



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Best Practice Guidance

For

Developing a Site Specific Safety Statement

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1.0 Introduction

The fundamental aim of the Safety, Health and Welfare at Work Act 2005 and the Safety, Health and Welfare at Work (General Application) Regulations 2007 is the prevention of accidents and ill health at work. The legislation which applies to all employers, employees and the self-employed sets out the general ‘duties of care’ for each of these parties.

Accordingly the Health Services Executive (HSE) is required to demonstrate compliance with the Act and the associated Regulations. The Corporate Safety Statement describes the HSE’s safety management programme and identifies the importance of staff co-operation to ensure its successful implementation. The Corporate Safety Statement must be made available and communicated to all staff.

Each work place under the control of the HSE is required to draw up a written **Site Specific Safety Statement** taking into account the requirements of the Corporate Safety Statement. Fundamental to the development of a written site specific safety statement is the identification of hazards and the assessment of associated risks. The Site Specific Safety Statement will be specific to the site or service setting out the arrangements in place to safeguard the safety, health and welfare of staff, service users and visitors, along with the co-operation required from staff to achieve this.

Each site/service Manager in the HSE is required to identify the hazards, assess the risks and put in place control measures to eliminate, control or minimise the risks that have been identified in their area of responsibility.

2.0 Purpose of Guideline

The purpose of this Guideline is to assist HSE Managers develop a **Safety Statement** specific to their site/service. The Guideline is not intended as a legal interpretation of the Safety, Health and Welfare at Work Act 2005.

3.0 Scope

This guideline applies to all sites/services throughout the HSE. The site specific safety statements are required for all sites/services throughout the HSE and must cover all activities undertaken including those by external contractors. All activities undertaken must be appropriately risk assessed.

4.0 Definitions

These definitions of terms are in line with relevant legislation and the Corporate Safety Statement and proofed against the HSE Quality and Risk Taxonomy Governance Group Report

Competent Person: A person is deemed to be a competent person where, having regard to the task he or she is required to perform and taking account of the size or hazards (or both of them) of the understanding or establishment in which he or she undertakes work, the person possesses sufficient training, experience and knowledge appropriate to the nature of the work to be undertaken. Account shall be taken, as appropriate, for the purposes of paragraph (a) of the framework of qualifications referred to in the Qualifications (Education and Training) Act 1999.

Control Measures - See definition of Protective and Preventive Measures

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: A hazard is a source or 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.

Impact Area: The area which is potentially affected by the hazard or risk e.g. staff safety, patient safety, environmental safety

Others: Any person who is not an employee or service user of the organisation e.g. visitors, agency staff, contractors etc

Protective and preventive measures (controls): The protective and preventive measures taken and the resources provided for protecting safety health and welfare at the place of work to which the safety statement relates.

Reasonably practicable: In relation to the duties of an employer, means that an employer has exercised all due care by putting in place the necessary protective and preventive measures, having identified the hazards and assessed the risks to safety and health likely to result in accidents or injury to health at the place of work concerned and where the putting in place of any further measures is grossly disproportionate having regard to the unusual, unforeseeable and exceptional

nature of any circumstance or occurrence that may result in an accident at work or injury to health at that place of work.

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.

Risk Register: A database of risks that face an organisation at any one time. Always changing to reflect the dynamic nature of risks and the organisation's management of them, its purpose is to help managers prioritise available resources to minimise risk and target improvements to best effect.

Safety Statement: A written programme in which an organisation specifies the manner in which the safety, health & welfare at work of its employees and others affected by its activities shall be secured and managed. The Safety Statement is based on the identification of hazards and the assessment of risk.¹

¹ These glossary of terms are in line with relevant safety, health and welfare legislation and proofed against the HSE Quality and Risk Taxonomy Governance Group Report.

5.0 Responsibility

It is the responsibility of all line managers to ensure that Safety Health and Welfare is appropriately managed and that a Safety Statement is developed in consultation with employees for their area of responsibility which is reflective of all activities under their control and that the content of the Safety Statement is effectively communicated to all staff and others who may be affected by the activities of the HSE.

The Safety Statement must be reflective of all activities and its content effectively communicated to all employees and others.

6.0 Guideline

6.1 Areas to be covered by a Safety Statement

The areas covered by a Safety Statement are set out in Section 20 of the Safety, Health and Welfare at Work Act 2005. They include:

- Specify the manner in which the safety, health and welfare of all employees will be secured and managed.
- Specify the hazards identified and the risks assessed.
- Give details of how the site/service manager is going to manage his or her safety, health and welfare obligations, including:
 - (a) Commitment to comply with legal obligations,
 - (b) The protective and preventive measures taken and the resources provided for protecting safety health and welfare at the place of work to which the safety statement relates.
 - (c) The resources provided for safety health and welfare at the workplace, and
 - (d) The arrangements made to fulfil these responsibilities.

Specific items to be included are:

- The plans and procedures to be used in the event of an emergency or serious danger.
- Duties of staff including the co-operation required of them on safety health and welfare matters.
- Names and job titles of people being appointed to be responsible for safety health and welfare or for performing the tasks set out in the Safety Statement.
- Arrangements made for appointing Safety Representatives and for consulting with and the participation by employees on safety health and welfare matters, including the names of the safety representatives and the members of the safety committee, if appointed.

The Safety Statement must be written in a form, manner and language that will be understood by all and have regard for the relevant safety health and welfare legislation.

