



The Village Residence, Drogheda

A92X862

**This document must be read in conjunction with the
HSE Corporate Safety Statement,
the MLM CHO Safety Statement,
Site Specific Risk Assessments & and any Site Specific PPPG's.**

This page is intentionally left blank.

Document Control

Development Date:	Aug 2023	Developed by:	Michael McCaul
Approval Date:	Aug 2023	Approved by:	Michael McCaul Jolly Varghese Leenamma Varghese Alan McCartney Loretta Byrne
Review Date :	Aug 2024	Responsibility for Review:	Michael McCaul Jolly Varghese Leenamma Varghese Alan McCartney
Implementation Date:	Aug 2023	Responsible for Implementation:	All Staff in The Village Residence.
Audit Date:	27.08.2023	Implementation & audit by:	Michael McCaul

This page is intentionally left blank.

11.1	Background / Purpose / Function of Department
-------------	--

This Safety Statement is for the use of the staff in the offices of Location /Service in the following location(s):

1. The Village Residence

Eircode A92X862

2.Residents and Staff of The Village Residence includes Sunnyside, Residents and Staff of Meadowview, Butterfly cottage, Red robin cottage, Forget me not Cottage , Kitchen, General Operatives, Grounds, Administration Staff, Visiting Professionals, Contractors, Visitors.

Eircode A92X862

The staff in these areas are – specify types of staffs, administration / clinical / maintenance etc. who provide the following services to this cohort of people and report to Head of Service, Head of Discipline, Community Network Manager, Senior Manager, or Line Manager.

This section does not need to be any longer than 1 page.

Residents.

Visitors.

Nursing Staff.

Health Care Assistant Staff

Hygiene Staff

Catering Staff

Administration Staff

Allied Health Professionals.

Medical Officer's.

Pastoral Care

Student Nurses DKIT

FETAC Student's DIFE.

Volunteers.

11.2 General Safety Policy

Reference: Safety Statement MLM CHO

Section 1 Safety Policy of the HSE

Section 2 Safety Policy of the MLM CHO 8

It is the policy of the Michael McCaul, Person in Charge to do all that is reasonably practicable to prevent injury or ill health to staff, service users and others who interact with our activities. This will be achieved in line with the policy statements in Section 1.0 Safety Policy and Section 2.0 Safety Policy of the HSE Corporate Safety Statement and the Safety Statement of MLM CHO.

In recognition of our responsibilities under the Safety, Health and Welfare at Work Act, 2005 and other legislation relevant to our operations, Michael McCaul, Person in Charge is committed to providing and maintaining safe and healthy working conditions by the following measures:

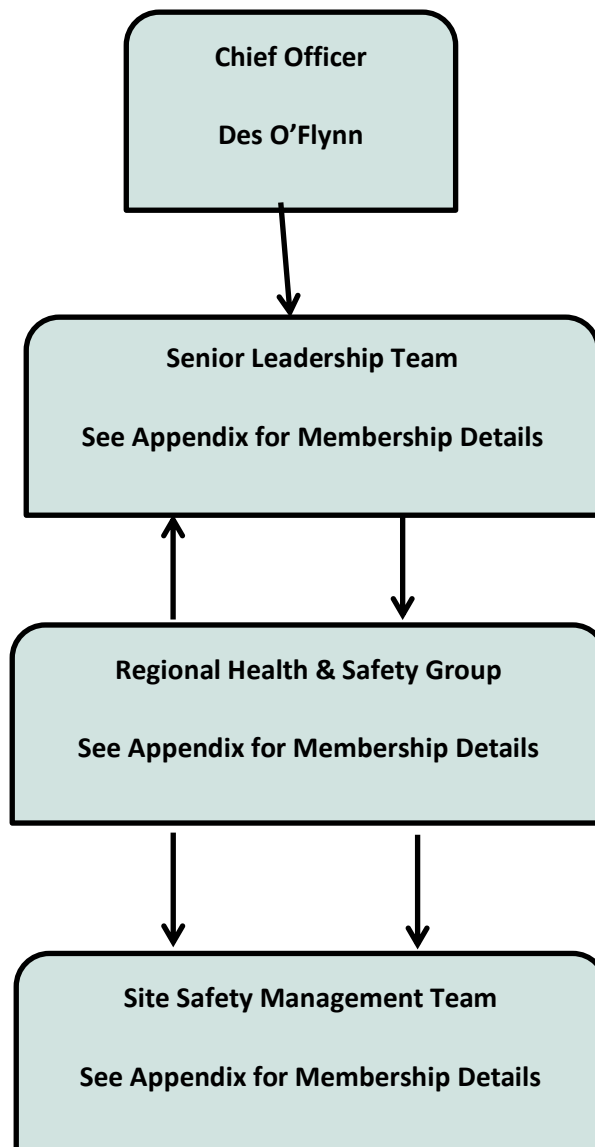
- All location(s) listed on Page 1, will have a Site Safety Management Team (SSMT) to ensure the effective delivery of the MLM CHO, Safety Management Programme. This team will work closely with Regional Health & Safety Committee, MLM CHO

and Senior Leadership Teams to implement national and local strategies devised by the HSE, the Health & Safety Authority and best practices. Details of the Site Safety Management Team are detailed in Appendix 2.

- Promoting standards of safety, health and welfare that comply with the provisions and requirements of the Safety, Health and Welfare at Work Act 2005 and other statutory provisions and codes of practice.
- Providing and maintaining safe, healthy working environments, safe systems of work and to protect staff, service users and others such as visitors and contractors, in so far as they meet foreseeable hazards.
- Information, training and supervision will be provided to all staff to develop safety awareness, enabling them to work safely, efficiently and effectively.
- Identify and define all individuals responsible for Health and Safety arrangements.
- Encourage full and effective joint consultation on all health and safety matters.
- Provide financial and / or staff resources required in so far as is reasonably practicable.
- Review this safety statement annually or in the event of new developments or experiences.

This Safety Statement will be brought to the attention of all Staff and Contractors who interact with our services and will be freely available if requested from Business Managers and on site in The Village residence.

The safety and health of our staff is an important service objective. All staff are required to familiarise themselves with the safety policy and emergency procedures of our facilities and each work site, to take reasonable care, to seek advice if in doubt and to report incidents or any defective equipment promptly to the local management team.



Senior Leadership Team, Regional Health & Safety Group and Site Safety Management Team membership details are contained in the Appendices.

11.4 Roles & Responsibilities

Reference: Safety Statement MLM CHO

Section 3.0 Organisational Roles

**Section 3.5 Responsibilities of ECD's/CD's, Heads of Discipline,
Directors of Nursing, Senior Managers & Line Managers**

Section 3.6 Responsibilities of Employees

11.4.1 Responsibilities of Senior Managers & Line Managers

Your Role and Responsibility for Managing Risk

- Ensuring that adequate and appropriate arrangements are in place to implement, disseminate and communicate the HSE Corporate Safety Statement and the Site / Service Safety Statement at local level e.g. Department / Unit
- Ensuring that a hazard identification and risk assessment process is completed that reflects the specific work activities of employees and others in the place of work
- Ensuring that the Site / Service Safety Statement and associated risk assessments are reviewed and updated on a regular basis, at least annually, and in the event of any significant change in the work activity or place of work
- Reporting all safety, health and welfare risks identified that are not within their ability to control to the relevant Local Senior Manager for escalation to the risk register
- Ensuring that suitable arrangements are in place to facilitate effective consultation on matters pertaining to safety, health and welfare
- Providing systems of work that are planned, organised, performed, maintained and revised as appropriate so as to be safe and without risk to health as far as is reasonably practicable
- Promoting the integration of safety, health and welfare into all activities within their area of responsibility i.e. departmental/service team meetings, procurement etc.

- Empowering employees within their area of responsibility to take ownership of safety, health and welfare risks and promote best practice in the management of these risks
- Monitoring the performance of the safety, health and welfare programme through performance indicators and audit and ensure the outcomes of the monitoring process are acted on through the development of appropriate action plans
- Ensuring:
 - That a training needs assessment based on risk assessment is used to determine the appropriate training required for all employees within their area of remit
 - That employees have access to, and facilitate their attendance at, safety, health and welfare training appropriate to their role
- Maintaining a record of each employee's training
- Ensuring that a comprehensive incident management process is in place for all incidents occurring within the department/service
- Managing and conducting work activities to prevent any improper conduct or behaviour likely to put the safety, health or welfare at work of employees at risk
- Ensuring that all safety related records are maintained and available for inspection
- Undertaking walk about safety audits or inspections of respective departments, and document the findings while following up on any corrective action required to manage any deficits identified
- Drawing up suitable emergency precautions for area of responsibility and ensure that fire and evacuation drills are carried out
- Estimating the resource allocation and budget requirements for the implementation of the safety management programme within area of remit
- Seeking advice from health and safety professionals and risk advisors/managers as and when required

Risk management professionals are available to support, facilitate and advise line managers on the technical aspects of the risk management process.

Resources and tools are also available on the HSE Website on <https://www.hse.ie/eng/about/who/ngpsd/gps-incident-management/>

11.4.2 Responsibilities of Employees

All employees have a responsibility for their own safety health and welfare and that of others in the workplace and should therefore:

- Take reasonable care to protect their own safety, health and welfare and that of any other person who may be affected by their acts or omissions at work
- Ensure they are not under the influence of any intoxicant.
- If reasonably required by his or her employer, submit to any reasonable and proportionate tests for intoxicants by, or under the supervision of, a registered medical practitioner who is a competent person, as may be prescribed
- Co-operate with their employer or any other person in so far as is necessary to enable their employer or the other person to comply with the relevant statutory provisions, as appropriate.
- Employees play a vital role in the Health & Safety Programme of the Mental Health Service and must participate in the development of Site Specific Safety Statement, risk assessments and other documentation relating to them or their workplace.
- Not engage in improper conduct or other behaviour that is likely to endanger his or her own safety, health and welfare at work or that of any other person
- Attend all necessary training and, as appropriate, undergo such assessment as may reasonably be required by their employer or as may be prescribed relating to safety, health and welfare at work or relating to the work carried out by the employee
- Having regard to his or her training and the instructions given by their employer, make correct use of any article or substance provided for use by the employee at work or for the protection of his or her safety, health and welfare at work, including protective clothing or equipment
- Report to their line manager or to another appropriate person, as soon as is practicable
 - (i) any work being carried out, or likely to be carried out, in a manner which may endanger the safety, health or welfare at work of the employee or that of any other person

- (ii) any defect in the place of work, systems of work, any article or substance which might endanger the safety, health or welfare at work of the employee or that of any other person
- (iii) any contravention of the relevant statutory provisions which may endanger the safety, health and welfare at work of the employee or that of any other person, of which he or she is aware
- On entering into a contract of employment, not misrepresent themselves to an employer with regard to the level of training

Not intentionally, recklessly or without reasonable cause:

- Interfere with, misuse or damage anything provided under the relevant statutory provisions or otherwise for securing the health, safety and welfare of those at work
- Place at risk the safety, health or welfare of persons in connection with work activities.
- Comply with the HSE Incident Management Policy and Procedure with regard to identifying, taking any immediate action required and reporting incidents to their Line Manager and partaking, if required, in incident investigations relevant to them or their service area
- Comply with relevant HSE and local Policies, Procedures, Protocols and Guidelines
- Make themselves familiar with the contents of the Safety Statement and seek clarification from their manager if they are unclear about any aspect of the Safety Statement that is relevant to their work activity
- If pregnant, notify their line manager so that a pregnancy risk assessment can be carried out.
- Utilising preventive measures and strategies provided to minimise risks that might compromise their safety e.g. emergency response procedures and HSE Policy on Lone Working
- Being familiar with local procedures for raising the alarm and securing assistance in the event that their safety, or that of others under their care, is compromised
- Informing their line manager if they have concerns about the content of this Policy or if they experience any difficulties during the implementation stage of this policy.

Improving quality, safety, health and welfare within the HSE is incumbent on all employees, inclusive of clinicians, frontline staff, managers and administrators. The successful implementation of the Safety Management Programme 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.

11.5 Hazard Control Strategies

Reference: Safety Statement MLM CHO

Section 4 Safety, Health & Welfare Policies

It is the policy of The Village residence, to comply fully with the Safety Statement of MLM CHO which provides guidance to ensure the safety of staff, clients, residents and service users. This Site Safety Statement provides the template for local arrangements and is supplemented by the Site Specific Risk Assessments contained in Section 11.12 of this document.

