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|  | **Health & Safety Risk Assessment**  |
| **Ref: CF:024:05:FT** | **RE: Cytotoxic Drug Risk Assessment Form** |
| **Issue date:** | November 2015 | **Revised date:** | October 2023 |
| **Author(s):** | National Health & Safety Function |
| **Legislation:** | Under the **Safety Health and Welfare at Work (Carcinogens) Regulations, 2001, as amended 2015 and 2019** it is the duty of the employer to identify the hazards and assess the risks associated with the risk of exposure to carcinogens (Cat. 1A and 1B) and/or mutagens (Cat.1A and 1B) in the workplace. For the purpose of this risk assessment, all cytotoxic drugs (to include Cat. 2 carcinogens, Cat. 2 mutagens and**/or reprotoxins** (including teratogens)) (Cat R1A/B and R2) will be considered as subject to the Safety, Health and Welfare at Work (Carcinogens) Regulations, 2001. All risk assessments must be in writing and include the necessary control measures to eliminate or minimise the risks documented and implemented. When conducting risk assessments where Cytotoxic Drugs are involved consideration must be paid to the risk of exposure and the means of avoiding and mitigating any such risk so far as is technically possible.*It is the responsibility of local management to implement any remedial actions identified.* |
| **Note 1:** | Detailed guidance to support the carrying out / review of risk assessments is available in the [GD:002 HSE Guideline on the Safe Handling of Cytotoxic Drugs](https://healthservice.hse.ie/staff/benefits-services/health-and-safety/chemicals.html) |

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| **Cytotoxic Drug Risk Assessment Form - Part 1 of 2** |
| **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):** | Enter 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. |
| **Description of Work Activity:**Enter Description of Work Activity. |
| **A separate risk assessment must be completed for powders (prior to reconstitution); capsules/tablets; and liquids. Tick as appropriate:**  |
| **Powders** |[ ]  **Capsules/Tablets** |[ ]  **Liquids** |[ ]
| **Identify the Cytotoxic Drugs covered by this risk assessment: (Please cross reference to database or attach drug list)**Identify and list the Cytotoxic Drugs covered by this risk assessment (please cross reference to database or attach drug list) |

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| **Categories of employees like to be exposed (Tick as appropriate):**  |  |
| Pharmacy personnel |[ ]  Nursing Staff |[ ]  Medical Staff |[ ]  Support Service |[ ]  Maintenance |[ ]  House keeping |[ ]  Other |[ ]
| If other, please state discipline(s)  |
| **Hazard and risk associated with cytotoxic drug(s): -** For the purpose of this risk assessment cytotoxic drugs are ‘grouped’ collectively as CMRs (i.e. carcinogenic, mutagenic or reprotoxins) with the associated Hazard Statements (H) below:Carc 1A, 1B H350 - May cause cancerCarc 2 H351 - Suspected of causing cancerMuta 1A/B H340 - May cause genetic defectsMuta 2 H341 - Suspected of causing genetic defectsRepro. Tox. 1A/1B H360 - May damage fertility or the unborn childRepro. Tox. 2 H361 - Suspected of damaging fertility or the unborn child |
| **Exposure Route (Tick as appropriate):**  |
| Inhalation  |[ ]  Dermal absorption  |[ ]  Percutaneous  |[ ]  Ingestion  |[ ]  Mucosal  |[ ]
| **Tick the range of substances used and quantities stored for this activity (the range is based on an individual unit):** |
| Small up to 1000 ml or g  |[ ]
| Medium 1-1000 L or Kg  |[ ]
| Large >1000 L or Kg  |[ ]

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| **Cytotoxic Drug Risk Assessment Form - Part 2 of 2** |
| **[[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)