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| Queen’s University BelfastBioCOSHH Risk Assessment |

A BioCOSHH risk assessment is required for work with biological agents and hazards. The form should be completed and signed by the principal investigator. The possession or use of any Hazard Group 3 biological agent or the Hazard Group 2 biological agents *Bordetella pertussis*, *Corynebacterium diphtheriae* and *Neisseria meningitidis* requires permission from the University Safety Service.

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| Title/Aim of project |  |
| Principal investigator/ Responsible person |  |
| School |  |
| Date of assessment |  |
| Location of work(Buildings and room numbers) | . |

# Section 1 Project or Activity

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| 1.1: Brief description of project or activity |
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# Section 2 Hazards

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| 2.1: Biological agents or hazards |
| Pathogens (ACDP/DEFRA Hazard Group 1) |  |
| Pathogens (ACDP/DEFRA Hazard Group 2) |  |
| Pathogens (ACDP/DEFRA Hazard Group 3) |  |
| Toxins |  |
| Carcinogens |  |
| Allergens |  |
| Human primary or continuous cell cultures |  |
| Animal primary or continuous cell cultures |  |
| Human cells or tissues |  |
| Human blood or blood components |  |
| Other human samples (Sputum, Pus, Urine, Faeces, Other bodily fluids) |  |
| Patient contact |  |
| Animals (Laboratory/Domestic/Farm/Wild) |  |
| Animal cells or tissues |  |
| Plants |  |
| Soils |  |
| Other biological hazards |  |
| If a respiratory pathogen/risk of aerosols/freeze dried culture please provide details in Section 3.4 |
| 2.2: Human diseases, illnesses or conditions associated with biological agents or hazards |
| *Please consult the Health Protection Agency website* [*http://www.hpa.org.uk/*](http://www.hpa.org.uk/)*or QUB Occupational Health for information regarding signs/symptoms* |
| 2.3: Potential routes of infection |
| Inhalation Ingestion Injection Absorption □ Other ⬜ | Select all that apply |
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# Section 3 Risks

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| 3.1: Use of biological agents or hazards |
| Small scale ⬜ Medium scale ⬜ Large scale ⬜ Fieldwork ⬜ Animals ⬜ Plants ⬜ Other ⬜ | Select all that apply |
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| 3.2: Frequency of use |
| Daily ⬜ Week ⬜ Monthly ⬜ Other ⬜ | Select one |
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| 3.3: Maximum amount or concentration used |
| Negligible ⬜ Low ⬜ Medium ⬜ High ⬜ | Select one |
|  |
| 3.4: Levels of infectious aerosols |
| Negligible ⬜ Low ⬜ Medium ⬜ High ⬜ | Select one |
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| 3.5: Potential for exposure to biological agents or hazards |
| Negligible ⬜ Low ⬜ Medium ⬜ High ⬜ | Select one |
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| 3.6: Who might be at risk (\*Contact the University Occupational Health Service) |
| Staff ⬜ Students ⬜ Visitors ⬜ Public ⬜ Young people (<18yrs) ⬜ \*New and expectant mothers ⬜ Other ⬜ |
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| 3.7: Assessment of risk to human health of activity |
| **Level of risk** | **Effectively zero ⬜ Low ⬜ Low/medium** ⬜ **Medium ⬜ High ⬜** | Select one |
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| 3.8: Assessment of risk to environment of activity |
| **Level of risk** | **Effectively zero** ⬜ **Low ⬜ Low/medium ⬜ Medium ⬜ High ⬜** | Select one |

# Section 4 Controls

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| 4.1: Containment |
| Laboratory ⬜ Animal facility ⬜ Plant facility ⬜ Other ⬜ | Select all that apply |
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| 4.2: Containment level |
| Containment level (CL 1) ⬜ Containment level (CL 2) ⬜ Containment level (CL 3) ⬜ | Select one |
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| 4.3: Microbiological safety cabinets (MSC) |
| Class 1 □ Class 2 □ Class 3 ⬜ Other ⬜ | Select all that apply |
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| 4.4: Other controls |
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| 4.5: Storage of biological agents or hazards |
| *Are any of the microorganisms / toxins “Schedule 5 Agents” as defined in Part 7 of the Anti-terrorism, Crime and Security Act 2001?* **YES / NO**  |
| 4.6: Transport of biological agents or hazards |
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| 4.7: Inactivation of biological agents or hazards |
| Disinfection ⬜ Autoclave ⬜ Fumigation ⬜ Incineration ⬜ Other ⬜ |
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| 4.8: Personal protective equipment (PPE) |
| Lab coat ⬜ Lab coat ⬜ Surgical scrubs ⬜ Disposable clothing ⬜ Apron ⬜ Spectacles ⬜ Goggles ⬜ Face shield ⬜ Gloves ⬜ Special headwear ⬜ Special footwear ⬜ Other ⬜ | Select all that apply |
|  |
| 4.9: Respiratory protective equipment (RPE) |
|  Disposable mask ⬜ Filter mask ⬜ Half face respirator ⬜ Full face respirator ⬜Powered respirator ⬜ Breathing apparatus ⬜ Other ⬜ | Select all that apply |
| [ENTER DETAILS HERE] |
| 4.10: Health surveillance or immunisation (If you need advice contact the University Occupational Health Service) |
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| 4.11: Emergency procedures |
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| 4.12: Instruction, training and supervision |
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| 4.13: HSE consent or DEFRA/DARD licence |
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| 4.14: Emergency contacts |
| Name | **Position** | **Telephone** |
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# Section 5 Signatures

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| 5.1: Principal investigator/Responsible person |
| **Name** | **Signature** | **Date** |
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| 5.2: Signatures to demonstrate that this assessment has been read and understood by all those undertaking this work: |
| **Name** | **Signature** | **Date** |
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| 5.3: BioCOSHH Supervisor |
| **Name** | **Signature** | **Date** |
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# Risk Estimation Matrix

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| **Severity of harm** | **Likelihood of harm** |
| **High** | **Medium** | **Low** | **Negligible** |
| **Severe** |  |  |  |  |
| **Moderate** |  |  |  |  |
| **Minor** |  |  |  |  |
| **Negligible** |  |  |  |  |