Occupational Health Service

Health Surveillance Compliance Procedure
for Activities in the Biological Service Units or similar Facilities
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**Appendix 1**

Health Surveillance INITIAL Questionnaire Respiratory Sensitisers – Laboratory Animal Allergy (LAA) – QMUL staff or students, visiting researchers

**Appendix 2**

Health Surveillance INITIAL Questionnaire - Respiratory Sensitisers – Laboratory Animal Allergy - Contractors

**Appendix 3**

Health Surveillance REVIEW Questionnaire - Respiratory Sensitisers – Laboratory Animal Allergy

**Appendix 4**

Baseline risk assessment matrix of work tasks and job roles in relation to potential Laboratory Animal Allergen (LAA) exposure to select Personal Protective Equipment (PPE)

**Appendix 5**

Risk assessment for Respiratory Protective Equipment (RPE) Selection

**Document Control**

19
1. Introduction

Health surveillance measures are systematic activities which involve obtaining information about employees' health and which help protect employees at an early stage from health risks at work.

The key objectives for health surveillance are:
- Protecting the health of employees by early detection of adverse changes, ill health effects or disease;
- Collecting data for detecting or evaluating health hazards;
- Evaluating workplace control measures and highlighting defective or insufficient measures.
- Providing a means of training and education of employees (e.g. knowing the impact of and correct use of protective equipment)

2. Key Regulatory Requirements

Under Regulation 6(1) of the Control of Substance Hazardous to Health (COSHH) ‘An employer shall not carry out work which is liable to expose any employees to any substance hazardous to health unless it they have Made a suitable and sufficient assessment of the risk created by that work to the health of those employees and of the steps that need to be taken to meet the requirements of these Regulations.

The Management of Health and Safety at Work Regulations 1999 then requires the employer to provide appropriate health surveillance measures, as identified through the risk assessment. The health surveillance measures will be guided by the risk control measures (engineering, procedural) that are selected in the risk assessment.

Guidance provided under these Regulations indicates that exposure to hazardous substances such as laboratory animal allergens (LAAs) that may be encountered during tasks in a Biological Service Unit (BSU) or a similar facility (e.g. an ‘In vivo’ room, work with certain insects or fish species) would require specific health surveillance measures.

Other hazardous substances handled or encountered during tasks in these facilities may also need to be considered for appropriate health surveillance (e.g. solvents, fumes, dust, biological agents, noise, and vibration).

3. Scope and communication of the Procedure

This procedure applies to all QMUL Managers* where the risk assessment indicates that an employee or other person (e.g. QMUL staff or student, academic or other visitor, contractor) needs to access / conduct tasks in the BSU or similar facility where exposure to LAA’s could occur. *Managers includes:

1. QMUL BSU or similar facility Manager/s
2. QMUL Security Manager/s
3. School / Institute / Directorate Supervisors / Managers who require employees, students and academic or other visitors to undertake research work or observe processes in BSU or similar facilities
4. All Managers noted above and Estate and Facilities Managers who require contractors to undertake servicing, maintenance or refurbishment works in BSU or similar facilities.

The health and safety of all those who need to access the BSU (or similar facilities) is a collective responsibility.
4. Health Surveillance and access protocol for tasks in the BSU (or similar facilities)

The Occupational Health Service (OHS) will undertake health surveillance for respiratory sensitisers such as LAAs as scheduled in the QMUL Policy and Health Surveillance Protocols for Respiratory Sensitisers and Laboratory Animal Allergy.

(a) Request for BSU access will be identified either via the Pre-employment Health Questionnaire (PEQ) or directly by an individual with a QMUL email address to oh-surveillance@qmul.ac.uk. In cases where the individual does not have a QMUL email account the approach will need to be made to OHS by the Line Manager / Supervisor in the same manner.

(b) Please use the health surveillance INITIAL questionnaire form in Appendix 1 for those QMUL staff or students or visiting researchers intending to access the BSU (or similar facility) for the first time and Appendix 2 for contractors accessing BSU facilities.

(c) Please use the health surveillance REVIEW questionnaire form in Appendix 3 upon subsequent reviews for QMUL staff / students or visiting researchers.

Typically, minimal health surveillance for LAAs will include (a) baseline and subsequent health questionnaires, (b) clinical spirometry tests (‘lung function’), and if required, (c) face fit testing (FFT) (d) sensitivity blood test. Detailed protocols for (a), (b), (c) and (d) are held by OHS and can be requested by contacting OHS helpdesk (oh-surveillance@qmul.ac.uk).