The Village residence, is committed to an ongoing process of Risk Assessment and will document additional risk assessments as they are carried out. This process is based on a safety partnership of MLM CHO, The Village residence and Staff working together to develop hazard control strategies. To aid in this process consultation will take place between the Site Safety Management Team and staff to ensure a fair and equitable system of work is devised that protects all stakeholders.

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:

- 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

11.5.1 Covid-19 Return to Work Protocols

Reference: Safety Statement MLM CHO

**Return to Work Safely Protocol, Covid-19 Specific National Protocol
for Employers & Workers,**

Ensure that the documents listed below are considered when preparing the site specific Covid 19 Response Plan for your location. The Covid Response Plan which is completed should be included with this Site Specific Section of the Safety Statement.

PS:039:00 Covid 19 Returning to Workplace Safely

PS:036:00 Social Distancing Working Environment -'HR Circular 014/2020: Social Distancing in the Health Sector' and 'HR Circular 017/2020: update re social Distancing in the Health Sector' and 'HR Circular 019/2020 Essential Service under new Public Health Guidelines COVID-19'

CF:055:00 Covid 19 Pre-Return to Workplace Form

CF:056:00 Covid 19 Contact Log

Risk assessment Prompt Sheet- Infection Prevention and Control

Midlands Louth Meath Return to Work COVID Preparedness Checklist

Latest HSE & HPSC guidance is available on the internet by accessing these links:

<https://healthservice.hse.ie/staff/covid-19-staff-support/>

<https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/>

11.6 Risk Management Process

**Reference: Safety Statement MLM CHO
Section 5 Risk Management**

The Village residence Risk Management Process follows the National HSE Risk Management System and will form the basis of our Risk Management Strategies which are localised for the operation of The Village residence.

A Risk Assessment is a systematic and critical examination of the workplace for identifying hazards, assessing the risk and recommending controls of the hazard where appropriate. Where hazards cannot be eliminated, control measures will be recommended to reduce the risk to an acceptable level in line with the General Principles of Prevention.

"Risk" is a measure of the probability of the event occurring and the severity and extent of the injury, ill health or damage it may cause if it did occur.

A "hazard" is *"any substance, article, material or practice which has the potential to cause harm to the safety, health or welfare of staff or service users or any other stakeholder interacting with Health Services MLM CHO"*.

It is the policy of Health Services MLM CHO to identify **hazards** in the workplace, assess the **risk** to safety and health and control these risks as far as is reasonably practicable.

11.7 Consultation Process

Reference: Safety Statement MLM CHO
Section 6 Consultation Arrangements

In line with Section 25 of the Safety, Health & Welfare at Work Act 2005 staff consultation is key to ensuring the effective delivery of a Safety Management Programme. The Village residence is committed to ensuring this consultation process is open and effective and the Safety Representatives elected to the position will become an integral part of the Site Safety Management Team. Name of the Safety Representative is listed in Appendix 1.

11.8	Safety Resources
-------------	-------------------------

Reference: Safety Statement MLM CHO
Section 7 Resources

The Village residence in consultation with Health Services MLM CHO, will deliver on its localised Safety Management Programme by deploying the necessary resources including the provision of an adequate time frame for work to be done, support and supervision for members of the Site Safety Management Team – via internal and external sources, an appropriate budget for maintenance and remedial works in line with Health Services MLM CHO budgets.

11.9 Access & Distribution of Site Specific Safety Statement

Reference: Safety Statement MLM CHO

Section 8 Distribution / Access to the Site / Service Safety Statement

It is The Village residence policy that the Site Specific Safety Statement is considered a living document and will be updated and reviewed in line with best practice, advice from Health Services MLM CHO and from input provided by support e.g. HSE National Policies.

A hard copy of the Safety Statement will be available in the PIC Office, Meadowview, Sunnyside, Butterfly Cottage, Forget me not cottage, Red Robin Cottage, Main Kitchen and on the Resident and Visitor display a copy will be held by each member of the Site Safety Management Team and a copy will be held by Head of Service of the respected division within MLM CHO.

Any persons who wish to see the Safety Statement may do so by contacting a member of the Site Safety Management Team who can detail the arrangements in place. A copy is available in the reception area for all visitors who may wish to view the Site Safety Statement

11.10 Revision of Site Specific Safety Statement

Reference: Safety Statement MLM CHO

Section 9 Review of the Safety Statement

It is the policy of The Village residence, to carry out regular reviews of its Safety Statement based on the operation of the service, national policies and strategies developed by the HSE, service input from Health Services MLM CHO, staff consultation and advice received from external agencies. A formal review will be carried out in January every year or in the event of any changing legislation or recommendations from investigations and informal reviews will take place at Site Safety Management Team Meetings which are scheduled on a monthly basis.

Section 11 Site Specific Safety Statement The Village Residence

Approval Date: August 2023, Review Date: August 2024

Page 20

All changes will be noted and communicated to staff in a timely manner.

11.11 Emergency Planning

Insert details of: Please refer to contingency plans in relation to IPC issues under Infection Control Policies.

Emergency Procedures

Plans / Maps

Interaction with other Emergency Plans (Shared Buildings)

Emergency Contact Numbers

Cover:

Fire

Flood (Internal & External)

Electrical Outage

Gas

Suspicious Packages / Bomb Threats

Severe Weather

Include:

Details of Who to contact & How

Date: 26/08/2023



Introduction.

Every year, winter places a great deal of pressure on health and social care services. Effective forward planning can benefit residents and this service, and it can assist in reducing pressures across the HSE.

This plan aims to act as an aide-memoire to support The Village Residence in preparation for the winter of 2023/2024.

It highlights the importance of an up to date business continuity plan to deal with a range of potential challenges including the impact of any outbreak eg COVID and influenza and also the impact of adverse weather.

Business continuity The Village Residence.

A Business continuity or emergency plan for this service has been developed as part of the COVID contingency plan and is repeated here. This document also incorporates aspects of major disaster planning AND Fire evacuation and will be referred to within this document.

Employer	Health Service Executive
Workplace Address:	The Village Residence Dublin Road Drogheda County Louth A92 V6XE
Senior Manager (Name and Contact Details):	<i>Michael (Seamus) McCaul Person in Charge. 087 6987429</i> <i>Jolly Varghese- 087 9790405</i> <i>Leenamma Varghese 041 9893210/ 0871881993</i> <i>Simy Kurian 041 9893210</i> <i>Sujitha Sukumaran 041 9893488</i> <i>Alan McCartney Administrator 041 9893201</i> <i>Maura Ward General Manager Manager Services for Older People 042 9332287</i>
Lead Worker Representative / Safety Representative (Name and Contact Details):	<i>Stephy Thomas- 0419893288</i> <i>Nitha Chandy-041 9893205</i> <i>Leenamma Varghese 041 9893204</i> <i>Loretta Byrne Senior Nursing Administration 041 9893209</i> <i>Simi Kurian Antimicrobial stewardship 041 9893210</i>
Number of Employees:	<i>Nursing Staff 23.11WTE</i> <i>Health Care Assistants 37.17WTE</i> <i>General Maintenance 3 WTE</i>

	Catering 6.35 Home maker 1.56 Hygiene 3.79
--	---

Emergency Management Team

Established as follows:

Head of Service, General Manager, Provider, PICs, DON, Administrators, CNMs
Infection Control Link Nurse

Emergency Management Crisis Team Contact Details:

Head of Service Patricia Whelehan Kenny 0416871506 Patricia.Whelehank@hse.ie / CHO8.SocialCare@hse.ie

General Manager Donal Fitzsimons 044 9395068 / 086 8067386
Donal.Fitzsimons@hse.ie

Provider Maura Ward. maura.ward@hse.ie. 041 9809500

Director of Nursing- The Village Residence . 087 6987429.

Assistant Director of Nursing. Jolly.varghese@hse.ie. **0879790405**

A/ Assistant Director of Nursing Leenamma.varghese@hse.ie 0871881993

Sujitha Sukumaran. 0873943110. Sujitha.sukumaran@hse.ie.

Organisational structure of the designated centre:

The team is led by the Person in Charge Michael McCaul and Alan McCartney as Administrator. The Unit has a defined complement of nursing staff which are managed on a daily basis by a Clinical Nurse Manager. The Person in Charge is supported by the Registered Provider, who is based at another site. Each Day each Unit is individually managed by a Senior Staff Nurse, when the Clinical Nurse Manager is not available. The Person in Charge is based on the site of The Village Residence. The Village Residence is owned and managed by the Health Service Executive as the Registered Provider. The nominated person to act on behalf of the Health Service Executive is Ms. Maura Ward. The service is managed by Health Service Executive Community Healthcare Organisation Area 8. The Designated centre is managed locally by the Person in Charge, Michael McCaul who is also the Acting Director of Nursing. The Person in Charge is supported by Jolly Varghese ADON, Leenamma Varghese A/DON and Loretta Byrne Senior Nursing Administration All nursing and care assistant staff and all other ancillary support staff report directly to the Person in Charge who in turn reports directly to Ms. Maura Ward on behalf of the registered provider, the HSE.

In the absence of the Person in Charge of Saint Mary's, the centre is managed by Jolly Varghese/ Leenamma Varghese/ Loretta Byrne. All are contactable by telephone and mobile during out of hour's services. All cover the service over a seven day period.

Contact details

Maura Ward.087 9137384

Michael McCaul. 087 69897429 or

Jolly Varghese 087 9790405

Leenama Varghese 087188 1993

Loretta Byrne Nursing Administration

Ms. Jolly Varghese, Assistant Director of Nursing, Leenamma Varghese A/ ADON and Loretta Byrne also supports the PIC if the PIC is on leave from the Centre. An organogram is available in Appendix 2 of this document.

Contingency for Nursing Staff.

Jubin Cheriyan now Registered General Nurse. HSE Staff Nurse

Janson Thomas committed to working in this service only.

Blaise Mon Registered General Nurse committed to working in this service only. Nurse on Call.

Helen Reilly Registered General Nurse committed to working in this service only. Nurse on Call.

Sindhu Ulahannan committed to working in this service

Michael McCaul, Leenamma Varghese Jolly Varghese and Loretta Byrne can all work day duty or night duty if required

Contingency for Health Care Assistants.

The following staff have agreed to stay committed to this service and not work in any other service. All receive training, and vaccination programme. All will work day duty or night duty.

Sergio Benito 39 hours per week CPL

Patricia Duff 39 hours per week CPL

Abigail Olayinka up to 39 hours per week CPL

Una Maughan up to 39 hours per week.

Marina upto 39 hours per week.

Catering Staff.

In discussion with Catering Manager, the catering main kitchen area could function on two staff working there.

If main chef did go sick the following contingency is in place

Amanda Smith has received induction and is deemed as competent in cooking

Deirdre Curran is a qualified Chef and will cook

Christine Shelbourne (Home Maker) is an experienced Chef

Patricia Duff is also a qualified Chef.

Christopher Woods, Tony McKenna and Malchy Callan can all be facilitated to work in kitchen in assistance roles and all have experience in doing same.

Geraldine Kellert can be rostered to work as catering assistant.

Michael McCaul has been given instruction on use of gas cooker, steamer and washer.

See below further section on catering.

Hygiene/Cleaning Staff. Staff.

The following Hygiene staff are available

Patrick Colwell up to 17 hours per week..

Laimonas Kuisys. Up to 40 hours per week

Inese Laiva up to 32 hours per week.

Geraldine Kellett.up to 24 hours per week.

Additional resources can be obtained from Servisource at Mobile: 087 140 3311| Email: spovall@servisource.ie

Maura Ward also has an agreement with contract cleaning company Cater Clean and Emerald Cleaning to cover extra hours in relation to cleaning. Cater Clean can be contacted at Andy: 086 4685704.

As a hygiene team, the team have agreed to rotate their rostered days in order to ensure coverage during a period of sickness or or any outbreak.

Home Maker Roles.

These duties can be rotated between Health Care Assistants

General Operative and General Maintenance Staff.

Tony McKenna works 39 hours and will cover weekends if required.

Malachy Callan. Works 39 hours and will work weekends if required

Christopher Woods Works 39 hours and will cover on call on evenings and night time

All will rotate and amend rosters if required and cover each other's shifts.

Administration Staff.

The following Administration Staff work within the service and can rotate duties to provide admin coverage for the Centre

Alan McCartney

Aileen Brady

Gemma Fogarty

John O'Doherty

Carmel O'Brien

Catherine Murphy

Erika Tvarijonaviciene.

Aina

If in the event of administration staff becoming ill and coverage is required, Contact Alan McCartney.

Plumbing or water issues

Contact Tony Halton on 086 2544518.

Gas issues. GAS CUT OFF POINT IS at the Red Robin Cottage

Water cut off point at main gate Contact Tony Halton on 086 2544518.

