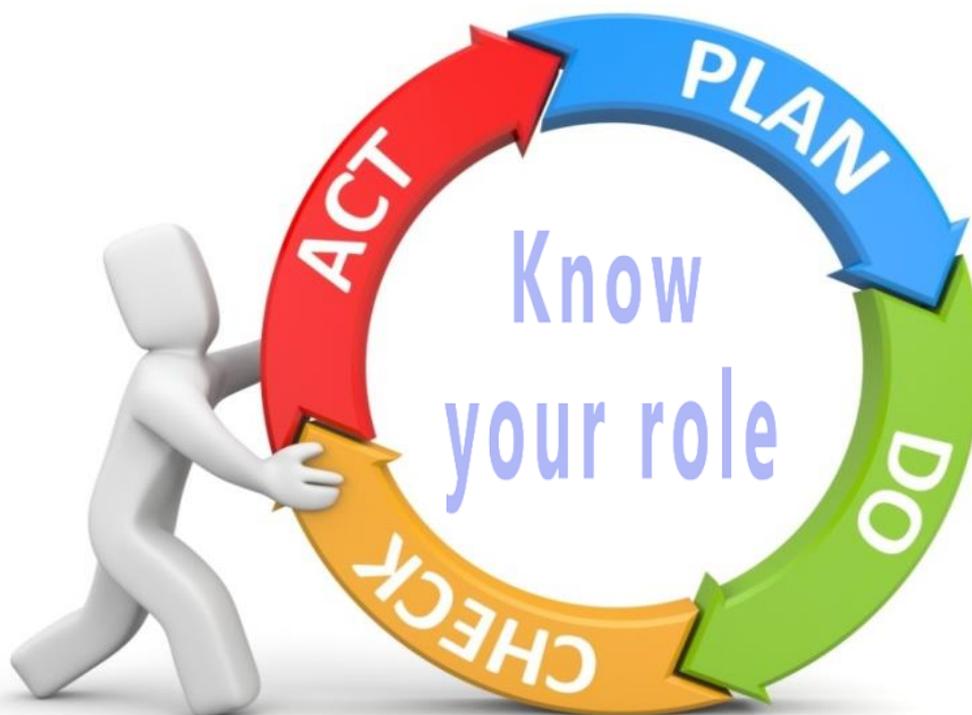




# Corporate Safety Statement 2017





Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt

## CORPORATE SAFETY STATEMENT 2017

## Policy Statement



The last few years have seen an unprecedented change within the HSE. During this time staff have shown great commitment to the delivery of high quality health services in a pressurised and challenging environment.

The HSE Corporate Plan 2015-2017 sets out our vision for the health services, with a specified goal to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them.

We will continue to support, invest in and develop a workforce that is dedicated to excellence, welcomes change and innovation, embraces leadership and teamwork, and maintains continuous professional development and learning; therefore enabling staff to embrace the core values of the HSE i.e. "Care, Compassion, Trust and Learning"

In line with this commitment we consider that the management of occupational safety, health and wellbeing 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 of work.

We believe that workplace injuries and illnesses are preventable and we are committed to ensuring the implementation of a safety management system within the HSE that is compliant with the Safety, Health and Welfare at Work Act, 2005 and associated legislation. An integral component of the system is the clear allocation of responsibility and accountability to managers and employees that will be supported by the provision of appropriate resources.

We value open communication and consultation with employees and those who are affected by our activities. This contributes to a positive safety culture through enabling employees and others to be actively involved in the decision making process as it relates to safety, health and welfare at work.

The HSE organisational arrangements set a clear direction for management at all levels to follow. The organisational arrangements contribute to all aspects of our business performance as part of a demonstrable commitment to continuous improvement.

It is acknowledged that we are embarking on a process of changing the way in which the HSE's Leadership Team works. The senior positions of Chief Operations Officer, Chief Strategy and Planning Officer and National Medical Director have been established as part of our goal to build a better health service. However, given the span of these new roles the transition to the roles and the structures reporting to them, including new ways of working, will take place on a phased basis. During this transition period it is vital that we continue to deliver safe and effective services to our patients and service users.

In view of the above, it is also recognised that the Corporate Safety Statement is a dynamic document, which will continue to evolve over time to reflect the new roles and structures. Hence this document will be subject to further review in the near future as these significant changes come into effect.

**Tony O'Brien**

A handwritten signature in blue ink, appearing to be 'Tony O'Brien', written over a faint grid background.

**Director General**

**Date**

17 November 2017

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## Contents

<b>Section</b>	<b>Page</b>
<b>Executive Summary</b>	<b>6</b>
<b>1.0 Introduction</b>	<b>8</b>
1.1 Scope	8
<b>2.0 Organisational Roles and Responsibilities</b>	
2.1 HSE Directorate	9
2.2 Director General	9
2.3 Role of National Directors	10
2.4 Role of Chief Financial Officer	11
2.5 Role of the National Director of Human Resources	11
2.6 Role of Hospital Group CEO's & CO's Community Health Organisation	12
2.7 Role of Local Senior Managers and Line Managers	13
2.8 Employees	13
2.9 National Health & Safety Function	13
2.10 Occupational Health Services	14
2.11 Employee Assistance Services	15
2.12 Risk Committee	16
2.13 Health and Safety Management Advisory Committee	16
2.14 National Quality Assurance and Verification Division	17
<b>3.0 Risk Management Process</b>	<b>17</b>
3.1 Hazard identification and Risk Assessment Process	17
3.2 Review and Monitoring	18
3.3 Escalation Process	18
<b>4.0 Organisational Arrangements</b>	<b>18</b>
4.1 Safe Systems of Work	19
4.2 Incident Management	19
4.3 Emergency Plans (Internal)	20
4.4 Fire Safety Management	20
4.5 Maintenance of Buildings, Plant and Equipment	21
4.6 Medical Devices / Equipment Management	21
4.7 Selection, Control and Management of Contracted Personnel	21
4.8 Shared Place of Work	22
4.9 Training and Instruction	22
<b>5.0 Consultation and Communication</b>	<b>23</b>
5.1 Safety Committees	23
5.2 Safety Representatives	24
<b>6.0 Resources</b>	<b>25</b>
<b>7.0 Safety Statement Distribution</b>	<b>26</b>
7.1 Implementation of Corporate Safety Statement	26
<b>8.0 Revision of Corporate Safety Statement</b>	<b>26</b>
<b>9.0 Measuring Performance</b>	<b>26</b>
9.1 Corporate OSH Key Performance Indicators	26
9.2 Safety Audits	27
<b>10.0 Health and Safety Authority</b>	<b>27</b>
<b>Appendix</b>	
1 – Supporting Legislation and Codes of Practice	29
2 – Supporting Publications	30
3 – Useful Websites	31
4 – Definitions & Abbreviations	32
5 – HSE Organisational Chart	36
6 – Organisational Chart for each Division / HG / CHO Area	37

## Executive Summary

As required by **Section 20, of the Safety, Health and Welfare at Work Act, 2005**, the Health Service Executive (HSE) Corporate Safety Statement (CSS) describes the arrangements in place for safeguarding and maintaining a safe and healthy environment for employees, service users, visitors and all who come in contact with our Services or activities.

The CSS is applicable to all services and all employees throughout the HSE and places obligations on both management and employees to ensure the safety management system is fully integrated into day-to-day business.