(d) If Respiratory Protective Equipment (RPE) / and other Personal Protective Equipment (PPE) is required to protect the person during work in the BSU (or similar facilities), use the ‘Baseline Risk Assessment’ matrix in Appendix 4 to identify the necessary protection, and then complete the risk assessment form in Appendix 5 for RPE selection and face fit testing.

Where other hazards and risks are identified through the task risk assessment (e.g. potential exposure to a biological agent or a hazardous chemical handled in the work activity, significant exposure to dust or fumes), the Manager must liaise with the QMUL Health and Safety Directorate (HSD) H&S Advisers to ensure that the appropriate health surveillance is identified (contact details at http://hsd.qmul.ac.uk/Contact%20Us/index.html) and then the Occupational Health Service informed of the details to enable the appropriate health surveillance.

The BSU (or similar facility) Manager will then authorise access to the individual concerned and inform the individual, their line manager and the QMUL Security Manager by means of a written communication.

Upon receipt of authorised access from the BSU (or similar facility) Manager, the QMUL Security Manager will enable access to the Facility on the person’s QMUL access card and inform the BSU Manager who will then inform the individual and their line manager.

5. Non-compliance protocol

One month prior to the health clearance expiry, the individual will be sent a review health questionnaire (Appendix 3) to their QMUL email address. If there has been no response to the review email from the individual within 1 month of the email being sent, the Line Manager and BSU (or similar facility) Manager will receive a Non-Compliance email requesting for access to the BSU (or similar facility) to be suspended until further notice.
6. Monitoring and Review

Under Regulation 11 of COSHH, it is of vital importance that OHS (on behalf of the employer)

‘…collects, keeps up to date user data and information for determining and evaluating hazards to health.’

All the relevant parties as indicated above need to keep an independent and up to date list of all those requiring access to the BSU (or similar facility) to ensure compliance can be monitored.

This list (an excel spread sheet) will need to note the full name of the person, line manager’s full name, category (staff, student, visitor, contractor) and QMUL School / Institute / Directorate (or external organisation and their QMUL sponsor).

The list needs to be reviewed biannually, OHS will submit their list to BSU (and similar facility) and QMUL Security Manager on:

14th January
14th July

OHS will need to be informed of any discrepancies by:

31st January
31st July

All employees which include those changing roles and those new to QMUL and students / academic visitors must be added to the list and referred to OHS using the QMUL health surveillance procedure.

Equally, OHS should be informed of those who have completed their research or other activities in the BSU (or similar facilities) and/or those who have left QMUL, so that OHS can update the list.

On receipt the OHS will update the BSU (or similar facility) list on their electronic database and will return to the BSU managers. Any breaches or gaps will then be identified to the appropriate QMUL Head of School / Institute / Directorate for action.

7. References

1 Health and Safety Executive, ‘Health Surveillance’. Available online at: http://www.hse.gov.uk/health-surveillance/index.htm


4 http://www.hr.qmul.ac.uk/Occupational%20Health/Health%20Surveillance/index.html

5 http://www.hr.qmul.ac.uk/Occupational%20Health/Pre-employment%20Screening/162516.html
Appendix 1
Health Surveillance INITIAL Questionnaire Respiratory Sensitisers – Laboratory Animal Allergy (LAA) – QMUL staff or students, visiting researchers.

1: Personal Information

First name/s: ............................................. Surname: .................................................................

Date of birth: ............................................. Email address: .................................................................

QMUL School / Institute: ............................................. Job title .................................................................

Manager / Supervisor name, tel no. & email address: .................................................................

2: Initial Work Information

a: Will you be working in an area where you may be exposure to LAA’s? .................................................................

b: What is your intended duration of work with laboratory animals* / tissues or by-products of the laboratory animals? .................................

c: When will your laboratory animal* work start? .................................

*the term 'laboratory animals' also include species such as insects, fish and other micro-organisms (e.g. certain yeasts) that may cause allergy / sensitisation upon exposure.

3: Previous Exposure to Animals

a: Have you ever kept a mouse, rat or guinea pig as a pet? Yes / No

b: Have you worked with laboratory animals before? Yes / No

4: Additional Questions if you have previously worked with animals

a: For how long have you worked with laboratory animals? .................................................................

b: Have you ever been diagnosed as sensitised or allergic to laboratory animals? Yes / No

c: Have you ever experienced any of the following symptoms in association with animal work?