Electrical issues.

Contact Mahon Ronan 041 9832971.

Alan Caffrey 087 9951818

Drainage issues or blocked sewerage

TURBO DRAIN 086 6073315, seven days per week.

Fire issues,

Alarms, fire fighting equipment doors, smoke detectors or any fire safety issue

Contact Masterfire. 00353 (0)41 6853313.

Mark at Masterfire 087 791 0447.

Oxygen

Outside Normal Hours emergency number 01 4066958 or 1890 355 255 at any time.

Catering Equipment

Teach Catering 086 8313435.

Generator.

There is a generator on site which has been tested on full load capacity. The generator has been serviced in November 2022. There is a full tank of diesel should there be a power outage.

Emergency Services Contact Numbers:

Dial 999 or 112.

Fire Brigade, Ambulance Service and Gardai are all contacted by Dialling 999/112 and asking for the Service required or requesting the activation of a major emergency.

Gas Company Emergency Line:

Phone 1850 205050. This is a 24 hour service

ESB Emergency Line

1850 372999

Chemical Gas Suppliers:

BOC 01 4066958 24 hours service

Management Persons Contact Numbers in the case of a Major Emergency:

- Please contact Michael McCaul (PIC) Telephone on 087-6987429 or 087 7450851

In the event of a fault with these numbers please proceed and contact –

- Jolly Varghese (ADON) Phone: 087-9790405
- Leenamma Varghese(A/ ADON) Phone: 087-1881993

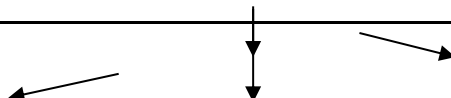
- Maura Ward (Registered Provider) Phone: 087-9137384

The person in charge or deputy will notify the Registered Provider and any other relevant HSE Managers if appropriate. They are contactable 24 hours / 7 days a week.

INCIDENT MANAGEMENT – The Village Residence

Can it be managed?

Assess The Situation



YES, take appropriate & immediate action....	NO
Ring for assistance – Contact the PIC or Nurse in Charge on duty who will reassess the situation and action as appropriate:	Activate Major Emergency Plan:
Fire Fire Brigade 999/112 (emergency) 046-9051068 or 046-9021666 (non-emergency) Garda Siochana 046 9481540 Ambulance Control 046-9023333 Or other Emergency Services	Emergency Services 999 / 112 <u>Management on Call –</u> Seamus McCaul (Deputy for PIC) 087 6987429 <ul style="list-style-type: none"> • Jolly Varghese (ADON) Phone: 087-9790405 • Leenamma (A/ADON) Phone: 087-4177512

<p>999 / 112</p> <p>Maintenance</p> <p>Christopher Woods 087-2935856 Tony McKenna 086-0501318</p> <p>Management on Call-</p> <p>Seamus McCaul (Deputy for PIC)</p> <p>087 6987429 or 087 7450851</p> <p>NEDOC</p> <p>1850 777 911</p> <p>Dr. Mulroy</p> <p>041-9800366 / 087-7748558</p>	<p>Maura Ward (Registered Provider) 087 9137384</p>
--	--

The Nurse in Charge has the authority to activate the Major Emergency Plan by telephoning 999/112 -Ambulance Control and give a message in METHANE format. See below Follow the Process below

1	<p>Notify Ambulance Control</p> <p>Phone Number 999/112</p>
2	State your Name Your job and your exact location
3	State your Name and Position
4	Give a Contact Number Use Mobile Number if Possible
5	Give message in METHANE format:-

	<p>M Major Emergency has occurred, we are activating our Major Evacuation Plan</p> <p>E Exact Location</p> <p>T Type of incident</p> <p>H Hazards</p> <p>A Access to incident</p> <p>N Number and type of clients effected</p> <p>E Extra resources required</p> <p>For example the message would be conveyed as follows:</p> <p><i>“A major emergency has occurred on the grounds of St. Mary’s Hospital. A fire has broken out. There is oxygen in the area. There are 14 residents at risk and only 3 staff on duty. Fire and ambulance services are needed”</i></p>
6	Request activation of the Area Crisis Management Team (ACMT) When speaking to Ambulance Control
7	Confirm with the Control Centre that the message has been received, understood and the ACMT activation process commenced
8	Stay on the line until asked to hang up by the Regional Ambulance Control Centre if safe to do so.

*(ACMT - are a senior management team within the HSE who are contacted by ambulance control to provide local support in the event of a major emergency).

The plan may also be activated on notification of a declaration of a Major Emergency by any of the following:

- **An Garda Siochana No: 999 or 041-9838777**
- **The Health Service Executive –Provider Nominee, Maura Ward 087 9137384**

Gas Leak with explosive potential

1. On the report of a smell of gas the staff member in charge must contact the Gas Company Emergency 24 hour Line Phone 1850-205050.
2. Notify off duty maintenance team. **The emergency cut off valve is situated at the Redrobin Cottage and in St Marys kitchen under steamer points at cooker**
3. Gas Company Personnel will Order Evacuation of the building if appropriate.
4. Ensure that all residents are in warm clothing to prevent hypothermia.
5. Evacuate the building as above.

7.3 Chemical Gas Explosion/Transport Incident Fuel/Explosives:

Dial 999/112 for Fire, Ambulance and Gardai service.

Notify off duty nursing management as above

Evacuate the residents away from the danger zone as above.

7.4 Armed Intruder in the Building:

1. Do not endanger yourself or others by confronting the person.
2. Stay with the residents.
3. Await the arrival of the emergency services and if required evacuate the residents when safe to do so.

7.5 Flooding of the Facility/Structural Collapse:

1. Dial 999/112 and inform them of the nature of the emergency.
2. Evacuate the residents as above.

7.6 Loss of Water:

1. Inform the County Council immediately of the loss of water
2. Liaise with maintenance supervisor on site (Christopher or Tony or Malachy)
3. Ensure water tanks in attic space are kept full by liaising with the fire service and the county Council. This will ensure taps and toilets have adequate water supply
4. Obtain adequate quantity of drinking water from local cash and carry and/or council if appropriate. This bottled drinking water can only be used for food preparation, cooking and drinking.

The Nurse in Charge of the area where the major event has been located has the immediate responsibility to coordinate the evacuation until the fire service/ Gardai arrives.

Once the emergency services arrive on the scene the Fire Officer and/or Gardai automatically takes control of the major emergency.

The Nurse in Charge must have an up to date mode of Evacuation plan, Staff Roster and visitor sign-in book to hand to give to the Fire Officer and/or Gardai.

Staff to ensure residents are warm to prevent hypothermia when given the order to evacuate the building. Refer to PEEP.

Evacuate the injured to Acute Hospitals via ambulance.

Evacuate uninjured residents via appropriate transport to their needs to **the Day Hospital**

Confirmed fatalities – transfer to the appropriate location as advised by emergency services coordinator/ACMT.

Alternative Sites identified for residents who are uninjured and do not require medical attention are as follows:

Evacuation of the Building is on the Orders of The Fire Officer.

Drogheda Cottage Day Hospital	St. Mary's Hospital/Boyne View House
<p><u>Day or Night</u></p> <p>Contact details as per above for PIC and ADON.</p> <p>Key kept in ADON office in key pad</p>	<p><u>Day or Night</u></p> <p>St. Marys' Hospital Number: 9893205 / 9893209 / 9893210</p> <p>The Village Residence Number: 041-9893288</p> <p>Contact details as per above for PIC and ADON</p>
St. Joseph's Hospital, Ardee	St. Oliver Plunkett Hospital, Dundalk
<p><u>Day or Night</u></p> <p>Number: 041-6853304</p> <p>PIC: will be contacted by his/her staff when alerted.</p>	<p><u>Day or Night</u></p> <p>Number: 042- 9385403</p> <p>PIC: Marie Butler will be contacted by her staff when alerted.</p>

8.0 Co-ordinating the Emergency Plan

The Person in Charge/Deputy assumes the responsibility for Coordinating the Major Emergency Plan. When a more senior HSE staff member arrives, the responsibility is then transferred to such person i.e. Registered Provider.

All staff who transfer with residents will stay with those residents until they are relieved by other staff.

9.0 Resources

Mobility aids for individual residents must accompany that resident. Additional mobility aids are stored in The Cottage Hospital Physiotherapy Department and Our Lady of Lourdes Hospital.

Beds, bedding, clothing, toiletries can be accessed from Our Lady of Lourdes Hospital, Drogheda and HSE Stores Department, Donore Road Drogheda

10.0 Triaging and Fatalities

Medical Officer/NEDOC will assist the emergency services in relation to triage of injured parties.

All fatalities will be referred to the Coroners.

Temporary holding area prior to transfer for post mortem examination of the deceased will be identified. All names of deceased must be logged.

An Garda Síochána are responsible for contacting family and next of kin of the deceased.

11.0 Communications

All communication with media is to be channelled through HSE Dublin North East Communication Office.

12.0 Stand Down

The Emergency Services will inform the Coordinator of The Village Residence Emergency Plan when stand down can occur.

This may be conducted on a phased basis.

Stand down will be disseminated to all relevant parties.

13.0 Counselling and Welfare Support

Counselling and Welfare Support will be provided by the HSE for residents and families. This shall be arranged by Management.

Counselling and debriefing will be provided for staff through Staff Care. This shall be arranged by Management.

14.0 Implementation

All Staff must read and be familiar with the Major Emergency Plan for The Village Residence



Daily Operational Management of the Centre

Michael McCaul has key responsibility for the operational management of COVID-19 on a daily basis, and meets with Maura Ward as Registered nominated Person for the Registered Provider, on a daily basis to update on any issues that emerge.

On every Tuesday the Registered Provider and the person in Charge holds a teleconference with the General Manager of Older Persons Services for CHO8 in order to give an update on COVID-19 within the Centre.

The purpose for this group meeting include:

1. To support HSE Community Nursing Units, Older Persons Home Support Services and Private Nursing Homes, during the current Covid-19 crisis.

2. To reduce the number of nursing home residents entering acute hospitals where not clinically appropriate.
3. To facilitate procurement lines within these nursing homes, community units and Homecare in CHO8 (Staffing, PPE, Alternative accommodation for staff).
4. To complete a situation report for submission to the ACMT twice weekly.

To escalate issues of concern arising in Residential and Home Support Services to ACMT.

In the absence of Michael McCaul Jolly Varghese, Eimear Hickey or Swapna Varghese will assume responsibility for updating Maura Ward on a daily basis.

Contact details for Maura Ward. maura.ward@hse.ie. Mobile: 087 9137384.

In the absence of Jolly Varghese and Michael McCaul, Leenama Varghese and/or Loretta Byrne will assume responsibility for the service notifications to Maura Ward,

In the absence of Jolly Varghese, Michael McCaul and Loretta Byrne and Leenamma Varghese –Simy Kurian or Sujitha Sukumaran or Seema Pankaj Clinical Nurse Manager will give updated daily reports to the Manager of Older Person's Services and General Manager.

Contact details for teleconference Details on a weekly basis at 11.00 am are

To join the call, dial 021-238-1229, 01-889-5329 or 0761-000-929 (+353-21-238-1229 or +353-1-889-5329 from outside Ireland). When you are prompted for your conference number, enter **Dial In** 1800 88 2365

Participant Code 13266963#

Oxygen Supplies

Oxygen is supplied via a piped oxygen cylinder. There are six cylinders running at a time and there are six reserve cylinders if main supplies ran low. The alarm will sound if the main bottle banks run low on Sunnyside Unit. If the alarm sounds it does not mean that the oxygen supply is low, it means that either one bank of oxygen cylinders has run low, but will have started running from the other bank. If both banks run low then oxygen will be provided through the reserve tanks.

There are currently nine tanks of oxygen available in the event of an emergency.