Section 2 of the CSS places the management of Occupational Safety and Health (OSH) as a prime responsibility from managers at all levels. The roles and responsibilities of the HSE Directorate, Director General, National Directors, Chief Financial Officer, National Director HR, Hospital Group Chief Executive Officers, Community Health Organisation Chief Officers and Service Managers are clearly outlined.

All employees have a responsibility for their own occupational safety, health and welfare and that of others in the workplace and hence successful implementation is greatly dependent on the full cooperation of every employee. Failure to comply with the terms of the Corporate Safety Statement may result in disciplinary action.

Section 2 also describes the support services offered by the National Health & Safety Function, Occupational Health Services and Employee Assistance Services. In addition, the roles of the Risk Committee, Health and Safety Management Advisory Committee and the National Quality Assurance and Verification Division are described.

Section 3 outlines the risk management process adopted by the HSE. The management of safety, health and welfare at work is integral to the HSE's approach to risk management and, in accordance with Section 19 of the Safety, Health and Welfare at Work Act 2005, requires that all hazards at the place of work are identified and risk assessed.

Section 4 details the HSE's organisational arrangements to fulfil its statutory duties and reduce the risk of injury and ill health, so far as is reasonable practicable, to employees and all others affected by its activities.

Section 5 recognises the importance of employee participation in all aspects of the safety management system and the HSE is committed to consulting with employees and Safety Representatives in advance and in a timely manner.

Section 6 re-states the HSE's commitment to allocate resources for the effective implementation of the safety management system.

Section 7 details how the CSS will be brought to the attention of all employees and requires Managers to maintain records of persons to whom the Safety Statement has been communicated.

Section 8 advises that it is the responsibility of the National Director of Human Resources to ensure that the HSE's CSS is reviewed at least annually or when there has been a significant change in the matters to which it refers.

Section 9 provides a framework for measuring performance and ensuring continuous improvement through the establishment of Key Performance Indicators and auditing.

Finally, Section 10 outlines the role of the Health and Safety Authority.

## **1.0 Introduction**

Section 20, of the Safety, Health and Welfare at Work Act, 2005 requires the Health Service Executive (HSE) to prepare a written Safety Statement describing the arrangements in place for safeguarding and maintaining a safe and healthy environment for employees, service users, visitors and all who come in contact with our Services and or may be affected by our activities.

The aim of the Corporate Safety Statement is to formally set-out the high-level responsibilities, structures and resource requirements for achieving the above and emphasise the obligation to place hazard identification and risk assessment at the foundation of the safety management system.

It is a requirement of the Corporate Safety Statement that all Services within the HSE have in place a Site / Service Safety Statement (SSSS). The SSSS identifies the persons responsible for ensuring that the safety management system is successfully embedded within their respective Service(s) and that arrangements are in place to monitor the effectiveness of the safety management system on an ongoing basis.

The HSE promotes the Health and Safety Authority's "*Guidance on the Management of Safety, Health and Welfare in the Health Sector, 2006*" and the use of its accompanying document, "*Auditing a Safety and Health Management System - A Safety and Health Audit Tool for the Healthcare Sector*", alongside internally developed audit tools, to assist in the continuous development and implementation of the safety management system. Regular auditing at both national and local level will provide a source of evidence to measure compliance with legislation and with key elements of the "*Health Information and Quality Authority (HIQA) National Standards for Better Safer Healthcare, June 2012*".

### **1.1 Scope**

The Corporate Safety Statement is applicable to all services and all employees throughout the HSE.

The Corporate Safety Statement places obligations on both management and employees to ensure that the HSE safety management system is fully implemented to secure the safety, health and welfare of all employees and those affected by the HSE's activities and to support the continuous improvement of service quality.

## **2.0 Organisational Roles and Responsibilities**

### **2.1 The Directorate of the HSE**

The Directorate of the HSE is responsible for:

Ensuring that a Corporate Safety Statement is in place, is clearly understood and that appropriate governance arrangements exist to oversee the management of occupational safety and health across the Service.

- ensuring good corporate governance, setting corporate objectives and taking strategic decisions in relation to the management of health and safety
- ensuring there are appropriate systems in place to proactively demonstrate that there is accountability for the management of safety, health and welfare throughout the HSE
- ensuring that appropriate systems are in place to provide assurances that the HSE is compliant with its statutory duties with regard to the Safety, Health and Welfare at Work Act 2005
- ensuring risks are identified, mitigated, managed and escalated as appropriate.

The Directorate of the HSE delegates operational responsibility for the day-to-day running of the HSE to the Director General.

### **2.2 Director General**

The Director General, Tony O'Brien, has overarching responsibility to ensure, so far as is reasonably practicable the safety, health and welfare at work of all employees and others affected by HSE activities.

The Director General (DG) will ensure that:

- the HSE has a strategic management system for occupational safety, health and welfare
- management arrangements are in place so that the safety management system is effectively integrated across all disciplines and services
- mechanisms are in place to promote a positive safety culture which is communicated, successfully implemented and audited throughout the HSE
- there is accountability for the management of occupational safety, health and welfare throughout the HSE
- Directors are given the authority to effect safety and health changes in workplaces covered by this Safety Statement
- systems of internal control and risk management operate effectively

- the Directorate has sufficient information on the effectiveness of the safety management system
- there is an appropriate system in place to effectively audit and evaluate the safety management system and to take appropriate action where necessary to ensure compliance with health and safety legislation
- in so far as is practicable, appropriate resources are allocated to ensure the effective implementation of the safety management system
- health and safety factors are taken into account during corporate and service design and planning

The Director General delegates operational responsibility for the day-to-day discharge of statutory duties under the Act 2005 to all Directors, Senior Managers and Managers (as set out in this Statement hereafter) and, with specific regard to assurance and support to the Organisation on Occupational Safety and Health matters, to the Director of HR.

### **2.3 National Directors**

Whilst the Director General has overarching responsibility as described in Section 2.2 above, National Directors carry similar responsibility to the DG for all matters within their control or influence<sup>1</sup>.

Notwithstanding this general position, National Directors are responsible for ensuring that appropriate structures are in place for the effective integration of occupational safety, health and welfare and the establishment of a positive safety culture across all disciplines and services within their area of responsibility. This includes embracing his/her individual role in providing safety and health leadership for the organisation.

Each National Director is responsible for ensuring that throughout their Division:

- the systems, processes and resources necessary to manage occupational safety health and welfare are in place
- accountability for occupational safety, health and welfare has been defined and communicated to relevant persons
- performance indicators in relation to occupational safety, health and welfare are defined and form part of performance management
- monitoring the achievement of occupational safety health & welfare objectives and ensuring compliance with relevant standards. Assurance is sought to ensure that the systems, processes and resources necessary to manage occupational safety health and welfare are in place and are effective

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<sup>1</sup> The Safety, Health and Welfare at Work Act 2005 provides that a director, manager or other similar officer of the undertaking may be deemed guilty of the same offence as the undertaking if the doing of the acts that constituted the offence had been authorised, or consented to by, or were attributable to connivance or neglect on the part of the director, etc.

## **2.4 Chief Financial Officer**

In addition to Section 2.3 above, the Chief Financial Officer has responsibility for ensuring the allocation and maintenance of financial systems to identify and track resources allocated to support the continuous improvement of the HSE's safety management system.

