Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	Health & S	Safety Risk A	Assessment Form			
Ref: CF:004:01	RE: Biological Agents R	Risk Assessment Form				
Issue date:	July 2018	Review date:	January 2019			
Author(s):	National Health and Safe	ty Function				
Legislation:	to biological agents in the	Under the Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013, the risks associated with exposure to biological agents in the workplace must be assessed. All risk assessments must be in writing and control measures necessary to eliminate or minimise the risks documented and implemented.				
Note:			any remedial actions identified.			

Administrative Area: Midlands Louth Meath CHO	Primary Risk Category: Infection control
Location: Drogheda services for Older People	Secondary Risk Category: Residents
Section /Ward / Dept: St Mary's Hospital	Tertiary Risk Category: Staff
Date of Assessment: July 2018	Name of Risk Owner (BLOCKS) SEAMUS MCCAUL
Source of Risk:	Signature of Risk Owner:
Unique ID No: 011	

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Direct patient contact/patient care		 Infection Prevention and Control Guidelines Hse DNE Community infection prevention and control Nov 2011 are available in the Departments in hard copy Orientation Course for new staff informs personnel of Infection Control Guidelines Guidelines can be accessed by all staff Support documentation available for relatives, visitors and contractors when required (MRSA Hep B & C are available Canteen facilities available for all staff There are toilet/changing facilities available Hand hygiene guidelines 2015 are implemented There is access to Hand Gels and disinfectants. Training Staff receive training on induction and when a biological agent is identified in the department staff are advised to 		PIC	Review: January 2019

report an appropriate peson and refer to Community Infection Control manual 2011 HSE NE to take recommended action and minimise the risk of cross infection Information and consultation with staff occurs on a frequent basis in relation to infection control and PPE Regular training in Hand Hygiene and Standard Precautions is give Mandatory attendance every 2 years • Hygiene standards are rigorously applied as per appropriate to community settings PPE is available and used when required Staff identify incidents and are aware of procedure for reporting incidents and the prevention of incidents **Work Clothing** Contaminated clothing can be removed before leaving the facility Staff are advised to change into uniform outside of the facility on lunch breaks etc. Contaminated clothing can be secured in plastic bag and kept separately from other clothing Shower facilities are available in changing area to wash if skin becomes contaminated **Personal Protective Equipment** PPE provided is suitable for the required tasks All PPE is located in the store room. **Vaccinations** All new employees are offered appropriate vaccinations relating to their area of work

Existing employees can access advice from Occupational Health if they have exposure concerns on Telephone No 041 6857811 Records of staff vaccinations are held in

• Limited Health Surveillance is available

Occupational Health

Health Surveillance

	Cross Inf	Records of health surveillance are kept in Occupational Health Dept. ection A procedure is in place to deal with spillage of blood and body fluids. (Community Infection Prevention and Control Manual HSE NE Nov 2011 page 28 3.1.8). Standard Precautions Education is given. Monitoring of compliance go guidelines is carried out by Infection Control, Staff and Managers. Community Infection Prevention and Control Manual page 29 part 3.1.19 gives clear steps on the procedure to follow in the event of Staff exposure to blood and body fluids. Guidelines situation in the ward office. Posters are displayed in clinical areas. Staff informed of Guidelines on induction and encouraged to refer to them when appropriate. ection (Control is for exposure to sharps) Community Infection Prevention and Control manual HSE NE 2011 outlines safe handling and disposal of sharps. Page 30 Part 3.1.10 Staff informed of guidelines on induction and encouraged to refer when appropriate. In the events of a sharps injury staff follow the Infection Prevention and Control Manual HSE NE 2011 part 3.1.19				
INITIAL RISK			RESIDUAL RISK			STATUS
Likalihaad	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk	
Likelihood		_		Impact	Rating	
possible	High	15	possible	moderate	9	

Administrative Area: Midlands Louth Meath CHO	Primary Risk Category: Infection control
Location: Drogheda Services for Older People	Secondary Risk Category: Residents
Section /Ward / Dept: St. Mary's Hospital	Tertiary Risk Category: Staff
Date of Assessment: July 2018	Name of Risk Owner (BLOCKS) SEAMUS MCCAUL
Source of Risk:	Signature of Risk Owner:
Unique ID No: 012	

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Handling of Soiled Linen Potential exposure to group 2 and 3 biological agents. Exposure to blood and Body Fluids. Exposure to Sharps		Cross Infection Community Infection Prevention and Control Manual 2011 page 31 part 3.1.11 procedure for management of linen. Staff are familiar with these procedures Guidelines are implemented by all staff In the event of a sharps injury staff follow the community Prevention and Control manual HSE NE 2011 part 3.1.19 and Local Policy "Policy in the Event of a Needle Stick Injury" Vaccination All new employees are offered appropriate vaccinations relating to their area of work. Existing employees can access advice from Occupational health if they have exposure concerns. Records of staff vaccinations are held in Occupational Health. Training Staff receive training and information on potential risks to health when handling soiled linen			Review: January 2019

possible	High	15	possible	moderate	9	possible
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
	INITIAL RISK			RESIDUAL RISK		
	Pred Hyg PPE Staf for r incid Wor Con leav Con bag Shor Staf conf PPE PPE (Glo All F App	gular training in Hand Hygiene and Standard cautions is given. giene standards are rigorously applied is is available and used when required if identify incidents and are aware of procedure reporting incidents and the prevention of dents. rk Clothing Itaminated clothing can be removed before ving the facility. Itaminated clothing can be secured in plastic and kept separately from other clothing ower facilities are available in staff if changing room to wash if skin becomes taminated. Expression provided is suitable for the required tasks oves & Aprons) PPE is stored in the store room propriate PPEs placed in all clinical areas. (on ders)				

