



Occupational Safety & Health Newsletter



NHSF, Workplace Health & Wellbeing Unit, HR, Issue 15

OCCUPATIONAL NOISE EXPOSURE:

Noise exposure is a part of everyday life, but exposure to loud noise on a daily basis can have lasting effects on your hearing. You may not even realise that you are working in a noisy area. To know this you can use this general rule of thumb, if you have to raise your voice to have a conversation with a colleague when about 2 metres apart then this environment could be considered too loud.



What if I have a concern regarding noise levels? Some areas in the HSE may have a higher risk of exposure to noise that can cause harm, typically these areas may include catering – clean-up areas, laundry, maintenance and orthopaedics theatres. If you have a concern relating to exposure to loud noise in your area, discuss with your Manager.

What should a Manager do? If there is a risk of noise exposure, you must conduct a risk assessment in consultation with staff. It may be necessary to arrange for a noise assessment to be completed by an Occupational Hygienist. The Occupational Hygienist will determine the noise levels in your particular work area and advise of appropriate controls to eliminate or reduce exposures. Such controls may include; methods of work, work equipment, design/layout of workplace/work station, information, personal protective equipment/hearing protection and training. If it has been determined that the noise levels pose a risk to staff to noise induced hearing loss (NIHL) then consult with your local Occupational Health Department to arrange health surveillance for those staff who may be at risk.

Should you have any queries in relation to noise, refer to our [FAQ—010:01 Occupational Noise Exposure](#) or log a request on the [Helpdesk](#) or call on 1850 420 420.

ROLE AND TRAINING OF SAFETY REPRESENTATIVES

The HSE recognises the importance and value of Safety Representatives and fully supports the appointment of Safety Representatives within the Organisation. Section 25, of the Safety, Health and 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.

Safety Representatives may:



Make representations to their employer/manager on any aspects of safety, health and welfare at the place of work



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



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



Consult and liaise with other Safety Representatives appointed in the organisation.

It is essential that Safety Representatives have the knowledge and skills necessary to perform their function effectively. The NHSF provides a three day training programme for Safety Representatives, where participants will gain an understanding of their role and rights of a safety representative and become familiar with the HSEs' risk assessment process required by legislation. A Manager can book this training by contacting the [National Health and Safety Helpdesk](#).

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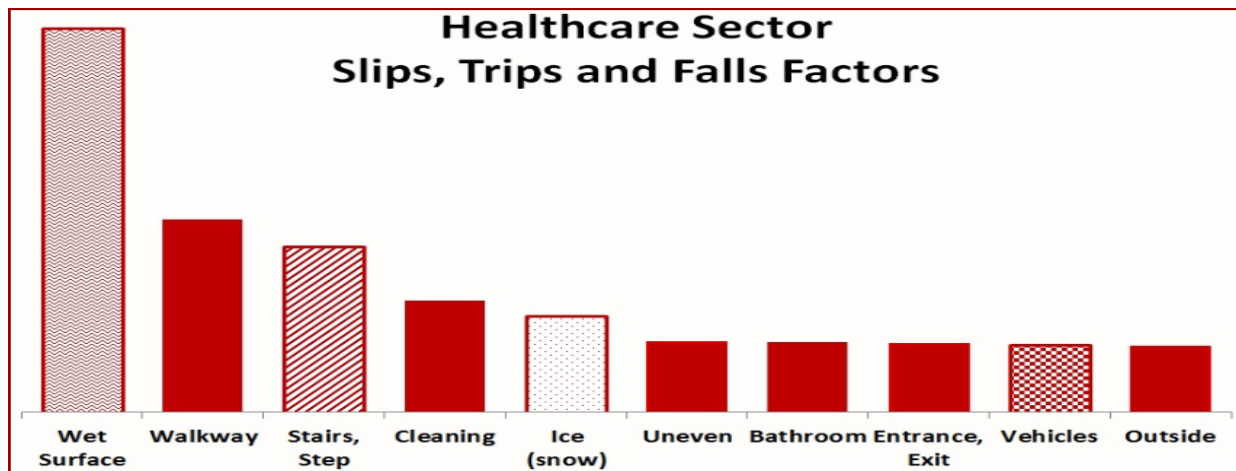
- Occupational Noise Exposure
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SLIPS TRIPS AND FALLS IN THE WORKPLACE:







In Ireland, seven people are hurt in workplace slips, trips and falls (STF's) accidents every working day. Statistics from the Health and Safety Authority (HSA) stated that in 2017, approximately 1,700 slips, trips and falls were reported to them. From their statistics STF's are the largest cause of accidents in all sectors and are the main cause of accidents that result in more than three days absence from work (*reference: European Agency for Safety and Health at Work*). Due to these statistics, the National Health and Safety Function are reviewing STF's as a potential workplace hazard.