6.2 Communicating the Safety Statement

Every site/service manager shall bring the safety statement, in a form, manner and, as appropriate, language that is reasonably likely to be understood, to the attention of:

- (a) his or her employees, at least annually and, at any other time, following its amendment,
 - (b) newly recruited employees upon commencement of employment and
 - (c) other persons at the place of work e.g. agency staff and contractors who may be exposed to any specific risks to which the safety statement applies.
- Where specific tasks are carried out which pose a serious risk to safety health and welfare the risk assessment and protective and preventive measures to be taken must be brought to the attention of those affected. In discharging this responsibility managers can combine written and verbal means for communicating with staff and others including:
 - Ensuring the availability of the Safety Statement at or near every place of work
 - Distributing the Safety Statement or relevant sections of it to all staff and others when first prepared and whenever significant changes are made
 - Verbal communication of the terms of the Safety Statement or particular risk assessments.

- Inclusion of the relevant parts of the Safety Statement and risk assessments in employees' handbooks or manuals.
- Through ongoing training.
- As part of the contracts management process including Service Level Agreements.

6.3 Contents of the Safety Statement

Each Safety Statement should include the following sections:

Section 1 Safety Policy –

The general statement of policy spells out the policy in relation to overall safety, health and welfare performance; provide a framework for managing safety, health and welfare, and lists relevant objectives. As this is an organisational policy the wording of this section must be the same as appears in the Corporate Safety Statement and therefore should not be subject to amendment in the site/service specific safety statement.

Section 2 Declaration of Intent –

The Safety Statement should contain a declaration signed by the site/service manager (e.g. Hospital Manager, Health Centre Manager) who has responsibility within their area for the safety, health and welfare of staff and others. The declaration should give a commitment to ensuring that a workplace is as safe and healthy as reasonably practicable and that all statutory requirements will be complied with.

Appendix IV of this document contains a template Site Specific Safety Statement and a suggested format of words. Depending on the context in which the site/service safety statement is being developed the wording in this section may be reworded.

Section 3 Organisational Responsibilities

1. Safety Management Structure - The Safety Statement must set out the Safety Management Structure which may be in the form of an organisational chart which identifies the line management structure for Safety Management starting with the most senior area manager.

2. Safety Management Responsibilities

The Safety Statement must include the name of the person at senior management level with delegated responsibility for safety, health and welfare in the site/service. It must also allocate responsibility for each arrangement identified as being necessary to secure safety, health and welfare (including employer and employee responsibilities). The person should be named and their area of responsibility clearly identified. Lines of communication should also be described between the different levels of responsibility. It must also identify the roles of persons deemed competent under the Safety, Health & Welfare Act 2005 for provision of safety, health and welfare advice and assistance.

All staff have a duty to take care of their own safety at work and that of their colleagues and service users. The co-operation required must be clearly spelt out in the Safety Statement. Where disciplinary procedures for failure to comply with safety health and welfare requirements are appropriate these should be specified.

Section 4 Hazard Control Service Arrangements i.e. Explanation of how the Safety Statement will take account of the general duties of employers

This section of the Safety Statement should outline how it is proposed to ensure that the following general duties of employers are met, so far as is reasonably practicable

- A safe place of work
- Safe means of access and egress
- Safe plant, equipment and machinery
- Safe systems of work
- Provision of appropriate information, instruction training and supervision
- Provision of suitable protective clothing and equipment where hazards cannot be eliminated
- Provision and revision of emergency plans
- Designation of staff having emergency duties
- Prevention of risk to health from an article or substance
- Provision and maintenance of welfare facilities

- Provision, where necessary of a competent person to advise and assist in securing that safety, health and welfare of staff, service users and visitors

(Reference: Section 8, Safety, Health and Welfare at Work Act 2005)

Section 5 Risk Management Process

The Risk Management Process as outlined in Figure 1 below comprises of Hazard Identification, Risk Assessment and Control of Risks and involves the following steps:

Step 1 Identification of the Hazard

Step 2 Identify the Risks associated with the hazard

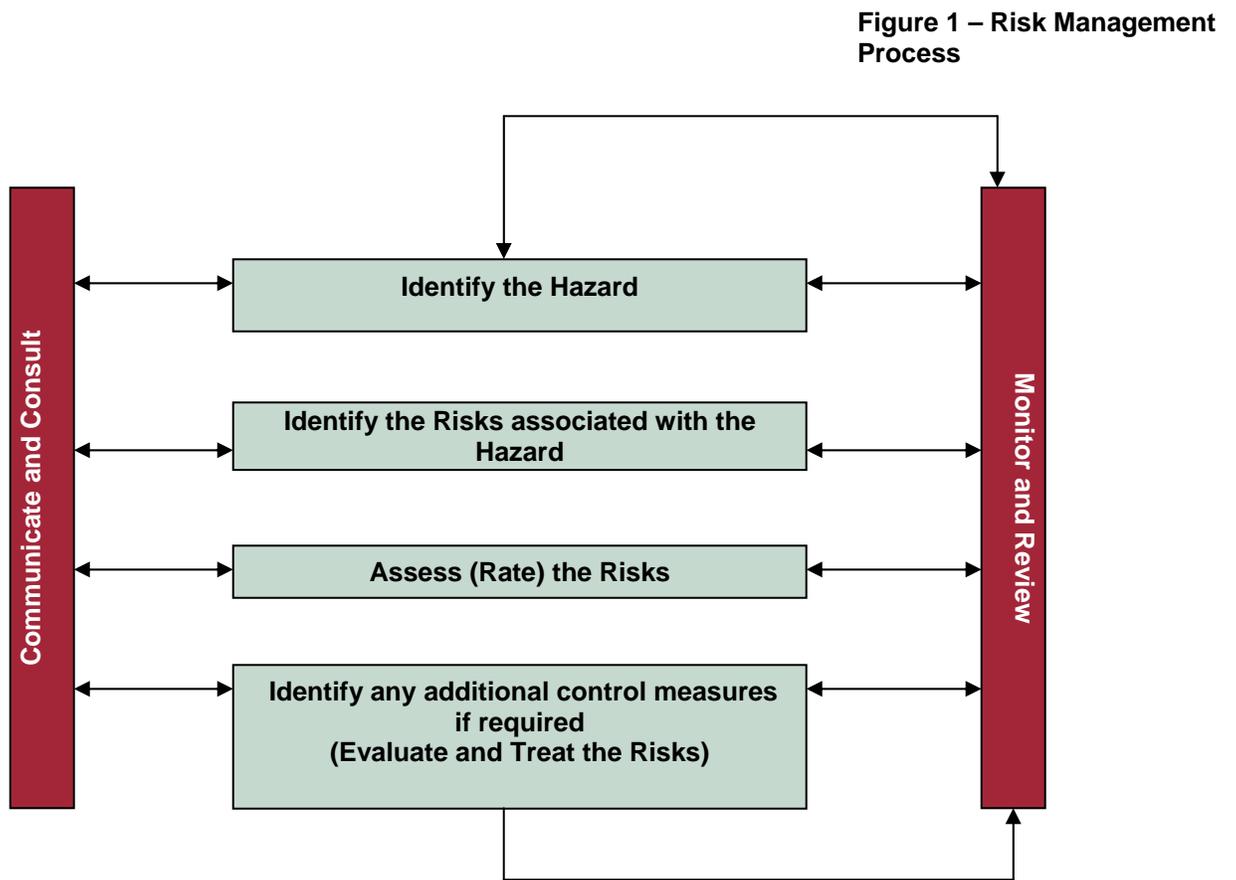
Step 3 Assess (i.e. Rate) the risks

Step 4 Identify any additional control measures (if any) required (i.e. **Evaluate and Treat the Risks**)

Communicate and Consult:

Communication and consultation in relation to the risk assessment process is essential. This should occur throughout the development process with communication of the safety statement and its contents being a feature of staff engagement starting with the induction of new employees and continuing as part of the normal management process of a service. Such engagement can help to embed the management of safety health and welfare as a normal part of the way services operate. Communication efforts must be focused on consultation, rather than one way flow of information from decision makers to stakeholders

Figure 1 below outlines the Risk Management Process.



Each of the 4 steps in the risks management process are described in detail below.

Step 1 Identification of hazards

The first step in safeguarding safety, health and welfare is to identify hazards. Managers must be familiar with the hazards associated with the type of work their staff are involved in and each line manager is required to examine the place of work systematically and identify hazards.

To help identify hazards it is useful to categorise hazards as the following

- Physical
- Chemical
- Biological
- Psychosocial

To assist line managers with the process of hazard identification a non-exhaustive prompt list is included for guidance in Appendix 2. this may be used in conjunction with relevant information from other sources e.g. incident reports, absence records, HSA reports, chemical and biological monitoring reports and local Hazard Identification Checklists etc.

Step 2. Identification of risks associated with hazards

This step starts with describing the risks associated with and persons affected by each of the hazards identified. It is important that the description of each risk provided, accurately and comprehensively captures the nature and impact of the risk.

As the information from this process may be included in the relevant risk register the risks should be described using the following process:

The ‘ICC approach’ to risk description

- Risk is inherently negative, implying the possibility of adverse impacts. Describe the potential area of **Impact** if the risk were to materialise.
- Describe the **Causal Factors** that could result in the risk materialising.

- Ensure that the **Context** of the risk is clear, e.g. is the risk ‘target’ well defined (e.g. staff. Patient, department, hospital etc.)

Example: Injury to staff due to failure to manage aggression and violence within the Emergency Department.

Step 3. Assess (Rate) the Risks

The next step in the process is to rate the risk associated with the hazard (risk analysis). Rating of risk is carried out taking account of existing control measures.

Control measures include all measures put in place to eliminate or reduce the risk and include policies, procedures, processes, guidelines (clinical and non-clinical), and engineering controls, training, emergency arrangements, preventative maintenance controls, protocols etc.

When examining the existing control measures, consider their adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest reasonably practicable level.

Two elements need to be determined when assessing the level of risk posed: i.e.

1. The likelihood that a specified event may occur or reoccur.

and

2. The impact of harm to patients, staff, services, environment or the organisation as a result of the undesired event occurring.

For detailed guidance on likelihood and impact scoring refer to Appendix III

Step 4 Identify any Additional Control Measures that are required (Risk Evaluation and Treatment)

Depending on the risk rating and a review of the adequacy of the current controls in place, an evaluation must be made as to what further (if any) preventative measures are required.

Common sense tells us that life cannot be totally risk-free. However there is a requirement to do all that is reasonably practicable to minimise the risk of harm to staff, service users and visitors. Therefore once a hazard is identified and the risk assessed, the necessary control measures must be

developed and implemented to protect safety, health and welfare. Because conditions in various HSE workplaces vary enormously, a solution that is appropriate for one workplace may not be right for another. Best practice is to remove the hazard, if it cannot be removed, control measures must be put in place to reduce the risk.

An action plan should be devised for each risk where the assessment completed indicates that further control measures are required. It is advised that when completing action plans that high risk hazards are dealt with as a priority. Time frames must be compiled for the actioning of each hazard identified. Actions must be realistic and timely. Immediate actions and long term actions must be considered in order to eliminate the hazard or reduce the risk to an acceptable level.