□ Chest tightness? Yes / No

□ Wheezing? Yes / No

□ Sneezing attacks? Yes / No

□ Eye irritation? Yes / No

□ Skin rashes? Yes / No

□ Other symptoms? Yes / No

Details if ‘Yes’ to any of the above

..................................................................................................................................................
5: Allergy Information (all to answer)

a: Have you ever had any of the following conditions:

- □ Dermatitis or eczema? Yes / No
- □ Allergic Rhinitis (including Hay Fever) Yes / No
- □ Asthma Yes / No
- □ Recurrent bronchitis Yes / No

b: Are you allergic to domestic pets? (cats dogs etc.) Yes / No

c: Do you have any other allergies? Yes / No

Details If ‘yes’ to any of the above questions

........................................................................................................................................................................
........................................................................................................................................................................

6: Declaration

I have answered the questions to the best of my knowledge. I agree to participate in the QMUL LAA health surveillance scheme and will report any symptoms of allergy promptly to the Occupational Health Service.

Signed: ................................................................. Date: .....................................................

If identified as required, participation in the health surveillance scheme is a requirement of QMUL Health and Safety Policy under the Control of Substances Hazardous to Health Regulations (COSHH).

Please print out, complete and return the questionnaire to:

QMUL Occupational Health Service
Occupational Health and Safety Directorate
Ground Floor Geography Building
Mile End Campus
London E1 4NS

Alternatively, having printed and completed as above, please scan and return electronically to: oh-surveillance@qmul.ac.uk
Appendix 2
Health Surveillance INITIAL Questionnaire - Respiratory Sensitisers – Laboratory Animal Allergy – Contractors

1: Personal Information
First name/s: ........................................... Surname: .................................................................
Date of birth: .............................. Email address: .................................................................
QMUL School / Institute: ........................................... Job title .................................................................
Manager / Supervisor name, tel no. & email address: .................................................................

2: Initial Work Information
a: Intended duration of work: .................................................................
b: When will your work in the animal facility start? .................................................................
c: Which facilities will you require access to:
   Mile End ☐ Charterhouse ☐ Whitechapel ☐

3: Previous Exposure to Animals
a: Have you ever kept a mouse, rat or guinea pig as a pet? Yes / No
b: Have you worked with laboratory animals or accessed an animal facility before? Yes / No

4: Additional Questions if you have previously worked with animals
a: For how long have you worked with laboratory animals? .................................................................
b: Have you ever been diagnosed as sensitised or allergic to laboratory animals? Yes / No
c: Have you ever experienced any of the following symptoms in association with animal work?
   ☐ Chest tightness? Yes / No
   ☐ Wheezing? Yes / No
   ☐ Sneezing attacks? Yes / No
   ☐ Eye irritation? Yes / No
   ☐ Skin rashes? Yes / No
   ☐ Other symptoms? Yes / No

Details if ‘Yes’ to any of the above
...................................................................................................................................................
...................................................................................................................................................
5: Allergy Information (all to answer)

a: Have you ever had any of the following conditions:

- Dermatitis or eczema? ☐ Yes / ☐ No
- Allergic Rhinitis (including Hay Fever)? ☐ Yes / ☐ No
- Asthma ☐ Yes / ☐ No
- Recurrent bronchitis ☐ Yes / ☐ No

b: Are you allergic to domestic pets? (cats dogs etc.) ☐ Yes / ☐ No

c: Do you have any other allergies? ☐ Yes / ☐ No

Details If ‘yes’ to any of the above questions

…………………………………………………………………………………………………………………...
…………………………………………………………………………………………………………………….

6: Declaration

I have answered the questions to the best of my knowledge.

I ………………………………………………………………………………………………………………. (contractor’s name)

Understand the results of my health surveillance, and accept that it does not mean that I will not suffer any ill health after working in areas where respiratory sensitisers may be present. I confirm that I am aware I will also have to follow the control measures set out in the risk assessment in order to minimise the risk of LAA exposure or sensitisation.

Signed: …………………………………………………… Date: ……………………………

Please print out, complete and return the questionnaire to:

QMUL Occupational Health Service
Occupational Health and Safety Directorate
Ground Floor Geography Building
Mile End Campus
London E1 4NS

Alternatively, having printed and completed as above, please scan and return electronically to: oh-surveillance@qmul.ac.uk
Appendix 3
Health Surveillance REVIEW Questionnaire- Respiratory Sensitisers – Laboratory Animal Allergy

1: **Personal Information**

First name/s: ........................................ Surname: ..............................................................

