



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

***Safety Statement
For
St. Mary's Hospital, Drogheda***

Revision No.	1/2018	Drafted by:	Administration team & Registered Provider
Date:	January 2019	Approved by:	Management Team and Staff of St. Mary's Hospital
Review Date:	January 2020	Responsible Person:	Maura Ward Provider Nominee

Safety Statement for St. Mary's Hospital, Drogheda is revised on a yearly basis. The following Site Specific Safety Statement is for the Year 2018.

Signed_____

Date_____

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Section 1.0	Safety Policy
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1.0 Safety Policy

The Health Service Executive (HSE) was established on 1 January 2005 and is responsible for providing health and personal social services to everyone living in Ireland. In accordance with the Government's reform programme for the Irish health service, the HSE Directorate was formally established on 24 July 2013.

The aim of the Corporate Safety Statement is to formally declare the means by which the management of the HSE intends to comply with its statutory duty in accordance with the Safety, Health and Welfare at Work Act 2005 (SHAWW Act 2005) and associated regulations. The HSE is committed to ensuring in so far as is reasonably practicable the safety, health and welfare of employees, service users, visitors, contractors and others who may be affected by our activities.

The Corporate Safety Statement has been prepared to inform all employees of the HSE's Safety Management Programme and emphasises the importance of employee co-operation to ensure the successful implementation of the Safety Management Programme.

The aim of the Safety Management Programme is to ensure that the HSE has appropriate systems in place to manage all foreseeable health, safety and welfare risks as far as is reasonably practicable based on the identification of hazards and assessment of risks for all services as required under Section 19, of the Safety, Health and Welfare at Work Act 2005.

The implementation of the Safety Management Programme will greatly assist with the provision of a safe and healthy environment for all our employees and be instrumental in providing a safe and high quality service for our service users and others who may be affected by our activities.

It is important to create an environment in which health and safety professionals, quality and patient safety professionals, infrastructural safety advisors, fire safety personnel and other relevant personnel involved in the management of risk work side-by-side to ensure that there is fully integrated approach in which all aspects of risk are appropriately and adequately addressed.

It is a requirement of the Corporate Safety Statement that all Services within the HSE have in place a Site Specific Safety Statement. The Site Specific Safety Statement shall identify the persons responsible for ensuring that the Safety Management Programme is successfully embedded within the respective Service and that arrangements are in place to monitor the effectiveness of the Safety Management Programme on an ongoing basis.

The HSE will ensure that the Safety Management Programme is comprehensive, properly planned and integrated throughout all management functions and services across the HSE. The HSE will ensure that there are appropriate arrangements in place to review the Safety Management Programme to ensure it is complete, properly functioning and effective.

The HSE promotes the Health and Safety Authority's **Guidance on the Management of Safety, Health and Welfare in the Health Sector, 2006** and requires the use of the accompanying document, **Auditing a Safety and Health Management System - A Safety and Health Audit Tool** for the Healthcare Sector to assist in the continuous development and implementation of the safety management programme. Use of this audit tool will provide a source of evidence to assure compliance with legislation and with key elements of the Health Information and Quality Authority (HIQA) National Standards for Better Safer Healthcare June 2012.

(Ref: HSE Corporate Safety Statement 2017) – copy included in this folder)

Section 2.0	Declaration of Intent
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2.0 Declaration of Intent

The Safety Statement has been prepared in accordance with provisions of the Safety Health and Welfare at Work Act, 2005 and General Application Regulations 2007. The basic intent of the document is to formally declare the means by which the management of St. Mary's Hospital within the HSE Midlands Louth Meath CHO ensures, in so far as is reasonably practicable, the safety, health and welfare of staff, clients and others such as visitors, and contractors who may be affected by our activities.

The Safety Statement contains details of St. Mary's Hospital, *Louth Older Persons Services HSE Midlands, Louth Meath CHO*, Safety Management Programme and of the general arrangements for occupational safety, health and welfare within the service.

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

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

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

Signed..... (General Manager)

Date.....

General Statement of Policy

2.1 General Statement of Policy.

St. Mary's Hospital is responsible for the delivery of long term care services to older persons in Louth.

We aim to support and care for the older population of Co. Louth with the most appropriate response to their needs. Our response is person centred and driven by quality and fairness.

Louth Older Persons Services is responsible for delivering the following core community services to residents of County Louth: Audiology, Dental, Dietetic, Disabilities Community & Residential Services, Environmental Health, Family Support Services, General Practitioner Service, Home Support Services, Occupational Therapy, Ophthalmology, Palliative Care, Physiotherapy, Primary Care Team Services, Psychology, Public Health Medical Services, Public Health Nursing Services, Services for the Older Person – Community & Residential, Speech & Language Therapy, Services for Travellers.

These services are supported by the following functions –

- Quality & Risk Management,
- Finance,
- Administration,
- Human Resources and
- Estate Management.

It is our policy to do all that is reasonably practicable to prevent injury or ill health to staff, service users and others who come in contact with our activities. In recognition of our responsibilities under the Safety, Health and Welfare at Work Act, 2005 and other legislation relevant to our operations, the Service, is committed to providing and maintaining safe and healthy working conditions by the following measures:

1. Promote 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.

2. Provide and maintain 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 come into contact with foreseeable hazards.
3. Information, training and supervision will be provided to all staff to develop safety awareness, enabling them to work safely and effectively.
4. Identify and define all individuals responsible for Health and Safety arrangements.
5. Encourage full and effective joint consultation on all health and safety matters.
6. Provide financial and / or staff resources required in so far as is reasonably practicable.
7. Review this safety statement and its contents or in the event of new developments or experiences.

Review Safety Statement when:

- (a) there has been significant change in the matters to which it relates, or*
- (b) there is another reason to believe that it is no longer valid, e.g. new legislation, following an accident, introduction of a new process, etc.*

This Safety Statement will be brought to the attention of all Staff and Contractors who come in contact with our service.

The safety and health of our staff is an important service objective.