The General Principals of Risk Prevention are as follows:

- The avoidance or risks.
- The evaluation of unavoidable risks.
- The combating of risks at source.
- 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 their effect on health.
- The adaptation of the place of work to technical progress.
- The replacement of dangerous articles, substances or systems of work by non-dangerous or less dangerous articles, substances or systems of work.

Recording your Risk Assessment:

The results of the risk assessment must be documented in accordance with legislative requirements (see sample Hazard Identification and Control Form in Appendix 1).

Monitoring and Review

Once control measures have been developed and implemented a systematic and regular review must be implemented to ensure that the control measures are working effectively. Control measures must be monitored and evaluated on a regular basis. Sooner or later new equipment, procedures or substances will be introduced that could lead to new hazards – if there is any significant change the

risk assessment should be amended to take account of these new hazards and brought to the attention of the relevant personnel. All assessments should be reviewed on an annual basis.

Section 6 Consultation and Information

The Safety Statement must specify the arrangements in place. It should also give details of the information that staff are entitled to and where such information can be located, in addition to information regarding the arrangements for training in safety, health and welfare provided for both management and staff

Section 26 of the Safety, Health and Welfare at Work Act 2005 requires that consultative structures must be established to facilitate participation by management, staff delegates and Safety Representatives (Section 25 of the Act).

The Safety, Health & Welfare at Work Act 2005 states that the Safety Representative may:

- 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 accident, 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 Health and Safety Authority (H.S.A.) Inspector on a tour of inspection.
- At the discretion of the H.S.A. Inspector, accompany the Inspector while they are investigating an incident or dangerous occurrence.
- Make oral or written representations to the H.S.A. Inspectors on matters relating to safety health and welfare at the place of work.

- Receive advice and information from the H.S.A. Inspectors 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 Representatives shall be given reasonable time off, without loss of remuneration, to discharge their functions as a Safety Representative and to acquire appropriate knowledge and training.
- Safety Representatives shall be given relevant information to allow them fulfil their function properly, this will include information on risks assessments, information on reportable accidents and dangerous occurrences and information resulting from experience of applying protective and preventative measures required under the relevant statutory provisions.
- Safety representatives must be notified by management when management becomes aware that a H.S.A. Inspector is visiting the site for the purpose of an inspection.

Section 7 Resources

The Safety Statement must give the details of the resources provided by sites / services in terms of time, people, and finance to manage the safety health and welfare of staff services users and visitors.

Section 8 Details of the process by which the Safety Statement will be brought to the attention of staff and safety representatives.

This section should clearly set out how that Safety Statement is to be brought to the attention of staff, the Safety Representative or other people in the workplace who might be affected by the Statement.

Section 9 Revision of the Safety Statement

The Safety Statement needs to be relevant at all times and it must be reviewed and where there has been a significant change in the matters to which it refers or where there is another reason to believe that it is no longer valid or an Inspector directs that the safety statement be amended.

Following the review the safety statement must be amended as appropriate. (Reference: Section 20 (5) of the Safety, Health and Welfare at Work Act 2005)

Managers should bring any changes made to the attention of the Safety Representatives, staff and any other persons affected by the new measures set out in the Statement.

Section 10 Access to the Safety Statement

All staff of the HSE, including the Safety Representative should be made aware of the Safety Statement and have access to it.

The Statement must also be brought to the attention of any other persons in the workplace who may be affected by risks to safety, health and welfare and who therefore need to be aware of necessary safety precautions. This could include temporary workers, non-HSE employees, contractors, students, service users, self-employed persons, etc.

Appendix V provides a suggested template to assist Line Managers in developing their Site Specific Safety Statement

7.0 Review of this guideline

This guideline will be reviewed every two years or when there have been any legislative amendments.

8.0 Performance Measurement

The performance of sites/services will be monitored in terms of compliance with the following criterion:

“The organisation has a safety statement in writing that complies with the requirements of the Safety, Health and Welfare at Work Act 2005 and associated regulations.” (Criterion 2)

Reference - A Safety and Health Audit Tool for the Healthcare Sector, HSA, July 2006.

It will also provide a source of evidence of compliance in relation to Criterion 11 of the HSE Quality and Risk Management Standard.

9.0 References

- Safety, Health and Welfare at Work Act, 2005
- Safety, Health and Welfare at Work (General Application) Regulations, 2007
- Fire Services Act
- Guidelines on Risk Assessments & Safety Statements, Health and Safety Authority '06
- Health Services Executive Corporate Safety Statement, October 2006
- British Standard 8800:2004 Occupational Health and Safety Management System – Guide
- Standards Australia/Standards New Zealand (2004) Risk Management AS.NZ 4360:2004. Standards Australia International Ltd, Sydney.
- Workplace Safety and Health Management, Health and Safety Authority, 2006.
- ISO/IEC Guide 51
- Risk Management in the HSE – An Information Handbook
- HSE's Developing and Populating a Risk Register – Best Practice Guidance
- OQR01220080630V3 Risk Assessment Tool and Guidance
- OQR00920080221v3 Quality and Risk Management Standard
- OQR010 10080229 v3 Developing and Populating a Risk Register - Best Practice Guidance
- OQR011 20080229 v3 Risk Management in the HSE – An Information Handbook

Appendix 1

Sample Hazard Control Sheet



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Location:

Risk Assessment:

Risk assessment carried out by:

in consultation with

Risk Assessment Sheet 1

Date:

Ref: No.	HAZARD	RISK	Existing Control Measures	Risk Rating			Recommended Additional Control Measures	Responsible Person Ms. Mr. Action Date
				H	M	L		
1								
2								

This is a Sample Hazard Control Sheet.