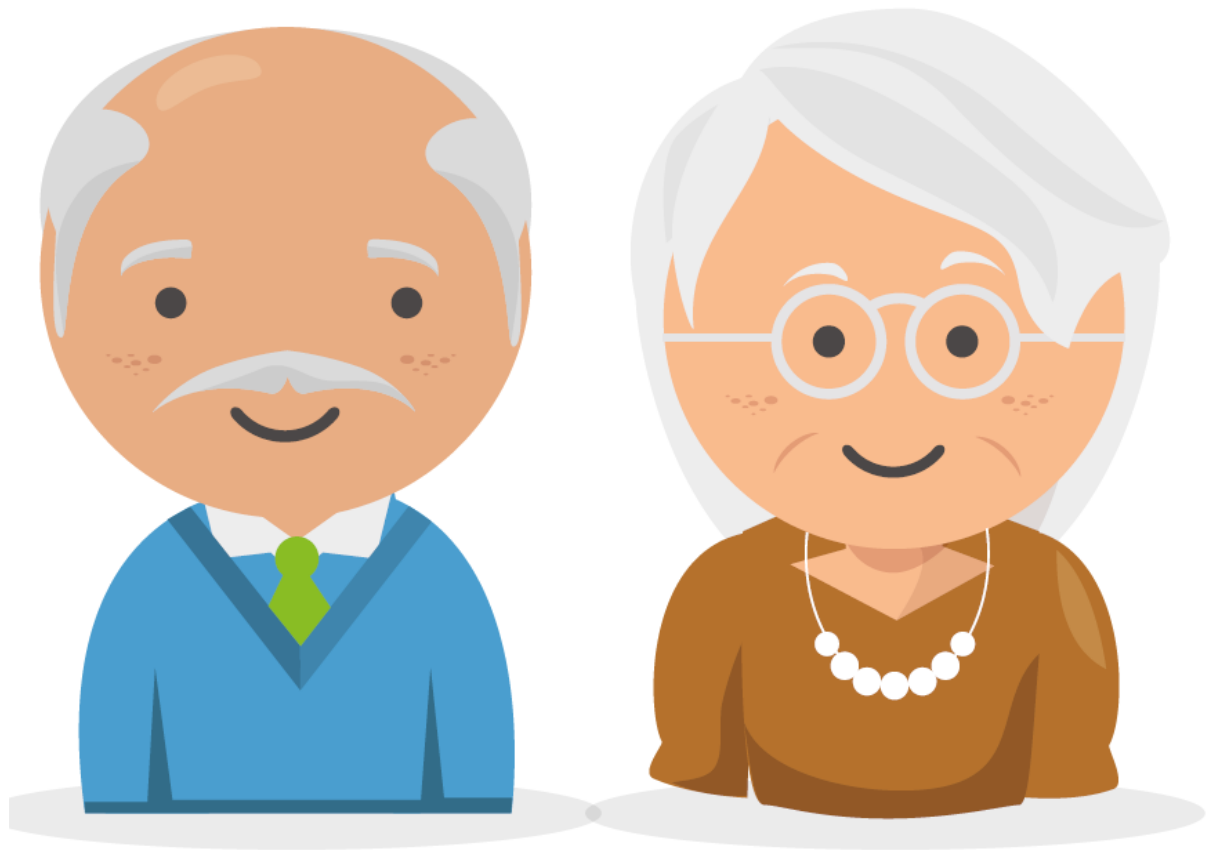
BOC are the main oxygen suppliers.

Contact details are:

For customer service queries please call 1890 355 255, available 8am to 6pm Monday to Friday.

BOC offer a 24 hour support service for serious emergencies and incidents, call 1890 355 255 at any time.

Infection Prevention and Control. Please refer to Contingency Plan.



Good infection prevention and control practices are key to reducing the transmission of infection. Staff will be continuously reminded of their own responsibilities, including the importance of standard precautions and transmission based precautions.

Residents and visitors will be supported to wash their hands or use hand wipes after using toilet facilities, before eating food and after coughing or sneezing. Visitors will be reminded and given the opportunity to avail of hand hygiene on entering and moving around the home

Seasonal illness

The risk of seasonal illnesses such as flu, to both residents and staff has been reduced through planned vaccination programmes for COVID and for influenza. This will reduce the potential for hospital admission, staff absences and the associated costs of agency cover .

Preparedness Plan.

Residents:

A risk assessment has been carried out for all service users to determine who is most at risk, and ensure this is included residents integrated care plan using the Clinical Frailty Scale.

Daily active monitoring of residents is carried out for signs and symptoms of respiratory illness or changes in their baseline condition.

Residents all live in different zones, Meadowview and Sunnyside, Butterfly Cottage, Red Robin Cottage and Forget Me Cottage.

Nursing staff will monitor on a continuous basis for any symptoms and if uncertain will isolate immediately

Nursing staff will contact Dr. Mulroy who will determine if swabbing required.

All visitors are risk assessed prior to visiting.

Individual care plan for each resident in relation to visitor preferences

All staff members are risk assessed on entry and on leaving the Centre.

All students are risk assessed and swabbed prior to placement.

Hand hygiene opportunities are available for all residents

All staff wear FFP 2 MASKS when caring for residents at all times.

A risk assessment is completed for all outings and home visits.

Maintenance of social distancing in dining room

Section 11 Site Specific Safety Statement The Village Residence

Approval Date: August 2023, Review Date: August 2024

Page 46

The numbers of people in each bedroom is pre-determined

Essential staff are all risk assessed on entry to centre.

All contract staff are risk assessed prior to entry to the centre

Equipment is cleaned as per cleaning schedule

Vaccination is offered to all residents and vaccination status is determined prior to admission.

Ongoing communication and advice is given to residents.

PCR testing is available to any resident who presents with possible symptoms

Staff are advised not to attend work if they experience any respiratory symptoms

Family and friends:

Every resident has a right to see family and friends if they want to. It is for the resident to decide who they would like to see or not see. It might suit a resident to name a person as a nominated support person. This is like a “lead visitor” who can spend a good part of each day with the resident in normal times. This might suit a resident if there is one person who is able to spend a lot of time with them. If a resident prefers not to have a nominated support person that is their choice.

Usually a resident should be able to see two people together at any one time. These can be different people who visit at different times or on different days. It is OK to have visits from children if they are supervised and able to follow the steps needed to manage the risk of infection. The visitors should be able to stay for a least an hour. The HSE does not advise any upper limit on the length of a visit or on the amount of visiting if the nursing home staff are able to manage that.

We do still need to take care

Anyone who has symptoms of COVID-19 or other infectious disease should not visit a nursing home until they are no longer infectious. The nursing home will ask people if they have symptoms when they come to visit but they do not need to ask for a vaccine pass. Visitors should clean their hands on the way in to the nursing home and should wear a mask when asked to do so by the staff.

Visitors do not need to wear a mask when they are alone with a resident but if a resident is more comfortable wearing a mask and they would like them to wear a mask a resident should feel free to say that.

Every effort is made to encourage further communication by telephone, mail or video messaging where possible.

Other:

Contractor/maintenance visits are kept minimal with HPSC guidance adhered to at all times.

All are risk assessed prior to admission to the centre including vaccination status

Waste:

Waste from resident with confirmed or suspected Covid-19 is disposed of as clinical risk waste.

Clinical Waste Area is to front of building

BAGS SHOULD ONLY BE FILLED TO 2/3 FILLED

Clinical waste is tagged with swan neck tie

Domestic Waste Area. Malachy Callan looks after Clinical waste and domestic waste collection

PANDA Waste collection have retained contract for the uplifting of domestic waste.
Telephone number: 1850 626262

Stericycle SRCL LTD Unit 6A Westgate Business Park Ballymount Road Upper Dublin
24 Ltd have retained the contract for the disposal of clinical waste. Tel 01 4565796

Hands free clinical risk waste bins are provided in isolation rooms and cohort areas.

Laundry:

All towels, clothing or other laundry used in the direct care of residents with suspected and confirmed Covid-19 is managed as “infectious” linen.

Disposable gloves and an apron are worn when handling linen.

Unbagged used linen/laundry is not carried through the facility.

Used linen/laundry is placed in an alginate stitched or water soluble bag and then place in an outer laundry bag clearly identified with labels, colour-coding etc. RED BAG

A laundry bag skip/trolley is available as close as possible to the point-of-use e.g. immediately outside the cohort area/isolation room.

Infected Linen and all other linen is collected by Celtic Linen and returned on day of collection.

Personal Laundry is collected on Tuesdays and Thursday and returned Tuesday and Friday.

LAUNDRY BAGS SHOULD ONLY BE FILLED TO 2/3 FILLED

Home Supports.

We will continue to support Home Support Services through the provision of respite services by ensuring that all respite beds are filled in a timely manner. We will also ensure that clinical and non clinical reconciliation of medicines and other issues are available to Home Support managers on discharge from Boyne View House

We will prioritise admissions to both Boyne View House and St. Mary's in order to reduce the burden on potential residents, families, home support services and ensure when we can hospital avoidance to acute services.

Occupational Health.

Occupational Health

Worker-centred care and support places workers at the centre of all that the Occupational Health Service(s) (OHS) does. It does this by advocating for the needs of workers, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of healthcare. Worker-centred care and support promotes kindness, consideration and respect for dignity, privacy and confidentiality.

The Person in charge is responsible for notification of any staff member who tests positive and provides occupational health department of any close contacts if any. A specific template is used to notify Occupational Health Department.

Other

Flu and Covid Vaccine clinics arranged for the village residence in Oct 2023.

Staff continue to be reminded of available Covid Booster clinics

Ongoing promotion of the Flu vaccine continues.

Advertising campaigns brought to the attention of staff

Pharmacist available on-site Tues & Friday and out of hrs, the senior managers have access to the pharmacy in Stacks

All consenting Residents in both centres received flu vaccines and Covid vaccines.

Give preference to OLOH patients as per Winter plan, Navan when bed becomes available in either centre. Liaise with bed managers in OLH in order to ensure efficient transfer and filling of vacant beds.

IPC Link Practitioners/Lead representatives/DON in place to drive all Winter initiatives to manager pressures on the service/staffing resources

Outbreak management policy in place, and Guidance from HPSC will be adhered to

We continue to encourage staff to update their knowledge of the importance of vaccines available for protecting themselves and our Residents.

Overtime and T/O offered to staff in order to prevent staff shortages in a crisis situation

Support of H&IPC Nurse Specialist and Public Health available.

Portable x-ray/diagnostic services is available in both centres if required in order to prevent transfer of vulnerable residents

Support of the Medical officer in both centres Mon-Friday and NEDOC for out of hours service

All managers can work from home, if required, using their portable PC,s if unwell or positive for COVID or Respiratory infections

Advance Care Planning

Regular discussions with residents on the care they wish to receive will assist in identifying their concerns and wishes, their values or personal goals for care, and their understanding about their illness and prognosis. We will ensure resident's preferences and wishes for types or treatment they wish to receive is respected, particularly when they become unable to speak for themselves. If the resident wishes, their family and friends may be included. We will ensure that with the resident's agreement this

discussion is documented, regularly reviewed, and will be communicated to those involved in the resident's care.



Planned Maintenance Programme.

As part of our planned maintenance programme, in advance of the winter period we have ensured the following:

Heating Systems.

Heating systems due for renovation prior to mid December 2022.

Power supply.

Has been checked and generator has been serviced and tested on full load for full campus.

Medical equipment.

All equipment has been serviced in October 2022.

ICT

Full back up on ICT systems available.

Catering.

All catering equipment has been serviced including extractor fans in October 2022.

Michael (Seamus) McCaul Person in Charge. 087 6987429

Jolly Varghese 0879790405

Sujitha Sukumaran 0873943110

Leenamma Varghese 041 9893204

Simy Kurian/ Seema Pankaj 041 9893210-

Alan McCartney Administrator 041 9893201

Transport in Emergencies.

We will continue to use Enda White in event of an emergency to assist in transporting staff in severe weather conditions.

Contact Details: 086 8220867

We can also utilise Caffrey's Cabs on **Phone:** [\(041\) 983 2244](tel:(041)9832244)

Useful Contacts.

- **An Garda Siochana No: 999 or 041-9838777**
- **The Health Service Executive –Provider Nominee, Maura Ward 087 9137384**
- **CPL [\(01\) 614 6000](tel:(01)6146000).**

- **Servisource** [1800 603 604](tel:1800603604)
- ***Maura Ward Manager Services for Older People 042 9332287***
- ***Geraldine Kermode. Health and Safety Rep***
- ***Loretta Byrne Senior Nursing Administration 041 9893204***
- ***Michelle Soriano Antimicrobial stewardship 041 9893288.***
- **Electrical issues.**
- Contact Mahon Ronan 041 9832971.
- Alan Caffrey 087 9951818
- **Drainage issues or blocked sewerage**
- TURBO DRAIN 086 6073315, seven days per week.
- **Fire issues,**
- Alarms, fire fighting equipment doors, smoke detectors or any fire safety issue
- Contact Masterfire. 00353 (0)41 6853313.
- Mark at Masterfire 087 791 0447.
- **Oxygen**
- Outside Normal Hours emergency number 01 4066958 or 1890 355 255 at any time.
- **Catering Equipment**
- Teach Catering 086 8313435.
- **Generator.**

It is the responsibility of all staff to report to their line manager all adverse incidents, accidents, near misses, hazards, or complaints. An Incident, Near Miss, Hazard and Complaint Report must be completed on the appropriate National Incident Report Form

(NIRF) in respect of the above – These forms are available from your line manager and/or the Risk Management Department.