All staff are responsible for taking reasonable care of their own health, safety and welfare and that of their service users and others affected by their acts or omissions at work.

Adherence to safety procedures is a condition of employment and wilful negligence will result in disciplinary action.

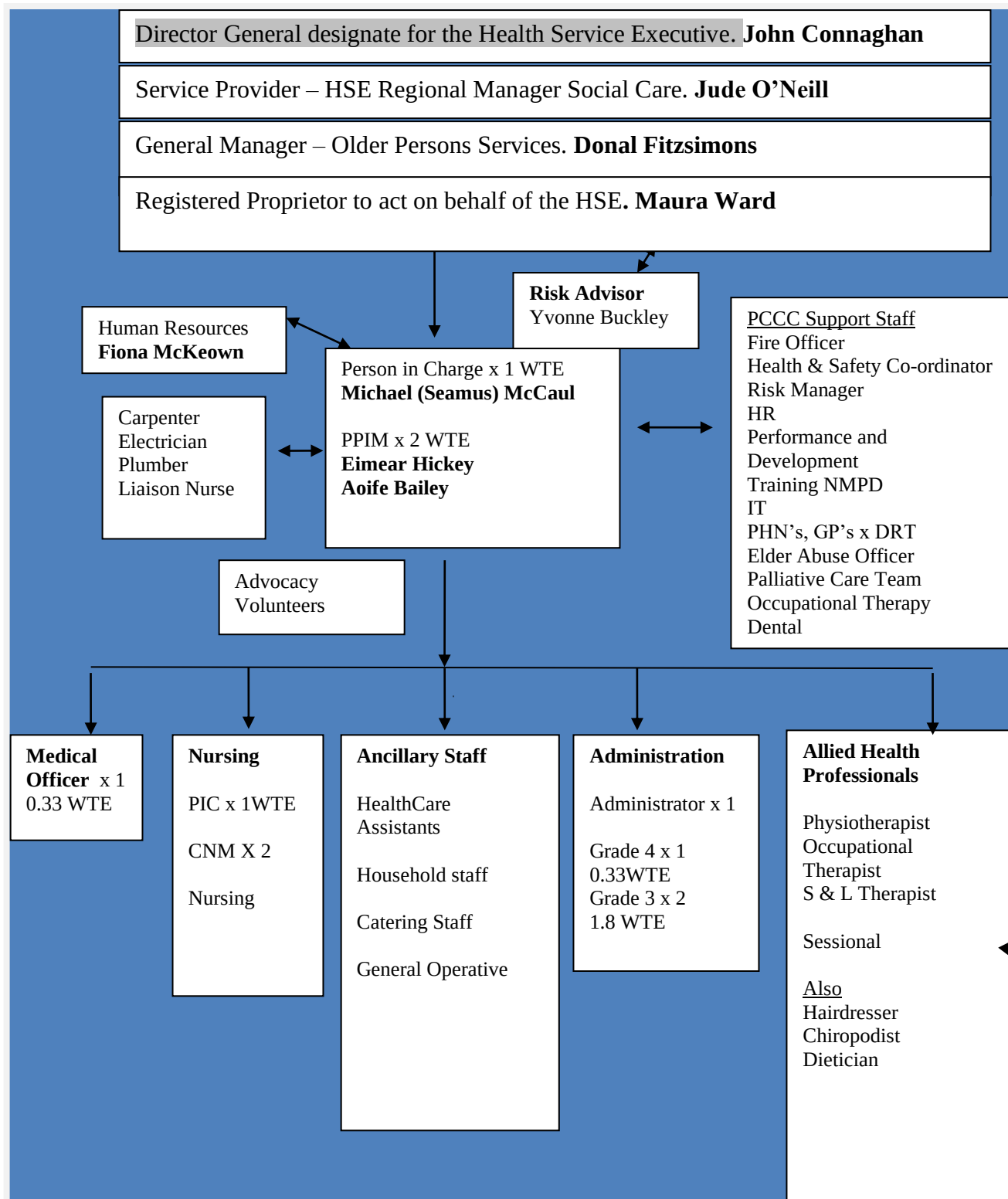
3.0 Organisational Responsibilities

3.1 General Duties of the Employer

- Managing and conducting all work activities so as to ensure the safety, health and welfare of people at work (including the prevention of improper conduct or behavior likely to put employees at risk).
- Designing, providing and maintaining a safe place of work that has safe access and egress, and uses plant and equipment that is safe and without risk to health.
- Prevention of risks from the use of any article or substance, or from exposure to physical agents, noise, vibration and ionising or other radiations.
- Planning, organising, performing, maintaining and, where appropriate, revising systems of work that are safe and without risk to health.
- Providing and maintaining welfare facilities for employees at the workplace.
- Providing information, instruction, training and supervision regarding safety and health to employees, this must be in a form, manner, and language that they are likely to understand.
- Cooperating with other employers who share the workplace so as to ensure that safety and health measures apply to all employees (including fixed-term and temporary workers) and providing employees with all relevant safety and health information.
- Providing appropriate protective equipment and clothing to the employees (and at no cost to the employees).
- Appointing one or more competent persons to specifically advise the employer on compliance with the safety and health laws.
- Preventing risks to other people at the place of work.
- Ensuring that reportable accidents and dangerous occurrences are reported to the Health and Safety Authority.

Every employer shall manage and conduct his or her undertaking in such a way as to ensure, so far as is reasonably practicable, that in the course of the work being carried on, individuals at the place of work (not being his or her employees) are not exposed to risks to their safety, health or welfare.

Organisational Responsibilities



Organisational Responsibilities

3.3 Integrated Services Area Manager

Jude O'Neill, Head of Social Care Midlands Louth Meath CHO is responsible for the integration of safety, health and welfare into all activities within his area of responsibility.

