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<td><strong>Number</strong></td>
<td>Issue 6</td>
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<td><strong>Approved by</strong></td>
<td>CUH Management Team</td>
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<td><strong>Approval date</strong></td>
<td>July 2015</td>
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<td><strong>Issue date</strong></td>
<td>September 2015</td>
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<tr>
<td><strong>Review date</strong></td>
<td>September 2017</td>
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<td><strong>Author(s)</strong></td>
<td>Marie J. McCarthy, Services Manager</td>
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1.0 Introduction


This is the Safety Statement for Cork University Hospital (CUH). This Statement covers Cork University Hospital, Cork University Maternity Hospital and The Acute Adult Mental Health Unit and where used the acronym CUH should be interpreted in this way. The Cork Dental Hospital, which is located on the Cork University Hospital site, does not fall within the scope of this document. The Authorities of the Dental Hospital will be responsible for preparing a Safety Statement for that Hospital and the Dental Theatre. The same applies to the Consultants Private Clinic. It should be read in conjunction with the HSE Corporate Safety Statement and other documents listed below. These should be available from each Department Head/Responsible Person and/or your Safety Representative.

This Safety Statement identifies key hazards and risks arising from the activities of the Hospital, together with the arrangements for their management. It sets out the responsibilities of Senior Management, Department Heads and other Responsible Persons and the resources available.

The Safety Program for Cork University Hospital consists of the following:

- The HSE Corporate Safety Statement 2014
- CUH Safety Statement 2015
- Safety, Health and Welfare at Work Act 2005
- The Department/Ward Safety Statements
- The Hazard identification and control sheets (risk assessments) prepared by each department/ward/service (Risk Assessment form)
- The Safety Guidance Sheets and/or Standard Operating Procedures.
- The various policy documents issued by the HSE and the Hospital
- Local QIP for Fire, Health & Safety (Appendix 13)
- CUH Risk Register
- HSE Code of Standards and Behaviour 2009
- HSE Performance Management Framework 2012
- HSE Management Controls Handbook 2014
- HSE Employee Handbook 2014
- Dignity at Work Policy for the Health Services 2010

Where possible, the safety management programme for the CUH will follow the guidelines and principles outlined in the recently published Health and Safety

2.0 Policy

The policy of the HSE with regard to Safety, Health and Welfare at Work has been set out in the Corporate Safety Statement. This ancillary statement confirms the commitment of the Executive Management Board and Hospital Management and sets out the means by which it is proposed to ensure, so far as is reasonably practicable, the safety, health and welfare of the HSE’ employees at the Cork University Hospital.

It is the objective of Hospital Management to manage health, safety and welfare and provide and maintain a safe place of work, safe plant and equipment, and Safe Systems of Work (Safety Guidance Sheets), etc. for its employees at the Cork University Hospital. To achieve this objective, Hospital Management will use all means made available to it by Management of the South/South West Hospital Group.

Safe working is a condition of employment. Every employee in the Cork University Hospital is required to take responsibility for working safely. The success of the policy depends on employee co-operation. It is, therefore, essential that you read this document carefully and understand your role and responsibility in relation to the overall arrangements for health, safety and welfare in the Cork University Hospital.

Please be advised that as detailed in Section 80 of the Safety, Health and Welfare at Work At 2005, responsibility and accountability for maintaining a safe working environment in terms of the management of health and safety, including fire safety, lies with the relevant Line Manager.

Signed: ____________________________
T. McNamara, CEO.

Date: ____________________________
01.09.15
3.0 **Organisation & Responsibilities**

Whilst all employees have a role to play in the successful implementation of the safety Management Programme the HSE has delegated the day-to-day operational management of health, safety and welfare to directors and senior managers all of whom will ensure that suitable and sufficient safe systems are in place.

3.1 An organisation chart in Appendix 1A and 1B shows the relationship between the local management, responsible persons and the staff.

3.1.1 **Key Responsible Persons**

a) CEO  
b) Clinical Directors  
c) Director of Nursing/Director of Midwifery/Assistant Directors of Nursing/Midwifery  
d) Operations Manager  
e) Chair of Risk Management Committee  
f) Risk Manager  
g) Chair of Safety and Infrastructural Risk Team  
h) Chair of Radiation Safety Committee  
i) Finance Manager  
j) Chair of Support Services Board  
k) Medical Manpower Manager  
l) Hospital Engineering Officer  
m) Service Manager  
n) Human Resource Manager  
o) Information Manager  
p) Business Managers  
q) Hospital Biomedical Engineer

3.1.2 **Key Personnel**

a) Fire and Safety Officer  
b) Fire Safety Administrative Officer  
c) Estates Manager  
d) Engineering Officer  
e) Consultant Occupational Health Physician  
f) Consultant Microbiologist  
g) Director of EAP  
h) Chief Physicist  
i) Chief Security Officer  
j) Radiation Protection Advisor

3.1.3 **Responsible Persons**
All those who have responsibility for the management of resources and the supervision of staff are identified as **RESPONSIBLE PERSONS** and are responsible for the integration of safety, health and welfare into all activities undertaken within the CUH.

a) *Clinical Nurse/Midwifery Managers III/II/I*

b) *Head of Department/Service Managers/Line Managers, etc.*

### 3.2 Responsibilities of the Chief Executive Officer (CEO).

The CEO has direct responsibility for ensuring the safety, health and welfare of all employees in Cork University Hospital and is designated the overall Responsible Person.

This responsibility is managed on an operational / day-to-day basis by the Key Responsible Persons, the Key Personnel and the Responsible Persons.

### 3.3 Responsibilities of Key Responsible Persons and Key Personnel.

#### 3.3.1 Ensuring the safety, health and welfare of all CUH employees, the general public and any other persons who may be affected by the undertaking of the hospital.

#### 3.3.2 Implementing the Corporate, Ancillary and Departmental Safety Management Programmes as applicable and coordinating the management of safety, health and welfare through the Department Heads and other Responsible Persons.

#### 3.3.3 Ensuring that the Hospital Safety Management Program is kept up-to-date by ensuring that this Safety Statement is reviewed at least annually and that new safety policies (covering local practices for example) and safe work practices are developed as the need arises. Reports on annual reviews should be made to the EMB via the Risk Management Committee.

#### 3.3.4 Estimating resource requirements (spent and projected) for the execution of the safety management program within the CUH.

#### 3.3.5 Ensuring there are sufficient competent persons having regard to the size of the workplace and the inherent risks and ensuring that those persons have sufficient information on the risks.

#### 3.3.6 Coordinating the management of safety throughout the entire complex by meeting with the appropriate responsible person for non HSE enterprises on site, including (non-exhaustively):

- UCC Dental Hospital
- UCC Laboratories/Clinical Sciences Building
- UCC Child Intervention Clinics
- The Shop Contract Staff,
- The Clinical Waste Storage/Collection Facility, and
- The MRI unit.
- Consultants Private Clinic.
3.3.7 To ensure that the hazards and risks to employees and others arising from the activities of the Hospital are identified, recorded and incorporated in the Hospital and Departmental Safety Statement as appropriate. Ensure that the Hazard identification and control sheets (Risk Assessments) are reviewed and distributed to the Action Person(s) indicated therein.

3.3.8 Establishing the Hospital Safety & Infrastructural Risk Team.

- The SIRT is convened by the Hospital, in pursuance of the Health Service Executive – South’s obligations under (non-exhaustively) the Safety, Health and Welfare at Work Act 2005 and the Safety, Health and Welfare at Work (General Application) Regulations 2007. The SIRT reports into the Risk Management committee.

- The team is responsible for assisting the Organisation in establishing and maintaining a safe and secure hospital environment for staff, contractors, patients and visitors.

3.3.9 Establishment of a Risk Management Committee.

The Risk Management Committee (RMC), operating on behalf of the EMB, will lead on the establishment and maintenance of an effective system of risk management and internal controls across the CUH Group activities to support the achievement of the CUH Group objectives. The RMC will coordinate the provision of assurance to the EMB that risks are being identified, action plans to mitigate risks are being developed and that ‘strategically significant’ risks are being considered.

3.3.10 To ensure distribution of appropriate Safety Guidance Sheets to employees in their area of responsibility.

3.3.11 To monitor the work practices of all staff to ensure the staff under their supervision comply with all hospital and Fire Safety policies and procedures i.e Smoke Free Campus Policy.

3.3.12 To identify training and information needs and ensure attendance of all staff at Fire Safety and Occupational Health, Safety and Welfare training. Ensure all staff under their supervision are facilitated to attend the mandatory Prevention and Control of Health Care Associated Infection (PCHCAI) training every two years.

3.3.13 To ensure that safety and health considerations form an integral part of specifications for new substances or medical equipment being introduced into the hospital.
3.3.14 Assessing the manual handling training needs of all staff and with the assistance of the Moving and Handling Training Coordinator developing existing training programs to meet these needs.

3.3.15 Maintaining a register of those employees who attend all training and refresher courses.

3.3.16 Ensuring the provision of sufficient and adequate lifting aids in their ward or department.

3.4 Responsibilities of Responsible Persons

In accordance with the Safety, Health and Welfare at Work Act 2005 and General Application Regulations 2007, Responsible Persons shall:

- Complete Local Fire Plan; Update Local Fire Plan on an annual basis;
- Prepare Department Safety Statement;
- Update Dept. Safety Statement annually and all staff to read it annually;
- Prepare Department Risk Assessment annually;
- Update Risk Assessment annually; Ensure Fire Safety Register – Daily Checklists are completed;
- Forward Fire Safety Register – daily checklists to Services Office at year end;
- Ensure all staff attend mandatory Fire Training and attend refresher training annually;
- Ensure every bed has an intact fire evacuation sheet attached;
- Forward a copy of the completed QIP to the Services Dept. on an annual basis;
- Ensure a copy of all the above is retained in the purple dept. Health & Safety file;
- Ensure all staff read the Safety file annually and sign the acknowledgement sheet.

3.4.1 Ensure within their area of responsibility that health and safety and fire safety is managed

3.4.2 Conduct risk assessments of daily activities & record the findings on an appropriate risk assessment pro-forma for incorporation into this Statement and Departmental Safety Statements.

3.4.3 Perform regular reviews (at least annually) of their risk assessments and systems of work, Safety Guidance Sheets (see Appendix 4). More frequent reviews may be required if circumstances change. A Hazard Identification and Control Sheet, as illustrated in the Appendix 2 can be used for this process. The HSE employs Fire & Safety Officers who, together with the Hospital Engineers, Engineering Officer, Risk Manager, etc., will be available to assist the Responsible Persons and Heads of Dept in carrying out the safety reviews. It may be necessary, in
some cases, for the Responsible Persons to seek specialist assistance from elsewhere and the Hospital Safety Manager will facilitate this arrangement whenever possible.

### 3.4.4 Co-ordinate and co-operate with other Responsible Persons in securing the safety, health and welfare of staff within their area of responsibility.

### 3.4.5 Ensure up to date Hazard identification and control sheets (Risk Assessments are retained on file, maintained and that all staff under their supervision read and are familiar with same.

### 3.4.6 Distribute policy documents and Safety Guidance Sheets and any other safety related information to staff/colleagues and, so far as is reasonably practicable, co-operate and share on as is necessary to protect the health, safety and welfare of others sharing the workplace. Safety statements should be brought to employees’ attention on commencement of employment and at least annually thereafter. A record of acknowledgement and understanding should be kept by the Responsible Person. The safety statement should be kept available in every workplace.

### 3.4.7 Supervise and monitor the implementation of existing policy documents and Safety Guidance Sheets e.g. using the Fire Safety Register -daily check lists and the Local Fire, Health and Safety QIP.

### 3.4.8 Conduct local audits of issues affecting safety, health and welfare and accompany and assist Fire and Safety Officers and any other auditor on safety audits within their area of responsibility. Audits should include the Fire Safety Register -daily check lists and Local Fire, Health and Safety QIP.

### 3.4.9 Ensure that any equipment provided is suitable and safe for its intended use and that it is adequately serviced and maintained by a competent person.

### 3.4.10 Ensure that adequate and suitable personal protective equipment is provided and used by staff.

### 3.4.11 Ensure so far as is reasonably practicable, the prevention of risk to employees’ health from exposure to noise, vibration or ionising/non-ionising radiation or any other physical agent.

### 3.4.12 In consultation with the Consultant Occupational Health Physician, ensure that a suitable programme of immunisation and health surveillance is available to each individual member of staff, where necessary and appropriate.

### 3.4.13 Ensure that agents capable of causing occupational illness and ill-health are adequately monitored and, in consultation with the Consultant Occupational Health Physician, ensure that staff receive adequate health surveillance where risk assessment demonstrates the need.
3.4.14 Consult with their staff and/or Safety Representative and to act upon representations made where necessary.

3.4.15 Identify the training and information needs of employees under their control relating to occupational safety, health and welfare and ensure that staff have an opportunity to attend. In particular:

- Provide training on the commencement of employment (i.e. induction covering local and hospital fire and safety).
- Re-training in the event of a transfer or change of task, or the introduction of new systems of work or technology.
- Ensure that all staff under the Responsible Person’s supervision receive mandatory tuition on fire safety on a yearly basis.
- Ensure attendance at manual handling training and refresher courses as necessary.
- Ensure attendance, as appropriate; at training covering workplace violence and aggression (see HSE policy on management of work related aggression and violence 15 July 2014)
- Ensure all staff under their supervision are facilitated to attend the mandatory Prevention and Control of Health Care Associated Infection (PCHCAI) training every two years.

3.4.16 Maintain training records for all staff members.

3.4.17 Conduct local investigations of accidents/incidents (where appropriate), record details on a report form and forward same to the relevant persons.

3.4.18 Draw up suitable fire and emergency precautions for their area of responsibility and ensure that fire and evacuation drills are carried out. Emergency plans should ensure:

- Those adequate measures are in place for informing employees of emergencies and serious, imminent or unavoidable dangers.
- That action is taken, including instructing employees to stop work and/or leave the place of work and proceed to a safe place.

3.4.19 Estimate the resource allocation and budget requirements for the implementation of the Safety Management Program in their department.

3.4.20 Ensure that contractors have up-to-date safety statements and risk assessments. Additionally, information on relevant safety, health and welfare issues should be shared with contractors.

3.4.21 Cooperate with contractors and others with whom workplaces are shared.

3.5 Employee General Duties
The Safety, Health and Welfare at Work Act 2005 and General Application Regulations 2007 place a number of obligations on employees at work. That is, all employees have a responsibility to:

3.5.1 Take reasonable care of their own health, safety & welfare and that of other persons.

3.5.2 Co-operate by, for example, following Safety Guidance Sheets, thereby enabling the HSE to comply with statutory provisions.

3.5.3 Use protective clothing and / or safety devices provided for protection.

3.5.4 Report without delay any defects (of which he/she is aware) in the work, the place of work, systems of work, any article or substance or contravention of any relevant statutory provisions that might endanger safety, health or welfare.

