

Corporate Safety Statement



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Corporate Safety Statement

October 2006

Corporate Safety Statement

Safety Policy



We consider that the delivery of quality healthcare to our service users is intrinsically linked to the ability to provide a safe work environment for employees and those affected by our activities. People are at the centre of the organisation and we consider safety, health and welfare to be of fundamental importance in continually improving the quality of healthcare services provided and the standard of safety in the workplace.

In striving to be an exemplar healthcare provider and employer, we recognise and accept our responsibilities for safety, health and welfare. We believe that workplace injuries and illnesses are preventable, and as a consequence we are totally committed to ensuring the safety, health and welfare of all our employees and those affected by our work activities.

In support of the Corporate Plan, we will empower all employees to lead and promote the management of safety, health and welfare in the workplace. The HSE recognises the benefits to be achieved by the implementation of an integrated safety management system that is consistent with current legislative requirements.

The safety management system will include clear allocation of responsibility and accountability to managers and employees, supported by the provision of appropriate resources.

We will ensure appropriate channels of communication are in place for effective consultation with employees and those who are affected by our activities. The consultation processes framed within the partnership ethos, promotes a positive safety culture by facilitating our employees to contribute to decisions affecting their safety, health and welfare at work.

The safety management system will be measured, evaluated and reviewed on a continuous basis to ensure work systems and environments continue to be safe for staff and all those who are affected by the activities of the HSE.

A handwritten signature in black ink that reads "Brendan Drumm".

Professor Brendan Drumm
Chief Executive Officer.

October 2006

Corporate Safety Statement

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Board and committees		
Executive management team		
Network Managers/ Local Health Office Managers		
Partnership Forum		

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Corporate Safety Statement

1. Introduction

The Corporate Safety Statement has been prepared to demonstrate compliance with the Safety, Health and Welfare at Work Act, 2005 and associated Regulations. The Corporate Safety Statement describes the Health Service Executive's (HSE's) safety management programme and identifies the importance of employee co-operation to ensure its successful implementation. The Corporate Safety Statement must be read in conjunction with the Ancillary Safety Statements that are specific to functions and locations of the respective services throughout the HSE.

The services currently provided by the HSE are as follows:

- Office of the Chief Executive Officer
- National Hospital's Office
- Primary, Community and Continuing Care
- Population Health
- Human Resources
- Finance
- Corporate Services
 - ICT
 - Shared Services
 - Procurement
 - Estates
- Corporate Planning and Control.

Each of the above functions will have an Ancillary Safety Statement, which will be derived from the Corporate Safety Statement.

Collectively the Corporate Safety Statement and Ancillary Safety Statements are known as the HSE's Safety Statement 2006.

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2. Safety Management Programme

2.1 Supporting our Corporate Objectives

The HSE's Corporate Plan 2005-2008 declares the corporate objectives to be achieved to ensure the quality of the services provided and the effective management of risk throughout the HSE:

1. We will improve people's experience of our services and their outcomes, through developing, changing and integrating our services, in line with best practice.
2. We will work to protect, promote and improve the health and well being of the population, based on identified need and with particular focus on measures to address social exclusion.
3. We will empower staff to deliver responsive and appropriate services, making effective team-working a priority.
4. We will develop the HSE as a dynamic, effective and learning organisation in partnership with services users, patients, staff, not-for-profit/voluntary/ community sector and other stakeholders.

To be most effective, quality and risk management must become an integral part of the HSE's processes, systems and culture. It must be embedded into our philosophy, practices and business processes rather than be viewed or practised as a separate activity.

Everyone within the HSE must become involved in the management of risk to improve the risk management process and control activities, so as to achieve a more confident and rigorous basis for decision-making and planning. This in turn will improve the quality of service delivered to our service users.

In recognition of the development of best practice in safety, health and welfare, the HSE welcomes the launch of the Health and Safety Authority's Guidance on the Management of Safety, Health and Welfare in the Health Sector and the accompanying Audit Tool. The HSE will promote the utilisation of the guidance document and audit tool in all sectors throughout the organisation as the safety management system of choice.

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3. Organisation and Responsibility

3.1 Organisational Arrangements

The Chief Executive Officer will in co-operation with the HSE Board make appropriate allocation of funds and resources to effectively manage safety, health and welfare risks.

3.2 Directors

The directors through the line management structure will achieve this by:

- Leading by example
- Demonstrating compliance with legislation
- Approve performance indicators for safety, health and welfare management and integrate the monitoring of the indicators with the individual performance review system
- Ensuring an integrated approach is planned and implemented for the management of health service risk including risk to safety, health and welfare
- Approve financial resources to ensure excellence in the management of safety, health and welfare
- Approve responsible persons for the management of safety, health and welfare within their area of responsibility
- Receive the annual safety, health and welfare report and act on its recommendations
- Demonstrate good governance in respect of safety, health and welfare
- Arrange for and contribute to regular reviews of the safety statement.

3.3 Risk Committee

The HSE has appointed a Risk Committee to oversee the demonstration of good governance in respect of all health service activities. This will be done by seeking evidence through audit and other reports, as well as receiving reports on the monitoring of key performance indicators.

The Risk Management Steering Group, chaired by the National Director of the Office of the CEO, will ensure the corporate safety statement is reviewed when required and at least annually. The National Director of the Office of the CEO will provide reports and make recommendations to the CEO and the management team and Risk Committee on reported risk management issues.

The CEO and National Directors will commit to and promote a risk management culture which ensures the safe delivery of services.

3.4 Individual Responsibility

The individual responsibilities are described below:

3.4.1 Director of Finance

The Director of Finance also has responsibility for:

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- Ensuring the maintenance of financial systems to identify and track resources allocated for the following:
 - Risk Committee
 - Resource safety, health and welfare needs in each directorate
 - Safety management programme development tools
 - Competence progression programmes
 - Meeting new legislative requirements
 - Communication tools
 - Maintaining safe physical structures
 - Maintaining safe systems of work

Signed by:



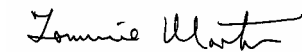
John O'Brien, Director, National Hospital's Office (Temporary)



Aidan Browne, Director, Primary Community and Continuing Care



Dr Patrick Doorley, Director, Population Health



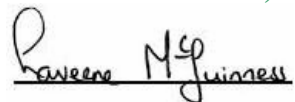
Tommy Martin, Director, Office of the Chief Executive Officer



Liam Woods, Director of Finance



Martin Mc Donald, Director, Human Resources



Laverne Mc Guinness, Director, National Shared Services



Ann Doherty, Director, Corporate Planning and Control

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3.4.2 Assistant Directors

Within each directorate an assistant director will be appointed with responsibility for overseeing and reporting on good governance including governance in respect of safety, health and welfare. The assistant director will be responsible for:

- Designing structures for the management of safety, health and welfare risk utilising the Health and Safety Authority guidance for the management of safety, health and welfare, and the accompanying audit tool for the health sector
- Ensure an integrated approach across directorates for the management of safety, health and welfare risk.
- Seek evidence through audit of compliance with the safety policy and Corporate Safety Statement.
- Present reports on the management of risk for the respective directorates.

3.4.3 Office of Quality and Risk

The Head of Quality and Risk will be responsible for the:

- Development of a national integrated quality and risk management systems strategy and standards for the HSE
- Design an effective and efficient quality and risk management system for the HSE including the performance management system
- Support the implementation of these quality and risk management systems throughout the HSE including the implementation of standards and local key performance indicators for the system
- Work with designated officials with lead responsibility in each directorate for quality and risk management
- Monitor and evaluate the efficiency and effectiveness of the system
- Use these quality and risk management systems to contribute to the optimal attainment of HSE objectives and to evaluate/monitor that this is happening
- Provide assurance to the CEO, the Board the public and consumers that the HSE's quality and risk management systems are systematically and consistently applied across the organisation
- Engage with relevant statutory and non-statutory regulatory and support agencies e.g. Health and Safety Authority.

