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|  | **Health & Safety Risk Assessment Form** | | |
| **Ref: CF:004:04:FT** | **RE: Biological Agents Risk Assessment Form** | | |
| **Issue date:** | November 2017 | **Revised Date:** | October 2023 |
| **Author(s):** | National Health & Safety Function | | |
| **Legislation:** | UnderSection 19 of the ***Safety, Health and Welfare at Work Act, 2005*** and associated Regulations**,** it is the duty of the employer to identify the hazards and assess the associated risks in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented. | | |
| **Note:** | When conducting Biological Agents risk assessments consideration should be paid to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable.  *It is the responsibility of local management to implement any remedial actions identified.*  *To assist you in completing the Biological Agents Risk Assessment, it is essential that the following documents are available:*   * *HSE Policy on the Management of Biological Agents in the Healthcare Sector.* Available [here](https://healthservice.hse.ie/staff/benefits-services/health-and-safety/biological-agents.html) * *HSA (2020). Code of Practice for the Safety, Health and Welfare at Work (Biological Agents) Regulations.* Available [here](https://www.hsa.ie/eng/Legislation/New_Legislation/Safety_Health_and_Welfare_at_Work_Biological_Agents_Regulations_2013/) * *HSA (2014) Guidelines to the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013*. Available [here](https://www.hsa.ie/eng/publications_and_forms/publications/biological_agents/guidelines_to_the_safety_health_and_welfare_at_work_biological_agents_regulations_2013.html) | | |

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| **Health and Safety Biological Agents Risk Assessment Form** | | | | | | | | | | | | |
| **Division:** | | | Select Division. | | | **Source of Risk:** | | | | Enter Source of Risk. | | |
| **HG/CHO/NAS/Function:** | | | Select Area. | | | **Primary Impact Category:** | | | | Select Primary Impact Category. | | |
| **Hospital Site/Service:** | | | Enter Hospital Site/Service. | | | **Risk Type:** | | | | Select Risk Type. | | |
| **Dept/Service Site:** | | | Enter Dept/Service Site. | | | **Name of Risk Owner (BLOCKS):** | | | | Name of Risk Owner. | | |
| **Date of Assessment:** | | | Select date. | | | **Signature of Risk Owner:** | | | |  | | |
| **Unique ID No:** | | | Enter Unique ID No. | | | **Risk Co-Ordinator:** | | | | N/A for OSH Risk Assessments | | |
| **Objective being impacted:** | | | Compliance with OSH legislation and the maintenance of a safe and healthy work environment. | | | **[[1]](#footnote-1)Risk Assessor(s):** | | | | Name of Risk Assessor. | | |
| **[[2]](#footnote-2)HAZARD & RISK DESCRIPTION** | | | **EXISTING CONTROL MEASURES** | | | **ACTIONS [ADDITIONAL CONTROLS] REQUIRED** | | | | **[[3]](#footnote-3)ACTION OWNER** | | **DUE**  **DATE** |
| Identify the hazard and describe who might be harmed, how, where and when. | | | Enter Existing Control Measures | | | Document Additional Controls Required | | | Enter person responsible for implementation of control measure. | | | Select Date. |
| **[[4]](#footnote-4)Inherent Risk** | | | **[[5]](#footnote-5)Residual Risk** | | | **[[6]](#footnote-6)Target Risk** | | | **Risk Status** | | | |
| **Likelihood [1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Open** | | **Monitor** | **Closed** |
| Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating | Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating | Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating |  | |  |  | |

1. Risk Assessor required for OSH risks only. [↑](#footnote-ref-1)
2. Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only. [↑](#footnote-ref-2)
3. Person responsible for the action. [↑](#footnote-ref-3)
4. Rating **before** consideration of existing controls. [↑](#footnote-ref-4)
5. Rating **after** consideration of existing controls. [↑](#footnote-ref-5)
6. Desired rating **after** actions. [↑](#footnote-ref-6)