CUH management takes Health and Safety seriously, however in order to ensure that issues are handled expeditiously and effectively it is imperative that issues be reported through the appropriate channels. That is, all health and safety matters should be brought to the attention of the relevant Responsible Person (Line Manager/Department Manager) in the first instance. Health and Safety Representatives also advocate on health and safety issues within the hospital (see Section 4.5 and Appendix 10).

3.5.5 Additionally, the CUH requires each employee to immediately report to the responsible person any accident or incident where there is or there could have been a loss or injury.

3.5.6 Refrain from intentionally or recklessly interfering with / misusing any safety measure provided or engage in improper conduct or other behaviour that is likely to endanger his or her own safety, health and welfare at work or that of any other person.

3.5.7 Ensure they are not under the influence of an intoxicant.

3.5.8 Submit to appropriate, reasonable and proportionate tests for intoxicants, if reasonably required, as may be prescribed.

3.5.9 Co-operate with medical assessments if required to undergo such an assessment by the employer. Note this is subject to further regulation and applies to such employees of a class or classes as may be prescribed.

3.5.10 Attend training.

3.5.11 On an annual basis read Safety Statements and Safety Guidance Sheets and sign the acknowledgement sheet provided. Any issues which are not fully understood should be clarified with the responsible person before the acknowledgement sheet is signed. Work in accordance with the recommendations of this documentation.
3.5.12 Each employee is required to cooperate with the investigation of an accident or incident either by the Responsible Person or an Inspector of the Health and Safety Authority.

The HSE has expended considerable time and resources in the preparation of a Safety Management Programme designed to protect employees. However, the Program will not succeed unless each employee cooperates fully, by observing the above requirements and by following the practices outlined in the Safety Guidance Sheets (see Appendix 4).

*Safety is a condition of employment. Failure to comply with the terms of a Safety Statement may result in disciplinary action.*

4.0 **Arrangements**

General.

Management at the Cork University Hospital has expended considerable time and resources in implementing the Safety Management Programme, developing the Safety Statements, monitoring and reviewing safety issues, carrying out audits, consulting with employees and providing training.

4.1 **Resources:** Specialist Advisors.

Additional specialist input will be made by those key personnel identified in Section 3 of this Statement, e.g. the Hospital Engineer, Engineering Officer, Fire and Safety Officer, Risk Manager, Clinical Governance Manager, Consultant Occupational Health Physician and Occupational Health Nurses, Chief Security Officer, Physicists, Biomedical Engineers, Infection Prevention and Control Nurses and EAP specialists. External Specialist Consultants have carried out fire safety and Asbestos surveys.

4.1.1 **Maintenance/Biomedical Engineering**

Within the hospital there is infrastructure and equipment which, if not subject to adequate maintenance, may expose staff, patients and others to risk. It is incumbent on every Responsible Person to ensure that any infrastructure and equipment within their control is adequately maintained.

In many cases, outside contractors may be engaged to carry out servicing and maintenance and undertake statutory inspections on safety critical plant and equipment via service contracts. For example, the Maintenance Department has placed contracts for the servicing to Irish Standards of the Fire Alarm System, Emergency Lighting and Fire-Fighting Appliances.

A list of the key contracts managed by the Maintenance Department, for example, and the frequencies of inspection/service is maintained by the Engineering Officer.

4.1.2 **Training.**
The training provided at the Cork University Hospital in patient / manual handling, fire fighting and evacuation procedures and other areas relating to Occupational Safety, Health and Welfare, consumes financial and direct resources (time, materials and equipment). A number of employees have attended seminars and courses on related matters and further training and seminars are proposed for the future.

4.1.3 Personal Protective Equipment (See 4.2.3).

Adequate and suitable personal protective equipment and clothing is provided to employees as required at considerable cost to the CUH. Management at the Cork University Hospital is committed to the provision of such protective measures as is deemed necessary.

4.1.4 Direct Costs.

These are the costs of controlling hazards, purchase of personal protective equipment, warning signs, guards, etc. Business Managers shall estimate the cost of these and submit them to the Finance Manager with other budgetary requirements.

The Arrangements for the Control of Certain Key Hazards are covered in the following Section (4.2). Arrangements for detailing Department/Activity specific hazards must be detailed in Department Safety Statements.

4.2 Hazard Control Arrangements.

4.2.1 Building Maintenance.

Maintenance work on the buildings, grounds and services is carried out by the Maintenance Department’s Direct Labour Unit supported by contracted services, all supervised by the Engineering Officer, his Deputies and his Foremen. When work is required, the Responsible Person must submit a request through the computerised work request system; if the repairs are Emergency a bleep to the respective trade followed by the requisition will initiate action. See Section 4.1.3 of this Safety Statement for details on the Routine Service Schedule.

The Maintenance Department will maintain the hospital structure, grounds and fixed building services so as to provide a safe environment for staff and the public and will maintain appropriate records as evidence of such maintenance work.

Furthermore, the Maintenance Department will ensure that all maintenance work is carried out in a safe manner so as not to endanger staff or the public.

4.2.2 Manual Handling & Ergonomics

In accordance with Part 2 Chapter 4 of the General Application Regulations (and Schedule 3) each Responsible Person is required to identify manual handling tasks
performed, conduct a risk assessment and take such measures as are appropriate to avoid or reduce the risk. One of these is to ensure appropriate training (patient moving and handling and the manual handling of inanimate loads) and maintain a register of staff trained in manual handling techniques. All staff engaged in manual handling activities must receive the training appropriate for their role.

Manual Handling Training is provided to employees to increase awareness and knowledge in relation to safe manual handling techniques. These specific programmes include:

- Moving Techniques in Patient Care/Inanimate Load Handling - This one day programme is aimed at staff involved in and responsible for patient moving and handling.
- Materials Handling Training – This half day programme is aimed at staff involved in the manual handling of inanimate loads.
- “Your Health In The Office” – This half day programme is aimed at administration/clerical staff.
- Refresher Training – Half-day refresher programmes are available to reinforce and evaluate skills in line with best practice.

These training programmes are delivered by HSE-South Moving and Handling Instructors. For further details or additional training requests contact Moving & Handling Training Department on 066-7184960 or email mhtd@hse.ie

In terms of ergonomics issues (see Appendix 4), assessments should again be made by the Responsible Person. Assistance in this process and in developing appropriate control solutions is available through the Fire and Safety Officer.

4.2.3 Personal Protective Equipment (PPE).

Where it is not practicable to eliminate certain risks and the higher options in the General Principles of Prevention (Schedule 3 to the Act 2005) have been discounted or exhausted, Management at the Cork University Hospital has provided adequate and suitable personal protective equipment to reduce risks to an acceptable level. Equipment includes:


As this equipment is provided in accordance with the requirements of Part 2, Chapter 3 (and Schedule 2) of the General Application Regulations 2007 the Responsible Person must satisfy him/herself that it:

- Is appropriate for the risks and does not, in itself, cause additional risk,
- Takes account of the conditions of work,
- Takes account of the ergonomic and health requirements of the employee.
Employees are to use personal protective equipment during the applicable activity. Failure to do so can result in disciplinary action and, should the Health and Safety Authority become involved, prosecution under Section 13 of the Safety, Health and Welfare at Work Act, 2005.

4.2.4 **Sharps.**

The hospital implements the HSE policy on the safe use and disposal of sharps (as outlined in "Prevention and Protection Protocols for Blood and Body Fluid Exposure for Healthcare Workers", 2010) and proprietary containers, supplied by Central Stores, are used for the storage and disposal of used sharp instruments. See Appendix 11.

Each Responsible Person must detail how this policy is implemented within the department. Personal protective equipment is accessible to all staff involved in the generation, collection, transport, and storage of waste e.g. anti syringe gloves.

Additional measures to control the risk include:

- The introduction of number of safety systems. For example:
  - Safety blood gas syringes.
  - Safety lancets for blood glucose.
  - Safety peripheral venous cannulae. In July 2006 a passive safety cannula was introduced. This does not require the user to activate the safety feature.
  - Safety blood collection systems were introduced in November 2005. The implementation was accompanied by an education programme for all relevant staff including NCHDs.
  - Needle free connectors for use on all IV devices in the hospital: The implementation date for Microclave needle free connectors was 7th January 2008. This was accompanied by an education program for all staff including NCHD and Consultant Anaesthetists.

- The provision, on request of the relevant Line/Department Manager, of training by the Clinical Waste Managers.

4.2.5 **Healthcare Risk Waste.**

The hospital manages healthcare risk waste in accordance with the Dept of Health and Children’s national guideline document: “Segregation, Packaging and Storage of Healthcare Risk Waste” 2010, the hospital implements the HSE policy on the control of healthcare risk waste. **Yellow** bags, individually tagged ties for bags, sharps bins and leak proof bins are available from stores for each relevant area where risk waste is generated. A log of tag ties is kept by stores to facilitate tracing of bags back to source in case of an incident.

When yellow bags/bins are 3/4 full they are appropriately tied/sealed, labelled and left in a safe place for collection by hospital porters, who transport them in a safe
manner to the outside holding area where they are filled into a large yellow wheeled bin in readiness for transport off site and treatment. Segregation of healthcare risk waste from healthcare non-risk waste is maintained during transport from ward/department to outside holding area. See Appendix 11.

In order to ensure that the risk from open sharps boxes in ward areas is minimised staff and Responsible Persons must ensure that the “temporary closure facility” on sharp bins are used at all times.

Excluded Risk Waste i.e. cytotoxic waste are packaged in yellow leak proof bins/sharps bin with purple lids. Microbiology cultures and metals such as removed prosthesis or broken or discarded instruments and large anatomical parts are packaged in yellow leak proof bins with black lids, is removed by the hospital porters for "special collection".

A Hospital Waste Manager trains all relevant staff on the procedures involved in safe and correct segregation and follows through until waste finally leaves the premises.

Each Responsible Person must detail, in the Department Safety statement, how this policy is implemented within the department. Refer to the Segregations & Packaging of Healthcare risk waste poster.

4.2.6 Infection Prevention and Control & Biological Agents

The policies in use have been drawn up locally in accordance with International and National Guidelines on the control of infection. This policy is available on QPulse. Each Responsible Person must detail, in the Local Safety Statement, how this policy is implemented within the department.

A Biological Agent is defined as “a micro-organism, cell cultures or human endoparasite, whether or not genetically modified, which may cause infection, allergy, toxicity or otherwise create a hazard to human health” (UK Health and Safety Executive Advisor Committee on Dangerous Pathogens 2005. Biological Agents: Managing the Risks in Laboratories and Healthcare Premises. A similar definition is given in the H.S.A. Advisory Committee on Health Services Sector to the H.S.A.). Examples include (non-exhaustive list):

- Hepatitis B Virus (HBV).
- Hepatitis C Virus (HCV).
- Human Immunodeficiency Virus (HIV).
- Tuberculosis.
- Meticillin Resistant Staphylococcus Aureus (MRSA).
- Legionella Pneumophila Bacteria (Legionnaires’Disease).
- Aspergillus Fungi (Nosocomial Invasive Aspergillosis).

Legislation covering biological agents includes:

- Note that the Safety, Health and Welfare at Work (Pregnant Employees) Regulations 2000 were revoked by the General Application Regulations 2007. See the General Application Regulations (See Part 6, Chapter 2).

The HSE is obliged to prevent exposure to biological agents at work where the results of the risk assessment reveal a risk to health and safety. Risk assessment must be carried out in accordance with Regulation 4 of the Biological Agents Regulations and Section 19 of the Safety, Health and Welfare at Work Act 2005. It is the responsibility of the Head of Service/Department; etc (i.e. the Responsible Person) to assess the level of risk for each healthcare worker and ensure that an adequate risk management plan is drawn up and implemented.

4.2.7 Social and Human Factors

Social and human factors are split in this policy into four issues:

- Workplace violence and aggression.
- Dignity at Work
- Stress.
- Sleep deprivation and working time.

Each of these is described in the following four sub-sections.

4.2.7.1 Workplace Violence & Aggression.

The Hospital is guided by the HSE policy on violence and aggression. The physical security of doors and ground floor windows is checked regularly as is external lighting. Nevertheless each Responsible Person retains responsibility for assessing security risks within their department or service and deciding on appropriate control measures. The systematic review of occurrences is fundamental to the assessment and control process. These assessments and control measures, and the means by which the HSE Policy on Violence and Aggression in the Workplace is to be implemented at a local level, must be detailed within the Department Safety Statement.

The Hospital has also adopted the “Hospital Watch” scheme, which involves a local Garda taking special responsibility for liaison with the Hospital, helping to set the scheme and providing advice on local crime patterns and the means of combating them. A leaflet is available which details the full range of aims and objectives of the scheme. Whilst the scheme is run by and for all hospital staff, an individual is appointed as Hospital Watch Coordinator, who in conjunction with the Chief Security Officer, liaises with the local Garda Liaison Officer on the Hospital Watch Committee.

4.2.7.2 Dignity at Work
It is recognised that staff may be subject to bullying, harassment or sexual harassment during their working lives. The HSE has a clear policy on raising awareness of the issue and the assessment and management of bullying, harassment and sexual harassment in the workplace, entitled - Dignity at Work for the Health Service Anti Bullying, Harassment and Sexual Harassment Policy and Procedure. The CUH is committed to its implementation.

### 4.2.7.3 Stress & the Employee Assistance Programme (EAP).

Whilst there are various forms of stress it can generally be encountered in two forms, firstly as a psychological and physiological reaction in a person to their perception and interpretation of a danger or demand (Health and Safety Authority, 2001). Secondly, it may be induced by the nature and conditions of a particular type of employment or occupation. The latter is termed occupational stress by the Health and Safety Authority. It is Hospital policy that stress be managed as other hazards, i.e. through a process of assessment, by the Responsible Person, and control. Various controls and supports are recognised including (H.S.A. 2001):

- Work organisation/changing work practices,
- Work prioritisation,
- E.A.P.,
- Peer support,
- Education and training development,
- Encouraging a focussed leisure and relaxation plan.

The E.A.P. is a confidential support, counselling, and referral service giving all staff at the CUH a resource to contact for personal or work related issues.

The Employee Assistance Programme is confidential and no information regarding an employee’s participation in the E.A.P. is released without the written permission of the employee. For further information contact the Occupational Health/EAP Department, Cork University Hospital, at Tel No: 021 - 4922019.

The reader is also referred to the document: "My Guide to Managing Stress and Getting Support, HSE Staff (Cork and Kerry)” produced in 2007 by the Wellness at Work Partnership Working Group, Cork and Kerry (please note that some of the contact details and location of departments may have changed in the interim).