3.4.4 Network Managers/Local Health Office Managers

Each network manager/local health office manager will be responsible for the:

- Identification of resources to sustain the safety policy
- Ensure the utilisation of the Health and Safety Authority guidance for the management of safety, health and welfare, and the accompanying audit tool for the health sector
- Promote the integration of safety, health and welfare into all activities of the HSE
- Ensure the identification of hazards giving rise to risks to safety, health and welfare

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- Provide reports from the safety committee to the risk committee on an annual basis or more frequently if requested
- Give approval to implement controls to manage risks
- Give approval for the development of safe systems of work and their communication distribution
- Liaise with safety professionals and others involved in the management of risk to safety, health and welfare
- Incorporate the safety statement as part of the general conditions of a contractor's work specification at tender stage
- Outline emergency planning arrangements
- Ensure serious incidents/accidents are investigated, that corrective action is taken and that the learning is communicated throughout the HSE
- Integrate performance indicators as part of the individual performance review.

3.4.5. General Managers or Equivalent Level

General Managers and equivalent managers have responsibility to:

- Implement the Health and Safety Authority guidance for the management of safety, health and welfare, and the accompanying audit tool for the health sector
- Ensure hazards to safety, health and welfare are identified and documented and that risks are assessed to ensure the implementation of effective controls to manage risks
- Develop systems and structures to integrate the management of safety, health and welfare into all healthcare activities
- Oversee the auditing of the safety, health and welfare management system, and ensure results are acted on through the development of appropriate action plans
- Seek resources for the management of key risks to safety, health and welfare
- Review outstanding risk assessments with relevant managers and agree an action plan to eliminate or reduce the risk
- Seek advice from specialist risk and health and safety advisors/managers as and when required
- Attend risk management/safety committee meetings to ensure that strategies are put in place to manage risks
- Receive reports regarding accidents/incidents with organisational risk implications and ensure recommendations are acted on and implemented
- Communicate the learning from accident/incident reviews throughout the HSE so that appropriate action can be implemented to correct deficits
- Ensure a training needs analysis is carried out to identify training needs for all staff and provide appropriate resources are available to satisfy the statutory and mandatory responsibilities of the HSE
- Ensure that all health and safety training for each staff member is recorded on a HSE training database
- Ensure an evaluation is undertaken of the effectiveness of all training programmes
- Chair the bi-monthly/quarterly safety committee meetings

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- Provide reports from the safety committee to the LHO/ Network Managers on an annual basis or more frequently if requested
- Report relevant safety, health and welfare risks to the relevant LHO, Network Manager or Assistant Director
- Provide arrangements for the election of safety representatives
- Put in place suitable arrangements for an effective and inclusive approach for safety representatives in the consultation process
- Ensure the maintenance of employee attendance records
- Investigate unusual absenteeism patterns which may be related to safety, health and welfare issues
- To provide reports to the network or local health office manager on the effectiveness of the safety management system.

3.4.6. Health and Safety Specialist Advisors

Health and Safety Advisors/Managers/Co-coordinators/Fire and Safety Officers are competent persons as defined in the Safety, Health and Welfare at Work Act, 2005.

Each Health and Safety Specialist Advisor/Manager/Coordinator/Fire and Safety Officer or equivalent will have responsibility to:

- Keep up to date professionally in order to maintain their level of competence
- Advise, guide and participate in the risk assessment process/inspection within their area of expertise
- Discuss necessary action plans with management so they can implement appropriate measures
- Carry out an ongoing programme of audits throughout the HSE to:
 - Identify hazards and trends
 - Evaluate whether the safety management programme is being effectively implemented and that guidelines are being adhered to
 - To advise on how to comply with legislative duties as detailed in safety, health and welfare legislation
- Provide guidance to managers to assist with the implementation of safe working practices
- Advise on the suitability of equipment to reduce risks within the HSE, trying where possible to standardise products
- Evaluate new products in partnership with managers and staff and in consultation with the HSE Procurement Group
- Participate in the development of the HSE's induction training programme for all new staff.
- Assist in the development of health and safety training programmes which are to be harmonised throughout the HSE
- Maintain comprehensive records of training, which they facilitate.
- Report as required to managers and relevant committees on areas of risk where action is required
- Receive copies of accident reports relevant to their area of expertise, and action/investigate, if necessary
- Provide accident investigation reports for accidents investigated
- Be a member of the HSE Integrated Quality and Risk committee, and where necessary be co-opted onto other groups as necessary

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- Disseminate information relating to their area of expertise
- Provide information and guidance on the reporting of accidents, incidents or dangerous occurrences coming under the notification requirements of the Health and Safety Authority.

3.4.7. Fire Safety Officers

Fire and Safety Officers and Fire Safety Officers are competent persons who have responsibilities under the Safety, Health and Welfare at Work Act, 2005 and the Fire Services Act, 2003. Specific duties and requirements of the Fire & Safety Officers include:

- Undertaking continual professional development to maintain their level of competence
- Advising, guiding and participating in the fire risk assessment process/inspection within their area of expertise
- Providing guidance to managers to assist with the implementation of safe working practices
- Discussing necessary action plans with management to enable management to implement appropriate fire safety measures
- Performing an ongoing programme of audits throughout the HSE to:
 - Identify hazards and trends
 - Evaluate whether the fire safety management programme is being effectively implemented with adherence to guidelines
 - Advise on compliance with legislative duties as detailed in relevant fire, and safety, health, and welfare legislation
- Advising on the suitability of equipment to reduce risks within the HSE, trying where possible to standardise products
- Maintaining comprehensive records of training that they facilitate or provide or both.

The fire safety officer has responsibility for:

- Undertaking fire safety surveys of all workplace buildings for aspects such as fire resistance, emergency escape routes/exits, emergency lighting, fire detection, fire alarms, storage of flammable substances, fire instruction and notices, fire extinguishers, fire drills and fire risk assessment
- Draft safe work practice sheets for emergency planning to control items such as chemical spillage, gas leaks, bomb scares, rescue, and other requirements as identified and to liaise with the appropriate statutory authorities.

3.4.8. Occupational Health

The occupational health services provide advice on safety, health and welfare issues in the workplace that may present a hazard to employees. Occupational health services are provided to:

- Assess employee medical suitability for employment
- Provide prophylactic interventions needed to equip the employee with adequate protection in the workplace e.g.
 - Preventative vaccination in the clinical workplace setting

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- Advice on restrictions on a range of work placements and their suitability for employees with an illness/condition that could have a negative impact on their safety, health and welfare
- Support to employees with pre-existing medical diseases/disability on appropriate placements and the workplace environments
- Provide health surveillance of staff considered to be at risk in the workplace e.g. staff working with noxious agents
- Advise the employer on sick leave certified absence of employees and the appropriate management systems required
- Provide expert advice on the adoption of workplace policies/guidelines for the implementation of safe work practices e.g. blood borne disease exposure, accident/incident policy/guideline
- Improve the health of people at work by appropriate and effective occupational health interventions based on an assessment of need of both employer and employee
- Assist management to protect staff from physical and environmental health hazards arising from their work or conditions of work, and to provide advice on the working environment
- Contribute to increasing the effectiveness of the organisation, by enhancing staff performance and morale through reducing risks at work which lead to ill health, absence and accidents
- Assess applicants for employment, to ensure they are fit for and placed in appropriate work
- Actively co-operate and promote good communication between OHS, health and safety advisors, line managers and personnel departments within the HSE to ensure effective outcomes, both for individual employees and the HSE
- Promote the provision of integrated occupational safety, health and welfare policies including policies which provide security of employment following disability or ill health
- Promote audit based benchmarked standards for occupational health
- Promote a common monitoring criteria for process and outcome

3.4.9. Responsible Persons

All those who have responsibility for the management of resources and supervision of staff are identified as authorised deputies and are responsible for the integration of safety, health and welfare into all activities undertaken within the HSE. Authorised responsible persons will be identified in the relevant Ancillary Safety Statement. The responsible person's responsibilities include:

- The integration of the Health and Safety Authority's guidance for the management of safety, health and welfare, and the accompanying audit tool for the health sector into all activities within their area of responsibility
- To ensure the identification of all hazards relevant to work activities are appropriately assessed, controlled and documented
- Undertake "walk about safety audits" of their respective departments, and document the findings while following up on corrective action to manage identified deficits
- Liaising with the safety advisor

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- Empower staff within their area of responsibility to take ownership of safety, health and welfare risks and promote best practice in the management of these risks
- Accompanying the safety advisor on safety audits
- Distributing documented safe systems of work to nominated responsible people for action
- Organise periodic workshops with employees to clarify requirements of the safety management system as detailed in the safety statement
- Promote the empowerment of staff to manage appropriate risks and to be aware of when to escalate risks upwards when appropriate for management action
- Complete accident and incident report forms in accordance with local policy
- Investigate accidents, incidents and near misses and following reviews ensure corrective action is undertaken where appropriate
- Estimate annual resource allocation for execution of the safety management programme
- Inspect and maintain first aid equipment and rescue equipment
- Facilitate the release of staff for safety management training
- Manage staff absenteeism and reports concerns where evidence exists of absence due to safety, health and welfare risks
- Ensure all access and egress points are kept clear.

3.4.10 Employee General Duties

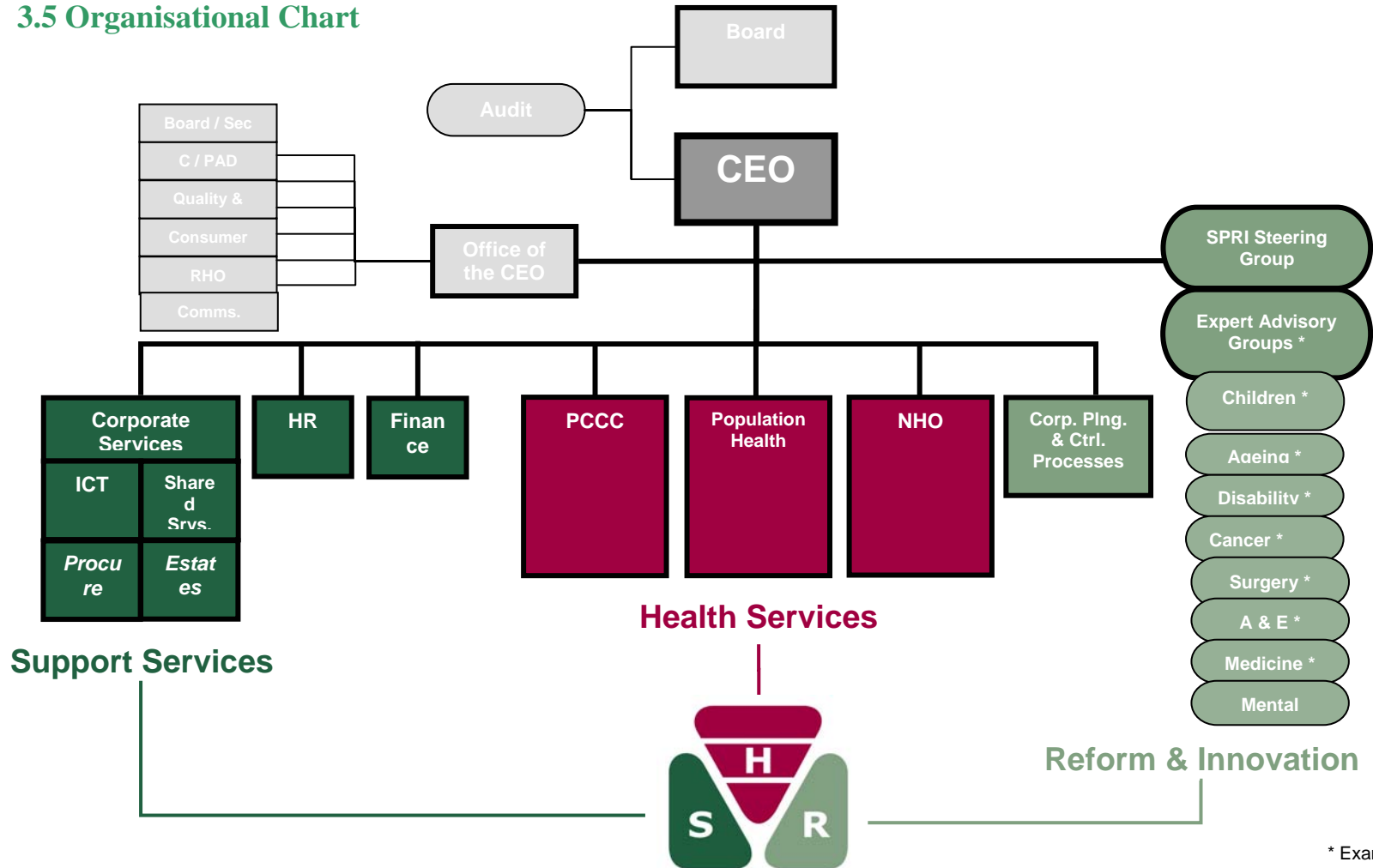
The Safety, Health and Welfare at Work Act, 2005 places a number of obligations on employees whilst at work:

- To take reasonable care of their own safety, health and welfare and that of any other person who may be affected by the employee's acts
- Report without delay any defect (of which he/she is aware) in the work, the place of work, systems of work, article or substance or contravention of any relevant statutory provisions that might endanger safety, health or welfare
- To co-operate with his/her employer to such an extent as will enable the employer to comply with statutory provisions
- To make full and proper use of protective clothing or safety devices provided for protection
- Not to intentionally or recklessly interfere with any safety measure provided.
- Attend training related to safety, health and welfare at work

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Executive Structure

3.5 Organisational Chart



* Examples

Please read the Safety Statement.
If you do not understand any section please ask your manager for clarification.

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4. Risk Management Strategy

4.1 Core Risk Management Concepts

The HSE will provide a focused direction for all services and staff in relation to the effective management of risk. Risk is inevitable and inherent in any health care organisation. To effectively eliminate, reduce or control risk an integrated approach to the management of all risk is required.

Risk management should be an integral part of good governance. It needs to be woven into the organisational culture. The risk management process should be applied to any situation where an undesired or unexpected outcome could be significant or a risk can be identified. Integrating the risk management process into the HSE's overall philosophy, practices and corporate and service plans will be a primary focus so as to demonstrate good governance.

4.2 Core Risk Management Objectives

The core risk management objectives for the HSE, which will be developed fully in the HSE's corporate risk management strategy, will encompass the following:

- The development of fully integrated mechanisms for identification, and analysis of all risks across the HSE
- To foster a culture of openness and fairness where errors or service failures are identified, recorded, notified and discussed within a just and fair forum.
- To establish structures and systems for the elimination, reduction, or minimisation of identified risks, within the capacity to do so, where such risks affect:
 - a. The quality of patient health, dignity and well being
 - b. The quality of patient care
 - c. The health, safety and welfare of visitors, staff, contractors and others
 - d. The ability of the HSE to deliver on its corporate objectives.

To ensure that the safety management programme is integrated with the risk management programme, and the overall quality improvement activities of the HSE, it will be a core management objective to ensure compliance with relevant legislation and best practice and to demonstrate this through the audit process (reference Health and Safety Authority audit tool for the health services).

4.3 Core Corporate Risks

Core corporate risks are those that prevent the achievement of the corporate objectives and the demonstration of good governance in respect of all business activities undertaken by the HSE. Examples of such risks can be identified under thirteen headings:

1. Political
2. Economic
3. Social
4. Technological
5. Legislative/regulatory
6. Environmental
7. Physical e.g. safety, health and welfare, security, fire

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8. Competitive
9. Legal
10. Patient/service user
11. Partnership/contractual
12. Managerial/professional
13. Financial

The HSE acknowledges that the failure to manage physical risks could undermine the achievement of the corporate objectives. For this reason the HSE has developed this safety statement setting out its safety management programme. It details the levels of responsibility for the approval and implementation of actions to control the risks to safety, health and welfare. The HSE is committed to the demonstration of good governance in respect of safety, health and welfare management.

