**REPORTING A CASE OF****DISEASE OR DEATH FROM OCCUPATIONAL EXPOSURE TO A BIOLOGICAL AGENT**

*Regulation 12(5) of the Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013 -2020*

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| 1. The purpose of this form is to enable an employer or medical practitioner to notify the Authority, under regulation 12(5) of the Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013-2020, of a case of disease or death resulting from occupational exposure to a biological agent.
2. No personal details of the person who has contracted the disease or died because of exposure to a biological agent should be recorded on the form.
3. Please submit the completed form to our Workplace Contact Unit at contactus@hsa.ie
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|  |  | **Notes** |
| **Name of Notifier:** |  | **N1** |
| Notifier type: | Choose an item. | **N2** |
| Tel: |  |  |
| Email: |  |  |
| Employer Place of Work Address: |  |  |
| **Notification type:** | Choose an item. | **N3** |
| Employee occupation/Job role |  | **N4** |
| Employee work activity |  | **N5** |
| **Disease & causative biological agent** |  | **N6** |
| **Date of Notification** | Click or tap to enter a date. | **N7** |

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**Notes**

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| **N1** | The employer (or employers representative) or responsible/registered medical practitioner submitting the report must include their name in this section of the report. |
| **N2** | Select the category of person who is submitting this report i.e. the employer or medical practitioner |
| **N3** | Select the type of Notification :1. Diagnosed case of disease resulting from occupational exposure to a biological agent or
2. Death of an employee resulting from occupational exposure to a biologicalagent
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| **N4** | Describe the occupation/ job role that the employee was engaged in during the period of exposure or prior to the death of the employee. For example: a laboratory assistant, nurse, general operative, waste collection operative etc. |
| **N5** | Include the principle work activity of the employee e.g. laboratory diagnostic work , treatment of waste water, providing care to intensive care patients, handling and processing domestic waste etc.  |
| **N6** | Include a short description of the diagnosed disease and causative biological agentthat led to the illness or death of the employee e.g. Legionnaires disease caused by legionella bacteria or Death due to legionnaires disease from exposure to legionella bacteria |
| **N7** | Select the date the form will be submitted to the Authority |

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| **Data Protection**The security of your data is a priority for the Health and Safety Authority and we are committed to respecting your privacy rights. We will handle your data fairly and legally at all times. We will also be transparent about what data we collect about you and how we use it. You can see our overall privacy policy on <https://www.hsa.ie/eng/Privacy/>The contact details provided on this form will only be used for verification purposes and will kept for no longer than is necessary.You have various rights under data protection law, subject to certain exemptions. You have the right to request a copy of the data we hold about you, the right to request that any inaccurate/incomplete data about you is corrected/updated, the right to request the personal data we hold about you be deleted and the right to request that we stop processing your data. In order to exercise any of these rights, please contact us by emailing dpo@hsa.ie or writing to Data Protection Officer, Health and Safety Authority The Metropolitan Building, James Joyce Street, Dublin 1, D01 K0Y8. . You also have the right to lodge a complaint with the Data Protection Commission if you are unhappy with our processing of your personal data. Details of how to lodge a complaint can be found on the www.dataprotection.ie website.The information provided on this form will be treated as confidential and will not be shared with a third party except where required by law. The Health and Safety Authority is subject to the Freedom of Information Act 2014. |