### 4.2.7.4 Working Time.

The hours of work for most employees are governed by the Organisation of Working Time Act, 1997 and the Safety, Health and Welfare at Work (General Application) Regulations 2007, Part 6, Chapter 3 which revokes and replaces the Safety, Health and Welfare at Work (Night Work and Shift Work) Regulations, 2000. The hours of work of non-consultant hospital doctors are not controlled by the Act or Regulations. However, the Safety, Health and Welfare at Work Act, 2005 may also apply.
As long working hours and sleep deprivation can lead to health and safety risks for employees of the Hospital, working schedules/rotas should be based on an assessment of risk, as with other safety, health and welfare issues. Rotas/systems of work/staffing levels can then be organised in such a way as to avoid excessive hours and any ill consequences to safety, health and/or welfare. The Hospital also undertakes to ensure:

- Adequate welfare facilities for those working in the hospital “on-call”.
- That an assessment in relation to any adverse effects of the night work on the night worker’s health by Registered Medical Practitioner, or person under the practitioner’s supervision, is made available (free of charge) before night work is commenced and at regular intervals thereafter.

Refer to the General Application Regulations for further information.

### 4.2.8 Welfare.

Medical and first aid attention is available to all employees who incur injuries or become ill in the course of their duties at the emergency department of the hospital. First aid kits are provided in areas such as the maintenance department, main reception and the former nurses home. Washing and toilet facilities for employees are provided throughout the hospital. The staff canteen is available to all employees.

### 4.2.9 Occupational Health Department.

Occupational Health examines the relationship between health and work. It looks at how work and work surroundings may affect health. It also looks at how health may affect one’s ability to do their job. The emphasis of the services provided is to:

- Promote optimum health (physical, mental and social well being) of all employees in their place of work.
- Protect employees from possible ill effects of work related activity.

The Occupational Health Service is based primarily at Cork University Hospital and Kerry General Hospital, but satellite clinics are held throughout both counties. The service is available to all HSE employees, which includes staff from acute hospitals, community services and mental health services.

Occupational Health staff provide information, advice and medical services to monitor and protect employees from possible adverse health effects of work.

Services provided include:

- The protection and immunisation of staff (including hepatitis B, influenza vaccine, TB screening and vaccination).
- Pre-employment health assessments.
- Advice on rehabilitation and return to work assessments.
- Assessment of workplace injuries.
- Workplace inspections.
- Advice on health and safety legislation, physical, chemical and biological hazards and means of reducing the risk from these.
- Assessment and treatment following exposure to blood or body fluids (e.g. needle stick injuries, bites, scratches).
- General health promotion.

Employees wishing to obtain further advice or information on occupational health issues may contact the department directly or through their Supervisor or Head of Department.

4.2.10 Slips & Trips.

Slips, trips and falls are one of the highest groups of accidents/incidents within the HSE and CUH.

There are many factors associated with slip, trip and fall occurrences, two of which are floor cleaning and maintenance. The Responsible Person duties to assess risk therefore extend into the assessment of the need for floor cleaning and maintenance. This may require consultation with the Housekeeping Supervisor and culminate in the development of a cleaning schedule for the area.

Layout and general tidiness (i.e. management of the area) are also key issues in terms of the management of trips and falls. E.g., Health and Safety Authority guidance to the Safety, Health and Welfare at Work (General Application) Regulations 2007 (Regulation 72) states:

"Workstations must be laid out and kept tidy so as to avoid any employee slipping, tripping or falling."

There are new duties in the General Application Regulations 2007 (Part 4) dealing with falls and work at height. Risk assessment, avoidance, protection, access and fall arrest systems and restraint systems are key aspects of the legislation. The Regulations also cover ladders, fragile surfaces and falling objects. Refer to the Regulations for further information.

Other slip, trip and fall risks should be addressed in accordance with the risk management principals already discussed (Schedule 3, General Principles of Prevention).

Finally, authoritative fire guidance (Firecode – Fire Safety in the NHS: HTM 05-03: Operational Provisions – Part A: General Fire Safety) states that regular checks should be carried out in order to ensure that storage is never permitted in a healthcare street or an escape route, nor near a fire exit or fire-fighting equipment.

4.2.11 Electrical Hazards

The principal legal provisions in terms of electrical safety can be found within the Safety, Health and Welfare at Work Act, 2005, and Part 3 of the General Application Regulations. Whilst these Regulations do not cover medical equipment, a management programme has been implemented within the CUH for such equipment.
Non-medical Equipment. Responsible Persons have a key role to play in ensuring that regular visual checks of electrical equipment (checking for visible faults) are carried out. Faulty or damaged equipment must be removed from use and reported to the manager in charge for repair/replacement. New equipment should be assessed by the Responsible Person in relation to safety and suitability before being put into use. In General the following is ensured for non-medical equipment:

- “Normal Conditions” protection against direct contact by insulation,
- “Fault Conditions” protection against direct contact, by:
  - Earthing.
  - Automatic Disconnection Insulation.
  - Residual Current Devices.

Access to a single power socket is permitted for patient use to charge mobile phone/electronic devices; however adapters and extension leads are not permitted.

Medically Used Rooms. The following are applied:

- Electro-Technical Council of Ireland National Rules for Electrical Installations in Medically Used Rooms.

4.2.12 Medical Gas Pipeline Systems.

The high level of management commitment, professional competence and resources required for the safe management of Medical Gas Pipeline Systems (MGPS) is acknowledged. Controls include:

- Striving towards the following, where reasonably practicable:
  - HTM 02 01 - Medical Gas Pipeline Systems, Part A: Design, Installation, Validation and Verification
- Operational Policy on MGPS.
- Designated “Authorised Person” for MGPS.
- Permit to Work System (responsibility of Authorised Person) – All work to MGPS carried out under permit.
- Consultation with Medical/Nursing staff where appropriate.

4.2.13 Medical Equipment.

The function of the CUH Biomedical Engineering Department is to ensure that all aspects of biomedical equipment and its associated support are addressed in a responsible and safety conscious manner. The Biomedical Engineering Department maintains familiarity with latest technological advances and acknowledge all safety standards, health and safety legislation, regulations, hazard warnings and operating practice considerations related to biomedical equipment. The biomedical equipment service role is fulfilled by:
• Direct support by biomedical department personnel.
• Service contractor support via service contract agreement.
• Support by a combination of both service contractors and Biomedical personnel through specific co-operative agreements.

Other biomedical equipment safety support facilities provided by the Biomedical Engineering Department non-exhaustively include:
• Scheduling of preventative maintenance service/quality assurance visits to correspond with the requirements and hazard potential associated with each Biomedical asset.
• Hazard analysis of medical equipment that the relevant hazard potential is identified and the associated quality assurance / preventative exercises are put in place.
• Supervision of installation and commissioning of new biomedical equipment.
• Accessing suitability and safety of equipment spare parts and accessories.
• Biomedical equipment advice, education and training of hospital staff.

The Biomedical Engineering Department has developed a departmental/service safety statement which recognises that additional consideration must be attributed towards individuals and environments in higher risk categories, specifically clinicians and patients whose necessary exposure to equipment places them at increased risk due to their dependence and vulnerability towards this equipment.

For the safety of patients and staff it is essential that Responsible Persons notify Biomedical Engineering Department when purchasing/introducing new biomedical equipment.

4.2.14 Chemical Hazards

4.2.14.1 General.

Substances with hazardous potential are commonly encountered within the CUH. The Responsible Person must ensure that new or changed chemical risks are assessed and that controls are implemented in accordance with the Act 2005, the Safety, Health and Welfare at Work (Chemical Agents) Regulations 2001 and the associated 2011 Code of Practice (H.S.A. 2011. Code of Practice for the Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001). Broadly the control hierarchy includes (refer to Regulations for further/more specific requirements/controls):
• Elimination – Remove chemical agent from use.
• Substitution with:
  ➢ Less hazardous agent.
  ➢ Less hazardous form of agent.
• Safe Systems of Work (Safety Guidance Sheets) (including for e.g. handling, storage, transport and emergency procedures).
• Engineering Controls, suitable equipment and maintenance procedures.
• Reducing the number of people exposed/potentially exposed.
• Reducing the duration and intensity of exposure.
• Hygiene measures (e.g. washing facilities).
• Reducing the quantities of substances in the area to the minimum necessary.
• Information, Instruction, Training and Supervision.
- Personal Protective Equipment and Respiratory Protective Equipment.
- Monitoring and Health Surveillance.

4.2.14.2 Glutaraldehyde (Cidex, Totacide, Asep).

Glutaraldehyde was used extensively as a disinfectant in endoscopy units, theatres, x-ray, dental units and ear, nose and throat departments. However, due to its potential health effects and based on risk assessment, the risk from glutaraldehyde has been minimised within the CUH. In line with the above hierarchy, it shall be substituted with a less hazardous agent. Engineering controls, such as containment (in enclosed/partially enclosed and ventilated mixing/disinfection units) and ventilation, Safe Systems of Work, training, emergency procedures and Personal Protective Equipment, monitoring and health surveillance have also been implemented as appropriate.

For example, Glutaraldehyde is used in the Neuropathology and Electron Microscopy Laboratories as part of the diagnostic preparation of human tissue. Its use is necessary and it has been risk assessed in these areas. Staff are trained on the safe use and handling of glutaraldehyde.

The Responsible Person should satisfy him/herself (with the assistance of the Fire and Safety Officer/Occupational Health Department, etc.) that these are adequate to control the risk.
It is important that Responsible Persons continue to assess the risk of chemical agents, particularly glutaraldehyde substitutes, as exposure to these may also have ill effects, though potentially of a less serious nature than the substance they replace.

Formaldehyde, is encountered in Pathology Department and in the Mortuary, where it is used as a tissue preservative, embalming fluid or sterilising agent. It may also be mixed with other substances to form Formalin. Formaldehyde has been found to have both acute and chronic health effects including irritation, allergic reactions, eczema and sensitisation. As with Glutaraldehyde it is policy of the CUH that Responsible Persons must assess the risk from exposure to Formaldehyde and control (to the Occupational Exposure Limit) in accordance with the principles already discussed. Elimination should always be considered as the first option.

4.2.14.3 Latex.

CUH management recognises the hazards posed by latex containing products. The HSE management program includes:

- Identification of Latex containing products,
- Avoiding the use of latex containing products where possible,
- Use of latex free substitutes where possible,
- Use of powder free gloves,
- Low protein gloves,
- Good hand care and housekeeping,
- Non-latex for high risk workers & patients,
- Limiting exposure through Safe Systems of Work, which detail the necessary controls,
Not using gloves where no (infection/contamination) risk exists (where this would not prejudice the Hospital Infection Prevention and Control Policy),

- Responsible Persons/individuals should report to the Occupational Health Department if latex allergy is suspected,
- Assessment of employees attending the Occupational Health Department with skin complaints. Subsequent treatment is on an individual basis as required. Ongoing support is given along with a referral for testing if needed. If latex allergy is identified, a risk assessment is carried out of the individuals workstation and controls implemented as necessary.

- Health Surveillance,
- Information, Training and Supervision.

See also the HSE policies on Glove Usage, Powder Free Gloves and Hand Washing and the corporate latex policy (Policy on the Prevention and Management of latex allergy- document ref. HSAG 2011/2).

### 4.2.14.4 Medical Gas Cylinders.

The storage, handling and use of medical gas cylinders can have health and safety implications. Steps taken to minimise the risk include:

- Risk Assessment – Responsible Persons to ensure suitable and sufficient assessment of risk and implementation of necessary controls.
- Training for Maintenance and Portering Personnel. Specialist training is also made available to other staff who may have an involvement in the use, handling, transportation or storage of medical gas cylinders. Medical gas cylinders shall be transported using appropriate equipment only. The wards must obtain the appropriate equipment and quantity (and examine if there is a possibility of sharing equipment between a number of wards), which would then be available to Portering staff.
- Safe System of Work.
- Storage in accordance with guidelines.
- Emergency procedures.

### 4.2.14.5 Anaesthetic Gases.

Quantities of anaesthetic gases, including nitrous oxide/entonox and halogenated agents (e.g. halothane, enflurane, isoflurane, chloroform and trichloroethylene) may escape into the surrounding workspace during medical procedures. All of these substances have Occupational Exposure Limits. Exposure to these agents has been found to have both acute and chronic health effects. Consequently, the CUH has adopted a management program, which includes the following:

- Risk assessment and implementation of required controls by the Responsible Person.
- Maintenance of equipment to prevent leaks.
- Installation of engineering controls, such:
  - Gas scavenging equipment.
  - Ventilation.
- Safe Working Practices.
• Exposure monitoring programme. The theatres at CUH were last monitored during 2006. Any shortfalls were identified to the Responsible Person along with potential controls for consideration. The Responsible Person must incorporate the findings and recommendations into their own risk assessments and risk management plans and prioritise control actions.

4.2.14.6 Asbestos.

Asbestos is governed by much legislation including the Act 2005 and the Safety, Health and Welfare at Work (Exposure to Asbestos) Regulations 2006.

In a drive to avoid the risk from asbestos containing materials the following have been put in place:

• The HSE has in place a program for the ongoing surveying and assessment of HSE premises. Surveys have been carried out within the CUH and reviews are carried out regularly, to contribute to an Asbestos Register.
• Planned progressive asbestos removal works continued and further works may be planned for 20012/2013.
• Maintenance Personnel and Contractors are made aware of identified sources of Asbestos prior to commencing work.
• Training on asbestos has been made available to Maintenance Personnel.
• Asbestos has been removed and will continue to be removed on a progressive basis, by specialist asbestos removal contractor where appropriate. Steps are taken to ensure that the Health and Safety Authority are notified of removal operations, where necessary, prior to works commencing.
• Appropriate management of Asbestos containing materials.

4.2.14.7 Work Equipment.

The principal responsibility for Work Equipment rests with the Responsible Person. The existing risk assessment and management framework should ensure, in accordance with the General Application Regulations 2007, Part 2, Chapter 2, that work equipment is:

• Suitable for the task/adapted for the purpose,
• Available for use without risk – or, where a degree of risk exists, that the appropriate measures are taken to control the risk,
• Adequately maintained/inspected.

Additionally, Responsible Persons must ensure that staff using equipment have access to the necessary (up-to-date) information and instruction (including the manufacturer’s guidelines) and are provided with training. Methods and conditions for the safe use of equipment (including emergency procedures) are to be detailed in a Safety Guidance Sheet, which in turn should be appended to the Department Safety Statement.

4.2.14.8 Display Screen Equipment

Under Part 2, Chapter 5 of the General Application Regulations the annual reviews/assessments conducted by Responsible Persons should include an
assessment of computer (or other Display Screen Equipment) workstations. Equally, assessments should be carried out on new workstations or those where the circumstances have changed. This assessment should consider:

- The physical aspects of the workstation,
- The planning of the activities of the individual,
- The need for breaks/changes in activity,
- The need for training.