Administrative Area: Midlands Louth Meath CHO	Primary Risk Category: Infection control
Location: Drogheda Services for Older People	Secondary Risk Category: Residents
Section /Ward / Dept: St Mary's Hospital	Tertiary Risk Category: Staff
Date of Assessment: July 2018	Name of Risk Owner (BLOCKS) SEAMUS MCCAUL
Source of Risk:	Signature of Risk Owner:
Unique ID No: 013	

HAZARD & RISK DESCRIPTION	IMPACTS/ VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Handling and Disposal of Healthcare Risk Waste. Including, dressings and sharps. Potential exposure to group 2 and 3 biological agents. Exposure to sharps and exposure to body fluids.		Cross infection (Handling and Disposal of Healthcare Risk Waste) Waste Management is managed in accordance with the Regional HSE DNE1 Guidelines for the Management of Clinical Risk Wastes In Non Acute Facility Settings 2014 Infection Prevention and Control Guidelines includes Segregation packaging storing and transport of waste. Vaccination All new employees are offered appropriate vaccinations relating to their area of work. Existing employees can access advise from Occupational Health if they have exposure concerns Records of staff vaccinations are held in Occupational Health. Training Staff receive training and information on potential risks to health of handling and disposal of			Review: January 2019

healthcare risk waste

possible	High	15	possible	moderate	9	
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
	INITIAL RISK			RESIDUAL RISK		STATUS
	Pre Hyg app Stat for inci Wo Cor leav Cor bag Sho ava bec PPE PPE (bo All I	aining in Hand Hygiene and Standard ecautions is given. giene standards and Waste Guidelines are plied and monitored by audit? If identify incidents and are aware of procedure reporting incidents and the prevention of idents. Pork Clothing Intaminated clothing can be removed before ving the Hospital. Intaminated clothing can be secured in plastic gand kept separately from other clothing ower facilities have been upgraded and are ailable in Staff Changing rooms to wash if skin comes contaminated. E E provided is suitable for the required tasks pots, gloves, jackets) PPE is stored in the maintenance dept. propriate PPEs placed in all clinical areas.				

Administrative Area: Midlands Louth Meath CHO	Primary Risk Category: Infection control
Location: Drogheda Services for Older People	Secondary Risk Category: Residents
Section /Ward / Dept: St. Mary's Hospital	Tertiary Risk Category: Staff
Date of Assessment: July 2018	Name of Risk Owner (BLOCKS) SEAMUS MCCAUL
Source of Risk:	Signature of Risk Owner:
Unique ID No: 014	

HAZARD & RISK DESCRIPTION	IMPACTS/ VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Cleaning environment/ decontamination of equipment after use. Potential exposure to group 2 and 3 biological agents.		Cleaning environment / decontamination of equipment after use Community Infection Prevention and Control manual HSE NE 2016 – 2019 onwards Procedure for decontaminating equipment is available to all staff. Staff are familiar with these procedures and can access Community Infection Control manual when required and are available in each ward area Guidelines are implemented by all staff. Vaccination All new employees are offered appropriate vaccinations relating to their area of work. Existing employees can access advice from Occupational Health if they have exposure concerns. Records of staff vaccinations are held in Occupational Health. Health Surveillance Limited Health Surveillance is available. Records of health surveillance are kept in Occupational Health Dept.			Review: January 2019

Staff receive training and information on potential risks to health of handling contaminated equipment

Training

ssible	High	15	possible	moderate	9	
Likelihood	Impact	Initial Risk Rating	Likelihood	Impact	Residual Risk Rating	
INITIAL RISK			RESIDUAL RISK			STATUS
	Pre Hy PP rec Sta for inc Wa Co lea Co an Sh ava ski PP PP (gl All Ap PP	gular training in Hand Hygiene and Standard ecautions is given. Igiene standards are rigorously applied E is available in clinical areas and used when quired aff identify incidents and are aware of procedure reporting incidents and the prevention of cidents. Ork Clothing Intaminated clothing can be removed before aving the Hospital. Intaminated clothing can be secured in plastic bag d kept separately from other clothing ower facilities have been upgraded and are ailable in Staff changing room to wash/shower, if in becomes contaminated. E E provided is suitable for the required tasks oves, aprons, rubber boots, masks and visors) PPE is stored in the store room propriate PPEs placed in holders all clinical areas E usage is monitored by ICNs and CNMs.				CTATUO

Explanatory Notes on completion of a Biological Agents Risk Assessment.

Employers are required to identify the biological agent to which employees are, or maybe, exposed. They must assess the risk, making use of the list of biological agents, their classification, containment levels and measures provided for in the 2013 Code of Practice for Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013 and proceed in accordance with the remaining Regulations where appropriate.

HAZARI	& RISK DESCRIPTION		IMPACT	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
of exposure. Identify the hazard i.e. Classification and the r Code of Practice for the (Biological Agents) Reg Identify number & cate affected. Describe the associate E.g. Risk of infection fr	egory of employees who d risk. rom potential exposure t g staff through inoculatio	r to the 2013 re at Work might be	Refer to Impact Table as per the HSE Risk Assessment Tool, and enter the impacts & vulnerabilities that the risk has on employees, Service users & the Organisation	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. Consider the hierarchy of controls: elimination/substitution/engineering/administrative/PPE. 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.
INITIAL RISK			RESIDUAL RISK			Status	
Likelihood	Impact	Initial Risk Rating		Likelihood	Impact	Residual Risk Rating	
Possible	High	15		possible	moderate	9	