HEALTHCARE SECTOR SLIPS, TRIPS & FALLS FACTORS:

The bar chart below developed by the HSA illustrates the factors causing slips, trips and falls in the healthcare sector.



WHAT CAN YOU DO TO PREVENT SLIPS, TRIPS AND FALLS IN YOUR WORKPLACE?

<p style="text-align: center;">WET FLOORS</p>  <ul style="list-style-type: none"> • Report spills immediately so area can be made safe. • Appropriate signage should be put in place to warn others • Use caution in areas where wet floors are likely e.g. entrances, rest rooms, and mopped floors. 	<p style="text-align: center;">EXTERNAL GROUNDS</p>  <ul style="list-style-type: none"> • Watch for uneven surfaces, such as footpaths, curbs etc. • If the temperature is close to freezing, assume there is ice; take your time and take short strides. 	<p style="text-align: center;">LADDERS</p>  <ul style="list-style-type: none"> • Ensure the ladder is adequate and safe for the job • Never step on the top platform of any ladder, including a stepladder. • Always maintain 3 points of contact
<p style="text-align: center;">WORK AREAS</p>  <ul style="list-style-type: none"> • Good housekeeping practices must be maintained • Ensure appropriate footwear is worn. • Ensure workspaces and walkways are free from clutter and other potential trip hazards. 	<p style="text-align: center;">CORDS, TRAILING CABLES</p>  <ul style="list-style-type: none"> • Ensure electrical cords or cables do not cross a walkway. • Cords should be kept secured as to not pose a trip hazard. • Tape down or secure cords temporarily located in traffic areas. 	<p style="text-align: center;">STAIRS</p>  <ul style="list-style-type: none"> • Use one hand to hold the handrail • Take one step at a time, never run • Avoid carrying loads

For additional information on the topic of Slips, Trips and Falls please refer to the following documents;

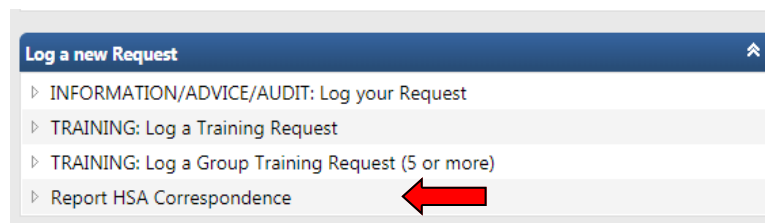
[SAGN: 002:00 Preventing Slips, Trips and Falls \(STF's\)](#), [FAST FACT: Slips, Trips and Falls](#) & [HSA - Stop Slips and Trips in Healthcare](#)

HSA CORRESPONDANCE DATA COLLECTION :

Health & Safety Authority (HSA) Inspectors undertake approximately 150 visits per year to HSE premises. The HSA may follow-up these visits by issuing advisory or enforcement correspondence to the relevant Line Manager for action. Any such correspondence provides the HSE with a vital insight into its health and safety performance and assurance across the HSE. Therefore all such correspondence must be collated and monitored.

If you receive correspondence from the HSA arising from a visit to a workplace, it is mandatory that a copy of all correspondence is uploaded directly to the National Health & Safety Function Helpdesk. The original copies must be retained by the local manager for appropriate action.

Who should upload?	The relevant Line Manager (person in receipt of the correspondence)
What should be uploaded?	Relevant correspondence would include (non-exhaustively): Report of Inspection, Improvement Direction, Improvement Notice, Fixed Penalty Notice, Contravention Notice, Prohibition Notice and Information Notice
When to upload?	As soon as is practicable after receipt of the correspondence by the Line Manager
Where?	Online at: www.hse.ie/safetyandwellbeing



If you have received correspondence from the HSA and require assistance or advice relating to it, or need help logging your correspondence please contact the [Helpdesk](#) or Call on 1850 420 420 between the hours of 10:30-12:00 and 14:00– 15:30.