The review of the accident/incident investigations will be carried out in a timely manner by the line manager or more senior manager if appropriate. The purpose of review is to determine the immediate and root cause of the accident/incident and to prevent recurrence. All employees are required to co-operate with such reviews and to provide any information, which may be useful in establishing the circumstances surrounding the accident/incident. Corrective action will be taken where necessary and recorded.

It is the responsibility of the line manager to ensure that incidents are reported appropriately and that appropriate action is taken to reduce the risk of further occurrences.

Accidents/Incidents will be periodically analysed by line manager with a view to improving safety performance. Where appropriate, the Safety Statement (including risk assessments) will be reviewed in light of any accident/incident. Incidents will also be reviewed at monthly Management Team & Staff Team Meetings.

The *Safety, Health and Welfare at Work (General Application) Regulations 1993 (Notification of Accidents and Dangerous Occurrences)* requires that certain accidents and dangerous occurrences are reported to the Health and Safety Authority. These include the following categories:

- An accident resulting in the death of an employee;
- An accident resulting in the absence of an employee for more than 3 working days (not including the day of the accident);
- An accident to any person not at work caused by a work activity which causes loss of life or requires medical treatment (e.g. member of the public); and
- Certain dangerous occurrences, which have the potential to cause serious injury, whether or not they did cause serious injury. (See Appendix 8.3 pg 22 of the Corporate Risk Plan for categories of dangerous occurrences that require reporting to the HSA)

The Person in Charge or other appropriate person in their absence is responsible for reporting any such accidents/ dangerous occurrences to the Health and Safety Authority. Incidents where an employee is absent for work for more than 3 working days due to a workplace incident (excluding the day of the incident) must be reported to the H.S.A. Staff shall provide an accurate description of the incident when completing the National Incident Report Form and the Person in Charge and/or Deputy will review same and if required, notify the Health & Safety Authority via the internet.

Reporting will be done on the prescribed forms IR1 (accidents) or IR3 (dangerous occurrences) and notification will be done without delay, via the internet @ www.hsa.ie or on an original prescribed IR1 form and posted to the Health & Safety Authority.

Contact details:

The Health & Safety Authority

10 Hogan Place, Dublin 2

Tel. No. (01) 6147000

If an incident occurs which is notifiable to HIQA, the Person in Charge or Deputy will download the relevant form from the HIQA website, complete and scan to HIQA within the set timeframe or complete and submit via the HIQA portal page. The following accidents/Incidents and Hazards are notifiable to the Health Information and

Quality Authority:

Form	Nature of Notification	Timeframe	Person Responsible
NF01	The unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre	Within three working days of the incident	Person in charge
NF02	Outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre	Within three working days of the incident	Person in charge
NF03	Any serious injury to a resident which requires immediate medical or hospital treatment	Within three working days of the incident	Person in charge
NF05	Any unexplained absence of a resident from the designated centre	Within three working days of the incident	Person in charge
NF06	Any allegation, suspected or confirmed abuse of any resident	Within three working days of the incident	Person in charge
NF07	Any allegation of misconduct by the registered provider or by staff	Within three working days of the incident	Person in charge
NF08	Any occasion where the registered provider becomes aware that a member of staff is the subject of review by a professional body	Within three working days of the incident	Person in charge
NF09	Any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place	Within three working days of the incident	Person in charge
NF20	When the person in charge proposes to be absent from a designated centre for a	20 working days in advance of the change or within 3 working days if absence arises as a result of an emergency	Registered provider

Form	Nature of Notification	Timeframe	Person Responsible
	continuous period of 28 days or more		
NF21	Return of the person in charge after being absent for a continuous period of 28 days or more	Within three working days of return of the person in charge	Registered provider
NF30 DCOP Older People Services only	Change of the person in charge.	Within 10 working days of the change	Registered provider
NF30 DCD Disability Services only	Change of the person in charge.	Within 10 working days of the change	Registered provider
NF31 DCOP Older People services only	Change in people participating in management	20 working days in advance of the change	Registered provider
NF31 DCD Disability services only	Change in people participating in management	20 working days in advance of the change	Registered provider
NF32 DCD Disability services only	Change in ownership of the Corporate body. The NF32 form is only applicable to designated centre for disability	8 weeks in advance of change	Registered provider
NF33 DCD Disability services only	Change to the Director, Manager, Secretary or any Similar Officer of the Corporate Body	8 weeks in advance of change	Registered provider
NF33 DCOP Older People services only	Change of Company Director	8 weeks in advance of change	Registered provider
NF34	Change of Company Details	8 weeks in advance of change	Registered provider

Form	Nature of Notification	Timeframe	Person Responsible
NF35	To cease to carry on the business of the designated centre and close the centre	Not less than six months	Registered provider
NF36	Change of partnership details	8 weeks in advance	Registered provider
NF37	Change of unincorporated body details	8 weeks in advance of change	Registered provider
NF38 DCD Disability services only	Change to the person responsible for the application on behalf of a partnership, company, unincorporated body or statutory body, a body established under the Health Acts 1947 to 2013 or a body established under the Health (Corporate Bodies) Act 1961	8 weeks in advance of change	Registered provider
NF38 DCOP Older People services only	Change of Contract Person or Provider Nominee	8 weeks in advance of change	Registered provider
NF60	Declaration of Occupancy for Billing Purposes The NF60 form is only applicable to designated centres for older people	<ul style="list-style-type: none"> By the 15 January By the 15 May By the 15 September 	Registered provider
Quarterly Notifications Excel Spreadsheet (older people)	Any occasion when restraint was used Any occasion on which the fire alarm equipment is operated other than for the purpose of fire practice, drill or test of equipment A recurring pattern of theft or burglary Any death, including cause of	Submission dates for return of the quarterly notification spreadsheet form are: <ul style="list-style-type: none"> 31 January (for incidents that took place in October, November and December) 30 April (for incidents that took place in 	Person in charge

Form	Nature of Notification	Timeframe	Person Responsible
	death, other than those specified above	<p>January, February and March)</p> <ul style="list-style-type: none"> • 31 July (for incidents that took place in April, May and June) • 31 October (for incidents that took place in July, August and September). 	
Quarterly Notifications Spreadsheet (disabilities)	<p>Any recurring pattern of theft or reported burglary</p> <p>Any occasion on which a restrictive procedure including physical restraint was used</p> <p>Any occasion on which the fire alarm equipment is operated other than for the purpose of fire practice, drill or test</p> <p>Any injury to a resident, other than those previously notified in NF03</p> <p>Any death, other than those previously notified in NF01, including cause of death</p>	<p>Submission dates for return of the quarterly notification spreadsheet form are:</p> <ul style="list-style-type: none"> • 31 January (for incidents that took place in October, November and December) • 30 April (for incidents that took place in January, February and March) • 31 July (for incidents that took place in April, May and June) • 31 October (for incidents that took place in July, August and September). 	Person in charge
Follow-up Report	If additional information has been requested or is required in relation to notifications forms NF01, NF03, NF06 & NF07	As requested or required	Person in charge
Six-monthly nil-return notification	Where no incidents which require to be notified under Regulation 31 have taken	Submission dates for return of the six-monthly nil-return notification are 31 July	Registered provider

Form	Nature of Notification	Timeframe	Person Responsible
	place within the preceeding six months	(covering the period January to June) and 31 January (covering the period July to December)	

4.2 First Aid

In accordance with the General Applications Regulations (First Aid) 2007 the employer shall provide safety signs and information and instruction for employees for First Aid e.g. for minor cut, abrasion burn or scald. Staff in The Village Residence are aware of first aid measures and there is always a Registered Nurse on duty who has received Basic Life Support training using automated external defibrillators. The AED is situated in the clinical room in The Village Residence. The nursing staff monitor and check the status of the AED weekly and record these checks. The PIC ensures that the AED machine is serviced and that all equipment used with the AED is replaced, ordered and disposed off when necessary. Nursing staff have access to first aid treatments for all staff in the clinical rooms. A first aid box is situated in the main kitchen area.

4.3 Occupational Blood Exposure / Exposure to Biological Agents

Due to the nature of work within our service staff may be at risk of exposure to blood and body fluids and sharps injuries. All staff should be familiar with the first aid measures to be taken immediately following a sharps injury ie:

In the case of a Sharps or Needle - Stick Injury.

Encourage puncture site to bleed freely by gently squeezing under cold running

water for 2-3 minutes. Wash with soap and warm water. Do not scrub or suck the wound. Cover the wound with a waterproof dressing.

Report incident to the Head of Department, or person in charge, who should

complete a **National Incident Report Form**. The Head of Department or person in charge must:

- Record details about the sharp and whether there is visible blood contamination on the device.
- Record details of the depth & location of the injury.
- Document where and for what purpose the sharp had been used.
- Where the source patient is identifiable, record their name and location and send the information and the injured person to the ED.
- It is the responsibility of the clinician in charge of the source patient to inform them that an incident has occurred, and that they will be approached regarding consent for testing and risk assessment.
- The injured person must then promptly report to the ED.

The Emergency Department will forward a copy of the risk assessment form to the Occupational Health Department who will contact the recipient and arrange appropriate follow up. In the event that no contact has been received from the Occupational Health Department it is advised that the recipient contact the department directly.

Splashes to Eyes.

Should be irrigated by washing with copious amounts of clean water. This may be repeated using sterile normal saline in the Emergency Department (ED)

Exposure to Mucous Membranes.

Rinse mouth/nose thoroughly with warm water and remind the patient not to swallow the water.

Related Documents:

- H.S.A. guidelines on First Aid in Workplaces 2008
- HSE Gloves use Guidelines for Practice Oct 2009
- HSE Occupational Blood & Body Fluid exposure Guidelines May 2010

- HSE Occupational Blood & Body Fluid exposure Guidelines May 2016

4.4 Eye & Eye Sight Tests/ VDU Assessments.

Under the Safety Health & Welfare at Work (General Application) Regulations 2007, the Health Service Executive, Midlands Louth Meath CHO 8 is also obliged to ensure an appropriate eye and eyesight test is made available to all employees who habitually use display screen equipment as a significant part of their normal work. Such tests are made available

- Before commencing display screen work if deemed necessary
- At three year intervals thereafter and/or
- If an employee experiences visual difficulties.

Apply to the General Manager through your line manager for authorisation to attend examination.

Employees are free to use an optometrist of their choice. The agreed fee for eye and eyesight testing is €17.14. In addition, €38.22 is made towards the cost of spectacles (being the basic cost for complete single vision spectacles) on the basis that they are required for work with VDUs and no other purpose.

4.5 Pregnant Employees.

In accordance with the Safety Health & Welfare at Work Act 2005 and General Applications Regulations 2007 the employer will conduct risk assessments and appropriate action plans will then be compiled for pregnant employees.

Management are committed to protecting both the pregnant employee and the unborn infant from injury during the course of work.

On receiving notification that a staff member is pregnant, the line manager or designated deputy assesses the specific risks to the staff member and takes action to ensure that she is not exposed to anything which may damage either her health or the health of her developing child.

There is a responsibility on a staff member to inform her employer.

The Department Manager if considered necessary will complete the Pregnant Employee Risk Assessment Template and forward same to Occupational Health for their advice, keeping a copy on this file (to be then filed on the relevant employees Personnel file on commencement of maternity leave).

For further guidance please refer to '**A Guide to the Safety Health & Welfare at Work (Pregnant Employees etc) Regulations, 2001**' and **Pregnant Employees Risk Assessment Checklist**.

Advice on the risk of particular workplace exposures can also be obtained from the Occupational Health Department, St. Brigids Complex, Kells Road, Ardee, Co. Louth. (041-6857811).

4.6 Personal Protective Equipment (P.P.E.).

In accordance with the Safety, Health and Welfare at Work (General Applications) Regulations, 2007, where it is not practicable to eliminate certain risks, the Health Service Executive provides adequate and suitable P.P.E. to reduce the risk to an acceptable level. Instruction and practical training in use of P.P.E. is given prior to issue.

Line managers should ensure that adequate supplies of PPE are available and that equipment is utilised without fail.

In the area of infection control plastic aprons and latex gloves are available for staff in all patient care areas. Latex free etc are available if allergies develop. Advise Department Manager or his/her deputy if this occurs.

Maintenance Staff are aware of the need to wear appropriate footwear, overalls, high visibility jackets, gloves, goggles and ear protection and these are provided for them as required and ordered through the Supplies Officer.

