|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
|  | **Health & Safety Risk Assessment Form** | | |
| **Ref: CF:004:04:T** | **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) | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health and Safety Biological Agents Risk Assessment Form** | | | | | | | | | | | | | |
| **Division:** | | | | | | **Source of Risk:** | | | | | | | |
| **HG/CHO/NAS/Function:** | | | | | | **Primary Impact Category:** | | | | | | | |
| **Hospital Site/Service:** | | | | | | **Risk Type:** | | | | | | | |
| **Dept/Service Site:** | | | | | | **Name of Risk Owner (BLOCKS):** | | | | | | | |
| **Date of Assessment:** | | | | | | **Signature of Risk Owner:** | | | | | | | |
| **Unique ID No:** | | | | | | **Risk Co-Ordinator:** | | | | | | | |
| **Objective being impacted:** | | | | | | **[[1]](#footnote-1)Risk Assessor(s):** | | | | | | | |
| **[[2]](#footnote-2)HAZARD & RISK DESCRIPTION** | | | **EXISTING CONTROL MEASURES** | | | | **ACTIONS [ADDITIONAL CONTROLS] REQUIRED** | | | | **[[3]](#footnote-3)ACTION OWNER** | | **DUE**  **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** |
|  |  |  |  |  |  | |  |  |  |  | |  |  | |

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)