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5 Hazard Identification

5.1 Hazard

A hazard means a source or a situation with the potential for harm in terms of human injury or ill health, damage to property, damage to the environment, or a combination of these (HSA 2006).

5.2 Hazard identification

There is general recognition of many common hazards, which can be grouped according to source e.g. human/behavioural, physical, chemical and biological. It is recognised that unsafe working is equally hazardous and can cause serious injury and loss. It is the duty of all those who have responsibility for resources and staff to ensure hazards arising in the workplace which may give rise to risk for the safety, health and welfare of employees and those affected by the organisation's activities are identified, assessed and eliminated or managed to the lowest level possible.

Written records of all stages of the hazard identification and risk assessment process must be retained. Identifying workplace hazards (including work practices) must be a systematic and continuous process done in consultation with employees. In particular, the hazard identification process needs to include those risks arising from:

- The work premises, layout and condition and the physical working environment
- Work practices and systems and working arrangements e.g. shift work
- Plant, hazardous substances, biological substances and asbestos
- Manual handling
- Potential for workplace violence.

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6. Risk Assessment

6.1 Risk

Risk means the likelihood that a specified undesired event will occur due to the realisation of a hazard by, or during work activities, or by the products and services created by work activities. A risk always has two elements: the likelihood that a hazard may occur and the consequences of the hazardous event. The number of people exposed as well as how often also determines risk (HSA 2006).

Once a hazard has been identified, it is necessary to analyse and evaluate the level of risk it poses (see appendix 5). The HSE's Risk Management Strategy and Implementation Plan as well as the recommendations of the Risk Taxonomy and Matrix Working Group will report in 2007 and provide practical guidance on risk assessment practice.

6.2 Assessing Risk

Safety, health and welfare legislation requires that consultation with staff must be undertaken when risks to safety, health and welfare arising from work are being assessed. Of particular relevance will be the views of staff directly involved in the work to which the risk assessment relates.

When evaluating risk, priorities should be based on:

- The likelihood that the hazard will give rise to risk i.e. cause an accident and/or incident
- The potential consequences of such an accident and/or incident.

Other factors, such as the frequency and duration of exposures to the hazard, and the number of staff who are exposed to the hazard, as well as the effectiveness of the current controls should be considered. The sample risk matrix presented below will assist in rating the risk for management controls to be developed and implemented.

A sample risk matrix developed from the Australian New Zealand Risk Management Standard 4360:2004 is displayed for explanation of:

- Likelihood of a risk occurring (likelihood is the description of the probability or frequency of an event occurring)
- Consequence of the risk (consequence is the outcome or impact of an event)

An explanation of the criteria is given below:

Rare:	May occur only in exceptional circumstances
Unlikely:	Could occur at some time
Possible:	Might occur at some time
Likely:	Will probably occur in most circumstances
Almost certain:	Is expected to occur in most circumstances

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Likelihood	5	Almost certain	5	10	15	20	25
	4	Likely	4	8	12	16	20
	3	Possible	3	6	9	12	15
	2	Unlikely	2	4	6	8	10
	1	Rare	1	2	3	4	5
			Low	Minor	Moderate	Severe	Catastrophic
			1	2	3	4	5
			Consequence				

Sample Risk Matrix

The risk matrix provides a visual picture of where the risks lie.

Those risks located in the red boxes are classified as key risks and should receive early management attention and ongoing monitoring.

The risks located in the yellow/amber boxes suggest that controls are adequate and monitoring is required.

The risks located in the green boxes demonstrate that the controls are managing the risk to the lowest level possible and again monitoring of these risks is required.

The risk matrix is presented as an assessment tool that facilitates both a qualitative and quantitative basis for decision-making. For those starting the process of using a risk matrix a qualitative approach is recommended.

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7. Hazard Control

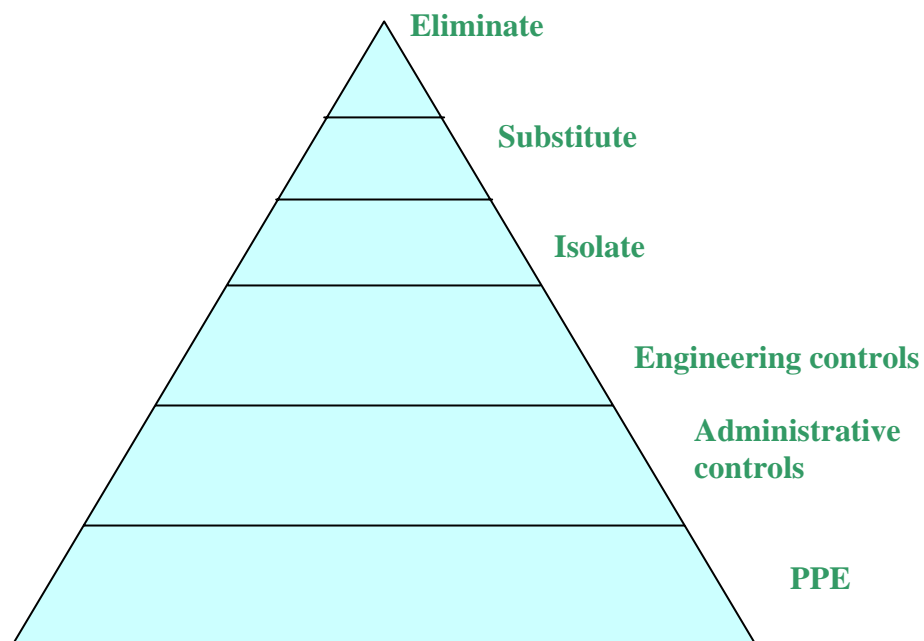
7.1 Controls

When the risk assessment is undertaken recommendations will be made to control the hazards observed. Where hazards cannot be removed, then controls will be recommended to reduce the risk to an acceptable level. Where funding for the control of a hazard is not available or is deferred, then a schedule will be prepared to identify the timescale for implementation of the control.

7.2 Hierarchy of Controls

A hierarchy of controls should be employed in the management of any risk to safety, health and welfare. The hierarchy (or order) of risk control measures that must be followed when elimination of the risk is not reasonably practicable is as follows:

- Eliminate the risk
- Substitute the hazard giving rise to the risk with a hazard that gives rise to a lesser risk
- Isolate the hazard from the person at risk
- Minimise the risk by engineering means
- Minimise the risk by administrative means
- Employ engineering strategies for improving workplace safety which may include:
 - Planning new premises, materials and equipment whose design removes or minimises the hazard
 - Redesigning existing work environments, systems and equipment to eliminate or minimise the hazard.
- Using personal protective equipment (PPE)



Hierarchy of controls

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7.3 Administrative Controls

Administrative controls are low on the hierarchy of risk controls and on their own are generally of limited benefit. Administrative approaches to developing safer work practices might include:

- Undertaking the hazardous activity when the least number of employees will be exposed
- Developing procedures that ensure safe work practices
- Changing employee behaviour through consultation, training and information dissemination
- Using supervision and performance management to reinforce and enforce safe behaviour.

7.4 Documented Safe Systems of Work

Poor work practices result in injury and loss. To prevent such injury and loss documented safe systems of work will be employed to guide management and staff in their work activities. The appropriate documented safe systems of work will be listed in the relevant Ancillary Safety Statement.

The responsible persons identified in all work locations will ensure availability and distribution of the documented safe systems of work. Every employee is responsible to read and understand the documented safe systems of work, and where explanation is required, the employee should seek this from their manager and then sign that they understand it. This approach protects the employees and can be achieved if each and every employee follows fully the documented safe systems of work.