Line managers also have the duty to require any member of staff, not using appropriate PPE, to suspend work activity which requires such protection until such time as the appropriate PPE is available and put into use.

4.7 Mandatory Training.

The following Mandatory courses must be attended by staff on a prescribed basis.

- Fire Control and evacuation. Dates for Fire Control and Evacuation are organised on a yearly basis through Josephine Brosnan in the Fire Prevention Officer Office in Technical Services, Kells Industrial Park, Cavan Road Kells Co. Meath. Telephone number 00353 46 9280410. Dates are displayed on notification memos and the Clinical Nurse Manager is required to ensure that all staff receive Mandatory Training in Fire Control and Evacuation on a yearly basis.
- Manual Handling training is delivered to staff on a two yearly basis
- Cardio-pulmonary Resuscitation. There is a trained life support worker within the service. This person organises basic life support training through the Director of Nursing office on a quarterly basis. It is recommended that staff who have received AED basic life support training attend refresher training on a two yearly basis. All RGNs must have up to date BLS training completed every two years.
- Safeguarding Older Persons from abuse training is delivered to staff on a two yearly basis.
- Hand hygiene training is provided yearly.

4.8 Information.

- Staff are asked to familiarise themselves with the residents information booklet, the purpose and function document and minutes of clinical nurse manager meetings with the Director of Nursing.
- Ward meetings must be documented and made available to all staff not on duty at times of meetings.
- All staff should attend the resident/relatives/staff forum meetings.
- Health and Safety alerts will be made available to staff via the Unit Manager via electronic and hard copy format and the clinical nurse manager should bring these to the attention of all staff.
- Staff should familiarise themselves with the contents of this safety statement.

- A local safety meeting should be added to the agenda of all staff meetings by the clinical nurse manager.
- Health and safety information may be obtained via Irene Ryan Health and Safety Advisor.
- *The health and safety advisor keep Head of Dept updated at Q/R meeting which takes place bi-monthly*

4.9 Waste Disposal.

All waste must be segregated and disposed of in a safe and responsible manner. Particular care is needed in disposal of sharps and healthcare risk waste. Healthcare Waste must be disposed of in accordance with the HSE's '**Guidelines for the Management of Healthcare Risk Waste**'.

Bags of clinical healthcare waste are tagged and tied and are brought by staff to external clinical waste compound. This storage bin is secured to the wall in a locked storage shed in waste compound area.

Sharp containers are collected from each Clinical room as required by Maintenance staff and these are placed in the clinical waste storage bin. All waste in The Village Residence is segregated into Domestic Waste and Clinical Waste.

The Village Residence has operated pedal operated bins in order to reduce transmission of disease causing agents.

There is a cleaning schedule in the Village Residence, and there is also a cleaning schedule for waste bins. Christopher Woods is responsible for the cleaning of pedal operated bins.

Tony McKenna is also responsible in ensuring that clinical waste is removed safely from the Unit, is properly tagged, recorded and handed over safely to Initial Waste Management.

Initial Waste Management now have the contract in place for the disposal of all clinical waste.

Panda waste management services have the contract for the disposal of all domestic and recyclable waste.

Sharps boxes are available for the disposal of all sharps.

Hand Hygiene wash hand basins are available for all hand hygiene along with soap based products and alcohol based products.

Certificates of destruction are forwarded to The Village Residence on a quarterly basis in relation to the destruction of the healthcare waste collected from the hospital by Healthcare Waste Management Service.

Since June 2008 tag records of all clinical waste disposed of are maintained collected by the supplies officer and matched to the C1 collection form after the company have lifted clinical waste.

Pestguard are the external company that monitor Pest control. They conduct visits every 6-8 weeks to monitor activity (or more frequently if required) and put the necessary controls in place.

Environmental Health Officers also conduct inspections of the premises approx. twice annually. An appropriate action plan is drawn up & actions implemented and tracked through the Management team Meetings.

4.10 Moving and Handling.

In accordance with General Applications Regulations 2007, risk assessments for all residents shall be undertaken and appropriate means will be put in place in order to reduce the risk involved in manual handling associated with resident care.

Musculoskeletal injury is not restricted to patient handling but also affects staff engaged in lifting, pushing and pulling inanimate loads.

Where moving and handling cannot be avoided, a risk assessment is conducted. This identifies where improvements or other measures are required to minimise the risk from moving and handling.

All employees require training in moving and Handling. This training is provided to all staff by qualified and competent instructors and a record of attendance is maintained by the Director of Nursing office.

We work in accordance with a minimal lifting policy. We have electronic profiling beds, electronic / overhead hoists, powered wheel chairs, sliding sheets and banana boards which are all available for use according to risk assessment requirements completed on residents. All residents have an individual manual handling care plan developed following assessment.

Service contracts are in place for hoists and service records are held by the Asst Administrator. Training is provided on all new equipment and updated if required.

All staff are required to report breaches in manual handling practice to their Line Manager and are encouraged to seek advice from manual handling trainers and the safety representative. Continued deviation from manual handling policy will result in engagement with the disciplinary process.

Each resident has a falls risk assessment completed on admission and this is reviewed after a fall and as required as per the Falls Policy.

4.10.1 Mechanical Aids

Mechanical Aids are devices used to lift, pull or push objects, which either eliminates the need to manually handle the object or reduce the manual handling required. Only staff trained in the use of mechanical aids should use same

Manual Handling policy appended to safety statement. Please see Health and Safety Folder

All clients must have a falls and moving and handling risk assessment completed this must be updated regularly or if any changes in client condition. The risk assessment must be kept in client files to ensure easy access for all staff. Is this correct?

Manual Handling is organised through the Director of Nursing Office on a quarterly basis. There are two staff trained as manual handling instructors. It is mandatory for all staff in The Village Residence to attend Manual Handling Training on a two yearly basis. The Clinical Nurse Manager's are responsible to ensure that staff in The Village Residence has received their mandatory training. **Staff must attend when they are rostered to attend.**

4.11 Fire Safety/Emergency Planning.

Health Service Executive Midlands Louth Meath CHO premises occupied by the Services for Older People at The Village Residence, are protected by a fire alarm system. Fire detection heads are in every room throughout the Unit and fire-extinguishing equipment is available in each department.

If a fire is detected by a member of staff which has not been detected by the detection head, they should immediately sound the alarm using the break-glass Units provided.

Where Fire Orders are displayed throughout premises, the procedures shown on these Fire Orders should be followed. All employees should read these Fire Orders and make themselves familiar with the procedures.

In the event of a fire alarm sounding:

- A staff member goes to the nearest fire panel to identify where the fire is supposed to be.
- Two staff members then go to the area identified on the fire panel to establish if there is a fire.
- If there is a fire on the premises, the fire brigade will be contacted and the most senior member of staff on duty will take charge of the situation.
- Efforts will be made to contain/ control the fire if safe to do so.
- Horizontal evacuation of residents from immediate danger will be undertaken.

- Tony McKenna, Maintenance Team will be contacted if not on duty. Tony checks the fire system and resets same when all concerned are confident that there is no fire.
- Fire Orders are displayed and staff are aware of them.

It is important to note that in the event of the fire alarm sounding, all external and internal doors will demagnetise and remain unlocked until such time as fire panel is reset. It is important that staff are aware that residents at risk of wandering can use any of the exit doors during this time. There are Mandatory Training sessions on fire safety and evacuation. Master Fire are contracted to service all detection heads and test sounding on alarms twice a year. Master Fire also service resident call bell and personal alarm (night staff) system.

Fire Checks.

Evacuation strategies.

Progressive horizontal evacuation Progressive horizontal evacuation is the principle and process of moving residents and staff from the area of fire origin, which is compromised from a fire safety point of view, through a fire-resistant barrier, to a safe area on the same level.

Evacuation for People with Disabilities.

Who should we consider

- Mobility
- Visual
- Hearing
- Speech
- Cognitive
- Other

PEEP - Personal Emergency Evacuation Plan for all residents.

Section 11 Site Specific Safety Statement The Village Residence

Approval Date: August 2023, Review Date: August 2024

Page 70

Planning. • Simulate loss of one exit. • Consider a commonly used route.

Selection, commissioning, installation, inspection and maintenance of portable fire extinguishers.

Fire doors All fire doors should be inspected every six months. In particular, it should be ensured that: a) heat-activated seals and smoke seals are undamaged; b) door leaves are not structurally damaged or excessively bowed or deformed; c) gaps between the door leaf and the frame are not so small as to be likely to bind, or so large as to prevent effective fire and smoke-sealing; d) hanging devices, securing devices, self-closing devices and automatic release mechanisms are operating correctly.

Escape Routes.

In the event of a fire or other emergency, occupants should be able to evacuate the premises by routes safe from fire and smoke and free from obstruction. This can only be achieved if escape routes are unobstructed, if fire resisting door sets are kept closed and exit doors are readily usable at all times while the premises is occupied. In order to maintain escape routes to the standard required, all such facilities within the premises should be inspected on a regular basis by a designated member of staff. If an impediment is noticed in the areas of egress, then it should be removed immediately and steps taken to prevent a recurrence. It is recommended that prominent prohibitory signs should be erected at points where problems can occur

4.12 Security & CCTV

- Unit has ramp access to doors to allow for wheelchair or pushchairs
- Tarmaced area in car parks
- Adequate lighting
- CCTV is in place at the Village Residence.
- The Village Residence is a standalone unit. The DOC service is based at the front of The Village Residence from 18:00 to 08:00 each weekday and 24 hours each weekend. This service has its own entrance.

- Windows and doors are secured at all times at night time
- If someone comes to main front door, staff should be able to visualise on the intercom/camera system who is present. If this is not in working order, the Clinical Nurse Manager must bring to the immediate attention of the Person in Charge.

Security services are in place at night time. New staff should be familiar with personal alarms that are supplied and the means of contacting the security officer at night time. Walkie-talkies are provided for staff to urgently communicate with security personnel.

Lighting is provided in all external areas. Night staff should bring to the attention of management any defects in lighting in external areas that they notice at night time.

Trees and shrubs have been cut back to ensure that they cannot be used in a way that may compromise safety of staff.

While there is an open visiting policy, visitors are asked to vacate the premises by 21.30 pm in order to ensure dignity and comfort of residents. There are occasions where residents may wish their relatives to be present and where relatives may wish to remain with the resident at night time. In these instances it should be brought to the attention of relatives and residents that access is possible via using the intercom and camera system at the front door. Any relative or visitors who require access to the building can do so using the wheelchair ramps provided.

All visitors must sign the visitor's book displayed at the entrance to the building.

Issues / incidents in relation to security are reported on an incident report form

CCTV cameras are in place for security and health and safety both internally and externally. Please refer to CCTV policy for details.

4.13 Electrical Safety

All electrical equipment is used stored and maintained in accordance with the manufacturer's Guidelines.

All defective electrical equipment should be taken out of circulation, a notice placed on same advising of fault and who and when notified of fault and reported without delay to your Clinical Supervisor / Department Manager.

If a piece of equipment can be repaired on site by the Maintenance Dept as per the Manufacturer's instructions, a maintenance request should be completed for same and given to the Maintenance Team e.g. Pump wheel on wheelchair/ replace broken socket. If the equipment cannot be repaired on site, the Person in Charge shall arrange for audit of same by the appropriate Company and advice on repair. The administrator shall keep track of equipment being sent for repair and notify the Clinical Supervisor when received back and return to the unit when fit for purpose. All equipment when not in use should be plugged out. Mobile phone chargers / battery chargers for resident equipment should be disconnected immediately from the socket when the battery is charged.

Cable ties should be used where there are excess wires. Hooks underneath beds should be used to keep cables relating to bed and pressure relieving or other equipment tidy.

It is the responsibility of each member of staff to ensure that the area around their own workspace is free from hazard.

Safe Work Practice – Electrical Safety - Treatment of electrical shock

4.14 Chemicals

A number of chemicals are used in the cleaning of the Unit, such as cleaning agents, washing powders etc. All chemicals are stored in an orderly manner in a secure, well ventilated locked press.

The quantity of chemicals stored is kept to a minimum at all times and if decanting to other containers is necessary the instructions and measuring jugs to complete same are available to staff. Appropriate PPE such as aprons, gloves & goggles must be worn when using chemicals.

Staff/ contract cleaners using chemicals must always read the labels on the chemicals carefully before use, and follow all instructions outlined on the label. Any personal protective equipment provided for use must be used where required, e.g. gloves, goggles etc. Cleaning supplies are ordered from the Supplies Officer.