- Have in place a Site/Service Specific Safety Statement which conforms to the requirements of the Corporate Safety Statement and is supported by a documented risk assessment procedure.
- Ensure that the systems, processes and resources necessary to manage safety health and welfare are in place within all sites/services within their area of responsibility.
- To ensure that appropriate systems are in place to communicate the Site/Service Specific Safety Statement to all employees and other persons who may be exposed to any specific risk to which the Safety Statement applies at least annually and at other time following amendment.
- To ensure that the Site/Service Specific Safety Statement is reviewed and updated on a regular basis and in the event of any significant change in work practice.
- Oversee the auditing of the safety, health and welfare management system, and ensure results are acted on through the development of appropriate action plans
- Promote the integration of safety, health and welfare into all activities of their area of responsibility i.e. management team meetings.
- Incorporate Safety, Health & Welfare legislation as part of the general conditions of a contractor's work specification at all stages of the procurement process
- Integrate performance indicators in relation to safety, health and welfare as part of team based performance management.
- Seek advice from specialist health and safety and risk advisors/managers as necessary.
- Ensure that employees have access to safety health and welfare training appropriate to their role and that a record of each employee's training is maintained.

- Provide reports from the safety committee to the Chief Officer of Midlands Louth Meath CHO annually or more frequently if requested
- Report safety, health and welfare risks identified that are not within their ability to control to the Chief Officer.
- Provide arrangements for the election of safety representatives.
- Put in place suitable arrangements for an effective and inclusive approach for safety representatives in the consultation process.

Contact Details:

Jude O'Neill,

Head of Social Care Services,

Midlands/Louth/Meath Community Healthcare Organisation,

Ardee Business Park,

Hale Street,

Ardee

Tel: 041 6871503; Email: CHO8.socialcare@hse.ie

Organisational Responsibilities

3.4 General Manager

Donal Fitzsimons, General Manager, Social Care Midlands Louth Meath CHO is

responsible for the management and integration of safety, health and welfare in Midlands Louth Meath Services for the Older Person.

- The availability of the Site Specific Safety Statement (SSSS) in their area of responsibility. This must be supported by a risk assessment that clearly reflects the risks within their Service.
- That the systems, processes and resources necessary to manage safety health and welfare are in place within their area of responsibility.
- Report safety, health and welfare risks identified that are not within their ability to control to the Area Manager.
- The systems and processes in place contribute to compliance with the Site/Service Specific Safety Statement (SSSS) and relevant legislation.
- Promote the integration of safety, health and welfare into all activities of their area of responsibility i.e. departmental/service team meetings.
- Ensure that the Site Specific Safety Statement (SSSS) and its related obligations are communicated throughout their area of responsibility.
- Empower 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.
- Distributing documented safe systems of work to nominated responsible people for action.
- Monitor the performance of the safety, health and welfare system through performance indicators and provide assurance the outcomes of the monitoring process are acted on through the development of appropriate action plans.
- Seek advice from specialist health and safety/risk advisors as and when required.
- Ensure that employees have access to and facilitate their attendance at safety health and welfare training appropriate to their role.
- Provide systems to support managers to record employee's training.
- Ensure that a comprehensive incident management process is in place for all incidents occurring within the department/service.
- Ensure that all safety related records are maintained appropriately.

Contact Details:

*Donal Fitzsimons,
General Manager Older Persons Services,
Midlands/Louth/Meath Community Healthcare Organisation,
Health Centre,
Longford Road
Mullingar,
Co. Westmeath
Tel: 044 9395068; Email: Donal.fitzsimons@hse.ie*

Organisational Responsibilities
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3.5 Heads of Service / Provider Nominee / PIC / Administrators

**Maura Ward, (Manager Older Persons Services, Louth), Seamus McCaul,
(Assistant Director of Nursing and Person in Charge), Aoife Bailey (Director of**

Nursing), Eimear Hickey (Assistant Director of Nursing) and Francis McArdle (Administrator, Louth Services for Older People) are responsible for the management and integration of safety, health and welfare in St. Mary's Hospital, Drogheda. Maura Ward as Provider Nominee has overall responsibility.

- The availability of the SSSS in their area of responsibility. This must be supported by a risk assessment that clearly reflects the risks within their Service.
- That the systems, processes and resources necessary to manage safety health and welfare are in place within their area of responsibility
- Report safety, health and welfare risks identified that are not within their ability to control to the relevant Local Senior Manager.
- The systems and processes in place contribute to compliance with the Site/Service Specific Safety Statement (SSSS) and relevant legislation.
- Undertake “walk about safety audits” in their area of responsibility, and document the findings while following up on corrective action to manage identified deficits.
- Promote the integration of safety, health and welfare into all activities of their area of responsibility i.e. departmental/service team meetings.
- Ensure that the SSSS and its related obligations are communicated throughout their area of responsibility.
- Empower 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.
- Distributing documented safe systems of work to nominated responsible people for action.
- Integrate performance indicators in relation to safety, health and welfare as part of team based performance management.
- Monitor the performance of the safety, health and welfare system through performance indicators and audit and ensure the outcomes of the monitoring process are acted on through the development of appropriate action plans.
- Seek advice from specialist health and safety / risk advisors as and when required

- Ensure that employees have access to and facilitate their attendance at safety health and welfare training appropriate to their role.
- Maintain a record of each employee's training.
- Ensure that a comprehensive incident management process is in place for all incidents occurring within the department/service.
- Ensure that all safety related records are maintained appropriately.
- Carry out Risk Assessments within their area of responsibility in consultation with staff.

Signed: (Provider Nominee) Date:

Signed: (PIC) Date:

Signed: (Administrator) Date:

Organisational Responsibilities

3.6 Heads of Department

Line Managers in St. Mary's Hospital are responsible for executing the safety management programme.