7.5 Fire Safety Management

The HSE acknowledges 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.

7.6 Emergency Planning

The Safety, Health and Welfare at Work Act, 2005, Section 11 requires the HSE to have in place necessary adequate plans and procedures to be followed and measures to be taken in the case of an emergency or serious and imminent danger.

The HSE will ensure:

- The provision of necessary measures to be taken, appropriate to the place of work for first aid, fire-fighting and the evacuation of employees and any other individual present in the place of work, taking account of the nature of the work being carried out and the size of the place of work
- Adequate and necessary contacts with the appropriate emergency services, in particular with regard to first aid, emergency medical care, rescue work and fire-fighting
- For the purposes of implementing the plans, procedures and measures required under the legislation, the HSE will:

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- Designate employees who are responsible to implement these plans, procedures and measures
- That the number of those employees, their training and the equipment available to them are adequate, taking into account either or both the size of any specific hazards relating to the place of work.

7.7 Statutory Records

In accordance with current legislative requirements there is a need for statutory testing of specified equipment and retention of records of testing. A system will be agreed and implemented for the retention of such records and the maintenance of such plant and equipment. Competent people will carry out all such testing.

7.8 Contractors

7.8.1 Selection and Control of Contractors

Contractors will be provided at the tender stage with a copy of the corporate safety statement and where relevant the ancillary safety statement. The contractor will sign the documents to indicate that they have read and understood them. They will perform their work in accordance with the safety statement requirements. It is implied in this condition that in its work activities the contractor will adhere to recognised standards and relevant regulations (examples include: relevant building and civil engineering works).

The contractor will be granted permission to distribute the safety statement's documented safe systems of work to its workforce. Contractors will submit their own safety statement at the tender stage for examination by the HSE.

7.8.2 Management and Supervision

The management of contractors is recognised by the HSE as an integral component of the safety management system 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

7.9 Accident Records

An accident means an accident arising out of, or in the course of employment, which in the case of a person carrying out work, results in personal injury.

Accidents, incidents and near misses arising in the workplace will be recorded as detailed in local policies/guidelines. The HSE promotes the recording of all safety, health and welfare incidents on the STARS Web database. Reports will be extracted and provided to management at all levels to assist in the analysis of risks to safety, health and welfare. This approach will assist in the elimination of the risk and/or the effective control of the risk. These records are also a useful source of information to

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identify hazards. Quarterly reports will be presented to the safety committee for analysis and management decision-making.

8. Training

8.1 Training and Instruction

To assist with the development of staff competency, all staff will be provided with information and training on the management of risk to the safety, health and welfare of their work, and on policies and documented safe systems of work relating to safety, health and welfare. Such training will be given to new staff as part of the induction process. Information/training will be given to existing staff as changes in legal requirements or working practices make this necessary. Opportunities explored where induction and training in respect of safety, health and welfare will be undertaken in collaboration with Consumer Affairs. In addition the HSE will ensure that:

- Where staff have particular responsibilities for the implementation of the safety policy, appropriate training will be given (where appropriate)
- Any changes to the policy and practise are communicated to all staff
- A training needs analysis will be undertaken annually so that organisational need can be identified and resources allocated.

Training will be provided:

- On recruitment
- In the event of the transfer of an employee or change of task assigned to an employee
- On the introduction of new work equipment, new systems of work, or changes in existing work equipment or systems of work
- On the introduction of new technology
- To maintain staff competency.

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9. Consultation and Information

9.1 Consultation

In accordance with Section 20 of the Safety, Health and Welfare at Work Act, 2005 consultative structures have been established to facilitate participation by management, staff, delegates and safety representatives.

The HSE recognises and supports the philosophy that all staff have an integral role to play in the adoption and management of safety, health and welfare and should have an effective means for consultation and representation on safety, health and welfare matters.

The effectiveness of the arrangements will be reviewed at regular intervals.

9.2 Safety representatives

Section 25 of the Safety, Health and Welfare at Work Act, 2005 states that employees are entitled to select and appoint one of their number to represent them in matters of safety, health and welfare.

The HSE will consult with all staff as appropriate. The input and contribution of employees to the development of the safety management system is recognised as an essential component for success. Employees may select and appoint representatives from amongst their numbers to represent them in consultations with the HSE. The representative will be entitled to:

- Information about the safety statement
- Be informed of impending Health and Safety Authority inspections
- Accompany the Health and Safety Authority Inspector on their visit (but not an accident investigation)
- Consult with the Health and Safety Authority Inspector
- Make representation to the safety committee through appropriate responsible persons
- Investigate accidents and dangerous occurrences provided that it does not interfere with the performance of statutory obligations
- Inspect the workplace subject to agreement with appropriate responsible persons
- Time off as appropriate in order to acquire information on matters of safety, health and welfare.

9.3 Safety Statement distribution

The safety statement will be brought to the attention of all staff through seminars, workshops, and by use of electronic and other communication means. Each manager/safety advisor will maintain a record of attendances at seminars/workshops. The safety statement will be available in hard and soft copy for all staff in their work location and brought to the attention of all staff on an annual basis.

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10. Resources

10.1 Resources

It is necessary to expend resources in order to achieve the implementation of the safety management programme. This takes the form of personnel, time and finance.

Managers and supervisors will identify resource requirements to maintain the safety management system. These requirements will be included in the annual review of the system.

Resource requirements and expenditure records will be maintained and available for inspection and for audit purposes.

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11. Revision

11.1 Revision of the Safety Statement

A review of the safety management system will be undertaken when required but at least annually. The review will focus on the effectiveness of the safety management system to assist in the demonstration of good governance. It will also examine the robustness of the system to ensure all risks to the safety, health and welfare of staff are appropriately managed at all times.

The risk committee will ensure the corporate safety statement is reviewed and revised when required but at least annually. The directors will arrange for the review of the ancillary safety statements.

Representation made by employees through their safety representatives will be considered and if approved will be incorporated in the review.

11.2 Safety Audits

A safety audit is a systematic and documented verification process to obtain and evaluate evidence objectively to determine whether the HSE's safety management system conforms to the safety management system audit criteria set by the organisation, and communication of the results of this process to management (Reference Health and Safety Authority Audit Tool for the Health Services 2006).

The Health and Safety Authority Audit Tool and Management System for the Health Service due to be published in 2006 will be utilised to assist in the organisational review of the safety management system.

Arrangements will be made through the quality and risk structures currently being developed and implemented for an annual audit of the HSE's safety management systems. The results of the audits will be documented and a report presented to local management and the head of quality and risk.

Managers receiving an audit report will be responsible to:

- Review performance and direct action where required
- Revise resource needs and training needs
- Review and rewrite the ancillary safety statement to reflect the audit findings
- Review resource allocation

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Appendix 1

Safety, Health and Welfare at Work Legislation

1. Safety Health and Welfare at Work Act, 2005
2. Safety Health and Welfare at Work, (Control of Noise at Work) Regulations 2006. SI371
3. Safety Health and Welfare at Work, (Control of Vibrations at Work) Regulations 2006. SI370
4. Safety Health and Welfare at Work, (Work at Height) Regulations 2006. SI318
5. Safety Health and Welfare at Work, (Exposure to Asbestos) Regulations 2006. SI386

Regulations on the Carriage of Dangerous Goods by Road

1. Carriage of Dangerous Goods by Roads Act, 1998 (Commencement) Order. SI 495
2. Carriage of Dangerous Goods by Roads Regulations, 2006. SI 405
3. European Communities (Carriage of Dangerous Goods by Road) (ADR Miscellaneous Provisions) Regulations, 2006 SI 406
4. Carriage of Dangerous Goods by Roads Act, 1998 (Appointment of competent Authorities) Order SI 407
5. Carriage of Dangerous Goods by Roads Act 1998 (Fees) Regulation. SI 408

General Application Regulations under the 1989 Safety, Health and Welfare at Work Act (currently under review)