## **2.5 National Director of Human Resources**

In addition to Section 2.3 above, the National Director of HR shall provide leadership and ensure the provision of competent advice, guidance and support with regard to the management of occupational safety and health.

The National Director of HR has corporate responsibility for the development, communication and monitoring of national occupational safety, health and welfare strategy including:

- supporting National Directors, Assistant National Directors, Hospital Group CEO's, CO's Community Health Organisations and Service Managers in the implementation of the safety management system and ensuring it is systematically and consistently communicated throughout the HSE
- ensuring an effective method is in place to independently monitor and evaluate the efficiency and effectiveness of the safety management system
- ensuring that there is an appropriate mechanism in place for the communication, review and implementation of the Corporate Safety Statement
- ensuring that appropriate national policies, procedures, protocols and guidelines regarding occupational safety, health and welfare at work are developed for implementation throughout the HSE
- providing assurance to the Director General and the Directorate, that the safety, health and welfare of employees, service users and others affected by HSE's activities are appropriately managed and that the HSE is compliant with its statutory duties under the Safety, Health and Welfare at Work Act 2005
- ensuring appropriate arrangements are in place to proactively engage with relevant statutory and non-statutory regulatory bodies and support agencies
- ensuring that an adequate number of competent health and safety professionals are in place to provide accurate advice, guidance and support to management
- ensuring that there are appropriate arrangements in place that all HSE funded bodies and agencies engaged by the HSE have access to the Corporate Safety Statement

## 2.6 Assistant National Directors (AND's), Hospital Group Chief Executive Officers (CEO's) and Chief Officers Community Health Organisations (CO's)

CEO's/CO's are accountable respectively to the National Director Acute Hospitals / the Chair of the Executive Management Committee for Community Services<sup>2</sup> for the effective integration of safety, health and welfare across all disciplines and services within their area of responsibility, so far as is reasonably practicable. CEO's/CO's must be named in the relevant Site Specific Safety Statement.

Responsibilities include:

- ensuring there are adequate and appropriate arrangements in place for the successful implementation, monitoring, evaluation and review of the safety management system
- ensuring that each site or service has in place a written Site Specific Safety Statement and associated risk assessments which is communicated, monitored, reviewed and updated at least annually and in the event of any significant change in legislation, work activity or place of work
- ensuring necessary resources are allocated and are available for the implementation of the safety management system
- seeking advice from the National Health and Safety Function via [www.hse.ie/safetyandwellbeing](http://www.hse.ie/safetyandwellbeing), specialist health and safety professionals and risk advisors/managers as necessary
- ensuring that a health and safety training needs analysis based on risk assessment has been undertaken and training programmes implemented to ensure the safety, health and welfare of employees and others affected by the work activities
- ensuring that suitable arrangements are in place to facilitate effective consultation on matters pertaining to occupational safety, health and welfare
- with regard to emergencies or situations of serious or imminent danger ensuring adequate plans and procedures are in place and periodically tested
- putting in place appropriate procedures to ensure all incidents are reported and managed in accordance with the HSE Incident Management Policy and prescribed accidents and dangerous occurrences are reported to the Health and Safety Authority
- ensuring that workplaces are designed and maintained in a condition that is safe and without risk to health, that there is a safe means of access to and egress from the workplace and that plant, equipment and other articles are safe and without risk to health so far as is reasonably practicable
- ensuring that systems of work are planned, organised, performed, maintained and revised as appropriate, so as to be safe and without risk to health so far as is reasonably practicable

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<sup>2</sup> Currently the National Director, Mental Health has been nominated by the DG as Chair of the Executive Management Committee for Community Services

- managing and conducting work activities in such a way as to prevent, so far as is reasonably practicable, any improper conduct or behaviour likely to put the safety, health or welfare at work of his or her employees at risk
- ensuring safety, health and welfare legislation forms part of the general conditions of a contractor's work specification at all stages of the procurement process
- ensuring that all safety related records are maintained appropriately and are available for inspection
- integrating performance indicators in relation to safety, health and welfare as part of performance management
- identifying and nominating key personnel who will act as a liaison on matters pertaining to occupational safety, health and welfare to the National Health and Safety Function

## **2.7 Local Senior Managers and Line Managers**

- local Senior Managers (LSM) and Line Managers (LM) are responsible for ensuring that safety is managed at local level and that safety is inherent in the services provided
- essentially, LSM and LM must, on an operational level, implement the requirements set out in 2.6 above through the activities, staff and workplaces within their control

**Note: Delegated roles & responsibilities of local senior Managers and line Managers are detailed in the local SSSS**

## **2.8 Employees**

- in accordance with Section 13 of the Safety Health and Welfare at Work Act, 2005 all employees have a responsibility for their own occupational safety, health and welfare and that of others in the workplace.
- the improvement of safety, health and welfare within the HSE is incumbent on all employees, regardless of role or status i.e. inclusive of clinicians, frontline staff, managers and administrators.
- the successful implementation of the Safety Management System will greatly depend on the full co-operation of each employee. Failure to comply with the terms of the Safety Statement may result in disciplinary action.

**Note: the detailed responsibilities of employees are described in the local SSSS**

## **2.9 National Health and Safety Function**

The National Health and Safety Function falls within the Workplace Health and Wellbeing Unit, Corporate HR Directorate. The Function has been established to provide effective, high quality support to duty holders in the area of Occupational Safety, Health & Welfare. The main objectives

of the Function are to improve access to occupational safety and health support, whilst ensuring that services are delivered in a more consistent manner.

The Head of the Function is supported by four National Health & Safety Managers. The Function will maintain support in the following key delivery areas:

- policy, procedure and guideline development
- statutory occupational safety and health (OSH) training
- audit / inspection, and
- provision of specialist information and advice

For further information see: [www.hse.ie/safetyandwellbeing](http://www.hse.ie/safetyandwellbeing)

## **2.10 Occupational Health Services**

Responsibilities include:

- provision of medical advice on issues where work is affecting health and/or health is affecting work
- promoting compliance with health and safety legislation
- completing health assessment pre-placements for applicants to ensure they are medically fit to undertake the employment.
- administering appropriate vaccination programme(s) in accordance with the Immunisation Guidelines of Ireland
- providing independent, impartial medical advice taking into consideration employees' health problems that will assist both the employer and employees in securing treatment or rehabilitation as appropriate
- advising and supporting employees with pre-existing medical conditions on appropriate placement or on restrictions, modifications or alterations if required.
- advising on fitness for work at an early stage
- providing advice on ill health retirement
- providing health surveillance to employees considered to be at risk in the workplace
- advising on ergonomic issues and workplace design
- monitoring the health of employees after an accident or illness as appropriate
- providing occupational health advice in the management of attendance

- providing information to employees regarding support services available. e.g. counselling support
- developing and maintaining relations with appropriate external organisations
- promoting employee health and wellbeing
- promoting the development of an integrated occupational safety, health and welfare system
- supporting the development of evidenced based policies, procedures and guidelines related to occupational health
- promoting audit based benchmarked standards for occupational health
- developing an occupational minimum dataset

**For further information see:** [www.workwell.ie](http://www.workwell.ie)

### **2.11 Employee Assistance Service (EAS)**

EAS provides:

- professional counseling support and referral service to employees on wide range of issues that could impinge on work performance or personal wellbeing, including: work related stress; interpersonal relationships; difficulties in the workplace (including bullying & harassment); traumatic incidents (e.g. assault, suicide); following an adverse incident, addictions and personal issues (e.g. bereavement, relationships)
- access to services via self-referral, or referral by Occupational Health or Management
- formal structured support to groups of employees who have experienced distress as a result of a critical incident
- support to management on staff wellbeing issues
- lectures/training as required in areas where the EAS has relevant expertise e.g. stress management, post trauma support, team building and management training.
- feedback to the organisation regarding broad issues that may enhance employee wellbeing and the organisation's effectiveness

**For further information see:** [www.workwell.ie](http://www.workwell.ie)

## 2.12 Risk Committee

The HSE Directorate has established an independent Risk Committee, chaired by an independent non-executive director (Ref: Charter of HSE Risk Committee, Section 7). The primary responsibility of the Committee is to review the processes related to the identification, measurement, assessment and management of non-financial risk in the HSE and to promote a risk management culture throughout the health system. It achieves this through:

- advising the Directorate on the HSE's overall risk appetite (i.e. the amount and type of risk that the organisation is willing to pursue or retain), tolerance and strategy, taking account of the current and prospective macroeconomic and healthcare environment, drawing on authoritative sources relevant to the HSE's risk policies
- reviewing arrangements in place by which employees may, in confidence:
  - raise concerns,
  - receive reports, on a timely basis, of concerns raised under Protected Disclosure<sup>3</sup> procedures and,
  - advise on appropriate action to maintain the highest standards of probity and honesty throughout the health services
- reviewing, at least annually, and if necessary proposing changes to, the HSE's Governance Framework relating to risk management

The Committee receives regular reports on Occupational Safety and Health issues from the Health and Safety Management Advisory Committee and, through such mechanisms of consultation in place within the HSE, engages with staff and their representatives.

## 2.13 Health and Safety Management Advisory Committee (HSMAC)

The HSMAC was convened by the Director General (DG) in pursuance of the HSE's obligations under the Safety, Health and Welfare at Work Act, 2005. The HSMAC is responsible for supporting the HSE in establishing and maintaining a healthy and safe work culture and work environment for staff, contractors, patients and visitors through:

- the development of an overarching view of non - clinical risk management
- providing assurances to the Leadership Team and HSE Risk Committee that support structures are in place for the effective management of non - clinical risks
- enhancing collaboration and co-ordination between Directorates with key support roles in relation to non - clinical risks

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<sup>3</sup> See: [www.hse.ie/eng/about/QAVD/Protected-Disclosures/](http://www.hse.ie/eng/about/QAVD/Protected-Disclosures/)

## 2.14 National Quality Assurance and Verification Division

The National Quality Assurance and Verification Division was established in order to:

- ensure that incident management and investigation policies and guidelines are available for incident managers and investigators throughout the HSE
- build the capacity for incident managers to better manage incidents
- build the capacity for incident investigators to better investigate incidents
- oversee and/or directly support certain serious incidents according to agreed criteria
- conduct research and development and analysis in relation to incident management and investigation
- contribute to the development of incident management ICT solutions that are as fit for purpose for the HSE's incident management ICT needs as is possible

## 3.0 Risk Management Process

The management of safety, health and welfare at work is integral to the HSE's approach to risk management and is a requirement of the Leadership Team and Directorate of the HSE in addition to being a legislative requirement as specified under section 19 of the Safety, Health and Welfare at Work Act 2005.

Section 19 of the Safety, Health and Welfare at Work Act, 2005 provides that every employer must identify the hazards at the place of work, assess the risks from those hazards and have in place a written assessment of those risks as they apply to employees and others affected by the employer's activities.

The HSE has adopted an Integrated Risk Management Policy<sup>4</sup> based on *Aus/NZ Risk Management Standard 4360:2004* subsequently updated to *ISO 31000:2009 Risk Management – Principles and Guidelines* to ensure risk management is an integral part of corporate objectives, plans and management systems.

### 3.1 Hazard Identification and Risk Assessment Process

Hazard identification and risk assessment is the process of examining what can cause harm to people in the workplace so that an informed decision can be made as to whether sufficient arrangements and precautions are in place or additional measures are required to prevent an injury or ill health.

To ensure compliance with Section 19 of the Safety, Health and Welfare at Work Act, 2005 each HSE site/ service manager has responsibility to:

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<sup>4</sup> See: <https://www.hse.ie/eng/about/QAVD/riskmanagement/risk-management-documentation/HSE%20Integrated%20Risk%20Management%20Policy%202017.html>

- identify the hazards, and assess the risks in the workplaces under their control
- identify current controls that are in place to manage the risk
- evaluate the risk using the *HSE Integrated Risk Management Policy - Part 2 Risk Assessment and Treatment* to assist in prioritising subsequent additional controls required
- identify what additional controls if any, are required to eliminate the risk or reduce it to as low as is reasonably practicable
- identify and assign a responsible person who has responsibility for ensuring these additional controls are implemented and agree a time frame for implementation
- review the risk assessment and make appropriate changes when necessary
- escalate risks that cannot be controlled locally to senior management for entry on to the appropriate Service risk register<sup>5</sup>

**Note: Further information on specific hazard identification, risk analysis and evaluation and controls are included, as appropriate, in local SSSS.**

### **3.2 Review and Monitoring**

To ensure that continuous improvement takes place, risk assessments should be continuously monitored and reviewed at least annually or earlier if there are changes in legislation, following review of incidences, changes in work practices/procedures or upon the introduction of new technology.

Ultimately, the process should ensure that all identified risks in the workplace, that could cause harm to employees, service users, visitors and all who come into contact with our Services and or who may be affected by our activities, are carefully examined and appropriately managed.

### **3.3 Escalation Process**

Where additional resources are required for the control of a hazard and such resources are not immediately available, the risks associated with this hazard should be incorporated onto the relevant risk register and prioritised for action or escalation to the next level. In the interim the risk will continue to be managed and monitored so far as is reasonably practicable at local level and the relevant manager informed of any changing circumstances.

### **4.0 Organisational Arrangements**

The following section details the health and safety arrangements in place in the HSE to fulfil our statutory duties and to reduce the risk of injury or ill health to employees and all others affected by our activities

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<sup>5</sup> See: [www.hse.ie/eng/about/QAVD/riskmanagement/risk-management-documentation/](http://www.hse.ie/eng/about/QAVD/riskmanagement/risk-management-documentation/)

## 4.1 Safe Systems of Work

The risk assessment process provides management with a systematic approach to the management of risks and enables the identification and prioritisation of subsequent actions necessary for the development and implementation of safe systems of work.

Safe systems of work will be referenced in the relevant SSSS.

It is the responsibility of line managers in all locations to ensure that safe systems of work are documented, distributed, accessible, understood by employees and consistently implemented.

## 4.2 Incident Management

It is the policy of the HSE that all incidents shall be identified, reported, communicated and investigated in accordance with the Safety, Health and Welfare at Work Act, 2005 and as specified in the *HSE Safety Incident Management Policy, 2014*.<sup>6</sup>

The HSE aims to:

- be just in its approach to incident management and investigation
- be committed to the protection and wellbeing of its employees, service users and others
- demonstrate compliance with legislative and regulatory requirements.