Their names are: Sinead O'Neill (Clinical Nurse Manager 2)

Seema Pankaj (Clinical Nurse Manager 1)

Dolores Flood (Chef in Main kitchen)

Tony McKenna (Maintenance)

Their Responsibilities are:

1. Carry out Risk Assessments within their area of responsibility in consultation with staff.
2. Ensure that the Safety Statement and risk assessment are brought to the attention of staff when:
 - (i) There has been significant change in the matters to which it relates, or
 - (ii) There is another reason to believe that it is no longer valid, e.g. new legislation, following an accident, introduction of a new process, etc.
3. Ensure that all staff fully understand and observe the arrangements for health & safety and are aware of their responsibilities under the health & safety statement.
4. Ensure staff are adequately trained to carry out their duties and ensure staff attend in so far as is reasonably practicable.
5. Ensure that health & safety requirements form an integral part of specifications for new substances or equipment being introduced into the departments operations.
6. Investigate incidents, accidents, and near misses and review incident forms.
7. Ensure defective equipment is taken out of use and report to appropriate person.
8. Ensure that appropriate PPE is provided and that all staff are provided with adequate information, training and instruction in relation to use and maintenance of PPE.
9. Promote a positive health & safety culture by leading by example and ensuring health & safety matters are included on the agenda of team meetings.

In the absence of the Department Managers listed above then the following will undertake line manager responsibilities:

Senior Nurse on duty

Kitchen – Senior cook on duty,

Administration Offices – Staff member on Duty

Maintenance - Person on Duty

Organisational Responsibilities

3.7 Employees in St. Mary's Hospital

All Employees in St. Mary's Hospital have the following legal duties under section 13 and 14 of the Safety, Health and Welfare at Work Act 2005 and are responsible for:

1. Taking reasonable care of their own safety, health and welfare and that of others.
2. Ensure they are not under the influence of an intoxicant to the extent that they may endanger themselves or others.
3. Co-operate with their employer or any other person as appropriate.

4. They must not engage in improper conduct or behaviour (including bullying / harassment).
5. Attend all necessary training and notify their respective manager if they require training.
6. Use safety equipment and PPE, or other items provided for their safety, health and welfare at work correctly.
7. Report to your line manager as soon as is practicable:
 - (i) Any work which may endanger the health and safety of themselves or others.
 - (ii) Any defect in the place of work, systems of work, articles or substance
 - (iii) Any breach of health and safety legislation of which he or she is aware.

Employees must not:

- (i) Interfere with, misuse or damage anything provided for securing the health, safety and welfare of those at work.
- (ii) Place anyone at risk in connection with work activities.

Employees must not:

- Intentionally or recklessly interfere with or misuse any appliance, or safety equipment provided to secure the safety health or welfare of persons at work.

The Health Service Executive, has expended considerable time and resources in the preparation of a Safety Management Programme designed to protect the interests of its employees. The programme will not succeed unless each employee co-operates fully.

Failure to comply with the terms of the Safety Statement may result in disciplinary action.

Organisational Responsibilities

3.8 National Health & Safety Function

The National Health and Safety Function falls under Employee Relations Advisory Services (ERAS), within Corporate HR. It has been established to provide effective, consistent, high-quality and readily accessible support.

The Head of the Function is supported by four National Health and Safety Managers. Each of these managers is responsible for a key delivery area, i.e. Policy, Audit and Inspection, Information and Advisory and Training and is supported by a team of National Health and Safety Advisors.

Staff wellbeing includes Staff Safety, Health, & Wellbeing

- **Information & Advisory Team** – National helpdesk for support requests and referral to other Teams Consistent, evidence-based information. Advice and guidance on-line information resource.
 - Contact the helpdesk on 046 9280630 between 10.30-12 and 2-3.30 or send the Helpdesk Information Request Form 1 to hs.helpdesk@hse.ie
- You will find the Helpdesk Information Request Form 1 on the website under the tab Staff & Careers > Safety & Wellbeing > Staff Health & Safety. **Policy Team** – Specialist policies, procedures, protocols and guidelines (PPP&G). Guidance and advice on policy National OSH standards.
- **Training Team** - Specialist statutory OSH training National statutory training needs assessment. Advice on local TNA. Collation of training data. Support local training provision.
- **Inspection & Audit Team** - Specialist inspections and audits, Annual audit programme
Trend monitoring and feedback, Assisting in OSH incident investigations

Contact Details:

Information on Safety and Wellbeing on the HSE website

www.hse.ie/eng/staff/safetywellbeing/

Organisational Responsibilities

3.9 Ms Yvonne Buckley, Quality & Risk Advisor

- Development of an incident reporting culture which involved both initial training for new staff as part of the staff induction programme and ongoing training for existing staff in Louth Older Persons Services. This also includes providing advice to staff and management from time to time as required in the completion of incident report forms.
- Investigate accidents, incidents or near misses as appropriate, make recommendations for corrective action and monitor implementation of recommendations made.
- Co ordinate the reporting of Serious Incidents in accordance with the HSE Safety Incident Management Policy 2014

- Advise Unit management on various issues such as records management, confidentiality, consent, risk assessment tools, etc
- Chair quarterly Quality & Risk meetings for the Meath Older Persons Services, and other committees as required
- Provide training on Incident Management, Policy, Procedures, Protocol and Guidelines to Heads of Services within area of responsibility.
- Provide assurance and support to Senior Service Managers on the implementation of Standards, Framework and review external inspection reports carried out by regulatory and professional organisations.
- Support and advise Senior Service Managers on the compilation of Risk Registers within their area of responsibility

Contact Details:

*Yvonne Buckley,
Quality & Risk Advisor,
Unit 1.02 First Floor,
Southgate shopping Centre,
Dublin road,
Drogheda,
Co Louth A92PN80
Mobile 087 9141269
E-mail yvonne.buckley@hse.ie*

Organisational Responsibilities

3.10 Selina Kavanagh (Estates) George Clare (Maintenance Manager)

- Has responsibility for the maintenance and management of properties within Louth Older Persons Services.
- Manage Water Quality, ensure that regular testing is carried out within the locations and any positive results are reported to location managers and ensure a flushing programme is in place. Follow up any retesting that may be necessary.
- Ensure that Healthcare Risk Waste generated at centres is managed/disposed of appropriately and in accordance with legislation and best practice.
- Link into the Louth Older Persons Services Health & Safety Committee regarding any incidents/audits/actions required concerning the above.