Appendix II

Hazard Identification Prompt List

Hazard Identification Prompt List

Note: This checklist is a sample list of the common hazards that apply to health service areas. It is important to note that the process of identifying hazards should not be constrained by this list and should therefore be used as a guide only.

A list of legislation pertaining to the following hazards is defined in Appendix IV.

There are four main hazard areas and therefore this list has been arranged under the following headings.

- **Physical Hazards**
- **Chemical hazards**
- **Biological Hazards**
- **Human Factors (Psychosocial) Hazards**

Physical Hazards:

Ergonomic – Lifting, pushing / pulling, straining, stretching, workstations, space constraints.

General – Unguarded heights, slippery floors, poor housekeeping, dangerous stairs, falling objects, access, overcrowding, working at height, tripping hazards, construction hazards.

Electrical Hazards – Wiring, portable machines, sockets, plugs, fuse boxes, switches, trailing cables, bare wiring, light fittings, high and low voltage equipment, test equipment.

Radiations- Ionising radiations, radionuclide use, radionuclide disposal, ultrasound, noise, ultraviolet, microwave, nuclear magnetic, resonance, laser equipment.

Heat- Autoclaves, sterilisers, washing machines, cooking equipment, steam plant and cookers,

Fire- Rubbish, ignition sources, oxygen, flammable gases, other chemicals, static sources, e.g. in theatre.

Machinery- Machine tools, drills, hand held tools, milling machines, abrasive wheels, metal saws, wood working machinery, slicing, machines, dough mixers, mincing machines.

Medical Equipment – Suction apparatus, positive pressure ventilation equipment, anaesthetic equipment, heart / lung machines, surgical equipment, bone boring machine, hyperbaric chambers, defibrillation equipment, renal dialysis equipment, electrocardiographs, electroencephalographs,

Ventilation – Faulty ventilation / air conditioning, dirty fans, baffles, ductwork, grills, faulty local exhaust ventilation, faulty fume cupboards, poor dust control.

Chemical Hazards:

Chemical disinfectants, Isopropyl Alcohol, Sodium Hypochlorite, Iodine, Phenolics, Quaternary Ammonium Compounds, Glutaraldehyde, Cytotoxic Drugs, Ethylene Oxide, Formaldehyde, Freon, Mercury, Methyl Methacrylate, Acids Peracetic, Hydrochloric, Nitric, Sulphuric etc.

Immunosuppressive Drugs, Benzene, Resin, Solvents, Waste Anaesthetic Gases,

Biological Hazards

Aerosols, Surfaces, Body Fluids, Tissues, patients, laboratory cultures, TB, Hepatitis, Rubella, HIV, Water Systems (Legionella), Faulty bio safety cabinets, infectious disease units, clinical waste, sharps.

Human (Psychosocial) Factors

Inadequate training, badly planned shift systems, poor communications, violence, management systems, deaths, mutilation, organisational changes, changing technology, lack of job security. Work related stress, bullying, new inexperienced staff, lone workers.

Other sources of information include:

- Hygiene Services Assessment Scheme, HIQA (Acute Hospitals)
- PCCC First National Base Line Hygiene Audit Assessment

Ref: Report of the Advisory Committee on Health Services Sector to the HSA, October 1992

Appendix III

Risk Assessment Tool

Risk Assessment Tool

Rate the risk in terms of determining the likelihood and the impact of the risk occurring.

Risk is measured in terms of **likelihood** and **impact** i.e. the likelihood of an event occurring combined with its impact (consequence). The methodology for measuring risk in this way plots a single ascribed value of likelihood against a single ascribed value of impact and therefore reduces risk to a single, easily comparable value.

This process, except in the relatively rare case where statistical data are available, uses informed but subjective judgement in assigning the values for likelihood and impact. If different risks are to be compared across the HSE, it is necessary to minimise the variation in the judgement applied to the values of likelihood and impact assigned to a risk. This requires the adoption of a HSE-wide, standardised approach to the assignment of likelihood and impact.

Two elements are determined when assessing the level of risk posed by the risk that has been identified;

(i) The likelihood that a specified event may occur or reoccur.

and

(ii) The impact of harm² to service users, staff, services, environment or the organisation as a result of the undesired event occurring.

² Harm is defined as “a detrimental impact on the organisation’s stated objectives, including physical, psychological, financial and environmental harm” (HSE 2008)

Likelihood Scoring

The likelihood table (table 1) is used to assess the likelihood of the risk occurring

TABLE 1: LIKELIHOOD SCORING

Rare/Remote (1)		Unlikely (2)		Possible (3)		Likely (4)		Almost Certain (5)	
Actual Frequency	Probability	Actual Frequency	Probability	Actual frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability
Occurs every 5 years or more	1%	Occurs every 2-5 years	10%	Occurs every 1-2 years	50%	Bimonthly	75%	At least monthly	99%

Likelihood scoring is based on the expertise, knowledge and actual experience of the group scoring the likelihood. In assessing likelihood, it is important to consider the nature of the risk. Risks are assessed on the probability of future occurrence; how likely is the risk to occur? How frequently has this occurred?

It should be noted that in assessing risk, the likelihood of a particular risk materialising depends upon the effectiveness of existing controls. In assessing the likelihood, consideration should be given to the number and robustness of existing controls in place, with evidence available to support this assessment. Generally the higher the degree of controls in place, the lower the likelihood.