Any defective or missing personal protective equipment should be reported immediately to your Line /Suite manager for replacement. Chemical Risk Assessments on the products used are available in the appendix of this Safety Statement.

The Risk Assessments & the Relevant Safety Data Sheets (SDS) relevant to each chemicals used in a given area shall be appended to the Safety Statement for that area.

These Safety Data Sheets includes information on safe storage, handling/use, appropriate personal protective equipment, accidental spillage procedures and disposal of all chemicals. All staff to read and be familiar with:

Safe Work Practice - Use of Chemicals - Cleaning Operations

4.15 Smoking

Smoking is strictly prohibited within all buildings owned or occupied by the Health Service Executive including offices, hallways, waiting rooms, restrooms, lunchrooms/canteens, elevators, meeting rooms and all community work areas. This policy applies to all employees, contractors and visitors. It also should be noted that Health Service Executive vehicles are regarded as a place of work under the Act, and so smoking is also prohibited in all vehicles owned, or leased to the Health Service Executive.

The Village Residence is a tobacco free campus since 2016. Any parties wishing to smoke must do so off the campus site. Smoking will not be permitted in any circumstances during normal working time, and employees wishing to smoke may only do so during their official break periods.

The promotion and the sale of tobacco products is prohibited in the Health Service Executive. There is no designated smoking room for residents in The Village Residence.

4.16 Welfare

The Health Service Executive recognises its greatest asset is its employees and that dealing with people who are traumatised can be difficult and can produce stress or strain with repeated exposure in the long-term. Such stress may also be the result of pressures within personal life or within the workplace.

Stress is a recognised factor in most of our lives. It has to be lived with or managed if we are to avoid “burn out”, being rendered ineffective or become ill as a result.

The Occupational Health Service offers a confidential service to employees who think they may be suffering from the effects of stress, whatever the cause. The Human Resources Department and family networks can also provide support.

In the event of significant trauma beyond the range of normal experience, the Health Service Executive, Midlands Louth Meath CHO provides a voluntary psychological debriefing service, which is accessed via the Occupational Health Service on 041-6857811.

Confidential Staff Counselling Service can be accessed through the Occupational Health Service (Staff care – 1800409388). The Health Service Executive acknowledges its legal duties to provide a safe and secure environment in which to work, free from harassment and which gives employees the opportunity to manage their own health and fitness.

In The Cottage there is a staff canteen, sitting room and staff changing and locker facilities available.

4.17 Bullying

“Workplace bullying is repeated inappropriate behaviour, direct or indirect whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment, which could reasonably be regarded as undermining the individual’s right to dignity at work.

An isolated incident of the behaviour described in this definition may be an affront to dignity at work but as a once off incident is not considered as bullying”. (Dignity at Work Policy for the Health Service 2009)

The HSE North Eastern Area will not tolerate any employee, regardless of their position, treating a fellow worker with anything less than their due dignity. For further guidance on forms of bullying and procedures for dealing with allegations of bullying, refer to revised Dignity at Work Policy for the Health Service 2009.

4.18 Stress

Stress can mean different things to different people, and are often defined as a mismatch between the demands placed on us and the way we view our ability to deal with these demands. It may have a positive or negative impact.

While the HSE has no control over external factors, it is committed to identifying sources of stress in the workplace and will take action to reduce or, where possible to eliminate those causes of stress within its control. For further information in relation to the management of stress please refer to the HSE NE Area 2002 “Stress Management Policy” appended to this document.

4.19 Violence and Aggression

There are occasions where there is a possibility of violence towards staff, between residents and between visitors and staff. In situations where there is a possibility of violence, staff should protect themselves and their residents in the first instance.

- There is a need to effectively defuse the anger of a Resident, family or visitor in a calm and professional manner.

Not every threat of violence can be predicted or prevented

There are a number of reasons why there is an increased risk in the potential for violence in hospitals. The environment is open. People who are in hospitals are under high levels of stress. There are long waiting times, crowded conditions, and gaps in communication. There are also a wide variety of patients and families from all walks of life. On occasion, families, friends or patients may be under the influence of alcohol and other drugs which may decrease their inhibitions.

- Anger is a response to feeling threatened, scared or hurt.
- People displace their anger on a “safe target”.
- People are upset that they are in the “patient” role and displace their anger on those who are providing their care and healing.
- According to the National Institute of Safety and Health (NIOSH), 45% of the perpetrators of workplace violence are patients, family or visitors.
- The motivation for the attacks in the workplace breakdown to the following categories:
 - 26% were the result of irrational behaviors.
 - 19% had to do with dissatisfaction with service.
 - 18% were crimes associated with robbery as the motivation.
 - 15% were due to interpersonal conflicts.
 - 12% were in response to disciplinary actions.
 - 8% were due to personal problems and
 - 2% were perpetrated by employees who had been terminated from the organization.
- Where there are instances of violence a lead person should;
 - Identify yourself and role.
 - Anticipate their questions using your experience. People want to know what to expect.
 - Explain the process and procedures in plain terms.
 - Acknowledge their emotional pain, feelings of helplessness and fears.
 - Empathize.
- Note when situation first escalates.
- Louder voice
- Fidgeting, verbal sounds
- Build up of energy
- Be Proactive not Reactive. Attend to client before things get out of hand.
- The staff needs to be in control by actively defusing the patient, family or visitor.
- Avoid arguing or defending previous actions.

- Avoid threatening body language (don't stand with arms crossed).
- Calmly but firmly outline limits of the setting.
- If situation continues to escalate, patient will give more physical cues (louder, more agitated verbalizations, etc).
- Staff needs to intervene to defuse.
- Reduce stimulation from setting...e.g. bring from waiting room to exam room.
- Communicate information about any delays etc.
- Give some choices.
- As emotions increase, auditory processing abilities decrease.
- Give an upset patient, family or visitor plenty of personal space.
- Allow a frustrated patient some time to vent.
- Ignore personal verbal "attacks".
- Limit stimulation and traffic in treatment area.
- If there is a trusted person that can be identified, consider suggesting that the person be present in treatment room to calm patient, family or visitor.
- Personal alarms are used by staff in St. Mary's Hospital.
- They must be worn at all times in order to be effective when needed especially at night time and staff from both Units should go to where the alarm has activated.
- In addition there is an emergency alarm situated under each nurse's station. When this is pressed it will activate within the Local Garda Station.
- Some are so sensitive that they activate by mistake.
- Report workplace verbal or physical threats to the Clinical Nurse Manager.
- Document the incident near miss and hazard report form.
- Remember that all staff must have Gardai vetting and this includes all voluntary workers. Please refer to policy on Recruitment of Staff.

4.20 Night Work / Shift Work:

The staff in The Village Residence provide a twenty four hour service to the residents and are required to work over the seven days with care staff working night duty. Shift work can have an effect on people's health such as interrupting sleep patterns. No staff member works on continuous night duty.

4.21 Information Training and Instruction

Induction training is essential for all new staff. All new employees must be instructed of known hazards and control measures in place. Additional supervision may be required and a buddy system is in place for new staff.

An appropriate manual handling training programme is in place and made available to all employees. External facilitators are requested to provide in-house training as required. Training records are maintained by the Director of Nursing Office.

Information in the form of Fire Orders, evacuation plans, warning signs and posters will be displayed at prominent locations throughout each premise.

Agency staff should be inducted by the Department Manager and an agency induction checklist is completed on their first day and filed in their personnel file. Agency staff must have all statutory training completed prior to commencement of employment.

4.22 Contractors

Contractors will be provided at pre-contract stage with a copy of this safety statement as will visitors who may be affected by our work activities e.g. Inspectors, suppliers etc.

They will sign the documents to indicate that they have read and understood them. They will perform their work in accordance with the HSE's requirements. It is implied in this condition that, in its work activities, the contractor or visitors will adhere to recognised standards and regulations relevant to their works. The contractor has permission to distribute the Statement's Safe Work Practice Sheets to its workforce.

Contractors will be required to submit their own safety statement at pre-contract stage for examination in addition to the following information:

- Up to date Statement from Contractor's Insurers that Contractor can comply with contract insurance requirements (€6.5 Million Public Liability reqd.)
- A Method Statement for how works are to be completed on site.

Those relating to buildings and their services will be examined by the Administrator /Asst. Administrator and a representative from the Estates Department or other appropriate person.

A meeting with contractor to agree work methods and safety precautions will be held and documented with the Administrator or /and the Person in Charge. The Maintenance Officer,

HSE Estates representative and the manager of the area /dept will be consulted and made aware of precautions to be taken. A risk assessment regarding the work & any required actions will be completed and discussed with the Clinical Supervisor.

.The HSE has acquired published safety material relevant to its work activities. This material includes legislation, standards, guidance notes and codes of practice together with some journals and publications from occupational safety and health organisations.

Sources of health and safety information are as follows:

- Safety Data Sheets
- Manufacturers/Suppliers Manuals
- Corporate Policies and Procedures (of former NEHB)
- Safe Work Practice Sheets
- Occupational Health Department
- Health and Safety Department
- Risk Management Department

4.23 Infection Control

The Village Residence has access to the Public Health Department and also Occupational Health for advice and guidance on Infection Control. Procedures and guidelines are developed and reviewed through these Departments as well as the prevention and management of any outbreak which may occur. Infection Control issues are also a rolling agenda item on the Monthly Management Team Meeting. All staff employed will receive annual updates on Infection Control and Waste Management. Regular hygiene audits will take place in conjunction with the Infection Prevention and Control Clinical Nurse Specialist, Noeleen Hallahan.

4.24 Pre Admission Assessments

All prospective Residents must have a pre admission assessment completed to ensure that the service can actually meet the needs of prospective residents. Only when the Clinical Nurse Manager and Director of Nursing Office Personnel have

discussed in detail all pre admission assessments, and have discussed the risks associated with a resident, can a resident actually be admitted.

4.25 Pressure Area Care.

- All residents must have a skin and pressure area assessment completed within 6 hours of admission. Skin tears, marks, bruises, pressure sores, darkened areas must all be recorded, body mapped and the Director of Nursing Office notified immediately using the Wound and Skin Break Form. An incident form must be completed immediately
- A full skin tear protocol and pressure sore protocol must be followed immediately without exception.
- For residents who are deemed at risk of developing pressure ulcers, **10 or higher**, pressure relieving equipment such as cushions and pressure relief mattresses must be used, it must be recorded the bed the person is nursed on, the mattress type they are nursed on, the rationale for the mattress type and how that decision was taken as per pressure ulcer wound care protocol, and a service date if available of the mattress they are being nursed upon.
- For all Residents, the following must be documented in the Care Plan and related documents;
- For all residents SEM scanner will be completed to monitor/prevent pressure sore
- Waterlow Score according to changes in the residents condition and document on the Waterlow Reassessment Chart
- Inspect skin on all personal care interventions or hourly if higher risk
- Instigate a repositioning chart for all residents who cannot reposition themselves. Frequency of repositioning is determined by skin inspection.
- Take a 24 hour approach to repositioning including while resident is seated. Document on repositioning Chart.

- Heel protection is in place to off load pressure from heels and monitor same on an hourly basis if high risk. Ensure to document same.
- Ensure the MUST Assessment is undertaken and record fully intake and output
- Skin care needs of the incontinent resident, at risk of pressure damage, is in accordance to skin care and incontinence Care Policies.
- Referral is made to nurse with special interest in tissue care for advice or to CNS IN OLOL.
- Complete an incident report form for any mark, graze, bruise or pressure ulcer
- Notify HIQA through the DON Office if pressure sore grade 2 or higher.
- Report through DON Office if suspicion of any form of abuse.

4.26 End of Life Care

- All residents and their families must be invited to discuss end of life care decisions within one month of admission. The document used within this service is Priorities for care. This must be used with all residents and reviewed three monthly or more often as part of the care planning process.
- Resuscitation status is a medical Doctor decision. While this does not preclude nurses from discussing with their residents resuscitation, the ultimate decision is a medical doctor decision with the resident, their representatives and the multidisciplinary team. Resuscitation status and My Preferred Priorities for Care must correspond based on the wishes of the resident and/or their representatives. Resuscitation status must be reviewed six monthly and must be medically recorded within medical notes on each review, even if the resident requests that they do not want the issue discussed again.

4.27 Weights.

All residents must have their weight recorded immediately on admission and at regular weekly or monthly basis. Any decrease in weight must be actioned upon immediately.

All residents with restricted intake of food or fluids must be commenced on food intake diaries and food and fluid intake charts. Full referrals to speech and language and Dietetic services must be sent immediately. The MUST Score must be used for all nutritional assessments and an action plan put in place for same.