Contact Details:

*Selina Kavanagh,
Chief Assistant Technical Service Officer
Estates dept,
Bective Street
Kells
Co Meath A82NX32
Phone 087 2793816
Email selina.kavanagh@hse.ie*

*George Clare,
Maintenance Manager,
Social Care Midlands Louth Meath CHO
Ardee Business Park,
Hale St.
Ardee,
Co. Louth
Phone: 041-6871527
Email George.Clare@hse.ie*

Organisation and Responsibilities
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3.11 Consultant Occupational Health Physician

Dr. Peter Noone, Consultant Occupational Health Physician has responsibility to:

1. Contribute to the effective strategic management of all staff health, safety and welfare issues;
2. Assist management in providing a safer, healthier environment for staff, patients and visitors by recognising, assessing and suggesting ways for managing risks;

3. Be responsible for the process of assessing staff health prior to appointment and in the ongoing monitoring of staff health for those already in employment.
4. Advise on the medical suitability of an applicant or employee to perform all or any part of the job description/person specification and assist the personnel department in making any reasonable adjustment that may be required under the Employment Equality Act 2000;
5. Assist in identifying where sickness absence is a concern and make suggestions for eliminating identified causes, consequently assisting in its management and reduction;
6. Be aware of the organisational and individual causes of work related stress and advise management on the drawing up, implementation and monitoring of strategies for dealing with the causes and effects of these;
7. Work with health and safety colleagues to produce strategies for the reduction of violence to staff as well as providing or arranging for initial assessment of the counselling needs of those who have been abused;
8. Advise on health risks in the workplace and support employer and employees in reaching the most appropriate OH strategy or solution to their problem.

Contact Details:

Dr. Peter Noone,

Consultant Occupational Physician

Occupational Health Department, St Brigids Complex, Ardee

Co. Louth Tel: (041) 6857811 Email: Noone.p@hse.ie

Organisation and Responsibilities
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3.12 Regional Fire Prevention Officers

Ms Nicola McKenna/Ms Fiona Flood under the general direction and control of the Technical Services Officer, the Fire Prevention Officer will be responsible, within the HSE North East to:

1. Regularly inspect the buildings, means of escape and all fire-fighting equipment and ensuring that all such equipment is properly located, well marked, in good repair and in good working order.

2. Review and, as necessary, the drawing up of fire orders, including evacuation schemes for the various types of building and institutions, including schemes for evacuation of all persons with particular regard to mentally ill and non-ambulant patients.
3. Instruct staff in each HSE Site:
 - a. Avoidance of fire hazards.
 - b. Summoning of the fire brigade.
 - c. Operation of the fire alarm and fire equipment, and means of escape.
 - d. Curtailment of an outbreak of fire, pending the arrival of the fire brigade, prevention of smoke spread and evacuation of danger areas.
4. Arranging regular fire drills in each institution and ensuring that they are properly carried out.
5. Advising as appropriate regarding interpretation of Fire Protection Standards and Building Regulations issued by the Government Departments and ensuring their implementation.
6. Monitoring all means of escape to ensure that they are both safe and adequate and at all times, kept operative and clearly indicated.
7. Keeping proper records of all inspections, fires, evacuation drills, fire-fighting equipment and such other matters relating to his/her office as Fire Prevention Officer.
8. Reporting in writing, to the Technical Services Officer or other delegated Officer, at three-monthly intervals on the state of the fire prevention services in the Board's buildings and institutions assigned to her. Also, report immediately all outbreaks of fire, breach of the fire prevention orders and failure to perform fire drill at the Board's buildings and institutions. If so directed, the Fire Prevention Officer will make out an annual report on all aspects of fire and safety pertaining to the HSE's property.
9. To arrange to have the fire prevention work programmes implemented under the direction of the Technical Services Officer.
10. To help in the setting up and alterations to Emergency Plans in all of the boards buildings.

Contact Details:

Contact Details:

Nicola McKenna // Fiona Flood

Fire Prevention Officer

Estates Management Dept.

HSE Bective Street, Kells, Co. Meath

Tel: (046) 9280410

Email : Nicola.mckenna@hse.ie or Fiona.Flood@hse.ie

Section 4.0	Hazard Control Service Arrangements
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4.1 Accident/ Incident & Near Miss Reporting and Investigation

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	Within three working days of the incident	Person in charge

Form	Nature of Notification	Timeframe	Person Responsible
	medical or hospital treatment		
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 continuous period of 28 days or more	20 working days in advance of the change or within 3 working days if absence arises as a result of an emergency	Registered provider
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

Form	Nature of Notification	Timeframe	Person Responsible
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
NF35	To cease to carry on the business of the designated centre and close the centre	Not less than six months	Registered provider

Form	Nature of Notification	Timeframe	Person Responsible
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	• 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: • 31 January (for incidents that took place in October, November and December)	Person in charge

Form	Nature of Notification	Timeframe	Person Responsible
	death, other than those specified above	• 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).	
Quarterly Notifications Spreadsheet (disabilities)	Any recurring pattern of theft or reported burglary Any occasion on which a restrictive procedure including physical restraint was used Any occasion on which the fire alarm equipment is operated other than for the purpose of fire practice, drill or test Any injury to a resident, other than those previously notified in NF03 Any death, other than those previously notified in NF01, including cause of death	Submission dates for return of the quarterly notification spreadsheet form are: • 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,	Person in charge

Form	Nature of Notification	Timeframe	Person Responsible
		May and June) • 31 October (for incidents that took place in July, August and September).	
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 place within the preceeding six months	Submission dates for return of the six-monthly nil-return notification are 31 July (covering the period January to June) and 31 January (covering the period July to December)	Registered provider

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 St. Mary's Hospital 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 St. Mary's Hospital. 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 St. Mary's Hospital is segregated into Domestic Waste and Clinical Waste.