Date of birth: ...................................... Email address: ......................................................

Department: .......................................... Job title: ..........................................................

Manager/Supervisor: ......................... Tel. No: ..........................................................

2: **Work Information**

a: Do you still work with animals or need to go into areas where they are present? Yes / No

b: How long have you worked with animals? Years / Months: ..............................................

c: How many hours per month (on average) do you spend working with animals? .................

d: Are there any significant changes to your work? Yes / No

(E.g. new species, changes in the level of exposure, new organisms, new hazardous substances)

If yes, identify the change/s: ....................................................................................................

e: Which facilities do you use?

Mile End ☐ Charterhouse ☐ Whitechapel ☐

3: **Health Information**

a: Have you ever been diagnosed with, or investigated for laboratory animal allergy? Yes / No

b: Are you affected by other allergies? Yes / No

c: Do you have asthma or a history of asthma? Yes / No

(If **yes** to any of the above please give details): ........................................................................

3.2 **Since your last questionnaire, have you experienced any of the following symptoms?**

a: Repeated sneezing attacks, itchy and/or runny nose Yes / No

b: Eye irritation or watering? Yes / No

c: Chest tightness or shortness of breath? Yes / No
d: Episodes of wheezing or asthma? Yes / No

e: Persistent or recurring cough? Yes / No

f: Skin rashes or reaction of scratched by an animal Yes / No

(If Yes to any of the above please give details)

Details: .................................................................

1.1 If you have had symptoms do these seem to be related to your work? Yes / No If

Yes please give reasons: .................................................................

2 Declaration

I declare that I have answered all the above questions to the best of my knowledge.

Signed: .................................................................................. Date: .............

Please print out, complete and return the questionnaire to:
QMUL Occupational Health Service
Occupational Health and Safety Directorate
Ground Floor Geography Building
Mile End Campus
London E1 4NS

Alternatively, having printed and completed as above, please scan and return electronically to: oh-surveillance@qmul.ac.uk

Occupational Health use only

Date received in Occupational Health Department: ............................................................

Fit / Unfit / Referred to OHP [please circle]

Name: ...................................................................................................................

Occupational Health Physician / Advisor
APPENDIX 4 - BASELINE RISK ASSESSMENT MATRIX OF WORK TASKS AND JOB ROLES IN RELATION TO POTENTIAL LABORATORY ANIMAL ALLERGEN (LAA) EXPOSURE TO SELECT PERSONAL PROTECTIVE EQUIPMENT (PPE)

COSHH requires employers to carry out a suitable and sufficient assessment of the risks to health of an employee wherever exposure to animal allergens is likely to occur. A baseline risk assessment matrix relating to typical work tasks and job roles is provided below to enable suitable PPE (e.g. Respiratory Protective Equipment (RPE) such as disposable half masks; hand / skin protective equipment such as gloves) to be selected. For the purpose of the baseline risk profile assessment, non-QMUL employees who may need assessment and PPE are also included.

Specific risk factors relating to the individual (e.g. existing susceptibility to LAAs, existing health conditions such as asthma or other lung diseases) and specific work task / location risk factors (e.g. confined spaces, manual handling, handling of pathogenic and chemical hazards) are not taken into account in the baseline assessment. These risk factors must also be assessed in conjunction with the baseline risk profile assessment.

The QMUL Manager responsible for the employee or non-QMUL employee should select the appropriate ‘baseline risk assessment matrix number’ below and enter it in Appendix 5 (response to Q5) in order to select the appropriate RPE / PPE, in consultation with the BSU Manager, Occupational Health Adviser / Physician and the individual concerned.