It is recognised that inappropriately designed/arranged workstations can present several health, safety and welfare issues. Shortfalls in workstation/work organisation design/arrangements should be addressed in accordance with the Act 2005, Schedule 3 General Principles of Prevention and with Schedule 4 to the General Application Regulations 2007.

4.2.14.9 Radiation and LASER Safety.

Within CUH, clinical governance in relation to ionising radiation is achieved through the hospital’s Radiation Safety Committee (RSC). Safe working practices are promoted through the extensive Radiation Safety Manual which is reviewed annually. Working in accordance with the recommendations of the Manual ensures that staff should not receive a radiation dose that would be likely to pose a significant risk. Members of the public are likewise protected.

- The commissioning of new equipment and on-going quality assurance checks.
- An input into Radiation Oncology in the areas of patient treatment planning and verification of the accuracy of such treatments.
- The provision of a quality assurance service to the Radiology Division for X-ray equipment.
- Responsibility for the safe dispensing of radio-isotopes for patient use.
- The provision of a Radiation Protection Advice service to the HSE group of Hospitals.
- The Medical Physics Department undertakes a QA measurement service for ultra-violet treatment machines in two hospitals in the HSE South.
- Safe Disposal of Radiation Sources.

The heavy technicium-99 generators need to be lifted above head height to be loaded into a radiation-protected lead castle. However the risk of back injuries etc. have been minimised by using the special motorised lifting tackle provided.

The Medical Physics Department has drawn up a specific Departmental Safety Statement, which gives greater coverage of the risks and controls than given above.

4.2.14.10 Pathology Laboratories
Potentially there are many hazards within the Pathology laboratory working environment, from Biological Agents (e.g. specimens potentially containing TB) and Chemical Agents (e.g. xylene and other reagents) to Psychosocial (e.g. lone working) and Ergonomic Hazards and Cryogenic substances (e.g. liquid nitrogen). Consequently a detailed Health and Safety Policy and Statement has been devised up for the Department of Pathology. To support this, detailed risk assessments, chemical risk assessments, hygiene studies have been carried out and health and safety Standard Operating Procedures (SOPs) have been drawn up and implemented. Additionally, each Department within the Department of Pathology has SOPs for the general work of the laboratory and for each diagnostic procedure carried out.

Staff training initiates on recruitment and is adapted to take account of new or changed risks to safety, health and welfare. Training is repeated periodically.

The Department of Pathology will utilise all resources provided by the HSE, including the use of outside contractors, to ensure safe premises, systems of work and equipment, which is in compliance with Health and Safety Regulations.

**Laboratory Health and Safety Committee and Health and Safety Co-ordinators.**

The relevant Laboratory Manager (Responsible Person), Consultant Staff and Senior Medical Scientists hold ultimate responsibility for health and safety within each laboratory. However, the development, implementation and maintenance of the Laboratory Health and Safety programme is managed by the Department of Pathology Health and Safety Committee and Departmental Co-ordinators.

Key Duties include:

- Acting as a focal point for Health and Safety matters within the laboratory.
- Promote Health and Safety Awareness.
- Facilitate the day to day operation of H&S policy, i.e. implement procedures, coordinate health and safety training whilst ensuring compliance with current legislation, Hospital policy, and accreditation standards.
- Development and implementation of the following Health and Safety Procedures:
  - Action in the event of a fire, chemical or biological spill, or accidental inoculation.
  - Disinfection and decontamination processes.
  - Chemical handling.
  - Managing the storage and disposal of waste (chemical and biological).
  - Advising on specimen collection and handling, transportation, reception and referral to other laboratories.
  - Developing and maintaining risk assessments including Chemical Risk Assessments.
  - Report activities for the Pathology Annual Management Review.
  - Ensure that any amendments considered necessary, are conveyed to staff concerned.
  - Conduct Health and Safety audits and ensure recommendations are implemented.
• Ensure that risk assessments are reviewed and remedial action taken, where necessary.
• Reporting and monitoring accidents and incidents and ensuring that relevant safety procedure is reviewed following an accident or incident.
• Review specific training and specific personal protection needs, in consultation with the Fire and Safety Officer and other experts in the relevant field.
• Ensure installation of wired monitors, operational for liquid nitrogen on detection.

4.3 Contract Works.

4.3.1 Background.

Important legislation, which may have a direct impact upon the way engineering/construction and maintenance related projects are carried out and managed, is now in force. This legislation includes:

• The Safety, Health and Welfare at Work (General Application) Regulations, 2007 (e.g. Parts 4 (Work at Height) and 5 (Control of Noise and Vibration)).
• The Safety, Health and Welfare at Work (Exposure to Asbestos) Regulations 2006.
• Carriage of Dangerous Goods by Road Regulations 2010.
• European Communities (Carriage of Dangerous Goods by Road) (ADR Miscellaneous Provisions) Regulations 2010.

Note that "Construction" has a broad definition, which includes tasks/contract work which may not generally be considered under this heading. E.g. (non-exhaustively) commissioning or repairing fixed plant (this may include fixed medical treatment plant and/or equipment) or installing and maintaining telecommunications and computer systems.

Within the Hospital there may be both “construction” and non-construction contracts in place. Examples of the latter may, non-exhaustively, include waste disposal, pest control, mobile medical equipment maintenance, landscaping, indoor plant maintenance, provision of services such as the hospital shop, café and radio, medical gas cylinder management, training, etc.

4.3.2 Appointment Of Project Responsible Persons

Regardless of whether the project falls under the definition of construction, at contract/project inception a Responsible Person shall, under this Safety Statement, be appointed as “Project Responsible Person”. This person shall oversee, supervise and manage all aspects of the contract on behalf of the client (HSE). Examples (non-exhaustive list) of Project Responsible Persons may include the Hospital Engineer, Engineering Officer, Housekeeping Services Officer, Chief Biomedical Engineer, Head of Catering, Supplies Manager, Radiography Service Manager, Head of HSSD, etc.

4.3.3 Appointment of Project Supervisors for Construction Work
The Construction Regulations require that the HSE, as the client, appoint competent persons to perform the duties of Project Supervisor for both the Design Process and the Construction Stage of every construction project.

Where construction projects are “designed” in-house, the HSE may act as Project Supervisor for the Design Process (PSDP). However, where consultants are engaged to perform a design role, it is normal practice to appoint the lead designer (or architect) to undertake this function.

A Project Supervisor Construction Stage (PSCS) must also be appointed and it would again be common practice for the Main Contractor to be appointed. However, increasingly third party/independent organisations are being engaged in this role.

4.3.4 Enquiry.

The HSE shall make reasonable enquiries into the competency of contractors to undertake works and perform their roles as detailed in the aforementioned Regulations. The HSE will establish a panel of contractors via a mechanism of Pre-Qualification and typically, it will be from this panel that contractors will be invited to tender for works as they arise. Qualification will also be conducted during the Tender Stage in exceptional circumstances or as the project dictates.

4.3.5 Safety and Risk Information.

The HSE operates a policy of informing the Main Contractor, at the tender stage, of the particular risks, which are known to exist on the HSE site. In the case of a construction project, the Preliminary (Design Stage) Safety and Health Plan/Risk Review shall be used as a vehicle. This becomes the Construction Stage Safety and Health Plan and associated Method Statements once the works commence. For non-construction contracts the relevant sections of the Department in question’s Safety Statement and Risk Assessments shall be supplied to the Contractor.

All contractors shall be required to forward a copy of their Safety Statements, Risk Assessments and Method Statements for any activity they intend undertaking within the Hospital to the Project Responsible Person, PSDP and PSCS as appropriate. All contractors shall conform to any site rules and comply with any ‘Permit-to-Work’ system in operation. The HSE may have Safety Guidance Sheets for certain construction activities, which may be distributed to a contractor’s staff as necessary.

4.3.6 Contractor Supervision.

Any person or department responsible for bringing contractors into the Hospital, regardless of the reason, should be guided by the management systems and precautions outlined within the Construction Regulations and any local policies, guidelines and procedures.

Contractors must be supervised on an ongoing basis by the Project Responsible Person to ensure that hazards to the safety, health and welfare of patients, public and staff are not being generated.
The HSE may also appoint an Employer’s Representative (ER) in accordance with the Capital Works Management Framework, Public Works Contracts. The ER administers the contract on behalf of the HSE and represents the HSE’s interest.

When an ER has been appointed, he or she may advise the HSE as contracting authority on the appointment of PSCS and shall primarily be responsible for liaison with the Contractor.

Employees should also remain vigilant when contractors are at work within their area and report hazards to the Responsible Person.

4.3.7 Safety File (Construction Works).

On completion of the works, the Main Contractor will hand over a Project Safety File via the Project Supervisor Design Process (PSDP), to the Project Responsible Person.

The Safety File contains information concerning health and safety issues connected with the finished project. The purpose of the file is to enable the future safe operation and maintenance of the completed project.

Arrangements shall be made for the safekeeping of the file and the distribution of information to the relevant Responsible Persons (local managers) as appropriate.

Note that there may be a similar file containing health and safety information associated with non-construction contracts. This file may, for example, contain Safety Data Sheets for chemicals, or operating instructions for equipment, etc.

4.4 Fire Precautions.

4.4.1 Fire Safety

In conjunction with the CEO the Responsible Persons are nominated to ensure that all reasonable precautions are taken to guard against the risk of fire in the Hospital (i.e. the Fire Safety Managers). All Department Line Managers are also involved in ensuring that every reasonable precaution is taken to avoid fire risk.

Extensive passive and active fireworks, including the erection of fire doors, the creation of fire compartments and the installation of an addressable fire alarm system for the entire Hospital have been carried out (see below) and are set to continue.

Maintenance contracts are in place, which ensure that fire fighting appliances (e.g. hose reels, fire blankets, fire extinguishers, etc.), the automatic fire detection system and emergency lighting are inspected and serviced on a regular basis.

The Hospital has an “Outline Fire Safety Policy and Procedures” document with designated assembly areas for each Ward and Department. The reader is referred to this document for further details on fire safety and fire actions. Ward/Department local Fire Plans are also developed giving local specifics.
A dedicated fixed line fire telephone number is available to CUH and CUMH (for the purposes of reporting fire & alerting the Fire Brigade) and an emergency response team will respond to fire emergencies immediately when the alarm is activated. The Fire Phone Number is:

22222

It is important to note that this number cannot be accessed via mobile phone. However the emergency services e.g. Fire Brigade, can be contacted directly on mobile on 999 or 112. Clear and accurate information relating to the locations of the fire is requested e.g. Cork University Hospital, Ward/Department Location, event type of fire etc. should be provided to the emergency services.

4.4.2 Structural Fire Precautions.

The Estate Manager, advised by the Fire and Safety Officers and Engineers, administers a fire prevention and control programme for the HSE. Structural fire precautions provided in the Hospital include:

- Emergency exits,
- Protected stairways of adequate fire resistance,
- Compartment walls and floors,
- Low surface spread of flame characteristics to surfaces of walls and ceilings of Hospital rooms.

4.4.3 Active Fire Precautions.

It is primarily the function of the Responsible Persons with advice and assistance from the Estates Department, to manage fire safety within their area of responsibility and put appropriate fire safety procedures in place.

The following is a summary of the steps taken within Cork University Hospital:

- A fire detection and alarm system has been installed which provides cover to most rooms within the hospital. Training has been provided to a high proportion of staff on the operation of the alarm system.
- An Emergency response team has been established and trained and responds to every Fire alarm activation.
- First aid fire fighting equipment has been provided throughout the Hospital and is serviced annually according to the appropriate code of practice.
• Training in the use of first aid fire fighting equipment is ongoing.
• Ward/department orientation visits have been carried out. Evacuation simulations, using a smoke generator, have also been carried out in some areas. The Fire and Safety Officer(s) can assist with these exercises on request.
• The Cork City Fire Brigade has a Fire Plan in place in response to an outbreak of fire within the Hospital. Evidence indicates they often arrive at the Hospital within 8 minutes of receipt of an alarm.

4.4.4 Fire Safety Management.
The duties of the Fire Safety Managers include (see also Hospital “Outline Fire Safety Policy and Procedures” document):

• Maintaining and coordinating a Hospital Fire Safety Register. The Register is a comprehensive record of all fire safety matters for the Hospital and it must be kept fully updated at Hospital and local Ward/Department level.
• Preventing the outbreak of fire through ensuring the establishment of day-to-day fire prevention practices.
• Co-ordinating the management of fire safety with Department Heads and Responsible Persons with advice and assistance from the Estates Department as required.
• Ensuring the instruction & training of staff; the holding of evacuation drills, informing the public of the procedures to be used in the event of an emergency.
• Ensuring that escape routes are maintained in a clear and usable condition.
• Ensuring the provision of adequate fire protection equipment and systems, and their routine inspection and maintenance.
• Ensuring that assistance is provided to the Fire Brigade.
• See also paragraph 3.3.
• High Street House on the Wilton Road opposite the CUH Main Entrance, is fitted with an externally monitored fire alarm and the local Line Managers in this building are responsible for fire safety management.

4.4.5 Duties of Department Heads/Responsible Persons.
Non-exhaustively, the Duties of Responsible Persons with specific regard to fire safety include (see Hospital “Fire Safety Register” for further details):

• Managing, maintaining and updating the Ward/Department (local) level Fire Safety Register (e.g. Fire Safety Register Checklist).
• Preventing the outbreak of fire through the establishment of day-to-day fire prevention practices within their Ward/Department.
• Daily checking of fire alarm panel (“normal operation”), escape routes and alarm. “Break-glass” units, fire doors and First-Aid Fire-Fighting Appliances.
• Logging fire alarm system events.
• Developing a Ward/Department local Fire Plan.
• Designating of persons having specific duties for fire safety within the Ward/Department, e.g. Fire Wardens/Emergency Response Team.
• Arranging fire training, fire drills and evacuation exercises.

See also point 3.7.

4.4.6 Duties of Switch-Board Operators.
4.4.7 Duties of Fire Wardens.


Fire wardens should be able to perform the following:
A Fire Warden should be in a position to lead an evacuation from the premises and advise the Fire Brigade on their arrival. A suitable candidate for designation as a Fire Warden would be a person who is familiar with the building, normally present in the Department throughout their working shift and available to perform the duties involved. They should have an appropriate level of authority so as to be effective in the role.

4.4.8 Department Fire Plan.

The Responsible Person for each Ward/Department will ensure that a specific set of procedures to be followed in case of fire is established (A Ward/Department Local Fire Plan) with the advice and assistance of the Fire & Safety Officer where required. Up-to-date Fire Action Notices must also be prominently displayed within the Ward/Department.

4.4.9 Emergency Plans - Power Failure.

In the event of a total power supply failure, the Hospital is equipped with standby generators, which are designed to start automatically. 5 no generators provide electrical supply backup to the Hospital (3 no central, 2 no. dedicated to the Accident and Emergency Department and 1 no. for the Kitchen. A further generator is to be brought on-site as an interim measure until the long term generator support for the maternity unit has been agreed by the relevant parties) and are tested by the Maintenance Department accordance with a Schedule issued by the Estates/Maintenance Department.