St. Mary's Hospital has operated pedal operated bins in order to reduce transmission of disease causing agents.

There is a cleaning schedule in the St. Mary's Hospital, and there is also a cleaning schedule for waste bins. Christopher Woods is responsible for the cleaning of pedal operated bins.

Christopher Woods 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 St. Mary's Hospital 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 appendixed 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 St. Mary's Hospital to attend Manual Handling Training on a two yearly basis. The Clinical Nurse Manager's are responsible to ensure that staff in St. Mary's Hospital 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 St. Mary's Hospital, 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. MasterFire 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.

Please refer to Safe Work Practice Sheet: Fire Safety General

4.12 Security & CCTV

- Unit has ramp access to doors to allow for wheelchair or pushchairs
- Tarmaced area in car parks
- Adequate lighting
- St. Mary's Hospital is a standalone unit. The DOC service is based at the front of St. Mary's Hospital 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.

St. Mary's Hospital 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 St. Mary's Hospital.

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 St. Mary's Hospital 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

St. Mary's Hospital 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;
- 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/dyscolouration 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/discolouration 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 out rule 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 St. Mary's Hospital 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 St. Mary's Hospital 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.

Section 5.0 Risk Management Process

5.1 Risk Assessment

A Risk Assessment is a systematic and critical examination of the workplace for the purpose of 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 accordance with *Section 19 Safety Health and Welfare at Work Act 2005*, Risk Assessments have been completed for Beaufort House. Within the Risk Assessment persons responsible for ensuring that additional recommended controls are implemented within agreed timeframes are named. Employees will be made aware of the Risk Assessments relevant to their work activities. A Risk Assessment will be reviewed where:

- (a) There has been significant change in the matters to which it relates, or
- (b) The risk is mitigated and is no longer valid, e.g. new legislation, following an accident, introduction of a new process, etc.

Following the review, Risk Assessments will be amended as appropriate.

The selection and implementation of the most appropriate method of risk or hazard control is a crucial part of the risk assessment process.

Persons carrying out Risk Assessments will have regard to *Schedule 3 of Safety Health and Welfare at Work Act 2005*

5.2 The Risk Management Process as outlined in Figure 1 below comprises of the following four steps:

Step 1 Identification of the Hazard

Step 2 Identify the Risks associated with the hazard

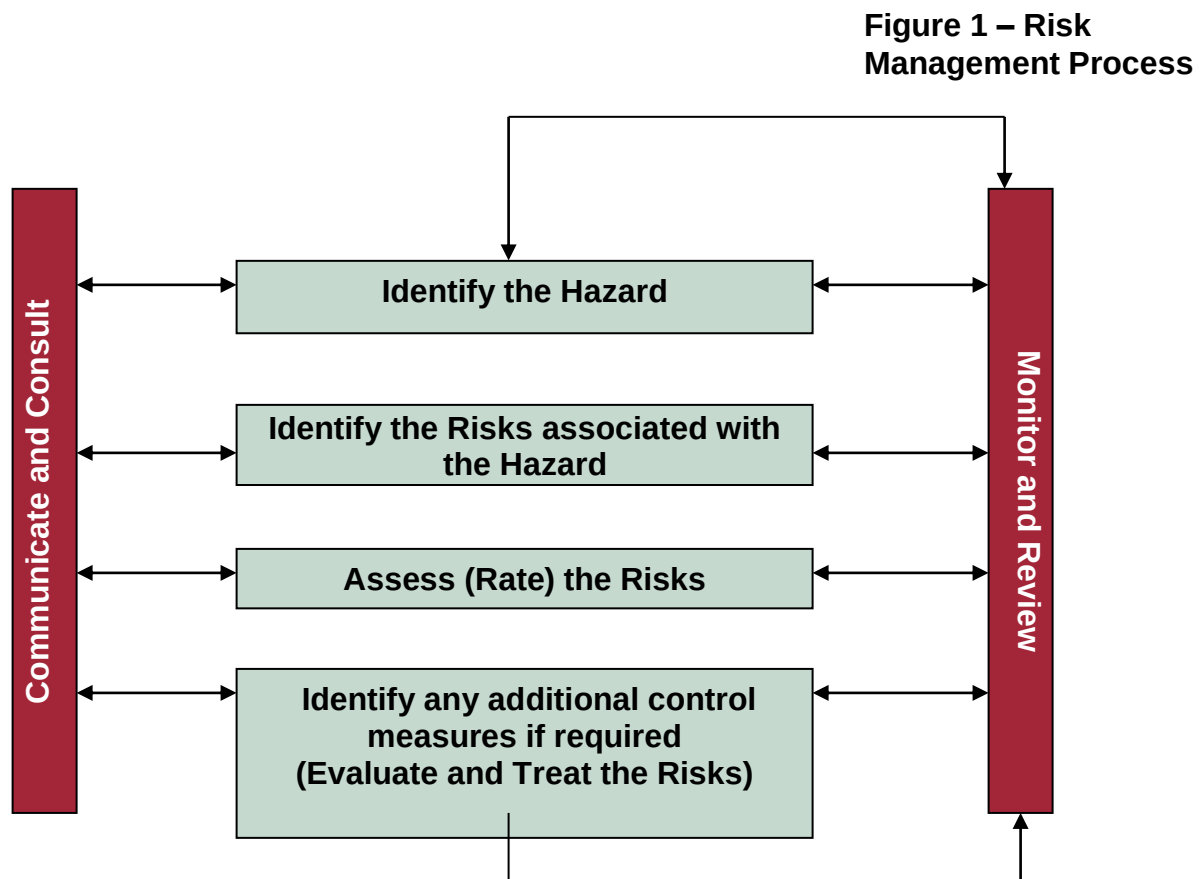
Step 3 Assess (i.e. Rate) the risks

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

Communicate and Consult:

Describe the communication and consultation process in relation to risk assessment.

Figure 1 below outlines the Risk Management Process.



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

Step 1 Identification of hazards

The first step in safeguarding safety, health and welfare is to identify hazards.

