Monitoring Assessment Request Form – research with biological organisms/biohazardous material/biotoxin

Purpose

This form is submitted via Workday using the Workday Health Monitoring process. Use this form to request health monitoring for a person who may be exposed to biological organisms/biohazardous material/biotoxin when undertaking research at UQ. This form is submitted and initiated through the WorkDay Health Monitoring process.

Health monitoring may be required if there is significant risk to the worker's health after implementation of control measures and if there is a valid health monitoring method The UQ HSWD Health Team will assess the health monitoring requirements based on the information provided.

Procedure

The decision to conduct health monitoring is informed by risk assessment. This form is used to document relevant hazard, risk and control data.

This form should be completed by the relevant Principal Investigator of the UQ workers or HDR student, in consultation with the UQ workers or HDR student working with the biological organism, and if needed also in consultation with health, safety and wellness staff:

- for each worker for each biological organism /biohazardous material/biotoxin
- for the initial request for health monitoring
- at least yearly for any ongoing health monitoring
- when there is a change to exposure risk.

A separate form is completed for each worker and is specific to each individual biological organism for which health monitoring is being considered. As the WorkDay health monitoring request process is specific to an individual worker, if there are multiple workers exposed to the same biological organism, a separate Workday health monitoring request and form must be completed for each worker.

The cost of health monitoring will be funded by the organisational unit. Therefore, finance details will need to be completed in table below.

Date RISQ raised:		Purchasing Business Unit:	
Finance Officer:		Email:	
Chartstring		Signature	

Section 1: Background information

Name of the worker for which this form is being completed: _____

Name of faculty/institute/school:	
Name of specific business unit:	
Name of Principal Investigator:	
Name and contact details of person requesting the health monitoring:	

What is the specific biological organism /biohazardous material/biotoxin being used for the research purpose for which health monitoring is being requested?	
Are these attenuated or genetically modified strains?	☐ Yes ☐ No

Is health monitoring already in place for the related work tasks associated with the biological organism/biohazardous material/biotoxin?	☐ Yes ☐ No
If yes, what specific health monitoring is in place?	Write details here:
If yes, how regularly is health monitoring conducted?	☐ Annually ☐ Every two years ☐ Other – specify frequency: e.g. baseline only.
If health monitoring is not already in place, what specific health monitoring is requested? (for e.g., specific blood test, urinary metabolite test, lung function test, etc)	Write details here:

Is the worker receiving other health monitoring not related to a specific biological organism? If yes, what specific health monitoring is in place?	Write details here:

Section 2: Hazardous task identification

Name of task that relates to the health monitoring:	

Section 3: Analysis/description of the hazard

Name of the biological organism/biohazardous material/biotoxin	Risk classification (mark as applicable) See https://www.phe.gov/s3/BioriskManagement/biosafety/Pages/Risk-Groups.aspx	What specific disease/health effect is associated with exposure to the biological organism/s. State here including reference
	Risk Group 1 ☐ Risk Group 2 ☐ Risk Group 3 ☐ Risk Group 4 ☐	
Describe the biological organism/biohazardous material/biotoxin being used, its hazard, how the related work is being done, and the exposure precautions taken. Discuss the risks and precautions to mitigate the risks of in vitro and in vivo (animal) work separately.		

Section 4: Degree of potential exposure

The following section determines the frequency, duration of use and potential exposure to the biological organism/s over a certain time period.		
What are the potential routes of exposure?	(mark relevant box/s) ☐ Inhalation ☐ Skin absorption ☐ Eye absorption/splash ☐ Injection ☐ Ingestion ☐ Other - please specify:	
TIME PERIOD - How often do you work with the biological organism/biohazardous material/biotoxin?	☐ Number of days per week = _____ ☐ Number of weeks per month = _____ ☐ number of months per year = _____ ☐	
Frequency and duration of exposure	Frequency what is the usual number of times the worker could be exposed to the substance during an 8-hour period?	Duration How many minutes is the worker exposed each time
	☐ Once	

	☐ Twice	
	☐ hree times	
	☐ Four times	
	☐ Five times	
	☐ Six times	
	☐ Other	

Example for the above questions: If a worker is using a biotoxin in powder form, 3 times a day, 10 minutes each time, 5 days per week for 10 months of the year, then the above A and CB question response would be:

- Number of days per week = 5
- Number of weeks per month = 4
- Number of months per year = 10
- Number of times = 3
- 10 minutes each time

Section 5: Current exposure controls

What exposure controls are currently in place or planned for implementation to minimize the risk? Document this using the Hierarchy of Controls.

HIERARCHY OF CONTROLS

- ELIMINATE: - remove the substance from the task/procedure entirely
- SUBSTITUTE: - replace a harmful substance with a less harmful one or minimize the quantities
- ISOLATE: - separate personnel from the process by distance or barriers
- ENGINEERING: - use machinery, equipment or processes to minimize exposure
- ADMINISTRATION: - use policies, procedures, instructions or signage
- PERSONAL PROTECTIVE EQUIPMENT: - provide and wear protective equipment/clothing

Note: Higher order controls are preferred. Relying only on administrative and PPE controls in absence of isolation and engineering controls increases the likelihood of exposure being inadequately controlled. PPE should be used as a backup for the higher order controls.

Control	Already implemented (mark box for yes)	Planned to be implemented before task continues (mark box for yes)
Isolate workers from the hazard		
Isolation of the process	☐	☐
Enclosure of the process	☐	☐
Closed/sealed containers	☐	☐
	☐	☐
	☐	☐
Engineering		
Local extraction ventilation	☐	☐
Biological Safety Cabinet	☐	☐
Work in appropriate lab for the level of the hazardous organism e.g., PC2 or P3 facility	☐	☐
Administration		
Written safe work/handling procedures including disposal	☐	☐
Written emergency procedures	☐	☐
Written post-exposure procedures	☐	☐
Training of workers in all procedures	☐	☐
Competency-based assessment of safe work practices, including laboratory procedures for all new staff	☐	☐
Good housekeeping practices	☐	☐
Correctly labelled plated cultures	☐	☐
Correct labelling of biological waste	☐	☐
Immunisation	☐	☐
PPE		

Respirator (manufactured to 1716 or equivalent)	☐ Disposable ☐ Half-face ☐ Full-face ☐ Positive pressure ☐ Negative pressure	☐ Disposable ☐ Half-face ☐ Full-face ☐ Positive pressure ☐ Negative pressure
Type of Filter cartridge	☐ Particulate P2 ☐ Particulate P3 ☐ Other ☐ Combined - Specify:	☐ Particulate P2 ☐ Particulate P3 ☐ Other ☐ Combned - Specify:
Tight-fitting respirator fit-tested to the worker	☐ Yes ☐ No	☐ Yes ☐ No
Eye protection e.g., goggles	Write detail here:	Write detail here:
Lab coat	Type:	Type:
Apron	Type:	Type:
Overalls	Type:	Type
Gloves	Type:	Type:
Other PPE	Type:	Type
Other control/s not listed above		

Section 7: Implementation of improved controls to further minimise the risk

If the risk is significant or uncertain, detail here:

- What specific improvements in controls are planned:

- Time period for implementation of improved controls:

- What budget cycle are costs of planned improvement to occur:

Section 8: Contact person(s)

Name of person completing this form:		Date:	
Name of business unit health, safety and wellness person who reviewed this form:			
UQSafe Risk Assessment or Hazard record number associated with this work task			

This form is submitted using the WorkDay Health Monitoring process.