Statutory Instruments S.I. No. 370 of 2016 Safety, Health and Welfare at Work (General Application) (Amendment) (No. 3) Regulations 2016 require incidents and dangerous occurrences to be reported to the Health and Safety Authority (HSA) when:

1. A workplace incident causes the death of an employee
2. Employees are injured at a place of work and cannot perform their normal work for more than 3 consecutive days, not including the day of the accident
3. Employees are injured while driving or riding in a vehicle in the course of work, and cannot perform their normal work for more than 3 consecutive days, not including the day of the accident
4. Any person in a place of work, or as a result of a work activity, requires treatment from a medical practitioner
5. A dangerous occurrence as described in Schedule 15 takes place

The above must be reported to the HSA in the approved form as soon as reasonably practicable and not later than 10 working days after the event. In the case of a death, a report shall be made by the quickest practicable means (i.e. immediately by telephone) and subsequently in writing in

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<sup>6</sup> Note: The reporting of incidents to various agencies including the HPRA (formerly the IMB) is accounted for in Appendix 7 of the HSE Safety Incident Management Policy, 2014 and hence also falls within the scope this Section of the Corporate Safety Statement.

the approved form within 5 working days of the death. Further information on reporting to the HSA can be found on the HSE's Health and Safety Web-pages.<sup>7</sup>

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

All incidents must result in some level of internal investigation and where necessary include competent support from relevant specialists within the HSE e.g. Health and Safety Professionals/ Risk Advisors/ Managers.

### **4.3 Emergency Plans (Internal)**

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

Emergencies may occur and it is essential that plans are in place for those that are foreseeable. Plans will reduce the increased risks to employees, service users, visitors and all who come into contact with our Services and or who may be affected by our activities and reduce risks such as loss of service, premises, equipment. All emergency plans should be periodically tested and include contingency arrangements. Internal Emergency plans are included in all SSSS.

For the purposes of implementing the plans, procedures and measures required under the legislation, the HSE will designate an adequate number of employees who are responsible for the implementation of emergency plans, procedures and measures.

The nominated employees, named in the local SSSS, will receive the necessary training and equipment required, taking into account of any specific hazards relating to the place of work.

The above provision does not apply to the Emergency Plans of the Emergency management and National Ambulance Services. This reflects the cross over between Health & Safety Legislation and Emergency Planning of an individual nature.

### **4.4 Fire Safety Management**

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

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

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<sup>7</sup> See: [www.hse.ie/safetyandwellbeing](http://www.hse.ie/safetyandwellbeing) and FAQ - [Incident/Accident](#) reporting to the Health and Safety Authority (HSA), REF: FAQ 004:02

#### **4.5 Maintenance of Buildings, Plant and Equipment**

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

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

Maintenance of plant and equipment should be in full compliance with '*Guidance on Statutory Inspections*' issued by the State Claims Agency Inspection and *Testing of Equipment and Machinery – Regulatory Requirements Parts 1 & 2*'.

#### **4.6 Medical Devices/Equipment Management**

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

To ensure effective governance the *HSE Medical Device Equipment Management Policy and the Medical Device Equipment Management Standards and Self Assessment Guidance for Service Areas* sets out the requirements in relation to the management of medical device equipment within the Services and within agencies funded by the HSE. This ensures that medical device equipment is managed in a way which complies with the requirements of regulation. Individual responsibility for medical device equipment management is clearly defined with clear lines of accountability leading up to each Hospital Group, CEO and Community Healthcare Organisation, Chief Officer. Governance is delivered through the establishment of a National committee together with hospital group and local Hospital/Community Area committees. This facilitates implementation, monitoring compliance and provides assurance in relation to the Policy and Standards.

#### **4.7 Selection, Control and Management of Contracted Personnel to include Agency Staff**

It is HSE policy, that all HSE managers contracting for services satisfy themselves that the persons being contracted with are competent to fulfil the contract and are managed appropriately. Contractors will be required to submit their Safety Statement, details of their Safety Management System and previous safety performance.

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.

#### **4.8 Shared Places of Work**

Services who share a place of work are required by the Safety, Health and Welfare at Work Act 2005, to co-operate in complying with and implementing health and safety provisions and to co-ordinate their preventive activities. They must also keep each other and their respective employees, and Safety Representatives (if any), informed about the risks to safety, health and welfare arising from their work activities, including the exchange of safety statements or relevant extracts of the risk assessment and local policies and procedures.

#### **4.9 Training and Instruction**

The HSE commits to ensuring that employees receive the necessary training to undertake the responsibilities/duties required of them in a safe and efficient manner.

Statutory health and safety training is training that is either explicitly required by legislation or, through a process of risk assessment and/or needs assessment deemed by the organisation to be necessary to ensure, so far as is reasonably practicable, the safety, health and welfare at work of employees and others. Statutory training is mandatory for all identified employees.

A systematic approach to identify training needs will be implemented in the HSE. This approach is inclusive of a training needs assessment which is a comprehensive analysis of the specific training needs of all employees based on a number of factors, including:

- legislative requirements
- the specific work activities undertaken by employees
- the workplace risk assessment
- consultation with employees, representatives and other stakeholders
- local and national Policies, Procedures, Protocols and Guidelines
- relevant findings and recommendations of workplace audits, inspections and incident investigations

Following a training needs assessment, the relevant manager must ensure employees receive the identified training programmes by requesting the training via the National Health and Safety Function [Helpdesk](#).

The HSE will ensure, as far as reasonably practicable, that all employees are facilitated in attending any statutory health and safety training. There is a reciprocal duty placed on employees to attend such training.

Instruction, training and supervision must be provided in a form, manner and, as appropriate, language that is reasonably likely to be understood by the employees concerned.

Training must be provided to all employees:

- on commencement of employment
- 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 employee competency

It is the responsibility of management to ensure that there is an appropriate method in place for the recording of all training, in accordance with legislative requirements. Training records must be appropriately maintained and managed and available for inspection.

Managers must also ensure that following such training, employees are adequately supervised and monitored to ensure training is being implemented.

**See the “Staff Health Safety and Welfare” section of HSEnet for latest version of the HSE: [“Policy on Statutory Occupational Safety & Health Training”](#)**

## **5.0 Consultation and Communication**

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

### **5.1 Safety Committees**

In accordance with Section 26 of the Safety, Health and Welfare at Work Act, 2005 and in line with HSE Governance arrangements a Safety Committee shall be established by local management (Local Senior Managers/Line Managers as appropriate) to include a balanced representation of management, staff and Safety Representatives. The number of members shall provide for a compact and workable group. In smaller facilities the role and functions of the Safety Committee may be incorporated into, and clearly defined in the Terms of Reference of, Team Meetings.

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

The Committee shall have clear terms of reference that specify the roles of the committee and the conditions under which it will function. It shall meet regularly under a specific agenda which should include the monitoring and review of, and the consideration of action on, the following:

- any representations made to the employer, to include representation from the Safety Representative(s) on any matters relating to safety, health and welfare
- the implementation of Quality Improvement Plans (QIPs) arising from audits
- information relating to incidents, dangerous occurrences and instances of occupational ill-health at the place of work
- progress reports on the implementation of risk assessments and the Site Specific Safety Statement

- implementation of the health and safety training programme and review health and safety training reports
- the promotion of activities on safety and health at work and wellbeing programmes
- compliance and recommend actions that will improve the effectiveness of the local safety management system
- the integration of safety, health and welfare into each respective service
- local Key Performance Indicators (KPI) in line with HSE objectives to measure compliance with legislation
- the effectiveness of consultation arrangements regularly
- Please note where integrated committees exist they should ensure that staff safety, health and welfare issues are afforded appropriate time at each meeting and that all relevant issues receive appropriate action.

