



		<h1>Health & Safety Risk Assessment Guidance</h1>	
Ref: CF:004:04	RE: Guidance on Completion of Biological Agents Risk Assessment Form		
Issue date:	November 2017	Revised Date:	October 2023
Author(s):	National Health & Safety Function		
Legislation:	Under Section 19 of the <i>Safety, Health and Welfare at Work Act, 2005</i> 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:	<p>This Guidance has been developed to support managers in completing Occupational Safety and Health Biological Agents Risk Assessments.</p> <p><i>It is responsibility of local management to implement any remedial actions identified.</i></p> <p><i>The following provides an explanation on how to complete a Biological Agents Risk Assessment Form. To assist you in completing the Biological Agents Risk Assessment, it is essential that the following documents are available:</i></p> <ul style="list-style-type: none">• <i>HSE Policy on the Management of Biological Agents in the Healthcare Sector.</i> Available here• <i>HSA (2020) Code of Practice for the Safety, Health and Welfare at Work (Biological Agents) Regulations.</i> Available here• <i>HSA (2014) Guidelines to the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013.</i> Available here		



Health and Safety Biological Agents Risk Assessment Form

Division: Insert Division e.g. Mental Health Division/Acute Hospital	Source of Risk: Document the sources of the risk e.g. Risk assessment, Audit, Inspection Report result of incident
HG/CHO/NAS/Function: Insert as appropriate	Primary Impact Category: Choose the Primary risk category from the HSE Impact Table i.e. Harm to a Person
Hospital Site/Service: Insert name of Site/Service	Risk Type: Choose whether it is Strategic (most commonly identified at corporate/senior management level) OR Operational (most commonly identified at service delivery level). (delete as appropriate)
Dept/Service Site: Insert name of ward/department e.g St Marys Ward	Name of Risk Owner (BLOCKS): Insert the name of the person with responsibility to assess and manage the risk in line with organisational policy i.e. normally the Manager of the function/service in which the risk is identified
Date of Assessment: Insert date of risk assessment	Signature of Risk Owner: As above
Unique ID No: Assign a number for each risk assessment	Risk Co-Ordinator: N/A OSH Risk Assessment only
Objective being impacted: Compliance with OSH Legislation and the maintenance of a safe and healthy work environment	¹Risk Assessor(s): Insert names of those completing the risk assessment

² HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES			ACTIONS [ADDITIONAL CONTROLS] REQUIRED			³ ACTION OWNER		DUE DATE
Describe the activity being undertaken and the frequency of exposure. Identify the hazard i.e. Biological Agent(s), their classification and the route of exposure. Refer to the 2013 Code of Practice for the Safety, Health & Welfare at Work (Biological Agents) Regulations 2013 Identify number & category of employees who might be affected. Describe the associated risk . E.g. Risk of infection from potential exposure to Hep B, to nursing staff through inoculation when giving injections on a daily basis			Detail the existing control measures taking account of Schedule 2, 3, 4 & 5 of the Safety, Health and Welfare (Biological Agents) Regulations 2013, and Schedule 2, 3 & 4 of the Code of Practice 2013. When examining the existing control measures, consider their adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest reasonably practicable level			Detail the measures necessary to eliminate or further reduce the level of risk taking account of Schedule 2, 3, 4 & 5 of the Safety, Health and Welfare (Biological Agents) Regulations 2013, and Schedule 2, 3 & 4 of the Code of Practice 2013. Consider the interim and long term measures.			Enter the name of the person responsible for implementation of each additional control measure.		Enter the date by which implementation of the additional controls to mitigate the risk are due.
⁴ Inherent Risk			⁵ Residual Risk			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

For OSH risk assessments document the Inherent risk only where there is no documented risk assessment with identified controls for the hazard being considered

Each of the risks should be assigned a risk **status**.
 •**Open**, i.e. additional controls have been identified as necessary
 •**Monitor**, i.e. existing controls are deemed adequate to manage the risk but these need to be periodically reviewed
 •**Closed**, i.e. that the risk no longer exists e.g. where an unsuitable premises is replaced by a suitable one

¹ Risk Assessor required for OSH risks only.
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.
³ Person responsible for the action.
⁴ Rating **before** consideration of existing controls.
⁵ Rating **after** consideration of existing controls.
⁶ Desired rating **after** actions