<table>
<thead>
<tr>
<th>Typical Work Tasks</th>
<th>Job Roles that may undertake these tasks</th>
<th>Potential Exposure Risk Level (Likelihood)</th>
<th>Recommended Respiratory Protective Equipment (RPE) to protect against exposure to LAAs</th>
<th>Other Recommended PPE to protect against LAAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Manual cage cleaning tasks (e.g. removing dirty bedding, vacuuming, filter changing, emptying of dirty bedding into sacks, moving dirty cages for washing), not conducted within an effective Local</td>
<td>BSU or In vivo Room Technician / QMUL Researcher</td>
<td>High</td>
<td>*Minimum: Disposable half mask FFP3 or re-usable half mask with disposable particle FFP3 (Face fit test required, quantitative).</td>
<td>For hands: non-latex disposable gloves (PPE Directive - Category III complex design). For body: Task dedicated (disposable or re-usable) outer clothing: laboratory</td>
</tr>
<tr>
<td></td>
<td>Exhaust Ventilation (LEV) system (e.g. cage transfer station)</td>
<td>BSU or In vivo Technician / QMUL Researcher / Visiting Academic Researcher</td>
<td>BSU or In vivo Room Technician / QMUL Researcher / Visiting Academic Researcher</td>
<td>Service Engineer or Contractor / BSU or In vivo Room Technician</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>2</td>
<td>Transferring animals from dirty <strong>standard</strong> cages to clean cages or procedure rooms, <strong>not</strong> conducted within an effective LEV system (e.g. cage transfer station)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Carrying out (or observing) procedures that generate LAAs from animals (e.g. shaving), <strong>not</strong> conducted within an effective LEV system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Servicing or repairing ‘dirty’ LAA-contaminated or uncleansed equipment (e.g. cages, exhaust ducting) or maintenance / repair tasks in or Security access to a high risk exposure area.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procedure Description</td>
<td>Responsible Party</td>
<td>Risk Level</td>
<td>Additional Information</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5</td>
<td>Observing procedures for high risk tasks (cage cleaning, procedures not conducted in an effective LEV)</td>
<td>BSU or In vivo Room Technician / QMUL Researcher / Visiting Academic Researcher</td>
<td>High</td>
<td>If the task is wholly within an effective LEV and if other respiratory hazards are not present, then RPE should not be required.</td>
</tr>
</tbody>
</table>
|   |                                                                                                                  |                                                                                                     |            | If tasks require movement of animals or animal materials in and out of the LEV system, then Disposable half mask FFP3 or re-usable half mask with disposable particle FFP3 should be worn for those parts of the task (Face fit test required, qualitative or quantitative). Where face fit not possible, then investigate re-usable disposable...
<p>| 6 | Transferring animals from dirty to clean cages or to procedure rooms in Independent Ventilated Cages (IVC) with integral HEPA** filters and within an effective LEV system (e.g. cage transfer station) | BSU Technician / QMUL Researcher / Visiting Academic Researcher                                     | Low        | For hands: non-latex disposable gloves (PPE Directive - Category III complex design). For body: Dedicated (disposable) outer clothing: laboratory coat with close fitting cuffs on long sleeves or tyvek suit, disposable shoe covers |
| 7 | Cage cleaning tasks within an effective LEV system ventilated (e.g. cage cleaning station)                        | BSU Technician or In vivo Room technician / QMUL Researcher                                         | Low        |                                                                                                                                                                                                                         |
| 8 | Observing animal procedures where LAA exposure is minimal                                                      | BSU Technician / QMUL Researcher / Visiting Academic Researcher                                     | Low        |                                                                                                                                                                                                                         |
| 9 | Maintenance or repair jobs, Security access in medium risk areas (typically holding or In vivo rooms with IVC systems) | Service Engineer or Contractor / BSU or In vivo Room Technician                                      | Medium to Low |                                                                                                                                                                                                                         |</p>
<table>
<thead>
<tr>
<th>10</th>
<th>Carrying out procedures that generate allergens from animals (e.g. shaving), within an effective ducted LEV system</th>
<th>BSU Technician or In vivo Room Technician / QMUL Researcher / Visiting Academic Researcher</th>
<th>Low</th>
<th>ventilated hood / helmet respirators.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Servicing or repairing ‘clean’ BSU equipment such as cages, exhaust ducting, LEV systems which are switched off and have been cleaned</td>
<td>Service Engineer or Contractor / BSU Technician</td>
<td>Low</td>
<td>RPE Should not be required if other respiratory hazards are not present</td>
</tr>
<tr>
<td>12</td>
<td>Maintenance or repair jobs, Security access in lower risk areas (e.g. corridors which are positively pressurised in relation to adjacent holding rooms)</td>
<td>Service Engineer or Contractor / BSU or In vivo Room Technician</td>
<td>Low</td>
<td>RPE should not be required if other respiratory hazards are not present</td>
</tr>
</tbody>
</table>

The following HSE documents give further details, standards and information on RPE and LAAs:

Control of Laboratory Animal Allergy [http://www.hse.gov.uk/pubns/eh76.pdf](http://www.hse.gov.uk/pubns/eh76.pdf)

*Note - The HSE recommend minimum of **FFP3 conforming to BS EN 149:2001** where tight fitted RPE is identified as required for protection against LAAs.