[Refer to Guidance on the Establishment of Local Health and Safety Committees<sup>8</sup>:](#)

## 5.2 Safety Representatives

Section 25, of the Safety, Health & Welfare at Work Act, 2005 entitles employees to decide on, select and appoint a Safety Representative or, by agreement with their employer, more than one Safety Representative to represent them in consultations with the employer on matters of safety, health and welfare at the place of work.

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

Safety Representatives 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 incident, dangerous occurrence or a situation of imminent danger or risk to health and safety

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<sup>8</sup>

See: <http://www.hse.ie/eng/staff/safetywellbeing/HealthSafetyand%20Wellbeing/guidanceforestablishinglocalhealthandsafetycommittees.pdf>

- investigate accidents and dangerous occurrences provided they do not interfere with or obstruct any person fulfilling their legal duty
- after giving reasonable notice to their employer, investigate complaints made by employees whom they represent
- accompany a HSA Inspector on a tour of inspection
- at the discretion of the HSA Inspector, accompany the Inspector while they are investigating an incident or dangerous occurrence
- make oral or written representations to the HSA Inspector(s) on matters relating to safety, health and welfare at the place of work
- receive advice and information from the HSA Inspector(s) on matters relating to safety, health and welfare at the place of work
- consult and liaise with other Safety Representatives appointed in the organisation.

[Refer to guidance on the election / selection of Safety Representative](#)<sup>9</sup>

## 6.0 Resources

Adequate resources must be allocated by the HSE in order to ensure that occupational safety and health can be achieved on a sustainable basis.

Resources are required to ensure the safety management system is efficient and effective and shall be identified through the risk assessment process.

The Director General will allocate appropriate resources, so far as is reasonably practicable, to ensure the effective implementation of the HSE Safety Management System.

This CSS places duties on managers at all levels to ensure that adequate resources are made available for the management of occupational safety and health. This shall include both OSH specific (for identified occupational safety and health purposes) and indirect (for day-to-day activities within services, etc., to ensure that occupational safety and health is an inherent part of the way business is conducted) allocation of resources.

Where through the risk assessment process additional resources are identified that cannot be found locally, the risk and required resources must be incorporated onto the relevant risk register and escalated to senior management through the escalation process.

Risk assessments, resource requirements and expenditure records will be maintained and available for inspection and for audit purposes.

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<sup>9</sup>See: <http://www.hse.ie/eng/staff/safetywellbeing/HealthSafetyand%20Wellbeing/Guidanceonselectionelectionofsafetyreps.pdf>

## **7.0 Safety Statement Distribution**

Each Manager will ensure that the CSS and SSSS will be brought to the attention of all employees through seminars, workshops, and by use of electronic means, local team meetings, health & safety meetings and other means of communication. The Safety Statement will be available for all employees in their work location, and brought to the attention of all employees at least annually, and at any other time following any amendment. Each manager will maintain records of persons to whom the Safety Statement has been communicated.

Where appropriate the relevant sections of the Safety Statement will be brought to the attention of contractors and agency staff prior to commencement of work.

The Safety Statement will be brought to the attention of the above persons in a form, manner and as appropriate, language that will be understood.

### **7.1 Implementation of Corporate Safety Statement**

The CSS will assist with the implementation of an effective safety management system, which will be supported by the SSSS.

Management are responsible to ensure that the contents of the Corporate Safety Statement are appropriately communicated, implemented and made available to all employees.

## **8.0 Revision of the Corporate Safety Statement**

It is the responsibility of the National Director of Human Resources to ensure that the HSE's CSS is reviewed at least annually or when there has been a significant change in the matters to which it refers such as legislative, organisational changes, there is another reason to believe that the Safety Statement is no longer valid, or an inspector in the course of an inspection, investigation, examination, or inquiry directs that the Safety Statement be amended.

## **9.0 Measuring performance**

Performance measurement is an important part of the "plan-do-check-act" cycle. Intelligence gathered through the performance measurement process informs and sustains the operation and development of the HSE's safety and risk management systems.

### **9.1 Corporate Occupational Safety and Health (OSH) Key Performance Indicators**

The HSE will measure, monitor and evaluate safety and health performance against agreed standards using Key Performance Indicators (KPIs) to reveal when and where improvement is needed. Active monitoring will reveal how effectively the safety management system is functioning by providing:

- information on vulnerabilities in the management system and, likewise, areas where remedial action is required
- a basis for continual improvement
- feedback and motivation by identify systems, processes and good practice that promote a positive safety culture

At corporate level a series of leading and lagging KPI's have been developed. Over time the battery of indicators will be refined and expanded as appropriate. Data on performance against these standards will be reviewed by the Health and Safety Management Advisory Committee and the Risk Committee. Systems to permit the regular collection of reliable, standardised data to measure these KPIs and a structured feedback mechanism have been implemented and will evolve over time.

It is important that health and safety performance is measured at each management level within the Organisation. As described in the responsibilities section of this Statement, managers at all levels have responsibility for monitoring the achievement of OSH objectives and compliance with any standards for which they and their staff are responsible. Managers and supervisors responsible for the direct implementation of standards are expected to monitor compliance in detail.

Auditing and data generated through the national OSH audit programme is discussed elsewhere in this document.

## **9.2 Safety Auditing**

The safety management system will be audited periodically at Divisional, Regional and Local level by the National Health and Safety Function. The publication of the "suite of internal HSE self-assessment audit tools" will support this process and ensure a consistent approach across the organisation. The suite of audit tools will encompass five level of auditing aimed at each level of the HSE management structure.

The purpose of this is to assess compliance, provide independent assurance and identify areas for improvement. Implementation of audit findings is the responsibility of local management.

Refer to: HSE [Health and Safety web-pages](#) for further information<sup>10</sup>

## **10.0 Health and Safety Authority**

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

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

- **Improvement Direction/ Notice**

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

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<sup>10</sup> See: <https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/audits.html>

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

- **Prohibition Notice**

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

- **Information Notice**

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

## **Appendix 1 - Supporting Legislation / Codes of Practice (Non-exhaustive)**

### **Safety, Health and Welfare at Work Legislation**

Safety, Health and Welfare at Work Act 2005

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

Safety, Health and Welfare at Work (General Application) (Amendment) Regulations 2007 (S.I. No. 732 of 2007)

Safety, Health and Welfare at Work (General Application) (Amendment) (No. 3) Regulations 2016 (S.I. No. 370 of 2016).

In addition to the above the Health and Safety Authorities website contains an extensive list of health and safety legislation/ regulations and codes of practice can be sourced at:

[http://www.hsa.ie/eng/Legislation/List\\_of\\_Legislation/](http://www.hsa.ie/eng/Legislation/List_of_Legislation/)

### **Fire**

Fire Services Act 1981 as amended 2003

Building Regulations 2006, Technical Guidance Document B - Fire Safety

## **Appendix 2 - Supporting Publications**

HSE Corporate Plan 2015-2017

Health Information and Quality Authority (HIQA) (2012) National Standards for Better Safer Healthcare

HSE (2014) Safety Incident Management Policy

'Guidance on Statutory Inspections' issued by the State Claims Agency Inspection and Testing of Equipment and Machinery – Regulatory Requirements Parts 1 & 2'.