4.28 Eating and Drinking.

Refer to dietician and speech and language therapy if any suspicion of malnutrition.

All residents must have an assessment of their eating and drinking patterns on admission. Preferences, dislikes and likes must be recorded. Any special diet must be recorded and communicated to catering staff.

Until staff become familiar with the resident they must measure dietary, including fluid intake.

Ensure that all those with eating or swallowing difficulties are seated upright when offered food and fluid.

Administer nutritional supplements as prescribed.

Record intake and output accurately on fluid balance chart. Total intake and output at end of each 24 hour period. Take appropriate action based on findings.

Ensure that new PEG feed recording chart is used for all residents with PEG feeding.

Observe stoma for any signs of infection/bleeding/dischouration or retraction and take appropriate action.

Ensure that any subcutaneous fluids are prescribed and follow Policy on Subcutaneous Fluids.

4.29 Falls.

A falls risk assessment must be completed for every resident. These must be reviewed every three months or more regularly if a resident has a fall. Each time a resident has a fall, a falls risk re-assessment must be completed using the falls protocol within the falls Policy. There are no exceptions to this. All residents and families must be given information on falls.

Recent Audits have revealed that while we are good at falls assessments we need to concentrate more on an appropriate follow up care plan. A Falls policy review was undertaken in 2018 and will be fully implemented in 2019.

The Care plan must demonstrate what exactly is being done to prevent the resident from falling based on the assessment. Specifically a night time care plan must also be in place for those at risk of falling.

4.30 Elimination.

Record any problems with Elimination

Record Elimination Patterns including bowel and bladder Function.

Encourage a specific diet in consultation with Dietician

Administer prescribed medication, note and record effects.

Establish a toileting schedule with resident

Record equipment resident requires to eliminate

Record and specify use of incontinent products.

Obtain stool specimens and any investigations required on Investigations care plan.

Record date of catheter insertion, rationale for catheter insertion and date to be removed and record date inserted, size and inserted by whom

Ensure that catheter care is maintained as per Service Policy

Document date catheter is removed and by whom.

Isolate and follow infection control procedures for a resident with Diarrhoea

Refer to multidisciplinary team and keep copy of all referrals to all disciplines.

Observe stoma for any signs of infection/bleeding/dicolouration or retraction and take appropriate action

4.31 Complaints

Ensure all Complaints, Issues and concerns are dealt with as Per HSE Your service Your Say Policy on Complaints.

4.32 Communication

Ensure that communication with all residents and their representatives is recorded as per Policy on Communication. Record any communication obstacles and care plan within the Residents Care Plan.

4.33 Sleeping

Record the resident's normal patterns of sleeping.

Encourage stimulating activities during the day

Allow the resident adequate rest periods during the day

Record and give a rationale for assisting back to bed during the day

Administer sleeping tablets as prescribed and monitor and report any adverse effects of medications.

4.34 Consultation and Referral to Doctors.

All urgent referrals to Doctors must be accompanied by using the Early Warning Score and Communication Aid for Nurses when Communicating with Doctors. Vital Signs and Observations must be continued until the urgent situation has been resolved and the Resident has been seen by a Doctor.

Behavioural and Psychological Issues associated with Dementia or Mental Health

In addition to the Policy on Behavioural and Psychological Issues associated with Dementia, Staff must ensure that

1. The resident is not in pain.
2. They are not constipated
3. They are not hungry
4. They are not thirsty
5. They have no underlying delirium
6. They are not frightened, lonely or feeling lost
 - a. If a person's behaviour is difficult to manage, nursing staff should consider using the use of the Glasgow Coma Scale to rule out the possibility of infarct or cerebral haemorrhage.
 - b. Notify and seek advice from Medical Personnel
 - c. Notify and Seek referral to Mental Health Team in consultation with Medical Doctor/Medical Officer.

4.35 Scalds & Burns

All employees must read and understand all safe work practice sheets relating to the use of work equipment in their ward/department particularly when using ovens, steamers, water boilers, dishwashers and all other heat or steam emitting appliance. Particular care must be taken when handling/moving pots, or other vessels containing hot liquids or other substances. Staff should never hesitate to look for assistance in handling such loads, where considered necessary.

4.36 Cuts & Abrasions

All employees must read and understand all safe work practice sheets relation to the use of work equipment in their department and ward particularly using/cleaning meat slicers, food processors, knives or other implements/appliances which may present a risk of cuts or abrasions, or lacerations to the skin. All manufactures instructions for use should also be carefully followed.

4.37 Water Quality Management

An External Water Monitoring Company holds the contract for monitoring water quality in The Village Residence with the focus specifically on the Legionella Pneumophilia risk management programme. A programme of checks, inspections and monitoring of the risk systems is in place and site visits are conducted monthly. Francis McArdle, Louth Administrator is the site contact person. If a positive test is identified, the appropriate personnel must be contacted and appropriate actions initiated.

4.38 Equipment Management

All equipment is used, stored and maintained in accordance with the manufacturer's Guidelines. All defective equipment should be taken out of circulation, a notice placed on same advising of fault and who and when notified of fault and reported without delay to your Unit Department Manager, who in turn will notify the Person in Charge.

If a piece of equipment can be repaired on site by the Maintenance Dept as per the Manufacturer's instructions, a maintenance request should be completed for same and given to the Maintenance Team e.g. pump wheel on wheelchair/ replace broken socket. If the equipment cannot be repaired on site, the Person in Charge shall arrange for audit of same by the appropriate Company and advice on repair.

The administrator and his team shall keep track of all equipment on the Equipment Log Template stored on the shared drive, including equipment being sent for repair and notify the Clinical Supervisor when received back and return to the unit when fit for purpose.

All equipment when not in use should be plugged out and stored appropriately. Mobile phone chargers / battery chargers for patient equipment should be disconnected immediately from the socket when the battery is charged.

It is the responsibility of each member of staff to ensure that the area around their own workspace is free from hazard to residents, staff and visitors.

4.39 Vehicle Management / Safety

The traffic system in The Village Residence is arranged around two entrance/exits; one at the back of the building at St. Mary's Villas and one on the Dublin Road. The exit and entrance is clearly marked. There are dedicated appropriately marked parking spaces. Walk ways for the residents are clearly marked.

4.40 Slips, Trips & Falls

Staff must take responsibility for their safety particularly in their own immediate working environment. Neat and tidy working is part of this responsibility. Relevant storage of all material and equipment is essential. Hazard identification and control measures have been carried out regarding slips, trips & falls. Correct footwear & ensuring appropriate processes are in place regarding cleaning is essential.

Falls Risk Assessments are completed for all residents.

11.12 Index of Risk Assessments Please refer to Risk Data Base	
{LOCATION/SERVICE} MLM CHO Date:	
RA 1	
RA 2	
RA 3	
RA 4	
RA 5	
RA 6	
RA 7	
RA 8	
RA 9	
RA 10	
RA 11	
RA 12	
RA 13	
RA 14	
RA 15	
RA 16	
RA 17	
RA 18	
RA 19	

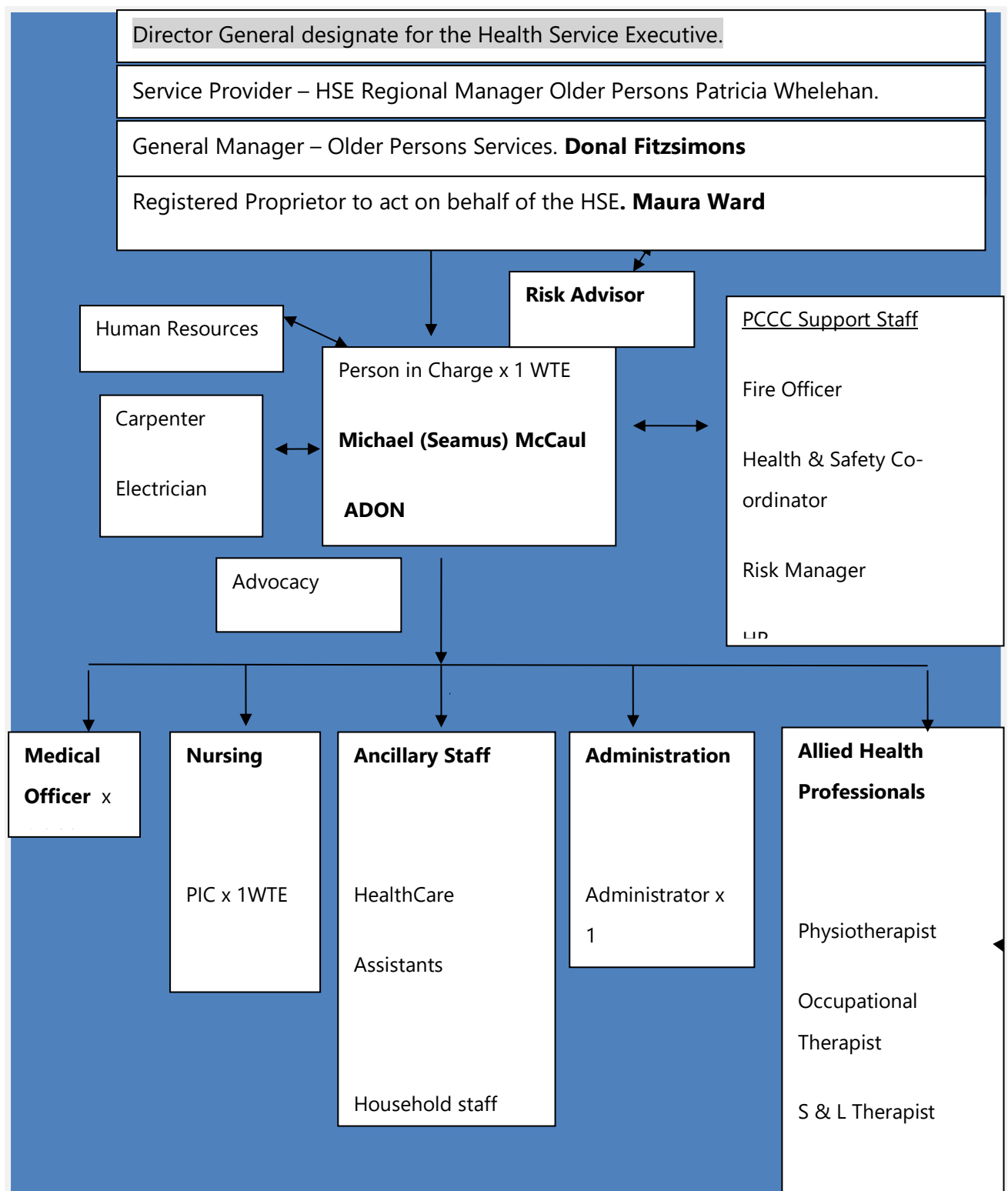
RA 20	
RA 21	
RA 22	
RA 23	
RA 24	
RA 25	
RA 26	
RA 27	
RA 28	
RA 29	
RA 30	
RA 31	
RA 32	
RA 33	
RA 34	
RA 35	

RA 36	
RA 37	
RA 38	
RA 39	
RA 40	

Insert copy of each Risk Assessment for your location here.

Ensure each Risk Assessment has the correct location, date and is signed!

Appendix 1**Organisation Structure Details.**



Appendix 2

Add / Delete to reflect the make-up of the Site Safety Management Team in the specific location referred to in this Safety Statement.

Site Safety Management Team

Resident Representative.

Medical Representative. Dr. John Mulroy

Person in Charge. Michael McCaul

A/Assistant Directors of Nursing. Leenamma Varghese

Clinical Nurse Manager . Simi Kurian

Assistant Directors of Nursing Jolly Varghese

Clinical Nurse Manager: Sujitha Sukumaran

Clinical Nurse Manager Seema Pankaj

Allied Health Professional Representative(s)

Safety Representative Geraldine Kermode

Catering Representative Dolores Flood

Administration Representative Alan McCartney

SIPTU Representative

INMO Representative

Maintenance. Tony McKenna, Malachy Callan, Christopher Woods.

11.14

Additional Information

Insert Equipment List for your location here (List IT Equipment & Other Equipment)

Computers x 24

Bed Pan Washers by 5

Washing machines x 5

Dryers x 4

Overhead hoists x 18

Manual Hoists x 2

Sara Steady Hoists x 23

Dishwashers x 6

Boiler x 4

Generator x 1

Call bell system all bedrooms

Water dispensers x 5

Ban Marie x 5

Covid Response Plan

See above.

I have read, understood and agree to adhere to this Safety Statement and the associated supporting documentation.

Location: **LOCATION**

Print Name	Signature	Discipline	Date