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

- Physical
- Chemical
- Biological
- Psychosocial

Step 2. Identification of risks associated with hazards

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

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

The ‘ICC approach’ to risk description

- Risk is inherently negative, implying the possibility of adverse impacts. Describe the potential area of **Impact** if the risk were to materialise.
- Describe the **Causal Factors** that could result in the risk materialising.
- Ensure that the **Context** of the risk is clear, e.g. is the risk ‘target’ well defined (e.g. staff. Patient, department, hospital etc.)

Step 3. Assess (Rate) the Risks

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

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

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

and

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

HSE Risk Matrix (Combining Impact and Likelihood)

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

Example 1: Likelihood of 3 (Possible) x Impact of 2 (Minor) = $2 \times 3 = 6$ (Amber) M6

Example 2: Likelihood of 2 (Unlikely) x Impact of 3 (Moderate) = $3 \times 2 = 6$ (Amber)
M6

1. IMPACT TABLE	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Injury	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay Emotional Distress	Significant injury requiring medical treatment e.g. Fracture and/or counselling. Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay Emotional Trauma	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Physical /emotional disability	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public (Emotional / Physical trauma)
Service User Experience	Reduced quality of service user experience related to inadequate provision of information	Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable	Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory service user experience related to poor treatment resulting in long term effects	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision
Compliance with Standards (Statutory, Clinical, Professional & Management)	Minor non compliance with internal standards. Small number of minor issues requiring improvement	Single failure to meet internal standards or follow protocol. Minor recommendations which can be easily addressed by local management	Repeated failure to meet internal standards or follow protocols. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations.	Gross failure to meet external standards Repeated failure to meet national norms and standards / regulations. Severely critical report with possible major reputational or financial implications.
Objectives/Projects	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over – run.	Inability to meet project objectives. Reputation of the organisation seriously damaged.
Business Continuity	Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service.	Short term disruption to service with minor impact on service user care.	Some disruption in service with unacceptable impact on service user care. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of service user care or service resulting in major contingency plans being involved	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect
Adverse publicity/ Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in Dail. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation	National/international media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. HSE use of resources questioned. CEO's performance questioned. Calls for individual HSE officials to be sanctioned. Taoiseach/Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) Inquiry.
Financial Loss (per local Contact)	<€1k	€1k – €10k	€10 – €100k	€100k – €1m	>€1m
Environment	Nuisance Release.	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting off-site with detrimental effect requiring outside assistance.

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

There is a requirement to do all that is reasonably practicable to minimise the risk of harm to staff, service users and visitors. Therefore once a hazard is identified and the risk assessed, the necessary control measures must be developed and implemented to protect safety, health and welfare. Best practice is to remove the hazard, if it cannot be removed, control measures must be put in place to reduce the risk.

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

The General Principals of Risk Prevention are as follows:

- The avoidance of risks.
- The evaluation of unavoidable risks.
- The combating of risks at source.
- The adaptation of work to the individual, especially as regards the design of places of work, the choice of work equipment and the choice of systems of work, with a view, in particular, to alleviating monotonous work and work at a predetermined work rate and to reducing their effect on health.
- The adaptation of the place of work to technical progress.
- The replacement of dangerous articles, substances or systems of work by non-dangerous or less dangerous articles, substances or systems of work.

Recording your Risk Assessment:

The results of the risk assessment must be documented in accordance with legislative requirements

Monitoring and Review

Once control measures have been developed and implemented a systematic and regular review must be implemented to ensure that the control measures are working effectively. Control measures must be monitored and evaluated on a regular basis. Sooner or later new equipment, procedures or substances will be introduced that could lead to new hazards – if there is any significant change the risk assessment should be amended to take account of these new hazards and brought to the attention of the relevant personnel. All assessments should be reviewed on an annual basis.

Section 6.0 Consultation Arrangements

The Health Service Executive recognises that all staff have an integral role to play in the adoption and management of health and safety and should have effective means for consultation and representation on health & safety matters.

In accordance with S20 of the Safety, Health & Welfare at Work Act 2005 consultative structures have therefore been established to facilitate participation by management, staff delegates and Safety Representatives.

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

Drogheda Services for Older Person have the following consultation mechanisms in place:

- Safety Representatives
- Health & Safety is an agenda item at staff meetings

6.1 Safety Representative

Section 25 of the 2005 Act states that employees are entitled to select and appoint one of their members to represent them in matters of health, safety & welfare.

Safety Representatives are nominated/elected on a three-year cycle. The Safety Representative for St. Mary's Hospital is **Geraldine Kermode, MTA. 041-9893288**

Training of Safety Representatives is ongoing. Time off as may be reasonable is given to Safety Representatives to carry out their functions and to acquire training and information on matters of safety, health and welfare.

Section 25 of the Safety, Health & Welfare at Work Act 2005 states that the Safety Representative may:

- Make representations to their employer on any aspects of safety, health and welfare at the place of work.
- Inspect the place of work after giving reasonable notice to their employer. The frequency and schedule of inspections must be agreed between the Safety Representative and the employer in advance
- Inspect the place of work in the event of an accident, dangerous occurrence or a situation of imminent danger or risk to health and safety.
- Investigate accidents and dangerous occurrences provided they do not interfere with or obstruct any person fulfilling their legal duty.
- After giving reasonable notice to their employer, investigate complaints made by employees whom they represent.
- Accompany a HSA Inspector on a tour of inspection.
- At the discretion of the HSA Inspector, accompany the Inspector while they are investigating an incident or dangerous occurrence.
- Make oral or written representations to the HSA Inspectors on matters relating to health, safety and welfare at the place of work.
- Receive advice and information from the HSA Inspectors on matters relating to health, safety and welfare at the place of work.
- Consult and liaise with other Safety Representatives appointed in the organisation.

