

**Health and Safety Biological Agents Risk Assessment Form**

Division: Social care			Source of Risk: Risk Assessment on Biological Agents		
HG/CHO/NAS/Function: CHO8			Primary Impact Category: Harm to Person/ Compliance/Service User Experience		
Hospital Site/Service: Drogheda Service for Older Person			Risk Type: <u>Operational</u>		
Dept/Service Site: The Village Residence			Name of Risk Owner (BLOCKS):. SEAMUSMC CAUL		
Date of Assessment: 21/09/2023			Signature of Risk Owner:		
Unique ID No: RA20			Risk Co-Ordinator: Andrea Drooly		
			*Risk Assessor (s): Leena Varghese		
**HAZARD & RISK DESCRIPTION		EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER (i.e. the Person responsible for the action)	DUE DATE
Hazard: Biological Hazards Bacteria, Fungi, Helminths, Protozoa, Prions, Viruses Risk: A Biological Agent may be able to provoke any infection, allergy or toxicity, causing illness		<ul style="list-style-type: none">Local Implementation of Policy on the Management of Biological Agents in the Healthcare Sector 2017Keeping the persons at risk to a minimumInformation and training about biological agentsHygiene protocol in placeInoculations for staffPersonal Protective EquipmentHealth Screening to be made available to those at risk		All relevant staff	Sept 2024
INITIAL RISK RATING			Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed



National Health and Safety Function, Workplace Health and Wellbeing Unit, National HR Division

3	3	9	yes	yes	
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***Risk Assessor to be recorded for OSH risks only.**

****Where the risk being assessed relates to an OSH risk please ensure that the HAZARD and associated risk are recorded on the form. All other risk assessments require a risk description only**