airborne transmission (from influenza, tuberculosis, chickenpox and measles). Improper waste management with regard to vomitus, blood spills, urine and stool wastes from urodynamics, and colonoscopy procedures in clinics are also hazardous.

Vaccination for HCWs

An annual influenza vaccination is recommended for all HCWs. Pre-employment serology checks should include hepatitis B, varicella, measles, mumps and rubella serology. On top of that, vaccination should be offered to staff who are non-immune. Vaccination against meningococcus should also be considered for HCWs working in the emergency department and critical care units.

Psychosocial hazards

We must not forget that HCWs often work in stressful situations where workplace aggression and verbal abuse may occur. Unfortunately, violence and physical abuse do occur in the healthcare setting, so we must work towards creating a safe working environment for our clinic staff at all times.

Why bizSAFE certification?

BizSAFE is a voluntary certification process conducted by the WSH Council. Most industries will aim to complete bizSAFE Level 3 certification as it provides an external validation that your medical practice is compliant with workplace safety measures.

In certain industries, bizSAFE certification (at different levels) may be required before you can tender for work contracts. As far as we know, bizSAFE certification is not a requirement for medical practices but to reiterate the points made earlier in the article, conducting a risk assessment for your medical practice once every three years is a legal requirement!

This article provides some simple guidelines of how you can conduct a risk assessment at your medical practice. Do look out for more detailed workplace safety courses conducted by SMA later this year. In the meantime, please make workplace safety a new year's resolution that you will keep, and Happy New Year to all! **SMA**



Dr Lam Mun San (far left) and Dr Wong Sin Yew are infectious disease physicians in private practice. They are strong advocates of vaccination for HCWs and are building their group practice into an organisation that focuses on patient safety and quality care.