Critical areas of the hospital are provided with Uninterruptible power supply (UPS) devices which are installed in order to prevent any disruption in power. The Hospital is also provided with Emergency Lighting with battery power supply to provide short-term lighting in the event of a power failure.

In the event of a localised power failure, contact the Engineering Officer immediately during normal hours, or call the Night Superintendent who will arrange for the Duty Electrician on call to attend to the fault.

A comprehensive Major Accident Plan for CUH also exists and should be read in conjunction with the Safety Statement.

The Responsible Person must ensure that the procedures to be followed in case of emergency are documented in each Department Safety Statement.
4.5 Consultation & Information.

Consultation is an important part of safety management and the Hospital Management welcomes the views of employees on these matters.

4.5.1 Details In Departmental Safety Statement.

The arrangements for regular and routine consultation with staff regarding safety and health issues at department level should be outlined in the Departmental Safety Statement. Where issues raised are beyond the capability of the Department to resolve, then the method of passing these to Hospital management should be stated.

The availability and provision of information to staff, access to the safety statement, policy documents, guidance documents and other related information needs should be included.

How to access the advice and assistance of the Fire & Safety Officer, the Occupational Health Physician and Nurse, the Infection Prevention and Control Nurse, the Employee Assistance Program (EAP) together with other external sources of help should be made known within each Department.

Finally, an indication should be given in the Departmental Safety Statement as to where the Safety Data Sheets associated with each hazardous substance used within the Department can be found.

4.5.2 Safety Representation.

Employees have a right under the Act to appoint or select, from amongst their number, a representative to represent them in matters of health, safety and welfare at work. The Hospital will facilitate such appointment or selection procedure, including elections, as required.

The Hospital has 18 safety representatives. The Safety Representatives and their areas of responsibility are listed in Appendix 10.

These persons have been nominated by staff to act as their representative(s) in relation to safety, health and welfare matters within Cork University Hospital, at the Locations shown. The rights of the Safety Representative are detailed in the Constitution and terms of reference for the Safety Reps Committee, CUH.

4.5.3 Hospital Safety Representatives Committee.

A system of regular consultation meetings with the safety representative has been in place for many years. The Safety Representatives Committee schedules meetings for the first Tuesdays of the following months - Jan., Mar., May, Sept., and Nov. however additional meetings may be arranged as required. This committee is constituted under the Safety, Health and Welfare at Work Act 2005. The roles and
functions of this committee are outlined in the CUH Safety Representatives Committee Constitution and Terms of Reference. See also Appendix 13.

4.5.4 Safety & Infrastructural Risk Team

The Safety & Infrastructural Risk Team is chaired by the Service Manager, who reports to the Risk Management Committee. Terms of Reference are available. See Appendix 13 reporting structure. See Reporting Structure Appendix 13 and 14.

4.5.5 Radiation Safety Committee.

The Radiation Safety Committee is given the responsibility for recommending radiation protection measures in the Hospital to comply with legislation, E.U. directives and other relevant guidance. This responsibility extends to all areas of the Hospital where ionising radiation is used.

The Committee reports to the Hospital’s Executive Quality & Safety Committee and operates through the administrative Heads of each Department where ionising radiation is used. It is advised by the Radiation Protection Advisors. This is done pursuant to the requirements of Irish Legislation (European Communities (Ionising Radiation) Regulations 1991 and the European Communities (Medical Ionising Radiation) Regulations 2002).

The Office of Radiological Protection of the Environmental Protection Agency licenses all radiation emitting equipment in the Hospital on an annual basis.

The Committee reports to the Hospital’s Executive Quality and Safety Committee and operates through the administrative Heads of each Department where ionising radiation is used. It is advised by the Radiation Protection Advisors. This is done pursuant to the requirements of Irish Legislation (European Communities (Ionising Radiation) Regulations 1991 and the European Communities (Medical Ionising Radiation) Regulations 2002).

The Radiological Protection Institute of Ireland licenses all radiation emitting equipment in the Hospital on an annual basis.

Radiation and Laser Safety.

The Medical Physics Department is involved in safety issues in relation to both ionising and non-ionising radiation facilities. This covers:

- The commissioning of new equipment and on-going quality assurance checks.
- Direct input into Radiation Oncology in the areas of patient treatment planning and verification of the accuracy of such treatments.
- The provision of a quality assurance service to the Radiology Department for X-ray equipment.
- Responsibility for the safe dispensing of radio-isotopes for patient use.
- The provision of a Radiation Protection Advice service to hospitals in the Cork-Kerry region.
- The Medical Physics Department also undertakes a QA measurement service for ultra-violet treatment machines in two hospitals in Cork.
- Safe Disposal of Radiation Sources e.g. the Brachytherapy Unit requires a source change every 90 days.

Within CUH, all work in relation to ionising radiation is governed by the Radiation Safety Manual. This has been approved by the Radiation Safety Committee in CUH and the national regulatory body, the Office of Radiological Protection of the Environmental Protection Agency of Ireland. Working in accordance with the requirements of the Radiation Safety Manual will ensure that staff should not receive a radiation dose that would be likely to pose a significant risk. Members of the public are protected likewise.

The heavy technicium-99 generators need to be lifted above head height to be loaded into a radiation-protected lead castle. However the risk of back injuries etc. have been minimised by using the special motorised lifting tackle provided.

The Medical Physics Department has drawn up a specific Departmental Safety Statement, which gives greater coverage of the risks and controls than given above. CUH has two Radiation Protection Advisors and two members of the Physics Team handle Laser safety.

### 4.5.6 Infection Prevention and Control Committee incorporating Hygiene and Decontamination.

The Committee has prepared a manual setting out the precautions to be taken to control infection in all areas of the hospital. This manual is distributed to all Clinical Areas. All medical and nursing staff should familiarise themselves with the contents of this manual.

### 4.5.7 Further Safety Advice & Information.

### 4.6 Monitoring & Review.

It is a function of the Responsible Person(s) to ensure that the Ancillary and Department/Ward/Service Safety Statements are reviewed on an annual basis in consultation with the Hospital Safety Managers. Representations made by employees through their Safety Representative will be considered and, if approved, incorporated in the review. If amendments are required during the period between the annual reviews, such revisions will be made by the Responsible Person. Line Managers need to confirm that they have completed a local Fire and Safety QIP on an annual basis (see Appendix – Local Fire & Safety QIP).

Each Responsible Person is required to conduct an annual audit of Fire, Safety, Health and Welfare issues within their Departments. The Fire and Safety Officers and other key personnel will assist in this/these audit(s) where required. This audit will take the form of the QIP referred to in Appendix – Local Fire & Safety QIP.
It is a function of each Responsible Person to ensure that Hazard Control Sheets and Safety Guidance Sheets are reviewed to reflect new plant and changes in the work/systems and that remedial action has been taken.

It is also a function of each Responsible Person to ensure that a review of the relevant safety procedures is carried out following accidents and incidents.

Specific training and personal protective equipment needs will be reviewed by the Responsible Person(s) in consultation with the Fire and Safety Officer and other key personnel (as appropriate).

4.7 Accidents, First Aid, Reporting & Records.

4.7.1 First Aid.

The requirements in terms of First Aid provision are set out in Part 7, Chapter 2 of the Safety, Health and Welfare at Work (General Application) Regulations 2007 and associated guidelines issued by the Health and Safety Authority (H.S.A.). The CUH makes every effort to comply with these provisions by providing and maintaining adequate and appropriate first aid equipment.

In the event of a person receiving a minor injury while in the Hospital or on the grounds, first aid may be obtained at the First Aid Point in the Department. In case of serious injury, the injured person should be taken to A&E.

It is the Hospital Policy that the provision of first aid if required will be given locally. Basic Life Support training is available for staff where the need is identified. First aid boxes should be available especially in non clinical patient areas including maintenance, catering, main receptions, laboratories, former nurses home, High Street House and transport vehicles.

The First aid needs of each department/ward, etc., should be established by each Responsible Person, and detailed in the local/departmental safety statement. Advice in relation to the issue of First Aid training may be obtained from the Occupational Health Department.

4.7.2 Occurrence Reporting.

The Hospital has four complementary systems in place to facilitate the reporting of defects and incidents, accidents and near misses. Under the general responsibilities of employees it is expected that all staff will co-operate and contribute to the effective working of these reporting systems with the objective of preventing future accidents.
4.7.2.1 Defects & Hazards.

Firstly, any defect or hazard, of which a staff member becomes aware, should be reported to the immediate supervisor who will initiate the appropriate action to remedy the defect. A Safety Suggestion Form is illustrated in Appendix 6, which may be used for this purpose. Responsible Persons should ensure that copies of these forms are available to staff.

4.7.2.2 Incidents & Accidents – Internal Reporting.

- General Incident Reporting

Secondly, Incidents should be reported to the Risk Management Department using the Standard Form, in accordance with the Policy and Procedure for reporting and managing a near miss, an incident and a serious incident in CUHG. The reader should also refer to the HSE Toolkit of Documentation to Support Incident Management (Ref: OQR008: Nov 08).

Responsible Persons must ensure that appropriate forms are completed within the Department as soon as possible after the occurrence and immediately forward a copy to the Risk Management Department where they will be processed. Risk management data allow the compilation of a risk profile for the Hospital, and will assist in the prioritisation of areas for attention. Incidents should also be investigated, analysed and managed in accordance with the aforesaid Incident Management Policy and Procedure and Toolkit.

- Serious Incidents

Thirdly, the HSE has adopted a Serious Incident Management Policy and Procedure (Ref: SIMT 0108). This is intended to enable managers and clinicians to oversee and safely manage serious incidents arising from the delivery of all aspects of care and service provision.

The Serious Incident Management Policy and Procedure does not replace routine local incident management and reporting, but it should be used in situations where a national or integrated response is required to manage the issue.

4.7.2.3 Statutory Reporting.

Fourthly, under Part 10 of the Safety, Health and Welfare at Work (General Application) Regulations 1993 (as amended), for any accident as a result of which any person carrying out work at the place of work dies or is prevented from performing his normal work for more than three consecutive days, excluding the day of the accident but including any days which would not have been working days, the Responsible Person must:
In the case of a death, supply the Health and Safety Authority by the quickest practicable means (e.g. by telephone or fax) with the name of the deceased, brief particulars and the location of the accident,

As soon as practicable send a written report of the death, injury, condition, accident, or dangerous occurrence in the approved form (IR1 in the case of a death or injury and on form IR3 in the case of a dangerous occurrence), via the Risk Management Department, to the Authority. Failure to do so is an offence under the 2005 Act and the General Application Regulations.

Note, where the injured person has not returned to work an estimate of expected absence should be entered where appropriate on Form IR1 (see Appendix).

Responsible Persons (Department/Service/Line Managers) must make suitable arrangements within their departments to initiate the form on the fourth day of absence and send the original to The Health and Safety Authority. A copy should also be forwarded to the Risk Management Department.

The criterion for notifiable accidents to non-employees, such as visitors or members of the public, injured as a result of work activities is different because the “more than 3 days absence from work criterion” cannot apply. For such people any injury where medical treatment is received, irrespective of its seriousness, is reportable. The term qualified medical practitioner includes nurses as well as doctors.

4.7.2.4 Other Reporting Situations.

Where an employee or a self-employed person sustains an injury or suffers a condition in an accident, which is required to be reported to the Health and Safety Authority, and as a result of that accident the employee or self-employed person dies within a year of the accident, the Responsible Person shall, as soon as possible after the death comes to his knowledge, inform the Authority in writing, whether or not the accident has been reported as discussed above.

4.7.3 Records.

Records relating to accidents to employees will be kept for a period of 10 years.
5.1 **Appendix 1A**
Figure 1 – Reporting Structure for Safety and SIRT
See overall Reporting Structure in Appendix 13

Appendix 1B
Figure 2 Employee Reporting Structure for Safety.
APPENDIX 2

Hazard Identification & Risk Control Sheets:

The Hazards And Potentially Unsafe Work Practices Associated With Work Carried Out

In
Cork University Hospital

Form 1. HAZARD IDENTIFICATION AND CONTROL SHEET.

Hospital / Service: ______________________ Department: ______________________ Date: _________

Responsible Person: ______________________ Conducted By: ______________________ Review Date: _________

5.3 Form 2. HSE RISK ASSESSMENT TOOL (Ref: OQR012, June 2008).
Title: SAFTEY STATMENT

Active date: September 2015

Approved by: Tony McNamara

Authors: Marie J McCarthy, Thomas Browne

<table>
<thead>
<tr>
<th>Event</th>
<th>Frequency</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Objectives/Projects</th>
<th>Business Continuity</th>
<th>Adverse publicity/Reputation</th>
<th>Financial Loss (per local Contact)</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td>Adverse event leading to minor injury not requiring first aid. No impaired psychosocial functioning</td>
<td>Rare/remote (1)</td>
<td>Minor injury or illness, first aid treatment required</td>
<td>Minor reduction in scope, quality or schedule</td>
<td>Interruption in a service which does not impact on delivery of service user care or the ability to continue to provide service.</td>
<td>Rumours, no media coverage. No public concern voiced. Little effect on staff morale. No review/Investigation necessary.</td>
<td>Negligible (&lt;0.1%)</td>
<td>Moderate (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unlikely (2)</td>
<td>Serious injury requiring medical treatment e.g. fracture and/or counselling.</td>
<td>Reduction in scope, quality or schedule.</td>
<td></td>
<td></td>
<td>Negligible (&lt;0.1%)</td>
<td>Moderate (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Likely (4)</td>
<td>Major injury requiring medical treatment and/or disability (loss of limb) requiring medical treatment and/or counselling</td>
<td>Significant reduction in scope, quality or schedule.</td>
<td></td>
<td></td>
<td>Negligible (&lt;0.1%)</td>
<td>Moderate (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Almost Certain (5)</td>
<td>Major injury leading to death or major permanent incapacity. Even which impacts on large number of patients or member of the public.</td>
<td>Total disruption to service required.</td>
<td></td>
<td></td>
<td>Negligible (&lt;0.1%)</td>
<td>Moderate (2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. LIKELIHOOD SCORING</th>
<th>Unlikely (2)</th>
<th>Possible (3)</th>
<th>Likely (4)</th>
<th>Almost Certain (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual frequency</td>
<td>Probability</td>
<td>Actual frequency</td>
<td>Probability</td>
<td>Actual frequency</td>
</tr>
<tr>
<td>Occurs every 5 years or more</td>
<td>1%</td>
<td>Occurs every 2-5 years</td>
<td>10%</td>
<td>Occurs every 1-2 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. RISK MATRIX</th>
<th>Negligible (1)</th>
<th>Minor (2)</th>
<th>Moderate (3)</th>
<th>Major (4)</th>
<th>Extreme (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency (1)</td>
<td>Frequency (2)</td>
<td>Frequency (3)</td>
<td>Frequency (4)</td>
<td>Frequency (5)</td>
<td></td>
</tr>
<tr>
<td>Occurs every 5 years or more</td>
<td>1%</td>
<td>10%</td>
<td>15%</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>Event</td>
<td>Unlikely (2)</td>
<td>Possible (3)</td>
<td>Likely (4)</td>
<td>Almost Certain (5)</td>
<td>Negligible (1)</td>
</tr>
<tr>
<td>Injury</td>
<td>Occurs every 2-5 years</td>
<td>Occurs every 1-2 years</td>
<td>Bi-monthly</td>
<td>At least monthly</td>
<td>Occurs every 5 years or more</td>
</tr>
</tbody>
</table>

Source: CUH PPG September 2015
Form 3. RISK ASSESSMENT EXERCISE (Ref: OQR010, Rev 7, Mar 09).