**HEPA – High Efficiency Particulate Absorption Filters.**
Appendix 5: Risk assessment for Respiratory Protective Equipment (RPE) Selection

Risk assessment for Respiratory Protective Equipment (RPE) Selection

1. Personal Information (of the person intending to wear RPE)

First name/s: .......................................... Surname: .............................................
Date of birth: .............................................. Email address: .............................................
QMUL School / Institute / Directorate (or external organisation): .............................................
Job title ........................................................ Contact number: .............................................

2. Manager Information

First name/s: .......................................... Surname: .............................................
Email address: .............................................. Contact number: .............................................

3. In brief, describe the job or work assignment for which RPE will need to be used:

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

4. Select the hazardous substances / animals that may need RPE to protect against?

(note - not all work with laboratory animals / other species or hazardous substances would need RPE for personal protection to prevent exposure; other safety measures involving engineering controls (e.g. ventilated cage system, safety cabinet), isolation, segregation, reduction are available, please contact your H&S Adviser for your area for further information – contact details at http://hsd.qmul.ac.uk/Contact%20Us/index.html, consult the HSD website http://hsd.qmul.ac.uk/ or the HSE website http://www.hse.gov.uk/).

<table>
<thead>
<tr>
<th>Hazardous Substance / Animal</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory animal allergens (LAA)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Insects</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Fish or other amphibians</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Reptiles</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Other species – please specify……………</td>
<td></td>
</tr>
<tr>
<td>Solvents or other volatile hazardous chemicals</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Volatile radioisotopes</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Aerosolised or airborne hazardous biological agents</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Dust</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Plants and plant materials</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Other hazardous substances</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>
If yes, to any of the above, identify specific details here: …………………………………
………………………………………………………………………………
………………………………………………………………………………
………………………………………………………………………………

5. Select and note the ‘Baseline Risk Matrix’ numbers from the table (Appendix 4) above appropriate to the work tasks here:
………………………………………………………………………………
………………………………………………………………………………
………………………………………………………………………………

6. If work tasks are not in the BSU (or similar facility), and / or involve hazardous substances / materials /organisms other than LAAs, identify the likelihood of exposure in terms of High / Medium / Low:
………………………………………………………………………………
………………………………………………………………………………
………………………………………………………………………………

7. Identify safety measures that are in place or have been considered in order to eliminate or reduce exposure to a negligible level:
………………………………………………………………………………
………………………………………………………………………………
………………………………………………………………………………

8. If no other alternatives exist to eliminate or reduce exposure to a negligible level during the work circle (or identify) Type/s of RPE that may be needed for the work tasks?

Disposable half mask (FFP3 – highest protection level; this will be applicable for most tasks needing RPE at QMUL)
Gas / vapour filters half mask
*Re-usable* full face mask respirator with *disposable* particle filter (FFP3 standard)

Re-usable ventilated hood / helmet respirators (TM3 / TH3 standard – highest protection)
Powered-air purifying respirators
Supplied-air (pressure demand) respirators

Other respirators: …………………………………………………………………………………..
9. Circle extent of RPE use:

- Full Shift (Daily)
- Task Dependent (Occasionally)
- Rarely (Emergency Use Only)

Length of time respiratory protection will be required (hours per day): ............................................

10. Environmental / Work Conditions:

Will there be elevated temperatures during the work? Yes / No

Identify temperature / range: °C

Is the work in confined spaces? Yes / No

Identify nature of confined space: .................................................................

Other Personal Protective Equipment (PPE) to be used: ..........................................................

..........................................................................................................................................................

Other factors that may impede use of RPE: .................................................................

..........................................................................................................................................................

11. Attestation

I attest that the information above is correct to the best of my knowledge.

Manager / Supervisor Name:

Manager / Supervisor Signature:

Date:

..........................................................................................................................................................

12. BSU Use Only:

(Note / affix decision/s note and if applicable, Face Fit Test Certificate)
### Document Control

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**QMUL Key Managers Consultation:** Feb 2015

**Status:** LIVE - Version 1 (Ref QM_OHS_HS_Procedure_0005_06.15_V1)  
**Date of Issue:** 11.11.2015  
**Date of next Scheduled Review:** 11.11.2018

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