The assessment of likelihood of a risk occurring is assigned a number from 1-5, with 1 indicating that there is a remote possibility of its occurring and 5 indicating that it is almost certain to occur.

Impact Scoring

In developing a single risk matrix the HSE Risk Management Steering Group considered a range of types of harm that can occur across the HSE. The following areas of risk must be managed to prevent or minimise harm occurring.

- **Injury to Service User/Staff/Public Risks**

Risks which may contribute to the physical or psychological harm of an individual.

- **Service User Experience Risks**

Risks which threaten the delivery of a service provision to service users in terms of quality, in a comfortable, caring and safe environment, delivered in a calm and reassuring way; having information to make choices, to feel confident and to feel in control; being listened to and talked to as an equal; being treated with honesty, respect and dignity.

- **Compliance with Standards (Statutory, Clinical, Professional and Management) Risks**

Risks associated with compliance with requirements in relation to the standards set out in relation to the organisation and delivery of high quality services i.e. Statutory, Clinical, Professional and Management Standards.

- **Objectives and Project Risks**

Risks relating to the procedures/technologies etc employed to achieve particular objectives and projects.

- **Business Continuity Risks**

Risks which threaten the organisation's ability to deliver its services and serve the community.

- **Adverse Publicity/Reputation Risks**

Risks to the public reputation of the organisation and their effects.

- **Financial Loss Risks**

Risks relating to procedures/systems/accounting records which expose the organisation to financial risks, including risks to assets.

- **Environment Risks**

Risks which threaten the prevention, limitation, elimination, abatement or reduction of environmental pollution and the preservation of a quality environment.

To determine the **impact** of this harm should it occur, each risk area has been assigned descriptors over 5 levels ranging from negligible to extreme harm. In scoring **impact**, the anticipated outcome of the risk is grade from 1-5, with 5 indicating a more serious Impact, as defined in the table 2 below.

TABLE 2: IMPACT SCORING

Score	Impact
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

Each area of risk, in relation to the impact scoring, is outlined in table 3 on the next page.

1. IMPACT TABLE	Negligible	Minor	Moderate	Major	Extreme
Injury	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay Emotional Distress	Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay Emotional Trauma	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Physical /emotional disability	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public (Emotional / Physical trauma)
Service User Experience	Reduced quality of service user experience related to inadequate provision of information	Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable	Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory service user experience related to poor treatment resulting in long term effects	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision
Compliance with Standards (Statutory, Clinical, Professional & Management)	Minor non compliance with internal standards. Small number of minor issues requiring improvement	Single failure to meet internal standards or follow protocol. Minor recommendations which can be easily addressed by local management	Repeated failure to meet internal standards or follow protocols. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations.	Gross failure to meet external standards Repeated failure to meet national norms and standards / regulations. Severely critical report with possible major reputational or financial implications.
Objectives/Projects	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over – run.	Inability to meet project objectives. Reputation of the organisation seriously damaged.
Business Continuity	Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service.	Short term disruption to service with minor impact on service user care.	Some disruption in service with unacceptable impact on service user care. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of service user care or service resulting in major contingency plans being involved	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect
Adverse publicity/ Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in Dail. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation	National/International media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. HSE use of resources questioned. CEO's performance questioned. Calls for individual HSE officials to be sanctioned. Taoiseach/Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) Inquiry.
Financial Loss (per local Contact)	<€1k	€1k – €10k	€10 – €100k	€100k – €1m	>€1m
Environment	Nuisance Release.	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting off-site with detrimental effect requiring outside assistance.

Step 1

Choose the most appropriate Risk Category(s) into which the risk identified falls e.g. Injury to patient, staff or public. In many instances, you will be able to score the risk under a number of categories (e.g. the risk of a serious medication incident may result in injury to a patient, be a result of non-compliance with an internal clinical standard and have the potential to attract adverse media attention). All areas should be considered when scoring.

Step 2

Assess the impact of that risk being realised for each risk area. Working along the table, select the Impact that most closely matches each e.g. minor. In instances where several of the risk categories are appropriate, all of these risks should be scored separately and the highest impact category score is the score given to that risk e.g. if it scored moderate for injury and minor for compliance with standards, the overall impact assigned should be moderate (being the higher of the two)

Step 3

Assign an impact score. This is the number assigned to the impact chosen and appears at the top of the selected column i.e. in the case of a moderate impact the scoring is 3.

Guidance on the Initial Risk Rating.

Having established the likelihood and impact scores, the scores should be plotted on the Risk Matrix (see table 4 on the next page) and to determine the rating of the risk being assessed in terms of a colour and a numerical score for the risk (e.g. a moderate impact 3 and a possible likelihood 3 will result in a rating of an amber 9).

- The high risks are scored between 15 and 25 and are coloured Red.
- Medium risk are scored between 6 and 12 and are coloured Amber.
- Low risks are scored between 1 and 5 and are coloured Green.

Table 4: HSE Risk Matrix (Combining Impact and Likelihood)

Risk Matrix	Negligible(1)	Minor(2)	Moderate(3)	Major(4)	Extreme(5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Example 1: Likelihood of 3 (Possible) x Impact of 2 (Minor) = 2 x 3 = 6 (Amber)

Example 2: Likelihood of 2 (Unlikely) x Impact of 3 (Moderate) = 3 x 2 = 6 (Amber).