6.2 Quality, Safety and Risk

Quality, Safety and Risk is a rolling agenda item on the monthly management team meeting and the monthly staff team meeting in St. Mary's Hospital. There is a risk management meeting held with the Risk Advisor for Louth/Meath on a quarterly basis via the governance meetings with the general manager. Items for discussion can include:

- Make recommendation on the amendments to the Safety Statement when:
 - a) There has been significant change in the matters to which it relates, or.
 - b) There is another reason to believe that it is no longer valid, e.g. new legislation, following an accident, introduction of a new process, etc.
- To ensure that the risk assessment process meets the requirements of the Act in the terms of a comprehensive assessment of all hazards and risks, existing and foreseeable, relating to buildings, equipment, work practices and work systems.
- Monitor the implementation of the remedy and controls recommended for hazards in each location.
- To carry out an on-going review of all relevant policies and practices.
- Act as the forum for consultation with staff and for dealing with occupational health, safety & welfare issues at the location within their control.
- Review accident and incident trends and identify and advise on measures to reduce same.
- Identify and advise on training needs.

Section 7.0 Resources

Resources

Considerable time resources have been expended by management in implementing the safety management programme, developing Safety Statements, monitoring and reviewing Hazard Control Sheets, Safe Work Practice Sheets, and consulting with employees. Additional specialist input is made by the Quality & Risk Management Department, Estates Management, Infection Control, and Technical Services Department among others.

Section 8.0 Distribution / Access to the Safety Statement

When the safety statement is signed by the General Manager he/she will arrange to distribute a copy of the safety statement to the Person in Charge.

The Person in Charge / Clinical Supervisors and all Department heads are responsible for ensuring that all staff read and understand the Safety Statement and have access to a copy. The Safety Statement is displayed on the main corridor beside the resident's notice board.

All staff aware of location of Safety Statement and contents

New Staff informed on Induction

Section 9.0	Review/ Revision of the Safety Management Programme
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9.1 Safety Statement

The Safety Statement will be subject to continuous review to account for any changes in legislation and new risks as they arise. Advice from HSE Insurers, changes in work practices and any new information forwarded to St. Mary's Hospital Management Team from any source e.g. Staff, Health & Safety Authority, Manufacturers of Equipment, and Suppliers of Chemicals etc. All Risk assessments are reviewed monthly by St. Mary's Hospital Management Team. St. Mary's Hospital Safety Statement will be reviewed annually, and amended if necessary or sooner if required.

9.2 Safety Management System

Occupational Safety and Health and the National Health and Safety Function

Audit and Inspection Team

The Audit and Inspection Team is one of four components of the new National Health and Safety Function. An outline of the team core functions is given below;

- Specialist inspections and audits following requests through national helpdesk.
- Annual audit programme initially using two levels of audits:

Level 1 Audit refers to a base line audit completed at ward/department level. Please see attached.

[Level 1 Audit Tool.pdf \(size 914.8 KB\)](#)

Level 2 Audit refers to audit completed at a hospital/service level.

- Trend monitoring and feedback.
- Assisting in Occupational Safety & Health incident investigations, when appropriate.
- Supporting through audit, local health and safety committees.

The Audit and Inspection Team is planning to implement a rolling three year programme of Audits across all service.

The Audit Tool Level 1 will be used by Beaufort House to audit the Safety Management System.



Section 10.0 Department / Safety Statement
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10.1

This is the Department Safety Statement and associated risk assessments for **Meadowview** unit.

Meadowview is a ward which provides long term care to a maximum of 19 residents.

Meadowview bedroom occupancy consists of four 4 bedded room, three 1 bedded rooms. There are a combination of communal spaces consisting of sitting rooms. Functional Service areas are also present including Sluice Room, Office/Work Station, Clinical Room, Cleaners & Catering Cleaners Store Room and associated Equipment Store Rooms. Bathrooms, toilets and shower facilities are also available.

Each bedroom is equipped with

- nurse call alarms
- Television
- Electronically adjusted profiling bed

Signed: _____

Title: _____

Date: _____

Section 10.0	Department / Safety Statement
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10.2

This is the Department Safety Statement and associated risk assessments for **Sunnyside** unit.

Sunnyside is a ward which provides long term care to a maximum of 19 residents. Sunnyside bedroom occupancy consists of four 4 bedded room, three 1 bedded rooms. There are a combination of communal spaces consisting of sitting rooms. Functional Service areas are also present including Sluice Room, Office/Work Station, Clinical Room, Cleaners & Catering Cleaners Store Room and associated Equipment Store Rooms. Bathrooms, toilets and shower facilities are also available.

Each bedroom is equipped with

- nurse call alarms
- Television
- Electronically adjusted profiling bed

Signed: _____

Title: _____

Date: _____

Section 10.0 Department / Safety Statement
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10.3

This is the Department Safety Statement and associated risk assessments for **Main Kitchen** on the ground floor.

The purpose of the Main Kitchen is for the preparation, plating and dispensing of food for both the residents of St. Mary's Hospital and the clients of the St Mary's Mental Health Hostel (at the weekend and bank holidays only). Access to the Main Kitchen is for kitchen personnel only.

The staff are made up of a compliment of chefs and catering assistants.

Signed: _____

Title: _____

Date: _____



Section 10.0 Department / Safety Statement

10.4

This is the Department Safety Statement and associated risk assessments for **Admin Offices (inside the main door) including, Stores and Maintenance.**

Admin Offices –

Administration Offices for clerical administration are located inside the main entrance. There is also an office across from this main office which is occupied by the Assistant Director of Nursing. There is also a disabled access toilet inside the designated centre.

Stores and Maintenance –

The Store rooms are located to the front and the back of the building. Deliveries/Supplies are taken directly into the store rooms. The maintenance shed is located at the back of St Mary's Hospital.

Equipment and associated machinery are held in locked sheds, accessible to only authorised Maintenance personnel only.

Signed: _____

Title: _____

Date: _____

Risk Assessments & Action Plans

Chemical Agents

Biological Agents

Working Environment Checklist

VDU Checklists

Manual Handling Risk Assessments