For further information please see:

[Safety Alert - SA:007:01 Health & Safety Authority \(HSA\) Correspondence](#) , [Fast Fact - FF:019:00 When the Inspector Calls](#)

LEARN & SHARE: MANUAL HANDLING – CONTRIBUTORY NEGLIGENCE

In 2008, a High Court Judge awarded an injured worker damages, however this award was subsequently reduced as the injured worker was found to be contributory negligent by attempting to lift a box on her own. The judge heard that the worker suffered a back injury when moving a cardboard box weighting 25 kilograms. As she was lifting the box, a handle broke while she was half way from a stooped to a standing position. She tried to save the box from falling by using her knee. In doing so she injured her back. Normally two employees were required to lift boxes, but when the accident occurred she was working on her own. Giving evidence, the manager said staff were told not to lift anything beyond their ability and to get help when lifting.

Under cross-examination, the injured worker acknowledged that seven months before the accident she had attended a manual handling course. She also said she could not remember if she had assessed the weight of the box to see if it was suitable to lift. Giving judgment in favour of the injured worker, the judge said her employer ought to have ensured a second worker was present. The weight of the box was too heavy. There was a breach of statutory duty. However, he held the worker was contributory negligent, to the extent of 60%, by attempting to lift the box on her own (High Court, 2008).

It is everyone's' responsibility to attend manual handling training. Managers must review their training needs and ensure that manual handling is completed.



What's New



NATIONAL HEALTH AND SAFETY FUNCTION

Revised Safety Alert: [Safe Use of Patient Hoist and Sling](#)

New training strategy for Manual Handling:

Over the coming months, the NHSF will be launching a new training strategy for manual handling in the HSE. We will provide information detailing the process of engagement, benefits and how to access this training shortly. In preparation for this launch, it is a good time to review your training needs in this area as Manual Handling Training is required every 3 years for all staff at risk of injury.

HEALTH AND SAFETY AUTHORITY

- [Job Stress and Working Conditions](#)
- [What to Expect when the Health and Safety Inspector Calls](#)
- [Managing Ergonomic Risk in the Workplace to Improve Musculoskeletal Health](#)
- [HSA Newsletter April 2019](#)

RISK ASSESSMENT OF BIOLOGICAL AGENTS:

In accordance with the Safety, Health and Welfare at Work (Biological Agents) Regulations, 2013, managers are required to assess any risk to the safety and health of employees resulting from any activity at the place of work likely to involve a risk of exposure to a biological agent.

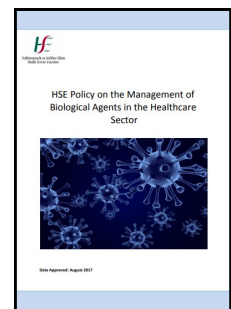
What is a 'biological agent'?

A biological agent is a micro-organism, including those that have been genetically modified, a cell culture and a human endoparasite, which may be able to provoke any infection, allergy or toxicity.

What are the health effects associated with exposure to biological agents?

Biological agents can cause certain types of infections e.g. viruses, bacteria or parasites.

Classification of Biological Agents:



Group 1	Group 2	Group 3	Group 4
Unlikely to cause human disease to employees. Example: Common Cold	Can cause human disease and might be a hazard to employees, although it is unlikely to spread to the community. There is usually effective prophylaxis or treatment available. Example: Tuberculosis (TB)	Can cause severe human disease and presents a serious hazard to employees and which may present a risk to spreading to the community. There is usually effective prophylaxis or treatment available. Example: Hep B	Causes severe human disease and is a serious hazard to employees and which may present a high risk of spreading to the community. There is usually no effective prophylaxis or treatment available. Example: Ebola

What must a Manager do?

Risk assessments must be completed where biological agents have been identified as a hazard in the workplace. This process involves identifying the risks, assessing the risks and implementing any additional control measures, as required as per risk assessment process diagram. The written risk assessment must be reviewed regularly and when there is a change in conditions at the place of work which may affect an employee's exposure to the biological agent(s).

For further information please refer to the following:

- [HSE Policy on the Management of Biological Agents in the Healthcare Sector](#)
- [Biological Agents FAQ](#)

Risk Assessment Process

