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|  | <h1 style="text-align: center;">Health & Safety Risk Assessment Guidance</h1> | |  |
| Ref: CF:003:04 | RE: Guidance on Completing a Chemical Agents Risk Assessment Form | | |
| Issue date: | November 2017 | Revised Date: | June 2020 |
| Author(s): | National Health & Safety Function | | |
| Legislation | Under the <i>Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001</i> it is the duty of the employer to identify the hazards and assess the risks associated with the use of chemical agents 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: | <p>Please note exposure to COVID-19 may present a health risk to staff and others at our places of work. It is essential that the latest public health advice is followed and suitable control measures identified and implemented to mitigate the risk of COVID-19 infection.</p> <p>When conducting Chemical Agent 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.</p> <p>Where 2 metre worker separation cannot be ensured a specific activity risk assessment must be conducted and alternative protective measures must be put in place e.g. comprehensive hygiene measures, minimising the frequency and time staff are within 2 metres of each other, minimising the number of staff involved in the task, physical barriers, provision of face masks.</p> <p><i>It is responsibility of local management to implement any remedial actions identified.</i></p> <p><i>The following provides an explanation on how to complete a Chemical Agents Risk Assessment Form.</i></p> | | |



| Chemical Agents Risk Assessment – Part 1 of 3 | | | |
|--|---|--|--|
| Division: Insert Division e.g. Mental Health Division / Acute Hospital | | Source of Risk: Document the sources of the risk e.g. Risk assessment, Audit, Inspection Report result of incident | |
| HG/CHO/NAS Function: Insert as appropriate | | Primary Impact Category: Choose the Primary risk category from the HSE Impact Table i.e. Harm to a Person / Compliance | |
| Hospital / Service Site: Insert as appropriate | | Risk Type: Choose whether it is Strategic (most commonly identified at corporate / senior Mgt level) OR Operational (most commonly identified at service delivery level). (delete as appropriate) | |
| Dept/Service Site: Insert name of ward / department e.g St Marys Ward | | Name of Risk Owner (BLOCKS): Insert the name of the person with responsibility to assess and manage the risk in line with organisational policy i.e. normally the Line Manager of Service / Area. | |
| Date of Assessment: Insert date of risk assessment | | Signature of Risk Owner: As above | |
| Unique ID No: Assign a number for each risk assessment | | Risk Co-ordinator: N/A | |
| *Risk Assessor (s): Insert names of those completing the risk assessment | | | |
| Chemical Name (Concentration): <i>Insert Name and concentration</i> | | Chemical Process: <i>Describe the work activity being undertaken</i> | |
| Number of Employees Exposed: <i>Insert number of employees exposed</i> | Categories of employees likely to be exposed: (Tick) Nursing Staff <input type="checkbox"/> Medical Staff <input type="checkbox"/> Care Staff <input type="checkbox"/> Maintenance Staff <input type="checkbox"/> Housekeeping <input type="checkbox"/> Others (please specify) | | Duration and frequency of contact (Hr/day): <i>E.g. 5 mins/4 times per day, 10 mins/twice daily</i> |
| Safety Data Sheet available: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Location of SDS: <i>Describe</i> | Date of SDS: <i>Insert date</i> |
| Amount used and quantity stored <i>Insert amount used and quantity stored</i> | Hazard and risk associated with chemical: <i>Refer to section 2 of SDS. Insert hazard classification and hazard (H) statements or risk phrases.</i> | Exposure Route(s) (Tick) Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> | Dustiness or Volatility, High, Medium or Low <i>To determine volatility refer to section 9 of the SDS for boiling point if applicable.</i> |



| Chemical Agents Risk Assessment – Part 2 of 3 | | | | | | | | | | |
|---|---|---|--|---|---|---|---|---|---|--|
| Classification, Labelling and Packaging (CLP) Hazard Symbols | | | | | | | | | | |
| CLP SYMBOLS |  |  |  |  |  |  |  |  |  | |
| | Acute toxicity hazard | Serious long term health hazard | Health hazard | Corrosion Hazard | Environmental hazard | Flammability hazard | Oxidising Hazard | Explosion Hazard | Stored as gas under pressure | |
| Tick appropriate pictogram. <i>Refer to section 2 of SDS</i> | | | | | | | | | | |
| Insert appropriate signal word i.e. danger or warning . <i>Refer to section 2 of the SDS</i> | | | | | | | | | | |
| Occupational Exposure Limit Value (OELV) If applicable insert airborne OELV : _____ | | | | | | | | | | |
| Refer to Code of Practice to Chemical Agents Regulations | | | | | | | | | | |



*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.

| **HAZARD & RISK DESCRIPTION | EXISTING CONTROL MEASURES | ADDITIONAL CONTROLS REQUIRED | ACTION OWNER (i.e. the Person responsible for the action) | DUE DATE |
|---|---|---|---|--|
| <p>Identify the hazard(s) and risk(s) associated with the chemical</p> <p>Refer to hazard classification and hazard statement(s) or risk phrases</p> <p>Describe the risks associated with the activity being undertaken</p> <p>For example - risk of ill health due to potential exposure to (name chemical) of (specify category of staff) via (specify route of exposure, e.g. skin contact) while (describe work activity) on a (specify the frequency – e.g. daily) basis.</p> | <p>Detail the control measures in place – include all measures to eliminate or reduce the risks e.g.(non-exhaustively):</p> <ul style="list-style-type: none"> • Storage • Waste • Emergency Procedures • Personal Protective Equipment • Hygiene Measures • First Aid • Health Surveillance • Training <p>When examining existing control measures, consider the adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest practicable level.</p> <p>Consider the precautionary statements where applicable (refer to Section 2 of the SDS).</p> | <p>Detail the measures necessary to eliminate or further reduce the level of risk.</p> <p>In line with Schedule 3 of the Safety, Health and Welfare at Work Act, 2005 - Consider the hierarchy of controls: Elimination/ substitution/ engineering/ administrative/ PPE.</p> <p>Consider the interim and long term measures.</p> | <p>Enter the name of the responsible person for implementation of each control measure.</p> | <p>Enter the date by which implementation of the additional controls to mitigate the risk are due.</p> |
| INITIAL RISK | | Risk Status | | |
| Likelihood | Impact | Initial Risk Rating | Open | |
| <p>Rating of risk is carried out <u>taking account of existing control measures</u>. Please refer to HSE Risk Assessment Tool for assignment of likelihood and impact scores and the rating of risk</p> | | <p>Each of the risk should be assigned a risk status. Open, i.e. additional controls have been identified as necessary Monitor, i.e. existing controls are deemed adequate to manage the risk but these need to be periodically reviewed Closed, i.e. that the risk no longer exists e.g. where an unsuitable premises is replaced by a suitable one</p> | | |