1. General Health and Safety Provisions
2. Workplace Regulations, 1993
3. Work Equipment Regulations, 1993
4. Personal Protective Equipment Regulations, 1993
5. Manual Handling of Loads Regulations, 1993
6. Display Screen Regulations, 1993
7. Electricity at work Regulations, 1993
8. First Aid Regulations, 1993
9. Notification of Accidents and Dangerous Occurrences, 1993

Legislation Relating to Chemicals under the Safety, Health and Welfare at Work Act 1989

1. Safety Health and Welfare at Work (Carcinogens) Regulations, 2001 (SI No 78 of 2001)
2. Safety Health and Welfare at Work (Chemical Agents) Regulations, 2001 (SI No 619 of 2001)
3. Safety Health and Welfare at Work (Pregnant Employees at Work) Regulations, 2000 (SI No 218 of 2000)
4. Regulations related to Classification, Packaging and Labelling (CPL) of Dangerous Substances and Preparations, 2003 (SI No 116 of 2003 No 62 of 2004)

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5. Regulations relating to the Notification of New Chemical Substances 2003 (SI No 116 of 2003)
6. Regulations relating to the Marketing and Use of Dangerous Substances and Preparations 2003 (SI No 200 of 2003 and SI No 503 of 2003)
7. European Communities (Control of Major Accident Hazards Involving Dangerous Substances) Regulations, 2000 and 2003 (SI No 476 of 2000 and SI No 402 of 2003 (Seveso Directive))
8. European Communities (Equipment and Protective Systems Intended of Use in Potentially Explosive Atmosphere) Regulations, 1999 (SI No 83 of 1999) (ATEX Directive).

Codes of Practice

1. 2005 Code of Practice for Avoiding Danger From Under Ground Services
2. 1997 Code of Practice for Storage of LPG Cylinders and Cartridges IS 3213
3. 1997 Code of Practice for Bulk Storage of Liquefied Petroleum Gas – IS 3216: Part 1
4. 1997 Code of Practice for Bulk Storage of Liquefied Petroleum gas – IS 3216: Part 2: Installation of Automotive Dispensing Facilities
5. 1999 Code of Practice for Access to Working Scaffolds
6. 2001 Code of Practice for Working in Confined Spaces
7. 2002 Code of Practice on the Prevention of Workplace Bullying
8. 2002 Code of Practice for the Safety, Health and Welfare at Work (Chemical Agents) Regulations 2001 SI No 619 2001
9. 2002 Code of Practice for Rider Operated Lift Trucks: Operator Training
10. 2005 Code of Practice for Safety in Roof Work.

Other areas where legislation does not exist – but where significant risk issues have been identified:

1. Report of the Advisory Committee on Health Services, 2001
2. Review of the Risk Assessments of Accident and Emergency Services Conducted in February 2005 (Health and Safety Authority).
3. Prevention and management of violence and aggression in the workplace
4. Prevention and management of needle stick injuries.
5. Prevention and management of slips/trips and falls
6. Prevention and management of healthcare acquired infections
7. Medical equipment and devices safety management
8. Radiation safety management
9. The safe use of blood and blood products in healthcare
10. Safe medications management
11. Immunisation Guidelines for Ireland 2002 – Immunisation Advisory Committee Royal College of Physicians of Ireland
12. Dignity at Work Policy for the Health Services – May 2004
13. The Prevention of Transmission of Blood-borne Disease in the Healthcare Setting. Department of Health and Children. 2005

Fire Safety Legislation

1. Boiler Explosion Act, 1882 and 1890
2. Building Control Act, 1990

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3. Building Control Regulations, 1997
4. Building Regulations, 1991-2002
5. Explosives Act, 1875
6. Fire Services Act, 1981 and 2003
7. Office Premises Act, 1958
8. Planning and Development Act, 2000
9. Planning and Development Regulations, 2001
10. Safety, Health and Welfare at Work (General Application) Regulations 1993 (S.I. No 44 of 1993) as amended by (S.I. No. 188 of 2001) and S.I. No. 53 of 2003)
11. Safety, Health and Welfare at Work (Signs) Regulations, 1995 (S.I. No. 132 of 1995)
12. Safety, Health and Welfare at Work (Construction) Regulations, 2001 (S.I. No. 481 of 2001) as amended in (S.I. No. 277 of 2003)
13. Safety, Health and Welfare at Work (Explosive Atmospheres) Regulations 2003 (S.I. No. 258 of 2003)

Fire Safety Codes of Practice

1. Standard for design and installation: IS3217: 1989: Code of practice for emergency lighting
2. Design and installation standard: IS3218: 1989 Code of practice for fire detection and alarm systems
3. BS 6387: 1983 Specification for performance requirements for cables required to maintain circuit integrity under fire conditions
4. BS 5839: 1988 Fire Detection and alarm Systems for Buildings.

Fire Extinguishers

1. Standard for Fire Extinguishers IS291.

*The legislation described in this appendix is non exhaustive.

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Appendix 2

Reference Publications

1. Corporate Plan 2005-2008. Health Service Executive.
2. Health Service Executive 2005, Review of the Risk Assessments of A&E Services Conducted in February 2005; Including Comments on the Recommendations of the Health and Safety Authority Inspection programme in A&E Units in March /April 2005.
3. Health and Safety Authority 2005, Report of the Advisory Committee on Health Services.
4. Workplace Safety and Health Management. Health and Safety Authority: 2006.
5. Safety Representatives and Safety Consultation Guidelines. Health and Safety Authority, 2006.
6. Guidance Document for the Health Service – How to Develop and Implement a Safety and Health Management System. Health and Safety Authority. Draft 2004.
7. Auditing a Safety and Health System – Safety and Health Audit Tool for the Healthcare Sector. Health and Safety Authority. Draft 2004.
8. A Guide to Safe Working Practices – Safe Company. Health and Safety Authority.
9. Guidelines on Preparing Your Safety Statement and Carrying out Risk Assessments. Health and Safety Authority.
10. Risk Assessment Tool. European Agency for Safety and Health at Work.
11. Report on Economic Impact of the Safety, Health and Welfare at Work Legislation. Indecon Report prepared for the Department of Enterprise, Trade and Employment. 2006.
12. Workplace Safety Code. IBEC. 2006.
13. Dr P Verow / Dr A Rimmer, ANHOPS, Role of Occupational Health in the Process of Managing Sickness Absence, (Version 3) December 1996, <http://www.anhops.com/>
14. Work Positive – Prioritising Organisational Stress. Health and Safety Executive (UK) 2005.
15. Armstrong, J, *Workplace Stress in Ireland*, 2001, Irish Congress of trade unions, Ireland.