HSE (2016) Policy on Statutory Occupational Safety & Health Training

HSE (2017) HSE Integrated Risk Management Policy – Incorporating an Overview of the Risk Management Process

HSE (2017) HSE Integrated Risk Management Policy – Part 1, Managing Risk in Everyday Practice, Guidance for Managers

HSE (2017) HSE Integrated Risk Management Policy – Part 2, Risk Assessment and Treatment, Guidance for Managers

HSE (2017) HSE Integrated Risk Management Policy – Part 3, Managing and Monitoring Risk Registers, Guidance for Managers

HSA (2006) Guidance Document for the Health Service – How to Develop and Implement a Safety and Health Management System

HSA (2006) Auditing a Safety and Health System – Safety and Health Audit Tool for the Healthcare Sector

Health and Safety Authority (2005), Report of the Advisory Committee on Health Services

HSA (2006) Workplace Safety and Health Management

HSA (2015) Safety Representatives Resource Book

HSA (2016) A Guide to Risk Assessments and Safety Statements

HSE (2016) Guideline Document on the Safety Consultation & the Selection/Election of Safety Representatives

HSE (2016) Guideline Document on the Establishment of Local Health and Safety Committees

### Appendix 3 - Useful Websites

<http://www.hse.ie/safetyandwellbeing/>

<http://www.workwell.ie>

<https://www.hse.ie/eng/about/QAVD/riskmanagement/risk-management-documentation/>

<http://www.hse.ie/eng/about/QAVD/Protected-Disclosures/>

<http://www.hsa.ie>

<http://europe.osha.eu.int>

<http://www.hse.gov.uk>

[http://www.who.int/topics/occupational\\_health/en/](http://www.who.int/topics/occupational_health/en/)

<http://www.higa.ie/>

<http://www.mhcirl.ie/>

<http://www.ntma.ie/business-areas/state-claims-agency/>

## Appendix 4 (a) – Definitions

**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 (Safety, Health and Welfare at Work Act 2005)

**Agency** means a business or other organisation providing a specific service.

**Article** means

any plant, machine, machinery, appliance, apparatus, tool or any other work equipment for use or operation (whether exclusively or not) by persons at work,  
any article designed for use as a component in, part of or to control any such plant, machine, machinery, appliance, apparatus, work equipment, tool or any other work equipment, and

(c) any other product used by persons at work;  
(Safety, Health and Welfare at Work Act 2005)

**Audit** used to seek independent assurance that an appropriate and effective system of managing occupational safety, health and welfare is in place and that the necessary level of controls and monitoring are being implemented (Auditing a Safety and Health Management System A Safety and Health Audit Tool for the Healthcare Sector, 2006)

**Biological Agent** means a micro-organism, including those which have been genetically modified, a cell culture and a human endoparasite, which may be able to provoke any infection, allergy or toxicity, classified into four risk groups according to their level of risk of infection, as follow;

"group 1 biological agent", that is one that is unlikely to cause human disease

"group 2 biological agent", that is one which can cause human disease and might be a hazard to employees, although it is unlikely to spread to the community and in respect of which there is usually effective prophylaxis or treatment available

a "group 3 biological agent", that is one which can cause severe human disease and presents a serious hazard to employees and which may present a risk of spreading to the community, though there is usually effective prophylaxis or treatment available;

a "group 4 biological agent", that is one which causes severe human disease and is a serious hazard to employees and which may present a high risk of spreading to the community and in respect of which there is usually no effective prophylaxis or treatment available;

(Safety, Health and Welfare at Work (Biological Agents) Regulations 2013)

**Code of Practice** means a code of practice prepared and published or, as the case may be, approved of, by the Authority in accordance with *section 60* (Safety, Health and Welfare at Work Act 2005)

**Contractor** means a person or firm who contracts to supply materials (any machinery, appliance, apparatus, tool or installation for use at work as defined by General Applications Regulations 2007) or labour (Collins 2000)

**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 undertaking 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 (Safety, Health and Welfare at Work Act 2005)

**Chemical Agent** means any chemical element or compound, on its own or admixed, as it occurs in the natural state or as produced, used or released, including release as waste, by any work activity, whether or not produced intentionally and whether or not placed on the market (Safety, Health and Welfare at Work (Chemical Agent) Regulations 2001)

**Dangerous Occurrence** means an occurrence arising from work activities in a place of work that causes or results in—

the collapse, overturning, failure, explosion, bursting, electrical short circuit discharge or overload, or malfunction of any work equipment,

the collapse or partial collapse of any building or structure under construction or in use as a place of work,

the uncontrolled or accidental release, the escape or the ignition of any substance,

a fire involving any substance, or any unintentional ignition or explosion of explosives,  
(Safety, Health and Welfare at Work Act 2005)

**Employee** means a person who has entered into or works under (or, where the employment has ceased, entered into or worked under) a contract of employment and includes a fixed-term employee and a temporary employee and references, in relation to an employer, to an employee shall be construed as references to an employee employed by that employer (Safety, Health and Welfare at Work Act 2005)

**Employer** in relation to an employee—

means the person with whom the employee has entered into or for whom the employee works under (or, where the employment has ceased, entered into or worked under) a contract of employment,

includes a person (other than an employee of that person) under whose control and direction an employee works, and

includes where appropriate, the successor of the employer or an associated employer of the employer;

(Safety, Health and Welfare at Work Act 2005)

**Hazard** A potential source of harm or adverse health effect on a person or persons (HSE Integrated Risk Management Policy, 2017)

**Health Surveillance** means the periodic review, for the purpose of protecting health and preventing occupationally related disease, of the health of employees, so that any adverse variations in their health that may be related to working conditions are identified as early as possible (Safety, Health and Welfare at Work Act 2005)

**Intoxicant** includes alcohol and drugs and any combination of drugs or of drugs and alcohol (Safety, Health and Welfare at Work Act 2005)

**Likelihood** Chance of something happening (also described as the probability or frequency of an event occurring) (HSE Integrated Risk Management Policy, 2017)

**Place of Work** includes any, or any part of any, place (whether or not within or forming part of a building or structure), land or other location at, in, upon or near which, work is carried on whether occasionally or otherwise and in particular includes vehicles (Safety, Health and Welfare at Work Act, 2005)

**Reasonably Practicable** “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.  
(Safety Health and Welfare at Work Act 2005, SI 10 of 2005)

**Risk** is the uncertainty of objectives. In terms of occupational health and safety risk it is the combination of the likelihood of occurrence of a work related hazardous event or exposure(s) and the impact of the injury or ill-health that can be caused by the event or exposure. (Adapted from the HSE Integrated Risk Management Policy, 2017)

**Risk Appetite** Amount and type of risk that an organisation is willing to pursue or retain (HSE Integrated Risk Management Policy, 2017)

**Risk Management** Co-ordinated activities to direct and control an organisation with regard to risk (HSE Integrated Risk Management Policy, 2017)

**Risk Matrix** Tool for ranking and displaying risks by defining ranges for consequence and likelihood (HSE Integrated Risk Management Policy, 2017)

**Risk Register** a database of assessed risks that face any organisation at any one time. Always changing to reflect the dynamic nature of risk and the organisations management of them, its purpose is to help managers prioritise available resources to minimise the risk and target improvements to best effect (HSE Integrated Risk Management Policy, 2017)