Risk Description (using ICC approach)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Impacts/Vulnerabilities (list here)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Existing Controls (list here)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Likelihood Score (tick appropriate box)

<table>
<thead>
<tr>
<th>Rare/Remote (1)</th>
<th>Unlikely (2)</th>
<th>Possible (3)</th>
<th>Likely (4)</th>
<th>Almost Certain (5)</th>
</tr>
</thead>
</table>

Impact Score (tick appropriate box)

<table>
<thead>
<tr>
<th>Negligible (1)</th>
<th>Minor (2)</th>
<th>Moderate (3)</th>
<th>Major (4)</th>
<th>Extreme (5)</th>
</tr>
</thead>
</table>

Risk Rating (insert number in box below colour)

<table>
<thead>
<tr>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
</tr>
</thead>
</table>

Additional Controls Required (action plan)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Form 4. RISK ASSESSMENT FORM (Ref: OQR010, Rev 7, Mar 09).**

Administrative Area: ________________________________
Location: ________________________________
Section/Ward/Dept: ________________________________
Date of Assessment: ________________________________
Source of Risk: ________________________________
Unique ID No: ________________________________

<table>
<thead>
<tr>
<th>RISK DESCRIPTION</th>
<th>IMPACTS/ VULNERABILITIES</th>
<th>EXISTING CONTROL MEASURES</th>
<th>ADDITIONAL CONTROLS REQUIRED</th>
<th>PERSON RESPONSIBLE FOR ACTION</th>
<th>DUE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RISK ANALYSIS**

<table>
<thead>
<tr>
<th>INITIAL RISK</th>
<th>RESIDUAL RISK</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood</td>
<td>Impact</td>
<td>Initial Risk Rating</td>
</tr>
</tbody>
</table>

CUH SAFETY STATEMENT ISSUE 6 01.09.15
**APPENDIX 3**

**Safety Guidance Sheets**

*Insert Safety Guidance Sheets Here*
APPENDIX 4

Risk Assessment & Safety Guidance Sheets: Guidance Notes

5.4. Definitions.

Please refer to:

- HSE Corporate Safety Statement.

(a) Hazard Identification Procedure.

Four methods will be used by the hospital to identify hazards:

- Review of available Statistics,
- Review of the Literature,
- By Consultation, and
- By Inspection.

(b) Statistics.

The HSE conducts a risk management function, which is based on the reporting by each hospital of any accident, near miss or an incident likely to give rise to an insurance loss. This data, in relation to the Cork University Hospital helps to indicate what are the most frequently encountered hazards.

(c) Literature.

Certain hazards are identified and prescribed via regulation, codes of practice and documented good practice. These include common hazards such as slips, trips and falls, violence and aggression / assault, manual handling, the use of computers (Display Screen Equipment), sharp instruments, chemicals and other hazardous substances, biological hazards and Infection Prevention and Control, the use of equipment and machinery, pressure vessels and autoclaves, and also some less often encountered hazards such as asbestos and lead. A list of current regulations is contained in the Appendix. A list of HSE policy documents relating to guidance on safe practice is also included in the Appendix. Each Ward/Service/Department will include a copy of codes of practice and policies utilised within the department in its safety statement and make these available for staff.
(d) Consultation.

Employees are often considered to be the persons most familiar with the workplace and are typically also the persons most at risk from any hazards present there. The Hospital therefore engages in regular consultation with staff in order to optimise the identification of hazards. Further details of the consultation mechanism have already been given in this Safety Statement.

(e) Inspection.

An inspection of each working area within the hospital will be undertaken at least once per year by the Dept Head or appropriate Responsible Person as part of the annual review in order to check on the presence of hazards and the adequacy of controls in place. The Fire & Safety Officer, and other key personnel as specialist advisors, will be available to assist with annual safety inspections, if required.

If there is any significant change in the working conditions of a department, e.g. following the introduction of new equipment or an additional service being provided, then an extra inspection/review may be necessary.

Checklists are considered a useful aid for inspections and each department is encouraged to develop its own checklist pertinent to the hazards within that dept.

To record the inspection a Hazard Identification and Control Sheet, examples of which are discussed in this Safety Statement. Note that it is a legal requirement that written records are made of inspections and risk assessments.

(f) Categories Of Hazards.

To assist with the systematic identification of hazards, consideration will be given to checking for hazards under 5 main categories. When conducting the inspection it is considered better to concentrate on one or two hazard topics in all areas rather than looking for all the hazards in one particular section; for instance, checking each areas for slipping hazards, then fire hazards, then electrical hazards, then chemical hazards, then infections hazards, etc. The appropriate advisor may then be of more assistance when done in this fashion.

(g) Physical Hazards.

These constitute the largest category and include the hazards presented due to the physical environment, the layout of the workplace and the condition or suitability of equipment used. These include, for example:

Flooring & obstacles, tripping and slipping, condition of equipment, electricity, fire storage – equipment & supplies, work at height, machine guarding – sharps, heating and lighting and ergonomics of workplace layout.
(h) **Chemical Hazards.**

In order to control infection, the Hospital tends to use a range of chemical products and agents. In addition, housekeeping requirements necessitates the presence of quantities of detergents and solvents. Many chemical substances used at work are hazardous and may be toxic, corrosive, irritant or flammable. The control of substances hazardous to health is described on a Safe Work Practice Sheet.

Each Responsible Person is expected to identify all the hazardous substances in use within the department, to have a file containing the appropriate Safety Data Sheets available to all staff, and to take all the precautions indicated therein.

(i) **Biological Hazards.**

These arise from working with viruses and bacteria, or from exposure to materials, etc., potentially contaminated with pathogens. The Infection Prevention and Control policy document produced by the Hospital, together with the policy for Clinical Waste are the basis for controlling biological hazards in the Hospital.

(j) **Human Factors / Ergonomic Hazards.**

McCormick & Saunders, (in H.S.A., 2001) define Ergonomics as:

"Application of relevant information about human capabilities, limitations and behaviour to the design of work systems, equipment and procedures; which people use and the environment in which they use them." (H.S.A., 2001).

The objective of ergonomics is to achieve the best possible match between the task and the worker (i.e. fitting the task to the person). When assessing a situation from an ergonomic perspective (e.g. assessing a task involving manual handling) consider:

- The task,
- The individual,
- The load,
- The physical effort required and the demands of the activity,
- The environment.

(k) **Social & Human Factors.**

The nature of the health service is such that the work may entail working unsocial hours, intense activity and potential dangers to the personal security of staff. The Health and Safety Authority single out four hazard areas in particular:

- Stress,
- Aggression & Violence,
- Sleep Deprivation & Working Time,
• Prevention of Bullying.

The H.S.A. note that not all these issues will have the same significance for all employees, nor that they are the only psycho-social issues that require evaluation and may need consideration in the Department Safety Statement. Other examples listed include: disabilities, language and literacy difficulties and pregnancy.

5.4.1 Risk Assessment Process.

5.4.2 Risk is generally considered to be a combination of the probability of an event occurring and the consequences of the outcome following the event.

As outlined in the Organisation and Responsibilities Section of this Statement, it is the policy of the Hospital that each Responsible Person will conduct an assessment of the hazards and risks of their activities and within their own environment and attach it to the Departmental Safety Statement. Hospital management will examine and compile an overall risk assessment for the Hospital for the purpose of prioritising action.

There are a number of methods of conducting the risk assessment, and the final rating awarded will be entered into the Hazard Identification and Control Sheet. Departments within Cork University Hospital may use an assessment scale of High, Medium and Low.

5.4.3 Numerical Risk Rating Method.

Alternatively, where a more objective/sensitive assessment is required a numerical rating system may be used. One such method is described in this Statement (See Risk Assessment Forms 1, 2 & 3 in Appendix 2 of this document).

5.4.4 Risk Register

It is the policy of the HSE to operate an integrated process for the management of risk. The development of a risk register, which helps a service to establish a direction for managing its risks, is a logical starting point.

A risk register provides Responsible Persons with a high-level overview of the service/department’s risk status at a particular point in time and becomes a dynamic tool for the monitoring of actions to be taken to mitigate risk.

A document (HSE, 2009. Developing and Populating a Risk Register, Best Practice Guidance. OQR010: Rev 7) has been developed by the Office or Quality and Risk to provide operational Service Areas with guidance in relation to the development of a risk register.

The risk assessments described above form a key information source for use in developing a risk register. The reader is referred to the aforesaid Best Practice Guidance for further information.
5.5 Background

Each Department Head/Line Manager/Head of Service (Responsible Person) is responsible for the management of safety within their department. Accordingly, each department must ensure that it has prepared its own Departmental Safety Statement, which will contain the following elements. Throughout this Hospital safety statement, specific requirements of departments have been made and should be reflected in department safety statements. The department safety statements should not be a copy of the Hospital statement, which has a focus on co-ordinating the activities of many departments, but rather should have a narrow focus on the specific hazards and control arrangements within that working area.

Contents of a Department Safety Statement

Policy.

A statement of the safety policy within the department concerned, which reflects the hospital policy.

Organisation.

This should begin with a short description of the work of the department, the staff numbers, the main activities undertaken, the patient type/dependency/vulnerability and numbers, and the interaction with other departments. The arrangements for department staff who work in other department areas is to be included as should be the arrangements for protecting staff from other departments who work within this area.

The section should include the name and duties of the Department Head plus an Assistant who will act as a deputy in the absence of the Department Head. An inventory of the main items of equipment available to the department should be included.

Hazard Identification & Risk Assessment.

Each Responsible Person will be expected to perform a hazard identification and risk assessment procedure within his or her area, using one of the methods described in this Hospital Safety Statement or other approved method.
A record of the assessment must then be attached and incorporated as an intrinsic part of the department safety statement.

Annual reviews should be reflected in further sheets being prepared and attached. Items assessed as being HIGH risk should have a review date of not more than 6 months and often sooner depending on the risk involved.

**Control Arrangements.**

Describe the arrangements in place or that you have decided upon to eliminate or control the hazards identified in the Department. Existing precautions might include machine guards or hospital policy. A control required might be due to poor implementation of the policy, it might require a change of practice, a repair to equipment or services, or the provision of new equipment.

If a system of checks is utilised, e.g. periodical inspections or testing.

Details of control measures should be included and together with information on who, how and where records are kept. The Control Required should be indicated together with the Action Person on the Hazard Identification & Control Sheet.

**Resources.**

The dept should indicate the resources allocated from within its means toward ensuring the safety and health of its staff. This might include financial allocation, new equipment purchased, personnel assigned to duties and/or training provided.

**Review Procedures.**

Each department should indicate the review procedure it has developed to assess and maintain safety in its workplace, to include an annual review and inspections.
APPENDIX 6

Safety Improvement Form

5.6 This form is available to be used by any HSE employee to facilitate the reporting of defects and hazards and the promotion of safety in their workplace. It should be handed to your immediate reporting officer or manager (Responsible Person).

LOCATION. [I.e., Hospital]
Dept.: ______________________________________________

EQUIPMENT, SERVICE OR BUILDING ELEMENT CONCERNED.
[If an item of equipment is involved, please describe as fully as possible].

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

DESCRIPTION OF THE ISSUE.
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

RISK ASSESSMENT FORM COMPLETED: YES ___/ NO ___. RISK RATING = ___
REFERENCE /IDENTIFICATION NO.________. RESIDUAL RISK RATING = ___

HOW MIGHT AN IMPROVEMENT BE ACHIEVED?

____________________________________________________
____________________________________________________
____________________________________________________
____________________________________________________

SUGGESTION MADE BY:

DATE: ____________________

RECEIVED BY: ___________________________ Responsible Person (Line Manager/Dept Head)
DATE: ___________________________

Thank you for taking the time to fill out this form. Your Line Manager/ Dept Head will inform you of the action taken.
ACTION BY RESPONSIBLE PERSON:

APPENDIX 7

Accident Forms

5.7 Accidents can be reported to the Health and Safety Authority in two ways, namely:

(1) **by hard copy**, i.e completing the Incident Report Form (IR1) and posting the completed form to the Workplace Contact Unit, Health and Safety Authority, The Metropolitan Building, James Joyce Street, Dublin 1, or

(2) **online**, via the Health and Safety Authority's website, www.hsa.ie. Please follow the following link, [https://webapps.hsa.ie/CIRW/](https://webapps.hsa.ie/CIRW/)
Please send completed forms to the Risk Management Office within 24hrs/4 days of occurrence
Please send completed forms to the Risk Management Office within 24hrs/4 days of occurrence

Section 3 (to be completed by the doctor)

SEND TO LINE MANAGER IMMEDIATELY

DOCTOR'S REPORT:

Section 4 (must be completed by Line Manager / Person in Charge)

THIS SECTION TO BE COMPLETED BY THE LINE MANAGER: LESSONS TO BE LEARNED / POLICY / PRACTICE CHANGES RECOMMENDED

Section 5 (must be completed by Department Head)

PS TO PREVENT RECURRENCE: DIVISIONAL CHAIRPERSONS OR DEPARTMENTAL / HEAD OR SERVICE MANAGER:

<table>
<thead>
<tr>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority</td>
</tr>
<tr>
<td>Very low</td>
</tr>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Moderate</td>
</tr>
<tr>
<td>High</td>
</tr>
</tbody>
</table>

Refer to back page for Rating Chart
Section 6 (must be completed by Risk Manager)

**NOTE:**

Section 1 and 2 to be completed by person reporting the incident
Section 3 to be completed by the doctor
Section 4 must be completed by Line Manager / Person in Charge
Section 5 must be completed by Department Head
Section 6 must be completed by Risk Manager

This is a risk management document and not to be replaced in patient records. Please fill in document in black ink.