Appendix IV

Supporting Legislation

Supporting Legislation

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, SI 299 of 2007
- Regulation 11 (3) Safety Health and Welfare at Work, (Control of Noise at Work) Regulations 2006. SI371
- Safety Health and Welfare at Work, (Exposure to Asbestos) Regulations 2006. SI386

Dangerous Goods Regulations

- Carriage of Dangerous Goods by Road Regulations, 2007 & Relevant Regulations.
- Carriage of Dangerous Goods by Roads Act, 1998 (Commencement) Order. SI 495
- Carriage of Dangerous Goods by Roads Regulations, 2006. SI 405
- European Communities (Carriage of Dangerous Goods by Road) (ADR Miscellaneous Provisions) Regulations, 2006 SI 406
- Carriage of Dangerous Goods by Roads Act, 1998 (Appointment of competent Authorities) Order SI 407
- Carriage of Dangerous Goods by Roads Act 1998 (Fees) Regulation. SI 408
- Legislation Relating to Chemicals under the Safety, Health and Welfare at Work Act 2005
- Safety Health and Welfare at Work (Carcinogens) Regulations, 2001 (SI No 78 of 2001)
- Safety Health and Welfare at Work (Chemical Agents) Regulations, 2001 (SI No 619 of 2001)
- Regulations related to Classification, Packaging and Labelling (CPL) of Dangerous Substances and Preparations, 2003 (SI No 116 of 2003 No 62 of 2004)

- Regulations relating to the Notification of New Chemical Substances 2003 (SI No 116 of 2003)
- Regulations relating to the Marketing and Use of Dangerous Substances and Preparations 2003 (SI No 200 of 2003 and SI No 503 of 2003)
- 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))
- European Communities (Equipment and Protective Systems Intended for Use in Potentially Explosive Atmosphere) Regulations, 1999 (SI No 83 of 1999) (ATEX Directive).

Fire Safety / Construction Legislation

- Boiler Explosion Act, 1882 and 1890
- Building Control Act, 1990
- Building Control Regulations, 1997
- Building Regulations, 1991-2002
- Explosives Act, 1875
- Fire Services Act, 1981 and 2003
- Office Premises Act, 1958
- Planning and Development Act, 2000
- Planning and Development Regulations, 2001
- Safety, Health and Welfare at Work (Construction) Regulations, 2006 (S.I. No. 504 of 2006)

Codes of Practice

- 2007 Code of Practice for Safety Health and Welfare at Work (Chemical Agents) Regulations 2001. SI 619 of 2001
- 2007 Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work.
- 2005 Code of Practice for Avoiding Danger From Under Ground Services
- 1997 Code of Practice for Storage of LPG Cylinders and Cartridges IS 3213
- 1997 Code of Practice for Bulk Storage of Liquefied Petroleum Gas – IS 3216: Part 1
- 1997 Code of Practice for Bulk Storage of Liquefied Petroleum gas – IS 3216: Part 2: Installation of Automotive Dispensing Facilities
- 1999 Code of Practice for Access to Working Scaffolds
- 2002 Code of Practice for Working in Confined Spaces
- 2002 Code of Practice on the Prevention of Workplace Bullying
- 2002 Code of Practice for Rider Operated Lift Trucks: Operator Training
- 2005 Code of Practice for Safety in Roof Work.
- Standard for design and installation: IS3217: 1989: Code of practice for emergency lighting
- Design and installation standard: IS3218: 1989 Code of practice for fire detection and alarm systems
- BS 6387: 1983 Specification for performance requirements for cables required to maintain circuit integrity under fire conditions
- BS 5839: 1988 Fire Detection and alarm Systems for Buildings.
- Standard for Fire Extinguishers IS291

* The legislation described is non exhaustive

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

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

APPENDIX V

Template Safety Statement

This is the Safety Statement Template inclusive of suggested wording and prompts to assist Line Managers in developing their Site Specific Safety Statement.

Title Page

Safety Statement for

Document Control

Reference Number:	Put in local reference number here
Author / Manager Responsible:	Name of Senior Site/Location Manager
Review Date:	Date for review (best practice would dictate that the document be reviewed annually or earlier if there is a significant change at the site/location)
Ratified by:	This document should be ratified by the Health and Safety Committee or equivalent
Date Ratified:	Date of ratification
Related Policies	List here any associated policies e.g. Corporate Safety Statement, Risk Management Policy, Occupational Health, Manual Handling, Management of Violence and Aggression etc

Table of Contents

Section 1	Safety Policy
Section 2	Declaration of Intent
Section 3	Organisational Responsibility
Section 4	Hazard Control - Service Arrangements
Section 5	Risk Management Process
Section 6	Consultation
Section 7	Resources
Section 8	Distribution / Access to the Safety Statement
Section 9	Revision of the Safety Statement.
Appendix	Completed Department Risk Assessments

Section 1 Safety Policy

Since the publication of the Corporate Safety Statement in October 2006, it is undoubtedly a fact that the HSE has undergone many changes and faced many challenges.

We would like to take this opportunity to reaffirm our commitment to placing people at the centre of the organisation. In line with this commitment we consider that the management of safety, health and welfare is of fundamental importance in continually improving the quality of the services that we provide, as quality of service is intrinsically linked to the provision of a safe work environment and the operation of safe systems.

In striving to continually improve quality and safety, 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 committed to ensuring the safety, health and welfare of our staff and those affected by the work activities of the HSE.

In order to support the Corporate Plan, we will empower staff to promote and provide leadership in relation to the management of safety, health and welfare in the workplace.