Useful web sites

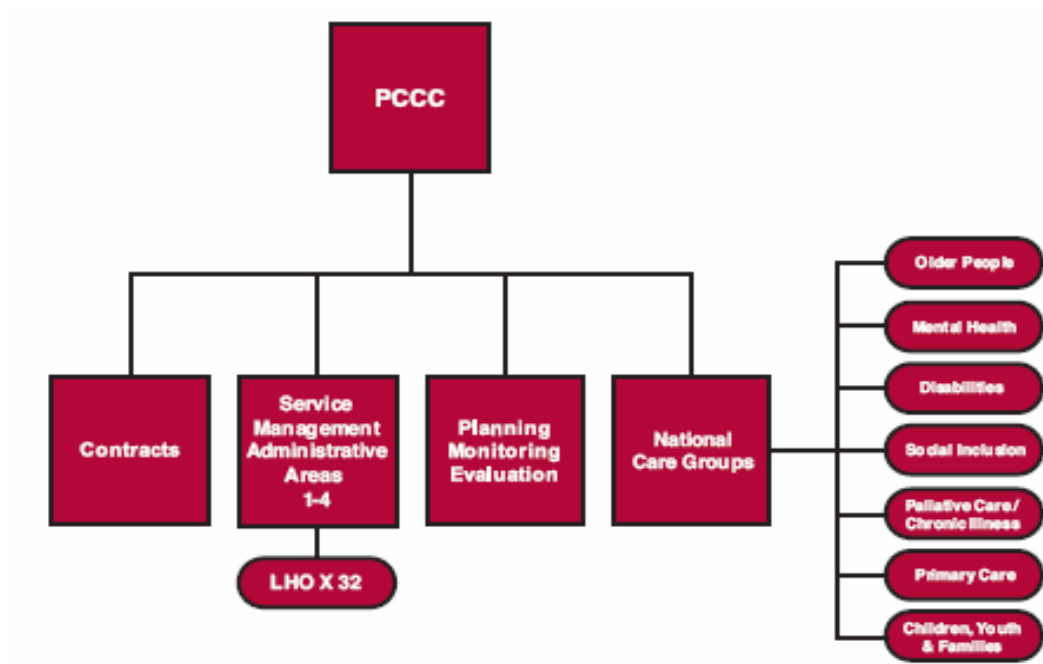
- <http://www.healthandsafetyreview.ie>
- <http://www.eurofound.eu.int/about/index.htm>
- <http://europe.osha.eu.int>
- <http://www.hsa.ie>
- <http://www.hse.gov.uk>
- http://www.who.int/topics/occupational_health/en/
- <http://www.cdc.gov/niosh/homepage.html>
- <http://www.cdc.gov/>
- <http://www.tripdatabase.com>
- <http://www.anhops.com/>
- <http://www.agius.com/hew/resource/index.htm>

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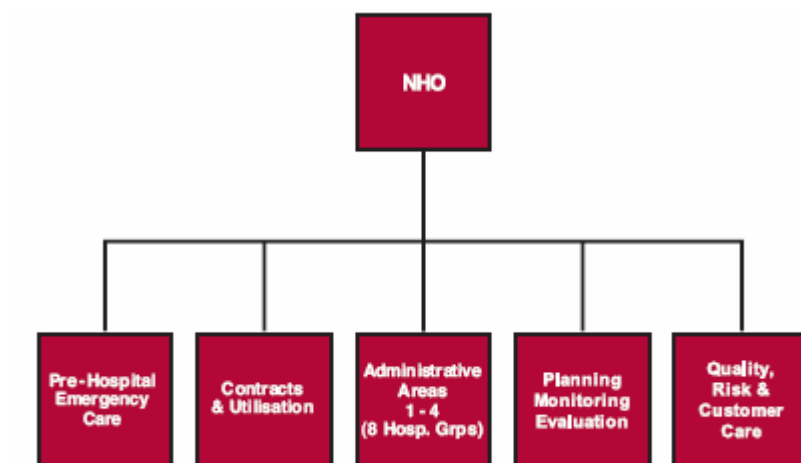
Appendix 3