**Consequence**

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Insignificant/None</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Catastrophic</th>
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<tbody>
<tr>
<td>A (almost certain)</td>
<td>Low</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>B (likely)</td>
<td>Low</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>C (possible)</td>
<td>Very low</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>D (unlikely)</td>
<td>Very low</td>
<td>Very low</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>E (rare)</td>
<td>Very low</td>
<td>Very low</td>
<td>Low</td>
<td>Moderate</td>
<td>High</td>
</tr>
</tbody>
</table>

**Likelihood**

- A (almost certain)
- B (likely)
- C (possible)
- D (unlikely)
- E (rare)

**Rating**

*(Please use this as a guide to fill out Section 5)*

Please send completed forms to the Risk Management Office within 24hrs/4 days of occurrence.
APPENDIX 8

5.8 List of Policy and Key Guideline Documents (non-exhaustive)

Note: Some of these policy/guideline documents may currently be in draft form or under revision.

- HSE Corporate Safety Statement, draft revision 1, version 0.7, 2013.
- HSE Serious Incident Management – Policy and Procedure (SIMT 01: 2008)
- HSE Incident Management Policy and Procedure. (Ref OQR006: Sep 2008)
- HSE Toolkit of Documentation to Support Incident Management. (Ref OQR008: Nov 2008)
- HSE Developing and Populating a Risk Register, Best Practice Guidance. (Ref OQR010: Rev 7, March 2009)
- HSE Quality and Risk Taxonomy Governance Group Report on Glossary of Quality and Risk Terms and Definitions. (Ref OQR026: July 2008)
- Department, Ward and Service Safety Statements.
- HSE Policy for the Prevention and Management of Latex Allergy in Patients and Staff (New corporate policy name?).
- Southern Health Board Anti-Bullying Policy, a policy for dignity in the workplace.
- Linking Service & Safety: National Violence and Aggression Policy
- Others (Please list as appropriate)
APPENDIX 9

5.9 Safety, Health and Welfare at Work Act 2005

SCHEDULE 3

General Principles of Prevention

1. The avoidance of risks.
2. The evaluation of unavoidable risks.
3. The combating of risks at source.
4. The adaptation of work to the individual, especially as regards the design of places of work, the choice of work equipment and the choice of systems of work, with a view, in particular, to alleviating monotonous work and work at a predetermined work rate and to reducing the effect of this work on health.
5. The adaptation of the place of work to technical progress.
6. The replacement of dangerous articles, substances or systems of work by safe or less dangerous articles, substances or systems of work.
7. The giving of priority to collective protective measures over individual protective measures.
8. The development of an adequate prevention policy in relation to safety, health and welfare at work, which takes account of technology, organisation of work, working conditions, social factors and the influence of factors related to the working environment.
9. The giving of appropriate training and instructions to employees.
## APPENDIX 10
### CUH SAFETY REPS 2015

<table>
<thead>
<tr>
<th>Name</th>
<th>Areas Covered</th>
<th>Contact Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julie Carey Chair</td>
<td>Wards 1st to 5th floors – B WARDS &amp; 2D &amp; Regional Cancer Centre</td>
<td>Ext. 22132</td>
</tr>
<tr>
<td>Lynn Wolfe Secretary</td>
<td>High Street House</td>
<td>Ext. 28033</td>
</tr>
<tr>
<td>John Farrell</td>
<td>Cardiac Wards, Cardiac ITU – Cardiac Renal Centre, Cardiac Theatres</td>
<td>Ext. 34040</td>
</tr>
<tr>
<td>Michelle Kingston</td>
<td>Emergency Department, Medical Assessment Unit</td>
<td>Ext. 20200/22416</td>
</tr>
<tr>
<td>Greg O’Connor</td>
<td>Labs, Post Mortem Facilities, &amp; Mortuary, Blood Room</td>
<td>Ext. 22537</td>
</tr>
<tr>
<td>Deirdre Fallon</td>
<td>HSSD &amp; Theatres</td>
<td>Ext. 22247</td>
</tr>
<tr>
<td>Harry Russell</td>
<td>Radiology and Mammography &amp; Cath Lab</td>
<td>Ext. 22255</td>
</tr>
<tr>
<td>Mary Kelleher</td>
<td>CAPD, Dialysis, 4C ward, Switchboard &amp; Level 1 – Cardiac Renal Centre</td>
<td>Ext. 20883</td>
</tr>
<tr>
<td>Noel Cantwell</td>
<td>Wards GA, GB, Paediatrics, Main Reception &amp; Main Concourse</td>
<td>Ext. 22118</td>
</tr>
<tr>
<td>Frank Delacey</td>
<td>Doctors Res, Former Nurses’ Residence, Workshop and Grounds</td>
<td>Ext. 22158</td>
</tr>
<tr>
<td>Heidi Matthes</td>
<td>Medical Records, Administration, Out-Patients Department, Ophthalmology &amp; Neurophysiology</td>
<td>Ext. 34567/22598</td>
</tr>
<tr>
<td>Eleanor O’ Riordan</td>
<td>Ward G.F – Mental Health Unit</td>
<td>Ext. 20010</td>
</tr>
<tr>
<td>Bridget Manning</td>
<td>Catering Department including Canteen &amp; Food Preparation Area</td>
<td>Ext. 22171/20310</td>
</tr>
<tr>
<td>Karen Harte</td>
<td>Wards 1st to 5th floors – A WARDS</td>
<td>Ext. 34541/20254</td>
</tr>
<tr>
<td>Clara Cremin</td>
<td>Radiotherapy/Oncology</td>
<td>Ext. 21307</td>
</tr>
<tr>
<td>Joe Crowley</td>
<td>Stores, Pharmacy, General ITU, CSSD OT, Physiotherapy &amp; Ground Floor Locker Rooms</td>
<td>Ext. 22103</td>
</tr>
<tr>
<td>Fiona Forbes</td>
<td>CUMH</td>
<td>Ext. 22249</td>
</tr>
<tr>
<td>Fiona Kelleheer</td>
<td>CUMH</td>
<td>Ext. 20537</td>
</tr>
</tbody>
</table>
5.11 APPENDIX 11

- Segregation and Packaging of Healthcare Risk & Non-risk Waste Poster
SEGREGATION & PACKAGING OF HEALTHCARE RISK & NON-RISK WASTE

RISK WASTE

YELLOW BAG
- All blood-stained items and all items used with body fluids and as intravenous sets
- Sharps, needles & scalps
- Contaminated slides & glass
- Sharps tips of clear IV tubing sets
- Blood stained glass
- Elastic bands
- Blood dish
- *NO SHARPS OR FREE LIQUIDS

YELLOW SHARPS BIN (with blue or red lid)
- Needles, syringes & Scalps
- Contaminated slides & glass
- Sharps tips of clear IV tubing sets
- Blood stained glass
- Elastic bands
- Blood dish
- *NO FREE LIQUIDS

YELLOW 30/60 LITRE RIGID BIN (with yellow lid)
- Blood administration sets never disconnect the line
- Contaminated blood and body fluids
- Non-stabilized laboratory waste inc. autoclaved endoscopes
- Disposable suction lines
- Reducing drains (tissue drain closure ameliorated)
- Spatulas
- Chest drains
- *NO SHARPS OR FREE LIQUIDS

RISK WASTE

YELLOW 30/60 LITRE RIGID BIN (with purple lid)
- Cytotoxic drugs including infusion lines, left over drug preparations and unopened parenteral equipment unused
- Small quantities of residual medicines or pharmaceuticals left over after administration to patients
- *NO SHARPS OR FREE LIQUIDS

YELLOW SHARPS BIN (with purple lid)
- Contaminated cytotoxic sharps, needles, syringes, sharp instruments and broken glass
- *NO FREE LIQUIDS

YELLOW RIGID BIN (with black lid)
- Non-autoclaved microbiological cultures
- Large / recognisable anatomical body parts
- Pleuromea with additional back proof containment
- Large solid objects and instruments
- *NO SHARPS OR FREE LIQUIDS

NON-RISK WASTE

CLEAR BAG
- Investment waste from non-invasive procedures
- Oxygen face masks
- Empty syringes, cannulae and syringe drivers storage bags
- Clear tubing e.g. oxygen, urinary catheters, venti, nasal gastric, IV lines with type removed
- Implantable medical devices
- Not contaminated gloves, aprons and masks
- Empty continuous ambulatory peritoneal dialysis (CAPD) bags
- All other household non-risk, non-recyclable waste
- *NO SHARPS OR LIQUIDS

RECYCLABLE WASTE

GREEN BAG
- *NO SHARPS OR LIQUIDS

PLEASE NOTE:
1) Do not use waste bags for sharp or breakable items or for liquids
2) Close healthcare risk waste bags using "carbon seal" when 2/3 full
3) Sign and seal sharp bins correctly when 2/4 full or at manufacturer's fill line
4) Label all healthcare risk waste appropriately at point of generation
5) Apply traceability tags to all healthcare risk waste at point of generation
6) Use sharp box liner for large boxes, knives, stinging cells etc.
7) For all 30/60 litre rigid bin, add absorbent material or self-adherent or sufficient quantities to hold the fluid and prevent leakage
8) For further details on healthcare risk waste, please refer to www.doh.s/ publications

An Roinn Sláinte
Department of Health

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5.12 Appendix 12

HSE Corporate Safety Statement (2014) Excerpts/Information

Information on the following:

- Health and Safety Authority
- Reporting to the Health & Safety Authority
- Emergency Plans (Internal)
- Fire Safety Management
- Fire Safety Duties of Managers/Employers
- Fire Safety Duties of all Employees, Contractors or Visitors
- Maintenance of Buildings, Plant and Equipment
- Medical Devices/Equipment Management
- Selection, Control and Management of Contracted and Agency Personnel
- Consultation and Communication – Safety Committee
- Safety Representatives
- Safety, Health and Welfare at work Legislation
- Supporting Publications
- Useful Websites

Health and Safety Authority

The Health and Safety Authority (HSA) is the national statutory body with overall responsibility for the administration and enforcement of health and safety at work legislation. The HSA monitors compliance with legislation at the workplace and investigates accidents, causes of ill health and complaints.

HSA Inspectors carry out reactive and pro-active inspections of workplaces. Reactive inspections may arise following an accident, incident or complaint. Pro-active inspections may be routine or targeted. Section 64 of the Safety, Health and Welfare at Work Act 2005 gives specific powers to Inspectors to take actions where statutory contraventions are observed or where there is a risk of serious personal injury. These actions include:

Improvement Direction/Notice

The issuing of an Improvement Direction in relation to activities to which the Inspector considers may involve risk to safety or health of persons. An employer is required to respond with an Improvement Plan.

The issuing of an Improvement Notice stating the inspectors opinion that a duty holder has contravened a provision of an Act or Regulation, and requiring that the contravention be addressed within a certain time period of not less than 14 days.

Prohibition Notice
The issuing of a Prohibition Notice where an Inspector is of the opinion that an activity is likely to involve a risk of serious personal injury to any person. This notice takes effect immediately from when the person, on whom the notice is served, receives the notice.

**Information Notice**

The issuing of an Information Notice requires a person to present to the HSA any information specified by the notice.

**Reporting to the Health & Safety Authority**

Part X of Safety, Health and Welfare at Work (General Application) Regulations 1993 require incidents to be reported to the Health and Safety Authority (HSA) when:

1. A workplace incident causes the death of an employee

2. Employees are injured at a place of work and cannot perform their normal work for more than 3 consecutive days, not including the day of the accident.

3. Employees are injured while driving or riding in a vehicle in the course of work, and cannot perform their normal work for more than 3 consecutive days, not including the day of the accident.

4. Any person in a place of work, or as a result of a work activity, requires treatment from a medical practitioner.

The above must be reported on a HSA Incident Report Form IR1 and in the case of a death immediately by telephone. Accidents can be reported to the Health and Safety Authority in three ways, namely:

(1) By hard copy, i.e. completing the Incident Report Form IRI and posting the completed form to the Workplace Contact Unit, Health and Safety Authority, The Metropolitan Building, James Joyce Street, Dublin 1; or

(2) Online, via the Health and Safety Authority’s website, [www.hsa.ie](http://www.hsa.ie) Please follow the link, [https://webapps.hsa.ie/CIRW/index.php](https://webapps.hsa.ie/CIRW/index.php); or

(3) In the case of fatalities, by telephone on 1890 289 389

Part X of Safety, Health and Welfare at Work (General Application) Regulations 1993 also requires dangerous occurrences as described in Twelfth Schedule to be reported to the HSA on the IR3 form of Notification of a Dangerous Occurrence.

Under the Safety, Health and Welfare at Work (Biological Agents) Regulations 2013, the HSA must be notified immediately of any work related sharps injury that could cause severe human infection/human illness. The IR3 Form of Notification of a Dangerous Occurrence must be used.

All incidents must result in some level of internal investigation and where necessary include competent support from relevant specialist employees within the HSE e.g. Health and Safety Professionals/Risk Advisors/Managers.
Emergency Plans (Internal)

The safety, Health and Welfare at Work Act 2005, Section11 requires the HSE to have in place necessary adequate plans and procedures to be followed and measures to be take in the case of an emergency or serious and imminent danger within the workplace.

Emergencies may occur and it is essential that plans are in place for those that are foreseeable. Plans will reduce the increased risks to the health and safety of service users, employees and others in our work place and reduce risks such as loss of services, premises, equipment. All emergency plans should include contingency arrangements. Internal Emergency plans are included in all Site Specific Safety Statements.

For the purposes of implementing the plans, procedures and measures required under the legislation, the HSE will designate an adequate number of employees who are responsible for the implementation of emergency plans, procedures and measures. The nominated employees will receive the necessary training and equipment required, taking into account of any specific hazards relating to the place of work.

Fire Safety Management

The HSE acknowledges its responsibilities and the potential hazards of fire and its associated risks. It will support the identification, assessment and management of such risks, which will be detailed in the Fire Safety Management Programme. Support and assistance with the formulation and implementation of the Fire Safety Management Programme is available from the local HSE Estates Office.

The Safety, Health and Welfare at Work Act 2005 and The Fire Services Act 1981/2003 clearly assign responsibility for fire safety to those persons who own, occupy, manage or work in premises and in this regard impose two main duties.

Fire Safety Duties of Managers/Employers

The HSE in accordance with its statutory duties will take all reasonable measures to guard against the outbreak of fire on the premises that they own or occupy, and to ensure as far as is reasonably practicable the safety of persons in the event of an outbreak of a fire.

The HSE will ensure so far as is reasonably practicable that:

- All escape routes are indicated, kept clear, fitted with emergency lighting and are available at all times;
- Where the premises are occupied and appropriate fire fighting equipment is provided;
- There is a full compliance with the requirements of the Safety Health and Welfare at Work (General Application) Regulations 2007 Chapter 1 pt 2 Regulations 12 and 13 in particular.
Fire Safety Duties of all Employees, Contractors or Visitors

Statutory duties are also imposed on every person using the premises to conduct themselves in such a way as to ensure that as far as is reasonably practicable any person on the premises is not exposed to danger from fire as a consequence of any act or omission of theirs.