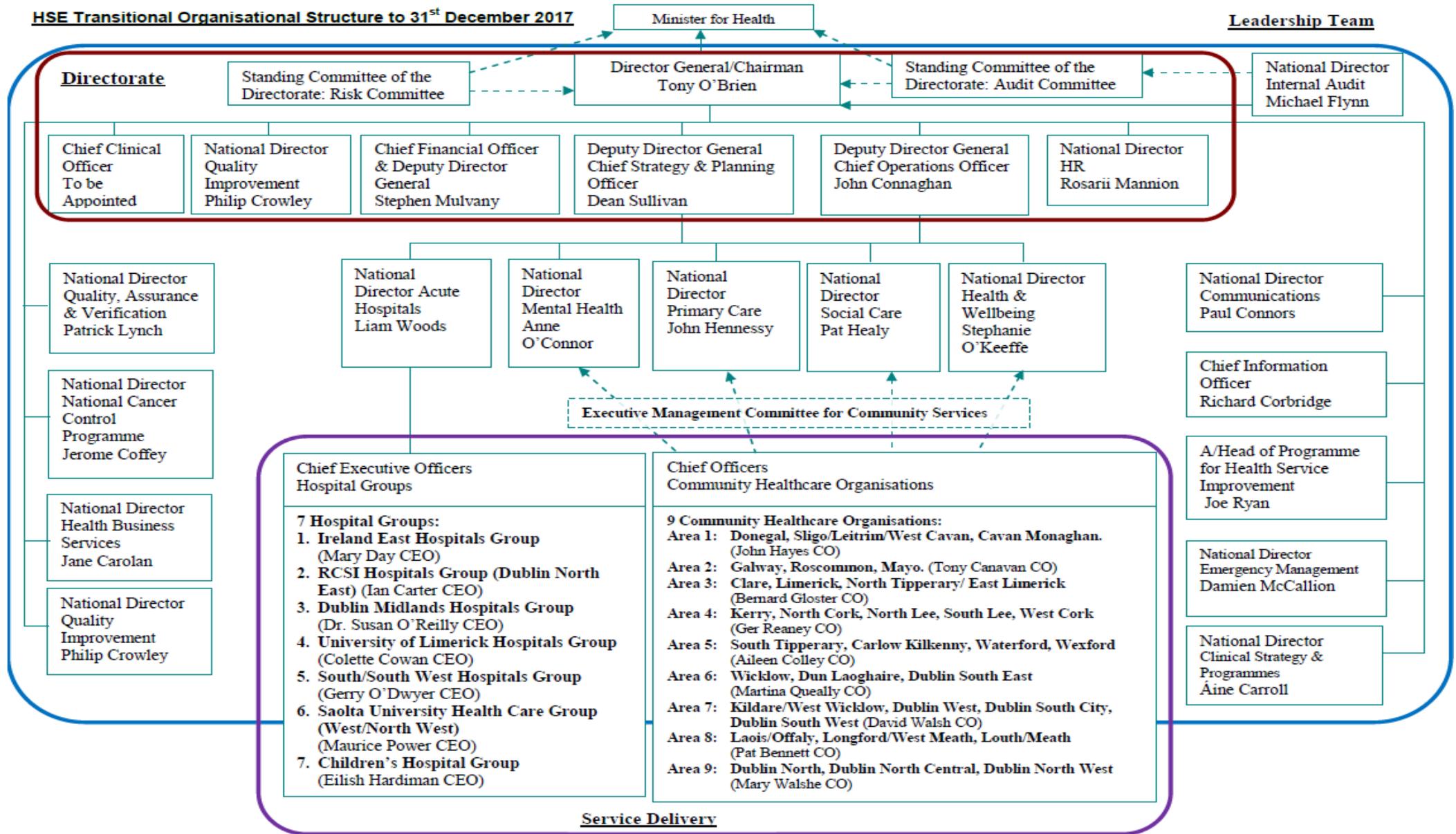
**Safety Representative** means a person selected and appointed under *section 25* as a safety representative (Safety, Health and Welfare at Work Act, 2005)

**Substance** includes any natural or artificial substance, preparation or agent in solid or liquid form or in the form of a gas or vapour or as a micro-organism (Safety, Health and Welfare at Work Act, 2005)

## Appendix 4 (b) Abbreviations

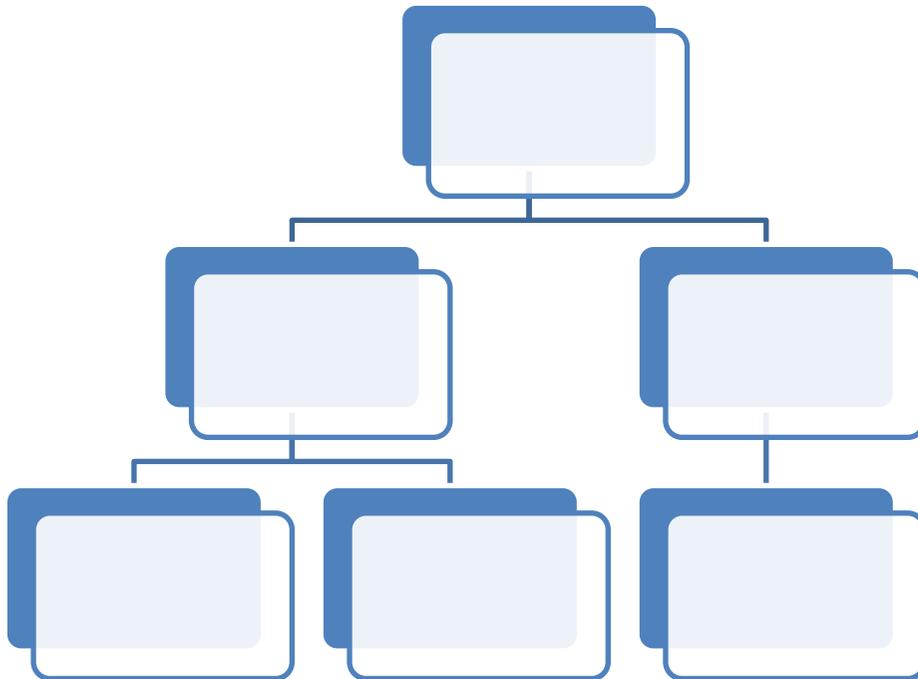
CSS	Corporate Safety Statement
EAS	Employee Assistance Service
HIQA	Health Information Quality Authority
HSA	Health and Safety Authority
HSE	Health Service Executive
HSMAC	Health and Safety Management Advisory Committee
KPI	Key Performance Indicator
QIP	Quality Improvement Plans
SSSS	Site Specific Safety Statement
AND's	Assistant National Directors
CEO's	Chief Executive Officer
CO's	Chief Officer
DG	Director General
LM	Line Managers
LSM	Local Senior Managers
OSH	Occupational Safety and Health
NAS	National Ambulance Service
NHSF	National Health and Safety Function

## Appendix 5 – Organisational Chart



## Appendix 6 – Organisational Chart for each Division / HG / CHO Area / Corporate Service / NAS

When printing this document for local reference and application, please insert/set out below the Organisational Chart for your Division, Hospital Group, Community Health Organisation, Corporate Service or NAS as appropriate.



Sample Organisational Chart