We are committed to ensuring the implementation of a safety management system in the HSE that is consistent with legislative requirements and best practice standards. An integral component of the plan will be the clear allocation of responsibility and accountability to managers and employees that will be supported by the provision of appropriate resources.

We will ensure that appropriate channels of communication are in place to facilitate effective consultation and communication with staff and those who are affected by the activities of the HSE. The aim of consultation and communication will be to promote a positive safety culture through enabling staff to contribute to the decision making process as it relates to safety, health and welfare at work.

We are further committed to ensuring that the safety management system will be subject to continual monitoring and review so that we can ensure that the work environment and systems of work continue to be safe and that they contribute to quality improvement.

Note:

This is the HSE's Safety Policy signed off by the CEO of the HSE (Ref: Corporate Safety Statement October2008)

Suggested Wording

Section 2 Declaration of Intent

The Safety Statement has been prepared in accordance with the provisions of the Safety Health and Welfare at Work Act, 2005 and in keeping with the HSE Integrated Quality and Risk Management framework and processes. The basic intent of the document is to formally declare the means by which the management of _____ ensures, in so far as is reasonably practicable, the safety, health and welfare of staff, clients and others such as visitors, and contractors who may be affected by our activities.

The Safety Statement contains details of the _____ Safety Management Programme and of the general arrangements for occupational safety health and welfare within the service.

Safety is everybody's business and the success of our safety policy will depend on staff co-operation. It is important that staff are familiar with the arrangements for health and safety in the service and incorporate these as an integral part of the tasks performed while at work.

Members of staff and others are invited to contribute to the improvement of safety in the service by making suggestions for the improvement of this Statement through their line manager or Safety Representative.

Signed..... (Responsible Person)

Date.....

Section 3 Organisational Responsibilities

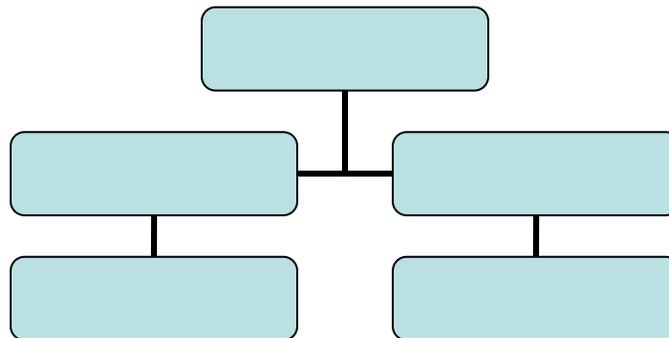
3.1 Detail the General Duties of the Employer here. Ref: Section 8, Safety, Health and Welfare at Work Act 2005.

Suggested Wording:

3.2 Safety Management Structure and Organisational Chart

The following is the Safety Management Structure within _____ (*insert name of service*). Each person in the service must ensure the effective implementation of the Safety Management Programme in their area of responsibility.

(Names and job titles of personnel with responsibility for the implementation of the safety management programme should be detailed here in an organisational chart). ,



3.3 Safety Management Responsibilities

Describe here in this section the responsibilities of Senior Management starting with Senior Site / Service Manager.

(Refer to the Corporate Safety Statement)

Section 4 Hazard Control Service Arrangements

Document in this section the arrangements in place within your service area to facilitate the management of health and safety. This will include arrangements made to reduce to the lowest possible level hazards which have been identified and are inherent in our workplaces and practices.

In this regard consideration should be given to the non-exhaustive list of headings given below:

Arrangements may include;

- Health and Safety Training, Information and Instruction
- Security measures
- Occupational health services- e.g. vaccinations, eye and eye sight testing, hearing tests, EAP service
- First Aid
- Waste management arrangements
- Fire Safety measures
- Electrical safety measures
- Arrangements for dealing with Contractors
- Arrangements for construction safety
- Protection of Expectant Mothers
- Protection of Disabled Employees
- Protection of Young Persons
- Protection of Public
- Protection of Lone workers
- Welfare facilities available
- Personal Protective Clothing/Equipment
- Purchasing policies which influence safety
- Dangerous Goods safety arrangements etc.

Section 5 Risk Management Process

The hazard identification and risk assessment process used in the development of this Site Specific Safety Statement is that adopted by the HSE as detailed in Section 5 of the Best Practice Guidance for developing a Site Specific Safety Statement.

Section 6 Consultation Arrangements

Describe the arrangements in place for consultation in the service, this should include the name and work contact details of the Safety Representative(s), details of any safety committees / integrated Quality, Risk and Safety Committees including terms of reference or meetings carried on to facilitate consultation and arrangements for distribution of the safety statement

Safety Representative

The Safety Representative for _____ (*include the name of service*) is _____ (*name of safety rep.*)

Detail the role of the Safety Rep.

Safety Committees / Integrated Quality, Risk and Safety Committees

Detail membership, terms of reference, frequency of meetings, distribution of minutes and review of consultation arrangements.

Section 7 Resources

Describe here details of the resources provided by the location/service in place or required to achieve implementation of the safety management programme in terms of time, people and finance, to ensure the management of safety, health and welfare of staff, service users and visitors.

Section 8 Distribution / Access to the Safety Statement

Detail clearly how the Safety Statement will be brought to the attention of staff, the Safety Representative or other people in the workplace who might be affected by the Statement.

Section 9 Revision of the Safety Statement

Describe the procedures in place for the review of the safety management system and for safety audits.

Appendix 1

Department Risk Assessments

This section should include all relevant department/unit risk assessments.

Names and Titles of Heads of Department / Deputy to be included

Brief description of the department and service user group