The Obligations in this section require all employees, irrespective of status, to work safely and to co-operate fully with procedures and practices set down by the employer. All employees should be familiar with the day to day fire prevention measures as well as the equipment that should be used in the event of a fire.

The HSE acknowledges its responsibility in relation to management of fire safety and have developed a Fire Safety Management Strategy which includes the following:

- **Fire Safety Register**
  - Fire Safety Training Programme
    - General Fire Awareness Lecture every two years.
    - Site Specific Evacuation Training every year
    - Practical use of fire fighting equipment every year.
    - E learning on Line
- **Maintenance Contracts**
  - Fire Alarm and Detection Systems
  - Emergency Lighting Systems
  - Hand Held Fire Extinguishers
  - Suppression Systems
- **Fire Safety Risk Assessments**

The Fire Safety function is delivered through the Estates Directorate and the assignment of responsibilities of the Fire and Safety Officer are clearly set out in the Estates Directorate Safety Statement.

**Maintenance of Buildings, Plant and Equipment**

Buildings, plant and machinery must be maintained in a condition that is safe and without risk of health.

It is the obligation of managers to ensure that there is a planned preventative maintenance programme for buildings, plant and equipment. Records in relation to the completion of this programme must be maintained and available for inspection if requested.

Maintenance of plant and equipment should be in full compliance with ‘Guidance on Statutory Inspection’ issued by the State Claims Agency Inspection and Testing of Equipment and Machinery – Regulatory Requirements Parts 1 & 2’.
Medical Devices/Equipment Management

The HSE is committed to ensuring that uniform policy, standards and procedural guidance are implemented to support the development of a system that assures a designated co-ordinated approach for the management of Medical Devices / Equipment throughout the organisation.

To ensure effective governance in relation to medical devices, the HSE Medical Device/Equipment Management Policy sets out the requirements in relation to the management of medical devices/equipment within the services and within agencies funded by the HSE and to ensure that medical devices/equipment are managed in a way which complies with the requirements of regulation and best practice. Services will be required to conduct an assessment of their system in relation to compliance with the HSE's Medical Device/ Equipment Management Standard and to put in place improvement plans where required.

Medical Devices/Equipment Management Committees (MDEMC) have been set up at local, regional and national levels to facilitate implementation, monitor compliance and provide assurance in relation to the policy and standard.

Selection, Control and Management of Contracted and Agency Personnel

Effective management of Service Level Agreements, including annual audits of agency staff files, will ensure that agencies provide staff who are of the required standard. The Agency is responsible, through its contract and Service Level Agreement with the HSE, for ensuring that the agency staff being have the competencies to fulfil the contract in a safe manner.

Contractors will be required to submit their Safety Statement, details of their Safety Management Programme and previous safety performance at the tender stage for examination by the HSE.

It is also a management responsibility to ensure that as part of the tendering process potential contractors are made aware of any specific hazards present in the workplace relating to the contract that may pose a risk to them.

Contractors may be provided at the tender stage with a copy of the relevant section of the Site Specific Safety Statement.

The management of contractors is recognised by the HSE as an integral component of the Safety Management Programme and will ensure that appropriate selection of contractors is in line with current safety, health and welfare legislative requirements.

The HSE is committed to ensure that all contractors working in HSE premises and locations are appropriately supervised and are made fully aware of the need to ensure the safety, health and wellbeing of anyone likely to be affected by their activities.
Consultation and Communication – Safety Committee

The HSE actively promotes and supports employee participation in all aspects of the Safety Management Programme and will consult with employees when establishing arrangements for securing co-operation in the workplace on all matters of safety, health and welfare. Consultation will be made in advance and in a timely manner so as to allow employees time to consider, discuss and give an opinion on the matters before managerial decisions are implemented.

In accordance with Section 26 of the Safety, Health and Welfare at Work Act 2005 and in line with HSE Governance arrangements a Safety Committee is established at local level to include a balance of representation between management and staff, to include Safety Representatives. The number of members will provide for a compact and workable group.

Consultation is particularly important when changes are taking place, for example when a safety statement or safety and health plan is being drawn up, or new technology or work processes, including new substances, are being introduced. They also have a part to play in dealing with long-established work practices and hazards.

The Safety Committee shall assist the HSE and employees concerned in relation to the implementation of the relevant statutory requirements

The Committee should hold regular meetings under a specific agenda which should include items such as the following:

- any representations made to the employer on any matters relating to safety, health and welfare;
- the review of safety and health audit reports (including feedback from a Health and Safety Authority Inspector where applicable);
- seek solutions to safety and health issues which arise;
- review information relating to incidents, dangerous occurrences and instances of occupational ill-health at the place of work;
- assist in the development and implementation of safe systems of work;
- consider reports presented by a Safety Representative. The Committee must consider these representations, and act on them if necessary. The intention of these consultations is to prevent accidents and ill-health, highlight problems, and identify means of overcoming them. (HSA 2006) Safety Representatives and Safety Consultation Guidelines. Health and Safety Authority
- receive progress reports on the implementation of risk assessments and the Site Specific Safety Statement;
• promote activities on safety and health at work and wellbeing programmes;
• review health and safety training reports;
• recommend actions that will improve the effectiveness of the Safety Management Programme;
• promote compliance with legislative requirements;
• promote the integration of safety, health and welfare into each of their respective services;
• ensure that staff health, safety and welfare is afforded appropriate time to address all relevant issues at each meeting and receive appropriate action;
• ensure that there are appropriate terms of reference that specify the roles of the committee and the conditions under which it will function;
• monitor compliance of the Safety Management Programme;
• develop local suite of appropriate Key Performance Indicators (KPI) in line with HSE objectives to measure compliance with legislation and best practice;
• monitor the implementation of Quality Improvement Plans (QIPs) arising from the HSA tool and other relevant departmental audits undertake.
• review the effectiveness of consultation arrangements regularly.

**Safety Representatives**

Section 25 entitles employees to decide on, select and appoint a Safety Representative or, by agreement with their employer, more than one Safety Representative to represent them in consultations with the employer on matters of safety, health and welfare at the place of work.

The HSE recognises the importance and the value of Safety Representatives and fully supports the appointment of Safety Representatives from all disciplines within the HSE. Safety Representatives will receive training to ensure they have the knowledge and skills necessary to perform their function effectively in accordance with Section 25 of the Safety, Health & Welfare at Work Act 2005.

• make representations to their employer on any aspects of safety, health and welfare at the place of work;
• inspect the place of work after giving reasonable notice to their employer. The frequency and schedule of inspections must be agreed between the
Safety Representative and the employer in advance;

- inspect the place of work in the event of an incident, dangerous occurrence or a situation of imminent danger or risk to health and safety;

- investigate accidents and dangerous occurrences provided they do not interfere with or obstruct any person fulfilling their legal duty;

- after giving reasonable notice to their employer, investigate complaints made by employees whom they represent;

- accompany a HSA Inspector on a tour of inspection;

- at the discretion of the HSA Inspector, accompany the Inspector while they are investigating an incident or dangerous occurrence;

- make oral or written representation to the HSA Inspector(s) on matters relating to safety, health and welfare at the place of work;

- receive advice and information from the HSA Inspector(s) on matters relating to safety, health and welfare at the place of work;

- consult and liaise with other Safety Representatives appointed in the organisation

Safety, Health and Welfare at Work Legislation

- Safety, Health and Welfare at Work Act 2005

- Safety, Health and Welfare at Work (General Application) Regulations 2007 (S.I. No.299 of 2007) (as amended)


In addition to the above the Health and Safety Authorities website contains an extensive list of health and safety legislation/ regulations and codes of practice can be sourced at:  http://www.hsa.ie/eng/Legislation/List_of_Legislation/

Fire

- Fire Services Act 1981 as amended 2003

- Building Regulations 1997 (Technical Document B) Fire Safety
Supporting Publications

- Auditing a Safety and Health System – Safety and Health Audit Tool for the Healthcare Sector, 2006
- Health and Safety Authority Five Year Plan for the Healthcare Sector 2010-2014
- Health and Safety Authority 2005, Report of the Advisory Committee on Health Services
- Health and Safety Authority Healthcare Waste Packaging Guidelines 2010
- Health and Safety Authority Work Positive Project 2008
- OQR012 2011v5 Risk Assessment Tool and Guidance
- OQR009 20080221v3 Quality and Risk Management Standard
- OQR010 20090422 v11 Developing and Populating a Risk Register - Best Practice Guidance
- OQR011 20081210v4 Risk Management in the HSE – An Information Handbook
Useful Websites

- http://www.hsa.ie
- http://europe.osha.eu.int
- http://www.hse.gov.uk
- http://www.who.int/topics/occupational_health/en/
- http://www.hiqa.ie/
- http://www.mhcirl.ie/
- http://www.ntma.ie/business-areas/state-claims-agency/
### Appendix 13 – Local QIP for Fire, Health & Safety

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<tr>
<th>Number</th>
<th>Category</th>
<th>Entry Date</th>
<th>Description of Quality Improvement Plan (QIP)</th>
<th>Responsible Person</th>
<th>Due Date</th>
<th>Completed Date</th>
<th>QIP Status</th>
<th>Comments</th>
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<td>1</td>
<td>Safety</td>
<td>09/09/2013</td>
<td>Prepare Department Safety Statement annually</td>
<td>Local Line Manager</td>
<td>QIP 2014</td>
<td></td>
<td>Not yet due</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Safety</td>
<td>09/09/2013</td>
<td>Update Department Risk Assessments annually</td>
<td>Local Line Manager</td>
<td>QIP 2014</td>
<td></td>
<td>Not yet due</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Safety</td>
<td>09/09/2013</td>
<td>Prepare Safety Guidance Sheets annually</td>
<td>Local Line Manager</td>
<td>QIP 2014</td>
<td></td>
<td>Not yet due</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Safety</td>
<td>09/09/2013</td>
<td>Update Safety Guidance Sheets annually</td>
<td>Local Line Manager</td>
<td>QIP 2014</td>
<td></td>
<td>Not yet due</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Safety</td>
<td>09/09/2013</td>
<td>Review Incidents of All Hazards and Unfavorable Substances</td>
<td>Local Line Manager, CMM, CMM in charge</td>
<td>QIP 2014</td>
<td></td>
<td>Not yet due</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Safety</td>
<td>09/09/2013</td>
<td>Check Safety Data Sheets for All Hazardous Substances stored in Ward Department</td>
<td>Local Line Manager, CMM, CMM in charge</td>
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<td>7</td>
<td>Safety</td>
<td>09/09/2013</td>
<td>Complete Local Fire Plan yearly</td>
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<td>Safety</td>
<td>09/09/2013</td>
<td>Ensure Fire Regulator check sheets are completed</td>
<td>Local Line Manager, CMM, CMM in charge</td>
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<td>Fire</td>
<td>09/09/2013</td>
<td>Update Local Fire Plan on an annual basis</td>
<td>Local Line Manager, CMM, CMM in charge</td>
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<td>Ensure Fire Regulator check sheets are completed</td>
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<td>Fire</td>
<td>09/09/2013</td>
<td>Ensure Fire Regulator Check sheets to Service Department at year end</td>
<td>Local Line Manager, CMM, CMM in charge</td>
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<td>12</td>
<td>Fire</td>
<td>09/09/2013</td>
<td>Ensure all staff attend mandatory Fire Training annually</td>
<td>Local Line Manager, CMM, CMM in charge</td>
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<td>Fire</td>
<td>09/09/2013</td>
<td>Maintain a local register of staff attendance at Fire Training</td>
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<td>14</td>
<td>Fire</td>
<td>09/09/2013</td>
<td>Ensure every staff have ground floor fire escape routes marked</td>
<td>Local Line Manager, CMM, CMM in charge</td>
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<td>Fire</td>
<td>09/09/2013</td>
<td>Check record of the performance of Fire Evacuation drill annually</td>
<td>Local Line Manager, CMM, CMM in charge</td>
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<td>16</td>
<td>Fire</td>
<td>09/09/2013</td>
<td>Forward a copy of this completed QIP to the Service Manager on an annual basis</td>
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<td>General</td>
<td>09/09/2013</td>
<td>Ensure a copy of the above is retained in the “People” Ward Department Safety File</td>
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<td>General</td>
<td>09/09/2013</td>
<td>All staff to read the Safety File annually and sign an acknowledgment sheet. Ensure all staff understand the contents of the Safety File</td>
<td>Local Line Manager, CMM, CMM in charge</td>
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### Appendix 14

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![Management Assurance Framework - High-level Committees and Organisational Groups](image-url)
Appendix 15  New National Health and Safety Function Staff Safety and Wellbeing

From: Internal Communications South  
Sent: 08 July 2015 09:33  
To: Current Users  
Subject: New National Health and Safety Function

Dear Colleagues,

We are very happy to announce the launch of a new National Health & Safety Function for the HSE. A key purpose of the Function is to improve access to Occupational Safety and Health (OSH) support. A dedicated Helpdesk and web-page has been introduced, which will allow all HSE Managers, Safety Representatives & Employees to access support, seek advice, guidance and information in the following broad areas:

- General safety information and advice
- HSE OSH Policy
- Statutory OSH training
- OSH audits and inspections

Contact the Helpdesk on 046 9280630 between 10.30am – 12md and 2pm- 3.30pm or send the Helpdesk Information Request Form 1 to hs.helpdesk@hse.ie. You will find the Helpdesk Information Request Form on the website under the tab - Staff and Careers> Safety and Wellbeing> Staff Health and Safety.

From today, you can visit: www.hse.ie/safetyandwellbeing. Here you will have access to relevant information such as:

- Frequently asked questions (FAQ’s)
- Safety alerts
- Risk assessment forms and checklists
- Safety Advisory Guidance Notes (SAGN)
- Policies and guidance documents to name but a few
You can access the health & safety webpage here: [www.hse.ie/safetyandwellbeing](http://www.hse.ie/safetyandwellbeing) Save this address into your favourites as the web page will be updated frequently with new initiatives and projects. We look forward to bringing safety to you.

Regards,

Nick Parkinson
Head of National Health and Safety Function for the HSE
Staff Safety and Wellbeing

Staff wellbeing includes Staff Safety, Health, & Wellbeing

**Information & Advisory Team**

The National Health and Safety helpdesk is available to provide support, guidance and advice.

**Policy Team**

Develop specialist policies, procedures, protocols and guidelines relating to health and safety

**Training Team**

Provide specialist statutory OSH training
National statutory training needs assessment.

**Inspection & Audit Team**

Undertake specialist Health and Safety inspections and audits and assist in OSH incident investigations.

**Helpdesk Request Form**

Please complete this form to request employee health and safety advice and support.

**National Incident Management System**

Download and complete this form and follow local reporting procedures to report an employee accident/incident or near miss.