Organisational structures

Primary, Community and Continuing Care Structure

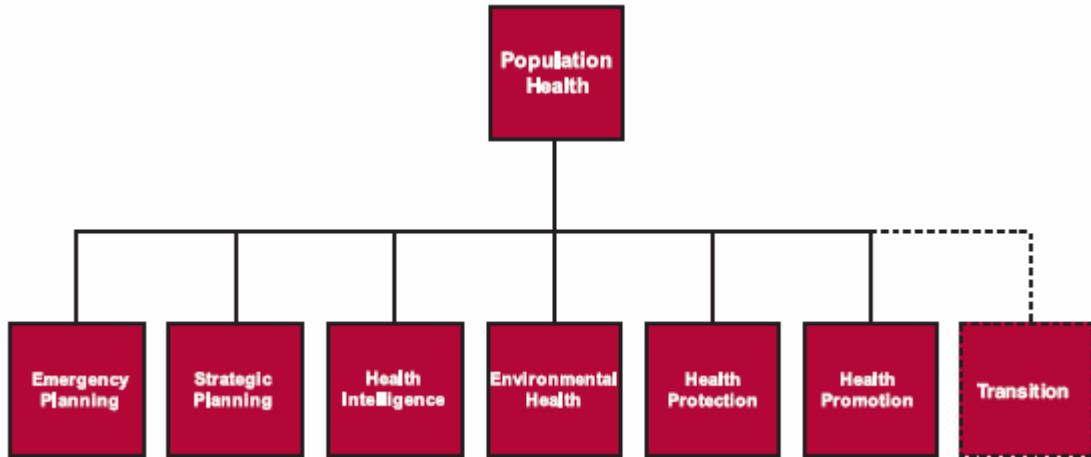


National Hospitals Office Structure

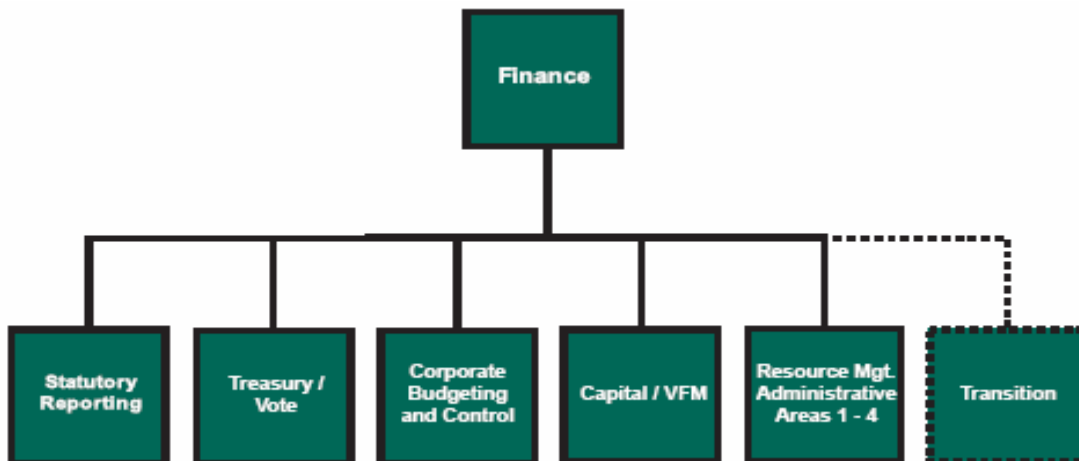


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Population Health Structure

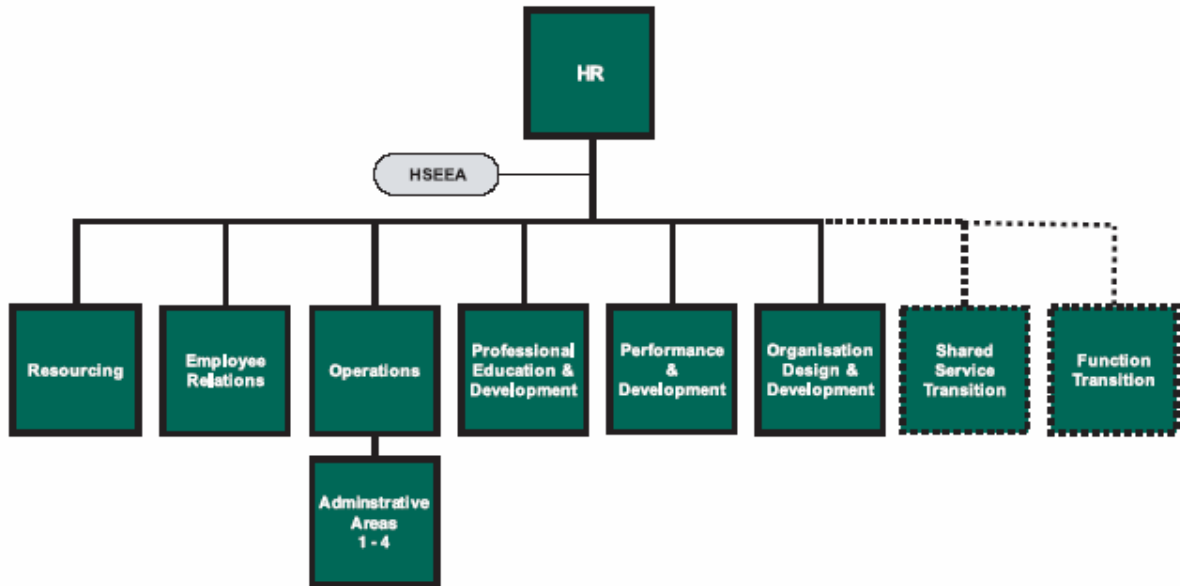


Finance Structure

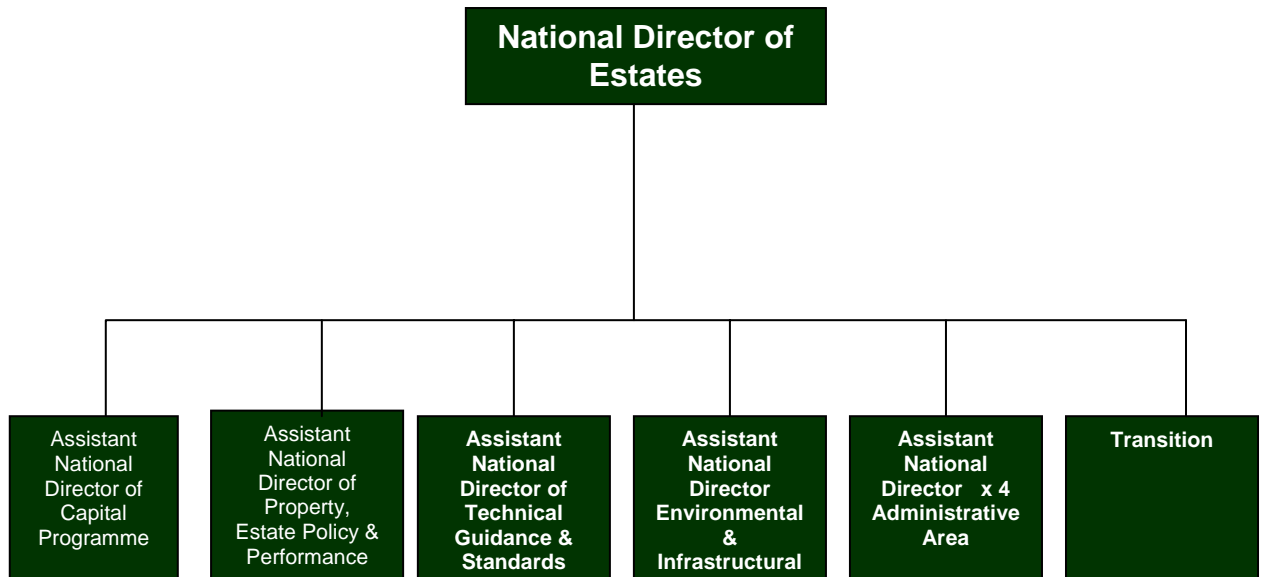


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Human Resources Structure

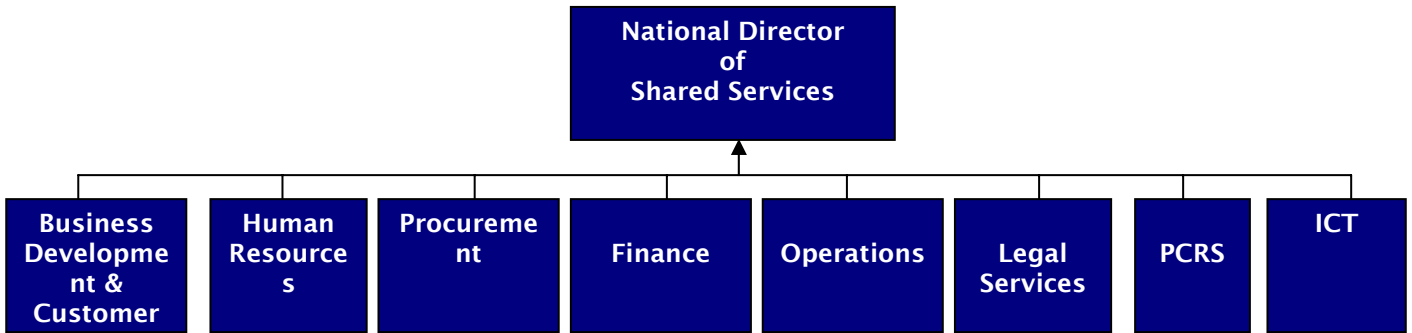


Estates Structure



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Shared Services Structure



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Appendix 4

Glossary of terms

Accident means an accident arising out of, or in the course of employment, which in the case of a person carrying out work, results in personal injury.

Continuous improvement means the process of enhancing the safety, health and welfare management system to achieve improvements in safety, health and welfare performance in line with the Health Service Executive's Safety Policy.

Contractor means any individual, employer or organisation whose employees undertake work for a fixed or other sum and who supplies the materials and labour (whether their own labour or that of another) to carry out such work, or supplies the labour only.

Control Measure means a process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities.

(NOTE: The word "control" may also be applied to a process designed to provide reasonable assurance regarding the achievement of objectives.)

Employee means any person who works for an employer under a contract of employment. This contract may be expressed or implied, and be oral or in writing. An employee may be employed full-time or part-time, or in a temporary capacity.

Employer means any person or organisation by which an employee is employed under a contract of employment and includes a person under whose direction and control an employee works.

Hazard means a source or a situation with the potential for harm in terms of human injury or ill health, damage to property, damage to the environment, or a combination of these.

Hazard identification means the process of recognising that a hazard exists and defining its characteristics.

Safety, health and welfare means occupational safety, health and welfare in the context of preventing accidents and ill health to employees while at work.

Safety, health and welfare management system means the part of the overall management system that includes the HSE's structure, planning activities, responsibilities, practices, procedures and resources for developing, implementing, achieving, reviewing and maintaining the Safety Policy.

Safety, health and welfare management system audit means the systematic and documented verification process to obtain and evaluate evidence objectively to determine whether the HSE's safety, health and welfare management system conforms to the safety, health and welfare management system audit criteria set by the organisation, and communication of the results of this process to management.

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Safety, health and welfare objective means the overall safety, health and welfare goal, arising from the safety and health policy, that the HSE sets itself to achieve, and which is quantified where practicable.

Safety, health and welfare performance means the measurable results of the management system related to the HSE's control of its safety, health and welfare aspects, based on its safety, health and welfare policy, objectives, and targets.

Safety Policy means a statement by the HSE of its intentions and approach in relation to its overall safety, health and welfare performance that provides a framework for action, and for the setting of its safety, health and welfare objectives and targets.

Safety, health and welfare review means the formal evaluation of the safety, health and welfare management system.

Safety, health and welfare target means the detailed performance requirement, quantified where practicable, applicable to the entire HSE or its parts, that arises from the safety, health and welfare objectives and that needs to be set and met in order to achieve these objectives.

Ill health includes acute and chronic ill health caused by physical, chemical, or biological agents as well as adverse effects on mental health.

Incident means an unplanned event, with the potential to lead to an accident.

Organisation means the HSE that has its own functions and administration. For organisations with more than one operating unit, a single operating unit may be defined as an organisation.

Risk means the likelihood that a specified undesired event will occur due to the realisation of a hazard by, or during work activities, or by the products and services created by work activities. A risk always has two elements: the likelihood that a hazard may occur and the consequences of the hazardous event. The number of people exposed as well as how often also determines risk.

Risk assessment means the process of evaluating and ranking the risks to safety, health and welfare at work arising from the identification of hazards at the workplace. It involves estimating the magnitude of risk and deciding whether the risk is acceptable or whether more precautions need to be taken to prevent harm.

(Source: Workplace Safety and Health Management. Health and Safety Authority: 2006).

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Appendix 5

